

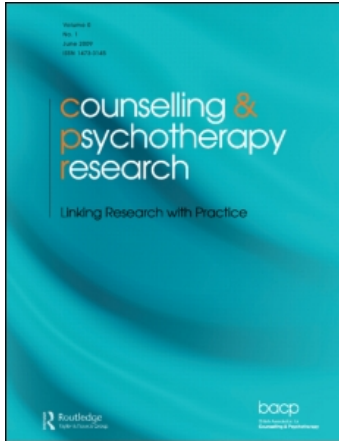
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## RESEARCH ARTICLE

## Counselling in primary care: a systematic review of the evidence

ALISON BRETTE<sup>1</sup>, ANDY HILL<sup>2</sup>, & PETER JENKINS<sup>2</sup>

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### Abstract

*Primary objective:* To undertake a systematic review which aimed to locate, appraise and synthesise evidence to obtain a reliable overview of the clinical effectiveness, cost-effectiveness and user perspectives regarding counselling in primary care. *Main results:* Evidence from 26 studies was presented as a narrative synthesis and demonstrated that counselling is effective in the short term, is as effective as CBT with typical heterogeneous primary care populations and more effective than routine primary care for the treatment of non-specific generic psychological problems, anxiety and depression. Counselling may reduce levels of referrals to psychiatric services, but does not appear to reduce medication, the number of GP consultations or overall costs. Patients are highly satisfied with the counselling they have received in primary care and prefer counselling to medication for depression. *Conclusions and implications for future research:* This review demonstrates the value of counselling as a valid choice for primary care patients and as a broadly effective therapeutic intervention for a wide range of generic psychological conditions presenting in the primary care setting. More rigorous clinical and cost-effectiveness trials are needed together with surveys of more typical users of primary care services.

**Keywords:** *Counselling, primary care, systematic review*

### Introduction

Most people with mental health problems are cared for by their GP and primary care team, and this is what they prefer. Annually every GP will see between 60 and 100 people with depression, which is the single most common cause of disability in the UK (The Centre for Economic Performance Mental Health Policy Group (CEPMHPG), 2006). The provision of counselling and psychological therapies in primary care has been promoted in recent years by the Department of Health (DH, 2004). Providers have responded, to the point where approximately 88% of English GP practices are reported to have on-site counselling services (Barnes et al., 2008). The UK government has identified primary care as a key point of treatment for those with psychological problems, with an emphasis upon easily accessed services that are responsive and sensitive to cultural needs (DH, 1999). The Improving Access to Psychological Therapies (IAPT) programme (<http://www.mhchoice.csip.org.uk/psychological-therapies.html>) was established in 2006 to respond to service users' requests for more personalised services based around their individual needs. Two demonstration sites and a network of local programmes provide improved access to psychological therapies and will test the effectiveness of providing increases in evidence-based psychological therapy services to people with 'common' mental health problems such as anxiety and depression. If

successful, the pilot will be rolled out on a national basis.

Psychological therapy is an umbrella term comprising hundreds of different approaches to treatment. This raises the question: if psychological treatment is recommended, what form should it take? The National Institute for Health and Clinical Excellence (NICE) depression guideline recommends several psychological treatments (problem-solving therapy, CBT, counselling) for mild to moderate depression, and CBT specifically for more severe forms (NICE, 2007). However, it has been noted that 'while further research will probably show the wider value of other types of treatment, it seems sensible to base any proposed expansion at this stage predominantly on CBT' (Layard, 2006, p.3). This is based on the widespread perception that there is a greater amount of evidence from randomised controlled trials (RCTs) supporting the effectiveness of CBT as compared with other therapies, and can be seen as a pragmatic decision aimed at getting good-quality treatment to those who need it as quickly as possible. There is, therefore, a need for continuing investigation into the relative effectiveness of different forms of psychological therapy in the primary care setting. This paper summarises the findings of a systematic review which aimed to locate, appraise and synthesise evidence to obtain a reliable overview of the clinical- and cost-effectiveness of counselling in primary care. The full report is available from the British Association of

Counselling and Psychotherapy (Hill, Brettle, Jenkins, & Hulme, 2008).

## Methods

Comprehensive searches were undertaken on seven electronic databases (MEDLINE, CINAHL, Cochrane Library, EMBASE, HMIC, PsycINFO, Social Policy and Practice) using keyword/subject heading searches and free text searching to describe primary care and counselling terminology. These were supplemented by a hand search of six journals and a call for grey literature and research in progress. This located a potential 3193 unique papers for inclusion in the review. The titles and abstracts of all references were scanned to determine their relevance to the review. Full papers were obtained for those that appeared to be relevant ( $n=338$ ) and were checked against the inclusion criteria (see Table I). This process is illustrated in Figure 1.

This resulted in 40 relevant papers describing 29 unique studies. Each study was independently critically appraised by one reviewer from of a team of five, and given a quality score (+ + High, + Good, – Poor) using a system defined and adopted by the National Institute of Health and Clinical Excellence (NICE, 2006). For quality assurance, a 15% sample was appraised by a second reviewer and any discrepancies resolved by discussion. All data were recorded throughout the review process using EPPI reviewer software (EPPI-Centre, 2006). The results were presented as a narrative synthesis and 26 studies (classified as high or good) were used to draw the results and conclusions of the review.

## Results

### Overview of evidence

On the whole the evidence located was reliable, with 26 of 29 studies being classified as high or good quality evidence. Table II presents a summary of all the studies included in the review. There were three relevant systematic reviews from which a wealth of conclusions was drawn. Bower and Rowland (2006) undertook a review for the Cochrane Collaboration that aimed to assess the efficacy and cost-effectiveness of counselling in primary care by reviewing outcome data in eight RCTs published before June 2005 for patients with psychological and psychosocial problems considered suitable for counselling. Hemmings (1999) sought to evaluate the effects of counselling in primary care, taking on board evidence from both RCTs and more naturalistic counselling service evaluations on studies undertaken between 1975 and 1998. Van Schaik et al. (2004) reviewed studies of patient preferences.

Five clinical trials, three UK-based (Bellamy & Adams, 2000; Murray, Cooper, Wilson, & Romaniuk, 2003; Ridsdale et al., 2001), one Dutch (Kolk, Schagen, & Honewald, 2004) and one Australian (Milgrom et al., 2005) investigate a range of interventions, including generic counselling, person-centred therapy, psychodynamic counselling, CBT and integrative approaches. These are most frequently tested against routine primary care and cover a wide range of target problems, including anxiety and depression, generic psychological problems, post-natal depression, psychosomatic disorders and chronic fatigue. There were nine studies which

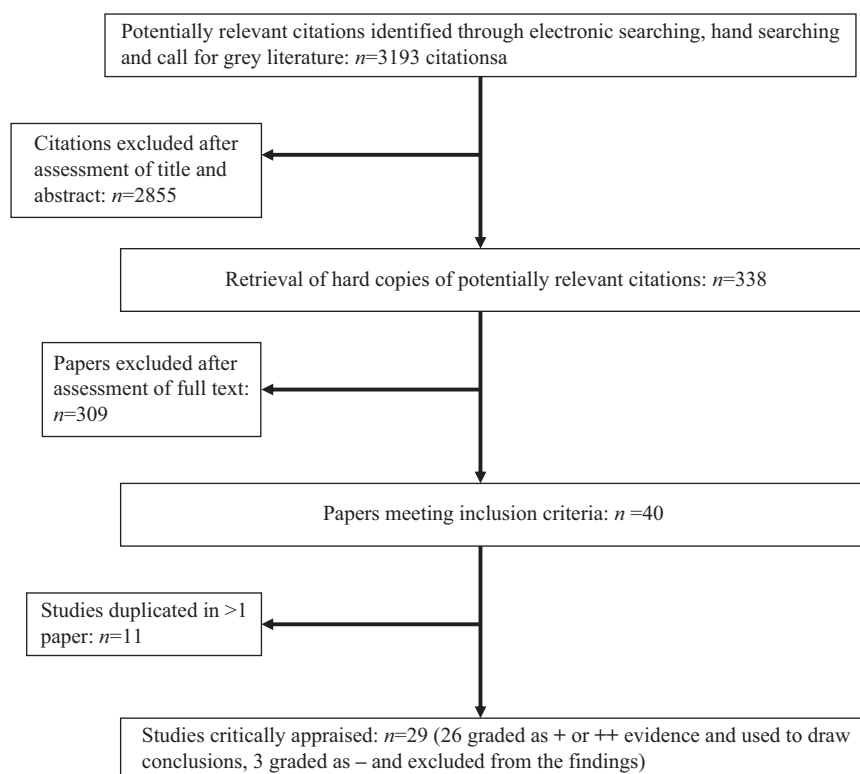


Figure 1. Overview of literature search and retrieval.

Table I. Inclusion and exclusion criteria.

Include	Exclude
<p>Studies which meet all the following criteria:</p> <ul style="list-style-type: none"> <li>• Test interventions falling within BACP definition of counselling; delivered within specific therapeutic sessions, provided by trained counsellors</li> <li>• Test interventions which take place within a primary care setting (GP surgery, medical centre, individual's home)</li> <li>• Written in English</li> <li>• Published post-1996 (unless included in a systematic review published post-1996)</li> </ul> <p>Furthermore, each included paper had to address at least one of the following four domains of research evidence relating to the delivery of counselling in primary care:</p> <ul style="list-style-type: none"> <li>• Efficacy (RCTs, systematic reviews of RCTs)</li> <li>• Practice-based evidence (systematic reviews of practice-based evidence, studies of routine practice using pre and post outcome measures)</li> <li>• Economic issues (cost-effectiveness of counselling, impact of counselling services on other areas of health service utilisation)</li> <li>• User perspectives (patients' perceptions of counselling, satisfaction with counselling, treatment preferences)</li> </ul>	<ul style="list-style-type: none"> <li>• Non-rigorous research designs (determined according to domain)</li> <li>• Studies already appraised within a relevant systematic review (Bowers &amp; Rowland, 2006; Hemmings, 1999; Van Schaik et al., 2004)</li> <li>• Structured psychological interventions such as cognitive-behavioural therapy (CBT), interpersonal therapy (IPT) and problem-solving therapy (PST), unless used as a comparative condition in a controlled study</li> </ul>

These were identified from the aims of the study and the initial scoping of the literature and discussed, refined and agreed by members of the project team and BACP.

measured outcomes before and after the intervention (pre and post counselling studies) (Baker et al., 2002; Booth, Cushway, & Newnes, 1997; Evans, Connell, Barkham, Mashral, & Mellor-Clark, 2003; Gordon & Graham, 1996; Kates, Crustolo, Farrar, & Nikolaou, 2002; Mellor-Clark, Connell, Barkham, & Cummins, 2001; Murray, Sharp, Quigley, & McKenzie, 2000; Nettleton et al., 2000; Newton, 2002). All studies were conducted in the UK, apart from that of Kates et al. (2002), which is Canadian. The majority investigate the effects of non-specific, generic counselling with non-specific, generic psychological problems as the target of the intervention. Nine studies covered economic issues relating to counselling in primary care. This includes two systematic reviews (Bower & Rowland, 2006; Hemmings, 1999) and three clinical trials which evaluate both clinical and cost-effectiveness (Bellamy & Adams, 2000; Chisholm et al., 2001; Kolk et al., 2004). Three pre and post counselling studies included cost-consequence analyses (Gordon & Graham, 1996; Kates et al., 2002; Nettleton et al., 2000) and one cost analysis (Simpson, Corney, & Fitzgerald, 2003) which evaluated the economic impact of counselling on health service (resource) utilisation.

The interventions investigated in the studies constitute a broad range of therapeutic approaches widely used in routine practice: generic counselling, person-centred, psychodynamic and integrative. Similarly, interventions target a wide range of problems: generic psychological problems, depression (including postnatal depression), anxiety, psychosomatic symp-

toms and chronic fatigue. Sixteen studies addressed user perspectives, including three surveys of treatment preferences (Arian, Alvidrez, Barrera, Robinson, & Hicks, 2002; Cooper et al., 2003; Wetherell et al., 2004), and four clinical trials, where data on patient treatment preferences were gathered as part of baseline data collection (Lin et al., 2005; Ridsdale et al., 2001; Unutzer et al., 2003; Wagner et al., 2005). All three systematic reviews (Bower & Rowland, 2006; Hemmings, 1999; Van Schaik et al., 2004) covered patient preferences research. Five pre and post counselling studies assess levels of patient satisfaction with counselling along with the effectiveness of the intervention (Booth et al., 1997; Gordon & Graham, 1996; Kates et al., 2002; Nettleton et al., 2000; Newton, 2002). A further study used a qualitative design to explore patients' experience of being offered counselling (Snape, Perren, Jones, & Rowland, 2003). Half of the patient preference studies were UK-based and the majority explore patients' attitudes to non-specific, generic counselling ( $n=12$ ) for the treatment of non-specific generic psychological problems.

#### *The effects of counselling*

In terms of mental health outcomes, the evidence shows that counselling is more effective than routine primary care in the short term. This is demonstrated by two systematic reviews (Bower & Rowland, 2006; Hemmings, 1999), three RCTs (Bellamy & Adams, 2000; Murray et al., 2003; Ridsdale et al., 2001), and four pre and post counselling studies that demon-

Table II. Summary of studies included in review.

Author	Aims	Study design, quality and domain	Country of origin	Intervention	Target problem
Arean et al. (2002)	To examine the preferences of older patients for psychological services	Survey + User perspectives	USA	Non-specific generic counselling	Non-specific, generic psychological problems
Baker et al. (2002)	To evaluate outcomes of all clients referred to a primary care counselling service	Pre post ++ Effectiveness	UK	Non-specific generic counselling	Non-specific, generic psychological problems Depression Anxiety
Bellamy & Adams (2000)	To investigate the effectiveness of a counselling psychology service	Clinical trial + Efficacy	UK	Non-specific generic counselling	Depression Anxiety
Booth et al. (1997)	To investigate impacts reported by patients after counselling	Pre post + Effectiveness	UK	Humanistic/eclectic Psychodynamic	Non-specific, generic psychological problems
Bower & Rowland (2006)	To assess the effectiveness and cost-effectiveness of counselling in primary care	Systematic Review ++ Efficacy, economic issues, user perspectives	UK	Non-specific generic counselling Non-directive/supportive/person-centred counselling Psychodynamic counselling Integrative/eclectic/ mixed-approach counselling CBT	Non-specific, generic psychological problems Depression Anxiety
Chisholm et al. (2001)	To compare the relative costs of cognitive-behaviour therapy as compared with counselling	Clinical trial ++ Efficacy, economic issues, user perspectives	UK	Non-specific generic counselling	Chronic fatigue
Cooper et al. (2003)	To examine racial and ethnic differences in attitudes towards depression care	Survey + User perspectives	USA	Non-specific generic counselling	Depression
Evans et al. (2003)	To evaluate a service with reference to the ethnicity of service users using CORE data	Pre post ++ Effectiveness	UK	Non-specific generic counselling	Non-specific, generic psychological problems
Gordon & Graham (1996)	To evaluate outcomes of short-term and long-term effects of a brief counselling intervention in primary care	Pre post + Effectiveness	UK	Person-centred counselling	Non-specific, generic psychological problems Depression Anxiety
Hemmings (1999)	To assess the effectiveness of counselling in primary care	Systematic review + Efficacy, effectiveness, cost-effectiveness, user perspectives	UK	Non-specific generic counselling Non-directive/supportive/person-centred counselling Integrative/eclectic/mixed-approach counselling CBT Problem-solving therapy Interpersonal therapy	Non-specific, generic psychological problems Depression Anxiety Postnatal depression Psychosomatic symptoms
Kates et al. (2002)	To evaluate a programme that integrates counsellors into primary care settings	Pre post + Effectiveness	Canada	Non-specific generic counselling	Non-specific, generic psychological problems
Kolk et al. (2004)	To test the effects of a counselling intervention	Clinical trial + Efficacy, cost-effectiveness	Holland	Non-directive/supportive/person-centred counselling Integrative/eclectic/mixed-approach counselling CBT	Psychosomatic/medically unexplained symptoms

Table II (Continued)

Author	Aims	Study design, quality and domain	Country of origin	Intervention	Target problem
Lin et al. (2005)	To examine relationships between treatment preferences and outcomes	Clinical trial ++ Efficacy, user perspectives	USA	Non-specific generic counselling CBT	Depression
Mellor-Clark et al. (2001)	To provide an initial profile of an ongoing, large-scale naturalistic study of counselling in primary care settings	Pre post ++ Effectiveness	UK	Non-specific generic counselling	Non-specific, generic psychological problems
Milgrom et al. (2005)	To establish the efficacy of psychological interventions versus routine primary care	Clinical trial + Efficacy	Australia	Non-specific generic counselling CBT	Post natal depression
Murray et al. (2000)	To evaluate a counselling service provided by a counsellor, clinical psychologist and assistant psychologist to a primary care	Pre post + Effectiveness	UK	Non-specific generic counselling	Non-specific, generic psychological problems
Murray et al. (2003)	To evaluate the effects of non-directive counselling, CBT and psychodynamic therapy	Clinical trial + Efficacy	UK	Usual GP care/routine primary care	Postnatal depression
Nettleton et al. (2000)	To evaluate a counselling service provided to three rural GP practices	Pre post + Effectiveness	UK	Non-specific generic counselling	Non-specific, generic psychological problems
Newton (2002)	To evaluate the effects of counselling	Pre post + Effectiveness, user perspectives	UK	Non-specific generic counselling	Non-specific, generic psychological problems
Ridsdale et al. (2001)	To compare the clinical effectiveness of CBT vs. counselling	Clinical trial incorporating a cost-consequence analysis (reported in Chisholm et al., 2001) ++ Efficacy, economic issues, user perspectives	UK	CBT and non-directive counselling	Chronic fatigue
Simpson et al. (2003)	To investigate the effect of counsellors on rates of psychotic drug prescription and referral rates	Economic evaluation + Economic issues	UK	Psychodynamic counselling Integrative/eclectic Cognitive-behavioural approach	No details
Snape et al. (2003)	To explore why people do not to take up a counselling referral	Qualitative + User perspectives	UK	Non-specific generic counselling	Non-specific, generic psychological problems
Unutzer et al. (2003)	To examine rates and predictors depression treatment in older patients	Survey ++ User perspectives	USA	Non-specific generic counselling	Depression
Van Schaik et al. (2004)	To investigate patient preferences for depression treatment	Systematic review + User perspectives	Holland	Non-specific generic counselling	Non-specific, generic psychological problems
Wagner et al. (2005)	To examine beliefs about psychotropic medications and psychotherapy	Survey + User perspectives	USA	Psychodynamic counselling	Anxiety
Wetherell et al. (2004)	To compare treatment history and preferences	Survey + User perspectives	USA	Non-specific generic counselling	Non-specific, generic psychological problems

Key: ++ = High quality study; + = good quality study.

strate that as a brief, 6- to 10-session intervention, between 60% and 80% of patients achieve reliable and clinically significant improvements (Evans et al., 2003; Gordon & Graham, 1996; Kates et al., 2002; Mellor-Clarke et al., 2001). The long-term effects of counselling are more equivocal, with evidence from a systematic review (Bower & Rowland, 2006) and an RCT (Murray et al., 2003) finding a lack of effect in the long term (up to two years), but two pre and post studies finding a positive effect over the long term (Baker et al., 2002; Gordon & Graham, 1996). When compared against CBT, counselling was shown to be as effective with typical heterogeneous primary care populations, in one systematic review and two clinical trials. One systematic review (Bower & Rowland, 2006) also suggested that counselling may be as effective as medication. A pre and post counselling study demonstrated that counselling and medication in combination is more effective than either intervention offered as a single treatment (Baker et al., 2002). In terms of individual versus group counselling, there was a lack of studies, but one clinical trial suggested that individual counselling may be more effective than counselling delivered in groups in the treatment of postnatal depression (Milgrom et al., 2005).

#### *Target problems*

In the treatment of non-specific, generic psychological problems, counselling has been shown to be more effective than routine primary care by a wide range of studies, including two systematic reviews (Bower & Rowland, 2006; Hemmings, 1999) and nine counselling studies with pre and post designs (Baker et al., 2002; Booth et al., 1997; Evans et al., 2003; Gordon & Graham, 1996; Kates et al., 2002; Mellor-Clarke et al., 2001; Murray et al., 2000; Nettleton et al., 2000; Newton, 2002). As a flexible intervention, it is effective in the treatment of the heterogeneous psychological problems typically presented by primary care patient/client populations.

The evidence also demonstrates that counselling is more effective than routine primary care in the treatment of anxiety and depression (including postnatal depression) (Baker et al., 2002; Bellamy & Adams, 2000; Bower & Rowland, 2006; Gordon & Graham, 1996; Hemmings, 1999; Milgrom et al., 2005; Murray et al., 2003). There is some evidence from one good quality clinical trial that counselling may be effective in the treatment of chronic fatigue, but further research is needed particularly with the use of routine primary care as a control condition (Ridsdale et al., 2001).

#### *Costs*

The review established only limited evidence relating to the costs and economic issues of counselling in primary care. One clinical trial reported in a systematic review (Bower & Rowland, 2006) suggests that counselling may reduce levels of referral to psychiatric

services and this is supported by two pre and post counselling studies (Kates et al., 2002; Nettleton et al., 2000). A number of studies suggested that there is little evidence that counselling produces reductions in the use of medication or the number of GP consultations (Bellamy & Adams, 2000; Bower & Rowland, 2006; Kolk et al., 2004; Nettleton et al., 2000; Simpson et al., 2003). Based on the findings of a systematic review and an RCT, there is no evidence that counselling reduces overall costs (Bower & Rowland, 2006; Chisholm et al., 2001). According to one clinical trial, when counselling was compared with CBT, there was no cost-effectiveness advantage for either form of therapy, compared with usual GP care; however, counselling is typically cheaper to provide than CBT (Chisholm et al., 2001). The paucity of well-designed and comprehensively powered cost-effectiveness studies, together with the mixed findings on health service utilisation, points to a need for further research regarding economic issues (Bellamy & Adams, 2000; Bower & Rowland, 2006; Chisholm et al., 2001; Gordon & Graham, 1996; Hemmings, 1999; Kates et al., 2002; Kolk et al., 2004; Nettleton et al., 2000; Simpson et al., 2003).

#### *Treatment preferences*

Studies relating to users' perspectives provide clear evidence that among primary care patients, for the treatment of depression, there is a strong preference for counselling as opposed to medication (Arean et al., 2002; Cooper et al., 2003; Lin et al., 2005; Unutzer et al., 2003; Van Schaik et al., 2004). The preference for counselling is unaffected by factors such as age, ethnicity, the presence of mental health problems, or problem severity (Cooper et al., 2003; Lin et al., 2005; Wagner et al., 2005; Wetherell et al., 2004). The receipt of a preferred intervention improves treatment take-up and compliance but there is no clear evidence that the receipt of a preferred treatment improves clinical outcomes (Unutzer et al., 2003; Van Schaik et al., 2004).

In relation to individual versus group counselling, there is some evidence which indicates that patients prefer individual rather than group counselling (Arean et al., 2002; Wetherell et al., 2004). Overall there is evidence from a range of studies, including two systematic reviews that patients are highly satisfied with the counselling they have received in primary care (Booth et al., 1997; Bower & Rowland, 2006; Gordon & Graham, 1996; Hemmings, 1999; Kates et al., 2002; Nettleton et al., 2000; Newton, 2002).

## **Discussion**

This systematic review aimed to provide a comprehensive and reliable overview of the evidence regarding the clinical and cost effectiveness of counselling in primary care, together with a summary of user perspectives. The review seeks to address a number of key questions relevant to the delivery of counselling

in primary care. The questions are interrelated and are based on the rationale that for a treatment to be funded and supported it must be of proven efficacy in scientific trials. It must also be proven to be effective in the complex and unpredictable world of routine clinical practice and therefore evidence from pragmatic trials and pre and post studies were also included. Additionally, the cost of service delivery should be economical when balanced against clinical benefits, and the service should be consistent with, and not detract from, the delivery of other health treatments. The impact on other areas of health service delivery of offering this treatment (e.g. waiting lists for psychological treatments in secondary care, general practitioner consultation time) also needs to be considered. Patient perspectives are likewise of importance, in that they indicate whether and how far a treatment is acceptable to those receiving it. An understanding of patient preferences is important when planning services, particularly when a choice of equally effective treatments is available. An examination of the issues from this range of perspectives is one of the strengths of this systematic review.

Further research is needed in a number of areas. A number of the trials occurring in routine primary care settings suffered from recruitment and drop out problems, as well as from incomplete descriptions of the intervention and control conditions and the use of a wide range of outcome measures. Future research addressing these issues and standardising the outcomes measured would allow a better understanding of exactly what is being tested and increase the strength of the evidence provided.

Although studies regarding costs were included, more rigorous cost-effectiveness studies could be undertaken, taking into account the myriad costs and potential cost savings likely to accrue to not only the service provider, but also to the wider health sector and societal costs, which would provide a more comprehensive picture. In terms of user perspectives, there is a need to survey the preferences of more typical users of primary care services outside of the trial setting. Patients who have been referred for counselling who then do not attend appointments waste valuable health resources. Further research is needed into the preferences and perceptions of such patients in order to maximise attendance and ensure resources are used efficiently.

## Conclusions

The evidence showed that counselling is effective in the short term, but there is a lack of consensus over its effects over the longer term. In comparison with other treatments, counselling is as effective as CBT with typical heterogeneous primary care populations. Counselling is more effective than routine primary care for the treatment of non-specific generic psychological problems, anxiety and depression (including postnatal depression) and potentially for the treatment of chronic fatigue.

In terms of costs, counselling may reduce levels of referrals to psychiatric services, but does not appear to reduce medication, the number of GP consultations or overall costs. When counselling is compared with CBT, there was no cost-effectiveness advantage for either form of therapy compared with usual GP care; however, counselling is typically cheaper to provide than CBT. Studies in the users' perspectives domain provide clear evidence that, among primary care patients, for the treatment of depression, there is a strong preference for counselling, as opposed to other treatments, particularly medication. The preference for counselling is unaffected by factors such as age, ethnicity, the presence of mental health problems, or problem severity. Furthermore, patients are highly satisfied with the counselling they have received in primary care.

In summary this review adds to the body of evidence on the effectiveness of psychological therapies, demonstrating the value of counselling as a valid choice for primary care patients and as a broadly effective therapeutic intervention for a wide range of generic psychological conditions presenting in the primary care setting.

## Acknowledgements

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## Biographical Notes

**Alison Brettle** is a health information specialist at the University of Salford. Specialising in literature searching and systematic review methodology in health and social care, she has undertaken a wide range of research projects and this is the second systematic review undertaken for BACP. She has published guidance for practitioners on literature searching and is Book Reviews Editor for *Counselling Psychotherapy Research*.

**Andy Hill** is a senior lecturer in counselling at the University of Salford. This is his second systematic review for BACP, the first covering counselling older people. He has actively contributed to national working parties concerned with the redesign of the counselling curriculum, and to the recalibration of



training standards, prior to the anticipated statutory regulation of counselling and psychotherapy.

**Peter Jenkins** is a senior lecturer in counselling at the University of Salford. He has a wide experience of work on ethics and professional practice at a national level and has published widely on this topic area. He has also participated in successful research bids and research projects for BACP and is Associate editor of *Healthcare Counselling and Psychotherapy Journal*.

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