

# Guidance Document on the Provision of Counselling in a Primary Care Setting



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



## Useful Contacts

**HSE HELPLINE** - Helpline: 1850 24 1850 - Mon to Sat 8am to 8pm.

**NATIONAL COUNSELLING HELPLINE SERVICE** - 1800 235 235 - Wed / Thurs 6pm to 10pm;  
Fri / Sat / Sun 8pm to 12 midnight.

**MENTAL HEALTH COMMISSION** - St.Martins House, Waterloo Road, Ballsbridge, Dublin 4.  
Phone: 01 6362400, Email: [info@mhcirl.ie](mailto:info@mhcirl.ie), Website: [www.mhcirl.ie](http://www.mhcirl.ie)

**ALZHEIMER SOCIETY OF IRELAND** - Alzheimer's disease or a related dementia.  
Alzheimer House, 43 Northumberland Avenue, Dun Laoighre, Co. Dublin  
Phone: 01 2846616, Fax: 01 2846030, Helpline: 1800 341 431  
Email: [info@alzheimer.ie](mailto:info@alzheimer.ie), Website: [www.alzheimer.ie](http://www.alzheimer.ie)

**AWARE** - Support group to help persons with elation or depression, and their families.  
72 Lower Leeson St. Dublin 2  
Phone: 01 6617211, Helpline: 1890 303302 (Local), Email: [aware@iol.ie](mailto:aware@iol.ie), Web: [www.aware.ie](http://www.aware.ie)

**BODYWHYS** - Voluntary support organisation for people with eating disorders, their families and friends.  
Support groups throughout the country a helpline and an education and awareness programme.  
The Eating Disorders Association of Ireland, PO Box 105, Blackrock, Co. Dublin  
Phone: 01 2834963, Helpline: 1890 200 444, Email: [info@bodywhys.ie](mailto:info@bodywhys.ie), Website: [www.bodywhys.ie](http://www.bodywhys.ie)

**GROW** - Helps the individual to grow towards personal maturity by use of their own personal resources through mutual help groups.  
167A Capel St, Dublin 1  
Phone: 01 8734029, Email: [easternregion@grow.ie](mailto:easternregion@grow.ie), Infoline: 1890 474 474, Web: [www.grow.ie](http://www.grow.ie)

**HEADWAY** - National Association for acquired brain injury.  
Unit 1-3 Manor Street Business Park, Dublin 7  
Phone: 01 8102066, Web: [www.headway.ie](http://www.headway.ie)

**MENTAL HEALTH IRELAND** - Promotion of positive mental health and support people with mental health difficulties and their families.  
Mensana House, 6 Adelaide St, Dun Laoighre, Co. Dublin  
Phone: 01 2841166, Fax: 01 2841736, Email: [info@mentalhealthireland.ie](mailto:info@mentalhealthireland.ie), Web: [www.mentalhealthireland.ie](http://www.mentalhealthireland.ie)

**OUT AND ABOUT** - A self help organisation for sufferers and their families of agoraphobia and panic attacks.  
140 St. Lawrence's Road, Clontarf, Dublin 3  
Phone: 01 8338252 / 8338253, Fax: 01 8334243, Email: [oandamartinance@eircom.net](mailto:oandamartinance@eircom.net)

**RECOVERY INC** - Offers a self- help method of will training.  
PO Box 2210, Dublin 13  
Phone: 01 6260775, Email: [recovirl@indigo.ie](mailto:recovirl@indigo.ie), Website: <http://indigo.ie/~recoverirl/>

**SAMARITANS** - A support group that is available 24 hours a day to befriend those passing through personal crisis and in imminent danger of taking their own life.  
112 Malborough Street, Dublin 1  
Phone: 1850 60 90 90, Email: [jo@samaritans.org](mailto:jo@samaritans.org), Email: [admin.dublin@samaritans.ie](mailto:admin.dublin@samaritans.ie)

**SCHIZOPHRENIA IRELAND** - Advocates for those effected by schizophrenia and related illnesses and promoting and providing best quality services.  
38 Blessington St, Dublin 7  
Phone: 01 8601620, Fax: 01 860 1602, Email: [info@sirl.ie](mailto:info@sirl.ie), Web: [www.sril.ie](http://www.sril.ie)

**IRISH ADVOCACY NETWORK** - It is a user run, use led organisation which exists to promote and facilitate peer advocacy on Island wide basis. Their aim is to support people in speaking up for themselves achieving empowerment by taking control of their own lives.  
National Office, Old Rooskey House, Monaghan  
Phone: 047 38918, Fax: 047 38682, Website: [www.irishadvocacynetwork.com](http://www.irishadvocacynetwork.com)



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## Guidance Document on the Provision of Counselling in a Primary Care Setting

HSE Working Group on Mental Health in Primary Care



September 2006

## Counselling in a Primary Care setting

By its nature Primary Care aims to address a broad range of health needs and provides immediate assessment and treatment. The relationship between the GP and the Patient is a key strength in the provision of healthcare in Ireland. Approximately 16 million Primary Care consultations take place in Ireland every year.

Over 90% of mental health, psychological and emotional health issues are treated and supported through primary care with a further 10% being referred on to more specialist mental health services. The General Practitioner is ideally placed to recognise the symptoms of distress and difficulties in the Patient and to understand these symptoms in the context of the whole person, their general health, within their family and their community.

GPs recognise the need to offer a broader range of treatment options and need to have confidence in the skills of fellow Primary Care Team members. Many GPs have identified the need to offer more holistic treatments for people with psychological and mental health needs and wish to introduce options beyond simple medication use.

In Ireland today the public are seeking high quality and evidence based treatment options and wish to be more actively involved in their own health management and recovery. Counselling has been proven to offer a very effective treatment option for suitable individuals. It does not claim to offer a panacea and it must be offered by skilled and experienced practitioners working within a recognised model of practice.

This document aims to offer guidance to providers and clinicians on the value and role of Counselling in a Primary Care setting. This resource describes the most appropriate use of Counselling as a treatment modality, explains its limitations and addresses qualifications and skills. It also offers guidance on practical matters like the physical environment, selection criteria, feedback, reporting and respecting confidentiality. Counselling must be offered in a professional and integrated manner and colleagues in primary care need to be assured that the service offered complies to the highest possible standard and governance.

The report's findings are based on research conducted by the HSE and ICGP and on the learning gained from a number of pilot primary care counselling services evaluated in recent years. The Project Team brought together a range of skills and must be congratulated on delivering such a comprehensive, yet succinct and useful document.

## Acknowledgements

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*A subgroup of the Mental Health in Primary Care Project Team was formed to advance the 'Guidance Document on the provision of Counselling in a Primary Care Setting'. I would particularly like to acknowledge the significant work of Ms Rachel Mooney and Mr Alan Doran in preparing this valuable resource.*

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## INTRODUCTION

The National Working Group on Mental Health in Primary Care was established in December 2005 in anticipation of the release of the Report of the Expert Group on Mental Health Policy “*A Vision for Change*”. The purpose of the Group is to provide a status report on the provision of mental health services in Primary Care and to propose practical recommendations in line with the new National Policy Framework outlined in “*A Vision for Change*”. The Group reports to Dr Sean Maguire, Special Advisor to Professor Drumm on Primary Care in Ireland.

The Group discussed the provision of counselling services in GP Practices and invited Healthcare Professionals who have been involved in pilot projects to attend our meetings and give us presentations on their experience and findings.

Earlier research in the “Mental Health in Primary Care Report” (Coptly, 2003) showed that a significant number of GPs want to have direct access to counselling and have expressed a preference for a Cognitive Behavioural Approach to managing psychological difficulties that typically present in General Practice.

In the same year the National Counselling Service in the HSE Dublin North East (formerly North Eastern Health Board) conducted a survey of GPs to investigate their views on the need for counselling in their practices. The survey revealed that GPs refer patients for counselling on a regular basis for psychological difficulties such as anxiety, depression and loss issues. Many GPs reported that they did not refer patients to counsellors because of lack of public services available, waiting lists and cost. 54% of GPs stated a preference to have counselling available on site at their Practices. As a direct result of this survey, a pilot project was set up around the HSE North East and is currently being evaluated. The pilot project made 1,500 counselling hours available across 20 GP Practices between May 2005 and March 2006. The NCS in HSE North East has recently secured some funding from SPRI (Strategic Planning & Reform Implementation) to provide counselling on site in GP Practices.

In another part of the HSE North East Area (formerly Northern Area Health Board) the North Inner City of Dublin Partnership in Primary Care established a Direct Access Psychology Service in June 2003. The Partnership is made up of 59 GPs in 33 practices, hospital staff and HSE staff. The service is available for adults aged 16-65 years and has provided services to patients for psychological difficulties and typically depression and anxiety. This direct access psychology service is available to both GMS and non GMS patients – in the latter case to those unable to afford the relatively high fees of private counsellors. This service was evaluated in 2004 (Martin & Reilly, 2004) and was found to be working to its remit with good results. High levels of satisfaction were recorded by GPs and patients, which were found to be consistent with positive outcomes measured for clients who completed therapy. Comparison of pre-therapy and post therapy measures demonstrated a significant and substantial reduction in levels of distress post-therapy.

The National Primary Care Strategy (2001) outlines a structure of Primary Care Teams and Networks for the provision of Primary Care Services in the Community. A team-based approach to service provision is strongly recommended with each team serving a population of 5,000 – 7,000 people. A wider network of existing health and social care professionals will work with a number of Primary Care Teams to provide more specialized services.

Funding has been allocated in 2006 to set up 100 primary care teams. It is envisaged that additional teams will commence in 2007. An additional 300 new posts are being allocated to provide priority services for these teams and these posts were advertised nationally in early September 2006. Local feedback from General Practitioners indicates that the provision of counselling will be one of the priorities identified by many teams across the country.

It is recommended that one whole time equivalent post for counselling be allocated to serve on each Primary Care Team.

It is important to stress that the following guidance document relates to counselling services for an adult population and in particular to those persons who are in a position to provide informed consent for same. It does not pertain to the provision of counselling services for children.

## Section 1: Counselling in the Irish Health Service

In 2005 a Report was published by the Health Service Executive entitled *“The Role, Value and Effectiveness of Psychological Therapies: Benefits for the Irish Health Service”*. The Report defined counselling as a process that *“is generally engaged in with people who are healthy but facing a life problem”*. The Reports suggests that counselling can help individuals, couples and families to manage the psychological impact of life-events such as one-off traumatic events, bereavement, loss, relationship difficulties and addiction.

One of the most comprehensive definitions of Counselling is presented by the British Association for Counselling and Psychotherapy (BACP). The BACP defines counselling as follows:

*“Counselling takes place where a counsellor sees a client in a private and confidential setting to explore a difficulty the client is having, distress they may be experiencing or perhaps their dissatisfaction with life, or loss of a sense of direction and purpose. It is always at the request of the client as no one can properly be 'sent' for counselling.*

*By listening attentively and patiently the counsellor can begin to perceive the difficulties from the client's point of view and can help them to see things more clearly, possibly from a different perspective. Counselling is a way of enabling choice or change or of reducing confusion. It does not involve giving advice or directing a client to take a particular course of action. Counsellors do not judge or exploit their clients in any way.*

*In the counselling sessions the client can explore various aspects of their life and feelings, talking about them freely and openly in a way that is rarely possible with friends or family. Bottled up feelings such as anger, anxiety, grief and embarrassment can become very intense and counselling offers an opportunity to explore them, with the possibility of making them easier to understand. The counsellor will encourage the expression of feelings and as a result of their training will be able to accept and reflect the client's problems without becoming burdened by them.*

*Acceptance and respect for the client are essentials for a counsellor and, as the relationship develops, so too does trust between the counsellor and client, enabling the client to look at many aspects of their life, their relationships and themselves which they may not have considered or been able to face before. The counsellor may help the client to examine in detail the behaviour or situations which are proving troublesome and to find an area where it would be possible to initiate some change as a start. The counsellor may help the client to look at the options open to them and help them to decide the best for them.”*

The Irish Association for Counselling & Therapy describes counselling as *“a process of discovery of the reasons why the individual is experiencing a period of depression or unhappiness in their life in an environment where the person is facilitated in reaching a resolution.”*

In their Guidelines for the management of depression in primary and secondary care the National institute for Health & Clinical Excellence (NICE, 2004) defined counselling as:

*“discrete, usually time limited, psychological intervention where the intervention may have a facilitative approach often with a strong focus on the therapeutic relationship but may also be structured and at times directive”.*

Defining counselling is important because of the regular confusion of what counselling is and what it is not and how it differs from non-specific counselling approaches which are often appropriately provided by health care professionals who do not necessarily have recognised qualifications in the field. It is acknowledged that supportive counselling is provided on a routine basis by nursing staff and members of our multidisciplinary teams in the course of their treatment of patients.

For the purposes of this document, we propose that only counselling/clinical psychologists, psychotherapists and counsellors with professional accreditation from recognised professional bodies would be eligible to provide the required level of counselling services within a Primary Care setting.

There are various approaches to the counselling process, which can be summarised as follows:

- Psychodynamic Therapy
- Cognitive Behavioural Therapy (CBT)
- Humanistic & Integrative Psychotherapy
- Systemic & Family Therapy

1.0 Psychodynamic therapy focuses on difficulties arising from early childhood that remain unresolved. The Counsellor helps the client to resolve the conflict by creating the environment where the person feels safe enough to talk about their early life and to express feelings and thoughts that have not been released before, and which have resulted in dysfunctional behavioural patterns and relationships.

This form of therapeutic intervention typically takes some time in the region of 1-2 years of weekly sessions of one-hour duration.

1.1 Cognitive Behavioural Therapy (CBT) focuses specifically on behavioural patterns that have a negative impact on mood. This is achieved by focusing on the thoughts behind behaviours and the development of a treatment plan to enable the client to change the thoughts and consequential behaviours. The changes are usually targeted in the client's environment where triggers are identified and managed effectively.

This form of intervention is typically short-term with a treatment plan identified when a clinical assessment has been carried out.

1.2 Humanistic & Integrative Psychotherapy is based on the philosophy that the client has the ability to integrate their life experiences when facilitated in a safe, confidential environment. The counsellor provides a non-judgemental, unconditional approach and environment which enables clients to grow in their acceptance of themselves and a belief in their innate ability to achieve balance in their life.

This form of psychotherapy is usually long-term (20+ sessions)

1.3 Systemic & Family Therapy considers the distress of the individual client in the context of relationships within the family unit and society. This form of therapy focuses on the interaction of the individual with others and seeks to discover meaning and understanding of self and wider system.

Typically this form of therapy is also longer term.

The preferred model of Counselling in Primary Care is Cognitive Behavioural Therapy which is typically short-term and uses a treatment model that allows the counsellor to predict how long each client will require service and consequently to manage resources. (Wampold, 2001) found that the duration of therapy does impact on outcomes and suggested that 26 sessions of therapy were required and this could stretch to 40 sessions in some cases (DOH, UK, 2001).

Roth (2006) urges us to be cautious when trying to determine that one therapeutic approach is better than another because this could *"obscure the importance of common factors that operate across all therapies, such as the contribution of the therapeutic alliance or therapist skilfulness and competence"*.

Research by Mellor-Clarke (2001) in the UK found that counselling intervention led to indirect resource savings indicated by a reduction in the number of referrals to the NHS Out-Patient Services and fewer Patient/GP Consultations in the year following counselling.

A review of counselling service provision in Primary Care in the NHS in the UK found that counselling is associated with modest improvement in short term outcomes for patients when compared to the usual care they would receive directly from their GP (Cochrane Database of Systematic Reviews 2002, Issue 1).

## Section 2: PROFESSIONAL ACCREDITATION BODIES

In Ireland the Professional Organisations representing Psychologists, Counsellors and Psychotherapists are as follows:

- The Irish Association for Counselling & Psychotherapy
- The Irish Council for Psychotherapy
- Irish Association of Humanistic & Integrative Psychotherapy
- Association for Psychoanalysis and Psychotherapy in Ireland
- Irish Association for Alcohol and Addiction Counsellors
- National Association for Pastoral Counselling and Psychotherapy
- European Association for Psychotherapists
- European Association for Counselling
- Psychological Society of Ireland (Clinical & Counselling Psychology)
- Irish College of Psychiatrists

(See Appendix 2 for contact details)

## Section 3: QUALIFICATIONS: EDUCATION, EXPERIENCE & SKILL LEVEL

### 3.1 NATIONAL COUNSELLING SERVICE – COUNSELLOR/THERAPIST

Counselling is not yet regulated in Ireland and so there is a wide range of education, experience and skill level currently available amongst practitioners. In establishing the HSE National Counselling Service in 2000, the Directors of Counselling set the following criteria for the employment of Counsellor/Therapists to work with adult survivors of childhood abuse within the National Counselling Service (NCS).

*Third level qualification in Medicine, Psychology, Nursing or Social Work*  
**plus**  
*an accredited qualification in counselling or psychotherapy recognised by an appropriate professional body or a relevant post-graduate qualification*  
**and**  
*two years minimum relevant supervised experience in counselling or psychotherapy*

This selection criterion sets a high standard for the employment of Counsellor/Therapists to work with Adult Survivors of Childhood Abuse, with priority given to Adults who experienced abuse whilst resident in institutions in Ireland. There are some regional variations in counselling services being managed by the Directors of Counselling and these include counselling in general practice as well as specialised services for crisis pregnancy and suicide.

### 3.2 CLINICAL PSYCHOLOGY

The core skills of a Clinical Psychologist include the following:

#### *Assessment*

This includes the ability to develop, administer and interpret standardised psychometric tests; to systematically observe and measure human behaviour; to develop and conduct structured and semi structured interviews; and to devise and utilise a wide variety of self-monitoring strategies. These skills may be used in differential diagnosis.

#### *Formulation*

This involves the ability to summate and integrate often complex and difficult assessment information with psychological theory and data so as to provide a provisional framework describing each individual client's presenting problem, how it developed and how it is maintained. Clinical Psychologists may refer to a range of theoretical frameworks in their case formulation.

#### *Intervention*

This is based on the case formulation and regularly involves direct psychological therapy drawn from a range of psychological models. Clinical psychologists may work with individuals, couples or families.

#### *Qualifications for employment in the HSE*

Candidates must:

*Hold a recognised University degree or diploma obtained with first or second class honours in which psychology was taken as a major subject and honours obtained in that subject*

**and**

*Hold a recognised postgraduate qualification in clinical psychology*

### **3.3 COUNSELLING PSYCHOLOGY**

Counselling Psychology is a relatively new discipline within the psychology family in Ireland. Training in Counselling Psychology is at Masters Level and focuses on the various different approaches to forming a therapeutic relationship with the client. The Counselling Psychologist is equipped with various ways of working with a client, depending on the presenting issues. As with Clinical Psychologists, Counselling Psychologists are required to carry out a thorough assessment of the client's clinical needs and to formulate a plan for working with the Client.

Counselling Psychologists use the services of a Clinical Supervisor as part of standard practice and this enables the Counselling Psychologist to reflect on their work with their clients in a confidential setting with a more experienced Counselling Psychologist who can work with them on how the work with clients impacts on them personally and how they might work with clients, often suggesting other approaches and strategies. This practice of having Clinical Supervision is a requirement of the PSI and all Professional Counselling Bodies and is welcomed by Counselling Psychologists. For Managers of Services it helps with quality management as well as managing vicarious traumatisation in staff.

**Counselling Psychologists working within the HSE must meet the following criteria for employment:**

*Hold a recognised University degree or diploma obtained with first or second class honours in which psychology was taken as a major subject and honours obtained in that subject*

**and**

*Hold a recognised postgraduate qualification in counselling psychology*

Qualifications obtained outside the Republic of Ireland require validation by the Department of Health & Children.

### 3.4 ADDICTION COUNSELLOR

The role of the Addiction Counsellor is to provide a professional counselling/therapy service to communities, families and individuals in the area of addiction and HIV. This work requires the ability to work in a variety of settings i.e. clinical treatment services, communities, residential and rehabilitation (HSE Job Description, 2006).

Addiction Counsellors are required to have at a minimum a Diploma in Counselling and be accredited by IAAAC/IACP/IAHIP. They are required to have a minimum of two years experience managing a case load under clinical supervision, including a 10 week placement in an Addiction Centre.

### Section 4: CONTINUING EDUCATION PROGRAMMES

Continuing Professional Development (CPD) is a core requirement of all Professional Bodies who accredit Counsellors and Psychologists. The range of courses available varies and Counsellors/Psychologists have the opportunity to develop their areas of special interest and to take relevant courses. Trainers are required to apply to Professional Bodies in order for their courses to be recognised as valid and eligible for CPD Points.

### Section 5: HSE SALARY SCALES

The range of pay-scales for HSE Staff using counselling skills or providing counselling services varies considerably. This links back to the findings of the Working Group on the Role of Psychotherapy within the Irish Health Service (2005). However, some scales that we can reliably use as indicators of cost of providing counselling services are as follows:

#### Table 1: HSE Pay Scales for Psychologists and Counsellors

The National Counselling Service the salary scale for Counsellor/Therapists ranges in 11 incremental points from €44,837 – €72,983

Basic Grade Clinical Psychologists: €52,138 – €82,236

Senior Clinical Psychologists: €76,347 – €89,740

Addiction Counsellor: €34,710 – €51,540

### Section 6: ADDITIONAL SET UP COSTS

- Pay costs (PRSI etc)
- Administrative support/reception
- Counselling Room & Furniture
- Psychological Instruments & Equipment
- External Supervision Costs
- Travel Costs per counsellor
- Continuing Professional Development
- Audit and evaluation

### Section 7: ACCESS TO COUNSELLING

In the UK the Department of Health (DH, 2001) produced guidelines describing the suitability of patients for counselling services in primary care. These guidelines recommended the following as appropriate referrals:

- Mild, stress related problems, adjustment to life events, illnesses, disabilities or losses are appropriate for treatment in primary care.
- Generic counselling is not recommended as the main intervention for severe and complex mental health problems or personality disorders.
- The general principles suggest that referral from primary care counselling to a community mental health team or psychotherapy service is appropriate for patients with a history of severe trauma, previously unsuccessful treatment in primary care, and patients with complex social problems, severe depression, severe anxiety or co-morbidity.

In general, patients with relatively non-complex problems who have some level of family/social support are more suitable for counselling in primary care. People with complex difficulties will almost certainly need longer term work and are not considered suitable.

The Report of the HSE Working Group in their Chapter “*Prevalence of Psychological Difficulties*” (Section 4, pp. 12-13) provided statistics that suggest that psychological therapies are essential for patients presenting in primary care right across the lifespan. Evidence suggests that patients present to their GP with disease and illnesses that can benefit directly from psychological interventions (National Health & Medical Research Council, 2003; McGee et al, 2002; Royal College of Psychiatrists, 2003). Studies have shown that patients from “Vulnerable Populations” are more at risk of experiencing psychological difficulties (Jenkins et al, 1998; Cleary, 1998; Martens, 2001). Older Adults, people with learning disabilities as well as children, adolescents and young adults are cited as having a relatively high incidence of psychological problems that could benefit from counselling in primary care (HSE Report, 2005, p. 13).

## 7.1. Location of Primary Care Counselling Provision

The main models of service provision which have emerged in primary care include the following:

- Counselling service provided as part of statutory provision
- Counselling service via an independent / private service provider
- Counselling service via independent counsellors
- Counselling service provided by a counsellor as part of a primary care team/network

As part of the HSE Dublin Mid-Leinster (former NEHB) survey detailed above, Aughey & Ward (2003) asked GPs to consider the model of service provision which they felt would be most likely to deliver a quality, accessible and cost efficient counselling service to their patients. 54% of GPs who responded indicated that their preference was for provision of a counselling service by individual counsellors/psychologists working on site at the GP practice as part of a primary care network.

Coptly (2004) reported that 81.5% of GPs in her study said that they would like to have access to a counsellor or psychologist. Just 5% of GPs in her study said that they would like to have support from psychiatrists and others stated a desire to have access to community psychiatric nurses.

Interestingly, Coptly (ibid.) also found that GPs were unclear about the differences between Clinical Psychologists, Counselling Psychologists, Counsellors, Psychotherapists and other allied healthcare professionals who provide counselling as part of their role. In this document we will recommend the model of counselling that could be used in a Primary Care Setting and this model could be implemented by suitably qualified professionals as listed on pages 5-7 of this document.

## 7.2. Benefits of On-site Provision

Studies have identified that having counselling available on site has contributed to reduced demands on GPs’ time, improved referral decisions and led to a reduction in the medicalisation of problems (Radley et al 1997). This arrangement would also facilitate the integration of the counsellor/psychologist within the multi-disciplinary primary care team. In addition many GPs favour an onsite counsellor as this facilitates feedback about patient and offers a convenient service (ibid). However on site provision is only satisfactory to clients provided the physical environment is appropriate, comfortable and private (Leigh et al, 2003).

The Depression Report published in June this year by the Centre for Economic Performance’s Mental Health Policy Group in the UK has made a strong case for NICE Guidelines to be implemented ie that CBT should be available for all people with depression or anxiety at primary care level. They cite the statistics from the Psychiatric Morbidity Survey which suggest that one family in three is affected by depression and/or anxiety disorder and one in six people in the UK is diagnosed with depression. Economically they suggest that patients could be treated for a cost of no more than £750 and that if a patient works for just one month more as a result of treatment, the treatment pays for itself. The Report states that one million people are on Incapacity Benefits because of mental illness. The Depression Report suggests that the problem in implementing the NICE Guidelines is rooted in a lack of understanding of the economic value of recruiting counsellors to provide suitable counselling intervention at primary care level and they are actively encouraging people to lobby their MPs on this matter.

Evidence is emerging from the ICGP's Pilot Project providing alcohol counselling services in selected General Practices that the service was viewed as favourable, with some counsellors being offered opportunities to continue to work with patients after the pilot programme had ended. Evaluation of the Pilot Programme is currently underway and will be available in due course.

Rian Counselling Service in the HSE North East has successfully secured some funding this year to provide counselling in General Practice as a SPRI Project following their Pilot Project last year.

These developments are positive indicators of how GPs are welcoming counselling on site into their Practices and patients are responding well to the provision of counselling.

## Section 8: REFERRAL CRITERIA TO PSYCHOLOGICAL THERAPY IN PRIMARY CARE

Detailed and accurate assessment at the time of referral to counselling is essential. If assessment at the primary care level is accurate, multiple referrals to inappropriate services can be avoided. A structured assessment process will be a key factor in identifying patients appropriate to counselling in a primary care setting.

For example, client related factors including client suitability must be considered. Suitable patients might need to meet the following criteria, and assessment would be required in all cases:

1. Their problems affect their ability to cope with daily life, or the quality of their life and relationships
2. Their problems are causing current distress

Indications of whether a potential client will be able to use counselling effectively would include the following:

1. Client ability to engage in conversation about their difficulties
2. Willingness to disclose personal information
3. Capacity for reflection
4. Evidence of some motivation for change
5. Willingness and ability to make a regular commitment to attend appointments

Very fragile clients may find counselling too challenging and not be able to commit to weekly attendance and/or engage in the therapeutic process.

Table 2 differentiates between the type of problems appropriate to counselling in primary care and secondary mental health teams ie HSE Psychology Service, National Counselling Service or Addiction Service.

**Table 2: Differentiation between Appropriate Referrals to Primary Care and Secondary Mental Health Teams**

<b>Problems Appropriate for Counselling in Primary Care</b> <i>Mild to moderate problems</i>	<b>Problems Appropriate for Mental Health Services</b> <i>Moderate to severe problems</i>
Depression: reactive	Depression: biological/endogenous
Relationship Difficulties	Severe anxiety
General Anxiety and mild specific phobias	Personality and behaviour disorders
Loss	Eating disorders
Coping with injury or illness	Schizophrenia and related disorders
Life cycle developmental issues	Bi-polar disorder
Adjustment problems	Cognitive impairment or dementia
Stress and trauma	Obsessive compulsive disorder
Psychosexual difficulties	Post traumatic stress disorder
Alcohol Misuse	Substance misuse
Drug Addiction	

## Section 9 - REFERRAL PATHWAYS

It is proposed that referrals could be made by Primary Care Team Members direct to the counsellor/psychologist attached to the team as well as self-referral. A standard referral form would be required clearly stating the reason for referral and outlining the suitability of the client based on the criteria outlined above. The Standard Forms produced by the HSE/ICGP could be used for this purpose (see Appendix 3).

In the case of self-referral, an intake appointment would be arranged with the counsellor/psychologist using the model currently working very effectively within the National Counselling Service. Following initial assessment, the counsellor/psychologist would decide upon the suitability of the client to engage in therapy and report back to the GP and/or referral agent. The counsellor/psychologist would also report back to the GP and/or referral agent when the client completes his/her therapy, or if the client prematurely ends their treatment.

Cocksedge & May, (2006) in their study of GPs' experience of referring patients for counselling found that the way in which the patient is referred is crucial. This included the GPs' own attitude to counselling and the counsellor's place on the Primary Care Team and how they were positioned with the client. Ideally the counsellor needs to be viewed as having a key role on the Primary Care Team and if this is communicated to the patient; there is a higher likelihood of the patient engaging in counselling more effectively. GPs in the study perceived their role as "negotiating" with their patients about referral to the counselling i.e. involving them in the decision-making process. This evidence is consistent with the rate of attendance of clients attending the National Counselling Service who attend because they want to and not because they have been sent by someone else. Interestingly, in the Cocksedge & May Study (ibid) they found that GPs felt inadequately trained in managing patients waiting to see the counsellor or who prefer not to see the counsellor. This training need should be addressed in order to support GPs in their role in relation to counselling in primary care.

## Section 10 - DURATION OF COUNSELLING

Counselling in a primary care setting should be time limited and of short duration. It is advised that clients enter an initial contract of four to six sessions with their counsellor/psychologist. This may be reviewed and extended if required, but if a client has long term issues then referral on to a secondary mental health team or appropriate HSE counselling service would be warranted. By virtue of the referral criteria outlined above, the psychological intervention is more likely to be short-term rather than long-term. Outcome evaluation studies also reveal that the majority of change in a client's life occurs within the first six sessions of psychological therapy (Scott, 1997).

The NICE clinical practice recommendation for psychological interventions in the treatment of depression is 6-8 sessions of Cognitive Behavioural Therapy or counselling over a 10-12 week period (NICE, 2004, p. 171).

## Section 11 - QUALITY ASSURANCE & CLINICAL GOVERNANCE

### 11.1 Membership of National Professional Organisation

It is an essential requirement that the Counsellor working in Primary Care is either recognised or accredited in their field. Psychologists are "recognised" and/or registered by the Psychological Society of Ireland (PSI). Counsellors are Associates or Accredited by their Professional Body (see list on page 5 "Accreditation Bodies"). A member becomes an Associate whilst they are training and working towards accreditation. Accreditation by the IACP has to be renewed every five years and involves a re-application process on the part of the Counsellor.

### 11.2 Supervision

Clinical Supervision has been described in the section describing the role of the Counselling Psychologist. It is standard practice for all Counsellors/Psychotherapists and Clinical/Counselling Psychologists and should not be confused with someone who is viewed as in-training or in need of supervision because of risk of incompetence. It is a reflective practice that is part of counsellors' professional commitment to their work.

While each counsellor/psychologist will work as a member of a defined primary care team/network, there will need to be strong quality assurance measures in place. One of the best ways of providing this quality is through the provision of good clinical supervision. This could be provided by existing services within the HSE, through for example a Principal Psychologist within a Local Health Office Area, or a Director of Counselling Services within a larger regional geographical area. All HSE Counselling Staff are required to attend case management meetings with their Line Manager.

Quarterly formal meetings between the designated lead GP, the counsellor/psychologist and the line manager within the HSE could review, plan and discuss the counselling service on an ongoing basis in order to provide strong two-way communication links and joint agreement on service objectives and achievements.

The type of clinical supervision provided will depend upon local arrangements. For example, if there are a number of counsellor/psychologists operating in any local area, one-to-one supervision could also be complemented by peer supervision and/or group supervision.

### 11.3 Professional Indemnity Insurance

Professional Indemnity Insurance is available for Counsellors and should be a requirement for employment. Insurance can be obtained through group-schemes organised by Professional Counselling Bodies and is the responsibility of the Counsellor who may be working on a freelance basis.

Counsellors/psychologists employed by the HSE would be covered by its general indemnity policy.

### 11.4 Evaluation Measures

The quality of the counsellor/psychologist intervention provided should be evaluated on a continual basis. This is important in terms of clinical outcomes and is crucial to forming an evidence based practice approach to this service provision. This data can be used to make the case for future funding for this aspect of Primary Care Service. Evaluation could be achieved in a number of ways:

- Clinical Outcomes could be assessed using a standardised tool such as the CORE measure (Clinical Outcomes in Routine Evaluation, Mellor Clarke and Barkham, 1998) which is an evaluation measure administered to clients at the beginning and conclusion of counselling.
- Client Satisfaction questionnaires could be given to clients to complete one month after the termination of their counselling.
- GP/Primary Care Team Members satisfaction questionnaires could be circulated to capture their experience and level of satisfaction with the service.
- Statistical and descriptive data analysis provided by GPs' on clients' presentation, frequency of attendance, duration of attendance and diagnosis could also be utilised to evaluate impact of intervention provided.

Research Evidence is relatively scarce in the Counselling Community in Ireland and it is therefore recommended that evaluation is built into the counselling provision from the outset so as to address this deficit.

### 11.5 Induction

Following the identification of the Primary Care Teams who will recruit a counsellor/psychologist, there will be a requirement for the GPs, Counsellor/Psychologist and Primary Care Professionals to undergo an induction programme which would cover the following areas:

- Referral criteria
- Referral pathways
- Feedback mechanisms
- Agreed Expectations
- Evaluation
- Supervision

This induction process would facilitate a smooth and effective commencement and delivery of the counselling services within the primary care setting. The induction programme could be delivered by suitably qualified and experienced HSE Staff at a Senior Level in existing Counselling and Mental Health Services.

## Section 12 LIMITATIONS OF COUNSELLING

If during the course of counselling it emerges that the client has more serious psychological difficulties, the counsellor/psychologist should liaise with the GP and referral agent (if applicable) to arrange a referral onto a secondary mental health team. For example, the following psychiatric disorders will warrant referral on to secondary Mental Health Teams.

- Substance misuse
- Eating disorders
- Severe anxiety
- Personality and behaviour disorders
- Depressive disorders
- Schizophrenia and related disorders
- Bi-polar disorder
- Cognitive impairment or dementia
- Obsessive compulsive disorder
- Post traumatic stress disorder

There are other reasons why counselling may not be successful for a patient:

- Motivation for counselling – self referral can be more effective
- Timing of counselling intervention
- Lack of personal resources i.e. support system and secure living accommodation

## Section 13 OTHER CONSIDERATIONS

There are key logistical issues which would need to be considered in providing counselling in Primary Care. These issues include the following:

- Establish a model that can be managed through existing HSE Counselling Service Providers e.g. National Counselling Service or Psychology Services
- Development of a protocol to manage confidentiality within the Primary Care Services Team i.e. those healthcare professionals immediately involved in the patients' welfare
- Development of an Induction Programme
- Development of evaluation tools, e.g. client satisfaction questionnaire
- Establishment of supervision and case management protocols

Identifying key personnel responsible for:

- Recruitment and selection of counsellors/psychologists
- Training and Induction of counsellors/ psychologists and GPs
- The Line Management & Clinical Supervision of counsellors/psychologists in Primary Care

One of the potential challenges in establishing a consistent level of counselling in Primary Care is that some GPs and Local Health Office Managers may state a preference to employ Counsellors from HSE disciplines other than the National Counselling Service or Psychology Services or at equivalent level of training and experience. It will be necessary to market the new model effectively and in a manner that will convince Primary Care Teams of the value of a national HSE Model for the provision of counselling in this context.

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## APPENDIX 1

### Sample Job Description for Senior Psychologist & Application Form for Counsellor/Therapist in the National Counselling Service



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive  
*SENIOR CLINICAL PSYCHOLOGIST*  
*PRIMARY CARE SERVICES*

#### 1. Professional Qualifications, Experience etc:-

- A. Candidates must on the latest date for receiving completed applications for the office:
- (i) hold a recognised University degree or diploma obtained with first or second class honours in which psychology was taken as a major subject and honours obtained in that subject, and
  - (ii) hold a recognised postgraduate qualification in clinical psychology, and
  - (iii) Have had at least five years satisfactory postgraduate experience in clinical psychology inclusive of any time spent in pursuing a course leading to the postgraduate qualification;

## 1. DUTIES & RESPONSIBILITIES

- To be responsible for developing and delivering a clinical psychology service within the primary care team.
- To be responsible for providing psychological assessments of clients referred.
- To provide a range of psychological therapies for clients at various levels of intervention including individual, family, couple or group.
- To act as part of a multi-disciplinary team within the service.
- To attend team meetings, clinical supervision and line management supervision as required.
- To provide professional reports regarding persons referred by GP's other members of the team and HSE colleagues and other appropriate staff as they may require for the performance of their duties.
- To furnish annual reports and return other statistical information as required.
- To undertake responsibility for clinical audit, quality initiatives and services evaluation, within the primary care team.
- To provide input to policy, planning and management within the primary care team.
- To undertake and participate in any quality service-based research programmes.
- To provide clinical training placements, and supervision to psychologists in clinical training.
- To provide as appropriate training, workshops, lectures, and talks to other staff as appropriate.
- To maintain a high standard of documentation, including client files in accordance with the F.O.I. Act.
- To perform other duties, appropriate to the office, as may be assigned.



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## Job Details

**Job Title:** Counsellor/Psychotherapist  
**Reference:** CCAS/NA/05017  
**County:** Dublin  
**Job Type:** Permanent  
**Job Hours:** Full-time

### Description:

#### JOB DESCRIPTION

Counsellor/Therapist

#### REPORTING TO:

Director of Counselling.

**SALARY:** €43,744 – €71,203

#### ROLE AND RESPONSIBILITIES:

- To take telephone calls to the dedicated Freephone line for adult survivors of childhood abuse
- Assessment of telephone callers' needs and referral as appropriate
- To conduct individual and/or group counselling/therapy with adults who have experienced past abuse (in a regular working week 16 client contact hours are expected) in various centres within the geographical work area
- To prepare reports as required by the Director of Counselling
- To comply with the Department of Health and Children Guidelines
- To work as a member of an integrated professional team
- To attend meetings, case conferences, etc, as required by Director of Service
- To inform clients about legal and psycho-social implications of attending the National Counselling Service
- To establish appropriate contracts in relation to clients to facilitate the counselling process
- To inform and facilitate clients in accessing other appropriate Health Care and support services
- To liaise with relevant statutory and voluntary agencies
- To deputise in the absence of the Director of Counselling as required
- To contribute to and safeguard the good reputation of the service in all dealings with external agencies

In the exercise of his/ her duties the counsellor therapist will endeavour to implement the aims, objectives and policies of the organisation

#### ADMINISTRATION AND ACCOUNTABILITY:

- To comply with Policies and Standards of service as outlined by the National Counselling Service
- In consultation with the Director of Counselling, the Counsellor/Therapist will balance a reasonable caseload of individual clients with an appropriate proportion of group work, educational work and prevention
- To keep records and observe professional standards in respect of their confidentiality and security
- To report to the Director of Service matters affecting the delivery of service at regular team meetings
- To engage in in-service and other relevant training opportunities and to keep up to date with new developments in the area of counselling
- To attend for regular external clinical supervision in accordance with the supervision policy
- To actively participate in peer supervision with colleagues
- To attend regular case-management and managerial supervision with the Director of Counselling
- To provide statistics on workload as required

#### DEVELOPMENT AND EVALUATION OF SERVICE:

- To play an active role in further developments of the service
- To contribute to an objective evaluation of the effectiveness of the Service

Any other duties as may be assigned by the Director of Counselling or designated Officer The above job description is not intended to be a comprehensive list of all duties involved and consequently, the post holder may be required to perform other duties as appropriate to the post which may be assigned to him/her from time to time and to contribute to the development of the post while in office.

Informal enquiries to: Director of Counselling, HSE National Counselling Service, XXXXXXXXXXXX, XXXXXX, XXXXXX

Application details: Application forms and further particulars may be obtained by contacting Childcare & Addiction Recruitment, Health Service Executive Shared Services, Dr Steevens' Hospital, Dublin 8.

Tel: 635 2677 or by e-mail to [ccads.recruitment@mailk.hse.ie](mailto:ccads.recruitment@mailk.hse.ie)

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Health Service Executive

## National Counselling Service Counsellor/Therapist

### Application Form

Please carefully note the following instructions:

- Complete all relevant questions on this document.
- The Health Service Executive does not acknowledge application forms, however, if you wish to confirm receipt of same, please telephone the Recruitment Section on XX XXX XXXX
- Please ensure that your completed Application Form reaches this office no later than 5.00pm on the closing date. Applications received after this date will not be accepted.
- In relation to details of employment, if the space provided is insufficient, please photocopy the sheet provided and complete as required or alternatively use any A4 sheet.
- All previous employers may be contacted for reference purposes.
- The declaration below must be signed in order to validate your application.
- Should you be invited for interview, you may take a copy of your application form with you.
- If you are deemed successful in this competition you will be required to complete a Garda Vetting Form.
- The job description is not intended to be an exhaustive list of duties and responsibilities and may be reviewed from time to time to reflect the needs of the service.
- The Health Service Executive welcomes applications from persons with a disability.

The Health Service Executive recognises its responsibilities under the Data Protection Act 1988 and the Freedom of Information Act 1997.

I, the undersigned hereby declare that all particulars given in this application are true.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## Competencies --- Supplementary Questionnaire

### COUNSELLOR/THERAPIST – NATIONAL COUNSELLING SERVICE Health Service Executive

Information notes for completing the competency question overleaf

In the following section, you are required to describe some of your personal achievements to date that demonstrate certain necessary skills and qualities required for the position of Counsellor/Therapist – National Counselling Service, Health Service Executive. The skills and qualities are outlined in the headings of Questions 1 - 5 on the following pages.

For each area, you are given a description of a skill or quality. You are then asked to describe a situation, from your own experience, which you think is the best example of what YOU have done which demonstrates this skill or quality. It is essential that you describe how you demonstrated the skill or quality in question.

The information will form part of the short listing process, where necessary, and may also be used to help structure your interview, if you are invited to one. Therefore, compose your replies carefully and try to structure what you write so that you give specific information about what you have done - for example, do not simply say that "X was successful", describe exactly what you did and how you demonstrated the skill or quality in question.

Try not to exceed the space allowed in the boxes (no more than 300 words). One of the key skills required of the Counsellor/Therapist – National Counselling Service is the ability to write clearly and concisely.

For each of your examples, please include the following:

- (a) the nature of the task, problem or objective;
- (b) what you actually did and how you demonstrated the skill or quality (and, where appropriate, the date you demonstrated it);
- (c) the outcome or result of the situation and your estimate of the proportion of credit you can claim for the outcome.

Please do not use the same example to illustrate your answer to more than two questions. Please note the board may look for additional examples under the competencies during interview.

Notes:

- You may use a word processor to reproduce these pages and type your replies.
- All questions must be answered.
- It is recommended that you keep a copy of this section of the application form.

## GUIDELINES FOR COMPLETING COMPETENCY BASED APPLICATION FORMS

### COMPETENCY BASED INTERVIEW APPLICATION FORM

Competency based application forms are designed to help you to present **relevant evidence** in order that decision makers can evaluate how well you ‘fit’ the requirements of a particular role. Relevant evidence is usually drawn from your work experience and the way in which you have accomplished a range of activities. Those involved in screening the applications will be evaluating the information you give against **specific competencies** required for effective performance in the role. To do this they need you to give enough detail so that they can tell **what you actually did and how you did it**.

The people doing the screening **will not** assume that you demonstrate a competency at the right level just because of your current role, length of experience or educational qualifications. These do not give enough competency based evidence about how you accomplished relevant tasks.

So, if a question on a competency based application form is about your approach to decision making, you need to do more than describe your current role and list important decision you have made. You will need to describe **how** you reached relevant decisions.

Some guidelines for presenting yourself well in a competency based application form are given below:-

- **Give specific examples** – most questions will ask you to describe an example of when you have demonstrated a competency: try to do this concisely but with enough detail so that the reader will be clear about **what you actually did**. This detail might include information about timescales, the number of people involved, budgets etc. It can help to use bullet points to that the sequence of events is clear to the reader.
- **Give a range of examples** – if possible, base your answers on different situations or challenges you faced rather than rely on just one experience. This helps the reader to evaluate how you tackle different challenges and not just your behaviour in a ‘one off’ situation.
- **Be concrete rather than theoretical** – a clear description of **how you actually behaved** in a particular situation (and why) is of much more use to the reader than a vague or general description of what you consider to be desirable attributes.

Completing the Supplementary Questions Section:

#### EXAMPLES ON HOW TO COMPLETE THIS SECTION OF THE APPLICATION FORM

Competency: **Communication Skills:** able to adapt your communication style to particular situations and audiences..... able to produce clear and concise written information.

#### Example 1:

I was responsible for producing important management reports and supporting presentations for a range of important and high profile clients. Through my understanding of the clients’ needs and my effective communication skills, I have ensured that the reports that go to the clients are relevant and focused, and are continually improved. The reports I have produced and the presentations I have made were well received by all my clients. As a result of the combination of my analytical thinking and interpersonal and communication skills, my brief has been extended to lead the development of the strategic plan for the organisation.

**Example 2:**

The unit I was attached to was responsible for producing a management report and supporting oral presentation for several large clients, some with significant problems and issues to report. In some cases the management report was publicly available and was subject to a great deal of scrutiny. A new style/format of management letter needed to be developed for my clients, as many of the clients were complaining that the letters were too large/long and difficult to read.

I was tasked with developing a new style of management letter for the clients. I had to meet stringent quality requirements/criteria whilst addressing the need to reduce its size. Following consultation, mainly over the phone and face-to-face, with the majority of our clients, I realised that a summarised report format with a better visual and more interactive presentation was the answer. I developed a format for a summarised report, reducing the average length from 40 pages to just 10. I achieved this through careful editing of information and increased use of graphs etc. I then developed a more focused presentation to clients and included more graphical displays and incorporated short presentations by colleagues directly involved in producing the work. During the presentations I encouraged clients to ask questions and develop their understanding of the issues at hand.

The summarised management report and improved presentations were seen as a success by the clients, who with exception, in responding to an evaluation survey, found the new format/style better than the previous, and all requested that the revised system should be continued.

80% credit.

**Example 1 (above):**

This is **not** a good example because it:

- does not give sufficient details of exactly what the person did or how they actually demonstrated their “*effective communications skills*”.
- also, it is not clear where the information requested at (a), (b) and (c) (supplementary section) is presented.

**Example 2 (above):**

This is a **better** example because it:

- describes exactly what the person did and how they communicated, for example  
**“.....consultation, mainly over the phone and face-to face” & “developed a format for a summarised report, reducing the average length from 40 pages to just 10”**  
**“achieved this through careful editing of the information and increased use of graphs”.**  
**“encouraged clients to ask questions”.**
- also, it is clearer where the information requested at (a), (b) and (c) of the supplementary question section is presented.

## Candidate's Name:

### 1. Evaluating information and judging situations.

A Counsellor/therapist relies on professional expertise and management experience to understand and evaluate problems. He/she gathers information from a variety of sources before evaluating the benefits and consequences of decisions. He/she demonstrates sound practical judgment and decisiveness.

*In the space below, give an example of a situation where you demonstrated your ability in this area, providing the information requested at (a), (b) and (c) in the "Notes" section.*

**What was the situation/nature of the task, problem or objective?**

**Describe your involvement and what you specifically did**

**What was the outcome/response from colleagues?**

**What did you learn from this experience?**

## Candidate's Name:

### 2. Assuring high standards in the NCS today

A Counsellor/therapist sets professional standards and establishes procedures to ensure they are maintained. He/she co-operates with accreditation procedures. He/she regularly monitors the quality of work and strives to ensure full compliance with legal, professional and safety standards.

*In the space below, give an example of a situation where you demonstrated your ability in this area, providing the information requested at (a), (b) and (c) in the "Notes" section.*

**What was the situation/nature of the task, problem or objective?**

**Describe your involvement and what you specifically did**

**What was the outcome/response from colleagues?**

**What did you learn from this experience?**

## Candidate's Name:

### 3. Being a leader in one's profession

A Counsellor/Therapist builds and communicates a vision for the future of one's profession. He/she motivates staff towards the provision of a quality service. He/she demonstrates significant energy and enthusiasm for one's work and profession. He/She accepts responsibility and accountability.

*In the space below, give an example of a situation where you demonstrated your ability in this area, providing the information requested at (a), (b) and (c) in the "Notes" section.*

**What was the situation/nature of the task, problem or objective?**

**Describe your involvement and what you specifically did**

**What was the outcome/response from colleagues?**

**What did you learn from this experience?**

## Candidate's Name:

### 4. Maintaining composure and quality of working life

A Counsellor/Therapist maintains a calm and controlled style across all situations. A Counsellor/Therapist is flexible during challenging times and perseveres despite setbacks and the pressures of the role. He/She takes responsibility for his/her own health, wellbeing and work/life balance.

*In the space below, give an example of a situation where you demonstrated your ability in this area, providing the information requested at (a), (b) and (c) in the "Notes" section.*

**What was the situation/nature of the task, problem or objective?**

**Describe your involvement and what you specifically did**

**What was the outcome/response from colleagues?**

**What did you learn from this experience?**

## Candidate's Name:

### 5. Working towards a user centred service

A Counsellor/Therapist co-operates respectfully with the wider organisational team in the interest of a user-centred service. He/she develops and maintains a broad knowledge of the health service and understands how one's profession can best contribute to a model of holistic service provision. In this regard, he/she works to promote the profile of one's profession within the service.

*In the space below, give an example of a situation where you demonstrated your ability in this area, providing the information requested at (a), (b) and (c) in the "Notes" section.*

**What was the situation/nature of the task, problem or objective?**

**Describe your involvement and what you specifically did**

**What was the outcome/response from colleagues?**

**What did you learn from this experience?**



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## Primary Care posts - Counsellor / Therapist Job Specification and Terms and Conditions

<b>Job Title and Grade</b>	<ul style="list-style-type: none"> <li>● Counsellor / Therapist</li> </ul>
<b>Competition Reference</b>	<ul style="list-style-type: none"> <li>● <i>To be completed by HR Department</i></li> </ul>
<b>Closing Date</b>	<ul style="list-style-type: none"> <li>● <i>To be completed by HR Department</i></li> </ul>
<b>Location of Post</b>	<ul style="list-style-type: none"> <li>● The post is located within the Primary Care Team / Network, which forms part of the HSE Primary, Community and Continuing Care (PCCC) service.</li> <li>● These posts are being recruited for the following Local Health Office (LHO) areas:   <p style="text-align: center;"><i>...insert LHO areas requiring this post.</i></p> <p><b>HSE Dublin Mid Leinster                      HSE South</b></p>   <p><b>HSE Dublin North East                      HSE West</b></p> </li> </ul>
<b>Organisational Area</b>	LHO Area (see above)
<b>Details of Service</b>	<ul style="list-style-type: none"> <li>● Primary Care is the central focus for the delivery of health and social services. The Primary Care Strategy promotes a team-based approach to service provision in order to provide a fully integrated primary care service.</li> <li>● The Primary Care Team will provide a multidisciplinary, team-based approach to primary care, servicing the majority of people's health needs, at or close to home.</li> <li>● The Primary Care Team will serve a client population of approx 8,000 – 12,000 within its catchment area.</li> <li>● Teams will be responsible for case management, devising and delivering care plans and facilitating access within the entire health system for people in their defined local population.</li> <li>● The teams will generally consist of nurses, general practitioners, physiotherapists, occupational therapists, social workers, health care assistants and home helps, depending on the local population's needs and priorities.</li> <li>● A wider social care network of additional primary care professionals will support several primary care teams, covering a total population of approx 40,000 – 50,000 people.</li> <li>● The networks will generally include speech &amp; language therapists, community pharmacists, dieticians, community welfare officers, chiropodists / podiatrists, dentists, psychologists / counsellors, family support workers, mental health and childcare protection services.</li> <li>● Improved integration between primary care teams, networks, other specialist services and acute hospital services will be developed. Referral protocols, direct access to diagnostics, individual care plans,</li> </ul>

	<p>discharge planning, integrated care pathways and shared care arrangements will allow the primary care teams to provide a fully integrated primary care service.</p> <p>To view the Primary Care Strategy ‘Primary Care – A New Direction’ and related documents, visit <a href="http://www.primarycare.ie">www.primarycare.ie</a></p> <p>Referral criteria have been developed for counselling in primary care of mild to moderate problems including reactive depression, relationship difficulties, general anxiety and mild specific phobias, loss, coping with injury or illness, life cycle developmental issues, adjustment problems, stress and trauma, psychosexual difficulties, alcohol and drug addiction.</p> <p>The preferred model of counselling in primary care is Cognitive Behavioural Therapy (CBT).</p> <p>More serious psychological difficulties should be referred on to the secondary mental health team.</p>
<p><b>Reporting Relationship</b></p>	<ul style="list-style-type: none"> <li>● <i>The post holder will be responsible to the Head of Discipline in the Local Health Office (LHO) for professional development and clinical governance. - Director of Counselling in the National Counselling Service or Psychology services.</i></li> <li>● <i>The post holder will report to the Primary Care Development Officer in their Local Health Office (LHO) for administrative purposes.</i></li> <li>● <i>There may also be rotating team leader responsibilities within the Primary Care team.</i></li> </ul>
<p><b>Purpose of the Post</b></p>	<ul style="list-style-type: none"> <li>● The purpose of the post is to work with other members of the team to provide a community based, person centred, team based integrated primary care service.</li> <li>● The counsellor / therapist will provide individual and group counselling in the primary care setting.</li> </ul>
<p><b>Principal Duties and Responsibilities</b></p>	<p>Multi-disciplinary team working</p> <ul style="list-style-type: none"> <li>● Participate as a member of the Primary Care Team / Network; including service provision, meetings, case conferences, team building and change management initiatives.</li> <li>● Contribute to the development and implementation of information sharing protocols, audit systems, referral pathways, individual care plans and shared care arrangements.</li> <li>● Participate in community needs assessment and ongoing community involvement.</li> <li>● Undertake Team Leader role if/as required.</li> <li>● Undertake Key Worker role as required.</li> <li>● Develop and maintain close liaison with team members, hospital staff and specialist services to ensure an integrated service for clients.</li> </ul> <p>Development and evaluation of service</p> <ul style="list-style-type: none"> <li>● Support models of best practice / evidence based practice.</li> <li>● Training and supervision of other staff as required, sharing knowledge</li> </ul>

	<p>to maintain professional standards.</p> <ul style="list-style-type: none"> <li>● Ongoing monitoring, audit and evaluation of service.</li> </ul> <p>Administration and accountability</p> <ul style="list-style-type: none"> <li>● Maintain records and submit activity data.</li> <li>● Write clear concise reports.</li> <li>● Contribute to policy development, performance monitoring, business planning and budgetary control.</li> <li>● Maintain a high standard of documentation, including client files in accordance with the Freedom of Information (FOI) Act.</li> <li>● Maintain professional standards with regard to patient and data confidentiality.</li> <li>● Comply with Health &amp; Safety regulations.</li> <li>● Comply with the Department of Health and Children guidelines.</li> <li>● Comply with policies and standards of service.</li> </ul> <p>Clinical Practice</p> <ul style="list-style-type: none"> <li>● Manage clinical caseload with an appropriate proportion of group work, educational work and prevention.</li> <li>● Understand and priorities each client's needs.</li> <li>● Assessment and treatment of referred clients.</li> <li>● Monitor and evaluate outcomes of treatment for individual patients.</li> <li>● Support a health promotion and disease prevention focus.</li> </ul> <ul style="list-style-type: none"> <li>● Inform and facilitate clients in accessing other appropriate health care and support services, including referral to more specialist services if required.</li> <li>● Conduct individual and/or group counselling/therapy in various centres within the geographical work area.</li> <li>● Establish appropriate contracts in relation to clients to facilitate the counselling process.</li> <li>● Attend for regular external clinical supervision in accordance with supervision policy.</li> <li>● Actively participate in peer supervision with colleagues.</li> <li>● Liaise with relevant statutory and voluntary agencies.</li> <li>● Engage in in-service and other relevant training opportunities and to keep up to date with new developments in the area of counselling.</li> </ul> <p>The above job description is not intended to be a comprehensive list of all duties involved and consequently, the post holder may be required to perform other duties as appropriate to the post which may be assigned to him / her from time to time and to contribute to the development of the post while in office.</p>
<p><b>Eligibility Criteria</b></p> <p><b>Qualifications and/ or experience</b></p>	<p>Third level qualification in Medicine, Psychology, Nursing or Social work plus</p> <p>An accredited qualification in counselling or psychotherapy, recognised by an appropriate professional body or a relevant post-graduate qualification and</p> <p>Two years minimum relevant supervised experience in counselling or psychotherapy</p>

<p><b>Skills, competencies, qualifications and/or knowledge</b></p>	<ul style="list-style-type: none"> <li>● Demonstrate an awareness of the Primary Care Strategy and key developments within the Primary Care service.</li> <li>● Demonstrate initiative and innovation, identifying areas for improvement, implementing and managing change.</li> <li>● Develop and maintain close links with the service users, ensuring a partnership approach – the candidate will require communication skills with regard to building relationships, empathising and focusing on the service user.</li> <li>● Demonstrate commitment to achieving quality results.</li> <li>● Demonstrate evidence of effective planning and organising skills including awareness of resource management and importance of value for money.</li> <li>● Demonstrate ability to manage deadlines and effectively handle multiple tasks.</li> <li>● Demonstrate leadership and team management skills including the ability to work with multi disciplinary team members.</li> <li>● Demonstrate understanding and/or experience of health promotion and disease prevention.</li> <li>● Demonstrate a commitment to continuing professional development.</li> <li>● Demonstrate evidence of computer skills including use of Microsoft Word, Excel, email systems and the use of the internet as a research tool.</li>   <li>● Display evidence based clinical knowledge in making decisions regarding client care.</li> <li>● Demonstrate experience in Cognitive Behavioural Therapy (CBT).</li> <li>● Demonstrate detailed up-to-date clinical knowledge of assessment and treatment of a range of mental health problems.</li> </ul>
<p><b>Other requirements specific to the post</b></p>	<p>Access to transport, including home visits if required.</p> <p>Flexible working hours – extended hours will provide greater availability of and access to services, ensuring a customer focussed service.</p> <p>The candidate should have a broad knowledge and experience of commonly used computer packages.</p>
<p><b>Competition Specific Selection process</b></p>	<p>Competency based application form.</p>
<p><b>Skills, competencies, qualifications and/or knowledge</b></p>	<p>Short-listing may be carried out on the basis of information supplied in your application form. The criteria for short listing are based on the requirements of the post as outlined in the “eligibility criteria” and “skills, competencies and/ or knowledge” section of this job specification. Therefore it is very important that you think about your experience in light of those requirements.</p> <p><u>Failure to include information regarding these requirements may result in you not being called forward to the next stage of the selection process.</u></p>



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## HEALTH SERVICES EXECUTIVE

### Terms and Conditions of Employment

#### Primary Care posts - Counsellor / Therapist

<b>Tenure</b>	<p>The appointment is whole-time, permanent and pensionable. <i>Change as appropriate – specify in which LHOs the posts are full time and which they are part time)</i></p> <p>Appointment as an employee of the Health Service Executive is governed by the Health Act 2004 and the Public Service Management (Recruitment and Appointment) Act 2004.</p>
<b>Remuneration</b>	The Salary scale for the post is: xxxxxxx
<b>Working Week</b>	<p>The standard working week applying to the post is: xxxxxxx <i>(Include “on –call “ requirements etc here)</i></p> <p>Flexible working hours to ensure customer focussed service.</p>
<b>Annual Leave</b>	The annual leave associated with the post is: xxxxx
<b>Superannuation</b>	All pensionable staff become members of the pension scheme.
<b>Probation</b>	Every permanent appointment of a person who is not already a permanent officer of the Health Service Executive or of a Local Authority shall be subject to a probationary period of 12 months as stipulated in the Department of Health Circular No.10/71.
<b>Age</b>	Age restrictions shall only apply to a candidate where he/she is not classified as a new entrant (within the meaning of the Public Service Superannuation Act, 2004). A candidate who is not classified as a new entrant must be under 65 years of age.
<b>Health</b>	A candidate for and any person holding the office must be fully competent and capable of undertaking the duties attached to the office and be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.
<b>Character</b>	Each candidate for and any person holding the office must be of good character.

## APPENDIX 2

### Professional Bodies that recognise or accredit counsellors/psychologists and training courses

#### IACP - Irish Association for Counselling & Psychotherapy

8 Cumberland Street, Dun Laoghaire, Co. Dublin.

Telephone: (01) 230 0061 Fax: (01) 230 0064 Email: [iacp@irish-counselling.ie](mailto:iacp@irish-counselling.ie) [www.irish-counselling.ie](http://www.irish-counselling.ie)

Various levels of membership available. Accreditation of Counsellors and recognition of courses. Counsellors must apply for re-accreditation every five years and must be committed to continuing professional development. Accreditation of Supervisors also.

#### PSI – The Psychological Society of Ireland

Telephone: (01) 4749160 Fax: (01) 4749161 Email: [info@psihq.ie](mailto:info@psihq.ie) [www.psihq.ie](http://www.psihq.ie)

Student Subscription - is available only to registered students on approved third-level Degree or Diploma courses in Psychology.

*The following categories of membership are available in PSI:*

#### Graduate Membership

The minimum qualification for Graduate Membership is an honours degree recognised by the Council in which psychology is a main subject or a post-graduate award in psychology recognised by the Council or such equivalent qualification as the Council may from time to time determine.

#### Registered Membership

To apply for Registered Membership, an applicant must be a Graduate Member of the Society and satisfy Council that he/she has at least four years relevant whole time experience, or an equivalent period part-time, in work in psychology, and is professionally competent therein.

#### Associate Fellowship

Associate Fellowship is not a category of membership, but rather may be cited as a professional qualification while the Associate Fellow is a member of the Society. An applicant for Associate Fellowship must be a Graduate Member of the Society and shall in addition satisfy the Council that he/she is professionally competent and has at least four years relevant wholetime experience, or an equivalent period part-time, in work in the area of psychology.

**Fellowship** - If a member has been an Associate Fellow for at least three consecutive years, he/she may be eligible for Fellowship of PSI.

An applicant/nominee for Fellowship shall in addition satisfy the Council that he/she has: At least ten years professional experience in psychology, and either (a) has made a substantial contribution to the Society (b) he/she possesses superior knowledge and skills, or (c) he/she has made an important contribution to the advancement of psychological knowledge, or (d) he/she has made an important contribution to the advancement of the practice of psychology.

#### Irish College of Psychiatrists

Telephone: +353 1 402 2346 Fax: +353 1 402 2344 Email: [icpsych@eircom.net](mailto:icpsych@eircom.net) [www.irishpsychiatry.com](http://www.irishpsychiatry.com)

The Irish College of Psychiatrists represents the membership and professional interests of over 600 psychiatrists in the Republic of Ireland. One of its aims is to achieve a greater understanding of mental illness in order to overcome fear and prejudice.

#### Irish Council for Psychotherapy (ICP)

Telephone: (01) 272 2105

Umbrella organisation representing counselling some counselling organisations in the area of Family Therapy and Cognitive Behavioural Therapy.

Members are accredited by their own training organisation and then apply for membership of ICP.  
[www.psychotherapy-ireland.com](http://www.psychotherapy-ireland.com)

ICP is affiliated to the European Association for Psychotherapists (EAP).

### **IAHIP – Irish Association of Humanistic & Integrative Psychotherapy**

44 Northumberland Avenue, Dun Laoghaire, Co. Dublin.  
Telephone: 284 1665

Represents psychotherapists and provides accreditation to individual psychotherapists and supervisors.

### **IAAAC - Irish Association of Alcohol and Addiction Counsellors**

Telephone: (01) 797 9187 [www.dap.ie](http://www.dap.ie)

Represents Alcohol and Addiction Counsellors and provides accreditation and recognition of training courses.

### **APPI – The Association for Psychoanalysis and Psychotherapy in Ireland**

[www.appi.ie](http://www.appi.ie)

Membership:

Graduates of the Masters programme at the School of Psychotherapy, St Vincent's University Hospital and graduates of the Masters degree in Psychoanalysis at LSB College/DBS are eligible for full membership on application. In conformity with the [Primary Object](#), in certain circumstances full membership may also be offered to applicants who have appropriate qualifications and experience. All applicants for full membership need to apply in writing to the Executive Committee and have their application supported by two members of APPI.

### **NAPCP – National Association for Pastoral Counselling & Psychotherapy**

Telephone: (01) 8571438 [www.napcp.ie](http://www.napcp.ie)

NAPCP offers three levels of membership

- Honorary
- Full accredited membership
- Associate Membership

Criteria for fully accredited membership:

By University graduation in a recognised counselling/psychotherapy programme

By a substantial Course of Training over two years full time, or three years part time.

### **EAP – European Association for Psychotherapy**

Telephone: 0043 1 5131729 Vienna Fax: 0043 1 5131729  
Email: [ap.headoffice@magnet.web](mailto:ap.headoffice@magnet.web) [www.psychother.com/eap](http://www.psychother.com/eap)

European Certificate for Psychotherapy – ECP

The EAP represents about 140 organisations (13 national umbrella associations for psychotherapy) from 26 European countries and by that more than 50.000 psychotherapists. Membership is also open for individual psychotherapists. The EAP works on a Euro-Certificate that will be the basis of mutual recognition of psychotherapists in Europe.

### **EAC – European Association for Counselling**

[www.eacnet.org](http://www.eacnet.org)

EAC Membership encompasses practitioners, trainers, academics and others active in counselling service agencies, training institutes, universities and other professional associations. Accreditation is available from EAC.

NOTES



Developed in partnership with the ICGP