



Counselling Psychology

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❖ A **counselling psychologist** is a licensed mental health professional who helps people improve their **well-being, mental health, and ability to function** by using psychological theories and evidence-based practices.

Their role overlaps with clinical psychologists, but counselling psychology often places extra emphasis on **strengths, wellness, life transitions, and everyday functioning**, not only on mental illness.



The background of the slide features a silhouette of a person's head and shoulders on the left side. The rest of the background is a warm, golden sunset scene with olive branches and green olives in the foreground, creating a peaceful and contemplative atmosphere.

Core roles of a counselling psychologist

1. Assessment

Conduct psychological assessments and interviews

Identify emotional, social, behavioural, and developmental issues

Understand clients' strengths, life context, and coping styles

2. Therapy and Intervention

Provide talking therapies (e.g., CBT, person-centred therapy, ACT, psychodynamic approaches)

Help clients cope with anxiety, depression, stress, relationship issues, trauma, grief, self-esteem problems, life transitions, etc.

Work with individuals, couples, families, or groups

3. Support for Life Challenges

Assist with career decisions, identity development, adjustment issues

Promote personal growth and resilience

Provide guidance during major life changes (e.g., divorce, retirement, relocation)

4. Research and Evidence-Based Practice

Use psychological research to inform treatment

Sometimes conduct their own research on mental health, wellbeing, and therapy outcomes



5. Consultation and Collaboration

Work with schools, workplaces, healthcare teams, and community organisations
Offer expertise on mental health, conflict resolution, and wellbeing practices

6. Prevention and Education

Deliver workshops on stress management, communication, mental health awareness
Design programs to prevent psychological distress or promote wellbeing



Settings they work in:

- Hospitals and mental health clinics
- Private practice
- Universities and schools
- Community centres
- Workplace and occupational health departments



Counselling vs Clinical Psychologists

Counselling Psychologists

- Emphasise wellbeing, strengths, and life adjustment
- Often work with mild to moderate mental health issues
- Themes include relationships, stress, self-esteem, identity, life transitions, career concerns

Clinical Psychologists

- Emphasise psychopathology and severe mental disorders
- Often work with complex or long-term mental health Conditions
- Themes include psychosis, personality disorders, severe depression, neurological conditions



Theoretical orientations:

Counselling Psychologists

- More likely to use **humanistic** approaches (person-centred, existential)
- Also trained in CBT, psychodynamic, and integrative therapies

Clinical Psychologists

- Stronger emphasis on **CBT**, experimental psychology, and medical-model formulations
- Often use structured, diagnosis-focused interventions



Types of Service users/clients/patients

Counselling Psychologists

- People dealing with stress, emotional difficulties, interpersonal issues
- Clients seeking personal growth or self-understanding

Clinical Psychologists

- Individuals with diagnosed mental disorders
- People needing clinical assessment and structured treatment plans



Assessment Focus

Counselling Psychologists

- Holistic formulations
- Focus on life context, relational patterns, strengths, coping

Clinical Psychologists

- More intensive psychological testing
- Diagnostic assessment based on DSM/ICD systems
- Neuropsychological evaluations (sometimes)



As usual, there are similar ethical dilemmas encountered:

Confiden-
-tiality vs
duty to
protect

Dual
relation-
ships and
boundari
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Informed
consent
and
autonom
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Compet-
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scope

Cultural
and
diversity
challenge
s

Personal
values vs
professio
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Technol-
ogy and
digital
ethics

Fees,
payment
and
accessibi
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Record
keeping
and
informat-
ion
sharing

Confidentiality vs. Duty to Protect

Dilemma:

Keeping a client's information private is essential—but what if they disclose something that suggests danger?

The challenge:

Balancing confidentiality with legal and ethical duty to break it when necessary.

Can you provide examples? How would you resolve the issue?

Resolution approach:

- Explore intent, means, and immediacy
- Use risk assessment tools
- Consult supervisor
- Break confidentiality *only if* there is a clear risk of serious, foreseeable harm
- Document all decisions thoroughly



Dual Relationships / Boundary Issues

Dilemma:

Avoiding relationships that blur professional boundaries.

Examples:

- ❖ A client invites their psychologist to a personal event.
- ❖ The psychologist lives in a small community and finds that a client is their child`s teacher.

The challenge:

Maintaining objectivity and avoiding exploitation or harm. A dual relationship is unavoidable, but completely avoiding the relationship could deny needed care.

- ❖ **How would you resolve the issue?**



Informed Consent & Client Autonomy

Dilemma:

Ensuring clients understand their treatment and can make decisions—especially when they are vulnerable.

Examples:

A client with severe anxiety struggles to understand treatment risks.

A parent wants their child to receive therapy the child doesn't consent to.

A client wants to discontinue therapy even though the psychologist thinks it's harmful.

How would you resolve these situations?



Competence and Scope of Practice

Scenario:

A client begins therapy for stress but reveals severe dissociative symptoms and a trauma history beyond the psychologist's training.

Dilemma:

Knowing when a client's needs fall outside the psychologist's expertise.

How would you resolve the issue?

Resolution approach:

- Explain the limits of expertise
- Offer a warm, supported referral
- Provide transitional sessions if needed
- Seek additional training or supervision if appropriate



Cultural and Diversity Issues

Scenario:

A client from a collectivist culture wants to involve their extended family in therapy. The psychologist, trained in individual therapy models, feels uncomfortable with family influence.

Dilemma:

Ensuring culturally sensitive practice while avoiding assumptions or making implicit biases.

What is the resolution? Some questions:

- How do you approach this request ethically and culturally sensitively?
- What steps can you take to ensure informed consent?
- Would you adapt your therapy approach, and if so, how?



Consider this:

You have decided to go ahead with family group therapy

During a group session, one member discloses very sensitive information about another family member who is outside the group.

This is a violation of group rules but not legally actionable.

Questions:

- How do you address the breach of group confidentiality?
- What steps ensure safety and cohesion within the group?
- What documentation is required?



Managing Personal Values vs. Client Values

Dilemma:

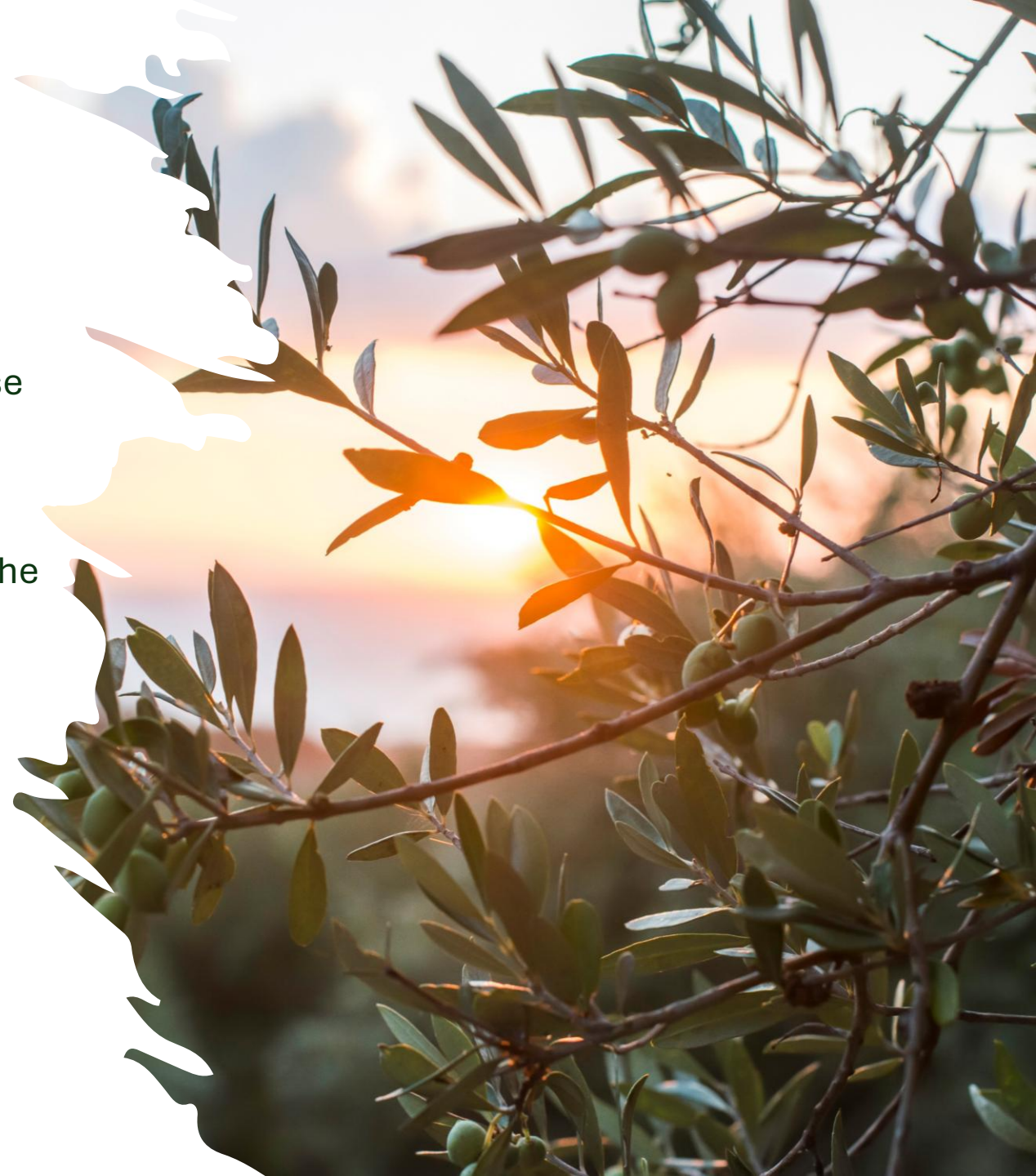
Staying neutral even when a client's beliefs strongly oppose the psychologist's.

Examples:

A client expresses political, religious, or moral views that the psychologist finds disturbing.

A psychologist must support a client's decision (e.g., divorce, abortion) while personally disagreeing.

What about implicit/unconscious bias?



Technology and Digital Ethics - Increasingly relevant today.

Scenario

A client sends the psychologist a friend request on Facebook and a message saying they feel lonely and want to “stay connected.”

How would you resolve the issue?

Any other examples you can think of?



Fees, Payment, and Accessibility

Dilemma:

Ensuring fairness while managing financial realities.

Examples:

A client cannot afford therapy but is in crisis.

A psychologist must decide whether to charge for missed appointments.

What are your thoughts?



Financial Dilemma

A client with severe anxiety misses multiple appointments without notice.

They cannot afford late cancellation fees but also need ongoing therapy.

Questions:

How do you balance fairness, boundaries, and client welfare?

What alternatives could you ethically offer?

How do you prevent reinforcing avoidant behaviour?



What about this?

Therapy Termination

Disagreement

You believe a client is making good progress and is ready for termination, but the client insists they still need weekly sessions.

Questions:

- How do you handle disagreements about ending therapy?
- What is your responsibility regarding client dependency?
- How do you balance autonomy and beneficence?
- Is it unethical to receive payment for a client who you feel is no longer in need of therapy?



Gifts From Clients

The same long-term client brings you an expensive gift for Christmas and insists you accept it because “you’ve changed their life.”

Questions:

- What ethical risks are involved in accepting or refusing?
- How does cultural context play into gift-giving?
- What is your decision and how do you communicate it?



Record Keeping and Information Sharing

Examples:

Deciding how much detail to include in notes.
Responding to legal requests for client records.
Handling cases where parents want to see a minor's session notes.

The challenge:

Protecting client privacy while meeting legal requirements.
What are the potential risks?

What are the standards for which we must abide by?



United Kingdom (BPS / HCPC)

Uses **four ethical principles**: Respect, Competence, Responsibility, Integrity.

- ❖ Strong emphasis on ***informed consent*** and ***service-user involvement***
- ❖ HCPC legally governs psychologists → missteps can mean losing registration
- ❖ Safeguarding laws (adults & children) strongly influence confidentiality decisions

UK psychologists often face dilemmas involving NHS systems, waitlists, and multi-agency work (schools, GPs, social services).

How do you think this might differ from the APA ethical code?



And finally... your last ethical dilemma:

In a group trauma programme, one member discloses information that implies another member (in the same group) may be at risk of domestic violence. The person at risk has never shared this and may not want disclosure.

Complicating factors:

- Group confidentiality
- Potential safeguarding issue
- Balancing safety with respect for autonomy
- Managing group dynamics after the breach

Questions:

- How do you ethically respond without singling out or humiliating the vulnerable member?
- Do you follow safeguarding procedures even if the client does not consent?
- How do you restore the group's sense of safety?

