Suitable Clients for Counselling and Psychotherapy

Michael Jacobs

As I supervise counsellors (some in voluntary agencies, some in university counselling or forensic services) I am constantly reminded of the level of work in which they are engaged: not, as once they were, with marital conflicts, homesickness or grief-work; rather with clients who twenty years ago we would have said needed referral to psychotherapists or psychiatrists. This highly responsible group of counsellors, whose training is good but usually by no means as lengthy or as deep as that of most psychotherapists, is working with clients whom I myself have listed in some of my publications as 'not suitable for counselling, but suitable for psychotherapy'. Sherrard, analysing the rapid growth of counselling in this country, similarly concludes that counsellors tend to see people with the same problems/crises as do clinical psychologists in their practice; she decides against the conclusion that counselling is about growth and personal development, whereas clinical psychology is about problems.

For example: Neil (I disguise the names) is heavily dependent on women helpers, careless in his appearance, and gives off hostile signals — six months into counselling he presents himself well, and now is able to voice his anger about life's rejections. Darren, a borderline self-harming young man in a secure unit — a year on he is making a solid, verbally highly explicit and rich relationship with a counsellor, and has not self-harmed in all that time. Carol, once on high doses of prescribed drugs and finding it difficult to communicate, is now on vastly reduced levels of medication, and is beginning to

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make relationships. John, addicted to illegal drugs for five years, and let down by one of his social workers who set up home with him, is now able to work through this further disappointment and return to his parental home and find work. None of these clients would have entered my earlier lists of 'suitable for counselling', and some I even would have excluded from suitability for psychotherapy.

Some psychotherapists clearly still agree with my earlier stance, because I can think of other clients presented in supervision who were seen by voluntary counsellors because the psychotherapy unit had assessed them and turned them down: indeed one woman made real progress in counselling over two years, and because she had reached the limit of time offered by the agency was then referred on for long-term psychotherapy, but was turned down as unsuitable. I must also include those seen by the same agency while they wait for their name to reach the top of the NHS psychotherapy waiting list.

What explanation is there for my errors of judgement in earlier publications?

One could be that the psychotherapists and I are still right: that although clients such as these have come regularly for counselling, no real change has taken place. Counselling has been no more effective than therapy would have been had the therapists taken them on. The therapists were wise to decline accepting such referrals. Efficacy is notoriously difficult to assess, and we have no way of knowing whether the reported changes — because clearly there are changes, and apparently sometimes substantial ones — will last. But of course the same can be said of psychotherapy.

A second explanation could be that many psychotherapists work with too narrow a sample of the client population, and effectively only with straightforward neurotic presentations. I have some concern about trainings that require only two or three patients, three or four times a week over a number of years, who are carefully selected for suitability. Some newly qualified therapists have had little experience of what we might call 'sharp-end' work. There is a preciousness about some psychotherapy trainings and units, and sometimes I wonder whether the only patients who are seen are people training on psychotherapy or counselling courses. It is a lucrative and steady market.

Therapists in private practice are right to select carefully, because working alone they should perhaps not take risks, but there remains a large section of the potential client population denied access to psychotherapy, and not just because of money. I recall a MIND field officer trying to find therapy for a woman who had been severely abused as a child, sometimes dissociated, and who had made a number of suicide attempts. After she was turned down by a psychotherapy unit as being too high a risk, the field officer asked what all those years of training were for, if psychotherapists could not work with damaged people. I recognise of course that there are many psychotherapists (of whom in their published work Searles, Tustin, Rosenfeld and Murray Cox are only some examples) who are working in the community or in specialist units, and who are at the forefront of this hard-nosed work — engaging in therapy with

psychotic, autistic and borderline patients, with serious offenders, and with multiple personality and dissociative states.

A third, somewhat inadequate, explanation is that we are witnessing further evidence of the research that shows that there is little difference in outcome between therapists, that much depends upon the personality of the counsellor or therapist and the nature of the therapeutic relationship, and even that beginning trainees are often more effective than people who are recently qualified. Studies such as those reviewed by Durlak indicate that clients perceive if anything more effectiveness in non-professional helpers than in professionals. I have in mind a trainee counsellor seeing her first client, who revealed material about abuse and self-harm which had been completely masked in the assessment. She had to deal with this without referring him back, and she succeeded in providing effective help, even though, as she herself described, much of the time she was like a duck in water, 'serene on the surface, but paddling like mad beneath'. There may be an enthusiasm in many volunteer counsellors, and a commitment to their two or three clients, which compensates for lack of knowledge of technique or psychopathology. They show affection and obvious care (sometimes because they are seen as working for no financial gain). There may even be, because they have not had the extended training of psychotherapists, a certain *naïveté*, which does not put them off 'having a try'. I am only one of a number of experienced (and perhaps hardened) therapists who has been astounded at what new counsellors can achieve.

There are still a significant number of people whom it would be unwise to refer to counsellors as first clients. But counselling agencies, initially often working in the dark, and perhaps without the prejudices of established units, have had to develop a range of ways of handling the great variety of clients who self-refer. Some clients are straightforward, some require focused work, some preparation for psychotherapy, some management, and some help with social skills. This flexible approach, which marks out generic counselling from the purity of much psychotherapy, also enables clients to move from initial support and containment into more insight-oriented work.

A fourth explanation for this lack of clarity over suitability of clients could be that we are now recognising that there are no clear distinctions between counselling and psychotherapy. The terms are interchangeable. Other articles in this issue look at this question, and I have myself written on it elsewhere. Although I have reservations about the degree of difference, there are some distinctions, and I do not think convergence is an adequate reason to avoid asking about the suitability of clients.

There is however a fifth explanation, which may ultimately point the way to a clearer sense of who might be suitable for counselling and who for psychotherapy, and which entails dropping these particular labels altogether. The only plausible reason I can find for the ability of some counsellors to work with clients whom I have previously ruled out as unsuitable is that their level of expertise is the same as that of psychotherapists. Their training may be shorter, and their

personal therapy less intense, but their experience with clients and good ongoing supervision has given them the same skills and intuitive capacities as paid (or more highly paid) psychotherapists. Who sees whom depends more upon the particular therapist and counsellor than upon the professional label they use to advertise their function.

It may be possible therefore to distinguish not between counsellors and psychotherapists, but between experienced practitioners, and inexperienced or even pedestrian practitioners. Most practitioners work reasonably well with clients who are verbal and in touch with their feelings, who do not act out, who show insight, and who make a good therapeutic relationship. Such work is not necessarily easy, since levels of pain may be intense, but it is relatively straightforward, with clients who are responsive to the attention given them and the interventions they are willing to consider. Counsellor and therapist act as midwife rather than surgeon.

Less straightforward are those clients who demonstrate resistance and impenetrable defences, where the practitioner often feels stuck; clients who act out, with whom the therapeutic relationship becomes intense, where the material is difficult to interpret, where there are awkward silences, or boundary issues, and where there are questions of increased frequency or problems with breaks and endings. Certain presenting problems, borderline personalities, character disorders, some survivors of abuse and trauma require an experienced counsellor or therapist. A range of subtle skills, such as understanding at an intuitive level as well as the recognition of 'not-knowing', and the ability to stay with and yet at the same time work on and work through, are more typical of the experienced practitioner.

Assessment remains essential when counsellors or new therapists are allocated clients. Assessment skills are a vital element in more experienced practitioners. Good supervision plays a similarly crucial role, enabling counsellors and therapists who show obvious promise to develop towards working with more problematic clients. Counselling courses where there is a high level of expertise in supervisors, or counselling agencies which draw upon experienced therapists as supervisors, can produce counsellors who are as effective as any registered psychotherapist.

I allude above to frequency of sessions. Perhaps the only concession I make to psychotherapists (but even then it is to a relatively small proportion of their work) is that I do not envisage counsellors seeing clients more than once a week. Occasionally they may see a client twice weekly for a few weeks or months; but the analytic model of two or more times a week is not their province. It is however questionable whether there is evidence to show that such frequency is more effective than once-weekly sessions, so even here the distinction between counsellors and psychotherapists means little.

Ultimately I find myself returning to the question of distinctions: not as to which clients are suitable for counselling and which for psychotherapy, but rather as to which practitioners of either are suitable for which clients. My previously published lists may still be helpful in protecting beginning counsellors and trainee

psychotherapists from the more intractable clients, although I would like to see promising counsellors and therapists given opportunities to work under supervision with problem clients, in order to learn sharp-end work. There are also those practitioners (who assume different titles) who specialise in particular work which the majority would not tackle.

Any tables I draw up in future will be more carefully worded, assessing suitability on the basis of levels of experience, and sometimes the basis of therapeutic approach, but not on training background or registered status. The counsellors have proved me wrong.

Further Reading

J.A. Durlak, 'Comparative effectiveness of paraprofessional and professional helpers', *Psychological Bulletin*, 1979

Michael Jacobs, *Swift to Hear*, SPCK, 1985

Michael Jacobs, *Psychodynamic Counselling in Action*, Sage, 1988

Michael Jacobs, 'Psychodynamic Counselling — identity achieved?' *Journal of Psychodynamic Counselling*, 1994

C. Sherrard, 'The rise in demand for counselling', *Counselling Psychology Quarterly*, 1994

What is the British Association for Counselling?

David Jones

The Standing Conference for the Advancement of Counselling was founded in 1970, in London, with help from the NCVO, the National Council for Voluntary Organisations. (It was the NCVO which advised the AHP on the wording of its constitution in 1971.) The British Association for Counselling (BAC), founded in 1977, grew out of the Standing Conference and then itself became a member organisation of the NCVO. In 1978 it moved to Rugby, funded by grants from the government's Voluntary Services Unit.

'Counselling' covers a very wide range of activities, including giving information and advice (for example on finance and careers), helping people in crisis (as after accidents or bereavement) and facilitating personal development (as in relationship and family counselling), where it can become indistinguishable

David Jones is commissioning editor of Self & Society. *The main organisations responsible for developing psychotherapy (BCP, BPS, RCP and UKCP) will be described in future issues.*