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DCoP Annual Survey 2018 Summary

June 2019



Introduction

In 2018 we conducted our very first annual survey. The survey aimed to understand the work, training and associated needs of Counselling Psychologists (CoP) in the UK and abroad to inform our future strategy.

We are pleased to be able to share with you a short summary of the initial survey results. In future years we will aim to develop the survey and use it to continue to guide the work and future direction of the division.

QUALIFIED PSYCHOLOGISTS

A total of 129 CoPs completed the survey of which 119 were qualified CoPs. The survey asked multiple questions relating to the practice of qualified psychologists. The survey indicated that 46.5 per cent of CoPs work in the NHS and interestingly the same proportion also work in independent practice. The other two most 'worked in' sectors are higher education at just over 16 per cent and Private health care at just over 13 per cent. The results confirm our impression that a large number of CoPs are not only working in independent practice but also in the NHS. Additionally, the results indicated a wide range of job titles and specialist areas.

Our analysis highlighted a number of emergent themes from various CoPs. For example, the newly qualified CoPs expressed issues around confidence in working the NHS and later stage career CoPs encountered issues in changes in role. Across the board there emerged four prominent themes in issues arising for qualified psychologists;

Psychologist employment issues, predominately within the NHS

Regulatory issues including accreditation with HCPC

Issues relating to deference to clinical psychologists

Issues relating to a lack of understanding of the skills and knowledge of CoPs.

It is worth noting that there was a fifth prominent theme that arose and that was one of feeling appreciated and valued.

The questions relating to models of work indicate highly skilled, highly diverse group, trained in a wide variety of different therapeutic models which are being used in a variety of ways depending on service specification, clinical formulation and client need.

SUPERVISION

In the questions relating to supervision 93 per cent of respondents indicated that they thought they received an appropriate level of supervision. Overall there was a theme that the supervisors' style and experience was more important than the supervisors' professional qualification. There was also acknowledgement of some difficulties with the cost and importance of choice in supervision.

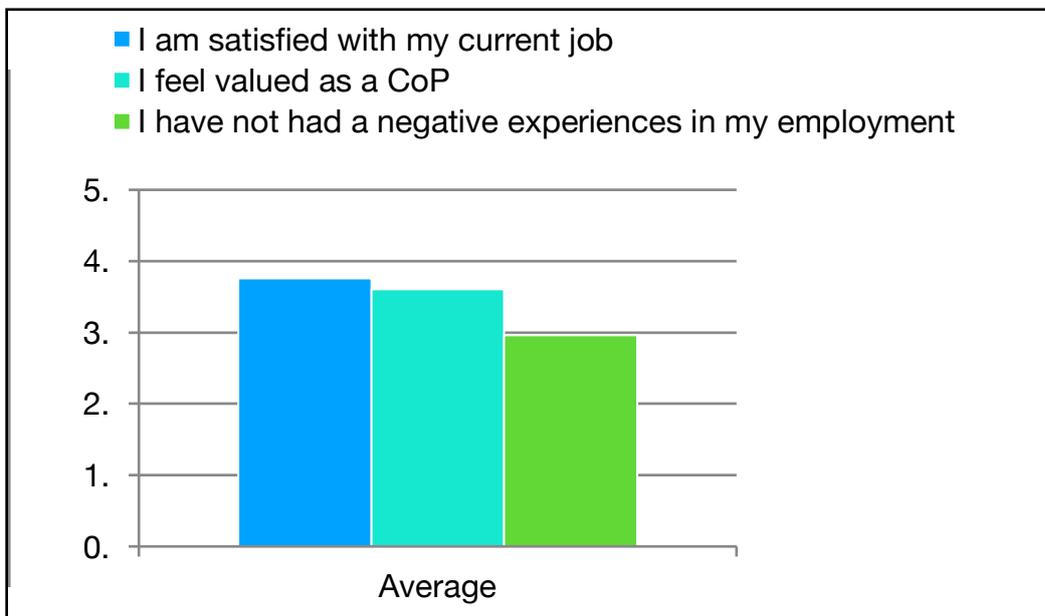
A total of 12.4 per cent of respondents did not feel appropriately skilled to provide supervision and 76.0 per cent would like to develop their supervision skills further. Areas raised for further skills development included:

Supervision of supervision

Refresher supervision courses

Individual and group supervision skills

Therapeutic and managerial supervision skills



BPS supervision courses including accreditation for being on the Register of Applied Psychology Practice Supervisors (RAPPS)

There were two other arising themes; Enjoyment of giving and receiving supervision and its importance in providing effective and ethically appropriate therapy.

SATISFACTION AND WELLBEING OF COP'S

With regards to understanding the satisfaction and wellbeing of CoPs, the survey indicated that over 70 per cent of CoPs are positively satisfied with their current job and over 60 per cent felt positively valued. The surveyed

also indicated that over 40 per cent of CoPs had had negative experiences as coun-selling Psychologists in employment. The average scores are in the chart above. We are aware that this indicates a high proportion have had negative experiences in employment and we will continue to work to understand more about the issues and represent the interests CoPs at appropriate forums.

If you do have employment difficulties, then we would like to draw your attention to the employment support leaflet which contains information and signposting to relevant support.

We will look forward to learning more about your work and associated needs in future surveys

TRAINEES

Providing high quality training opportunities forms a central part of the foundation for CoP. 10 per cent of the survey response were trainees so we were able to gain an impression of their experiences of training, placements and needs. Overall the trainees' responses were positive about their placements and feeling

valued on placement, however, a small number were not, with financial difficulties being cited as a central factor.

We will continue to raise awareness of the financial challenges of training as a CoP.

SPECIALIST TOPICS

INVOLVEMENT IN RESEARCH

When asked about their involvement in research, members answered as follows:

I am not involved in research – 40.3%

I would like to develop my research skills further – 31.8%

I am involved in supporting the research of others – 27.1%

I regularly conduct research – 22.5%

I am consulted about how to conduct research – 11.6%

I supervise trainees' research – 10.9%

I regularly publish research – 6.2%

I work in a research role – 3.9%

Findings by sector were as follows:

I regularly conduct research		I regularly publish research	
Independent practice	52%	Independent practice	38%
Higher education	35%	Higher education	50%
NHS	24%	NHS	25%
Private healthcare	14%	Private healthcare	13%
Third sector	14%	Third sector	0%
Social care	0%	Social care	13%
Other	3%	Other	13%

In the comments around experience of research, many people expressed an interest in research activities. However, the most common barriers listed were:

Time limitations (within service, or as additional activity)

Limited opportunity (in current role, or as independent)

Lack of resources (especially for those not in academic posts)

Lack of support

WORK IN NEUROLOGICAL SETTINGS

A total of 26 per cent of respondents reported currently working in a setting which involves contact with neurological client groups. Specific settings and patient populations included:

Adult MH

Forensic

Older adults

Trauma service

Medico-legal

Children/Family social services

Neuro-rehab

Neurodevelopmental

Learning disability

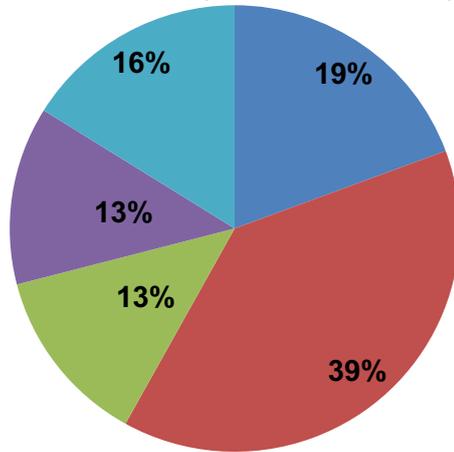
Autism

Oncology

Those who responded positively reported being in neuro posts between two months and 20 years. As shown below, most respondents reported having worked in this space between one and five years.

Years working in neuro-setting

■ < 1 year ■ 1 - 5 years ■ 6 - 10 years ■ 11 - 15 years ■ 16 - 20 years



When asked whether members would be interested to undertake the DoN/s qualification in clinical neuropsychology, 56 per cent (N=72) replied YES.

LEADERSHIP ACTIVITIES AND EXPERIENCES

44 per cent of survey participants stated they were currently in a leadership role.

Those that reported having leadership experience fell into the following categories:

Holds a senior-level position within the NHS

Holds a Director role in industry

Holds a research role

Leads a training programmes

Manages an independent practice

Delivers clinical supervision

Responsibilities listed by each of the above included:

Clinical decision-making as part of an MDT

Managing a service

Managing recruitment

- Service design / development
- Developing clinical pathways
- Conducting clinical audits
- Leading change management
- Commissioning for services
- Undertaking service evaluation
- Training students
- Supervising assistant psychologists

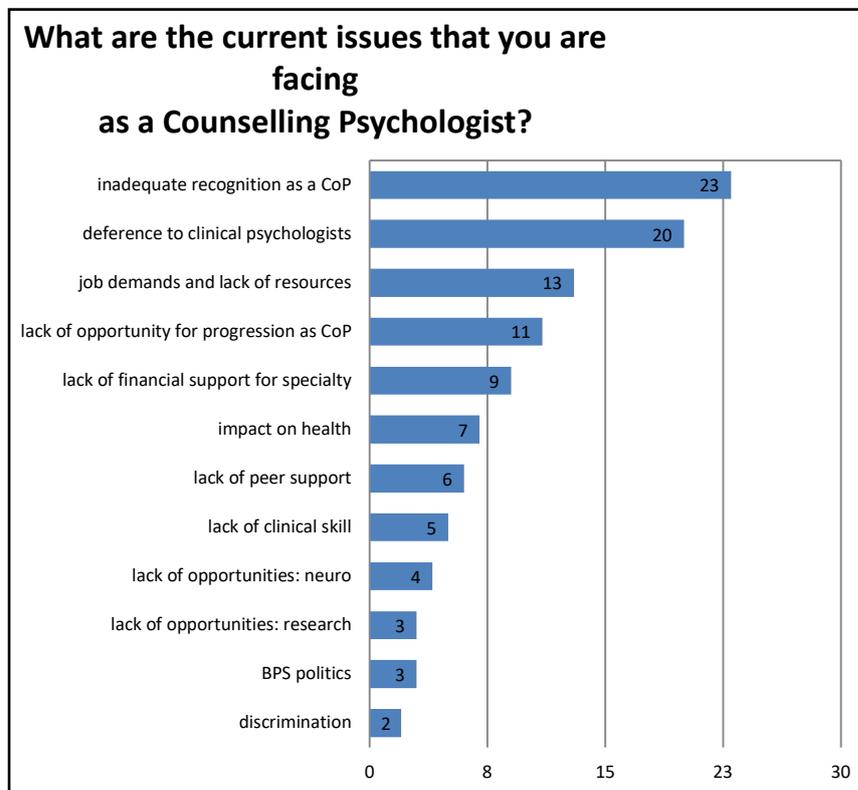
It is worth noting that some people do not consider ‘business as usual’ activities as leadership, and some do. There is an inconsistent view of what is deemed a leadership quality for counselling psychologists. Furthermore, there is no shared

understanding of what constitutes leadership activity. For example, several respondents mentioned being more interested in the clinical side of their role than the management side and saw the two components as separate.

There seems to be no consistency across NHS settings, with some suggestion that nations differ in their opportunity of leadership roles for counselling psychologists.

Several mention undertaking leadership training, though very few. NHS staff seem to have the most leadership support, with more opportunities for CPD around leadership and supervision. Though several people mentioned having limited opportunity for stepping into NHS leadership roles. Some have chosen not to seek a leadership role and a few people mentioned health protection as a reason to avoid leadership roles.

Some who said they were not in a leadership role still participated in activities that developed those qualities, such as acting as a positive representative of the profession in any multidisciplinary context and establishing their own clinical peer groups.



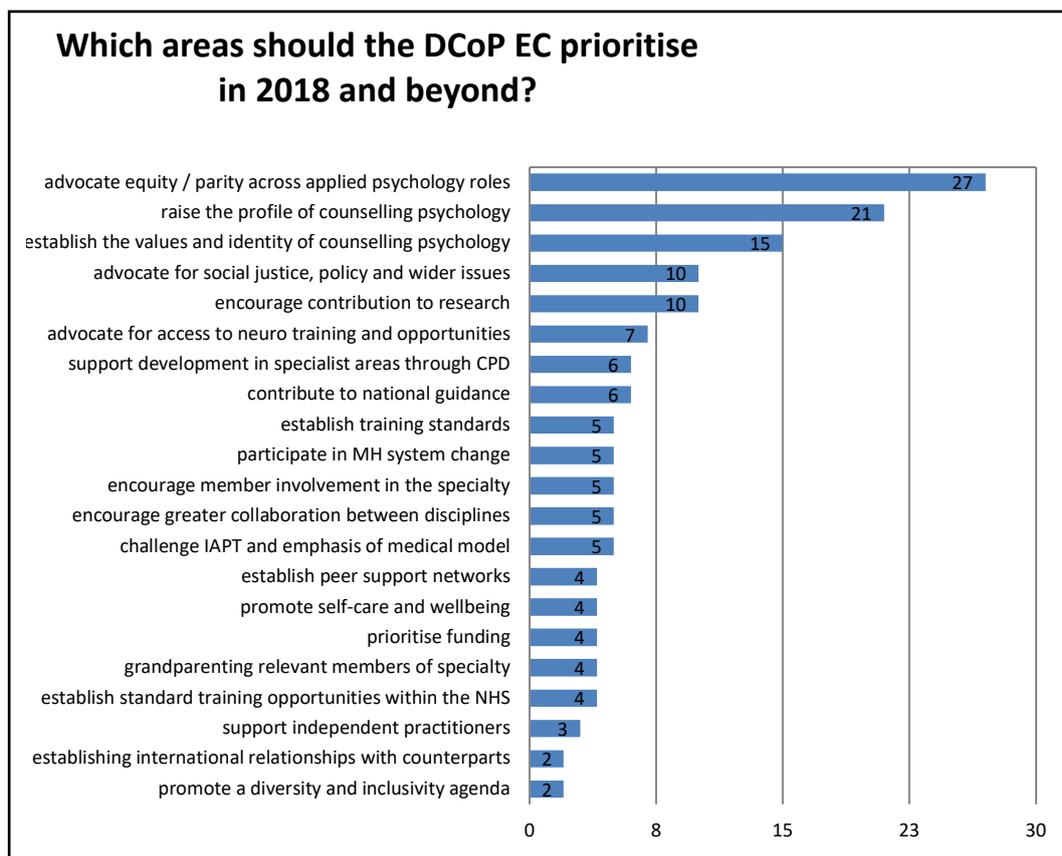
We are aiming to develop further leadership initiatives within DCoP and it would be useful to understand more details about CoP's

leadership development to inform how we can best support you. We will enquire more specifically in the next survey.

CURRENT ISSUES FACING COPS

More than 100 answers were supplied to this question, with members citing multiple challenges. These were broken down into

themes in the chart below. The chart on page 6 shows the frequency that each issue was mentioned.



THE FUTURE

Throughout the survey we asked about specific areas of practice and experiences to gain an understanding of the work and needs of the membership. From digesting the survey results we have understood some of your needs and therefore some of the ways in which we can better represent you as summarised above.

We also directly asked about your views on the future focus of the DCoP Exec; “What do you believe should be the priorities for the

Division of Counselling Psychology Executive Committee for 2018, and beyond?” More than 150 comments were supplied to this question, with members citing multiple areas of focus. Many suggestions focused on the areas of concern shown above. Comments were broken down into the following categories:

The chart below shows the frequency that each priority was suggested.

DCoP DEMOGRAPHICS

As part of the feedback from conducting the first Annual Survey we are aware that there were a few questions about why the demographic data was gathered. Our aim for collecting this data is to help us understand the demographics of CoPs, so we can see if the DCoP membership is in line with the population norms to ensure we are working towards DCoP being as inclusive as possible. We will aim for more inclusive demographic data collection in 2019.

SUMMARY OF COMMITMENT

The knowledge gained from the first annual survey has been, is and will continue to inform our DCoP work, in combination with the DCoP strategic plan 2017–2020. Having heard your views we are now better equipped to represent you and have been able to evidence the work of CoPs and raise the issues identified in the appropriate forums.

Please consult the strategic plan and annual reports for an overview of the ongoing work and commitments. They are accessible via the DCoP website (www.bps.org.uk/dcop)

As an executive team we commit to continue to engage with DCoP's members views to inform the strategic direction of the work of the DCoP. We commit to supporting the divisions members in their work and involvement in the division.

We are developing the 2019-2020 Annual Survey to be launched in summer 2019. It is being tailored to understand more about your views and to give you another opportunity to guide the direction of the DCoP and the divisions initiatives. We hope that this will also increase interest in and opportunities to become more actively involved.

Thank you for your continued work and commitment to psychology and the psychological wellbeing of others.



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