

Unsafe Spaces: Why the lack of regulation in counselling and psychotherapy is endangering vulnerable people

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Executive Summary

An increasing number of people in the UK, many of whom are vulnerable, are accessing counselling or psychotherapy services. However, almost uniquely among mental health professionals, neither counselling nor psychotherapy are subject to a statutory regulator, and neither the terms “counsellor” nor “psychotherapist” are protected titles. Voluntary registers exist, such as the British Association for Counselling and Psychotherapy and the UK Council for Psychotherapy, which have been granted Accredited Register status by the Professional Standards Authority. However, if such registers strike off a practitioner for misconduct, there is no legal requirement for this individual to stop practising.

To find out how many counsellors and psychotherapists continue to practice after being struck off, withdrawal of membership notices were downloaded from the BACP and UKCP websites for a ten year period. Internet searches were then completed to look for business websites for these individuals advertising counselling or psychotherapy services. From these searches, nearly one in four of those struck off during this period by the BACP or UKCP appeared to be still practising. For the UKCP in the latter five years of this time period, every single one of those struck off was continuing to advertise their services as psychotherapists. These included individuals struck off for very serious allegations, including serious sexual misconduct.

A case study is examined of Palace Gate Counselling Service in Exeter. This company was struck off by the BACP in 2014 after the director was found to have committed serious sexual misconduct against two women, a counsellor and a trainee counsellor at the firm who he was seeing for private therapy sessions. In addition, the director and his co-director (both of whom practice as counsellors and clinical supervisors for counselling trainees) were found to have conducted a sustained campaign of harassment and defamation against the two women after they complained. However, the company remained in business, and both individuals remained in their posts as directors and counsellors.

The case was the subject of media attention, including in the Health section of the Mail on Sunday, and a sustained effort was made by local activists to ask organisations not to signpost people to Palace Gate. Despite these efforts Palace Gate continued to be publicised by the NHS, churches and the voluntary sector. The two individuals continue to practice counselling at Palace Gate and in private practice to this day.

From this evidence, it is clear that, from a safeguarding perspective, the current system of accredited registration is a complete failure. It is simply not effective at removing rogue practitioners from the counselling and psychotherapy professions. This safeguarding failure is putting vulnerable people in danger of serious abuse, including sexual abuse.

Opponents of regulation suggest that counselling and psychotherapy are difficult to define, and that if “counsellor” and “psychotherapist” became protected titles, practitioners could avoid regulation by simply changing their job titles. To test this, we surveyed 151 people to ask which professional titles they would look for and accept a service from when seeking treatment for a mental health problem. 64.93% said they would look for a psychotherapist and 60.43% would look for a counsellor. By comparison 50% would look for a cognitive-behavioural therapist and 24.41%

would look for a psychoanalyst. For a life coach, this number dropped to 7.09%. This suggests that certain other titles may need to be protected alongside “counsellor” and “psychotherapist”, but also that this need not be an infinite number of titles to have an impact.

The protection of titles would be made more robust if combined with a restriction that only professionals with a protected title can offer psychological therapies for mental disorder. A survey of 50 adverts for counsellors and psychotherapists found that every one of them advertised their services as being for mental disorder. These often included serious and debilitating conditions such as eating disorders, bipolar disorder and obsessive-compulsive disorder.

If the professional titles were protected, and only professionals with protected titles were permitted to offer psychological therapies for mental disorder, a practitioner could indeed avoid regulation by using a different title and not suggesting that they can treat mental disorder. However, these two surveys suggest that if they were to do so, they would incur a serious loss of business and they may find this to be not commercially viable.

It is therefore recommended that:

- “Counsellor” and “psychotherapist” should become protected titles and these titles should be subject to a statutory regulator.
- Consideration should be given to also protecting certain other titles, for example “cognitive-behavioural therapist” or “psychoanalyst”.
- The provision of psychological therapies for mental disorder should be restricted to professionals who have a protected title and are subject to a statutory regulator.

Introduction

Unlike comparable mental health professionals, counsellors and psychotherapists are not subject to a statutory regulator, and neither “counsellor” nor “psychotherapist” are protected titles. However, voluntary registers such as the UK Council for Psychotherapists and British Association for Counselling and Psychotherapy receive accreditation from the Professional Standards Authority. This report examines the extent to which counsellors and psychotherapists continue to practice after being struck off by these bodies for misconduct. It also suggests a model for how to adequately protect the role of counsellors and psychotherapists.

In the first part of the report, internet searches were used to ascertain how many such practitioners continued to practice after their striking-off. A case study is examined in detail. This case shows a struck-off counselling service not only continuing to practice after allegations of serious sexual misconduct were found proved, but also continuing to be recommended by external organisations, including the NHS.

In the second part, we examine a counter-argument to introducing protected titles for counsellors and psychotherapists: that if practitioners do not wish to be regulated, they could avoid this by simply changing their job titles (for example, to “humanistic therapist” or “life coach”). We carried out an online survey which found that people seeking mental health treatment were significantly more likely to look for and accept a service from a counsellor or psychotherapist than professionals using these other titles. We consider the idea that protected titles could be made more robust by adding a protected function of providing psychological therapies for mental disorder. A survey of 50 adverts for counsellors and psychotherapists found that every one of them advertised their services as being for mental disorders.

Background

Counselling and psychotherapy are growing in popularity in the UK. A survey in 2014 found that 28% of respondents had consulted a counsellor or psychotherapist at some stage in their lives, an increase from 21% in 2010. The same survey also found that the number of people agreeing with the statement, “People today spend too much time dwelling upon their emotional difficulties” had decreased from 60% in 2004 to 39% in 2014. (British Association for Counselling and Psychotherapy: 2014) Despite this, almost uniquely among comparable mental health professionals, counsellors and psychotherapists are not subject to a statutory regulator, and neither “counsellor” nor “psychotherapist” is a protected title. Professional registers exist, but membership of them is purely voluntary. Anybody can call themselves a counsellor or psychotherapist regardless of whether or not they have membership of these registers, or even if they have been struck off by a register. It is perfectly legal for anybody to work therapeutically with adults or children, and to have no training, no insurance and no DBS checks. The only exception to this being in the area of adoption where it is illegal to provide support services (including therapy) to adoptees and adopters without being registered with Ofsted. This is currently the only regulation in place for counsellors and psychotherapists.

Prior to the 2010 general election, proposals were made by the then Labour government for counselling and psychotherapy to become regulated by the Health and Care Professions Council (known as the Health Professions Council at the time). (Department of Health: 21st February 2007) Following this election, and the change of government to the Conservative-Liberal Democrat coalition, these plans were shelved in favour of enhanced self-regulation. The Council for Healthcare Regulatory Excellence was renamed the Professional Standards Authority and permitted to offer Accredited Register status to non-statutory professional bodies. To date 9 registers for counsellors and psychotherapists have achieved Accredited Register status. This includes the 3 largest such organisations – the British Association for Counselling and Psychotherapy, the UK Council for Psychotherapy and the British Psychoanalytic Council – as well as several smaller registers. (Professional Standards Authority: 2015)

There appears to be public support for stronger regulation of counselling and psychotherapy. A 2010 survey of mental health service users found that 85% of respondents either “agreed” or “strongly agreed” that these professions should be regulated. Concerningly, 41% of those surveyed were not aware until that point that there was no statutory regulator. Of those who had seen a counsellor or psychotherapist, 70% did not know or were not sure which professional body they belonged to. Even more concerningly 38% of those surveyed had experienced abuse by a counsellor or psychotherapist. Of those who had experienced abuse, 77% did not make a complaint. For those who did not complain, the most common reasons were, “I didn’t know how to complain” (37%), “I was worried that I would not be believed” (32%), “I was concerned that the complaints process was not independent,” (25%) and, “There was no one to complain to.” (25%) (Mind: 2010)

Prevalence of Counsellors and Psychotherapists continuing to practice after being struck off

Methodology

Both the British Association for Counselling and Psychotherapy and the UK Council for Psychotherapy publishes online notices of practitioners (and in the case of the BACP, organisational members) whose membership has been withdrawn due to misconduct. These notices generally include the name and location of the individual as well as the nature of the offence. Between October 2005 and August 2015, the BACP withdrew the membership of 68 counsellors, psychotherapists, or associated businesses. Within the same time period the UKCP withdrew the membership of 4 psychotherapists. Between the two organisations, this creates a total of 72 practitioners or organisations who have been struck off.

The notices for these 72 individuals and organisations were obtained from the BACP and UKCP websites. Google searches of their names were then carried out to look for business websites advertising services for counselling or psychotherapy. Where a positive result was found, this was cross-checked with the location data on the BACP and UKCP notices, to verify that this was not simply another practitioner with the same name.

Data from social networking sites such as LinkedIn was not included as many people do not necessarily update these regularly. Data from the widely-used Counselling Directory website was

not included unless the listing was available more than a year after the striking-off, as this has the option of paying subscriptions annually. Results after August 2015 were not included, to give people time to remove their business websites. Websites listing people purely by other titles or roles (e.g. life coach, support worker, complementary therapist) were not included if they did not make reference to counselling or psychotherapy.

Results

Of the 74 struck-off practitioners or organisations, 17 were found to be advertising online for counselling or psychotherapy services, 23.6% of the total. There was a considerable variation between those struck off by the BACP or UKCP. For the BACP, 20.6% of those struck off continued to practice. By comparison, of the 4 UKCP psychotherapists who were struck off, all but one was still advertising their services.

Professional Body	Individuals or organisations struck off	Continuing to advertise after being struck off (%)
British Association for Counselling and Psychotherapy	68	14 (20.6%)
UK Council for Psychotherapy	4	3 (75%)
Total	72	17 (23.6%)

Although 20.6% is a very concerning figure for the BACP, the figure of 75% for the UKCP is even more alarming, albeit from a very small sample size. It may also be of note that the one UKCP individual who was not practising was the one struck off the longest time ago (in 2009). His Twitter profile states that he is retired. If the UKCP results had been only for the last five years, the figure would have been 100%.

While gathering the data, the following additional information was discovered:

- Four of those struck off by BACP were found to have remained registered with another PSA-Accredited Register.
- Of those struck off by BACP but remaining on another Accredited Register, one of them was found to be a lecturer in psychotherapy at a university. When the university was contacted for comment, they confirmed that they were aware of the striking-off but had not dismissed the lecturer.
- Another of those who remained with a different Accredited Register was a major provider of counselling and hypnotherapy training.
- Some of those who continued to practice claimed membership of other, non-accredited organisations. These often had very impressive-sounding titles, including such words as

“Institute” and “Therapy”. However, on checking further, membership of such organisations often required little more than the payment of a subscription fee.

The very small number of people struck off by the UKCP seems striking. This can partly be explained by the much smaller size of the UKCP. They report their membership as 7,800 therapists, compared to the BACP's 41,000, approximately 5 times more than UKCP. It may also be of note that 3 of the 4 therapists were struck off from October 2013 onwards. Prior to this, the most recent striking-off was in 2009, with no memberships withdrawn in 2010, 2011 or 2012.

Looking at the more recent time period, from October 2013, the BACP struck off 29 practitioners and businesses (this includes 5 practitioners not included in the above sample as they were struck off after the cut-off date of August 2015). When taking into account the differences in organisational sizes, one would have expected the UKCP to have struck off 5 or 6 practitioners in the last two years rather than 3. However, this does not seem like a statistically significant difference, especially given the small sample numbers involved. It therefore seems likely that these results raise questions about the quality of UKCP's complaints procedures prior to accreditation, but also suggest an improvement since then.

Of those who had continued to practice after being struck off, their removal from the register had been for various reasons. Several had been struck off for serious sexual misconduct with vulnerable adults. Some had originally been given lesser sanctions, and were then struck off for failing to comply with the sanction. Other reasons included turning up to therapy sessions drunk, and breaches of confidentiality.

Limitations of Survey

As well as the results excluded mentioned earlier, this survey would not reveal practitioners who do not have a business website. It would also not reveal those who may have changed their name or location, perhaps due to reputational damage. Furthermore, as the survey covers a ten year period, it might not include practitioners who had initially continued to practice but later discontinued, perhaps due to retirement or career change. This means that, as alarming as these figures are, they may well be an underestimate.

Case Study: Palace Gate Counselling Service

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Struck off and shamed... so why is groping psychotherapist still free to treat women today?: Victims said they were asked to undress - but lack of regulation means firm found to be 'abusing trust' keep operating

- ██████████, told to undress during a session with her therapist boss
- John Clapham, 67, said it would help her with 'intimacy problems'
- He told another employee to remove her underwear during a massage
- Clapham has been struck off as a therapist but still operates

By ADAM LUCK FOR MAILONLINE

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John Clapham and Lindsey Talbott are the directors of and therapists at Palace Gate Counselling Service in Exeter, which is registered as a business under the name Phoenix Counselling Service. Palace Gate reports having a team of 25 practitioners, offering low-cost counselling. Both Mr Clapham and Ms Talbott work as counsellors and clinical supervisors at Palace Gate. In addition Mr Clapham is director and owner of Taunton Counselling Services in Somerset. Both Mr Clapham and Ms Talbott were previously on the board of directors for a Plymouth-based counselling service, but appear now to have either left or been dismissed.

Mr Clapham does not appear to have ever been a member of an Accredited Register (at the time the first complaint was made in 2012, the BACP had not yet been accredited by the Professional Standards Authority). However, Palace Gate's trading name Phoenix Counselling Service was registered as an organisational member of the BACP, and it was under this business name that Clapham and Talbott faced misconduct hearings in May 2014. Lindsey Talbott was an individual member of the BACP but resigned just before a complaint was received by the BACP in January 2013 about her conduct (the BACP have changed their policies since then to accept retrospective complaints).

Mr Clapham was found to have sexually harassed two female staff, a counsellor and a trainee counsellor, within therapeutic relationships with each woman where he was their counsellor. Allegations were proved that he pressured them to undress in his presence, and inappropriately touched one of them. In addition both Mr Clapham and Ms Talbott were found to have threatened and harassed the two women after they complained. The complaints from the two women were treated separately in two hearings. In both cases, the allegations were found proved and the membership of Phoenix Counselling Services withdrawn – effectively striking them off twice.

Key excerpts from the two BACP findings against Phoenix Counselling services

“The Panel found that [the complainant] experienced emotional advantage being taken of her of a sexual nature which amounted to an abuse of her trust... The complainant said that both during and following the incident “she had switched off” which the Panel considered to be consistent with perceived abuse.”

“The Panel accepted the complainant’s evidence that no explanation was given to her by her Supervisor as to what precisely would take place during that session; and that her supervisor suggested to her that they should both undress so that they were naked. The Panel accepted the complainant’s assertion that her supervisor touched her breast during the bodywork session, which she experienced as abusive to her.”

“The Panel found that considerable evidence was given to support the allegation that Phoenix Counselling Services had failed to treat the complainant in a respectful and fair way through its electronic communications with her and had made negative comments about her and other counsellors in the organisation. The Panel was further disturbed by the harsh and caustic comments made to and about the complainant both in the emails and in the hearing.”

“The Panel found that at no time... did Phoenix Counselling Services seek to meet the complainant face to face to hear her to concerns, to be just and fair in hearing her concerns, nor to assess any harm that might have been caused to her... Instead it responded defensively and aggressively to the complainant.”

“While the Panel looked for some evidence of regret from Phoenix Counselling Services about the distress caused to the complainant it heard nothing that amounted to concern for her.”

“The Panel found that Phoenix Counselling Services had... inappropriately disclosed information in emails to counsellors and volunteers pertaining to the complainant, and further both in a blog by one of the directors and on the website of Phoenix Counselling Services there was reference to the complainant... The Panel found that this abused her trust.”

“The Panel found that Phoenix Counselling Services made no attempt to remedy the harm caused to the complainant. It made no enquiry as to the allegations; it was defensive in its actions and aggressive in correspondence. In an organisation that purports to be “person centred” Phoenix Counselling Services failed to remedy any harm and took no steps whatsoever to utilise independent dispute resolution or mediation to resolve the issues. Instead it exacerbated the situation by sending threatening emails.”

(British Association for Counselling and Psychotherapy: May 2014)

Clapham and Talbott's response to the complaints can be illustrated by a bizarre, lengthy and highly defamatory article that Talbott posted to their business blog 3 months prior to their striking-off. The article is called 'The Conflict' and remains on their blog at the time this report was written. It refers to a “battle between therapists” and accuses the complainants of financial motives. This brief excerpt gives a flavour of its tone.

All those involved are linked, some in multiple ways. So this is a group phenomenon – not a simultaneous ‘breaking cover’ of independent complaints. Clearly that makes a material difference to the overall picture, in terms of how group process operates, and the potential for cognitive dissonance/process contamination.

To us, it looks like a classic witch hunt. A group of people who have created, signed up to and perpetuated/cultivated a distorted reality, based on interpretation and assertion – unsupported and/or contradicted by the evidence. (Palace Gate Counselling Service Blog: 7 February 2014)

Needless to say, such a response suggests a complete lack of remorse, insight or reflection. Following their striking-off, Clapham and Talbott announced that Palace Gate would continue in business, and that they would both continue to practice as counsellors and supervisors of trainee counsellors.

This caused a great deal of alarm among professionals in Exeter. In May 2014 a joint letter was signed by 27 counsellors and psychotherapists from the local area, including 11 clinical supervisors. The letter described the nature of the allegations found proved against Clapham and Talbott, and was distributed to the NHS, voluntary sector, universities and other relevant agencies. The local Clinical Commissioning Group issued instructions that health professionals should not refer or signpost patients to Palace Gate. Details of the case were reported in the Mail on Sunday (Luck: 17 August 2014), under the headline, *Struck off and shamed...so why is groping psychotherapist still free to treat women today?*

Following these efforts, a number of concerned individuals in the local area maintained a vigilance as to whether these warnings were being heeded. In the ensuing months, a number of incidents took place which suggested they were not.

- A GP practice was found to have posters in its reception advertising Palace Gate.
- Leaflets in a local Citizens Advice Bureau were found on display, also advertising Palace Gate.
- Palace Gate was recommended in a leaflet distributed by a local church.
- Unconfirmed reports suggested that a counselling training provider was sending students on clinical placements to Palace Gate.
- On Twitter, the BACP (the same professional body who had struck them off) retweeted a tweet by Palace Gate.
- Palace Gate appeared in an online list of resources maintained by the local mental health NHS trust. This was removed by the trust, but the same document remains downloadable from the Internet on a separate website for local GPs.



On each occasion the organisations were urgently contacted, and nearly all of them quickly removed the material, usually with profuse apologies. The two exceptions were the counselling training provider, which gave hostile and evasive responses, and the GP website, which did not respond.

It is of note that the striking-off, the warnings issues and negative media publicity were simply not enough to prevent these safeguarding breaches. It was only due to vigilant local individuals that such breaches were noticed and addressed, and even then not all the breaches were addressed.

On at least two occasions people with mental health difficulties were signposted to Palace Gate by other agencies, and then subsequently discovered that the service had previously been struck off. This caused considerable distress to both of these individuals, forcing them to then look for support elsewhere.

Palace Gate Counselling Service continues in business to this day, and both John Clapham and Lindsey Talbott continue to practice counselling and psychotherapy there and also in private practice.

The Case Against Regulation of Counselling and Psychotherapy

As previously mentioned, the Mind report *The Protection We Deserve* suggests the public strongly supports regulation of counselling and psychotherapy. Among practitioners opinion is much more divided, with strong opinions both for and against regulation. Perhaps the most detailed outline of the case against regulation is provided by the *Maresfield Report on the Regulation of Psychotherapy in the UK* (Arbours Association et al: 2007). This was produced in response to the previous Labour government's proposal for counselling and psychotherapy to be regulated by the Health Professions Council (now the Health and Care Professions Council).

The report is quite lengthy (66 pages) and is signed by ten psychotherapy organisations of a psychoanalytic modality. Despite this, it contains little original research and in places is surprisingly incoherent and weak in its arguments. The report contains circular reasoning, such as,

HPC advertising shows smart professionals holding out their HPC certificates to members of the public, with the message 'You can trust me, I'm HPC-registered'. Yet in fact, all of

HPC complaints hearings concern practitioners who were precisely HPC-registered. (pp. 16-17)

In other passages it quibbles over entirely standard competencies, such as the need to obtain informed consent from service users (p. 21) or to maintain a CPD portfolio (p. 22). At times it degenerates into little more than appeals to emotive language. For example,

Therapeutic ethics have, for the last 100 years, offered patients a system of values freed from the moral judgments of social authorities, yet now, these systems risk being reduced exactly to the moralistic view privileged by HPC. It is as if being a member of, say, the Socialist Workers Party would now only be legal if one had joined the BNP first. (p. 18)

It is stated here that psychotherapists and counsellors must ‘understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing’...Should the Jewish therapist respect the values of the Nazi patient? (p. 49)

An argument within the Maresfield Report that perhaps carries more weight is that it would be impossible to regulate counselling and psychotherapy because if these titles became protected, practitioners would respond by simply switching to other professional titles (e.g. life coach, mentor etc) and then continue to practice. This is particularly the case because counselling and psychotherapy are activities that are difficult to define.

Many therapies today do not accept the basic concepts of mental health, of wellbeing, of normality, or even of expertise. These concepts, they would argue, are part of a marketbased vision of human life, and not the spiritual, ethical journey of a therapy. They are concepts in the service of a view of human life that many therapies aim to challenge. Some therapies may advocate those values, but many do not, and have historically been characterized by a critique of dominant concepts of health and lifestyle. (p. 18)

In the next section we propose a method by which the titles of counsellor and psychotherapist could be protected in order to reduce the risk of vulnerable people falling into the hands of unscrupulous practitioners.

How to effectively regulate the titles of counsellor and psychotherapist

Despite the assertion of the Maresfield Report that counsellors and psychotherapists often ‘do not accept the basic concepts of mental health’ it is often for a mental health difficulty that people seek out a counsellor or a psychotherapist. Of note is that those who do so are more likely to be vulnerable. We therefore propose not only that the titles be protected, but that there should also be some protection of function. Specifically, the function that should be protected is that of using psychological therapies for the treatment of mental disorder. We do not suggest that mental health treatment is or should be the only role for counsellors and psychotherapists. However, we do suggest that if somebody is claiming to treat mental disorder, that person should be a regulated professional.

Psychological therapies for mental disorder are currently used not only by counsellors and psychotherapists, but also by other professionals such as psychiatrists, mental health nurses and occupational therapists. This is the topic of considerable debate, and there are many counsellors and psychotherapists who feel that such professionals should not be able to claim to be “doing therapy”. However, given the widespread adoption of programmes such as Improving Access to Psychological Therapies, it does not seem practical to ban such practice. Therefore, if the function of providing therapy for mental disorder were to be protected, this should be a protected function not only of counsellors and psychotherapists, but also professionals registered with statutory regulators such as the General Medical Council, Nursing and Midwifery Council and the Health and Care Professions Council.

To establish whether the combination of a protected title and a protected function would have an effect, we carried out two surveys. The first surveyed which job titles people look for when seeking mental health treatment. The second surveyed which mental health conditions counsellors and psychotherapists advertise their services for.

Survey of professional titles

If the counter-argument to protected titles is that professionals who did not want to be regulated would simply change their job titles, this raises the question of how likely people would be to use their services if they adopt a different title.

Methodology

We created a list of professional titles. This included not just “counsellor” and “psychotherapist” but also alternative titles that a professional seeking to avoid regulation might use, such as “humanistic therapist” and “life coach”. For comparison purposes, an already-protected title, “clinical psychologist” was added to the list. The full list of titles is as follows.

Counsellor

Psychotherapist

Life coach

Psychoanalyst

Humanistic therapist

Jungian or Freudian analyst

Clinical psychologist

Cognitive-behavioural therapist

A short survey was then circulated on mental health Facebook pages and Twitter, asking people whether they had used the services of such professionals for a mental health problem, whether they

would be likely to look for such titles when seeking therapy for a mental health problem, and also whether they would accept a service from such a professional for a mental health problem.

Results

151 people responded to the survey. The answers were:

Q1 From which of the following professionals have you previously accessed psychological therapies for a mental health problem (tick all that apply)?

Counsellor 55.70%
Psychotherapist 32.89%
Clinical psychologist 26.17%
Cognitive-behavioural therapist 24.83%
Psychoanalyst 5.37%
Jungian or Freudian analyst 4.03%
Life coach 2.68%
Humanistic therapist 1.34%
I have never accessed psychological therapies for a mental health problem 22.15%

Q2 If you were looking for a professional to provide psychological therapies for a mental health problem, which of the following job titles would you be likely to look for?

Answered "very likely" or "quite likely"

Clinical psychologist 66.19%
Psychotherapist 64.93%
Counsellor 60.43%
Cognitive-behavioural therapist 50%
Psychoanalyst 24.41%
Humanistic therapist 21.26%
Jungian or Freudian analyst 9.6%
Life coach 7.09%

Q3 If you were offered psychological therapies from the following professionals for a mental health problem, how likely would you be to accept?

Answered "very likely" or "quite likely"

Clinical psychologist 73.57%
Psychotherapist 72.42%
Counsellor 64.79%
Cognitive-behavioural therapist 55.48%
Psychoanalyst 33.82%
Humanistic therapist 27.95%
Jungian or Freudian analyst 11.77%
Life coach 11.6%

Discussion

If "counsellor" and "psychotherapist" were to become protected titles, these results suggest that a practitioner who changed their job title to, for example, "life coach" would be at a significant

commercial disadvantage. People would be less likely to look for that title (for example, when carrying out Internet searches), and would be less likely to accept their help if offered.

Given the level of opposition to regulation in publications such as the Maresfield Report, it may be of note that regulation of clinical psychologists seems to have done this profession no harm at all, at least in terms of public confidence. Although they were only the third most commonly-used professionals, they were the profession people were most likely to look for, and most likely to accept a service from.

Although smaller numbers of people were willing to look for and accept support from a cognitive-behavioural therapist or a psychoanalyst, the numbers involved were not insignificant. However, these numbers became much smaller for titles such as life coaches. This suggests that if “counsellor” and “psychotherapist” became protected titles, some other titles may also need to be protected, but this list of titles need not be infinite to have an effect.

Survey of practitioner adverts

The Counselling Directory is the UK’s largest online resource for finding a counsellor or psychotherapist. This website allows practitioners to create an online profile, which includes a section entitled, “Areas of counselling I deal with”. This section of practitioner profiles was surveyed to find out how many of them listed mental disorders.

Methodology

Searches were carried out for face-to-face work in five UK cities – two in England, and one each in Scotland, Wales and Northern Ireland. The first ten practitioner results in each city were surveyed, excluding any practitioners who worked in already-regulated professions, such as clinical psychologists or mental health nurses. This created a total of 50 adverts surveyed.

When surveying the “Areas of counselling I deal with” section of each advert, we looked specifically for mental disorders as defined by the DSM-5 and ICD-10. “Depression” was included, but “anxiety” was not as this could be argued to be an emotion rather than a mental illness, though recognised anxiety disorders (e.g. generalised anxiety disorder, panic disorder) were included. Conditions that are not recognised by DSM-5 or ICD-10 (e.g. “sex addiction”, “internet addiction”) were not included, and neither were life events (e.g. “sexual abuse”, “bereavement”). Substance misuse issues were also not included in the survey.

Results

Every advert surveyed contained at least one reference to a mental disorder as an area the practitioner works with. The largest number of mental health conditions in a single advert was 31, and the smallest number was one. Overall, the mean average number of mental disorders per advert was 10.

The following table gives a breakdown of some of the more commonly-advertised disorders.

Disorder or category of disorders	Listed in advert (%)
Depression	49 (98%)
Generalised anxiety disorder	34 (68%)
Obsessive compulsive disorder	31 (62%)
Eating disorders	30 (60%)
Post traumatic stress disorder	28 (56%)
Personality disorders	22 (44%)
Post-natal depression	18 (36%)
Bipolar disorder	17 (34%)
Psychosis and/or schizophrenia	8 (16%)

Discussion

Given the debilitating nature of these conditions, it seems surprising that practitioners are allowed to advertise themselves as offering treatment for them without any regulation. Indeed, one of those adverts found in the survey was not only not subject to a statutory regulator, but was not even a member of an Accredited Register. This individual advertised their services for anorexia nervosa, binge eating disorder, bipolar disorder, bulimia nervosa, depression, eating disorders, generalised anxiety disorder, obsessive compulsive disorder, panic disorders, post traumatic stress disorder, personality disorders, postnatal depression and seasonal affective disorder.

Despite the Maresfield Report's assertion that many counsellors and psychotherapists reject a mental health paradigm, this is clearly not the case when practitioners advertise their services. It is also not the case when people with mental health problems look for their services. If "counsellor" and "psychotherapist" became protected titles, and psychological therapies for mental disorder became a protected function, then a practitioner could indeed avoid regulation by changing their job title and not claiming to treat mental disorder. However, given the results of the two surveys, it seems likely that they would lose a lot of business, to the extent that such a move may turn out not to be commercially viable.

Conclusions

As a safeguarding measure, the current system of accredited registration is a complete failure. It contains no mechanism to remove rogue practitioners from the counselling and psychotherapy professions. This places vulnerable people in danger of serious abuse, including sexual abuse.

The data from the BACP and UKCP striking-off notices suggests that at least one in four counsellors or psychotherapists who are struck off continue to practice. In the case of Palace Gate, not only was the striking-off insufficient, but subsequent national media attention and sustained community activism were also unsuccessful in removing Clapham and Talbott from the profession.

The Maresfield Report suggests that if "counsellor" and "psychotherapist" became protected titles, practitioners could simply change their job titles to avoid regulation. However, our survey of mental health service users found that people were more likely to look for and accept a service from a counsellor or a psychotherapist than people using other titles. Our survey of practitioner adverts found that every advert in the sample claimed to treat mental disorders. Protected titles would

therefore be more robust if the function of psychological therapy for mental disorder were also protected.

Key Recommendations

- “Counsellor” and “psychotherapist” should become protected titles and these titles should be subject to a statutory regulator.
- Consideration should be given to also protecting certain other titles, for example “cognitive-behavioural therapist” or “psychoanalyst”.
- The provision of psychological therapies for mental disorder should be restricted to professionals who have a protected title and are subject to a statutory regulator.

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