

THE UNIVERSITY OF HULL

**The Client, Counsellor and Organisational
Components of an External Workplace Counselling
Service: An Evaluation**

**being a Thesis submitted for the degree of
Doctor of Psychology in the University of Hull**

by

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Dedication

For Alison, James, Matthew, Mum and Dad

*All these things which now, while we
are still in the war, sink down in us like
a stone ... shall waken again and then
shall begin the disentanglement of life and death*
All Quiet on the Western Front

**Written on the wall of the Trauma Treatment
Centre, Omagh, Co Tyrone.**

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Summary

This is a study of workplace counselling. It responded to four key stimulants: (1) the paucity of workplace counselling evaluations; (2) the need to more fully incorporate the client and organisation into evaluations; (3) the call for an increased qualitative focus in counselling research; (4) the need for practitioners to become research-minded.

The site was the Northern Ireland Fire Brigade's (NIFB) external counselling service. The study was inspired by the concept of the workplace counselling triangle – of client, counsellor and organisation. It explores the degree of congruence across the aims, needs, expectations and evaluations of each of the three facets; the aim being to ascertain whether the NIFB's counselling provision meets the needs of its three primary stakeholders?

A qualitative methodology was adopted, with stakeholder perspectives captured by semi-structured interviews. Counselling process assessments, sick absence analysis and a workforce awareness survey were also conducted.

The counselling service was dramatically effective from the client perspective. Counsellors, while satisfied with their client work had reservations about organisational links. Their wish for greater primary intervention was matched by the NIFB being surprised that they were not more proactive at this level! A need for effective organisational induction and terms of engagement were identified, so as to allow counsellors to move beyond the personal counselling role. The observed reduction in absenteeism post-counselling was a dividend for the organisation.

Although the NIFB counselling service does not currently meet all stakeholder needs, it has been shown to be significantly effective in both human and financial terms. The service is needed, period.

Overview of Thesis

This is an in-depth evaluation study of the Northern Ireland Fire Brigade's (NIFB's) external counselling service, as viewed from each apex of the workplace counselling triangle: the research excavation therefore mined at the client, counsellor and organisational seams. This study, however, was not only interested in gaining a trinity of **intra-perspective** experiences, but also aimed to assess the degree of **inter-perspective** experiential and evaluative agreeability. Thus, the study fundamentally asked: does the counselling service meet the needs of the client, the counsellor and the organisation?

The study embraced the qualitative research tradition, seeing it as not only highly appropriate for exploring the splintered focus of the inquiry (that is, its research questions) and realizing its objectives, but also as congruent with the practice and values of counselling itself. However, the study was neither methodologically rigid nor strategically stubborn.

The first three chapters of the thesis provide a type of contextual scaffolding that supports the research effort. The **initial chapter** reviews the literature on stress in the Emergency Services and the Fire Service, and in doing so emphasises issues of source, impact and assuagement. This chapter also presents background details of the NIFB. **Chapter 2** reviews the field of workplace counselling and its evaluation, while **Chapter 3** fundamentally offers the rationale for the adopted methodology.

Chapters 4 and 5 provide extensive details of the research carried out for this thesis. The former chapter unpacks the method, analysis and findings pertaining to the client perspective study, while the latter chapter presents the method, analysis and findings from both the practitioner and organisational perspective inquiries. **Chapter 6** discusses the findings and then presents the conclusion, implications and recommendations of the overall thesis.

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CHAPTER 1

THE RESEARCH LABYRINTH – A CONTEXTUAL RUSSIAN DOLL

INTRODUCTORY COMMENTS

This study is almost anatomical in nature. It comprises many individual ‘organs’ or contexts. These indeed are issues in their own right, each of which calls out for expanded attention. This entreaty, however, is complicated by the fact that the organs overlap and interrelate to form the working body of the present research topic. To analogise, it would be problematic for a physician to review the heart without reference to blood and its wider physical context.

Workplace counselling is the New York of the counselling field. It is cosmopolitan, a contextual breeding ground and destination for theoretical, practical, definitional, legal, organisational, consumer, and ethical issues. In deference then to the pull and potency of context, the following sections are an attempt to flesh out the bones of those overlapping domains of particular pertinence.

The present research focuses on the *Conflict Triangle* (Greenwood, 1997) and therefore concentrates on the potential for incongruence between the trinity of workplace counsellor, client employee, and host organisation. Logic extends this triangular relationship to acknowledge the exposure of each ‘apex’ to other broader influences.

The aim of this Chapter is to acknowledge this through the notion of the **Contextual Russian Doll Effect**. This concept recognises the placing of the client-employee within his or her individual, organisational and stress contexts (*as a member of the Northern Ireland Fire Brigade; a portion of the Emergency Services personnel; and a member of the psychologically, and physiologically, reactive human species*), and in turn acknowledges the host employer’s positioning within the larger context of its area of geo-political and legal residence. Figure 1 strives to depict the contextual spectrum, and thus provide the wider backcloth to the triangular relationship between the host organisation,

the external counselling service, and the client.

As there is 'no show without Punch', the pervasive effects of stress will be granted their contextual place in the review, given that they stimulate *employer rationale* for introducing stress interventions in the workplace, and in essence fuel the *theory, practice and purses* of the counselling field. *An unstressed employee and a healthy organisation do little to nourish the coffers of the workplace counselling movement.* This observation is driven by logic, rather than by cynicism.

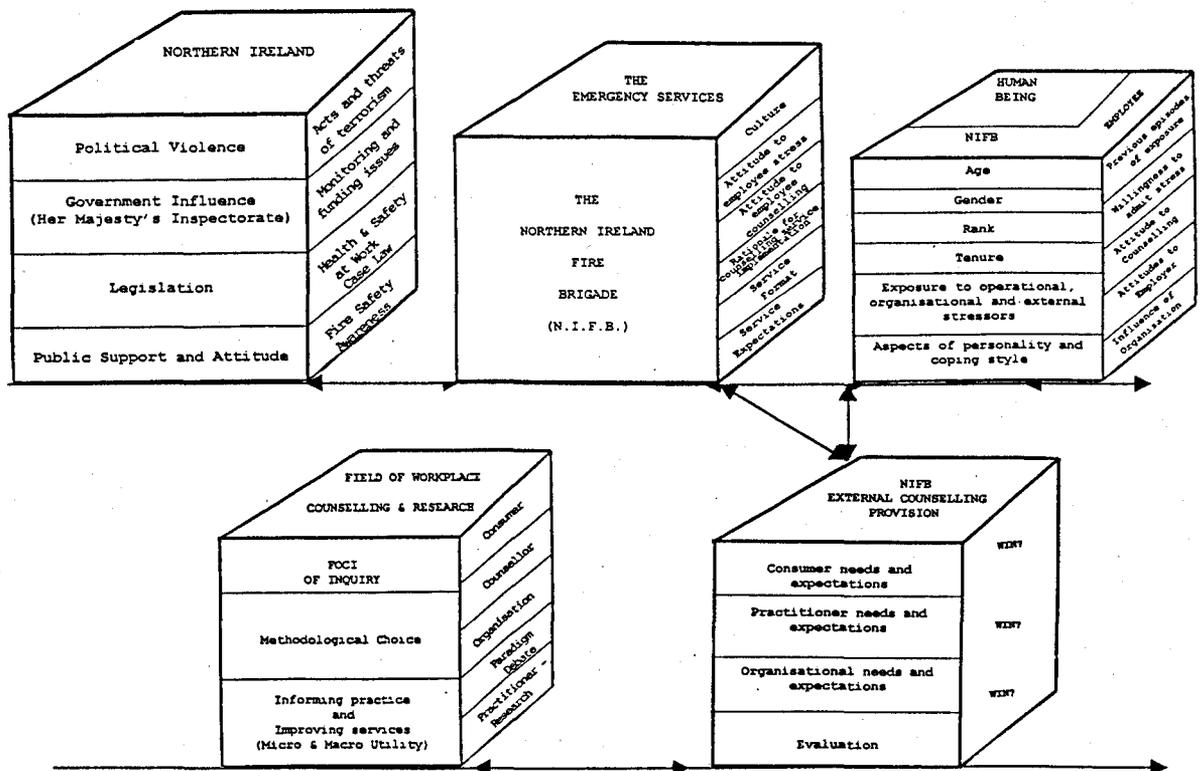


FIGURE 1. THE CONTEXT - CONTINUUM

1.1 The Emergency and Fire Services

1.1.1 Sources of stress in the Emergency Services

Emergency Service personnel, according to McLeod and Cooper (1992), may experience any of three main types of occupational stress stemming from the organisation, the external pressures of life, and the inherent operational factor specific to emergency work. Stress is defined by Lazarus and Folkman (1984) as ‘a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being (p.19).

Stressors typical of any organisation/occupational grouping include, excessive workloads; relationship problems with colleagues and superiors; lack of opportunity and encouragement for personal development; and an overabundance of administration. Matrimonial difficulties, family hassles, financial problems, bereavement, and worries about health form a concatenation of life’s pressures that may be designated as external stressors.

In addition to these ‘k’ stressors – **constant** catalysts – across occupations and organisations, Emergency Service personnel are confronted by the organisational stressors of the almost military and hierarchical nature of their uniformed service, with its necessary demand for strict discipline, high standards of health, fitness and dress, and concomitant unsociable hours.

With regard to operational stressors in the Emergency Services, Mitchell and Brady (1990) rightly emphasise the responsibility for the life and safety of other people. This altruistic stressor is contained in ‘the death, horror and tragedy’ conception of McLeod and Cooper (1992:9), who itemise further stressors as: danger of physical injury; working under severe time-pressures; high standards of visibility and accountability; and, particularly in the Fire Service, exposure to, for example, extremes of heat and chemicals.

Physical danger is defined by Jermier, Gaines and McIntosh (1989) as ‘exposure to agents that can cause bodily pain, injury, illness, and/or death’ (p.16). Linked to this is

emotional danger, which they define as 'exposure to human tragedy, pain, misery and suffering'.

James (1988) categorises reported stressors in a study of Ambulance Service personnel into four groups: (i) organisation/management issues; (ii) novel, unfamiliar, uncertain, and difficult duties; (iii) work overload; and (iv) interpersonal relationships, while in Doherty (1992), Police Officers classify stressful situations into: (a) individual threat; (b) self-complacency; (c) operational role directed; and (d) routine.

In a generic representation, Idzikowski and Baddeley (1983) hold that in a dangerous environment people's reactions are a product of their predisposition to feeling anxiety; their appraisal of the situation; their coping capability; and their previous experience, if any, of a similar situation (see also Vaisman-Tzachor, 1991). James (1988) narrows the contextual focus, finding that the way in which Ambulance Service personnel dealt with the stressors cited above depended on the quality of control they considered they had over the 'stimulant'.

Emergency Service operational stressors will be afforded further illumination and context appropriateness through the review of the Fire Service literature in Section 1.1.2, below.

Psychological and physical affects

Mitchell and Dyregrov (1993), with reference to the Emergency Services maintain that personnel can, in general terms, experience various stressful, psychological, social, and physical responses stemming from the pressures and demands of their work. They further maintain that training alone is not sufficient to eliminate, to any significant degree, the response to stressors, emphasising that emergency personnel toil face-to-face with victims, experiencing 'horrible sights and sounds as they work with human pain' (p.906).

Cumulative consequences are also discussed in the literature. Emergency Service personnel have to cope with incidents of varying magnitude throughout their careers, and this can produce a type of 'rolling PTSD' (Rentoul and Ravenscroft, 1993), referred to in

other portions of the literature as Prolonged Duration Stress Disorder (for example, in Scott and Stradling, 1992). It seems then that Emergency Service staff are consequently at continuous risk of 'reinfection' and 'trauma top-up'.

Research by Ravenscroft (1993) indicates a point-prevalence of 15 percent of PTSD in the London Ambulance Service, while a deleterious mood change was found by Gamble (1993) in a study of Belfast Ambulance Service personnel, but not severe emotional distress.

Duckworth (1986) reports that after the 1985 Bradford City Football Stadium fire disaster, Police Officers involved were offered a confidential support system of screening and counselling. Of the 59 percent of officers who returned a screening questionnaire, 15 percent were gauged as 'likely cases' for psychiatric problems and 9 percent as 'likely serious cases'. Similarly, Turner, Thompson and Rosser (1993) in a study of fifty individuals (inclusive of 18 Emergency Service workers) involved in the 1987 King's Cross incident (in which thirty-one people died), found that 33 percent had a score on the General Health Questionnaire (GHQ-28) which prompted cause for concern.

Violanti (1993) found from his study of Police recruits subjected to high stress training that those suffering acute distress were significantly more likely to use maladaptive coping strategies, such as escape-avoidance and distancing.

Experienced Police Officers too can be severely affected by major critical incidents. This is illustrated by Alexander and Wells (1991) who claim that though the personnel attending the Piper Alpha oil-rig disaster did not display signs of psychiatric morbidity, they did report distressing symptoms including cognitive intrusions. Keeping the focus on seasoned personnel, Violanti, Marshall and Howe (1983) report from their study of 500 New York Police Officers, that occupational stress was directly related to levels of alcohol intake.

The case is made that personnel in the general occupational *Supergroup* of the Emergency Services can be adversely affected by their work, with harmful and distressing

consequences. Attention will now be placed on the Fire Service with the aim of providing a contextual specificity.

1.1.2 Sources and Health Consequences of Stress in the Fire Service

Firefighters must be prepared not only to manage the regular stressors embedded in the daily grind and organisational life (Meldrum, in Hoffman, 1996 and McLeod, 1992), but also to manage a far more potent phenomenon – *critical incident stress* (Firth, 1994). A *critical incident* has been defined as ‘any situation faced by Emergency Service personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function, either at the scene or later’ (Mitchell, 1983). Critical incident stress (CIS) is thus delineated as the emotional, physical, cognitive, and behavioural responses to the critical incident (Firth, 1994).

Traumatic stimuli can heavily populate critical incidents (Firth, 1994) Events considered to have a potent impact on most firefighters include:

- Significant incidents involving children.
- Serious line-of-duty injury.
- Disaster, or major multi- casualty incidents.
- Incidents involving relatives or known victims.
- Prolonged incidents, especially those with a life lost.
- Incidents resulting in excessive media interest.
- Operational activity which results in the death of a civilian.

A study of firefighters by Dyregrov (1989) both underwrites and augments the types of incidents that engender the greatest upset - but with a rather surprising twist. Ninety percent of the firefighters listed dead or injured children as the most distressing feature. Second came high-rise fires with threat to life involved. Third came multi-casualty incidents (defined as comprising more than two victims). Fourth came death, and fifth came the threat of personal mutilation or death. *However*, this study also indicates that the

major sources of stress *are not necessarily traumatic*, with administrative aspects or organisational life also cited as significant catalysts. An important corollary to this, therefore, is that an interaction may occur between organisationally-bred stress, and the health outcomes of critical stressors (Moran and Colless, 1995; Hodgkinson, 1990).

Maintaining this theme of stressor-interaction, Kuorinka and Korhonen (1981) claim that firefighters can experience maximal physical strain in their job, and that this, combined with the emotional distress in their work and recurrent single stressors (referred to in 1.1.1 as *trauma top-up*), can result in cardiac lesions or dysfunctions.

Firefighters, by obvious virtue of their job, are considered to be at risk of occupational stress's contextual 'speciality' – PTSD. PTSD is a psychological reaction to a traumatic exposure where the individual experienced, witnessed or was confronted by actual or threatened death or serious injury to the physical integrity of self or others and in which situation the person felt fear, helplessness or horror. Post-exposure, the individual persistently: re-experiences or re-lives the event; avoids associated stimuli; experiences a numbing of general responsiveness; and, experiences symptoms of increased autonomic arousal (per, DSM IV). For a PTSD diagnosis to be made, the reactions have to persist for more than one month.

Indeed, the majority of studies into firefighter stress pay significant attention to the dysfunctional, negative psychological sequelae of exposure to critical operational incidents. Reactions reported can vary horizontally and vertically within dimensions of onset timing; symptom intensity; life spectrum interference; and temporal and degree aspects of recoverability (Bryant and Harvey, 1996; Moran and Britton, 1994; Elliott and Smith, 1993; Mitchell, 1992; Hytten and Hasle, 1989; Markowitz, 1989; Markowitz et al., 1987; Durham et al., 1985; McFarlane and Raphael, 1984).

Of local contextual significance, Powell (1995) provides some evidence pointing to the possible existence of PTSD within a small group of firefighters in the NIFB. Although this was gauged under the less rigid Laufer model, the possibility edges towards

probability as members of the NIFB (in view of the violent nature of Northern Ireland society throughout the last thirty years) are likely to have encountered ‘a significantly greater number of critical incidents than their counterparts in the rest of the United Kingdom and beyond’ (Brown and Mulhern, 1996:31). Indeed, the severity of such incidents – illustrated repeatedly and graphically throughout the years of the conflict – ‘is likely to be much greater than elsewhere’ (1996:31).

Yet research by Brown (1996) into aspects of stress and coping among NIFB personnel demonstrates that in spite of their unique situation during the years of the ‘Troubles’, they appeared to have coped adequately and in the main have not suffered appreciably more stress than their counterparts in England (see McLeod and Cooper, 1992). Brown’s study is in fact informative, both intentionally **and** unintentionally. Although important information emanates on NIFB firefighter coping styles (such as working directly on the problem; taking steps to prevent adverse stress symptoms; and relying on family for support), it is worrying and surprising that there is no reference to their organisation’s external counselling service. Not only did 301 participants not mention it in a study focused on workplace stress, but Brown herself was obviously not informed of it.

Hard, physiological manifestations of firefighter stress have also been reported. Lewis (1994) for instance highlights, rather alarmingly, that professional firefighters are subjected to acute and chronic stressors ‘which induce heart attacks and strokes among firefighters at an inordinate rate’ (p.58). In addition, a 1990 survey published in *The International Firefighter* informs its readership that firefighters are dying at a rate 2.8 times that of people in private industry, and that of this number, 44.1 percent of the deaths were from heart attacks and strokes. Furthermore, research by the US Department of Health and Human Services (in Lewis, 1994) describes the overall cancer mortality rate among firefighters as higher than expected, with mortality from cardio-vascular diseases, coronary heart disease, and diabetes significantly increased. It should be scarcely

surprising then that the *Jobs Rated Almanac* has rated firefighting the most stressful job in the United States (Boxer and Wild, 1993).

Types of stressors have changed in concert with advances in technology and media potency. The risk to firefighters in regular structural fire incidents appears to have decreased over time, but the risks from technological hazards have grown (Moran and Colless, 1995). Indeed, Markowitz et al. (1987) note that one of the major sources of stress for firefighters after a PVC fire is the perceived threat to health.

As indicated earlier, the input of the media is not inconsequential and holds a potentially stressful influence, making by its presence many features of emergency work publicly available (Duckworth, 1986). The media may also fuel unrealistic expectations in victims, thus providing a further stress catalyst for the firefighter (Paton, 1989). Indeed, in Robinson (1989) the media has been cited as a significant CIS category more frequently than dealing with death, while Moran and Colless (1995) observe that it was rated the fifth most stressful on a list of 23 firefighter work stressors. Rather surprisingly, an exhaustive review of the Fire Service literature did not identify a research, or an observational piece, that interlocked the media stressor with its potential for provoking psychological reactivity in the rescuers (and the rescued), post-incident.

The literature goes beyond equating all firefighter stress with traumatic exposure. In fact, other job stressors can also impinge on the firefighter as non-specific aspects of most work domains result in stress that can affect physical and psychological health (Ivancevich and Matteson, 1987). McLeod (1992) in fact suggests that 'On an everyday basis ... firefighters probably experience more stress from organisational and family sources than from incidents, and [therefore] methods of dealing with everyday stress, such as ... counselling, are essential' (p.22).

Meldrum (in Hoffman, 1996) explains that the increasing organisational demands placed on firefighters, and other Fire Service Staff, are occurring within a context of constant establishment levels. Working-life exigencies include: (i) reduction in duty

hours; (ii) change in shift patterns; (iii) increase in health and safety legislations; and (iv) technological advancement in equipment design.

The Robyns's report (in Hoffman, 1996) considers domains of Fire Service stress not ordinarily studied. For example, it highlights that UK Control rooms had the highest rates of sickness, with many of the illnesses diagnosed as stress or stress-related complaints. Indeed, stress levels in Controls are increasing as a result of the emergency calls, the distressed state of many callers, and, in some UK Fire Brigade Control rooms, harassment (Hoffman, 1996).

It has been estimated (Dyregrov, 1989) that between 7 and 10 percent of rescue personnel will not experience disturbance at all, post-critical incidents, perhaps as they make no identification with the victims. Eighty percent will experience symptoms, but they will not impact on functioning to a significant degree. However, between 3 and 7 percent will suffer profound psychological manifestations.

In relation to the issue of impact, Hodgkinson (1990) spells out the three areas which moderate traumatic stress:

- The personality and previous experience of the firefighter. (However, according to Douglas et al., 1988 and James, 1988 there is evidence both for the sensitising and desensitising effects of familiarity on firefighter experience of stress).
- The nature of the incident, and its particular stressor ingredients.
- The degree of post-incident support, both domestically and at work.

Regarding this latter issue, Corneil (1995) contends that the way the Fire Service treats its members influences how they will react to exposures and how well they will manage and cope with the reactions afterwards.

1.1.3 Stress and Counselling in the Fire Service: aspects of culture, coddling, and credibility

Despite the increasing evidence of the personal manifestations of critical incidents

and other stress catalysts (let alone the organisational aspects) there has been a questioning from a few sources (for example, Dennett, 1996; Leese, 1996), of the need for counselling in the Fire Service and especially for incident-related stress.

Leese (1996), a former Chief Fire Officer (CFO), offers a less than warm welcome for what he perceives as the *infiltration* of the stress and counselling industry into 'every facet of our existence, even into the ... Emergency services, where in times past, the camaraderie between personnel sustained them during dangerous and difficult situations, and through the aftermath as well' (p.4).

Seemingly considering skilled firefighters as separate entities to the rest of man/womankind, Leese remarkably contends that although the public should be offered counselling services, 'the *nannying* of professionally trained emergency service personnel today ... [appears] to suggest that something in the Service ... has gone radically wrong' (1996:4, emphasis not in original).

Leese, who seems nostalgic for the past pioneering spirit of managing one's own problems and affairs, implies that highly trained workers should in some way be immune to such an aberration of spirit as stress. Of course training can reduce most of the physical and psychological stress associated with firefighting (Tucker, 1990). Smoke drills can provide increased familiarity with darkness and enclosed areas, thus helping to replace stress with an enhanced confidence. Repetitive training enables firefighters to prepare well for circumstances that would elicit panic from the regular person (LA City Fire Department, 1990). However, Tucker (1990) replaces machismo with logic when he emphasises that despite rescue training and cumulative experience firefighters are likely to encounter some critical incidents for which no amount of preparedness can template the real event. In fact, Tucker's research destroys the myth that firefighters are adequately conditioned to face exposure to stressful and traumatic incidents as a result of regular dealings with casualties. Corneil (1989) provides corroboration from Canada where his research established that PTSD in the Fire Service was much more prevalent than

originally expected. This simply dismantles Leese, and indeed his 'sceptic-in-arms', Dennett. Former Assistant Chief Dennett (1996), like Leese, also appears to strip reactive emotion from the gift of the firefighter, underlining that its display in the form of post-incident stress indicates person-occupation incongruence: 'If [a critical incident] causes negative stress in a firefighter, then he/she is in the wrong job' (p.5).

It should therefore be of little surprise then that Dennett denigrates the pursuing and implementation of stress management policies, claiming that 'perhaps someone has found a solution and is now looking for a problem'.

Leese (1996) provides further glints of scathing cynicism, suggesting that employee counselling facilities in the Fire Service, and the Emergency Services in general, will tend to be justified through '[ensuring] that these **fashionable** services are used ... [instead] of being regarded as in opposition to the latest whims of today's wet establishment' (p.4, emphasis not in original).

Leese even questions the sequential validity of employee litigation cases. Pondering on their escalation, he wonders which comes first; the prospect of some lucrative proceeds arising from a successful court case, or the stress factor upon which the case may have been originally based.

Similarly, Pamplin (1993) a former CFO with the Vancouver Fire Department seems to question the legitimacy of stress-related absence, paralleling it to the back-pain rationale for sick leave. His writings however do not display the astringent imbalance of Leese and Dennett in that he does acknowledge stress as an occupational and organisational gremlin, and reinforces this recognition through actually advising Fire Services that:

'If you're not proactive in doing some positive things to mitigate the problem [of stress], then you may eventually be forced to economically deal with it in a reactive format that won't produce a win-win solution for your employees or the citizens they service' (p.9).

Pamplin seems also to imply that a socio-political pressure exudes into Fire Service organisations which he believes may explain why Fire Chiefs can feel cornered and compromised in their approach to managing suspect fake stress absenteeism and thus '[turn] a blind eye to the problems, rather than involve membership abuse and scorn for being an uncaring boss' (p.8).

This honest appraisal of politically-fuelled superficial employee-care dovetails into Leese's belief that it requires 'bottle' to disclose views such as those contained in his own literary offering. Worryingly then, this 'bravery', this 'bottle', seems to represent but a droplet in a river of like opinion that meanders through the Fire Service per se. By implication, few are 'courageous' enough to face down the potential wrath of reciprocated opinion.

Pamplin (1993) maintains that the false cases of stress receive most attention and that this clouds the fact that stress really is one of the most serious occupational hazards in Fire Service Organisations

Corneil (1995) in emphasising the attentional disparity between issues of personal protection equipment, safe driving/accidents, and stress-reduction activities, concludes that traumatic stress and organisational stress have not made it to the level of acceptance in the Fire Service as is required to reduce the incidence of stress disorders. He underlines the Fire Service's reluctance to accept that stress is part of their work; they believe instead that any episodes of stress are externally sourced and form a reflection of personality factors or an individual's personal life. A recurrent perception is that 'everything is fine in the firehouse, it is the individual's family and personal life being dragged into work that causes the problems' (Corneil, 1995:2).

Stress is of course a most complex aspect of the human condition, and it affects all humans to a greater or lesser extent. At critical incidents it is likely to affect survivors, rescued and rescuers alike (McCloy, 1989). Blending Corneil with McCloy it is almost

expected that Herrick sees PTSD as 'a poorly understood area of concern to every Fire Brigade' (1992:1). He describes its 'marginalisation', noting that it is often treated with suspicion, regarded as an individual failure, and seen as an inability to maintain a tough image.

This marginalisation appears to be a by-product of, but also a giver of life to, the popular stereotype of Emergency Service personnel as being strong and resourceful; a stereotype indeed often cherished by the workers themselves, but one that nevertheless creates the myth that they are simply not supposed to be at risk from stress (Hodgkinson, 1990). Adding graphic conciseness, Firth (1994) spells out that firefighters are expected to 'not feel the pain until the bone is showing' (p.11).

Indeed, Tucker (1990) maintains that there is a myth carried by Senior Fire Service Officers that personnel 'should be able to cope with anything' (p.7). He also uncovers a common perception in this Emergency Service that there is simply no need for preventative (and reactive) systems designed to address the matter of stress and traumatisation of firefighters. Tucker's research responds to this, manifestly demonstrating that firefighters are affected by exposure to traumatic incidents and that these professionals are 'equally clear as to what should be done about it' (1990:29). The issue, attests Tucker (1990), should be addressed in a properly organised system where individuals' needs can be met in a confidential and professional manner. This, he insists, is a 'moral obligation on Fire Brigades' (p.30).

Clement-Green (1992) acquiesces, but also places a fiscal carrot at the end of the ethical stick when he explains that prevention and treatment of stress reactions and disorders amongst firefighters is not only desirable from a moral aspect but also prudent organisational practice as stress adversely affects performance at work, and can lead to an unacceptable level of sickness satiating the workforce.

The Emergency Services are disciplined organisations who conceal sensitivities (Hodgkinson, 1990), and who in an almost parental fashion, inculcate this at a very early

age. By way of illustration, Taylor (1983) writes that 'Training directs [personnel] to focus upon their external performance, and to deny and suppress their feelings, often using black humour to deal with these emotions' (p.7). New recruits learn from senior colleagues to 'bottle up their fears, sorrows and revulsion, and to replace these, at least publicly, with a show of bravado and practical competence' (Joyce, 1989:379). Hodgkinson (1990) succinctly concludes that 'officers are often more concerned with "getting it right", and not making mistakes, than they are about their feelings. Showing feelings = weakness = incompetence' (p.23).

This disproportionate focus on external opinion creates a reactional double bind in the area of employee stress. To explain, it is difficult for firefighters to ask for help with painful feelings as many would be concerned that they might be seen as weak by colleagues and senior officers who may themselves, ironically, be bottling in, and suffering from, the effects of exposure to a critical incident and as a result be less able to effectively conduct an emotional debrief (Tucker, 1990).

Hodgkinson (1990) maintains that appropriate and adequate workforce support provision demands appropriate and adequate attitudinal change at the top stratum of Emergency Service organisations, with a subsequent permeation through senior managers to the 'ground-troops' level. He insists that senior management must permit their staff to express and work on their reactions, and that a structure for achieving this must be built into the organisation, and not just reactively through welfare and counselling facilities, but also as a proactive measure for all. Hodgkinson here is advocating fundamental culture change. There is thus a need to create an atmosphere within Fire Services that encourages recognition of critical incident stress as a normal and expected aspect of the firefighter's role (Clement-Green, 1992).

The available literature on actual and practical employee support systems-implementation in the Emergency Services goes beyond attitudinal change, urging also the assurance and maintenance of privacy and confidentiality, given the organisational

suffusiveness of stigma attached to emotional disclosure (Clement-Green, 1992; Herrick, 1992; McLeod, 1992; McLeod and Cooper, 1992, Klarreich, 1985). The confidentiality of an employee counselling service in this occupational grouping ‘must be known, understood, and believed by the staff’ (Rentoul and Ravenscroft, 1993:201). In addition, Rentoul and Ravenscroft insists that an employee who becomes a counselling client-employee should be accepted with ‘no possibility of sanctions, or loss of employment’.

McLeod (1992) reiterates and reinforces the importance of guaranteeing strict confidentiality when setting up an employee counselling facility, while Herrick (1992) adds the sparkling illumination of reality, claiming that confidentiality is one of the main reasons for the success of Lincolnshire’s Joint Emergency Services initiative for staff at risk of trauma following critical incidents. In fact, confidentiality was considered to be ‘the greatest hurdle to overcome for the system to be accepted, and to work’ (1992:12). This meets agreement in Duckworth (1986) who cites fears over confidentiality as a primary reason for Police Officer disinclinations to accept the offer of counselling post-‘Bradford’.

Clement-Green (1992) is clear in his conclusion that *a wholly internal counselling system* would not be effective within the Fire Service as it would be perceived as organisationally insecure on the grounds of distrust and fragile confidentiality. ‘This system depends upon a high degree of trust by the staff in their supervisors; the disciplined nature of the Fire Service is likely to preclude this’ (1992:40). Consequently, *an independent external counselling service* may more fully meet the needs of confidentiality-sceptics and those concerned about ‘loss of face’ (Tucker, 1990).

Although the McLeod and Cooper (1992) survey indicates what probably amounts to a fairly encouraging (and welcomed) trend of Fire Service recognition and response to stress, it is nevertheless essential to provide an enveloping, contextual, and qualifying piece of information. *From an exhaustive review of the Fire Service literature, and beyond, there is a distinct absence of attention to even the existence of counselling*

support services, let alone their evaluation, and accessibility to those in need.

Irrespective of the chosen mode of service delivery, it is important that Brigades are perceived to support the provision throughout their organisations from Chief Officer level downwards (Clement-Green, 1992).

Although Tucker (1990) claims that ‘the size of [the critical incident] is irrelevant, what is important is the availability of support’ (p.8), it is clear from for example McLeod and Cooper’s work that support itself has many hues of presentation; and thus acceptance.

The somewhat anomalous situation also emanating from the literature – given the expressed cultural resistance – is that stress management programmes for critical incident stress **have** become widely established across the Emergency Services in general (Firth, 1994; Parkinson, 1993; McLeod, 1992; Dyregrov, 1989), and has achieved **reasonable acceptance** in the specific context of the Fire Service (Temple, 1991; Robinson, 1989). However, the literature demands further attention.

Beyond the superficial positivity of the CIS endorsement lies the explanation that this may merely be a product of the type of terminology adopted (Moran and Colless, 1995). Unlike many terms for stress responses, the description *critical incident stress* focuses attention away from personal vulnerability and into the work domain. Further and wider confirmation comes from Moran and Colless (1995) who identify a *dual attitude* in Emergency Service settings, where ‘older ideas of the machismo stoic worker [still] remain, but acceptance of new programmes such as those for CIS is growing’ (p.143).

This almost paradoxical situation could be termed the ‘*gobstopper effect of change*’ as remnants of older attitudinal shades fade gradually to be replaced by fresher, adaptive hues. However, given the Leese and Dennett ‘Show’ above, it is rather more likely that there exists a parallel, or bi-dimensional approach, one perhaps echoing the view of Cox and Howarth (1990). These commentators maintain that organisations often function on more than one plane, and that therefore it could be asserted that the overt acceptance of counselling programmes may not necessarily resound through other intra-organisational

levels and contexts.

An additional explanatory angle on the apparent acceptance of some shades of support programmes comes from Temple (1991) who suggests (from her study of Australian Ambulance Service workers) that intervention programmes received wide approval simply because of their independence from the host organisation, which assuaged confidentiality concerns. This endorses Tucker (1990), above. An interesting aside to this issue is that reports of previous stress not only associate with perceptions of greater risk of future stress, but also relate to greater acceptance of formal stress management programmes (Moran and Colless, 1995).

The (greater) acceptance of CIS, with its epicentre fixed in major occupational events, may mean that this becomes the putative reason for seeking help, even though other stressors exist and are eventually discussed. Temple (1991) observes that in an Emergency Service provision specifically founded for CIS management, 'only' 44 percent of the problems actually related to a traumatic incident. In fact, nineteen percent were other work stressors, while 30 percent comprised relationship or personal problems.

Contextual accordance is offered by Moran and Colless (1995) who assert that the organisational attitude of mental fortitude nourishes the difficulty many firefighters can have in acknowledging other problem areas, over and above critical incident stress.

As reviewed earlier, firefighters have been found to hold a fear over possible repercussions with regard to the way management might view those asking for psychological assistance (Powell, 1995). Of course, fears over management opinion in the Fire Service are not without foundation. Culture attitudes could potentially create a no-win situation for employees, in that it could lead to the actual reason for their suffering being pushed underground to remain hidden (see Temple, 1991, above) or indeed to being manifest in increased sickness absence of a non-specific nature; explained by colleagues as general lassitude or malingering (Herrick, 1992).

Such attitudes inform recruitment and selection. For instance, psychological testing for hardiness has been advocated for the Fire Service (Elliott and Smith, 1993) to weed out those with a reduced psychological robustness. Firth (1994), however, provides a reality check in asserting that: 'Every firefighter is a potential victim, regardless of length of service or personal coping skills' (p.10).

It seems a prudent expectation that in an effort to implement a system of support for Fire Service personnel, or Emergency Service workers in general, the counselling provider may well become trapped in the hinge of cultural resistance, as allowing people to explore their vulnerability, or to express their pain and bewilderment, might open the floodgates and inaugurate a culture dramatically the reverse of the normal macho image (Hodgkinson, 1990).

The paradox is that this occupational cultural category can promote courageous and effective action under demanding conditions (Rentoul and Ravenscroft, 1993). This seems to be an issue often overlooked when the literature is in captious mode. However, occupational task-appropriateness of the culture should not outweigh or appease its 'darker' side. In fact, it seems that the Fire Service would do well to absorb and trust Corneil's cautionary tale that the 'majority of firefighters are not dying from fireground events such as burns, falls, or accidents. They die from stress-related diseases' (1995:1).

1.2 The Northern Ireland Fire Brigade

1.2.1 The Call Outs

Due to the nature of the job, firefighters can go from a state of relative relaxation to high levels of activity within seconds. They may attend calls which require them to extinguish large or small fires, and, in the case of Northern Ireland, to attend fires started by incendiaries. They may also have to attend incidents which involve rescuing victims from buildings which have been exploded by terrorists. In addition, they have call outs to

road traffic accidents (RTAs) in which people may be trapped, injured, or dead. Sometimes these calls involve vehicles which have been blown up by terrorists. An unfortunately regular call out is one known as a 'fire with persons reported' which entails a fire where people are trapped inside and may be injured or dead. Firefighters may also have to attend incidents comprising chemical spillages or accidents.

1.2.2 The Divisional Structure

The NIFB comprises six Divisions (subject to current organisational review) throughout Northern Ireland, and serves a population of approximately 1.5 million. These six Divisions are each assigned a letter ranging from A to F.

'A' Division is located in Belfast with its headquarters at Central Fire Station. This Division has seven Fire Stations, six of which are wholetime. It serves a population of approximately 320,000 and has 422 personnel of which 412 are firefighters.

'B' Division is situated in the South East of Northern Ireland and its headquarters are in Bangor, Co Down. There are twelve Fire Stations under its aegis, two of which are combined wholetime and retained, and the remainder are retained. It serves a population of about 317,320 and has 266 Fire personnel of which 248 are firefighters.

'C' Division is located in the South of the province and has its headquarters in Portadown, Co Armagh. It comprises twelve Fire Stations of which eleven are retained. The population served is 298,521, and there are 224 Fire personnel incorporating 206 firefighters.

'D' Division resides in the North West of the country with its headquarters in the County city of Londonderry. With nine Fire Stations, two of which are wholetime, it covers a population of 225,271. There are 291 Fire personnel, including 274 firefighters.

'E' Division is situated in the North East of the province and has headquarters in Ballymena, Co Antrim. There are fifteen Fire Stations of which one is combined wholetime and retained, twelve are retained, and there is one volunteer station on Rathlin

Island. The population covered is 221,723 and is served by 282 firefighters out of 300 personnel.

'F' Division is located in the West of Northern Ireland with its headquarters in Omagh, Co Tyrone, and a Divisional population served of 176,149. There are 12 retained Fire Stations with a personnel of 206, including 192 firefighters.

1.2.3 Firefighter Classifications

Commensurate with the rest of the United Kingdom (UK), the NIFB possesses two classifications of firefighter: wholetime and retained. Wholetime firefighters work two basic shifts: a daytime shift which runs from 9.00 am to 6.00 p.m., and the night shift which lasts from 6.00 p.m. to 9.00 a.m. A regular working shift pattern for wholetime firefighters is working for two days, then two nights, followed by four days leave. Each wholetime firefighter is a member of a watch, which comprises the personnel on duty for each particular shift. There are four watches, referred to as white, blue, green and red. Retained personnel are part-time employees of the Fire Authority, and while typically having employment outside of the Fire Brigade, they should ideally be available for call outs 24 hours a-day. Their home and outside employment must be within close proximity to the local Fire Stations as they are required to be in attendance within five minutes of being alerted. They are paid an annual retaining fee and then receive fees for: attending the weekly drill night; turning in for a call within the temporal specifications; attending a call as part of a crew; and attendance at training courses.

1.2.4 Rank Structure

According to 1999 figures, the NIFB employs 129 Senior Officers (Station Officer and above), 121 Sub-Officers, 111 Leading firefighters, and 512 wholetime firefighters. Of the retained personnel there are 49 Sub-Officers, 154 Leading firefighters, and 775 firefighters. There are 10 Volunteer firefighters, two of whom are of the 'leading' rank.

In Controls there are 7 Senior Controls Officers, 1 Systems Manager, 8 Senior Fire Control Operators, 7 Leading Fire Control Operators, and 42 Fire Control Operators.

The non-uniformed portion of the organisation's personnel comprises 199 individuals.

Gender analysis shows that females form 7.6% of the entire personnel complement, 2.7% of the uniformed branch, and 52.2% of the non-uniformed branch.

The NIFB's external counselling service is of course open to all personnel, both uniformed and non-uniformed. However, the provision has largely been used by males in the uniformed rank structure. To provide quick visual reference to this structure, the following list is offered:

- Chief Fire Officer.
- Deputy Chief Fire Officer.
- Assistant Chief Fire Officer.
- Senior Divisional Officer.
- Divisional Officer, Grades I, II, and III.
- Assistant Divisional Officer.
- Station Officer.
- Sub-Officer.
- Leading Firefighter.
- Firefighter.

While Divisional Officers may attend operational incidents, they have more administration and managerial duties which comprise communication, personnel and welfare, fire prevention, training, reviewing fire cover, and assessing staffing levels.

Assistant Divisional Officers may perform similar tasks to those within the remit of Divisional Officer rank, but to a lesser extent. They may also be titled Station Commanders or District Officers, and are more duty-bound to conduct station visits.

Station Officers are primarily based in Fire Stations, but can assist the Divisional Officer role. At Station level they are in command of the watches and process the ensuing raft of administration tasks. They supervise personnel on their Station and are responsible for their training, health and safety, and leave allocation.

Sub-Officers assist Station Officers in their duties on Station, and, when a Station Officer is unavailable, they become Officer-in-Charge of a call out.

Leading Firefighters perform much the same duties as firefighters, but they may assist the next two higher ranks, and are charged with maintaining order on their watch.

Firefighters attend calls, perform drills, and routine tasks including cleaning fire appliances and equipment.

1.2.5 Aspects of Culture

As the governing body (comprising 17 members representing a cross-section of community interests and coming from a wide variety of backgrounds) the Fire Authority for Northern Ireland commissioned Management Consultants, Coopers & Lybrand, to conduct an organisation culture survey (N=465; 42 percent response rate). This study rather blandly, but succinctly, defines organisational culture as 'the way we do things around here'. The literature however provides a more substantial definitional base (for example, Hawkins, 1997; Hamden-Turner, 1994; Handy, 1993; Trompenaars, 1993; Hawkins and Shohet, 1989; McLean and Marshall, 1988; Morgan, 1986; Kets de Vries and Miller, 1984; Deal and Kennedy, 1982; Randall, Southgate and Tomlinson, 1980; Harrison, 1972). Taking Morgan's (1986) well-received definition, organisational culture can be viewed as 'shared meaning, shared understanding, and shared sense-making ... A process of reality construct [which] allows people to see and understand particular events, actions, objects, utterances or situations in distinctive ways' (p.128).

Walton (1997) maintains and urges that the 'impact of an organisation's culture on counselling provision is profound, and the more workplace counsellors can make

themselves informed about [the host culture], the more likely they will be able to offer a better, more informed and firmly grounded service for their clients' (p.109).

The Coopers and Lybrand report (July, 1997) offers a cultural and attitudinal flavour of the NIFB. Its main findings are:

- (1) There is a clear culture and communication gap between uniformed and non-uniformed personnel.
- (2) Employees tend to view management in a negative light.
- (3) Protectionism of individual domains exist at the expense of the NIFB as a whole.
- (4) The climate of the NIFB does not ensure job commitment and satisfaction.
- (5) The NIFB is strongly customer/consumer orientated.

Conclusion

The culture of Fire Services, and in particular the NIFB, is not conducive to employees in coping with the stresses that their job invariably involves.

CHAPTER 2

THE EMERGENCE, ESSENCE AND EVALUATION OF WORKPLACE COUNSELLING

OVERVIEW

This chapter aims to encapsulate the what, when, why and why not of workplace counselling and its evaluation

2.1 Aspects of evolution

By tracing the relationship between industry and the management of resources to the early nineteenth century, Oberer and Lee (1986) identify the seedling stage of counselling in the workplace. Carroll (1996) also recognises the genesis, referring to this period as the 'human relationship era'. However, he also underlines that though counselling in the work domain existed at this time, its mode of delivery was quite different to contemporary service formats.

Further fragments of historical development include Carter (1977), who points to the almost two thousand welfare personnel in industry by 1913, and Carroll (1996), who points out that the first counselling programme was hosted by the Ford Motor Company in 1914.

As many UK-based concepts, commodities and services originate in the US, it should be of no real surprise to find that the Employee Assistance Programme (EAP) also made the trip. Indeed, EAPs are the most visible form of counselling provision (Carroll, 1996:9). Developed in the US in the 1940s they were initially concerned with problems of alcohol misuse, and typically staffed by indigenous recovering or non-professional counsellors (Masi, 1984). This firm focus on alcohol-engendered difficulties dominated much of the counselling provisions until the 1960s, when the EAP function broadened to incorporate help for many other types of employee and organisational dysfunction. As

Presnall (1985) concludes, “Employee Assistance” is a phrase now used to describe a unified approach to intervention and assistance for a wide variety of related human problems in the workplace’ (p.ix).

From the 1960s, EAPs altered to meet the changing needs of the workplace, and moved from an emphasis on alcohol and drug related problems to embrace, and offer, a range of services, including individual counselling, telephone counselling, stress management, and legal and financial help (Carroll, 1996; Cunningham, 1994; McClellan, 1987). Indeed, by the end of the 1980s some ten thousand EAPs were implemented in the US (Berridge and Cooper, 1993; Swanson and Murphy, 1991). In addition, Berridge et al. (1997) report that 25 per cent of all US employees are covered by an EAP style of provision.

In the UK the first EAPs appeared around 1980 and offered an in-house function for organisations primarily housed within the electronics, chemical and oil industries. Subsequently EAPs expanded significantly and beyond these industrial sectors, and away from their typical in-house format (Berridge et al., 1997). An indication of their growth is found in Berridge et al. (1997) who report that the coverage in 1995 of external EAP and employee counselling contractors amounted to between 5 per cent and 6 per cent of the working population in Britain. This translates into 1,285,000 employees having access to an EAP provision, which largely supports Reddy (1994) who placed the coverage figure at around one million by the end of 1994.

In spite of the significant growth in EAPs and workplace counselling services, there is still little consensus on what actually constitutes an overall programme.

2.2 Definition and disputation

Although the function of this section is to delineate what workplace counselling is, it is important to emphasise at the outset that **counselling** itself is in fact extremely difficult to define (Feltham, 1995). Indeed, Winmill (1994) maintains that counselling can

only be genuinely defined within the process itself. As Feltham puts it, 'you will know what it is when you stop asking (defensively) and start experiencing' (1995:10, parenthesis in original). It should also be made clear that although there is an enduring debate surrounding the differences between **counselling** and **psychotherapy** (see for example, Clarkson, 1994; Naylor-Smith, 1994; Bugental, 1992; Tyler, 1967), this thesis will employ these terms interchangeably.

Feltham and Dryden (1993) define counselling as **'a principled relationship characterised by the application of one or more psychological theories and a recognised set of communication skills, modified by experience, intuition and other interpersonal factors, to clients' intimate concerns, problems or aspirations. Its predominant ethos is one of facilitation rather than of advice-giving or coercion. It may be of very brief or long duration, take place in an organisational or private practice setting and may or may not overlap with practical, medical and other matters of personal welfare.'** In fact, this definition goes further, and emphasises that: **'[counselling] is a service sought by people in distress or in some degree of confusion who wish to discuss and resolve these in a relationship which is more disciplined and confidential than friendship, and perhaps less stigmatising than helping relationships offered in traditional medical or psychiatric setting.'**

Towler (1997) takes on the specific question of 'what is and what should counselling be in an organisational context?' (p.167). He offers the following broad range of activities:

- Assisting employees to find their own solution and routes through currently experienced problem areas which impinge upon work performance.
- Prompting an increased freedom from stress and related issues.
- Assisting employees to manage more effectively both their personal problems and those generated from working within the organisation.

- Easing employees through a crisis situation, such as bereavement, bullying, or issues which have led to an absence from the workplace.

Walton (1997) argues that 'Workplace counselling provides an opportunity – sanctioned by the company – for employees to raise personal matters in a professional and confidential setting [and thus] offers the potential for personal change and the scope for personal development' (p.29). He emphasises that counselling in the workplace context offers more than may often be expected, as it is far more than a counselling session held within a company's premises and differs greatly from the type of counselling that takes place within a private counselling practice. Fundamentally then, counselling in the workplace cannot be equated with relocating a private practice to an organisational context.

Orme (1997) distinguishes between counselling and workplace counselling in terms of practice aspiration. For her, the real goal of workplace counselling is not just a matter of what Fisher et al. (1991) refer to (in their work on negotiations) as 'win/win', but rather it transcends this binal aspiration, and comprises: 'win/win/win – **win** for the individual client, **win** for the workplace counsellor and **win** for the client organisation' (1997:61). Orme in fact concludes that the workplace counsellor has two clients, each having different expectations and needs, and that the key issue is to recognise what constitutes win/win/win, and 'building a counselling support programme that helps all parties in the relationship to have their needs answered'. **Indeed this desirable, positive fusion of realized needs stimulated the inquisitiveness of the present research endeavour.**

Bull (1997) maintains that in terms of its core ingredients, workplace counselling is: (i) short-term in nature (typically three to six sessions); (ii) focused on problem-solving, and (iii) aimed at returning the employee to work.

However, Towler travels to the heart of the matter, when he asks: 'Can short-term counselling really effect change for the individual, and at the same time be beneficial to the organisation?' (1997:180). Indeed, this commentator further implies that the term 'beneficial' is organisation-specific

Carroll (1997) asks specifically 'but what kind of short-term counselling? Ought it to be psychodynamic... humanistic, cognitive-behavioural, systemic, or integrative' (p.11). He is not implying though that there is necessarily one model of counselling that surpasses others in terms of effectiveness when applied to the organisational context. Indeed, Carroll emphasises that workplace counselling has a number of faces each with its own particular features. In an effort to provide some semblance of definitional structure, and to further demonstrate the wide definitional base, five particular counselling approaches are now described:

- Counselling for an organisation that employs both counsellor and worker.
- Counselling for an organisation where the counsellor is employed by an Employee Assistance Programme (EAP) provider.
- Counselling for an organisation where the counsellor is employed to work with consumers of the organisation.
- Counselling for an organisation where the counsellor is employed to work with members of the public.
- Counselling for an organisation which provides a range of specialist services to other organisations and individuals within organisations.

Further demonstrating that definitional disagreement is 'genetic', Carroll (1996) firmly underlines that the counselling domain's workplace counselling offshoot is also doomed to controversy and polemics. Specifically, Carroll emphasises the lack of consensus over the **purpose** of workplace counselling. In fact, he places purpose perspectives along a continuum. At one extreme is what he refers to as the **personal concept of counselling**, which is characterised by the client determining the purpose of

counselling by placing on the agenda his or her choice of issues or problem areas: these can be of either a personal or work-related nature. At this end of the continuum the client-employee does not need to be in crisis or even be experiencing difficulties, but may come forward to undergo counselling for personal development purposes. Carroll suggests that many practitioners see this as an entirely appropriate purpose for workplace counselling as they hold the view that counselling is for the person in his or her entirety, not just the problem portion. However, Williams (1994) strikes a note of realism when he contends that 'clients come to counsellors expecting help in solving their immediate concerns, which are not necessarily compatible with a programme of personal development' (p.3).

At the other extreme of the purpose-continuum is housed the **organisational concept of counselling** which is driven by the notion that the counselling service 'is there to help employees work at least to a minimal satisfaction. Its primary purpose is to 'facilitate employees' work' (Carroll, 1996:48). This approach is work-related in its focus, and deals with problems that concern the client-employee's work performance or contribution. The definitional essence flavouring this extremity does seem rather ambiguous and vulnerable in that personal problems outside of the workplace can also, and obviously, adversely affect a client-employee's work effort. Perhaps Carroll has pre-empted this carp when he explains that this particular notch on the purpose- (or indeed definitional-) continuum 'can be interpreted in a broad or narrow sense' (1996:48). As Williams (1999) spells out, the worker is not just an employee, but rather is a 'person who is employed. The individual worker brings not just their technical abilities to the job they bring their personhood' (p.2).

In fact, Balgopal and Patchner (1988) do appear to select a broad interpretation when they assume that employees' problems are private unless they cause job performance to deteriorate, 'For when that happens, the personal problems become a matter of concern for the company' (p.95). In a narrow, and seemingly harsh expounding

of the 'organisational concept of counselling', Yeager (1983) urges that 'business alternatives will determine the clinical goals' (p.133).

It seems that those practitioners who hold the opinion espoused by Yeager will typically only work with client-employees whose performance at work is suffering as a result of their problems. They will tend to employ a minimalist approach, and ask how much time is needed to manage so that it no longer impinges upon work contribution. Yeager is unshaken in his belief that counselling in the workplace is so different to counselling in other settings that 'for a practitioner to approach an organisational context case from the point of view of traditional therapeutic criteria of wellness is inappropriate' (1983:133). He maintains that the parameters of workplace counselling are performance and productivity, and that therefore the thrust of the counsellor's role is to engineer an employee return-to-work. The host organisation is not the milieu for focusing on non-work or personal issues, and that the main criteria for therapy in the business context is that 'the method must fix the performance problem and it must fix it fast' (p.137).

Fundamentally then, the differing shades of opinion and definition dramatically support Carroll who has underlined the 'lack of clarity about the precise aims and objectives of workplace counselling' (1997:12).

The workplace counselling woolliness can to some extent be unravelled by attending to Sworder's (1977) cohesive framework for defining and assessing problems within the organisational context. He offers the following problem taxonomy:

- (1) Problems arising within the individual.
- (2) Problems caused by the work organisation acting on the individual.
- (3) Problems arising outside the individual or the organisation, either
 - (a) having visible effects on the work of the individual, or
 - (b) not having visible effects on the work of the individual.

Although combinations of these three problem-types can emerge, the Sworder framework nevertheless offers an oasis of structure to guide the practitioner, to decide

when workplace counselling is appropriate. In fact, Sworder's classification **responds** to definition, rather than creates or augments it. To illustrate, take Yeager, he would view this taxonomy through 'business eyes', simply selecting or deleting from the classification as dictated by his definitional, business-driven, blueprint.

It seems logical to contend that attaining a consensual definition of workplace counselling is unlikely, if not impossible. Actually, it is rather ironic, given for many that stress is in the eye of the beholder, that one of its modes of management (counselling/workplace counselling) is also gripped by the unique imprint of the human appraisal system. Therefore, it may be more realistic to accept that there are as many definitions of workplace counselling as there are human-service practitioners, clients and organisations.

In any attempt to analyse and define what workplace counselling is, it is clear that one central ingredient cannot be ignored; that is, the organisation. It is of course the organisation that finances the support facility for its members, and in so doing creates a relationship between three participants – the client-employee, the counsellor and the organisation. That this triune relationship is a potential breeding ground for friction is found in Greenwood's (1997) use of the description **Conflict Triangle**. It is important to note here that the emphasis in the literature is manifestly unbalanced, with little attention placed on the **client perspective** within Greenwood's Conflict Triangle; a stimulant of course to the present inquiry.

To dilute the almost presumed conflict within the triangle it is important to recall Reddy (1993) who maintains that the benefits gained by the counselled employee do not necessarily metamorphose into non-benefits for the host organisation. Therefore the well-being of both the client-employee and the host can proceed in tandem. *So all can be well in the Triangle.*

2.3 Reasons for introducing workplace counselling

Presnall (1985) identifies four strands of organisational need which prompt the adoption and implementation of employee counselling programmes. These see organisations as aspiring:

- To more fully manage problems in the workplace.
- To act upon the realisation that the workplace has the potential to both engender and redress human hardship and heartache.
- To humanise the workplace.
- To develop new work practices, undergirded by an awareness that health, relationships and productivity are interrelated.

In an effort to add greater specificity, Berridge et al. (1997), in relation to the adoption of EAPs, provide a six-pronged taxonomy of employer motives. These are: **Humanistic, Efficiency, Political, Excellence, Human Resource Management, and Industrial Relations**. Importantly though, employers motives will 'either be confused or intermingled, or may explicitly contain more than one type of rationale' (Berridge et al., 1997:67).

Within the **Humanistic** approach are embedded beliefs about the employment relationship, and the employer's legal and moral duty of care. The employee undertakes to apply him or herself to the maximum (both physically and mentally), and in return the employer is typically bound to assuage the damaging elements of work, to deal with the employee with reasonable consideration, and if necessary, to compensate the individual for any resultant distress and suffering. Berridge et al. (1997) remark that the major originating factor for EAPs lies in the prescient employer's possession of a conscience over the damaging effects of work on the individual and that consequently the employer feels 'an obligation to offset or rectify these effects – one of which methods is enrolment in an EAP, without cost or blame to the employee' (p.68-69).

Corneil (1985) settles neatly into this motivational category, finding from his work that top management strongly underlined *corporate social responsibility* as the primary reason provoking their installing an EAP. Singing from the same humanistic hymn-sheet Carroll (1996) reasons that 'workplace counselling makes sense when it is realised that employees spend about one-quarter of their lives in work settings' (p.5).

The **Efficiency** motivational strand is concerned with an analysis of the counselling programme's financial benefit; the implementation and ongoing costs versus the definitive, and less tangible, positive gains. Demonstrable savings can include, enhanced productivity, reduced insurance premiums and reduced costs within the domains of health care expenses, early retirements, turnover, absenteeism and accident costs, while intangible benefits can include improvements in quality, creativity, innovation, and a reduction in presenteeism.

The **Political** rationale is naturally company-dependent, given the contextual uniqueness of organisations. So, given for example that management can hold concerns about employees' motivation to work towards organisational goals, an EAP or counselling service can seem an efficacious purchase as it permits employees to resolve or to manage those issues that have had a deleterious impact on individual work performance, and thus greases the contribution-cog that meshes in with corporate objectives.

Excellence theorists, such as Peters and Waterman (1982), contend that the striving for corporate superiority across, for instance, quality, product and customer service, must be fused with the desire to provide excellence of treatment for those very individuals who are committed to meeting such standards. It would be a source of serious cognitive dissonance for employees if their employing organisation was not also to apply, internally, the demanding criteria it insists on for its customer base (Berridge et al., 1997).

The implementation of an EAP or workplace counselling service can also offer the **Human Resources** managers a reason to abandon the long-detested 'welfare' image (Torrington and Chapman, 1978) and to therefore provide employees with a modern,

expert, cost-effective and independently responsible way of handling welfare issues in a manner that relates to work and its accomplishment (Berridge et al., 1997).

Taking the **Industrial Relations** rationale, it can be seen that a counselling programme can harmonize well with the trend towards individualism in employment, evident in employment ingredients such as, performance-related pay, personal contracts and personal appraisal systems. Purchasing a programme can in fact provide the employer with a means to dilute the collective solidarity represented by the trade union, which has traditionally formed a support mechanism for troubled employees.

Of course, the significant reduction in British union membership and density has greatly restricted the moral reinforcement at work for the individual employee (Goodman et al., 1997) and consequently the ethically aware employer may experience an increased urge to provide a counselling facility; an urge indeed amplified by increased work and social demands.

The introduction of a workplace counselling provision can be stimulated by its valuable role within an organisation's disciplinary and grievance procedures. An organisational disciplinary hearing may decide for example to suspend action dependent on the successful completion of an offered programme of counselling. In addition, the functional presence of a therapeutic facility may offer some legal potency in the arena of a contested dismissal case; though Berridge et al. suggest that it 'appears not to be the catch-all defence that it is sometimes argued to be, but [that] the matter remains inconclusively tested in the British context' (1997:79). In fact, Nobile (1991) spells out that within the US an attempted defence on the grounds of the employer hosting an EAP can be challenged on such issues as its operational breadth, the qualifications and competence of its counsellors, and any possible discriminatory ingredients in its activity.

Embedded also within the Industrial Relations motivational classification is the desire to avoid the unnecessary loss of competent employees who are passing through a transient phase of inappropriate behaviour or unsatisfactory work performance.

The marrying of EAPs with discipline at work is more pronounced in the US than in the UK, which possibly reflects the much reduced impact of unionism in US employment, and the unease of many UK counselling provisions to blend punishment with self-development (Berridge et al., 1997).

To provide some real world calcium for the bones of categorisation, attention will now be placed on the employer motives unfurled by Highley and Cooper (1995). Within this Health and Safety Executive-propelled study into the status of the British workplace counselling scene, the two most frequently offered reasons for the adoption of an EAP or workplace counselling service were those of: *generally to support staff members* (92 per cent), and *giving the impression of being a caring company* (76 per cent). These reasons reside within the remit of the humanistic rationale category, and although difficult to define and thus evaluate, they do reflect an organisational culture with a strong influence on attitudes, behaviour and quality. The third most cited reason was *help in adapting to organisational changes*. Seventy per cent of respondents referred to this politically-shaped motive, which reflects the redesigning and restructuring process needed to sharpen the corporate competitive edge, as well as the 'tightening of belts' response of companies in financial straits.

The stress and anxiety generated by such processes and procedures is reflected in the fourth reason in this hierarchy of employer motives: *help cope with stress levels among staff members*. This was mentioned by 57 per cent of the respondents and appears to traverse two motivational categories: employer's humanistic consideration of their troubled employees, and the financial and efficiency rationale expressed by organisations who aim to maximise their staff's productivity.

The fifth, sixth and seventh most frequently quoted motives were: *to reduce absenteeism; to enhance productivity; and to reduce unwanted turnover*. These three employer motives (which span both the efficiency/economic and the industrial relations rationales) were seldom advanced as primary reasons for the adoption of counselling,

which excited Berridge et al., (1997) to conclude that this ‘undermines the suggestion sometimes made that counselling is a disguised form of industrial relations disciplinary tool... [and highlights] the view of decision-makers and sponsors of counselling that it is less an economic tool, but more a high level cultural and organizational intervention – even if conducted more at the level of individual coping rather than at that of corporate strategic advice’ (p.120-122).

A multiplicity of reasons can thus stimulate the adoption of workplace counselling services. However, once implemented there is a prudent requirement to evaluate their effectiveness and efficacy.

2.4 Evaluation: definition and demarcation

Evaluation is concerned with assessing merit (Milne, 1987). When this assessment is conducted systematically and empirically, through careful data gathering and thoughtful analyses, then the endeavour is **evaluation research** (Patton, 1990).

Evaluation activity is essentially applied research, or as Argyris et al. (1985) define it, **action science**. However, Patton (1990) is keen to provide definitional demarcation as he presents, in an almost superior fashion, the following disparate product descriptions of evaluation research and **academic research**:

‘The purpose of applied research and evaluation is to inform action, enhance decision making, and apply knowledge to solve human and societal problems. [Academic] research is judged by its contribution to theory and explanations of why things occur as they do’ (p.12).

However, the position adopted in this study is the one espoused by Robson (1993) who maintains that ‘*evaluations are essentially indistinguishable from other research in terms of design, data collection techniques and methods of analysis*’ (p.174, emphasis in original).

2.5 Decisions, decisions: shades of motivation and resistance to counselling service evaluation.

Why evaluate?

Barkham and Barker (1996) maintain that evaluation is central to the process of quality control in any service delivery system. This undergirding assertion is not unexpectedly feted in the counselling and psychotherapy field where there is an increasingly amplified call for programmes and services to evaluate practice (for example, McLeod, 1999; 1994; 1993; Mellor-Clark and Barkham, 1996; Barker et al., 1994; Tyndell, 1993; Parry, 1992).

Mellor-Clark and Barkham (1996) emphasise the potent and ubiquitous **fiscal prompt** for evaluation in contemporary working life when they claim that 'in a climate of increased accountability and limited resources, it is critical for service agencies to prove their worth' (p.81). This urge for 'proof' prompts a movement in the direction of knowledge/evidence-based practice as opposed to practice based on intuition and speculation (Hicks and Wheeler, 1994). This view echoes Parry's (1992) concern that 'unmonitored service is no longer defensible' (p.14), and forms a building block for Mellor-Clark and Barkham (1996), who contend that 'current thinking suggests there is an urgent need for *all* counselling service providers to begin to evaluate their services. Thus the question is not *whether* to evaluate, but how to evaluate?' (p.82, emphasis in original). This is also a reflection of Barker, Pistrang and Elliott (1994) who aver that evaluation should form a routine part of clinical and counselling practice.

Ultimately, evaluation is the fuel for counselling provision. It is not only a means of ensuring that clients are receiving services that are being monitored and vetted for their efficacy (Rowland and Goss, 2000; Roth and Fonagy, 1996; Elton-Wilson and Barkham, 1994), but also it is a means of educating and convincing purchasers about the value of the provision (McLeod, 1999; Mellor-Clark and Barkham, 1996; Mallett, 1991). It is thus essential, according to Green (1997), for the host organisation and the employee

counselling provider to know how well the programme is working and if it is achieving what it purports to do. Green fails to specify that employees (the client pool) are also a group who may be keen to glean information on programme worth.

However, despite the rapid escalation of employee counselling services over the past several years, minimal comprehensive research has been conducted (especially in the UK) to verify their effectiveness (Berridge et al., 1997; Carroll, 1997, 1996; Highley and Cooper, 1994). This echoes Googins (1985), who spells out that ‘the most basic question an evaluation would seek has rarely been asked: “Do EAPs affect change?”. The simplicity of the question can be deceptive in light of the technical complexity of scientifically arriving at an answer’ (p.222).

While acknowledging the potential discomfort inherent in being evaluated, Falvey (1987) also underlines the efficacy of the activity:

‘No one particularly likes evaluation, and administrators are no exception. Yet evaluation is central to organisational growth. Without knowing the current status it is hard to set meaningful goals for the future’ (p.59)

Falvey goes further and encourages effective evaluative effort through, ‘collecting, analysing, and interpreting data by which to assess: (1) service needs, (2) patterns of use, (3) program outcomes in bringing about desired change, and (4) the cost/benefit ratio of services offered’.

Although he is clear on the importance of evaluation, Falvey’s negative, though honest opening gambit above, requires some expatiation. Of course evaluation may seldom be pleasant, but he merely provides a general, overarching reason for its paucity.

Why not evaluate?

Reasons for evaluation-abstinence abound in the counselling literature. Lewis, Clark and Morgan (1992) for example present a resistance synthesis undergirded by doubt

and constraint, while Hicks and Wheeler (1994) maintain that 'the road to research-mindedness, research knowledge and experience can be tortuous' (p.31).

Carroll (1996) expands on this evaluation diffidence by identifying several sources of discomfort. He refers to counsellor and counselling provision reluctance stimulated by self-protection: 'many counsellors are anxious that evaluation will be negative and their jobs be in jeopardy' (p.135). Carroll also highlights concern centred on issues of confidentiality infringement and how evaluation findings will be used.

Offering basic motives for evaluation neglect Sonnerstahl and Trice (1986) point to the often time-consuming and financially burdensome nature of evaluative endeavour. Berridge et al. (1997) go deeper, claiming that those attempting to conduct research in **occupational contexts** are often discouraged by the relatively complex relationships that must be negotiated. They bind this problem of access and effort with 'the practical impossibility of sustained randomised research design within work settings' (p.203).

Responding to the paucity of experimentally-driven evaluations, Holosko (1988) explains that there is: a reduced focus on evaluation planning; a lack of scientific tools for evaluation; limited resources; and organisations' basic reticence to evaluate. A further drizzle of widely applicable reasons for the dearth of evaluation activity include:

- The non-existence of valid frames of reference (Wallis, 1968) and of appropriate measures (Heisler, 1977)
- The overemphasis on theory development over empirical evaluation (Hooper, 1985)
- Concerns over breaching confidentiality (Tyndall, 1985)
- The tendency to bow to service pressures over research needs (Tyndall, 1993).

Workplace counselling practitioners and providers both in the US and the UK have rationalised their resistance to evaluation by insisting that counselling benefits simply cannot be measured (Orlans, 1991). However, this emphatic resistance, when scrutinised, has often been found to be ultimately fomented by fear. To illustrate, the McDonnell

Douglas Company in the US claim that the myth of immeasurability (counselling outcomes can of course be gauged through qualitative and quantitative methods) is perpetuated by providers apprehension that findings may not be commendatory (US Department of Labor, 1990). Knott (1986) reinforces this claim through her own experience at the evaluation coalface when she reflects on hitting a 'wall of resistance' assembled by evaluation apprehension.

Berridge et al., (1997) believe that practitioners/providers can be concerned that evaluation verdicts may not positively reflect their programmes, while other commentators suggest that practitioners can assume the validity of their work automatically, and thus place evaluation low on the 'to do' list (Sonnerstuhl and Trice, 1986; Kurtz, Googins and Howard, 1984).

Swanson and Murphy (1991) add to this 'resistance movement' when they explain that employee counselling providers are reluctant to be evaluated by **independent** researchers as it is threatening to corporate interests; and confidentiality (Berridge et al., 1997). Interestingly, Mellor-Clark and Barkham (1996) ask if evaluation is 'ever the domain of the external 'expert', or is it something the counselling community needs increasingly to be turning its attention to?' (p.81).

The above provider dynamics may not only bias the research, but also may impede the evaluative endeavour (Balgopal and Patchner, 1988). Offering some disheartening, though realistic caution, Berridge et al. (1997) maintain that 'If a provider does not really want to participate and hence lacks commitment to research, there is no guarantee that the providers or counsellors will fully co-operate in facilitating the provision of data collection' (p.209).

Resistance to participating in evaluation extends also to the **host organisation** domain (Berridge et al., 1997; Masi, 1984). Organisations may:

- Automatically assume the effectiveness of their purchase.

- Have purchased a counselling service primarily as a public relations exercise to show a caring profile.
- Doubt the robustness of participant confidentiality.
- Balk at being perceived by the public as a ‘stressed’ organisation.

Berridge et al. (1997) explain that resistance to evaluation can also follow from an organisation’s primary service advocate who potentially has much to lose if the purchased programme is assessed as ineffective or costly. In fact these commentators offer the resigned conclusion that: ‘There is no easy solution [to resistance] except that the benefit of such research has to be portrayed as a payoff for all’ (p.208).

2.6 Methodological issues in counselling and workplace counselling evaluation.

A sound evaluation methodology should demonstrate that any benefits identified are attributable to the counselling provision itself (Kazdin, 1994). (Of course, a sound methodology is equally capable of identifying a provision’s weaknesses or non-benefits). An ubiquitous complaint of research evaluating the efficacy of counselling programmes is that many factors, aside from the intervention itself, can influence the findings (Stevenson, 1961).

This criticism has an enflamed pertinence when no control or comparison group is used (Bergin, 1963). However, the employment of a controlled experimental approach necessitates a situation in which it is possible to deny or delay intervention to some individuals. Berridge et al. (1997) capture the ethical essence: ‘We clearly cannot withhold treatment from a group of potentially stressed people, particularly when the basis of an EAP largely is voluntary self-referral’ (p.205). Di Mascio et al. (1979) concur.

Although this ethical exigency has been clearly relayed throughout the literature, some researchers in the field still insist on the employment of an optimal controlled situation. Take Shapiro, Cheesman and Wall (1993) for instance, they maintain that the incomplete nature of much evaluation research is in fact a product of the absence or

inadequacy of control groups. They go on to explain that as improvement through time is somewhat inevitable, with or without counselling (also Eysenck, 1952) it is only possible to confirm the impact of an intervention through an appropriate control group design in which individuals are randomly allocated to an immediate, or delayed help group.

Berridge et al. (1997) provide a succinct, locally-loaded response to this design recommendation: 'it is difficult to see how this is possible within the British EAP model' (p.206). However, Swanson and Murphy (1991) widen the control group debate when they maintain that every individual in a host organisation is in essence a waiting list control group, since they may at any time refer themselves to their workplace counselling service. These commentators promote the view that it is imprudent to assume that those who do not self-refer are less psychologically-strained. Basically the suggestion here seems to be that in a free choice situation not everyone who may benefit from counselling will choose to access the service.

A further opinion on the control group issue is one which sees each client as his or her own control, if at least one (but preferably three) baseline measure(s) is taken for each individual pre-counselling (Barkham, 1991).

Actually Barkham, with Barker, underline the central issue when they write of the socialised urge psychologists have to incorporate a control or comparison group in their research designs 'in order to be doing good research' (1996:100). Now, these authors/researchers are not denigrating control and comparison group designs per se, but rather are highlighting this type of design's inappropriateness for fulfilling the typical evaluation aspiration. Thus Barkham and Barker contend that 'it is often sufficient to adopt a one-group design in which a single group of clients... are studied' (p.100).

On the issue of the 'to-be-studied' population, Mellor-Clark and Barkham (1996) identify three primary participative information sources within counselling practice evaluation: the client, the counsellor, and a counsellor/client mix. Of course, counselling

in the workplace brings with it the host organisation as a further information wellspring (Carroll, 1996).

Orlans (1991) is sure that many aspects of the human experience are not readily measured by traditional methods of science and that employee counselling services function exactly at this level. She goes on to amplify Teram's (1988) earlier call from an enhanced focus on qualitative methods for gaining insight, and also emphasises the need to perform comprehensive workplace counselling programme evaluations by incorporating the less tangible experiential ingredients, ingredients which are most certainly involved. Berridge et al. (1997) support this view, though with a tinge of methodological incapacity. They contend that such 'soft' factors are 'problematic to measure', although this 'does not make them invalid, or outside the scope of any research that claims to be evaluating the effectiveness of an EAP' (p.211). Given the widely held belief that stress is in the eye of the beholder, Orlans (1991) sees it as entirely logical that focus should be placed on talking to the people involved, obtaining their experiences, and once gathered, not to dismiss the insight gleaned as unreliable.

Yet it seems though that many researchers remain wedded to rigorous traditional scientific principles in the quest for sound evaluations (for example, Beehr and O'Hara, 1987). Important as these principles are, this longing for tradition can easily sweep the field up in a scientific world of assumed objectivity and truth. Striving for supposed 'truth' in this way 'can lead us to trivialise certain human problems in the interest of good experimental design' (Orlans, 1991:30).

This polemic has been semantically rearranged and reflected back as a disputation over whether or not evaluation is an art or a science (Barker, Pistrang and Elliott, 1994). Cronbach (1982) for example is clear that 'developing an evaluation is an exercise of the dramatic imagination' (p.239), and is thus, by implication, a creative activity. It requires developing a design and gathering information that is appropriate for a specific situation and particular decision-making context: design is thus necessarily 'an interplay of

resources, possibilities, creativity and personal judgements' (Patton, 1990:13). This implies flexibility, which is a defining feature of naturalistic inquiry.

Qualitative programme evaluation has an enduring and esteemed place in the field of education (for example, Patton, 1997, 1990; Boydan and Taylor, 1994; Fetterman, 1989; Guba and Lincoln, 1989; Cook and Reichart, 1979; Stake, 1975; Scriven, 1967). Although surely much can be gleaned from this application of worthy transferability to the fields of counselling and workplace counselling, the utilisation of qualitative methods, either alone or as a component of a combined method approach, is relatively rare in the evaluation of psychotherapeutic practice (Padgett, 1998). There are though some examples of a pure application of qualitative methodology in evaluating mental health services (for example, Weinberg and Koegel, 1996; Pulice, McCormick and Dewees, 1995; Everett and Boydell, 1994; Pulice, 1994; Grigsby, 1992). However, Patton's (1990) call for a wholly qualitative approach to evaluation studies appears to have 'fallen on deaf ears' in the workplace counselling field. This in all probability is a reflection both of specific study suitability and habitual research practice. In advocating the qualitative approach, Patton seems to undergird Coolican's (1994) 'paradigm of choice' concept.

Workplace counselling programmes assist employees in a variety of ways and the amalgam of hard and soft benefits, and their concurrent provision to employees, render almost impossible the construction of a crystalline outcome-orientated evaluation model which embraces and defines all intervention variables (Highley and Cooper, 1994; Reddy, 1993; Reason and Rowan, 1981). However, as qualitative research is seen as a mode of inquiry particularly useful for examining vacillations in programme implementation and life, then a naturalistic exploration of an employee counselling facility will be 'open and sensitive to deviations from plans, unanticipated variations and important idiosyncrasies of programme experience' (Patton, 1987:14). In addition, qualitative exploration has the research will to capture whatever significant outcomes occur.

The paradigmatic return-of-fire, however, fiercely criticises the phenomenological-naturalistic approach on the grounds of diluted methodological stringency compared to the rigidity found in the positivist tradition (Beehr and O'Hara, 1987; Stone, 1986). Goss and Mearns (1997a) go further and suggest that data emerging from qualitative evaluation inquiries can be 'difficult to interpret clearly when it comes to making value judgements on a service' (p.328). Though not illustrating this critical observation, they nevertheless feed it into the melting-pot of uni-paradigmatic inappropriateness and in doing so shore-up their belief in, and call for, a **pluralist** perspective in counselling and workplace counselling evaluation where opposites can co-exist, co-operate and compromise. This type of 'Good Study Agreement' urges paradigms to decommission their battle mentality, and create compromise and cross (research)-community harmony.

It is thought important to underline here that if pluralism is accepted as a philosophically-fused, and uniquely defined research domain, then it could be argued that pluralism is in fact just another paradigm and should thus be viewed as an option and not as the sine qua non of research design. It is only one way forward when appropriateness dictates; and appropriateness is, after all, a progeny of the research questions.

Goss and Mearns's portrayal of theory (1997a) finds practical favour in their pluralist evaluation of an employee counselling service hosted by a Scottish regional education department (1997b). This research in view of its relevance to the present endeavour, demands, and receives below, an expanded attention.

Pluralism in practice: an example from the workplace counselling evaluation field

The Goss and Mearns (1997b) independent evaluation spanned almost two years and focused on an in-house EAP which offered time-limited counselling to a 12,500 employee complement. The programme offered up to six free counselling sessions and in addition provided telephone support, in-house training, and some conciliation work. Its existence-rationale comprised a response to identified chronic levels of staff stress.

Goss and Mearns view *utility* as congruent with the pluralist perspective as their evaluation aimed to generate high quality data of relevance to all primary stakeholder groups (1997b:328).

Both clients and counsellors completed questionnaires pre and post-counselling, with clients additionally completing a follow-up questionnaire offered at the end of the evaluation period (1 to 18 months post-termination). Semi-structured interviews were also conducted with a sample of the client population, and with all counselling practitioners. To complete data triangulation, the researchers believed the 'most appropriate available objective criteria for success... to be change in absenteeism associated with counselling' (p.329). Googins (1985) asserts however that absenteeism is a rather weak measure of effectiveness as it may be unconnected to quality of work. It seems though, as correct as Googins is, that the real issue is gauging the connectedness between **absenteeism** and **counselling**.

Goss and Mearns, in this already inherently complex piece of research, decided against establishing a control group, seeing such a decision as not only intrusive but also meaningless and an ethical danger. Indeed this is an echo of McLeod (1994) who discourages the use of placebo controls, and Prioleau et al. (1983) who actually traduce their worth in the therapeutic context. Actually, many counselling effectiveness studies have proved valuable and influential without incorporating control groups (for example Howe, 1989; Hunt, 1985; Timms and Blampied, 1985; Oldfield, 1983; Maluccio, 1979; Mayer and Timms, 1970).

Goss and Mearns essentially demonstrated the effectiveness of the evaluated service, and the clear need for its continuance (p.341). Undergirding this success-declaration were the following fundamental findings:

- High client satisfaction rates
- Counsellor and client mutual indication of significant improvement across all measures employed (eg., expected and actual perceived overall helpfulness;

outcome; helpful aspects; counsellor characteristics; overall satisfaction).

This improvement was maintained at follow-up.

- Reduction in post-counselling absenteeism, indicating the possibility of dramatic and sizeable savings; approximately up to £4,000 per counselled employee.
- Crystalline need for employee counselling services in the education system.

They aver that the adoption of pluralism may represent ‘a significant step forward from the accepted methods of triangulation’ (p.327), and that it has been applied to favourable and promising effect in their employee counselling evaluation reviewed above. They conclude that the approach can cater for the multiple stakeholders and perspectives comprising programme life. Pluralism, for Goss and Mearns, resolves the problems inherent in both quantitative and qualitative evaluations:

‘For sufficiently useful evaluations, based on a picture complete enough to satisfy all the stakeholders, both schools of thought need to be combined’ (p.342).

These researchers, like Patton, underscore evaluative utility and thus show what is an almost ethical awareness of the stakeholder perspective. It seems entirely appropriate that an evaluation which explores programme life also aspires to produce findings with the programme participants in mind. Indeed, Worrall (1996) reminds the field that stakeholder groups can require very different things from an evaluation. This in fact summons up Carroll’s (1996) identified difficulty with evaluating workplace counselling programmes. He asks from ‘whose perspective is effectiveness judged?’, and goes on to underline that ‘what is considered effective by both counsellor and client... may not be seen as helpful by the host organisation’ (p.141). At this point, Orme’s (1997) ‘win-win-win’ aspiration returns neon-like.

However, the Goss and Mearns (1997b) study seems to create an almost à la carte utility-menu where, in their own words, 'each [stakeholder] can take what they wish' (p.342). This is beneficent research practice.

2.7 Workplace counselling evaluations: further studies and some criticism.

Counselling in the organisational context is a largely uncharted territory in the UK, with only a handful of research landmarks in the literature to critically inspect (for example, Goss and Mearns, 1997b; Highley and Cooper, 1995; Rogers, McLeod and Sloboda, 1995; Cooper and Sadri, 1991).

One of the first evaluations to take place in the UK was carried out in the Post Office (Cooper and Sadri, 1991). This study assessed the impact of an internal stress counselling provision upon postal workers, from shop-floor level to senior management. The research found that there were significant reductions from pre to post-counselling in sickness absence, clinical anxiety, somatic anxiety, and depression. Increases in self-esteem were also reported. A control group was employed and showed no changes over the period of the study.

The key aim of the Highley and Cooper (1995) nationwide study was to independently evaluate a sample of British EAPs, and workplace counselling programmes, in order to gauge the effects of counselling at both the individual and organisational levels as such services operate at the interface between the two, and for their mutual benefit. At the *individual level*, a questionnaire-based study appraised mental and physical well-being, job satisfaction, interpersonal relations at work, home/work relationships, self-reported absence and attitudinal factors. Employers' records were scrutinized – in particular sickness absence records – to provide the *organisational level* input.

The main findings that emerged from this study were that: (1) The mental and physical health of clients was found to have improved significantly from pre to post-

counselling, although there were no effects on job satisfaction and the perception of work-based stress; (2) A significant reduction was noted in the number of absence events and days from pre to post-counselling. No such reduction was noted in a matched control group; (3) There was an indication that internal counselling provisions had a greater, more positive impact than external provisions; and, (4) There was no psychological gain to be had for those individuals who had not yet used but were aware of, and had access to, an EAP.

A study by Rogers, McLeod and Sloboda (1995) evaluated the effectiveness of a time-limited employee counselling facility within a UK Social Services Department. The provision comprised 27 (mostly external) counsellors who offered brief counselling (of up to six sessions) on an ad hoc basis. In terms of method, the counselling practitioners completed a questionnaire comprising both a pre and post-intervention focus for some 429 clients. In addition, clients (N=223) completed a post-counselling evaluation. Crystallised below are the study's primary findings:

- Although overall both clients and counsellors were satisfied with the counselling, the practitioner group were rather less extreme in their ratings than those within the client group.
- In the vast majority of cases there was evidence of a general agreement (between clients and counsellors) as to the adequacy of six or fewer sessions.
- There was no evidence that satisfaction rose as the number of sessions increased.
- A profile of client problem areas showed that more than one third of the participant group presented with stress and anxiety. There were almost twice as many problems in the personal arena as in the occupational arena.

Having briefly described the main evaluative efforts that have gone before, it is now time to offer up three primary portions of criticism, and an observation of omission.

(1) The research-to-date has broadly indicated the efficacy of workplace counselling for the client-employee. However, the primary methodological vehicle has been steered by the positivist paradigm which tends to stifle the intangible expression of effectiveness and to thus siphon off the richness of human experience. Essentially, positivism is a restrictive paradigm when faced with the subtle, but experientially crucial, expression of humanness. **It seems fair to suggest then that much has been missed by the evaluation methodologies adopted so far.**

It could well be argued that though the Goss and Mearns study claimed pluralism, it did indicate an unwillingness to let go of tradition. It is important to add though that Goss and Mearns did at least recognise the qualitative option, and indeed were rewarded through gathering meaningful and rich information of evaluative worth and utility.

In the main then, the research-to-date has tended to suppress the broad expression of experience and therefore falls short of tapping into the nuances of programme participation and the idiosyncrasies of the client's perspective on effectiveness

(2) Evaluation studies have placed little import on the organisational context within workplace counselling. **Fundamentally, the evaluation research so far has ploughed the fiscal furrow and left it at that.** There have been no in-depth explorations of the evaluative opinion of key members of the host organisation. It is surely important to remember that these individuals are representatives of the Purchaser and are thus, in essence, **double-consumers**. That is, not only are they (**macro**) consumers of the programme provider, but also they are potential (**micro**) consumers of the programme's primary counselling function.

Sickness absence may well be acknowledged as an important objective measure of a counselling provision's impact upon a host organisation (for example, Reddy, 1991, Cole et al., 1982), but it nevertheless represents more of a cash (rather than an experiential) conduit between counselling service and host. Sickness absence figures are

important, but not enough. **Research needs to be more daring and travel-conscious and journey further into the organisational 'lair,' and once there to ask questions of evaluative worth.** Indeed, this 'follow through' seems especially significant when no clear goals have been set for measuring counselling service efficacy. It is difficult, if not impossible, to assess Orme's (1997) *win-win-win* aspirations if each component of the workplace counselling trinity is not asked what *win* means for them. So this means not only asking the client and counsellor dyad, but also asking the *organisation* (through its key members).

This is a good time to note Scriven (1972), who as a strong critic of goals-based evaluation, views programme goals as 'an unnecessary noise source for the evaluator' (p.3), and claims that the programme's *actual* outcomes should be examined and judged on the extent to which they meet *demonstrated participant needs*. Scriven's notion of a goal-free or needs-based evaluation meshes quite neatly into the qualitative research paradigm as it removes 'the negative connotations attached to the discovery of unanticipated effectswhich [may] well be the crucial achievement, especially in terms of new priorities' (pp.1-2).

(3) With the exception of Highley and Cooper (1995), the evaluations have not embraced Rosch and Pelletier's (1989) claim that the mere introduction of an employee assistance provision 'may in itself have important stress-reduction benefits because it provides pertinent resources for the worker as well as tangible evidence of management interest and dedication to personal welfare' (p.69). Although this claim was not upheld by Highley and Cooper's study it is simply too important an assertion to ignore or shelve.

This issue is of course manacled to employee awareness, a feature of programme functioning that should be afforded a more significant focus in EAP and workplace counselling evaluation research (Frost, 1990). In fact, misperceptions and an absence of understanding about employee assistance services have been found to arrest utilization (for

example, McClellan, 1987; Braun and Novak, 1986; Olesen, 1986; Gumz, 1985; Riediger, 1985).

(4) An exhaustive search of the research literature failed to find any reference to an evaluation of a Fire Service-hosted employee counselling facility. In fact, there were even very few references to the actual existence of such services.

2.8 The objectives of the present research.

The overarching aim of the thesis was to traverse Greenwood's (1997) *Conflict Triangle* in a manner that would overcome the limitations of previous research in order to gauge the level of experiential evaluative agreeability across the client, counsellor and organisational apexes of the NIFB's external workplace counselling service.

Specifically, the *primary objectives* were:

- (a) To explore, examine and ascertain the degree of congruence across the aims, needs, expectations and evaluations held by the client, counsellor and organisational components of an external workplace counselling service.
- (b) To explore, explicate and make visible the aims, needs, expectations and evaluations of the *users* of an external workplace counselling service.
- (c) To explore, explicate and make visible the aims, needs, expectations and evaluations of the service's workplace counselling *practitioners*.
- (d) To explore, explicate and make visible the aims, needs, expectations and evaluations of the *organisation* with regard to its hosting of the external workplace counselling service.
- (e) To answer the call for qualitative inquiry in workplace counselling evaluation research.
- (f) To attempt to funnel the evaluative findings back into the NIFB-sponsored counselling service.

(g) To take the findings and extrapolate beyond the NIFB context.

(h) To promote the concept of 'researcher-as-human'.

Further objectives of the thesis were:

(i) To shed light on the role that the host organisation can play in the client experience of workplace counselling: that is, to examine the influence of the NIFB upon the experience of those employees who have used the counselling service.

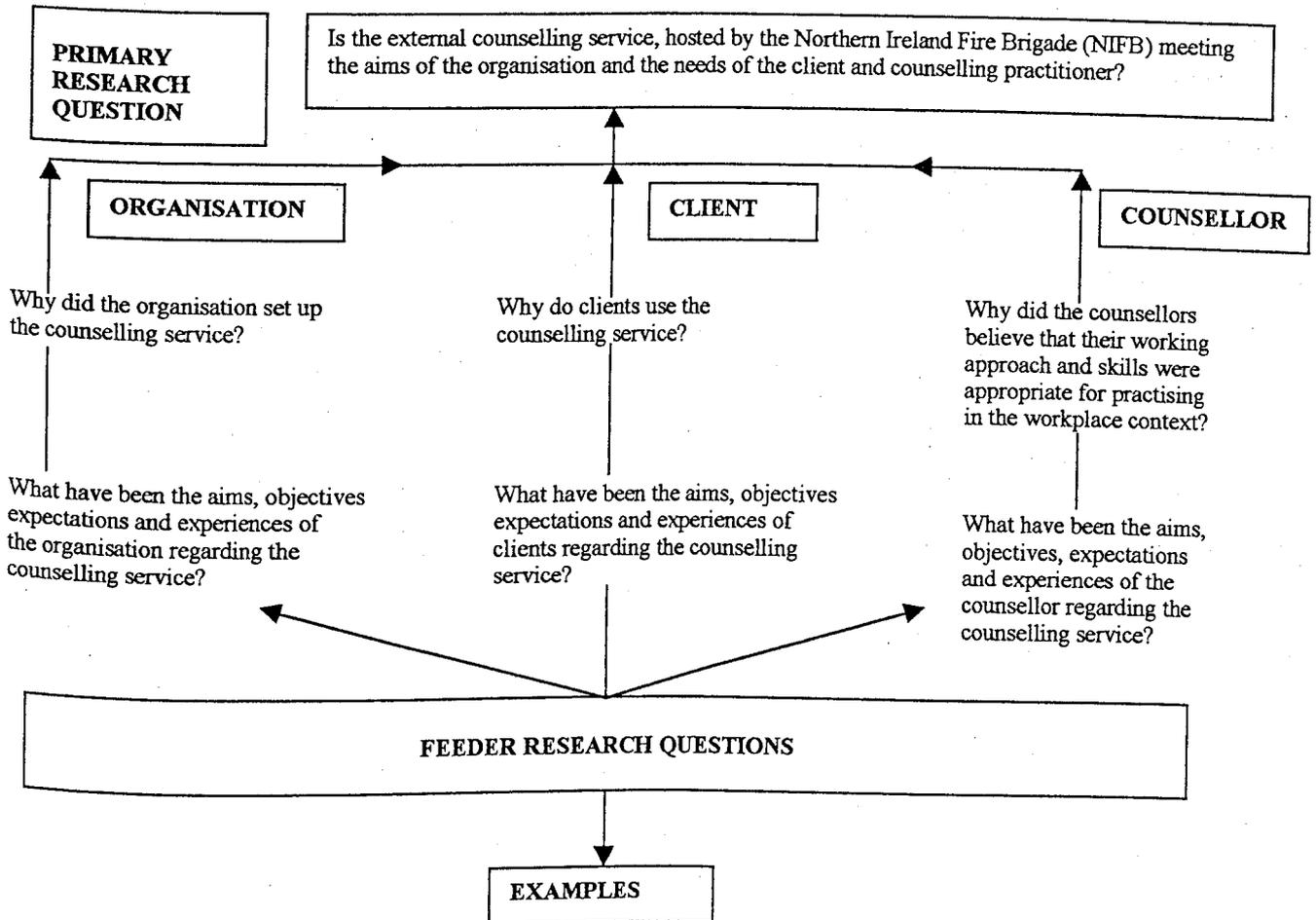
(j) To encourage researchers, and practitioner-researchers, to more fully and deeply incorporate the host organisation into their workplace counselling inquiries.

(k) To demonstrate that employing qualitative research methods can unearth the type of rich evaluative data that may more fully complete the evaluation picture, and enhance counselling provision operating within the workplace context.

(l) To promote practitioner research as a 'do-able' activity.

(m) To develop the personal and professional selves of the present researcher.

2.9 The Research Questions



- Is there a trend or set of characteristics peculiar to the group of NIFB personnel who have used the counselling service?
- Do NIFB personnel have difficulty coming forward for counselling?
- What are the presenting problem areas (type, severity) and primary issues?
- What are the sources of presenting problem areas?
- Are there any trends in problem presentation and sources?
- Do NIFB personnel have difficulty disclosing to their work colleagues that they use or have used the counselling service?
- Do NIFB personnel have difficulty disclosing to their partner or family that they use or have used the counselling service?
- Do NIFB personnel who attend for workplace counselling have difficulty disclosing to the counsellor that their problem is work-related?
- Do NIFB personnel who have undergone counselling in their workplace feel that in some way their career/promotion prospects have been adversely affected?
- Do NIFB personnel who have accessed the workplace counselling service recommend it to work colleagues whom they believe are distressed?
- What hopes, expectations and fears are held by those NIFB personnel in anticipation of their first workplace counselling session?
- What are the experiences of NIFB personnel during their first contact with the counsellor?
- What were the ingredients of any counselling agreement or contract made between NIFB personnel and counsellor?

- Did NIFB personnel and counsellor agree to a set number of sessions?
- Whose decision prompted termination of counselling?
 - NIFB personnel?
 - Counsellor?
 - Mutual agreement?
- What is the in-session experience of NIFB personnel who have used the counselling service?
- What is the in-session and case experience of the workplace counsellor?
 - How well did client and counsellor relate to one another?
 - What was the presenting problem, and how was it worked with?
 - To what degree was the counsellor satisfied with the counselling process?
 - What was the counsellor evaluation of outcome?
 - What was the degree of appropriateness of the assessment and intervention with the particular client?
 - What did the counsellor learn from working with a particular client?
 - Were there any ethical/professional issues that emerged, and were any of these related to the organisational context?
 - What further training did the counsellor feel he/she needed in light of the work with the particular client?
- What proportion of NIFB personnel referrals were eventually referred to another source (eg GP., other counselling provision, RELATE, support group)?
- What changes (positive or negative) have NIFB personnel experienced as a result of using the counselling service?

Have there been changes in self-esteem, confidence and insight; domestic and work relationships: job satisfaction; coping skills; overall physical and mental health; social and recreational life?
- Do organisational indices support the prevailing view gathered from NIFB personnel who have used the counselling service?
- Is there a disparity of view between the higher management within the organisation and those NIFB personnel who have been service users?
- To what degree is the counselling service integrated into the organisation?
- What are the similarities and differences between counselling within the workplace context and counselling experienced in other settings?

CHAPTER 3

METHODOLOGY.

OVERVIEW

The study's design selection process is outlined in this chapter. Emphasis will be placed on the recently amplified call for employing qualitative research to explore the counselling field, and also will address this paradigm's appropriateness to, and congruence with, the practice and values of counselling. Attention will also be directed on what qualitative research is, the paradigms debate, and the emerging role of the practitioner-researcher.

3.1 Qualitative inquiry

Qualitative research is an approach to exploration that agglutinates empiricism and interpretation, piloted by its own logic of justification (Rennie, 1995, 1994; McLeod, 1994; Rennie and Toukmanian, 1992). The issue of its justification has however been debated for many years, with a growing consensus that qualitative research is founded on different assumptions from those fortifying the traditional, natural science approach to social science (Giorgi, 1989, 1970; Polkinghorne, 1988, 1983; Smith and Heshusius, 1986; Fischer, 1977).

Qualitative research has often been defined in terms of what it is not (McLeod, 1994); it has been described as research that precludes the use of measurement or statistical techniques (for example, Miles and Huberman, 1994; Strauss and Corbin, 1990). This rather negative approach to definition is a reflection of the fact that much qualitative research has historically been conducted in opposition to, or in defiance of, the dominant positivist paradigm in psychology and social science (McLeod, 1996, 1994; Corner, 1991; Howe, 1985; Lincoln and Guba, 1985; Smith, 1983a, 1983b). This methodological and philosophical competitiveness has been referred to as the 'paradigm

wars' (Gage, 1989), and has been passionately contested by the qualitative camp (Erlandson et al., 1993), and fiercely defended by the quantitative camp (for example, Morgan, 1998). The qualitative approach to research will now be reviewed within this adversarial context.

The paradigms debate

The paradigms war is an enduring conflict (one however that Patton, 1997:264 contends has 'run out of intellectual steam') centred on the relative merits of the reductionist-positivist approach versus the phenomenological-naturalistic approach; essentially the quantitative paradigm pitted against the qualitative paradigm (Patton, 1997, 1990; Denzin and Lincoln, 1994; Guba and Lincoln, 1994; Harré, 1992; Lincoln and Guba, 1985; Cronbach, 1982). A paradigm is a 'worldview built on implicit assumptions, accepted definitions, comfortable habits, values defended as truths, and beliefs projected as reality' (Patton, 1997:267).

Qualitative research as a field is methodologically much more fragmented than is the domain of the positivist/quantitative endeavour (McLeod, 1994). Positivist research is derived from a philosophical position which views knowledge as unitary and thus attainable through a standardised set of scientific procedures (Kuhn, 1970). However, most qualitative researchers adopt a philosophical position which regards human knowledge as context-driven and local (McLeod, 1999; Goss and Mearns, 1997b; Harré and Secord, 1972) and thus socially constructed (Gergen, 1985). Consequently different qualitative researchers influenced by different research traditions have tended to develop quite idiosyncratic strategies for gathering and analysing data (Hill et al. 1997; Patton, 1997; Mason, 1996; Marshall and Rossman, 1995; Denzin and Lincoln, 1994; Bryman, 1992; Polkinghorne, 1991; Strauss and Corbin, 1990; Munhall, 1988). Consider too the methodologies delineated in Smith, Harré and Langenhove's (1995) 'pluralistic' publication *Rethinking Methods in Psychology* which challenge psychology's traditional

obsession with 'scientific' experiments and attempt to 'construct ways of working which are more appropriate to, and, in some sense, a closer reflection of, psychological life' (Smith et al., 1995:3).

The *constructionist* stance embraces the belief that products of a research effort are not 'facts' that mirror an objective reality, but rather are versions of the lived-in-world that are constructed by the researcher or indeed co-constructed between researcher and participant (Gergen, 1994, 1985). Qualitative research (underwritten by the philosophical tenets of phenomenology) is thus discovery-orientated, setting out to explore the nature of what is happening 'rather than attempting to encapsulate it in finite terms' (Goss and Mearns, 1997a:190).

Grafanaki (1996) defines qualitative research as a 'process of systematic inquiry into the meanings which people employ to make sense of and guide their actions (p.329). This paradigm relies on qualitative data (for example from techniques of in-depth interviewing, personal observation and document analysis), naturalistic inquiry, and detailed description derived from close contact with individuals in the setting under focus (Bryman, 1992; Patton, 1990). Interpretation is in relation to the context in which the phenomenon under inquiry is housed, and understanding is necessarily mediated through the inevitable subjectivity of the researchers and research participants (Kvale, 1996; McLeod, 1994).

Qualitative research (given that the researcher is also the primary instrument for gathering, analysing and interpreting the data) provokes the investigator to meticulously reflect upon, manage and report possible and probable sources of bias (McLeod, 1999, 1996a; Padgett, 1998; Granfanaki, 1996; Howe, 1996; Denzin and Lincoln, 1994; Patton, 1990). However, this positioning of the researcher in relation to the phenomenon under scrutiny is an issue of significant debate, and in analogous essence it represents one of the battles within the paradigms war. Opponents of qualitative inquiry have adversely criticised it for its subjectivity (for example, Kerlinger, 1979); 'subjectivity' is anathema

to scientific study. *It seems then that 'objectivity' is to scientific potency what long hair was to Samson.* As Patton (1990) reminds the qualitative explorer: 'Objectivity is traditionally considered the sine qua non of the scientific method ... [and] to be subjective means to be biased, unreliable, and irrational' (p.479). He also contends, however, that the utilisation of the terms 'objectivity' and 'subjectivity' should be avoided as they have become 'ideological ammunition in the paradigms debate' (p.55); he counsels the research field to retreat from such futile altercations.

The positivist tradition boasts of objective data collecting methods that are non-reliant on human skill, judgement, perception, and indeed even presence (for example Mussen, Conger and Kagan, 1977). It appears then that being aloof from the setting and its indigenous participants is the quantitative paradigms 'order-of-the-day' along with 'side-orders' of formal operationalism, and quantitative manipulation of isolated variables and experimental designs. However, Patton (1990) forcefully insists that numbers do not protect against bias – they simply disguise it: 'Unconscious bias in the skilful manipulation of statistics to prove a hypothesis in which the researcher believes is hardly absent from hypothetical–deductive inquiry'. (p.55). Subjectivity is inevitable, claims Peshkin (1988), while Patton (1990) maintains that '[inquirer] distance does not guarantee objectivity; it merely guarantees distance' (p.480). Interestingly, and paradoxically, one of the surfeit of qualities of the exemplar qualitative researcher has been defined as an ability to adopt '*critical distance*' (Padgett, 1998). The credibility of a qualitative study depends on the researcher's ability to exercise restraint, and maintain 'professional poise and amiability even ... in the most exasperating circumstances' (1998:20).

According to Patton (1990) the notion of an absolute objectivity and value-free science is impossible to attain in practice (and of uncertain desirability in the first instance) as it neglects the intrinsically social nature and human purposes of research. In similar vein, Cooper and Stevenson (1998) see science as a 'social activity' (p.484), while Sherrard (1998) warns that 'if psychologists demand reliability and physical "objectivity"

everywhere and before anything else, they sacrifice human understanding and adventurous research' (p.487) Sherrard is direct in her hope that through tolerance and effort, psychologists can 'grow up and accept that humans are both physical and social' (p.487).

There is in fact an insistence in a portion of the literature that notions of objectivity and subjectivity should be separated from the traditionally narrow associations with quantitative and qualitative methodology (Scriven, 1972), while Williams and Irving (1996) bring a calming logic to the debate when they claim that 'knowledge of any kind, be it from the realms of science or art, is held by the individual and is the result of that individual's own experience' (p.225).

Guba (1981) pours affirmative action on the objective/subjective battle of the paradigm war through advocating the disbandment of the traditional obligation for objectivity, and substituting it was a *fairness criterion*, a criterion that rests comfortably in the cradle of qualitative inquiry. In contrast to objectivity, 'fairness' possesses these traits:

- It assumes multiple realities or truths: an assessment of fairness is whether or not both sides of the case are presented, and there may even be multiple sides.
- It is adversarial rather than one-perspective in nature.
- It is a relative criterion that is gauged by balance rather than by isomorphism to enduring truth (Guba, 1981:76-77).

Patton also opposes logical-positivism's promotion of a singular reality, attesting that the issue is not about objectivity '[but rather] is about research credibility and trustworthiness, about fairness and balance' (1990:481). Indeed, Lincoln and Guba (1985) maintain that in qualitative research the key methodological concern is trustworthiness, while Steinmetz (1991) delineates a trustworthy study as one conducted fairly and ethically, and whose findings represent as closely as possible the participants' experiences.

3.2 The call for qualitative inquiry in the counselling and psychotherapy field

Charting the development of counselling and psychotherapy research, Orlinsky and Russell (1994) contend that it is currently in its fourth significant phase, a phase whose blurred genesis was some fifteen years ago when there was a potent swathe of discontentment with the predominant research methods. This created in its path an ever growing openness to what McLeod (1996b) calls 'a radical reformulation of research practice' (p.82). Qualitative research and human science (Rennie, 1994) are fundamental ingredients of this new movement.

With an apparent energetic enthusiasm, recent entries in the literature confirm this sea-change, this shifting in the sands of paradigm interest and application (for example, McLeod, 1999, 1996; Hill et al, 1997; Howe, 1996; Rennie, 1996, 1994, Borgen, 1992; Polkinghorne, 1991; Howard, 1983). This movement in paradigm focus emerged from a process that has been described, with an apparent sense of relief by McLeod (1996a), as an 'expedition that has finally arrived at the clearing marked counselling and psychotherapy' (p.309).

Rennie (1996) urges caution however when he emphasises the guarded welcome that exists in some quarters towards the presence of qualitative research in psychology. It 'goes against the grain of customary praxis' (1996:317), or as McLeod (1999) puts it, against the 'institutionally dominant' quantitative tradition. This raises many challenges (Rennie, 1996). The present chapter aspires to both emphasise and redress Rennie's claim.

The literature underlines the view held by many in the research community that the *only* effective and worthwhile research in the counselling and psychotherapy domain is scientific and experimental (Barkham and Barker, 1996). Many in this *social* community embrace the following research design. Briefly, a mental health problem is measured before intervention, and those challenged by the condition are randomly assigned to an

experimental genus, to a comparison intervention, or to a delay or no intervention group. The problem or condition is then measured again upon completion of the various procedures and interventions. It is a design mode that seems more congruent with physical conditions and does not fully meet the exigencies and needs of psychological problems and issues (Hill et al., 1997; Howe, 1996; Rennie, 1996; Heppner, et al., 1992; Orlans, 1991).

Rennie (1996) charts his own liaison with the human science, and writes of his receiving subtle messages about the inability of researchers to fathom and capture the complexity of the human experience. Here Rennie transfuses a ‘justification’ of blood into the philosophical heart of the present research: *natural science falls short of encapsulating the human experience, and counselling is immersed in humanness.*

Howe (1996) puts it succinctly: ‘Whereas the objects of natural science are inherently *meaningless*, the content of human experience and social intercourse is inherently *meaningful*’ (p.367, emphasis in original). He enthusiastically harmonizes with the ‘growing chorus of objections to the positivist approach to research in counselling and psychotherapy’ (McLeod, 1999:11) when he maintains that research effort in the therapeutic domain is meaningfully aided by methods which acknowledge the hermeneutical quality of interpersonal experience. He firmly concludes that ‘the use of qualitative research methods to investigate all aspects of counselling is ... highly appropriate’ (1996:367). Indeed, the literature narrows the applicability-focus, complementing this general claim with specific support for the efficacy of employing qualitative methods in amplifying the counselling-consumer voice, and thus to unravel, understand and appreciate the client view and experience of the counselling process and its outcome (McLeod, 1999, 1994; Howe, 1996; Rennie, 1994, 1992; Orlans, 1991).

Quantitative outcome studies always have the limitation that the experience of the client is forced into categories or constructs chosen by the researchers (Hill et al., 1997). Although this may be administratively convenient, or theoretically justifiable, it does mean

that the picture which emerges is rather abstract and oversimplified (Polkinghorne, 1994; Reason and Rowen, 1981), or mechanistic (Harré and Secord, 1972). The reductionist paradigm is thus ‘fundamentally flawed as an approach to constructing *practical* knowledge of persons’ (McLeod, 1999, emphasis in original).

As Rennie’s own personal research journey evolved, he too became convinced that ‘getting clients’ accounts of their experience might provide a fresh look at the therapeutic process’ (1996:319). However, he also describes an associated drawback. Regarding what seems to be the acceptance - non-acceptance continuum of plying qualitative research in the counselling field, Rennie also reflects on his concern over how his client experience work would be received by the psychological community. Indeed, although this form of paradigm ‘panic’ appears less potent (Wolcott, 1990), the present-day qualitative inquirer can still feel compelled to explicate and legitimate his or her chosen research path, which, claims McLeod (1999), can lead to ‘time being wasted in defending methods’ (p.118). However, the apparent appropriateness of qualitative research for exploring the therapeutic domain seems pellucid. There should be no guilt in relaying this. Revisit Howe (1996) for a moment: he avers that to be a human being is ‘in a deep sense, to be a social being’ (p.368). His employment of the adjective *deep* is significant here, and sends signals to researchers in, for example, the counselling evaluation field, about the pertinence of particular paradigms and research methods for exploring an ultimately human and social discipline. Humanness should therefore be explored from within (a subjective tradition, and one that aims at an interpretative social science) and to this end efforts should ensue to ‘develop methods of enquiry that attempt to get on the *inside* of human experience’ (Howe, 1996:36, emphasis in original). This reflects Hollis (1994) who maintains that ‘the social world must be *understood from within*, rather than *explained from without*’ (p.16, emphasis in original).

Hollis, Howe and others have presented cogent arguments for an enhanced qualitative input. Fears over research community-acceptance accepted, the appeal for this

paradigm shift in prospecting the counselling and psychotherapy field remains strong, enthusiastic and insistent. Indeed, such entreaty is further fuelled by qualitative research's apparent congruence with therapeutic practice itself.

3.3 Qualitative research and the therapeutic domain.

The appropriateness of the qualitative approach in the present study is its apparent congruence with the practice of counselling itself. Rennie depicts the novelty of this kinship through a reflection on his client experience study in 1994:

'[The research] also enabled us to use our interviewing skills learned in the practice of counselling, thereby integrating our research and clinical practice in a way that we had not known before' (p.319).

The congruence of the qualitative paradigm with the essence and practice of counselling is a theme resident and implied in the evaluation research literature (for example, Goss and Mearns, 1997a, b; Patton, 1997, 1990, 1987; Howe, 1996; Rennie, 1994; Bogden and Biklen, 1992; Howe, 1989). One view espoused is that the practice of counselling is immersed in the business of language and relationships (Howe, 1996) and is therefore an arena that could profit more from, and be attractive to, research methods that mirror the practice; methods, it is contended, which attempt to explore the interior of human experience (Henwood and Pidgeon, 1992).

While not denigrating fully the appropriateness of the traditional paradigm package, Howe (1996) nevertheless writes that, 'Simply observing and measuring what people do ... fails to reach the vast domain of interior experience that most people believe represents the essential nature of their true selves' (p.367).

Parallels have been drawn quite specifically between the practice of counselling and the ingredients of the qualitative research stance (Coyle, 1998), a stance which assures the practitioner the possibility of employing inquiry procedures that can be fully fused with clinical practice (Rennie, 1994). The numerous strategies and techniques of

qualitative research all require a process of deep reflection on the meaning of words or actions of research participants. This is a brand of reflection that permits the inquirer to become more open to the various meanings implicit in any unit of communication, and the ways in which the meaning is co-constructed by speaker and listener (McLeod, 1996a). Indeed, this is a procedure that lies at the epicentre of the counselling process.

Further examples of the link between research and practice can be found in the literature. McLeod (1996a) for instance maintains that the majority of procedures for gathering qualitative data in counselling research depend on the quality of the relationship between researcher and participant. In fact qualities such as Rogers's core values of warmth, acceptance, and genuineness, as well as active listening and exact understanding, have significant import in stimulating and promoting a research alliance (McLeod, 1994; Barrineau and Bozarth, 1989; Mearns and McLeod, 1984). This is reinforced and extended by Cowles (1988) who claims that a safe and trusting relationship facilitates the gathering of qualitative data that are genuinely grounded in participant experience, and are therefore more complete and fecund. McLeod (1996a) asserts that the sincerity of the participant in telling his or her story is a product of the degree to which the researcher is viewed as virtuous and secure.

Coyle (1998) is uniquely immediate in recognising and informing the field of the practice - qualitative research continuum. His opening contribution to an edited book is crisp and to the point: 'Qualitative research and the practice of counselling psychology are closely related' (p.56).

Qualitative research has also been depicted as an approach that focuses on viewing experiences from the perspectives of those under scrutiny in an unprescriptive way (Coyle, 1998). It is concerned with detailed, contextualised description and comprehension of experiences; a focus on process, with an openness and flexibility which allows unanticipated experiences to be addressed (Bryman, 1988). These coalesce considerably with the features of counselling engagement.

Skilled counselling practitioners often utilise specific aspects of qualitative inquiry in their work, although they may not be conscious of the relatedness between their practice and qualitative research procedures (Coyle, 1998). This observation may well explicate the paucity of such linkages being made in the literature on a consistent basis.

The association between counselling practice and qualitative research is further exemplified by the practitioner who encounters difficulty placing a client's experiences within a familiar therapeutic foundation or framework. Engagement in ad hoc theorising may ensue with the aim of creating a therapeutically functional conceptualisation of the client's problems (Coyle, 1998). Such theorising emerges from, and is grounded in, the client's understanding of their experiences. This process of abstracting theory from qualitative data is pivotal to the qualitative research procedure of grounded theory (Pidgeon, 1996; Pidgeon and Henwood, 1996; Henwood and Pidgeon, 1992; Glaser and Strauss, 1967).

What could be described as a reverse recognition of the affiliation between practice and research paradigm has been noted further along the counselling practice – qualitative research continuum. Qualitative researchers Brown and Gilligan (1993), in recounting their method of analysing interview data reveal that 'like ... a psychotherapist we attend to recurring words and images, central metaphors, emotional resonances, contradictions or inconsistencies in style, revisions and absences in the story, as well as shifts in the sound of the voice and in narrative position' (p.15).

Coyle (1998) goes further than simply identifying the counselling practice and qualitative inquiry consanguinity. His examination of the *interview* in research brings with it an intertwining of counselling ingredients to embellish the researcher's effectiveness, and so demonstrate the profit from recognising the affiliation; thus narrowing the practitioner-researcher rift. Coyle reports on researcher experiences within the context of AIDS-related bereavement and terminal illness, and contends that interviewer-possession of basic counselling skills communicates counselling qualities

within the research interview, which can equip them to address delicate issues with research participants effectively, responsibly, and in a way that is beneficial for both parties.

When the interview is employed as the primary data wellspring, the researcher, like the counselling practitioner, has an opportunity to relate to the research participants at a personal level (Grafanaki, 1996; Polkinghorne, 1994). Intimate interviews can foster the building of a research relationship between inquirer and participant tantamount to the way a therapeutic alliance can develop between counsellor and client (McLeod, 1996a; Mearns and McLeod, 1984).

McLeod (1996b) provides a neat summation – ‘doing qualitative research is similar to doing therapy’ – and qualifies this from the perspective of the practitioner, claiming that ‘it is possible that qualitative research may be a style of inquiry that counselling psychologists are able to do well’ (p.82). In addition, as qualitative inquiry is highly consistent with many of the values and skills of counselling (Mearns and McLeod, 1984), it is much more likely to be perceived as credible and relevant by practitioners (McLeod, 1997).

Particularly germane to the present study is Shipton’s (1994) experience of conducting an evaluation within a University student counselling service. She draws a parallel between engaging clients in counselling and implementing an evaluation endeavour with colleagues. She contends that the skills required to implement evaluation research incorporate the familiar, routine strategies that counsellors apply in their daily client encounters. These include: listening skills; interviewing; dealing with fragmentation, anxiety and resistance; communicating clearly and resolving ambiguities; and employing a knowledge base for understanding interpersonal relations, group behaviours and hidden agendas.

There is thus congruence between qualitative research and the practice of counselling and psychotherapy. Akin to the practice and values of therapy, qualitative

inquiry respects the convolutions of the phenomena under focus, encourages the active involvement of participants, and has as its goal the enrichment of understanding (McLeod, 1996a).

3.4 The emerging role of the practitioner-researcher.

Developments since the early 1980s have placed an enhanced focus on accountability in the human service professions, with prioritised emphasis focused on budgets, appraisal and evaluation, and generally on value for money (Parry, 1992). The logical corollary to this is of course the need to gather and analyse relevant information that will augment the decision-making processes which determine practice (Robson, 1993). The enthusiastic professional can therefore be directly involved in conducting practice-pertinent and efficacious studies and as such fulfil the dual role of the *practitioner-researcher* or, in official jargon, the *scientist-practitioner*.

The setting-specific evaluative movement in the human services is in many ways fuelled by academia, which is now tending to encourage post-graduate inquiry to focus on issues of relevance to the practitioner-student's professional arena (Robson, 1993). Zeisel (1984) encapsulates this mood: 'research seen as problem and situation-specific becomes a tool to achieve someone's purposes rather an end in itself' (p.226).

According to Robson (1993), the practitioner-researcher holds the advantage of a pre-existing situation-specific knowledge and experience base, is well-placed to have fewer implementation difficulties, and can eventually develop an unrivalled specialised proficiency about a particular type of setting. On the debit side of this hybrid 'ledger' lies the ubiquitous constraints of time and energy. Although synergy is possible between research and practice (Allen-Meares and Lane, 1990), conducting a systematic and rigorous inquiry while discharging usual professional duties remains difficult (McLeod, 1999; Robson, 1993). This is as unfortunate as it is understandable, given the increasing acceptance that inquiry, evaluation and innovation are features of the professional role,

expressed through such concepts as 'extended professionalism' and the 'reflective professional' (Schon, 1983).

Robson (1993) also highlights the insiders potential for possessing preconceived notions of issues to study and solutions to offer. Furthermore, he suggests that practitioner research findings may be undervalued in comparison to external advice.

Winter (1989) insists on genuinely new insights from the practitioner-researcher role: 'research process must demonstrably offer something over and above [the] pre-existing level of understanding' (p.34). Robson (1993) builds on Winter and advocates the establishment of 'a clear difference of procedure between the research and the procedures of professional practice itself' (p.448).

Although there has been a significant increase in the volume of counselling research over the last two decades, it is appearing to have little impact on policy and practice (McLeod, 1999, 1998; Cohen et al., 1986; Morrow-Bradley and Elliott, 1986). McLeod (1999) underscores the contextual uniqueness of this 'distinct' (p.6) research-practice gap when he claims that in other human service professions, such as medicine, social work and nursing, research results can provide a catalyst for fundamental reappraisal of strands of practice.

In an excellent exploration of the 'why?' behind the practice-research divide, Williams and Irving (1999) maintain that 'the ethos and culture of therapy with its emphasis on personal exploration, personal learning and personal knowing, is antithetical to research' (p.373). They also explain that the 'personalisation of theory' which guides the work of an individual practitioner, creates 'an uncritical stance, where professional criticism may be taken as a personal attack' (p.374). This, they conclude, can lead to separation and a burgeoning of schools of therapy rather than an enhancement of professional practice.

Counselling is too practical a profession to be dominated by researchers (McLeod, 1999) and requires redress through greater practitioner research, the goal of which is to

‘produce knowledge that makes a difference to practice’ (p.8). Delving deeper into definitional foundation, McLeod emphasises that practitioner research is methodologically pluralistic (see also section 3.6 below, and 2.6 in Chapter 2), employing quantitative and qualitative methods as **appropriate**. Indeed, given the two roles comprising the term *practitioner-researcher*, this definitional offering is particularly apt, as it represents a proud reflection of practice. Practitioners do (should) not select a method of intervention in advance of client-problem conceptualisation, but rather respond case-**appropriately**.

For research to be relevant to practice it necessarily has to be that endeavours are presented as ‘knowledge-in-context’ (McLeod, 1999). This is an important, though obvious description, as surely **all** understanding is context-generated.

There are relatively few examples of distinctive practitioner tradition in counselling and psychotherapy research, outside of psychoanalysis (Kvale, 1996; Spence, 1989). However, delineated below are several common themes emanating from those practitioner-research studies that are housed in the literature (for example, Rennie, 1998; Cushman, 1995; Greenberg, Rice and Elliott, 1993; Rogers and Stevens, 1968). Practitioner-researchers have:

- Adopted a flexible approach to method selection, and indeed have developed novel tools-of-inquiry that maximise the potential for topic and issue excavation. Pre-existing tools were not automatically selected.
- Utilised theory to guide their research, and to bind their findings. There is a tendency not to enter the research field conceptually visionless. (However, is it ever possible to be completely conceptually blind with a research topic or issue in mind?)
- Been open about the personal meaning of their research through a contextually-wrapped reflexive account.

McLeod (1999) decries the paucity of published qualitative outcome studies, explaining that the qualitative stance’s inherent discovery orientation has the potential to

furnish information that could be highly relevant to practice. In fact, it is an approach to inquiry that many practitioners involved in evaluation research in general should find useful and interesting (Patton, 1997, 1990, 1987). However, within the literature on qualitative evaluation (for example, Greene, 1998, 1994; Patton, 1997, 1990, 1987; Guba and Lincoln, 1989) is a crystalline void – its explicit applicability to counselling research.

McLeod (1999) also underlines the disappointing lack of consumer research: ‘Most of the time, users of counselling services can only make their views heard through questionnaires I am sure that users have a lot more to say than has ever emerged through the kinds of client experience research that has been carried out until now’ (p.206-7).

Padgett (1998) argues that qualitative research is incongruent with the practice mandate when the practitioner is also the researcher. She maintains that there is ‘no satisfactory way to blend the two roles, because the demands of being a practitioner preclude the free flow of information and openness of inquiry that are the essence of qualitative research’ (p.37). Although practitioners who research their own clients are not viewed by Padgett as conducting unethical activity, she nevertheless urges an avoidance of such duplicitous research on effectiveness grounds.

Qualitative inquiry may well be a receptacle of reward for practitioner-researchers, as the actual experience of doing the research can greatly contribute to their growth as therapists. However according to McLeod (1999) the notion of reward also holds a conflict connotation in the context of the practitioner-researcher’s dual role (see also Bond, 1993; Pope, 1991). He develops Padgett’s position, explaining that a counsellor who is also researcher to his or her own clients is involved in a hybrid role where the balance of benefit is weighted towards the practitioner: ‘the client [acts] in the interests of the counsellor’ (p.81). This maintains McLeod may create a risk that the striving for personal benefits, for example a doctorate, will encourage the counsellor to step outside his or her duty of care to the client: ‘The counsellor gains from getting a Ph.D. or a

publication, [the] client only gains from getting good counselling' (p.82). This issue of dual 'citizenship' and ethical impropriety is obviously extremely pertinent to the present study. However, McLeod's illustration of a negative corollary to this duality is hardly of the worst kind. What is neglectful about a client receiving good counselling?

McLeod (1999) is convinced of where ethical priorities should lie when research seeks an aperture in current counselling activity. He asserts that it is morally unjust for a counsellor or counselling agency to 'compromise beneficence in the interests of research' (p.80). As McLeod expresses this within the context of research running concurrently with live client counselling, then logically, post-termination research should at least quell this ethical dilemma. However, the post-counselling interview approach possesses its own methodological limitation; clients and counsellors may not possess a lucid recollection of precise intra-encounter moments and affects (Hill et al., 1997). Of course all research has limitations: 'There can be no perfect piece of research' (McLeod, 1999:26). However, if limitations must exist then surely it is best they comprise the methodological rather than the ethical variety.

It is injudicious for counsellors to conduct follow-up interviews with their own clients (Padgett, 1998; Biscoff et al., 1996). Clients could well experience difficulties upbraiding counselling to the very individual who had been their therapist (McLeod, 1999), and encountering their therapist again may well rekindle an actual therapeutic process, which might be undesirable (Kvale, 1996). Furthermore, prospective informants may also feel compromised and obliged to participate, fuelled both by fears of castigation and an unwillingness to displease (McLeod, 1994; Pope, 1991).

In an effort to pacify this methodological and ethical consideration, some practitioners, eager to produce research amenable to practice, use the notion of the 'client as consultant' to stimulate client feedback after counselling (White and Epston, 1990). An alternative strategy involves practitioners from the same counselling provision interviewing each other's clients (Bischoff et al., 1996; Oldfield, 1983). The literature

fails to suggest however that this latter type of dilemma - disentanglement strategy actually promotes a paired profit. Not only can a practitioner's caseload be included in the research venture but also this act of dilemma-assuagement introduces *investigator-triangulation*, a bedfellow of rigorous qualitative inquiry. However, McLeod (1999) creates 'rigour' mortis by contending that essentially the three ethically-driven procedural remedies of *informed consent, confidentiality, and avoidance of harm* are more difficult to implement effectively when a practitioner is researching his or her own clients, or even when a practitioner is gathering data on the clients of colleagues within the same agency.

It seems that McLeod (1999) lifts from the literature Christopher's (1996) description of the 'inescapable moral visions' of counselling and places it, like a virtuous template, over the domain of practitioner research. In doing so, he identifies a panoply of morally-laden implications. He also contends that when conducting a programme evaluation the moral perspective dictates an anticipation of the consequences of the evaluation for the various stakeholders. In addition, under the aegis of this moral lodestar, a goal of research should be to 'empower users of services' (1999:15). Furthermore, it should fall within the gift of researchers to not only display their values in relation to the research subject, but also to unfurl the moral issues they face from the practitioner portion of this hybrid practice-research position (Pope, 1991).

McLeod also proffers a non-ethical research issue, when he questions the validity of a counselling practitioner's understanding of a client, or indeed of his or her own work with the client. 'As an involved participant in a relationship with a client it can be difficult for a counsellor to take a detached view of what is happening, or has happened' (1999:84).

Given the seemingly superabundance of ethical and methodological issues, should McLeod really have been so saddened or surprised by the paucity of practitioner research in the counselling field? Indeed, even when the 'landscape' is safely traversed, some commentators deflate the efficacy and utility of the effort. Schon (1987), for example, describes the blending of research-based technique with professional practice as a 'limited

territory' (p.13), while Weiss (1986) refers to the 'limited partnership' (p.232) between research and policy-making.

However, McLeod (1999) provides a useful guide which directs the practitioner-researcher to:

- Seek informed consent in advance, before counselling has started, and make it completely clear that receiving counselling is not contingent upon research participation.
- View participant consent as a process, and assess it at differing phases of engagement, making it possible for clients to withdraw from the inquiry if they so desire.
- Ensure that the clients can contact an independent arbiter if they feel pressured by, or are dissatisfied with, any feature of the arrangements.
- Gather data that is open to scrutiny by others, thus permitting an examination of researcher interpretation and influence.
- Utilise a collaborative or dialogical inquiry approach (also Reason, 1988) which treats the client as a co-researcher.
- Bear in mind that ethical rectitude and competent research are conjoined.

Beyond issues of design, McLeod (1999) also urges literary elasticity. He claims that practitioner research should transcend the typically academic 'abstract impersonal and disembodied style', and instead should embrace 'the personal experience and intentionality of the researcher [as well as] their social, cultural, political and historical world' (p.13). Fundamentally, McLeod has located the *utility keystone*. In order for practitioners to gauge the applicability of research findings to their own particular practice, they need to know about the context in which findings were produced. Results should be disseminated in ways that genuinely inform practice and empower users (McLeod, 1999; Patton, 1997).

In summary, practitioner research can be seen as representing an emergent genre of counselling and psychotherapy research, which requires creative tailoring of existing

methods to meet the goal of generating utilitarian, context-contained knowledge and understanding.

3.5 Rigour, Relevance and Righteousness in Qualitative Inquiry

Rigour refers to the degree to which a qualitative inquiry's findings are authentic and its interpretations credible (Padgett, 1998; Patton, 1997, 1990; Lincoln and Guba, 1985). However, not unexpectedly the literature declares a debate.

There is a call from post-positivists that qualitative studies should defer to the scientific method and strive for empirical groundedness, generalisability and minimisation of bias (Hammersley, 1992). This position of course emanates from a paradigm that espouses a tangible, singular reality, a position in itself that rests uneasily in the qualitative domain (Marshall and Rossman 1995). It should be clear though that the positivist concepts of validity and reliability have poor transferability-potential to qualitative inquiry (McLeod, 1994). However, alternative and various criteria for assessing the credibility of naturalistically-tinctured efforts have been promoted (Kirk and Miller, 1986). Indeed, some commentators have insisted that the distinctive characteristics of qualitative research demand evaluative criteria which are more than a mere reflection of the positivist tradition (for example, Kvale, 1996; Altheide and Johnston, 1994; Stiles, 1993; Lincoln and Guba, 1989, 1985; McCracken, 1988).

Lincoln and Guba (1985) offer a constructivist-constructed set of terms analogous to the terminology of quantitative research. So for the internal validity, external validity, reliability, and objectivity of positivist pursuits, read the credibility, transferability, auditability, and confirmability of naturalistic endeavours. McCracken (1988) forages in other disciplines and considers the transferable efficacy of the evaluative criteria (found in the humanities) of elegance, consistency and coherence, while Altheide and Johnson (1994) advocate reflexive accounting by researchers.

Due to the ‘multiplicity of interpretative “truths” (Padgett, 1998:90), there are those who dismiss the notion of standard, generic evaluative criteria for qualitative research as unattainable and irrelevant (for example, Wolcott, 1994; Ellis and Flaherty, 1992). Epistemological wranglings have repeatedly portrayed the either-or-thinking regarding rigour and relevance. However, rigour is essential to both quantitative and qualitative research. As Padgett (1998) claims, ‘It is difficult to see how a non-rigorous study can have relevance. Quantitative studies need not sacrifice relevance and qualitative studies need not dismiss the need for rigor’ (p.88). Gambrill brings welcomed humour to the debate by asserting that research can have ‘rigor without rigor mortis’ (1995:43).

Although Janesick (1994) discredits the research field’s preoccupation with method, labelling it as ‘methodolatry’ (and Meyer 1990 even questions the very pursuit of standards of rigour, when relevance can be sacrificed), it does seem unethical to ignore the need for strategies to enhance rigour. Janesick especially seems out of step with sensible research practice. Surely the method is the fuel of research – no method, no data. If any portion of inquiry activity is to receive focus, then it seems it should be the method. Indeed, would counselling-consumers urge researchers who aspire to influence policy and practice, to dilute their emphasis on method? Unlikely.

McLeod (1994:98-101), drawing on Stiles (1993), delineates full qualitative research evaluative criteria. These include:

- The clarity and comprehensiveness of the description of research methods and procedures employed.
- A sufficient contextualised account of the research.
- The adequacy of conceptualisation of the data gathered.
- A considered and systematic presentation of rival interpretations of the data (also described by Patton (1990) as ‘integrity in analysis’).
- Researcher credibility and reflexivity.
- Employment of triangulation, incorporating participant testimonial validity.

- The extent of participant enrichment and empowerment (also described by Kvale (1996) as ‘catalytic validity’).
- The inquiry’s relevance and applicability beyond research context.

Patton (1990) compresses the credibility criteria for qualitative inquiry into three segments: rigorous techniques and methods for gathering high quality data; researcher authenticity and competence; and philosophical belief in, and appreciation of naturalistic inquiry, qualitative methods, inductive analysis, and holistic thinking.

Kvale (1987) adds ‘pragmatic validation’ to the criteria. This refers to an inquiry being judged on its relevance to, and use by, those to whom it is presented: ‘Validity comes to depend on how the data are used by the intended audience’ (p.65).

The pursuit of rigour and trustworthiness in qualitative research can be promoted by applying certain strategies. Methods of quality control include *triangulation*. Triangulation is widely practised as a valuable means of enhancing rigour in qualitative research (Padgett, 1998; McLeod, 1994). It is seen as a potent solution to the problem of over-reliance on any single data source or method, which can undermine the validity and credibility of findings (Patton, 1987; Denzin, 1978).

Denzin (1978) identifies four types of triangulation relevant to a qualitative study: **data triangulation** – the use of a variety of data sources; **theory triangulation** – the use of multiple theories or perspectives to interpret a single set of data; **methodological triangulation** – the use of multiple methods to study a single topic; and **investigator triangulation** – the use of more than one observer/inquirer in a single research piece.

For Patton (1990) it is at the analysis phase where triangulation ‘really pays off’ (p.464); he encourages the use of multiple *perspectives* to interpret data, and multiple *analysts* to review findings. It is indeed difficult to overstate the value of triangulation for enhancing the rigour of a qualitative study (Padgett, 1998); it is a potent combatant against threats to trustworthiness (Patton, 1990).

Risks to the credibility and trustworthiness of qualitative research can be broadly compartmentalised into three main areas: reactivity, researcher biases, and participant biases (Lincoln and Guba, 1985).

Reactivity refers to the potentially distorting influence of the qualitative inquirer's presence in the field; or as Padgett (1998) describes it, '[the researcher] interfering with the naturalism of the setting' (p.92). *Researcher biases* can incorporate weighting or moulding the research endeavour towards researcher-held preconceptions, while *participant* proclivities can include suppressing information, and even lying to safeguard privacy or to evade a disagreeable issue (Lincoln and Guba, 1985). Participants may also venture to the alternative extreme and offer responses commensurate with perceived inquirer expectations. Although the three risk categories infiltrate virtually all studies of human beings, the intensity of the research relationship and the pivotal role of the researcher-as-instrument place qualitative endeavours in triple jeopardy when it comes to these threats (Padgett, 1998:93).

3.6 Across the paradigm border.

Transcending the widely accepted strategy of triangulation (Jick, 1979) is a pluralist philosophy which has emerged enthusiastically from research practice (Goss and Mearns, 1997a, b; Creswell, 1994; Patton, 1990; Bryman, 1988; Howard, 1983). Pluralism in this context refers to diversity in research methods, and primarily represents a means of integrating the strengths and offsetting many of the weaknesses of quantitative and qualitative procedures.

Goss and Mearns (1997a) view the competition between paradigms as damaging, rather than creative for the counselling evaluation field. They go further proposing a 'new logic' (p.193), one in which apparent disputants can reside cheek-by-jowl within a pluralist perspective. Fundamentally then the issue should not constitute competition, but should (in the language of peace methodology in the geo-political context in this present

research) **embrace and accommodate** the strengths of the other side. The position need not be quantitative versus qualitative methods, but rather how to incorporate the merits of each in a multi-method approach to research and evaluation (Patton, 1990). Indeed, such co-existence may be more fruitful to science than tolerated separate existence (Goss and Mearns, 1997a).

Padgett (1998) maintains that: 'Although requiring some compromises along the way, pursuing this strategy gives us an opportunity to enjoy the best of both worlds' (p.126). McLeod (1999), not unexpectedly, sees the practical corollary, describing this multi-method approach as 'conducive to the production of creative, interesting and relevant research' (p.25). Yet despite far-reaching approval, there are few pluralist research endeavours in the human service literature (Padgett, 1998; Haase and Myers, 1988). Reasons proffered for such sparseness include: (a) researchers being trained uni-methodologically; (b) confusion over epistemological compatibility and method integration; and (c) logical constraints of time and resources ('It is hard to imagine how one person could carry out all phases of a multi-method study' - Padgett, 1998:133).

Paradigm purists, however, contend that the fallacy of an objective truth cannot peacefully co-exist with a position built on the subjective and ephemeral nature of reality (Greene, 1994; Ely et al., 1991). Bryman (1984), though, maintains that the differences are in method not in philosophical underlay, and anyway, pragmatic rather than ingrained considerations should seduce method choice (Rossman and Wilson, 1985; Mearns and McLeod, 1984; Lynch, 1983).

Goss and Mearns (1997, a) emphasise what could, paradoxically, be called pure pluralism. Pure or actual pluralism is not merely methodological triangulation, or rapprochement, but instead constitutes 'a wider philosophical understanding, perhaps a new epistemological approach altogether' (p.195). This goes further than a 'simple mingling of the traditions' (Goss and Mearns, 1997, a) since in fact they are to some degree incongruous (Bednarz, 1983).

Goss and Mearns, drawing on Adorno (1956), maintain that in an effort to slake the needs of evaluating counselling and psychotherapy, there must develop a 'phenomenological epistemology, neither for nor against traditional epistemological deduction or phenomenology' (1997a:195). They also claim that evaluative research must meet the requirements of both paradigms in terms of rigour, logical validity, truthfulness, and relevance to individuals. The corollary to Moustakas's (1967) argument that all knowledge and theory evolves in a process of heuristic development (and thus remains incomplete) is that evaluation endeavours should be fluid, adapting to the vacillations of context. A pluralist approach thus encourages the philosophy of quantitative and qualitative methods to be 'applied in an active, continuous and developmental hermeneutic process of mutual interpretation and re-interpretation' (Goss and Mearns, 1997a:196). This is self-reflective evaluation, a process familiar to naturalistic inquiry, and one found in Irving and Williams's (1995) description of the *reflective practitioner*.

To conclude: the pluralist approach to counselling and psychotherapy research can engender contributions that are tri-laterally acceptable; that is, acceptable to practitioners, consumers and purchasers (Goss and Mearns, 1997a) – the components indeed of the 'Conflict Triangle' (Greenwood, 1997).

3.7 The Interview.

Qualitative interviewing promotes the view of research participants as co-researchers rather than as 'objective subjects' (Tripp-Reimer et al., 1994; Hill, 1984). Indeed Stiles (1993) maintains that this form of engagement fosters an 'internal and usually compassionate view of human experience, [deepening] understanding aesthetically and emotionally, as well as cognitively' (p.605).

The qualitatively-housed research interview has met strong criticism in at times seemingly arrogant and righteous sectors of the literature (for example, Kerlinger, 1979;

Mussen et al., 1977). The expressed denigration has focused on its lack of objectivity due in particular to the human interaction inherent in the interview situation. Kerlinger (1979) for instance maintains, in an emphatic and a less than humble fashion that 'Scientists are not and cannot be concerned with the individual case' (p.270). This research-directed view surely sits uneasily within the appropriateness-driven practice of counselling and psychotherapy.

The mode of understanding which is fossilised in the research interview method consistently violates the positivist conception of science, a philosophy undergirded by the elimination of the human 'print' from research endeavours (Kvale, 1996). Mussen, Conger and Kagan (1977), by implication, denigrate the qualitative interview when they claim that the 'degree to which observations can be quantified ... is often a good index of the maturity of a science' (p.13).

It is however important to note Williams (1999) who reminds the field that even in the traditionally positivist domain of personnel selection it is now acknowledged that the unstructured interview format is essential as it has the investigative will to provide employers with the information they actually desire; that is, information on VBPs (Values, Beliefs and Personality). The structured interview fundamentally falls within the psychometric model which ultimately 'seeks to solve the problem of the "person" by measuring' (1999:4). As such it measures KSAs (Knowledge, Skills and Abilities) but is unable to deal with the subtleties and self-determining nature of the human organism.

Embedded in post-modern thought is a focus on knowledge as inter-relational and structural, interwoven in webs of networks (Kvale, 1996). Knowledge is viewed as neither within nor without the individual, but instead exists in the relationship between individual and world (Lyotard, 1991). Merleau-Ponty (1962) critically unravels the notion of an objective reality and completes his literary work with a neat reinforcing illumination from 'The Little Prince' (Saint Exupery): 'Man is but a network of relations'. The interview as a tool of inquiry appears to nestle with efficacious and new found comfort in

this analysis. As Kvale (1996) remarks, 'The knowledge created by the inter-view is inter-relational' (p.45). He sees the interview as neither an objective nor a subjective method, but rather as an *intersubjective interaction*. This echoes Bernstein (1983) who, in an attempt to melt the polarity of the objective-subjective debate, argues for a *dialogic* conception of truth where true knowledge is chased through *rational participant discourse*.

The interview is especially suited to studying people's understanding of the meanings in their lived world, describing their experiences and self-understanding, and clarifying and elaborating their own perspective on their lived world (Burman, 1994). It is a construction site of knowledge production as well as a 'moral enterprise' (Kvale, 1996:109). The *semi-structured* brand of interview is an open and flexible tool sensitive to the unanticipated (Punch, 1994) and able to explore issues that may be too complex to investigate through quantitative methods (Burman, 1994).

Patton (1990) supports the employment of interviews in evaluation research, as it 'allows the evaluator to capture the perspectives of program participants, staff and others associated with the program' (p.279). He is clear in his view that the interviewer/evaluator/researcher is responsible for providing a suitable structure within which individuals can respond 'comfortably, accurately and honestly'. Indeed, in terms of structure-selection, it should be of minimal surprise that Patton (of utilization-focused evaluation fame) advises the politically-expedient choice of a standardised interview approach: '[given] the problems of legitimacy and credibility for qualitative data [it is] politically wise to produce an exact interview form that one can show to decision makers and evaluation users, telling them with certainty that these are the exact questions' (1990:285). Political issues are of course inherent in evaluation activity, but really research practice should dictate method choice. Perhaps Patton should encourage the field to educate the stakeholders about the efficacy of more loosely structured interviews, if these modes of exploration are the most pertinent method selection.

The choice of interview format and strategy involves a debit and credit trade-off. For instance, aside from stakeholder appeasement, the standardised approach is also highly focused, and in addition, can minimise interviewer variation where a number of different interviewers are used (Patton, 1990). However, its rigid adherence to questioning can intimidate the participant (Burman, 1994) and fail to follow participant train of associations and perspectives (Punch, 1994).

Ingrained in the decision to use the interview is a sub-decision concerning the degree of preparation for fieldwork. Although, for example, Howe (1996) admits to bringing preconceived conceptual material to his research, Eliot Liebow (1993) firmly rejects the using of pre-developed interview questions. McLeod (1999), however, maintains that interviews 'tend to go well when the researcher has thoroughly rehearsed the interview schedule' (p.97). He goes further, suggesting not only this researcher-preparation, but also participant-preparation through their receiving the schedule in advance of the interview. This is brave research practice, as the advancement of the schedule could (especially when the topic is keenly sensitive) discourage the prospective interviewee from participating.

The debit side of interviewing as a research method (McLeod, 1999; Padgett, 1998; Liebow, 1993) includes its: temporal and fiscal imposition; the influence of interviewer gender, personality and presentation on participant response; the impossibility of anonymity; the demands of transcription and analyses; and the negative impact of under-trained and languorous interviewers on the data gathered.

To conclude though on a positive note, 'counsellors possess good interview skills, and therefore should be capable of gathering good-quality data using this method' (McLeod, 1999:97).

3.8 Summary

Patton (1997), rather unwisely, stresses that ‘Issues of methodology are issues of strategy, not of morals’ (p.268). Within the present project, however, methodology-selection was coaxed by both strategy **and** morals. Shapiro (1973) shows sense when much earlier in the chronology of the paradigms debate she highlighted the central choice criterion of *APPROPRIATENESS-TO-CONTEXT*. This seems to be an obviously prudent approach to the problem posed by the dominance of a single methodological paradigm in evaluation research. So therefore, like words on a stick of rock, *appropriateness*, accompanied by *credibility*, travelled the length of this present endeavour.

Little or no depth-charged exploration has been conducted with those who offer, consume, and fund counselling in the workplace context; a unique, nebulous, and potentially discordant therapeutic arena. Therefore, the thrust of the present study was to explore a topic about which little was known to the depth required. It was not, though, that the topic was in Padgett’s (1998) words, ‘pristinely untouched’ (p.8).

As an in-depth understanding undergirded the objectives of this research, the choice of a qualitative research framework was deemed appropriate as offering the sharpest tools (methods/techniques) for excavating the research site (context) in line with the initial blueprint (research questions).

So, in-depth understanding of a relatively under-researched field was an undergirding, hybrid reason dictating present design-choice. A consolidating inducement was that the subject matter was married to sensitivity and emotional reactivity, and consequently required a *compassionate* (not just strategic) method that could offer *empathy*, *understanding* and *ethical* potency. Of course this represented the ‘vehicle’ for exploration, not the ‘driver’. The present researcher/driver had to steer with moral propriety, and in addition negotiate the hyphen in practitioner-researcher. Fortunately, the gear box was ‘dual controlled’.

It was felt that the employment of a standardised, close-ended interview or questionnaire would be both wholly inappropriate and insensitive. As some of the most valuable information in qualitative interviews emanates from spontaneous probes (Padgett, 1998), the present research proceeded along the interview-format continuum to semi-structured; a data harvesting method which permits such extempore scrutiny, but also retains focus on key issues. Also, the interview is a familiar forum for former counselling clients. An overarching quantitative, experimental design would have decontextualised the present study, a study in which context was central.

It seemed entirely congruent with counselling practice that the vehicle for research exploration offered client/participant empowerment through dialogic flexibility, a flexibility that would be absent within an entirely structured, standardised approach.

The guiding aspiration of the present project was to gain an holistic understanding of a real world situation (the NIFB's external workplace counselling programme) free from contextual manipulation. There was a search for totality, sponsored by an assumption that the programme, as a whole, was a complex system that was greater than the sum of its parts (consumers, practitioners, host). There was also a recognition of the reciprocal interrelationship between phenomena and the need to create explanations which would transcend cause-effect sequences.

The project was EMIC (Harris, 1968), capturing the participant's perspective, rather than ETIC, seeking to explain from the viewpoint of a more 'objective' outsider. The research questions, when homogenized, aimed to glean meaning-in-context (Schwandt, 1994) of relevance to practice.

Patton (1990) harmonizes with the study's mood when he fuses naturalistic inquiry with programme evaluation, concluding indeed that qualitative evaluation provides 'perspective rather than truth ... and context-bound extrapolations rather than generalizations' (p.491).

This research was entirely about exploring perspectives, and was not married to unfurling in a precise wholly predetermined manner the effects of the particular programme on participants, practitioners, and purse-holders in order to make ‘scientifically’ valid causal inferences. The study was not an evaluation experiment and thus was not aiming to create ‘the standard against which other designs for ... evaluation are judged’ (Boruch and Rindskopf, 1984:121). The study embodied the heuristic principle of being inductively open to unanticipated events – occurrences unforeseen at the dawn of the inquiry. It incorporated the Husserlian cycle of continuous evolution. The primary research *gatekeeper* was appropriateness, and access was thus stimulated, not by tradition, nor by radicalism, but by the inquisitiveness of the research questions (*inclusive of those that emerged during the study*). Fortunately, the kindly trait of qualitative design permitted flexibility and thus greased the hinges of the gate. Incorporating quantitative data, however, did not detract from the inductive, emergent nature of this study’s overall ethos. In Creswell’s (1994) taxonomy, this endeavour was a *dominant - less dominant* design, in favour of the qualitative inquiry approach. In sum, naturalistic research was a soulmate of, and was congruent with, the aims, objectives and fundamental focus of the present project.

CHAPTER 4

AN IN-DEPTH ANALYSIS OF THE CLIENT PERSPECTIVE

OVERVIEW

This chapter presents a depth-charged analysis of **client** experiential and evaluative opinion regarding the **NIFB-sponsored external counselling programme**, as explored using semi-structured interviews.

The inherent procedural, methodological and ethical issues are explicated, the analysis process delineated, and the emerging themes and issues described in detail. Also presented are details of the counsellors' views of participant counselling encounters.

A profile of the NIFB counselling service is offered at the outset to provide a kind of contextual scaffolding.

4.1 Method: a summary

This **client** portion of the research was informed by the following data sources:

- (i) Semi-structured interviews with twenty-one former counselling clients of NIFB's external counselling programme.
- (ii) Counselling encounter evaluation questionnaires completed by the programme's practitioners for client participant group.

4.2 The NIFB Counselling Service: a profile

Since its inception in early 1995 the NIFB's external counselling programme has been serviced by two part-time counselling practitioners, one female, one male (the present researcher). The former covers the north and western portion of Northern Ireland, and the latter the south and east. Both practitioners also hold down full-time day jobs. The present researcher is a Chartered Occupational Psychologist with the Northern Ireland Civil Service, while his counselling service colleague is a Director of a mental health charity.

The key organisational contact is the NIFB's Senior Occupational Physician. The counselling service is open to all employees, and the referral points comprise the Brigade's occupational physician, welfare officer, management, Controls and Union. Seminars were held with officers/managers in 1995 to introduce the counselling service, and a circular was disseminated organisation wide (Appendix A).

The external counselling service is a relatively small concern, compared to those studied in previous research (for example, Goss and Mearns, 1997,b; Rogers et al., 1995). The utilization rate increased steadily on a yearly basis from 0.4 per cent in 1995 to 1.2 percent in 1998 (based on an employee complement of 2,025 – see also Appendix B-18 for figure breakdown). Practitioner illness diluted the functioning of the service for several months in 1999; hence the citing of the 1998 figure. Of course, a utilization rate is a progeny of a host of factors or, indeed, of **factors within the host**. But ultimately behind such 'stats' lie human beings.

An average of 10.23 sessions were conducted with each client (northern region average, 12.18, southern region, 8.10) with almost three-quarters of problems the psychological sequelae to traumatic exposure. Organisational life (for instance, interpersonal conflict, task overload, organisational change) formed the next most frequent source of presenting problem. Non-work issues comprised about 5 percent of problems and included issues such as marital disharmony and ill-health.

The client participants in this study are representative of the service profile. While non-uniformed personnel make up some 9.8 percent of the NIFB workforce, they have merely formed 2.8 percent of the counselling service's client complement since 1995. Female workers, though comprising 7.6 percent of the workforce, have only constituted 1.4 percent of all referrals, ever.

4.3 Selection of client participants

The sampling strategy employed was purposive to the extent that former clients of the NIFB's external counselling provision were targeted. A request letter (Appendix B-2) was disseminated organisation-wide inviting consumers to come forward, stated the purpose of the research, and underlined the robustness of participation-confidentiality.

The request letter, though reasonably fruitful, was an asymmetrical catalyst, with participation-confirmations weighted towards the present researcher's practice beat; that is, the southern and eastern part of the Province. Although this situation could simply have been accepted as a reflection of request risk (and in deference to so-called voluntariness), it was considered imbalanced and a diluent to comprehensive evaluation effort, and thus to practice utility. With the aim therefore of stabilizing the scales of evaluation effectiveness, and with respect to the exigencies of time, it was decided to more purposively re-request across the northern/western service sector. Consequently, this region's practitioner-in-residence was contacted and consulted. Commensurate with its perceived ethical import she afforded much thought to this more purposeful action, which crossed the client-counsellor relationship. However, she expressed her satisfaction with the ethical argument presented, seeing the status quo as less than adequate compared to the potential profit from gaining broader consumer opinion. After agreeing to intervene and widen the access aperture, she contacted by telephone twelve of her former clients of whom eight joined the research by permitting the present researcher to contact them.

So, from a combination of these two invitations (request letter and practitioner intervention) twenty-one former users of the NIFB's external counselling service opted to participate, ten from the present researcher's practice-load, and eleven from his service colleague's practice-load. Consumer confirmation emerged spasmodically over a six month period.

4.4 Research participants: a profile

The client participant group comprised 21 personnel, 11 from the north and west of the Province, and 10 from the south and east. Of the 21, 20 were uniformed employees. There were 4 wholetime firefighters, 6 Retained firefighters, 8 Sub-Officers, 1 Station Officer, 1 Divisional Officer (Grade 3), and 1 Clerical Assistant (non-uniformed).

All participants were male and were aged between 25 and 62 years, with a mean age of 41.14 years. Length of service ranged from 4 to 33 years, with a mean of 17.47 years.

Eighteen participants were married or living with a partner, with 17 having one or more offspring. Two interviewees were unmarried (one of whom had undergone a recent engagement break-up) and one man was estranged from his wife.

Participants were interviewed at between 6 and 20 months post-termination (with a mean of 11.57 months).

4.5 The selection of a co-interviewer

A co-interviewer was sought who possessed, or met as fully as possible, the following primary criteria, cited here in order of the predicted perceived preference at the outset of the pursuit:

- Practical counselling and interviewing competencies generated through a fusion of training, qualifications and protracted experience.
- Practitioner and/or consumer experience of workplace counselling.
- Knowledge and awareness of the practice-peculiarities of counselling within an organisational context.
- Experience of practitioner research, accompanied by a demonstrable awareness of its ethical exigencies.
- An enthusiasm for practitioner research.

A person meeting most of these criteria was identified. She had UKCP registration and viewed the research as a vehicle for her own professional development.

Before the fieldwork began, researcher and co-interviewer met several times to consolidate the required interview approach. Controlled flexibility was emphasised strongly, with the co-interviewer being reminded to follow leads while remaining focused on the issues covered by the schedule. The need for regular contact between co-interviewer and researcher was also stressed, the logistics of tape collection were discussed, and the extent and means of fiscal reciprocity were discussed and agreed.

4.6 The interview

At the outset of the interview participants were re-informed that the research aimed to explore their experience of using the NIFB external counselling service, that there was no hidden agenda, and that the confidentiality would be robust. They were asked if they would consent to the interview being audio-recorded and were also informed that they could stop the recording at any moment and ask questions at any time.

Complementing this verbal detail was an information sheet, with an incorporated consent section, which participants were advised to read and then sign only when completely content. They were reminded though that such consent was initial, and malleable, and that therefore they could withdraw it at any time thereafter. A copy of the information sheet/consent form can be found in Appendix B-3.

It is important to emphasise that although the interview schedule/guide (see Appendix B-4) contained many planned probes, the study's ethos allowed for unplanned questions, and thus for unanticipated leads to be followed-up.

The interview guide was led by a professional therapeutic logic that ran from the employee participant in pre-client mode through to and beyond termination. Before the actual

interview interviewers aimed to relax their participants with general conversational pieces around the individuals' lives and in particular their jobs.

The first four questions, which explored the referral process and attendant issues, were inspired by Maluccio's (1979) view of the counselling process as beginning before the actual onset of therapeutic engagement. Questions explored participants' experience of how they came to be referred, their opinions of the service at the time of referral, and the degree of acceptability of first session scheduling. Attention was also placed on discovering the experiential efficacy of the first telephone contact with the counsellor; this was to discover the degree to which clients evaluated their counsellors even when the opportunity seemed rather ethereal. They were also asked about the suitability of their counselling location and setting.

The next five questions concentrated on the issues which participants had presented at counselling, and their degree of intensity and percolation throughout their home, work and social lives and relationships. It was also important to explore how they managed their situation before being referred to the service.

The subsequent batch of questions embraced participants' pre-service anxieties, expectations and needs, before giving way to probes that centred on the level of comfort participants felt in informing their management and colleagues at work, as well as their partners at home, that they were using the counselling provision.

Planned probing also gave significant import to in-session activity, with participants not only asked about their own and their counsellors' roles, but also about those aspects of the entire experience that they had found therapeutically profitable or indeed disagreeable.

Aspects of outcome were explored with participants, both intra and extra-individual, and they were asked to encapsulate the degree to which their own requirements had been met,

and in addition whether or not they had to seek help post-termination. They were encouraged also to describe how their counselling ended and how satisfied they were with the process.

The remaining questions chiefly centred on the client/organisation interface, with participants asked about their post-usage opinion of the service, why they believed it was introduced in the first instance, and how they felt management and colleagues viewed those who have accessed it. Also explored were issues surrounding counsellor locus and loyalty. Participants were asked too to offer suggestions to improve the counselling service.

When the interviewers had finished, participants were invited to talk about any other issues they felt to be important. To complete the interview some general questions were asked regarding demographic details. Participants were advised to contact their respective interviewer if any concerns or further comments surfaced at any time following the interview. If any significant concerns emanated from her interview load, the co-interviewer was instructed to liaise with the researcher forthwith. All interviews were conducted in participant's homes.

4.7 Analyses

Grounded theory

Charmaz (1995) refers to the 'logic of grounded theory', and defines it as a 'set of inductive strategies for analysing data, [starting] with individual cases, incidents or experiences and [developing] progressively more abstract conceptual categories to synthesize, to explain and to understand [data] and to identify patterned relationships within it' (p.27-8). Although looking up to this methodology, the present research, in accordance with Mason's (1996) logical observation, was not, and could not have been, 'conducted in a vacuum'. Therefore to claim that the analysis was purely data-driven or inductive (the gift of the pure grounded theorist) would be misleading.

In keeping with grounded theory (Strauss and Corbin, 1998; Glaser and Strauss, 1967) the research did aim to interweave data-harvesting with analysis, with preliminary analyses dictating the amount and type of future sampling. Preliminary analysis and consultations with the co-interviewer led less to question modification and more to encouraging greater emphasis and follow-through on several scheduled issues (for example, linking counselling to sick absence; influence of the organisation). What now follows is a detailed description of the process of analysis.

Process

- All audio-tapes were transcribed in full by an experienced, competent and confidential audio-typist. To underline the importance of confidentiality (though mindful of insulting her professional integrity) the researcher asked the typist to sign up to silence. The transcriber consent form can be found in Appendix B-1. The typist was tasked with transcribing the tapes verbatim, but to remove all identifying information (her usual style anyway), and to work to an agreed timetable. It is acknowledged at this point that there is some loss in transcription of participant tone and non-verbal behaviour.
- The researcher listened to all twenty-one recordings at least once before handing them over for transcription. This served two purposes. Firstly, the clarity of the recording could be assessed, and secondly, an initial 'feel' for the data could be obtained.

As soon as each transcript was completed and collected, the researcher read the text while listening to the relevant recording. This enabled an evaluation to be made of the transcriber's interpretative influence. This assessment concluded that no obviously radical interpretations had been made, and that transcriptions were fundamentally reliable and dependable. On completion of this process, the recordings were erased.

Transcripts were read many, many times. This activity, as Boyatzis (1998) explains, entered the information into the unconscious, as well as promoting the conscious processing

of the data. The present researcher basically became immersed in the data through continuous close contact and familiarity. The analytical process was initially conducted with a sub-set of seven transcripts.

- The researcher who made notes of his developing notions and observations within transcript margins. This process captured well Miller and Crabtree's (1992) description, 'immersion and crystallization'.

The early phase ideas and impressions included encapsulations as well as embryonic themes and interpretations. Through time, the data became quite significantly, but more coherently, splintered into units of meaning, or 'packets' of understanding, as Boyatzis (1998) puts it. The units, which were words, phrases, paragraphs, and larger portions of text, were at first coded with thematic titles – key words that captured the essence of the unit. These conceptualisations were generated in an analytical attitudinal atmosphere that saw the researcher strive, to some degree, to heed Strauss and Corbin's (1990) plea for 'theoretical sensitivity'. These grounded theory gurus claim that 'we have to challenge our assumptions, delve beneath our experience, and look beyond the literature if we are to uncover phenomena and arrive at new theoretical formulations' (p.76). While on paper this seems a sagacious instruction, or aspiration, it was, in practice, in the real world, rather akin to being told not to think of a purple cow; which is even more difficult when one is actually studying purple cows. And although in the practice of counselling, practitioners learn from, incorporate, and use their experience, it seems, according to pure grounded theory, that practitioner-researchers should do everything **but** use it: they should 'delve beneath' it and 'look beyond' it. The present researcher, when analysing data, took a more balanced approach and was less dismissive of his experience; the type of experience indeed that fuelled his desire to conduct the research in the first place.

- The emerging themes from the sub-set of transcripts were written out on a separate sheet to enable the research to scan for connections, and to group units of understanding into categories. This part of the process demanded more than an analytical glance, with the researcher having to cognitively shuttle between categories and the transcripts in order to gauge whether or not the formed categories and interpretations found favour with the primary data. As Charmaz (1995) advises: ‘make your categories as conceptual as possible while simultaneously remaining true to and consistent with your data’ (p.41).
- Categories were often re-worded and shuffled until the best match with the data was attained. The coding system was refined for each consolidated category and sub-category; the sub-set of transcripts were re-coded clearly; and, the additional transcripts were scrutinized and coded for the occurrence of these themes. By this stage, the various codes amounted to an abbreviation of the key words in the categories, and were written either in the margins alongside the relevant (and underlined) analysed units, or above these pieces of text. Three examples of coded text can be found in Appendix B-7. Throughout the coding process, the coded units were initially written onto index cards before being copied into a ledger which was sectionalised by category and sub-category. Instances of verbatim narrative were chosen to illustrate the categories and were transferred to the ledger. This eased the write up. Frequency counts were also recorded.

The analytical effort with the sub-set of transcripts nestled fairly neatly into the remaining texts, encouraging only minor category adjustments and refinements. For example, the category **stigma-stimulated striving to keep others unaware** initially ‘grew-up’ within the **employee-to-client metamorphosis** superordinate category until further analytical consideration viewed it as more of an organisational-counselling service interface issue.

Importantly too, the analytical process demonstrated that the researcher and his co-interviewer unearthed consistent data across the two practitioner participant caseloads. The

human data-harvesting instruments were reliable. The coding frame can be examined in Appendix B-6.

- In order to assess interrater reliability, eleven transcripts (which were randomly chosen) and the coding frame were given to an expert and renowned practitioner-researcher within the University of Hull's Psychology Department's Counsellor Training Unit. The outcome was positive with complete, one hundred percent, coding agreeability attained.

4.8 Research effort: the nuts and bolts.

The twenty-one client participants were involved in another transformation (Section 4.9.1, below, analyses the key one) as they became approximately 34 hours of audio-tape and 672 pages of transcript which themselves spawned from around 200 hours of typing. Geographically, 1532 miles of the Province were covered in order to conduct the interviews.

4.9 Semi-structured interviews: an analysis of the client perspective.

The following sections and sub-sections form a detailed analytical account of the issues generated by and explored within the semi-structured interviews. In fundamental terms, the six superordinate categories heading up this analytical conglomerate describe: the transformation of the participants from NIFB employee to counselling service client; the intra-intervention experience; the counselling product; the impact of the organisational context; the way forward for the service; and, the rationale for research participation. All areas are illustrated using extracts from the interview transcripts, and while this entire analytical portion is unquestionably qualitative, frequency counts are also offered. Housed in Appendixes B-5 and B-6 are tabulations of all categories.

4.9.1 *Employee-to-client metamorphosis.*

Across the consumer interviews emerged the higher-order concept of a transformation, a type of micro journey embedded within the larger (macro) client experience. This transformation was consistently triggered by the onset of individual employee suffering and culminated in an awareness of the personal improvements required and, for many, a hope that counselling would offer a means of meeting those needs. This metamorphosis, which was difficult at times to make, fortuitous for some, and laced with relief for many, is sub-divided here into four categories: employee experiencing problems; aspects of referral; anticipating counselling; and clients' needs. An abstract of the findings is now presented, after which the categories are described in turn. The male pronoun is used in the abstract to reflect the client profile.

Abstract. (*Employee-to-client metamorphosis*)

The NIFB's workplace counselling facility has created a new hybrid – the client-employee. Though this transformation into a client has been difficult at times, the employee's arrival at counselling has typically been a product of fortune. At this juncture, the typical client tends to possess a fairly clear repertoire of needs as well as a more refined notion of his practitioner's competence and style of relating. Though the evaluative glimpse afforded by the initial telephone contact has reduced some aspects of his anticipating anxiety about the forthcoming face-to-face therapeutic excursion, he nevertheless retains some natural concern, and remains pressured by problems.

4.9.1.1. **Employee experiencing problems.**

Although the research remit for the client third of the present study was chiefly to explore aspects of process and consequences, it was deemed prudent, and complete, to place this exploration in context, and thus to ask the clients to describe the problems and difficulties that led them to the external counselling service. It is acknowledged, though, that the

consumers' view of their problems will possibly have been modified by counselling, subsequent events, and their opinion about their status at the time of interview.

Problem dimensions

Fourteen clients, two-thirds of the pool of participants, defined their problems as sculpted by **operational incidents**, and in the majority of cases by the hands of Northern Ireland's terrorist fraternity. For instance, one man, a Sub-Officer, referred to one of the 'Troubles' grimmest incidents as the moment of his problem-fertilization. He was clear that the incident was as embedded in the present researcher's mind as it was in his own:

'It all stemmed from sixteen years ago, the Drop-in-Well bomb. You'll remember it.'

Firefighters in Northern Ireland have not only been soaked in the venom of the sectarian conflict, but also of course have been exposed to the typical operational incidents befalling other Fire Services. Indeed, five research participants described such typical exposures as their stimulant to suffering. For example, a firefighter described his mental Waterloo as *'a trauma, a couple of deaths on operational duty'*, a senior firefighter explained the accumulated impact of several exposures, while a poignant account of a failed rescue attempt described the catalyst to a Sub-Officer's psychological degeneration.

Five client participants expressed their primary presenting concerns as spawn of **non-operational workplace issues**. One firefighter for instance spoke of protracted periods of intense and emotionally enervating interpersonal conflict with his line-manager, while two Sub-Officers described their significant discomfort adjusting to organisational change. They spoke of having experienced feelings of alienation and pronounced psychological reactivity as the need for increased administration, greater accountability and keeping abreast of technological advancement pervaded their organisation. For one of these men, task demand became the primary precipitant to suffering.

Only two participants' presenting problems could be categorised as **non-work issues**. These men, a senior officer and a firefighter, both presented with the psychological sequelae to serious physical illness and major surgery.

Client interviewees revealed a **temporal span of suffering** that ran from four days to sixteen years, pre-counselling. (See Table 4.1.)

TABLE 4.1 A chronology of participants' pre-counselling suffering.

Temporal range	Percentage within each range (No. of participants in parenthesis)
Under one month	9.5(2)
1 month to under 6 months	23.8(5)
6 months to under 12	28.6(6)
1 year to under 2 years	19.1(4)
2 years to under 5	9.5(2)
5 years to under 10	0.0
10 years and upward	9.5(2)

The consumers interviewed offered qualifying explanations when time-spans seemed excessive. For instance, three of the more senior firefighters provided a rationale that fused previous coping prowess with the stigma of admitting its eventual demise.

In view of the typically protracted periods of problem-fermentation, it was not unexpected to learn that the level of client **distress at the time of referral** was primarily expressed as 'severe'. In fact, seventeen participants (81 percent) described their problem intensity as severe, while four applied the 'moderate-to-severe' descriptive term.

Pervasive impact

Problem manifestations of course enveloped all shades of suffering, from affective through behavioural and cognitive, to somatic, and infiltrated both the work and non-work domains.

While splitting symptoms into categories may well ease semantic presentation here, it is recognised that the edges of categorised symptoms are blurred. Nevertheless, fairly neat packages of problem product did emerge from the data and thus provide insight into each of the above quartet of symptom expression.

All participants captured the extent of pre-counselling suffering at the affective level, with an ubiquitous sub-theme comprising the expression of depression and anxiety. Those involved in operational trigger-incidents referred to intrusive imagery and attendant anxiety, while the vast majority of participants described deflated levels of motivation.

At the behavioural level all interviewees spoke of sleep pattern disturbance, and from many participants (in particular the fourteen stimulated by trauma) emanated descriptions of work avoidance repertoires in an effort to manage. For others, and for some within the trauma group, avoidance was excited by anger at the Brigade's apparent lack of care.

The data demonstrated that clients' thinking formed a kind of executive function in the maintenance of affective, behavioural and somatic reactions. One interviewee, a senior officer, described his thinking as '*so negative*' and saw it as the orchestrator of his poor concentration, explaining rather poignantly that '*It went to Hell and I followed it there*'.

Others too referred to their difficulty concentrating and placed it firmly at the feet of dysfunctional, disruptive and distressing thinking; the type of thinking that is unyielding. For instance, one man remarked: '*I couldn't concentrate, the thoughts kept coming. I couldn't understand it*'. The bewilderment evident in the latter portion of this statement flavoured almost two-thirds of participants' presenting problems, and, as will be seen later, fed the client need for insight from counselling.

Physical consequences of psychological stress appeared in five participant accounts, and included references to palpitations, fatigue, lethargy and visual difficulties.

Work Domain

Some two-thirds of interviewees described their problems as severely affecting their work, while one-third dropped a descriptive notch and labelled the impact as 'moderate-to-severe'.

All participants offered illustrations of work consequences, which were classified as negative effects upon: performance, relationships, attendance, and attitude to work/work satisfaction. Avoiding work (the ultimate in impact) was covered earlier under behavioural manifestations. Deficits in work performance were in several cases directly attributed to reduced concentration, while twenty participants referred to taking sick leave as a response to their stress. One-in-three men described attitudinal alterations to work, with the primary manifestation expressed in terms of reduced satisfaction, while in nine cases irritability was indicted as the fuel that fed disharmony in workplace relationships.

This section concludes with a grim account of one senior firefighter's identification of the first heartbeat of his psychological deterioration, and thus of his transformation into a client-in-embryo:

'There was this incident that made me realise something was up. A bombing in a local pub ... and the first part of a policeman's body I came across was his hand over against a wall. This was the moment something clicked, and things were different after that. Work suffered after that.'

Non-work Domain

Ninety-five percent of participants described the impact of their problems on their personal relationships as either 'severe', or 'moderate-to-severe', with descriptions clearly underlining the cancer-like spread of stress through a sufferer's life. Families grew apart and spouses started to de-couple. In fact, two relationships ended in permanent separation. Several men described significant mood and behaviour changes at home, with one interviewee

describing a personality transformation that had an almost Jack Nicholson-esque in the 'Shining' quality to it:

I was a complete bastard to live with, to put it mildly. I changed at home from a fairly easygoing calm person to a very large bear with a very, very sore head.'

Nineteen clients described their social lives as severely or moderately-to-severely affected by their emotional problems. Many related this to their domestic plight, while others spoke of lethargy, reduced enthusiasm and interest. Two firefighters explained that their socialising evaporated with their sick absence, as it had primarily centred around station life and on-site friendships and activities.

4.9.1.2 Aspects of referral

This experiential section travels the referral route. It describes how conversant participants were with the service pre-counselling; their reactions to the service's existence; and how and why they sought help at the time that they did. In addition, the first heartbeat of the counselling encounter is heard through participants' description of their very first contact with their counsellor.

Shades of service awareness

Slightly over half (57 percent) of the client participants stated they had **no knowledge** of the external counselling service pre-counselling, while the remainder held only **vague** notions.

Eight men recalled their surprise at learning of the counselling at the point of referral. Particularly surprising for some was discovering that the service had existed since 1995. These expressions of surprise often gave way to expressions of **anger**. Bespattering one-in-

three accounts were retrospective outbursts of anger at the real possibility that they could have missed out on effective therapy through non-awareness and a diluted service knowledge.

That employees have a right to know detonated several men's explosion of angst; a Sub-Officer cast a moral eye over the issue:

'It's a blooming sin not to have known how effective and pretty straightforward it is to use, let alone that it existed. I had no idea and that's a sin.'

Of those who held a vague idea that the service existed, only one felt his **awareness as a benefit**; and this was merely at *'some small level'*.

Referral route

Over half of the participants stated that they themselves comprised the initial **prompt** on the road to referral. For many of these men, the prompt was propelled by discomfort rather than by service awareness. Five participants were stimulated by management intervention and four by the Brigade's occupational physician. No self-prompt could become a direct self-referral, so, in terms of referral **agent**, management and the workplace doctor were by far the most frequent work-to-counselling conduits. The Welfare Officer referred four of the study's client participants.

A rather alarming finding points to the thin line, in this context, between suffering and assuagement. Some 38 percent (in real terms, eight human beings) spoke of their **referral as fortuitous**, explaining that a fusion of admission reticence and inadequate knowledge placed them on the wrong side of the thin line. **Being asked** was the key that opened the lock of luck for many of these men. In five cases, participants had the Brigade physician to thank for fuelling fortune. A Sub-Officer explained:

'It was the Brigade doctor during my over 40s medical that I actually broke down when he asked and I admitted it all and he referred me to counselling. It was as well I was over forty.'

All twenty-one clients viewed the **timetabling for the first session as acceptable**, with six men describing the scheduling as **unexpectedly expedient** compared to their other health service experience. For instance:

'Two weeks was quicker than any hospital appointments I've ever had.'

'...you don't get that at your local hospital. Even to see your G.P. can take longer.'

'I expected to be on a waiting list.'

More than a chat: the multiple roles of the initial telephone contact.

The entire client complement spoke of the initial phone call as awash with keen appraisal (**evaluative aperture**). Indeed, it seemed that these participants, when prospective virgin clients, held an inbuilt notion of which counsellor attributes would oil the cogs of counselling effectiveness. Participants tended to judge their practitioner in terms of perceived personality traits and competence. In relation to the former assessment area, clients tended to scan for aspects of humanness. This evaluation analysis when positive (eg, *'he sounded friendly'*; *'she was friendly and a warm person'*) stoked up the fires of motivation for many.

One man in particular put it succinctly:

'She seemed a decent individual. At that stage that was enough for me to keep on the counselling route.'

Participants also scanned the phone call interaction for evidence of counselling competence. Their assessment seemed based not only on intuition (eg., *'I just knew...I was talking to someone that would be good'*), but also on a more tangible therapeutic product. Indeed, almost half of the interviewees described the soothing and reassuring function of this first phone contact (**reducing anxiety**). A firefighter for instance spoke of experiencing *'the feeling of calm reassurance'*, while a Sub-Officer explained that the reassurance he received over the phone was a result of counsellor style and information gleaned, and that this *'was*

like the start of getting the plaster pulled off. Similarly, one man felt so reassured and less anxious that he *'never looked back'*.

Four clients remarked that assuaged anxiety was a most unexpected outcome at such an early stage, while for one particularly apprehensive client reassurance from the telephone contact defused the superabundance of anxiety that he was storing for the face-to-face encounter.

So it seemed that a blend of perceived humanness coupled with an immediate therapeutic dividend led many participants to conclude that their practitioner was probably competent. Such a predictive evaluation helped a firefighter move from distressed employee to hopeful client:

'I was worried about making the final leap from rescuer to victim. But I knew from the phone call that I could work with her, and this built the bridge, that bridge that helped me walk from one side to the other. I knew this girl was for me.'

Gleaning information during the phone call sharpened the expectations of nine participants (**offering information and clarity**). They each viewed the phone call as a source of much needed 'facts' about counselling in general, and what lay ahead of them, in particular. For instance, a Sub-Officer described the empowerment he received from gaining greater clarity:

'The phone call actually gave me a better view of what to expect ... that type of information, well it didn't cure me, but it helped me to take up the cure.'

Almost one-in-five interviewees described the phone call as offering the chance to open up for the first time (**providing the opportunity to talk**). One man for example said *'it got the whole talking thing started'*, while another client went further and spoke of an immediate therapeutic gain: *'I got rid of some of the angst'*.

Five participants described aspects of the first telephone contact that left them feeling less than satisfied (**criticisms**). While one man would have preferred to have talked to a

greater extent on the phone, and thus felt thwarted, or in his words '*a wee bit frustrated*', four clients (one Sub-Officer and three firefighters) commented on the paucity of information. One member of this critical quintet also explained that his anxiety actually increased as a result of something said by his counsellor that fell short of lucidity.

4.9.1.3. Anticipating counselling

This analytical portion presents participants' concerns and fears about stepping into counselling proper. Their speculative notions of what may lie on the other side are also unpacked in this section.

Apprehension and anxiety

Just over half (52 percent) of interviewees expressed pre-counselling apprehension about the degree of robustness of counsellor **confidentiality**. Although on swift reflection it may seem surprising that many more (if not all) clients did not cite confidentiality as an anxiety provoking stimulant, it is important to underline that for several participants any concerns that could have arisen in this area were sterilised before they could breed, for at referral they not only learned of the service's very existence but also discovered its external locus.

Not unexpectedly, fears over confidentiality were directly related to the therapeutic context; that is, to the host organisation, and in particular to the perceived prejudice of its key office bearers. All eleven participants in this grouping offered two strata of confidentiality apprehension, one general and one specific. At the general level, clients spoke of simply not wanting others to know, while at the specific level were housed opinions that sharply emphasised the role of the organisation in the counselling function. Primary concerns that circulated cerebrally for many embraced fears over career stagnation, job uncertainty, and basically being thought of as '*not up to it*', as one firefighter put it. A Sub-Officer, who had

been in the NIFB for some twenty-four years, spoke of his difficulty accessing a service that, if not confidential, could stigmatise him in the workplace:

'Worries? Well, for a start, who the heck is this counsellor lady and is she confidential? And by that I mean would she have to blurb out some information to the Brigade, like, em, was I mentally fit for work? Also just telling them I was in counselling. This was a big step for someone like me. I'm of the old stock in the Brigade.'

There was a sense amongst these men that the type of delicate information that can flow from a counselling encounter was almost carcinogenic in nature in that it could create a malignant spread of personal (mis)information and rumour-mongering throughout the workplace.

One-in-three participants described feelings of **stigma and embarrassment** as they transformed from employee to counselling consumer. These feelings, for many, provoked a type of discomfort, that for some, merged with fright (eg., *'It scared me ... to see a shrink. Terribly scared.'*)

Six clients held a pre-counselling puzzlement concerning the mechanics of the therapeutic process. This centred on **how does talking help/counselling work?**, and is best illustrated by these descriptions from two firefighting clients:

'I didn't really have a clue what counselling was. I knew it involved talking [but] I was a bit sceptical and worried about it. I wondered how talking alone would work. Just talking, how would that help me?'

'I never could figure out what value there was in two people in a sort of Smith and Jones syndrome talking over a table.'

A step on from concerns over mechanics were concerns over efficacy; basically, **will counselling/the counsellor be of benefit?** Five anticipating clients, one Sub-Officer, one clerical officer and three firefighters, expressed anxiety that having gone to the effort to straddle the stigma-hurdle that counselling would turn out to be ineffective.

The least frequently cited pre-counselling anxiety centred on the fundamental first step of therapeutic engagement and expression – **opening up/becoming emotional**. Four interviewees referred to this, and the two descriptions below (both from firefighters) capture

the concerns. The first view is 'pure' concern, while the second is tinged with essence of occupation:

'I hoped I could handle the talking without getting emotional, and maybe crying.'

'Well I was anxious about eventually having to bare my soul. There's a tension there for firefighters. It's something we're not used to.'

Assumptions

Eight clients expected counselling to involve talking, listening, explaining and directing (**communication**). Often this expectation was expressed as a type of therapeutic bartering system. For example:

'I obviously expected talking and listening. I would talk, she would listen, I would ask questions and expect good answers.'

Several clients templated their previous experience of help-with-health and placed it over their expectations of counselling. This **medical model** assumption, described by eight men, placed the client as **passive recipient** of practitioner procedure. A Sub-Officer for instance expected counselling to be '*very clinical*' and that he would '*receive a service*' from an individual who was '*there to provide it*'. He saw his role in counselling as merely attending for sessions and '*that's my part finished*'.

A very anxious firefighter approached counselling with a most stereotypical view of his counsellor as someone in '*a white coat who would ask me about childhood things and make me feel it was in some way down to me, my fault*'. Given this assumption, it is little wonder that he felt so highly apprehensive.

This medically-inspired notion is wedded to another assumption, one that defines the counsellor as **cold consultant type**. Four participants held this assumption, and if their views are aggregated, they expected their practitioner to be: humourless; cold, distant and uncaring; unapproachable; and, formal.

A third of all interviewees described a realistic pre-counselling patience (**no magic wand/quick fix**) exemplified by: *'I didn't expect a cure in a fortnight'; 'I knew it wouldn't be a magic wand excursion';* and, *'I must say I didn't expect instant mash, instant recovery.'*

Although understanding of the difficulty in timetabling for or predicting recovery, six participants nevertheless strongly emphasised their expectation of making progress (**client improvement**). As a firefighter said: *'I didn't expect him to stop with me until I was a good deal better.'*

Six clients assumed they would receive a **professional service**, an overarching assumption that was bound up with expectations of counsellor competence and their own experience as public servants.

Although fear over confidentiality formed a most uncomfortable pre-counselling anxiety for several participants, five clients actually expected **rigid confidentiality** to be a hallmark of the counselling service. These men found incomprehensible the notion of any service leakage.

4.9.1.4. Clients' needs

In many ways, this category lies at the consumer evaluation epicentre as it describes participants' baseline needs, thus planting the seeds that would eventually grow into a conclusion on service effectiveness, at the individual level. Of course not every client requirement was prefixed with the words "I needed", and this analysis was not going to be pedantic and become restricted by semantic precision. So, this category embraced participants' expressed hopes, desires, aims, wants etc; primarily any expression that had the tone of a requirement. Table 4.2 displays the array of needs.

TABLE 4.2 Specific needs for counselling

Needs	% (No. of participants in parenthesis)
Symptom relief	100.0 (21)
Insight	85.7 (18)
<u>Improved functioning in Life Domains</u>	
• Working life	52.4 (11)
• Domestic/non-work domain	42.9 (9)
Enhanced ability to cope	52.4 (11)
Counsellor attributes & input	42.9 (9)
Reassurance	33.3 (7)
Direction	28.6 (6)

Before chronicling these specific needs, emphasis will be placed on describing participants' less well-defined expressions, expressions that formed a type of bottom-line consolidation of hope (**needs as nebulous**).

All twenty-one clients spoke initially about their needs in a generalised manner, with many hoping for a return to normality. One man noted the simplicity but still made the point:

'It seems simple to say to you here that I wanted to be normal again. I knew what normal was for me and I wanted to return to that.'

Other such remarks included: *'I needed normality back'*, and *'I wanted to get back to normal.'* Several participants spoke about wanting to *'reverse'* their situation and many simply wanted to *'get better'*, *'to feel better'*, or *'to get things fixed'*.

Moving on to specifics, all participants naturally wanted the discomfort and distress to dissipate (**symptom relief**). This sub-category in essence represents the most human definition of service requirements. Take for example the following words of a Divisional Officer and a firefighter:

'The need to get better was the main need. I needed so much for that damned mood to go. It just hung around me. I wanted this to change.'

'I wanted to get rid of the awful images and thoughts. To stop getting anxious and to enjoy life again, free from stress. To feel calmer and be my old relaxed self.'

A closely associated client need was the desire to understand the aetiology and ingredients of their reactions. This need for **insight** was almost as potently put forward as the need for symptom alleviation. Eighteen participants expressed the need to learn about and understand their plight. Many such expressions were propelled by puzzlement over: temporal aspects (eg., '**Why now?**'); context (eg., '**Why did this incident make a difference?**'); and, scale (eg., '**Did I have a major problem?**'). In addition, three participants fused insight with post-counselling empowerment. One such consumer said:

'I wanted my set of problems explained and to end up after counselling to be able to answer my own questions.'

Related to insight was the requirement for **reassurance**. For one-third of interviewees, the need to be relieved of their secondary anxiety was paramount. One man for example spoke of needing to be told '**I was similar to others**', while a young firefighter experienced the reactivation of a need for '**a kind of childhood reassurance [that] everything would be o.k.**'.

In many ways, this entire client group offered quite structured responses when probed on their needs. As the need for reassurance spawned from the requirement for insight, so too did the need for some **direction**. A firefighter puts it well, and underlines the linkage:

'... after being told how I got the way I did, I needed then to be directed towards getting it changed around. Like, "now I know what's wrong, where it comes from, now show me the way out".'

Just over half of those consumers interviewed spoke generally about wanting to manage their lives better (**enhanced ability to cope**), while twenty of the twenty-one participants funnelled this desire into their work and domestic arenas (**improved functioning in Life domains**).

Eleven participants were clear that they needed rejuvenation in their **working life** and defined the desire for such rebirth in terms of satisfaction, performance and attendance.

Improvement in the **domestic/non-work domain** was expressed as a crystalline need by nine clients, and primarily centred on regaining harmonious relations with spouses, partners and offspring. Several men also spoke of a need to improve life beyond the four walls of domesticity: that is, to re-circulate socially.

The final requirement category brings with it the 'other' person in the therapeutic dyad; that is, the counsellor. Nine clients placed one of their panoply of needs firmly at the feet of their prospective practitioner. They basically wanted a certain type of person and a particular style of relating (**counsellor attributes and input**). Three firefighters and a clerical officer hoped for a '*caring person*', while a Sub-Officer wanted his counsellor to be '*approachable*'. In terms of relating, four clients underlined their need for frankness and non-passivity. Two firefighters illustrated this need:

'I needed action and results from my counsellor, someone who didn't fart around with waffle.'

'A straight-talking person, no arsing about. That's the way I am, so I wanted honest answers and help.'

4.9.2 Client-in-counselling

The analyses in this section are arranged under five headings; home support; the therapy of personal territory; the inner-world of the intervention; valuable factors; and, unhelpful and uncomfortable factors. There now follows a synopsis of the findings after which each category is described in turn.

Abstract. (Client-in counselling)

The employee now knows he is a client. The transformation is complete. He typically enters his counselling encounter with a supportive spouse behind the scenes,

and tends to be significantly heartened at being able to choose a comfortable session setting.

He thrives within a counselling structure that seems flexible, moulded to meet his needs. While he is aware of his own evolving input, he also sees the practitioner as someone who not only applies his or her acquired knowledge/training, but also as someone who is someone, an individual who interacts and creates a human interaction, a motivating relationship. Within this relationship, which is fuelled by a mutual craving for his psychological advancement, he moves forward, propelled as much by the educational and instructional side of the intervention as by the practitioner's reassuring, frank, focused and human style of relating. The typical client participant ends his counselling smoothly and satisfactorily and struggles to pinpoint negative portions of his experience.

4.9.2.1 Home support

All twenty-one participants spoke about the **existence of** domestic support, specifically from wives and partners. This support was not only expressed by all in terms of degree (eg., *'she was with me all the way'*), but also was viewed as **necessary** by some. The need for the existence of support reduced with each ripple of the family circle, but the need for partner support was powerfully put by seven clients who directly related its absence to the probability of drop-out.

4.9.2.2. The therapy of personal territory

Several clients described their surprise at being able to select the setting for their counselling (**unusual to choose**) and related such surprise to previous health service experience (eg., *'You wouldn't expect a hospital consultant to fit around your choice'; 'I expected to go to him, that's the way it usually is'*). Indeed, three men explained that being tasked with selecting the location was therapeutic in its own right. As one man said:

'Letting me choose made me feel respected as a person. It lifted my self-esteem. You just don't expect a choice – excellent. Not many services let you choose.'

That from choice can flow comfort was reflected in all participants descriptions of their selected setting. The vast majority of clients chose their home; two senior fire officers selected their own office at work. The rationale undergirding all choices was one of **comfort and familiarity**.

While appreciating the comfort of home-as-setting, one man underlined (in hindsight) that the personality of the practitioner was the central component. He believed that *'no matter where I would have seen P. her personality would have made the location irrelevant.'*

4.9.2.3 The inner-world of the intervention

Participants were generous in the extent of their description of session life from the perspective of the client.

In terms of the client role, all participants described the essential contribution of their **opening up fully/talking**. This early stage input was more obvious than comfortable, as for some the offloading of problem dimensions and impacts was a distressing experience (**becoming distressed**). Interestingly, one man mentioned money and explained that *'paying to be upset [was] not a good bargain, not a good deal'* and that if he had had to pay he *'might have opted away early on'*.

Although becoming distressed was an inner-world experience for almost half of all participants, four individuals did feel that at least the counselling ambience was conducive to releasing pent-up emotion (**being oneself**). *'It felt safe to be myself'* and *'You could be yourself'* were two examples from two firefighters, while a Sub-Officer widened this theme to include the fusing of multiple roles, the expression of multiple emotions, and the influence of normative constraint:

'I'm a husband, daddy, hero firefighter, friend. Who am I? I found though in the sessions I could bring all those roles together that made me into a unit, the real me. I [was] able to be cross, angry, upset, overly pleased, excited, em, the range of emotions you don't show because of social pressures.'

Just as the edges of symptoms blur together, so too the differing roles of the client. However, when one pushes the freeze-frame button on role evolution, client participants in this study seemed to move on from talking, reacting to their subject matter, to **listening, understanding and learning**. That talking handed over the activity 'baton' to listening was evidenced in many participants' role descriptions (eg., *'I listened to a greater extent as time went on'*), while all twenty-one interviewees spoke of the counsellors' explanations as planting the seeds of comprehension. Some described this sequence of empowering engagement in greater clarity than others. For example, a Sub-Officer explained:

'I started talking, then listening and then I began to understand it all.'

This type of awakening was also described as *'like light bulbs going on in my head'*, as gaining a *'sense out of my suffering'*, and as *'growing in what I knew about myself'*.

A sort of evolutionary step between awareness and progress was one of the client **becoming active**. Almost half of the client group described one of their roles as beginning, for the first time in a long time, to carry out activities and strategies (both cerebral and physical). Several participants described the therapeutic point of their re-active role, evidenced by such responses as: *'I got into an active structure and got off this settee'*; *'I tested things out'*; and, *'I practised hard'*.

The accumulated impact of the above roles (roles which were honed by the humanness of the counselling relationship) tended, for several participants, to both excite hope and create real progress (**feeling hopeful/making progress**). The flame of hope was ignited for many (eg., *'I felt there was a way out of the black cloud'*), and once progress started to raise its

welcomed head, clients began to experience what could be called the 'success stimulant' (eg., *'I felt good at the progress and [this] motivated me to persevere.'*)

Only four clients referred to their **evaluating the counsellor** in-session. Three individuals provided the product (eg., *'I knew I was backing a winner'*; *'I felt I had a good counsellor'*), while one firefighter described the process: *'It was a bit like the first half hour of a party. People vetting each other and wondering what the night'll be like.'* The evaluative porthole provided by the initial telephone call explains why very few clients referred to such 'on-site' judgement.

Several clients referred to the extra-session reverberations of in-session experience (**reacting pre and post-session**) and spoke especially about feeling anxious before meetings, and being pleasantly exhausted and relieved immediately after meetings.

All participants described the primary counsellor role as one of providing clarity, of unravelling the intertwined problem ingredients and their puzzling existence (**explaining/illuminating**). This counsellor role directly fed the client role of 'listening, understanding and learning'.

Before the counsellors could adopt the role of 'clarity-creator', they each needed to be actively absorbing their clients' stories. This **listening and understanding** role was described by fourteen participants; and in many instances was proven (eg., *'There was an emotional sign that only someone who had fully listened could do'*; *'It was in her eyes ... this showed me she understood'*).

In order to gauge the extent of their clients' problems, the counsellors not only picked up on particular portions of disclosure (**identifying and pinpointing**), but also encouraged the reticent and reactive client to say more for the greater therapeutic good (**probing/drawing out**).

Client participants were perceptive about what their counsellors did, and why, when and how they did it. They were for example clear that the **challenging** role only surfaced once a platform of trust had been built, and was manifest to the counsellor. At this stage, clients would tend to be more receptive to being confronted by someone who was no longer a stranger.

Seven clients described their counsellor as a **teacher/instructor**, four as a **coach/motivator**, and four as a **guide**.

One-in-three clients explained that their feelings of making progress were often fuelled by the feedback they received from their practitioners (**offering feedback**), and (although implied in many answers) four other men made specific reference to their counsellor's provision of tangible direction (**making suggestions/offering advice**). A further four clients described their own practitioner as **active and efficient**, and in doing so were, in essence, providing types of all-encompassing evaluations of practitioner effort (eg., *'Very little was wasted, everything kept moving'*). A firefighter obviously recognised the role of the host when he welded practitioner efficiency to the counselling context:

'He was not one to waste time, or waste maybe the Brigade's money.'

All participants, in some form or other, described the existence of the counselling relationship (expressions of togetherness). For example, one-third of the client group experienced the comfort and impetus that emanated from realising that they and their practitioners were manacled to the same objective (**shared purpose**). This mutual motivation to work for the therapeutic good of the client clarified the agenda for many. In terms of process, several participants explained that **exchanging information/interacting** was the oil that lubricated the liaison in the pursuit of this common goal.

Almost half of the participants described the relationship as surpassing a 'mere' working association, and indeed amounted to a type of **personal bond or friendship**. A

Station Officer for instance described his counsellor as *'like a loyal friend'*, while a clerical officer explained that: *'We got on like really close friends, the type you trust, feel comfortable with, and confide in.'*

The client-counsellor bond was described by several clients as essential to therapeutic growth, and indeed such was its importance to two clients that they even held back on having personal puzzlement assuaged as the queries seemed critical of their counsellor (**keeping relationship intact**). For example, a firefighter capitulated to this criticism-conundrum on the grounds that: *'I didn't want to spoil the relationship, we were getting on so well.'*

In terms of session structure and endings, fourteen clients clearly and emphatically described their individual sessions (units) and entire chain of sessions (whole encounter) as having a **flexible format**, a format that was wedded to client need (eg., *'[Sessions] fitted the need at the time'*; *'We took it session-by-session. It was dependent on what was going on'*; *'... it just went its distance as long as I had a need'*).

Only one client, a firefighter, felt under the influence of a session limit: he had been informed that he would receive four sessions and a review. Interestingly, this stated procedure held a positive pressure for this man as it forced him to *'sit up and learn to use the service better'*.

A large proportion of participants provided potent arguments against a strict session shut-off system. Based on logical hindsight, these eighteen views, categorised as **session limit as unacceptable/barrier to effectiveness** hold as much evaluative efficacy financially as they do therapeutically.

Several of these clients expressed their disapproval in general terms, with two main strains of opinion evident. One view described a strict session limit as inappropriate for their particular presenting problems (eg., *'with post-trauma you need more than a few sessions'*), while a second type of view insisted that mental health problems were too steeped in

unpredictability. A Sub-Officer explained that: *'You can't cap the length of time needed to resolve psychological difficulties just like you can't cap the length of time needed for them to surface.'*

Eight clients were adamant that a session limit would have engendered unnecessary additional stress, *'a pressure to get better'*, as a firefighter put it, while several more participants described a session ceiling as tantamount to a type of therapeutic fostering system. A Sub-Officer for example claimed:

'I could have been getting into my stride by about four sessions, and then to have the support and relationship taken away and you have then to go to find someone else and start all over again.'

A firefighter saw a restriction as counter-therapeutic as: *'I would've felt abandoned if it had stopped at six [and that then] "abandoned" could have been added to my list of problems'.*

Twenty clients described their counselling conclusion in a positive fashion (**termination appropriate/satisfactory**), whether it was initially prompted unilaterally or by a mutual recognition of progress. Either way, mutual agreement resulted in a recognition that the time had arrived for the client to *'live without a net'*, as one man phrased it. A Sub-Officer who had suffered greatly and protractedly described his counselling termination as *'like graduating. It was an achievement'*.

Inherent in the clients' positive termination stories was the feeling of continual contact or of a therapeutic presence; not of a swift ending. However, for one firefighter termination was an **abrupt and unsatisfactory** experience. Though this man was in a minority of one, this finding still represents one unsatisfied human being. So, his description of discontentment is worth unfurling here in full as it holds significant insight, an insight too saturated in humanness and practical applicability to abbreviate:

'It was sort of left. Once the contact was broken, it was left up to me to get back in contact. A "will I bother or will I not?" Fortunately there was no real reason to contact him, but would I have bothered? It goes back to people not realising they're still suffering. I had good insight, others might not. The trained eye in a follow-up could notice something. I could've been on a different level of awareness that M. could have noticed Also, a follow-up over the phone, well you can't see the person who says they're fine, but has tears in their eyes. I also had a small feeling of not wanting to disturb M. even if I had had a need. There was no real gradual end, but maybe he judged me perfectly and knew I could cope.'

4.9.2.4. Valuable factors

From analysing client interviews, it became clear that those aspects of value within the counselling journey could be bifurcated into counsellor characteristics and counsellor contributions, with the former category primarily promoting personality, and the latter, input.

Counsellor characteristics

Over half of all participants appreciated the listening skills and 'approachability' of their counsellors (**good listener/easy to talk to**). While some men offered snappy descriptions (eg., *'She was a good listener'*; *'In terms of listening he was good'*; *'She was easy to talk to'*), others explained the value beyond such obviousness; for example, a firefighter claimed that: *'It was so important that he was listening to what I had to say because it's difficult talking to a stranger.'*

Nine clients experienced an uplift in mood and motivation from feeling they resided at the epicentre of their counsellor's therapeutic focus (**interested in client**). Basically, these participants felt value from being valued.

Ten participants described their practitioner as **caring and supportive**, while **competent professional** and counsellor as **human** were descriptions emerging from six and five participants, respectively.

For eight clients it was helpful, if not essential, that their counsellors were down-to-earth (**unpretentious**). Descriptions included: *'He was a modest chap'*; *'No airs and*

graces’; ‘... *not a big head*, and, ‘*no jargon or showing off*’. A Station Officer was relieved that his counsellor was ‘*not on an ivory tower*’, and a Sub-Officer described his practitioner as ‘*one of those type of people [who] have a sort of wisdom, but are ordinary at the same time.*’ This balance of competence and knowledge with ordinariness really sums up this category. In fact, practitioner-as-unpretentious was therapeutic manna from Heaven to those clients expecting the cold consultant type.

Implied in several descriptions, but emphatically expressed by four clients, was the value in having a practitioner who was direct and unambiguous (**forthright**). A firefighter explained the benefit in therapeutic currency:

‘It worked for me. If she had been watery I wouldn’t have improved as well as I did.’

The earlier reference to counsellor ‘as human’ was extended by four clients to include aspects of **gender**, aspects that were beneficial. One firefighter, for example, played the macho card, relieved that he did not have to ‘*open up and cry with another bloke*’. Another firefighter described his practitioner as ‘*a man’s man counsellor*’, while a view voiced by a Sub-Officer was tinged with androgeny: ‘*Well I didn’t see her as a female or male, em, you know what I mean?*’ This man obviously saw the human.

Other counsellor attributes included: ‘*trustworthy*’, ‘*patient*’, ‘*understanding, calm and relaxed*’, ‘*non-judgemental*’, ‘*friendly*’, ‘*gentle*’, ‘*sensitive*’, ‘*warm and kind*’, ‘*optimistic*’, ‘*genuine and sincere*’, ‘*humorous*’, ‘*insistent*’, and ‘*strong*’.

Counsellor contributions

All twenty-one clients were clear that their practitioner’s participated, and in doing so, provided valuable and helpful input. The strength of response in this category cannot be underestimated. Table 4.3 below depicts those counsellor contributions described as valuable, or indeed in some cases, invaluable.

TABLE 4.3 Practitioner input

Contributions	% (No. of participants in parenthesis)
Providing insight through explanation and education	100.0 (21)
Strategies and homeworks	100.0 (21)
Proffering reassurance	66.7 (14)
Empowering client	47.6 (10)
Motivating/Encouraging	42.9 (9)
Matching intervention to individual need	38.2 (8)
Challenging	33.3 (7)
Providing opportunity to talk	42.9 (9)
Accessible	23.8 (5)
Smoothing path to concurrent support systems	19.1 (4)
Absolution	14.3 (3)
Creating secure atmosphere	14.3 (3)
Disclosure	9.5 (2)

The client collective offered a chorus of appreciation for the **insight** it gained from counselling. All clients initially expressed this in a general way. For example:

'He made what was only dimly apparent, very apparent; and that was the most helpful bit.'

'It was great to hear what was happening to me. Amazing really.'

'It made a massive difference to me knowing why I couldn't cope.'

'The educational part of counselling was the strongest part.'

For several participants, explanation and education embraced their suffering with the arms of legitimacy (eg., *'It provided me with a reason to be upset and a reason to get better.'*), and indeed for many more the impact of insight provided a direct and at times immediate therapeutic dividend. A Sub-Officer, for example, who had initially likened his received insight to a medical diagnosis (*'It was like seeing an x-ray of that time in my life'*),

abandoned the analogy in mid-flow, concluding instead that insight was more therapeutically potent in the context of counselling:

'The difference with a dentist, is that the explanation doesn't take the pain away. But I found with counselling it took a lot of my anxiety away.'

The following excerpts from three firefighters further illustrate the insight-therapeutic dividend relationship.

'The understanding I got made my symptoms, all now, all come down dramatically.'

'Counselling threw light on it all and it clicked ... Once I understood how it all worked things moved quickly for me.'

'... just hearing an explanation made such an impact ... the insight was like medication.'

Three participants, when discussing insight, spoke about the means as well as the manifestations. One practitioner tended to use a flip-chart, and this for two Sub-Officers and a Station Officer was a valuable communication tool. One man, for example, found that the evolutionary depiction of his symptoms took away the threat in much the same manner that a gun split into its component parts would be rendered powerless.

A Sub-Officer was somewhat surprised that such a tool as a flip-chart, with its business connotations, found its way into a counselling context. Surprise aside, this man was grateful.

'The flip-chart does not remind you of intimate personal situations, but in the end it added so much.'

All participants described the positive impact of carrying out between-session, counsellor-inspired, activity (**strategies and homeworks**). Linked to gaining insight was the diary method which basically involved clients noting thoughts, rating symptoms and citing trigger events. Seventeen clients described this homework as both valuable in itself and as a supplement to in-session explanation and analyses.

Those that followed a progressive muscle relaxation programme were sure of its significant value (eg., *'It was just amazingly good'*; *'I couldn't believe how great the exercise was'*), while four clients spoke of the supplementary benefit from being provided literature. Information on stress, anxiety and depression dovetailed with explanations and information in-session. However, literature on its own was felt to be of minimal value.

Several clients praised their counsellor's powers of strategising, a contribution that helped them to face, manage and overcome phobic reactions. Men of all rank spoke of gaining the ability to reverse avoidance behaviour as the result of executing between-session strategies.

Two in every three clients experienced secondary anxiety, stimulated in several instances by stigma, and typically manifesting itself through feelings of uniqueness and abnormality. These individuals approached counselling fearful of having these feelings confirmed. However, counselling for these men offered an unexpected but relieving ingredient - reassurance. **Proffering reassurance** was a counsellor contribution described by fourteen clients, and in the main resulted in a realisation that *'I'm normal'*. Some men, through scanning their counsellor's presentation, intonation and interaction, ascertained their own 'normality' some time before receiving a tangible explanation. This represented a more subtle counselling contribution.

Emerging also from the early stage counsellor information-contribution was, for three clients, the feeling of **absolution**; a most positive offshoot of insight (eg., *'I felt absolved. It wasn't my fault ... I could've cried with relief'*.)

The gaining of insight, and the carrying out of inter-session homeworks, were counsellor contributions that were of course dependent upon the clients' stories and issues of concern. In turn, stories only emerged in full because the counsellor met what are surely two

of the most fundamental of client needs - **providing the opportunity to talk and creating a secure atmosphere.**

One-in-three participants described their counsellor's **challenging** approach as a type of cognitive lever that prised open the lid on other perspectives. Though initially an uncomfortable experience for some, the end result was a greater flexibility of analytical thought, and fundamentally an appreciation that other views existed.

Nine clients reacted positively to the **motivating and encouraging** style of their practitioners (*'She would verbally applaud [my] progress and this all bolstered me up and kept me motivated'*), while two participants described the stimulating effect of hearing aspects of their counsellor's life. Such counsellor **disclosure** warmed up the relationship and created commitment.

The therapeutic gain that emanated from an amalgam of insight, absolution, challenging, homeworks, reassurance, feeling secure and being motivated and encouraged, engendered in clients renewed feelings of control. Ten participants specifically referred to this type of by-product counsellor contribution (**empowering client**).

Eight perceptive participants (five firefighters, two Sub-Officers and a Station Officer), men indeed who were used to strategising as part of their operational roles, were able to see the type of therapeutic chess game that their counsellors played out. They were significantly aware that their practitioner paced the counselling process to suit the vacillations in client requirement (**matching intervention to individual need**). One man said, for example, that his counsellor's role *'became more active whenever she was sure that my mental side was up to it'*.

Four clients valued their counsellor's input outside of the counselling dyad (**smoothing path to concurrent support systems**). Three men explained that comprehensive counsellor communication with the Brigade physician prior to a medical appointment reduced

the need to retell their story in full, while one man benefited from his practitioner providing his wife with *'a bit of a picture'* about his condition.

Five participants described their counsellor as **accessible**, a contribution that provided comfort, consistency and utility.

4.9.2.5 Unhelpful and uncomfortable factors

Two out of every three clients had **nothing** negative to report about their actual counselling. The remaining participants between them described several unsettling aspects. Five men, for example, spoke of their difficulties carrying out inter-session suggestions, especially the mentally challenging self-monitoring exercise (eg., *'It reinforced a very grim picture'*), while several clients described the presence of uncomfortable and conflicting feelings throughout their counselling experience (**feelings of ambivalence**). A firefighter for instance spoke of what could be called the 'stigma-need conflict'; though he required help he was frightened of the process. Another firefighter, who was angry at his employer, was cognitively trapped in a confidentiality conundrum: he wanted, at one level, for his counsellor to relay his angst-ridden disclosure back to the Brigade, while, at another level, he wanted her to remain strictly confidential.

Two clients were repelled by their counsellor's highly confrontational style (**counsellor as too challenging**), while two other firefighters described the discomfort associated with **negative self-discovery**. One man explained that his counselling *'showed up that I caused a lot of my own difficulties and how nasty I was and selfish'*.

Another client couplet described their practitioners as inadequately conversant on Fire Service terminology (**reduced job knowledge of counsellor**) and that this punctuated unnecessarily the flow of self-disclosure. A Sub-Officer spoke of feeling *'a bit interrupted'* by having to explain operational jargon.

A Sub-Officer described an episode of **inadequate communication** that involved ambiguous counsellor opinion, while a firefighter felt it unjust and unhelpful that he was left stranded and unsupported at the foothills of medical retirement (**no help with retirement transition**).

4.9.3 *Counselling consequences*

The analysed responses in this overarching category are arranged under seven headings: general encapsulations of outcome; symptom assuagement; progress in Life domains; repercussions without counselling; ripple effect; seeking further help; and, realizing clients' needs. A synopsis of the findings is now presented after which the categories are described in turn.

Abstract (*Counselling consequences*)

The client-employee typically attains an emotionally profitable and enduring therapeutic dividend from using the NIFB counselling service.. He experiences a cognitive shuffle that unclutters his thinking and promotes its positivity, and also sharpens his concentration and task application. The once amplified emotional reactions are now barely or not audible: his mood is elevated, his anxiety and irritability diminished, and he feels confident again. He no longer hides in order to cope and the physical fall out from stress has been alleviated. Domestic and social life is reborn.

His workplace typically benefits too through his improved: performance; attendance; job satisfaction and interpersonal relating. Domestic life is also reborn, induced by an angst-free atmosphere.

The typical client/service user also begins to see counselling in a light no longer shaded by stigma and scepticism. In addition he can more readily detect sufferers of stress, particularly at work, and is more liable to recommend the counselling service to others.

The typical consumer of the NIFB counselling service has his needs met. The service has thus realised one-third of Orme's (1997) 'win-win-win' aspiration.

4.9.3.1 General encapsulations of outcome

Before probing led to specificity, all twenty-one participants offered précised, bottom-line, descriptions of their counselling outcomes. These all-embracing evaluations of the counselling could be said to represent the therapeutic response to the 'needs as nebulous' category, described earlier.

Eight clients referred to their counselling as a positive life altering experience (eg., *'Counselling changed my life around'*; *'It turned all bits of my life around'*; *'It's like the way it was'*), while five other men spoke of travelling beyond their need for life situation reversal and actually leaving counselling much more mentally robust than at any other time in their lives. For instance a Sub-Officer, who had suffered for many years, claimed that *'I didn't feel as good sixteen years ago'*, and went on to explain that he was astounded by his level of success: *'I never ever would've thought counselling could have helped to such an extent'*.

Several participants described their counselling outcome in terms of stopping the slide towards ruin. A firefighter declared: *'I was about to lose everything, all bits of my life [and] now I've found them all again, and this is down to counselling'*.

Other generalised descriptions of the degree of change attained included:

'... the changes overall were like changing from night to day, black to white.'

'Really, counselling was so good, turned all my symptoms around.'

'Simple, counselling gave me back my ability to deal with things.'

'Counselling worked well for me and helped me to get better and to work well again and enjoy life again.'

In bottom-line terms, all twenty-one participants were emphatic that counselling helped, and, as described already, the level of help received and progress made was significant for many. Indeed, a Sub-Officer had made such significant progress that he cried

pleasurable tears when relaying it to the present researcher in interview. He also wondered if his practitioner really knew the degree to which he had been helped. He asked tearfully: *'Does she know?'*

4.9.3.2 Symptom assuagement

As stated earlier, interviewer probing transformed generalised descriptions of outcome into specific portions of impact. An analysis of these now follow, starting with alterations in affect.

Changes in feelings

It is no surprise that all participants experienced a reduction in distressing feelings. The act of sharing a problem in itself can reduce its potency, although earlier analyses in this study point to the significant worth of insight and constructive strategies. Anyhow, many participants spoke of their release from debilitating feelings of anxiety and depression as a direct result of counselling. For example:

'... the anxiety just dropped off.'

'I'm less stressed out and depressed, much less.'

'... my depression lifted.'

'I'm psychologically cleaner, happier and all the stress has gone.'

A Station Officer claimed that his counselling intervention improved his mood to such an extent that it negated the need for a chemical input: *'I ended up not needing anti-depressants. Counselling achieved what six months of anti-depressants might have achieved'*.

All fourteen men who entered counselling psychologically enervated by trauma were relieved, in varying degrees, of a panoply of distressing symptoms. One man, a long suffering firefighter said his *'irritability got less and then went'*, a Sub-Officer spoke of his flashbacks

'disappearing', and another firefighter explained that *'I haven't had any panic attacks since counselling ended'*.

While one man still avoided certain triggers, he nevertheless recognised the distance he had travelled psychologically:

'My anxiety and depression has, I would say, a good ninety percent gone, and continues to improve.'

Another trauma group participant explained that since counselling *'it would take a pretty powerful thing to set off any upset'*. He added that he had not been disturbed in any way for several months post-counselling.

Twelve clients spoke of elevated levels of self-confidence (eg., *'I'm definitely more confident'*; *'I became more comfortable in myself'*), a senior officer found that counselling enabled him to regain *'that sense of myself'*, and a firefighter became re-introduced to his *'old self'*. A Sub-Officer explained that for him *'the real confidence came from knowing that I will not let it happen again'*.

Fresh ways of thinking/cognitive shift

Counselling had a significant impact in this area of clients' functioning. The need for insight was met by the educational portion of the practitioners' cognitive-behavioural orientation. All twenty-one participants revelled in the relief of gaining greater self and problem understanding. Insight was clearly therapeutic for these men and was directly related to outcome.

For several men, greater understanding sharpened their thinking, promoting it from reactive status to a more proactive position. That is, clients in this study developed an ability to think ahead, to pre-empt and prevent the impact of potential stressors. Interestingly, a Station Officer paralleled such strategic awakening in his mental health domain with his typical operational function at work. For him, the parallel helped ingestion:

'It's very familiar territory for me, in that as a firefighter I would be analysing situations, identifying the best strategy and predicting situations and then using my training to sort it out.'

To differing degrees, all clients experienced a positive shift in the semantic make-up of their thinking: actual thoughts became constructively re-constructed (eg., *'My thinking is more positive'*; *'Counselling helped me turn my negative thinking around'*; *'I can now have pleasant thoughts'*).

Counselling for many traumatised men dispersed the intrusive cognition's that kept alive the trigger event in their minds. A blend of understanding, cognitive restructuring and renewed determination led disturbing, persistent images and thoughts through the cerebral exit door. The outcome for one man captures the collective experience:

'I know I'll never forget the incident. But it doesn't distress me. I don't crawl into a corner. Instead I say "I'm lucky", "I can cope." Counselling taught me how to think positively and to be a fighter. What does Arnie say? "I'll be back." That's me, that's me.'

Counselling seemed to offer a cognitive rationale that could be held onto and used. For one man his type of therapeutic 'out-of-body' experience made the seemingly insoluble solvable, and life liveable:

'I can sort of look down on my life now and see how all bits and pieces of what's going on fit together. Before it was just a mess, it bothered me mentally. Now it's like one of my grandchildren's maths problems.'

Some clients explained that they now thought of themselves in a more positive light, almost one-in-three described their enhanced powers of concentration and decision-making, while two men spoke of increased psychomotor speed.

Changes in behaviour and somatic improvement

Participants also reported changes in what had been dysfunctional and disrupting behavioural patterns. Five men spoke of overcoming their avoidance repertoires, a most disabling echo of their traumatic exposure (eg., *'... counselling helped me to stop hiding'*; *'I*

now travel again with no problems'), with two firefighters indeed claiming that counselling overturned their insistent presenting urge to avoid work permanently. Both of these men re-attained full operational status shortly after their counselling terminated.

Given that for many clients inadequate and disturbed sleep was a primary symptom, it is not surprising that those who experienced a positive change in this area described the improvement in an emphatic fashion. For example one man explained:

'I'm sleeping normally again. Do you know how that feels? No sleep for months and then good sleep? It's like gaining a limb after paralysis'.

Although other descriptions were less dramatic they still made the point (eg., *'I sleep much better now'*; *'I sleep longer, get over quicker, have no peculiar dreams at all'*).

Almost one-in-two clients described some significant physical changes as an outcome from counselling:

'The headaches went. The palpitations they've gone too, and my appetite returned to normal.'

'I feel healthier and there's no palpitations.'

'My tiredness has decreased too. That crippling sort of tiredness has evaporated.'

'The really deep, deep tired feeling went with counselling and has not returned.'

Two Sub-Officers referred to their release from physical tension, a firefighter spoke of an improvement in a neck condition, while a senior officer seemed to view his counselling as a type of elixir of youth:

'... and the three or four months since counselling ended I just gradually felt younger.'

Renewed energy and enthusiasm had a most potent impact on many a client's social life; an outcome that met an expressed need.

4.9.3.3 Progress in Life domains

Participants tended to enter counselling drenched in the wide reign of their problems; problems that had infiltrated both their work and non-work arenas. They hoped for change, counselling provided it, and below is the evidence; starting with improvements in relationships.

Changes in personal relationships

Eighteen participants described varying degrees of improvement in what had been unsettled and in some cases unravelling personal (typically marital) relationships. Several men described this in a general way:

'Life at home here is much better. Maybe not the Waltons, but certainly not the Simpsons.'

'Counselling brought me and the wife closer together.'

'Really, counselling reunited my family. My wife and kids started to smile again.'

Counselling for some men released the talking tap which eventually overflowed into, and positively drenched, domestic life (eg., *'Counselling taught me to talk more to the wife and this just opened the gates'*; *'... after counselling I knew it was best to talk to the wife, and it was a good move'*). Sometimes too, clients became 'personal scientists' in an attempt to correct the type of dysfunctional behaviour that had promoted domestic disharmony. This counselling-inspired approach created a favourable outcome, as one man explained:

'I learnt to hold back and prove to myself that being snappy helps no-one. The wife and I talk more openly now.'

A firefighter's outcome account seemed to support the adjustment of a popular maxim to: "no satisfied client is an island". This man explained that the turnaround in his own mental health enabled him and his wife *'to get worries off her mind'*.

Improved moods, enhanced energy and motivation, coupled with greater domestic harmony led directly to couples re-engaging in their pre-problem social activities. As a firefighter put it: *'we go out again, and got out of an awful rut'*.

Enhanced ability to cope and work

A further area in which participants had difficulties and in which they attained favourable outcomes, was that of managing their day-to-day living and in particular their working lives. All clients spoke generally at first. For instance:

'I've coped since counselling.'

'I feel I can cope.'

'I know now what to do.'

'I have the remote control.'

'I regained control.'

One man described his ability to cope since counselling as so ingrained it was automatic (*'I can cope now without even knowing I'm coping'*), while another firefighter used the past to predict the future:

'I know enough now to cope with anything. Look what I've already achieved, coped with.'

A Sub-Officer claimed that his new found coping ability was a product of acquired and accessible learning: *'I have so much new knowledge from counselling [that] my brain now has a manual of what to do if things go haywire'*.

Another client described his enhanced coping ability as a product of practise, or as he put it, of *'mental physio'*. His counselling experience had promoted proactivity and he learnt that *'if you do the coping exercises often enough it can only improve; do nothing and you weaken'*.

All participants expressed their rejuvenated coping ability in terms of the workplace. This therapeutic dividend for the host organisation included seventeen participant descriptions of impressive reversals in their work performance, work attitude and working relationships. In fact for many, the primary impact of counselling on their working lives was their returning to work from sick leave (eg., *'It was counselling got me back to work'*; *'... counselling certainly helped me get back'*).

A senior firefighter, who entered counselling so overwhelmed by his problems that he intended (reluctantly) to take early retirement, claimed that *'things changed with counselling [and] I'm so positive now I'm staying on'*.

Fourteen participants described a noticeable improvement in their ability to do their job. For some, this was expressed in terms of enhanced concentration and decision-making (eg., *'I no longer go off into daydream land full of worries ... Now I'm able to focus on what I'm doing'*), while two men actually maintained that their work performance surpassed their previous best. For instance, counselling for a Sub-Officer created a unique outcome amalgam of improved decision-making and task focus, seasoned with his feeling *'fresher and more enthusiastic'*.

A Station Officer measured his performance progress in terms of improved work rate (*'My speed of work has increased'*) and enhanced organisational and man-management skills (*'I'm dealing with the boys better and am doing paperwork more efficiently'*). The efficiency outcome was mentioned by two other junior officers. One of these men revealed that: *'my workload is now being dealt with quicker [although] the workload is just the same as before'*.

Greater enthusiasm for work and reactivated job satisfaction were repeatedly expressed in outcome accounts. Indeed several clients seemed to describe their counselling as creating a type of 'chain of change' in the workplace. As with life in the domestic domain,

clients' symptom relief and elevated enthusiasm also made for enhanced relations at work. A Station Officer for example noticed that his staff reacted positively to his improved presentation and behaviour and that this in turn unified the team. A once irritable, anxious and socially-withdrawn firefighter, who returned to work after effective counselling, achieved a similar outcome:

'I was likeable again. They needed me back the way I was ... I think it has made for a better spirit, team spirit.'

A Sub-Officer felt that the fun returned to his unit once counselling ridded him of his *'snappy and aggressive'* behaviour.

For several men in the trauma group, the therapeutic acid test was when they encountered, or thought they were about to encounter, a similar incident. In all cases counselling met the challenge. A Sub-Officer's first operational 'test' was during Northern Ireland's troubled "marching season" when he and his crew attended a call out to an extreme loyalist housing estate in mid-riot:

'I led my men well and we did what we could effectively and then retreated. I coped very well. I had no after-effects at all. Slept well that night and ever since. That was pre-Drumcree and I coped.'

Even the four clients who were to be medically retired unanimously agreed that counselling had not only reduced (and significantly reduced in some instances) the attendant anticipatory anxiety, but also it provided them with an infusion of positivity as to their future employability. It seems probable that in these cases, some future employer would be reaping the winds of their counselling change.

4.9.3.4 Repercussions without counselling

Participants painted a grim picture of the direction their lives would have taken if counselling had not intervened when it did. Five clients, for example, were sure that they would have slid into the psychological danger zone (**serious deterioration in mental health**).

Two men predicted an eventual period of hospitalisation, while one man spoke of counselling as arriving on the cusp of rapid psychological decline: *'I think I got counselling just about on time'*.

Several participants provided an all-inclusive prediction. These five men maintained that without counselling they would have ended up separated/divorced, homeless and unemployed (**losing everything**).

Six clients foresaw a premature end to their Fire Service employment (**medical retirement/losing job**). For instance:

'I would have had no job. This is the only way it would've gone.'

'Without counselling help I wouldn't have even gone back to work. I'm sure of that.'

'Without counselling I would've jacked in the firefighting job. No doubt about it.'

At a less dramatic level, four other clients predicted **further sick absence**.

4.9.3.5 Ripple effect

Counselling effectiveness rolled like a therapeutic tide over domestic and working lives, smoothing and cleansing much of the problem debris that lay in its path. However, participants also described a more subtle ripple effect. Twelve clients for instance found that their experience left them with a **changed opinion of stress and counselling**. For many of these men, their reborn views represented the shattering of pre-counselling stigma and embarrassment (eg., *'I feel no shame now, the sort of shame you feel beforehand'*). A senior officer was very aware of the extent of his own conversion:

'I've gone from total, total scepticism to someone who would admit they had been to the service.'

One man believed that he had been *'a bit harsh to see the counselling service as a funny farm for nutcase firefighters'*, while another consumer came to realise that *'counselling is not something to fear'* and that *'the service is too important not to be used'*.

Having successfully accessed counselling and been stripped of the stigma-shackles, seven participants clearly felt the comfort of knowing the service was there for them if they needed it again (**service existence as a benefit**).

Five consumers explained that they changed from people who quietly, apprehensively and tentatively accessed counselling to people who were in essence human advertisements for the service (**service endorsement**). For example:

'I have recommended the service. Good news should travel fast.'

'I would recommend the service now to anyone.'

'I've actively recommended it.'

Almost one-third of participants described a most humane counselling pay-off: they had gained an **enhanced ability to recognise stress in others**. In all but one case, this gain was explained within the work context and by those at local/station management level. In fact several men regarded this counselling outcome as forming an extra string to their management bow.

A firefighter was so impressed and enthused by his counselling experience that he made inquiries and actually enrolled on a basic counselling training course. He felt drawn too by the desire to *'give something back'*.

4.9.3.6 Seeking further help

Nineteen client participants had **no need** to contact their counsellor, post-termination, or to seek alternative assistance. As one man said, *'you don't need the driving instructor after the test, the lessons, you know'*.

The two clients who had **renewed contact** with their counsellors attained rapid therapeutic satisfaction on what were anyway relatively minor matters.

Ten clients revealed that their insight was so pronounced that they now possessed a type of counselling alarm clock that would alert them to ask for help (**knowing when to seek guidance**).

4.9.3.7 Realizing clients' needs

Sixteen of the twenty-one clients in this study were emphatic that their counselling needs were realized (**as met: expressions of WIN!**). General encapsulations included:

'Needs met? Absolutely. Counselling turned just everything on its head for me. All areas of hope were met.'

'I wanted to stop the rot, and I did.'

'Counselling helped me reach my goal of wanting to feel better and able to cope with life.'

'I'm much better and that's what I wanted from counselling.'

'I wanted a future. I got one.'

The required desire for insight infiltrated seven participants' descriptions (eg., *'I wanted answers and counselling gave them to me'*; *'I wanted an explanation and I got it'*), while one man gave top billing to his gaining of reassurance: *'I wanted to know I wasn't cracking up and that life would be fine again. This I ended up getting.'*

Five clients offered general needs-outcome evaluations that underlined the attaining of a therapeutic bonus:

'I got more than I hoped for.'

'... counselling helped me beyond the hopes I had.'

'Basically all my needs were met and more.'

Another client quintet described their needs as **largely met**, with three of these men admitting that a static workplace stressor kept some of their anxiety alive, although they had initially hoped their counselling could have affected some primary change.

Counselling was so unexpectedly effective for six participants that their summary assessments were tinged with irony (**ironic outcome**). A traumatised firefighter for instance explained that he entered counselling believing that he *'wasn't up to the job mentally anyway'*, and that therefore his probable medical retirement for a leg injury did not perturb him. However, his need for symptom relief from counselling was surpassed to such an extent that he updated this assumption to an unexpected aspiration – he wanted to return to work after all. This man explicated the inherent and frustrating irony:

'Counselling being so good makes going out with the injury that bit worse. It's like doing a bet and you've picked four horses to win and you feel better when two beat you, rather than just missing out by one, you know.'

A firefighter also described such bitter-sweetness when he spoke of his significantly positive outcome in tentative terms:

'I feel that my changes have been so good that I'm waiting for the catch, the bubble to burst.'

A firefighter and a Sub-Officer seemed to recognise a type of contextual catch in the needs arena when they both explained that while **their** needs were met, their **employer's** needs were probably **not** as they both faced medical retirement. As one man said: *'... it's probably seen by them as a waste of money because I'm leaving'*.

4.9.4 NIFB/Counselling interface

As workplace counselling does not function within a contextual vacuum it was important to explore with participants their own experience of, and views on, their employing organisation's role and degree of impact.

Responses were often spontaneously offered and vigorously made, and are analysed in this section under five headings: root reasons for service introduction; stigma-stimulated striving to keep others unaware; external locus as gateway need; management support; and, counselling practitioner as agent of organisational change. What follows now is a synopsis of the findings after which the categories are described in turn.

Abstract (*NIFB/Counselling interface*)

The typical client participant identifies the negative impact that his employing organisation has had on the problems with which he presented for counselling, as well as on his subsequent counselling experience. For instance, pre-counselling, the organisational culture stifled his ability to admit to his emotional stress, with the logical upshot that his counsellor's (and his own) task was much greater than would have been the case if he had felt culturally-empowered to disclose his distress at an earlier, less serious stage. But the typical consumer holds fears over being 'outed' as a service user and as a result being thrown off the career ladder.

A more organisationally overt influence on his counselling experience has been the negative feelings (eg., anger, isolation) engendered by his senior management's apparent apathy towards his suffering. These feelings have oozed into the counselling sessions and extended the counselling experience.

Though for the typical client the service was introduced in response to legal and business pressures, not care, he is equally sure that the service format, or more specifically its locus, is the only appropriate option for his working context. Confidentiality is seen as the vital service ingredient.

The typical consumer is ambivalent about how much influence the counsellors should have on organisational life and functioning.

4.9.4.1 Root reasons for service introduction

Clients were asked for their opinion on the rationale behind counselling service introduction. All participants gave considered responses with six men offering more than one response.

Fourteen clients were emphatic that the NIFB only implemented the service because of legislative pressures to do so; that is, they had to (**must do/health and safety**). While many men provided quickfire, to-the-point, responses (eg., *'They have to do it to cover their backs, it's health and safety'*; *'... to obey certain health and safety rules'*), some felt moved to offer a type of cynical proof:

'Why didn't they introduce counselling years ago? Sure they introduced it during a ceasefire for goodness sake. Their reason then is to do with the law.'

One-in-three clients felt that the counselling service was introduced solely on the basis that de-stressed employees perform better and attend work more often than their psychologically disabled counterparts (**business stimulant**).

For three participants, the counselling service amounted to a form of cosmetic care. Basically, these men viewed the service as a **public relations** exercise. As a firefighter put it: *'... the Brigade want to look as if they're a caring bunch ...'*

Surprisingly, only one client specifically referred to his **stressful occupation** as the key stimulant to the decision to implement the counselling facility.

Fourteen participants provided a specific opinion on the existence, or not, of care as an ingredient in the decision to implement the counselling provision (**care as a component?**). Several men's responses were cynical in the extreme. A representative view comes from a firefighter who actually corrects himself twice during his response:

'I would seriously wonder whether they did it for the best interest of helping us cope with trauma and stress and so on, or whether it's just paying lip service or something. But I'll err on the side of optimism and say it's primarily for us. But then again maybe not, maybe I'm being too optimistic and just want to believe its introduction was for the obvious reason – you know, stress counselling for stressed people. Call me old-fashioned here.'

Another client lambasted the notion of the 'care prompt' on what he saw as entirely logical grounds. He maintained that *'if the Fire Brigade brought in this service because they care well then everybody should've known about it.'*

An angry firefighter hypothesised that if care underwrote the rationale, and thus exists, then care should be evident right across the spectrum of organisational life. He was clear that it did not and that in reality all employees were *'just a number'*.

Five participants did believe that care drove the decision to bring in counselling. These views however seemed moulded by the holders' current frame-of-reference as satisfied consumers. A Sub-Officer for instance maintained that *'it must be a care thing, because I was cared for'*, while a firefighter answered his own question based on his own experience:

'... can you bring in something so caring as the counselling I got and then say that those who brought it in are not caring, even slightly? I don't think so.'

In general, it seemed difficult for many participants to square the care circle.

4.9.4.2 Stigma-stimulated striving to keep others unaware

All participants described the negative influences of the NIFB's culture on their efforts to cope. These descriptions were seemingly inspired by a powerful cultural hint to employees to keep hidden from view their role as stress sufferers, or as counselling clients. Interviewees unanimously spoke of succumbing to the invisible workplace maxims that depicted **stress as a personal weakness and firefighters as mentally able to cope**. As a consequence, men in this study who were suffering psychologically had learned that admission was culturally contraindicated and punishable. A firefighter captures the consensus:

'I didn't want to ruin the image and fall below those standards and maybe lose my position. Many men would've felt the same as me, no doubt. The Brigade sets the standards, those sort of unemotional standards.'

For several participants, recovery from a mental health problem was too intangible to be verifiable and that therefore admitting stress in the workplace amounted to an irreversible act (eg., *'How can you prove you're better ... they'll always think you could crack up at any time'*).

Three clients seemed to see their workplace culture as oozing insidiously into the cerebral context and to such an extent that self-denial ensued. The words of a Sub-Officer described the spread of this cultural cancer:

'The culture of the Brigade undermines your ability to even admit stress to yourself, let alone to others at work. This then affects your ability to use the counselling service.'

The culture influenced many men to place their problems in a type of mental cold storage until they eventually *'hit rock bottom'*, or as another man put it, *'when you're just about to lose everything anyway'*.

Four men were amazed at, and frustrated by, the NIFB's illogical approach to health and safety. A firefighter stated with some force that: *'It's like you can't show stress, but yet the work is obviously stressful.'* Six participants referred to the greater acceptability of physical complaints within their workplace (eg., *'A broken leg yes, stress, no way'*; *'It would be better if you had a leg hanging off'*; *'Physical stuff's o.k.'*). Indeed one man took time off for his stress only to the limit of his self-certifying period which allowed him to write in a more culturally acceptable physical condition.

Fifteen participants had little doubt that senior management would at best frown upon those who accessed the counselling facility (**service users stigmatised**): hence the concern in this context over confidentiality. A firefighter for instance believed that the Brigade's high-ranking office-bearers viewed the service as a mechanism for identifying those incapable of cultural survival, eight men firmly believed that their career prospects would be quashed if senior management became aware of their counselling, and several other clients made it clear

that both management and colleague awareness would, in the words of one man, have *'intruded in on the counselling'*.

4.9.4.3 External locus as gateway need

While one man stated that at the time of referral he was too ill to linger on locus, twenty participants were fully aware of the practical and therapeutic implications of locus, and adamant that an internal or uniformed counselling provision would not only deter attendance, but also would be of little therapeutic value (**in-house service barrier to openness and effectiveness and anathema to referral acceptance**).

All opinions were forcefully put and centred on the twin concerns of management control and the fragility of confidentiality. The words of a Sub-Officer embraces the collective view that an outside agency was the only suitable and acceptable format for Brigade employees:

'I would've had great reservations about using an internal service, definitely. You can't open up if you believe it's all going to be spouted all over the Brigade. No point in that. External it has to be.'

Participants were sure that an in-house uniformed counsellor's loyalties would lie with the Brigade and that therefore counselling effectiveness would be severely compromised. As one man said: *'You can't counsel someone with your eye off the ball. You are not focusing on the individual, but on the Brigade.'* Several men also made the point that an internal counsellor would, in all probability, be ranked higher than the majority of clients and that this would create a very one-sided, and mostly silent, counselling encounter.

Not unexpectedly, then, there was a uniformity of expressed relief when clients learned of the counselling service's external locus (**relief at outside counselling**). Undergirding the relief was the impression that an outside practitioner would work first and foremost for the client (**external counsellor places client first**), an impression eventually

confirmed by real world experience (**felt loyalty**). A Sub-Officer described his counsellor as *'clearly on my side'*, a firefighter spoke of a type of *'solid loyalty that made the links with the Brigade just melt away'*, and a Station Officer claimed that he *'was always put first'*. A firefighter spoke of his counsellor as *'no doubt on my side'*, qualifying this conclusion with the evidence: *'she didn't show the tell-tale signs of contamination from the Brigade'*.

Several participants blended logic with locus, and loyalty, and contended that though they felt their counsellors were for them, there must still be some loyalty that travelled in the direction of the paymaster (**external counsellor must be loyal to Brigade too**). A firefighter conceded that the counsellors *'would obviously be trying to impress the Brigade [who] put the money in their pockets'*.

Nine participants provided a firm opinion on the therapeutic influence of an external counsellor's **lack of job experience**. The consensus was that any deficit was heavily outweighed by the therapeutic trappings attached to confidential outside counselling. Some responses were indeed pragmatic, seeing the problem as more open to solution (ie., educate the counsellors) than would be the massive problematic crater left by the impact of an in-house service.

4.9.4.4 Management support

Twelve client participants described the action, and indeed the inaction, of some of their organisation's key office-holders as either compounding their primary presenting problems, or negatively influencing their ability to fully engage in counselling; or both (**senior officers/Fire Brigade as care-less and unsupportive**).

Two firefighters described how their incident-related anger was topped-up by their senior management's apparent apathy towards their plight:

'... the organisation got me twice. The trauma I suffered, and then once suffering they never bothered with me again. This affected me, gave me another dose of anger.'

'Management didn't come. I got visited once ... I was treated badly. Made me very angry and this added to my problems.'

Speaking for a conglomerate of uncared for clients, a Sub-Officer explained that high-ranking managers are too wrapped up in the administration of ill-health to even consider the efficacy of regular home visits:

'The Brigade by their behaviour, or lack of it, showed their interest in ticking sheets of paper. Like "well that's that done, next". I think follow-ups show interest.'

A Sub-Officer who lived, and nearly died, for the Brigade whittled the issue down to a fundamental absence of employer etiquette. He was sure that the most basic form of human communication (ie., *'how are you?'*) would for him have eased the isolating discomfort of stigma.

One man questioned his employer's business acumen, concluding that *'it is no use being cared for by a counsellor and treated badly by the Fire Brigade'*, while several clients spoke of feeling undermined by some senior officers' post-incident jocularly. Indeed, they felt this intruded upon their employee-to-client journey, as well as upon their in-session experience.

That management at station level play the 'chalk' to senior management's 'cheese' was evident in seven participants' descriptions (**local management sympathetic**). These clients spoke highly of their on-site management team. One man explained why:

'The management up as far as Station Officer are fine. They're understanding. Management at station are still operationally active and live with us and know us as people who hurt, not as employees with a number.'

4.9.4.5 Counselling practitioner as agent of organisational change

Arising from unplanned interviewer probing came a batch of contrasting views regarding the extent to which the counsellors' therapeutic tentacles should stretch. Four

participants for instance believed that encouraging primary change was **not** an expected function of the counselling service. One man said:

'I wouldn't have expected that. He's a psychologist there to help me cope better. I wouldn't expect my G.P. to contact the Brigade about my workload.'

Four other clients explained that such an organisational input would **create client concern** as, in the words of a Sub-Officer, *'that would've meant telling my bosses about how I was, which was something I didn't want'*.

However, one participant from the 'not expected' group, and three others, felt that the service's counsellors should promote workplace change, where such change would alleviate client suffering (**counsellor should prompt primary intervention**).

Three clients maintained that even if the counselling service had the will to recommend organisational change, the NIFB would be reticent to provide the way, and thus the advice would not be heeded. To further add to the complexity that is life in the 'Conflict Triangle', one man thought it amounted to business suicide for the counsellors to advocate primary change:

'Telling the people who pay you that they overwork their staff doesn't sound like a sensible way to make money. The Brigade mightn't take kindly to that.'

4.9.5. Improving the service

All participants were asked how they thought the counselling service could be enhanced, now that they had travelled the therapeutic journey. The responses, which were enthusiastically and at times firmly offered, represent the way forward from the counselling consumer perspective. The categorised responses are unpacked in the sections below. But before these is an abstract of the findings.

Abstract (*Improving the service*)

The typical NIFB counselling service consumer believes that their employing organisation should do more to facilitate the facility. While the practitioners counsel to a therapeutically effective end, the service is nestled within a culturally unemotional host organisation. As a result, the area of mental health should receive a positive character reference across the entire organisation and to such an extent that admitting stress and seeking counselling are normalised. Manifest management support is crucial in this respect.

According to the consumer, all NIFB employees should be conversant with the service, and to this end extensive marketing is necessary. The introduction of a uncircuitous referral route is a further consumer hope for the future.

4.9.5.1 Improve the context not the counsellor

Eight participants maintained that the service per se did not require fine-tuning, but rather that the corrective emphasis needed to be placed on the environment in which it operated. Views were put forward in a general way. For example:

'The counselling doesn't need changed, the Brigade does.'

'The counselling was good, very useful. Don't get me wrong, I was never knocking it, it was the approach surrounding it.'

Several clients insisted that the environmental anatomy in which counselling functioned must shed its stigmatising skin.

4.9.5.2 Destigmatize stress and counselling

Not unexpectedly, many participants spontaneously recommended the stripping of stigma from their organisation's culture. Eleven participants advocated the implementation of an education campaign that would tell the 'truth' about stress, legitimize its presence and promote the use of counselling when needed (**educate employees and management**). A senior firefighter put forward a persuasive argument:

'You know if other people felt the way I did before, they could be put off permanently. But if they don't know what counselling is they don't know. Can you blame them? You need to be told, like at school, educated so that it is taken as a natural port-of-call when you're stressed.'

Several clients believed that the operation and effectiveness of the counselling service could only be enhanced through genuine, overt, and consistent **management support**. A Sub-Officer maintained, and only semi-humorously, that *'it should really be part of the job description to "seek help if stressed"'*, a firefighter believed it would be useful for employees to be *'well briefed by management that it is important to go along to counselling'*, and *'let the punters know it's o.k. to go for counselling'*, formed a firefighter's plea to his employers.

Another firefighter believed that his senior management should not only encourage the use of the service, but also should state, and show clearly, that such a public view was also their private view, and that negative covert opinions would not be formed. He advised his management to:

'Tell us "it's o.k. to use the service, it's expected, you're a firefighter for pity's sake. You'll not be thought of as weak. In fact we'll give you credit for dealing with your problems".'

A Sub-Officer's comments fundamentally indicated that the counselling service-organisation merger would only be successful once the Brigade management were replaced by those possessing *'the human touch'*, and not therefore continue to comprise the current type of individuals who *'provide a counselling service and then think you're a failure if you need it'*.

4.9.5.3 Enhance awareness

Participants were insistent that all NIFB employees had a moral right to not only know of the external counselling service's existence (**publicize pervasively**), but also of its

ingredients and how to access it (**provide pre-counselling literature/disseminate information**).

Eleven men described the need for greater service publicity, while nine participants felt that all employees, including, naturally, prospective clients, should as a matter of course receive comprehensive information on what counselling is, the way the service operates, and how to use it. In addition, as suggested by three men, the information should stress that the counsellors are external and that the service is free.

Some clients were sure that the counsellors should be introduced to employees throughout the organisation (**counsellor visibility**). They firmly believed that this would reduce the mysticism that can envelope counselling and thus encourage to come forward those normally persuaded by stigma to suffer on in solo, and in silence. One man saw a business incentive too:

'... actually letting the clients of the future see the counsellors before they need them may prime them to go to counselling quicker... A session saved.'

4.9.5.4 Service structure

Ten clients pinpointed the counselling service's referral procedure as an area warranting corrective attention (**refine referral system**). Primary amongst the views was that, given the prevailing culture, management should not form one of the referral points. Several spoke of the inherent fears over confidentiality, while a firefighter felt he *'shouldn't have to go cap-in-hand'* to anyone, let alone his manager. Another firefighter encapsulated the issue with a logical query:

'Why have a confidential service if one of the ways to get to it is to admit to your boss you need to go.'

The general view was that employees should be able to self-refer. Using Controls was felt to be inadequate in this respect as it still involved an intermediate step between client and counselling service.

A firefighter contended that when an employee is stressed it becomes a matter of urgency that he or she accesses help. For this man any step in-between (or as he put it, the *'jumping through hoops'*) slows down the process of referral and in many cases, given the type of referral points, could well dissuade some employees from coming forward at all. He concluded, as did others, that the referral system was *'not as direct as it should be'*.

Only one participant, a Sub-Officer, made specific reference to the need for more counselling practitioners (**expand service**) especially if service awareness escalated. Based on his experience as both a manager and a satisfied client, this man recognised the fiscal sagacity of his suggestion:

'There's two counsellors for over two thousand people ... More commitment needed there, more money to save money.'

4.9.6 Rationale for evaluation participation

Nine clients spontaneously offered their reason for taking part in the present research, and were unanimous in their desire to impart information of such utility that the NIFB would take heed and that prospective clients would prosper (**philanthropic participation**). For example:

'I'm glad to have the chance here to tell you. People need to know that it is good, and hopefully the Fire Brigade will listen to this type of thing.'

'I hope it will help others. That's why I talked today.'

One man sacrificed potential psychological reactivity for the greater good:

'I was sort of apprehensive about talking about the past, but I felt it only right to come forward for the benefit of those yet to come.'

Having made the decision to participate for philanthropic reasons, a firefighter recognised the futility of half-hearted participation:

'... you need to know about the service to help you help the service in some way. I'll hold nothing back.'

As all of the foregoing sections have hopefully demonstrated, this man was not the only client participant to give of his all.

4.10 Counselling evaluation: the counsellors' perspectives

Twenty-one former users of the NIFB's external counselling service have just had their say, from their experiential standpoint. The rich, informative evaluative data unpacked in Section 4.9 pointed potently to their having had a favourable counselling experience. However, in pursuit of research rigour, this experience was looked at from the experiential perspective of the other person in the therapeutic relationship – the counsellor. To capture the relevant data, a counselling encounter evaluation form was designed for completion by both service practitioners for each of their respective client participants.

Form completion proved to be a time-absorbing, recall-stretching and mentally demanding exercise for both practitioners, and formed an ethical and methodological minefield for one – the present researcher. At the time of encounter evaluation, the present inquirer had already become engaged in client interview analyses, and therefore at times he was gaining the client view while in the throes of proffering the practitioner view. Although he was not aware of any conscious influence emanating from this overlap, a sub-conscious impact was likely. Acknowledging this limitation, the researcher believed that his encounter evaluation should still be included.

There follows a brief description of the encounter evaluation form, after which the findings are presented. (A copy of the evaluation form, and its accompanying guide, can be found in Appendix B-8.)

4.10.1 The counselling encounter evaluation form

Introductory comments encouraged the practitioner participants to use the written guide provided; the aim of which was to direct and augment their focus on certain issues within each of the five key areas on the encounter evaluation form.

The first section on the form asked the participants to provide their client problem **conceptualisation** and in doing so to consider: problem definition and catalyst; the degree of client distress; and, the infiltration of the problem through the work, domestic and social domains.

The next portion of the evaluation process focused on **process**. Here the counsellors were asked to provide an evaluative trace through the encounter. After defining the therapeutic goals, they were expected to move through the intervention itself, and then onto the counselling relationship, and issues surrounding termination. They were then asked to finish off this section with a description of those factors that impeded the counselling process and thus hindered therapeutic progress.

The evaluation form (and guide) then encouraged the practitioner participants to: describe and assess the counselling **outcome**; describe their level of satisfaction with the outcome; assess the outcome in terms of the original goals; and, offer up the prognosis they held at termination time.

The penultimate key section centred on the **professional and personal** arenas and asked the counsellors to reveal what they had learned from working with the particular client, while the final key section encouraged them to describe the way(s) in which the **host organisation** influenced the counselling process and outcome. A 'further comments' section was also included.

4.10.2 Results

According to their practitioners, the client participants in this study tended to enter counselling in an emotionally heightened, distressed and confused state; a product of the usually traumatically substantial trigger events and situations, as well as the generally protracted period of post-event suffering, or of what could be called, **the catalyst-to-counselling delay**. In fact, the majority of the clients suffered for many months, pre-referral, and for some, for many years; a delay typically borne out of; inadequate self-awareness; poor service knowledge; or, an admission-stigma.

The counsellors described fourteen of the client participant group as victims of trauma, of critical operational incidents; including terrorist bombings. Not unexpectedly, this group of men complained of: cognitive intrusions and dysfunctions; anxiety; depression; irritability; feelings of guilt, self-blame, anger and professional inadequacy; sleep disturbance; and a perplexity over the hows? and whys? of problem-evolution. In addition, in some fashion, these clients all applied avoidance behaviour, with the most severe and interfering application, a complete retreat from the workplace.

Five clients had suffered as the result of an organisationally-kindled situation (e.g. interpersonal friction at work), with presentations characterized by: anxiety; irritability; depression; sleep disturbance; reduced powers of concentration and decision-making; and, underperformance. Two clients came to counselling impressed by the psychological consequences to serious physical illness and major surgery.

The practitioners were sure that all twenty-one clients suffered three-dimensionally, as it were. That is, their problems were life-intrusive, percolating clients' domestic, work and social arenas. Also described by the practitioners was the omnipresent fourth dimension-fractured relationships.

Some of the twenty-one cases were so tragically traumatic that both counsellors felt overwhelmed at times, and indeed to such a degree that they anticipated their therapeutic impotence. As one practitioner exclaimed: *'I felt, how on earth would anything help this man after the tragedy he had been through?'* One such incident involved the death of two adults and their two children in a house fire.

The practitioners explained that their primary short-term goal was the assessing or conceptualising of the client problem; *'to assess its impact on all areas of life'*, as one counsellor worded it. To realize this more immediate objective, these particular practitioners:

'Offered reassurance and commitment ... a clear support.'

'... let the client tell his story.'

'... made sure the client felt listened to and understood.'

'Fostered the client-counsellor relationship and built up trust.'

The counsellors' longer-term goals were more obviously focused on the therapeutic product or outcome, and were expressed in general terms (eg., *'to restore former levels of emotional and psychological functioning'*; *'to minimize distress'*) as well as in a more specific way (eg., *'to alleviate anxiety symptoms'*; *'to promote insight and self-empowerment'*).

While recognising that both counsellor and client had their own roles to play, the practitioners were certain too that these contributions needed to dovetail in a congruently committed way, if goals were ever to be realized. In terms of their own roles, or counselling contributions, the practitioners' descriptions included the following:

'Listening, understanding and empathising.'

'Motivating and reassuring the client.'

'... informing and educating.'

'... explaining how problems affected functioning.'

'Teaching and strategy-training.'

Regarding this latter role, clients, when case-appropriate, were instructed on: progressive muscle relaxation; creative visualization; desensitization activity; self-monitoring; self-talk management and reconstruction; and, sleep hygiene. Not unexpectedly, given their orientation, both counsellors placed prime importance on the teaching, educative and instructional process ingredient.

Now, the practitioners were not so arrogant as to claim that the many successes attained within this client participant group were purely the product of their own professional prowess and therapeutic flair. Indeed, when questioned on the helpful factors within the twenty-one counselling encounters, there was a clear appreciation of the role of certain client characteristics and contributions. For instance, one of the practitioner's claimed that '*client experience and seniority and maturity aided the process*', while his colleague blended the benefits of maturity with the presence of humour: '*Maturity and a sense of humour added quality to and facilitated the encounter.*' Other appreciated client attributes and inputs included:

'Motivated and conscientious about his own role.'

'Responsive, responsible.'

'... assimilated information readily.'

'Co-operative and eager to learn techniques.'

'Used sessions very effectively ... engaged readily.'

'Carried out homeworks.'

'He was a good attender.'

Both practitioners also emphasised the therapeutic influence of the counselling relationship, explaining that its positive presence stimulated success, or at least made its attainment much more likely. Helpful too to the two counsellors was that this batch of clients tended to enter counselling with the support of their loved ones.

Obstacles to the therapeutic process also focused on client attributes, as well, of course (given the counselling genre) on the organisational context. In terms of what could be called the **client-based barriers**, the counsellors highlighted: inadequate motivation and lack of involvement; unrealistic expectations; passivity and dependence on counsellor; and, resistance to counsellor suggestions (eg., to carry out relaxation techniques; to attend G.P.)

Unhelpful and inappropriate management behaviour was the primary negative organisational influence on the counselling encounters, an influence that at times aggravated clients' problems and extended the therapeutic effort. The counsellors also emphasised a positive organisational influence on their work with these clients, highlighting especially, the flexible, co-operative and understanding nature of most line-managers.

Although it can be concluded that the practitioners were in the main content with the counselling termination processes and outcomes for this group (eg., *'it was planned and agreed'*; *'Termination planned and satisfactory'*) they did comment on four unsatisfactory endings (eg., *'Unfortunately, termination was incomplete'*); the product typically of a client's non-attendance at final consultation, or a sooner than expected medical retirement.

As regards counselling outcome, the counsellors were sure that almost all of those within the client participant group achieved positive or substantial gains, and indeed for many, counselling seemed to be strikingly successful. Outcomes, when described in general terms, included:

'Overall the intervention had a very powerful effect on client problem.'

'The counsellor believes that much of the input was highly effective for the client, and made a difference.'

'I feel confident that the work has had a very positive impact on client. We both felt our achievements were significant.'

'Positive outcome. The client made significant recovery.'

'Overall impact was very positive.'

'I feel confident that the work has had a very positive impact on client. We both felt our achievements were significant.'

'Positive outcome. The client made significant recovery.'

'Overall impact was very positive. Prognosis good. Risk of relapse low.'

'The client had benefited from the encounter. Functioning improved in all areas.'

The counsellors referred also to the meeting of therapeutic objectives (eg., *'original goals met'*; *'we did what we set out to do'*; *'all client's needs fully met by counselling'*) and when describing the more specific counselling products, placed significant importance on the gaining of insight; an ubiquitous client gain, and one when substantial, promoted much progress and at times, on its own, accounted for a successful outcome.

Aside from greater problem and self-understanding many of the clients experienced a positive change in their thinking, through improved self-talk management, with a resultant reduction (and significantly so in many cases) in anxious and depressive feelings, intrusive imagery and sleep disturbance:

'Client was empowered by cognitive work. Depression lifted and irritability was managed. Heightened anger dissipated.'

'Developed self-talk skill in challenging negative thoughts.'

The practitioners explained too that in the trauma cases the many and various instances of avoidance behaviour were either eradicated or greatly reduced, as these clients re-engaged in the world with a renewed enthusiasm and an increased self-confidence.

According to the counsellors, all of the client participants, in some form, experienced improvements across their work, social and especially their domestic relationships; and that

all of those on sick leave at the start of their counselling (and who of course were not medically discharged) returned to work.

The outcome accounts were not entirely or always written in black and white terms. Indeed, the practitioners at times described what could be called **grey outcomes**, when they clearly balanced satisfaction or confidence with caution (eg., *'Positive outcomes mainly, but some residual problems'*; *'Fairly satisfactory, but risk of relapse'*; *'Counselling had very positive impact, but some concerns about relapse'*). In fact, there was one very unsatisfactory and *'disappointing'* outcome, the product of a most uncommitted, poorly motivated and resistant client.

One of the practitioners described the 'domino effect' of her successful counselling encounter with a Station Officer. She explained how this man's counselling service cynicism and concerns lifted (and his *'beliefs demystified'*) through his very positive experience and indeed to such a degree that he became an active and effective referral source soon after.

While both counsellors described the vast majority of their encounters in this client group as challenging and demanding, they nevertheless felt in hindsight (except in two cases) that they would not have practised in a substantially different manner. However, one of the counsellors did believe that termination with one client should have occurred much sooner in the process as *'the client was clearly uncommitted'*, while the other counsellor described a regret at not feeling *'empowered enough'* to promote the necessary primary change, which though eventually occurring, was by virtue of an organisational fluke, rather than by proactive practitioner design.

CHAPTER 5

AN IN-DEPTH ANALYSIS OF THE COUNSELLOR AND ORGANISATIONAL PERSPECTIVES

OVERVIEW

This chapter completes the workplace counselling 'triangle'; it adds to the client view, the experiential and evaluative opinion from both the **counselling practitioner** and **organisational perspectives**.

5.1 The Counsellor Perspective

5.1.1 Introduction: natural selection and novelty

It was decided to conduct an extensive in-depth study of life in the *Conflict Triangle* from the employee counsellor apex. As the present researcher comprises one practitioner portion of the counselling provision's two practitioner complement, the selection for case exploration was more natural than purposive. Consequently, the counsellor whose remit is the northern and western region was invited to participate in what became a series of semi-structured interviews.

5.1.2 The interview

Before the initial interview it was re-emphasised that its purpose was to explore her experiences of, and views on, the NIFB's external counselling service. However, it was also conceded that it would naturally be difficult to conceal her identity. In view of this it was explained that she would have the option to not only read and amend the transcripts, but also to read, amend and advise on the final written document. She was assured though that in the meantime the information she would provide would be kept in strictest confidence. She was asked to read and sign a consent form when ready to do so (see

Appendix B-9), and to remember that the consent was not set in concrete and that it could be withdrawn at any moment thereafter.

The practitioner's approval was also sought to audio-record interviews though it was explained that she could stop the recording at any time and ask questions as often as she wished.

The first four planned probes on the schedule (see Appendix B-10) formed a background section which explored with the practitioner how she became a workplace counsellor for the NIFB, and inquired into her training, orientation and practical experience. Also explored was her degree of input into, and her view of, the counselling service consultative and implementation process.

The next section examined the practitioner's roles, responsibilities and service details. She was asked to define her current function, highlight any areas where she felt underutilized, describe her terms of engagement, and detail the ingredients of her counselling provision. Explored also were the counsellor's expectations and goals when she first became associated with the Brigade, and the degree to which these were realized as her real world experience unfolded. She was then asked to explore the organisation's expectations and aims for her role, and on this issue, to describe any areas of practitioner-host conflict. The issue of conflict was then taken to its epicentre when the practitioner was asked to describe her loyalty-weighting between client and employer. Though the question was simple (*'Who is your Client?'*) the issue was complex.

The interview also homed in on the counsellor's evaluative opinion of the entire referral process, after which it focused on her level of organisational knowledge, or more specifically on how such knowledge was attained. Indeed, in an effort to almost measure her level of 'inside' information, she was also asked to explain the organisation's rationale for introducing the counselling service.

The following two sections examined differing strands of the same issue; that is, communication. While the first of these sections explored the practitioner's degree of

satisfaction with the type and level of communication between service and host, the second sought her evaluative opinion on counselling service marketing strategies, and the level of workforce service and counselling awareness, knowledge and understanding.

Six questions were included to cover the central issue of counselling service effectiveness. This section aimed to discover the practitioner's means of gauging her degree of effectiveness, her actual or perceived level of effectiveness, and the ways in which her effectiveness could be enhanced.

The next group of questions examined the issue of service locus. Here the aim was to explore the counsellor's degree of organisational integration and to obtain her view on greater organisation-counselling service fusion. The ways in which the host organisation had impacted on her practice was the next area of exploration, after which she was asked to describe any other factors that had undermined her efforts to provide an effective service.

Personal and professional issues were examined, with the practitioner participant asked to describe, for instance, the stresses and strains of life as a workplace counsellor and the ways in which she managed her own stress.

Before being asked to offer up any further suggestions or ideas for improving the service, the practitioner was asked to indicate her degree of satisfaction with her role as an NIFB workplace counsellor.

When the interviewer/researcher had completed the inquiry, the counsellor was invited to talk about any other issue which she believed to be important. She was then advised to contact the researcher if any concerns or further comments materialized at any moment post-interview.

5.1.3 Analyses

Although amounting to a single case study, the analysis followed the same route as the client portion of the study (see Section 4.7). Therefore, the five practitioner audio

recordings were initially listened to by the researcher, before being transcribed by the audio-typist, after which the researcher then:

- read the transcripts while listening to the tapes.
- responded immediately to the practitioner take up of the option to review the transcripts.
- made amendments to the transcripts in response to participant desire and advice. For example, she wished to re-word and dilute the potency of some criticisms. However, little meaning was lost in this review.
- erased the recordings.
- became immersed in the data through continual reading and absorption.
- made marginal notes as patterns emerged and early impressions surfaced.
- compiled an initial list of categories and codes.
- coded the raw data.
- reviewed the categories for refinement.
- headed up a ledger with the categories and sub-categories.
- selected verbatim illustrations and copied to the ledger.
- sought, organised and attained complete, one hundred percent, interrater reliability from an expert practitioner-researcher within the Counsellor Training Unit of the University of Hull's Department of Psychology. All practitioner transcripts and the coding frame were provided. Appendix B-11 houses the coding frame, while Appendix B-12 offers examples of coded transcript.

Just under 9 hours of recording were obtained, some 239 pages of transcription produced, and almost 930 miles of country covered. The location for all interviews was the practitioner's office in Londonderry, Northern Ireland's second largest city, located approximately 90 miles from the researcher's home, and around 70 miles from his primary work base.

5.1.4 Semi-structured interviews: an analysis of the counsellor perspective

This section presents a detailed account of the issues which emerged from the series of semi-structured interviews conducted with one of the service's counsellors (who is referred to here as P.). The account is analytically structured by three superordinate categories, namely: becoming and being an NIFB external workplace counsellor; NIFB/Counselling Service interface; and, personal and professional issues.

All categories and sub-categories (which are tabulated in Appendix B-11) are illustrated using extracts from the transcripts.

5.1.4.1 *Becoming and being an NIFB external workplace counsellor*

This category fundamentally describes P.'s personal 'merger' with the NIFB. It describes her 'arrival', the expectations and needs that she held at the cusp of the merger and her roles and responsibilities.

5.1.4.1.1 *Becoming attached – sort of!*

Prior to her appointment with the NIFB P. (who holds a post-graduate Diploma in Guidance and Counselling) was an external counselling consultant to the Post Office for some six years. However, in early 1995 she moved with the Post Office's Senior Medical Adviser to a similar practice locus and part-time position with the NIFB; an opportunity created by the Brigade's freshly instituted stress management policy. This selection segue told P. that the physician had faith in her ability to apply her experience and practice to the new organisation, the NIFB, even though the core tasks and culture of the two organisations could not be equated. This invisible selection process, with its implied compliment, was somewhat spoilt, though, by the lack of a formal introduction to the NIFB, or of what could be called, a process of context transition (**no induction**). She was told '*nothing about the wider organisation and not even given basic, very basic information*'. She thus felt at times organisationally impotent, and almost embarrassed:

'God it's bad when the clients are telling you what the policies, etcetera, are'.

She was grateful to her clients, though, as they also became *'unconsciously, the mouthpiece [of the organisation] and reflected the barriers and the hesitations and the resistances that are there'*. Fortunately, on balanced reflection, P. did not believe that her lack of formal induction and organisational knowledge compromised her practice effectiveness. Indeed, she maintained that while *'a little knowledge may be a dangerous thing, too much creates, or could create, pre-conceived notions'*. She came down on the side of organisational knowledge as *'useful'* to her practice, rather than *'essential'*.

P. revealed also that she received **no terms of engagement**, and that this served to loosen even further the looseness already engendered by her lack of induction; as well as by her organisationally peripheral practice locus. Although she felt that *'the [absence of] tight reins on my work might well be a compliment'*, she had no doubt too that *'mechanisms should have been more clearly formalized'*. Again, however, she underlined the need for balance: *'while it would be useful to have some horizon to help me structure things, possibly more than I do, I wouldn't want to be limited or inhibited [by targets]'*

As part of the stress management policy implementation process, a seminar was held in P.'s region at which she was invited to speak on counselling and her counselling practice. But this attempt at inclusion seemed to be all, and consequently she felt *'no part of the decision-making process'*; the very process indeed that put her there in the first place (**no policy input**). For her, she was a product of a policy.

When asked to speak about her practitioner needs, P. explained that though she held crystalline and firm practice needs (or as she put it, *'the usual expectations of, and about, my work with the client'*) she felt too that the counselling context created some uncertainty in terms of her wider expectations and needs. For her, her needs, her expectations, were *'complicated'* by the unique, unfamiliar organisational setting to which she was becoming attached. When probed, she revealed that she had *'expected, and*

needed, to have formalised mechanisms for a closer link to the organisation ... to have my work affirmed in some way ... to educate the target population [and] to influence the organisation'. She fundamentally required what she called *'a global input through the veins of the organisation'*. P. was quick to emphasise too however that no matter what her needs were, they were likely to differ in some important ways from those held by the organisation; or, in her words, by the *'budget holder'*. She thus recognised the potential for conflict in her particular practice amphitheatre.

5.1.4.1.2 Roles and responsibilities

Protecting mental well-being is P.'s primary responsibility, and she strives to fulfil it using cognitive behavioural therapy, while abiding by the BAC Code of Ethics. She described herself as an active practitioner who educates and motivates; and who also sees counselling as a process that begins well in advance of the initial session. Indeed, she attaches *'vital importance'* to her first telephone contact with a prospective, and usually anxious and stigmatised, client-employee. For P., this is a time for offering reassurance: a type of micro responsibility set within the macro responsibility of her improving clients' mental health.

P. explained that she contacts a new referral almost immediately (not delaying for longer than one or two days), and when appropriate meets with spouses or partners or with the parents of young clients. Also, when appropriate, she activates her referral onwards role; though this has seldom been necessary, in a sequential sense. However, she would often sideways refer to General Practitioners.

Typically P.'s clients (and they have all been male) are trauma cases; products of acute critical incident exposure, including terrorist activity. Very few, as P. phrased it, are the *'worried well type'* who require very brief interventions (**client issues**).

P. spoke also of a kind of **assumed responsibility**. For instance, while she did not really know the degree to which her feedback factored into the medical retirement

decision-making process, she nevertheless suspected that *'it [was] used for those purposes'*. She was sure, though, that her role should not involve the stating of a concrete retirement recommendation. For her, such a role sailed far too close to the organisational wind:

'But I would never write in the reports, "this man should be medically retired", because I feel that that's somebody else's responsibility.'

P. assumed too that the host organisation was responsible for marketing and selling the counselling service, though conceded that perhaps the service itself should have been more proactive in this respect.

Ultimately, this particular practitioner participant spoke of a counselling role, and no other. Having said this, though, she clearly demonstrated her awareness of the therapeutic milieu in which she functioned:

'While my goal is more obviously client-orientated, I'm well aware that there is an organisational attachment; for example, work traumas, session negotiations, and payment. The organisation is a client too... I have a responsibility to the organisation.'

P. in fact underlined that she aspired to *'provide a good service to the Brigade, and to any other referral agents, or any other individuals involved in client management'*. She was therefore *'not totally blind to the client and neglect the Brigade'*. In the most basic of ways, P. has a responsibility to the NIFB because *'they have an influence by simple virtue of payment'*. This fiscally-fuelled responsibility encouraged her *'not to waste time and therefore the Fire Brigade's money'*.

5.1.4.2 NIFB/Counselling Service interface

This section fundamentally reflects P.'s experiential recognition of the organisational context in which she, and the counselling service, functions. It is arranged

under four headings: the surrounding system; practitioner locus; aspects of loneliness and looseness; the organisational ghost at the therapeutic feast; and, counselling service effectiveness.

5.1.4.2.1 The surrounding system

Given P.'s logical appreciation of the potential for goal and expectation conflict across the workplace counselling trinity, it was not surprising that she provided the following response to a question on the rationale behind service introduction (**rationale**):

'If you talk to different people you'll get different answers. Different people have different agendas.'

Her own feeling, though, based on her five year experience with the NIFB, was that genuine care for the workforce probably drove the initiative, the institution of the counselling provision.

P. was sure that the counselling service was not well enough known throughout the entire NIFB workforce (**awareness and knowledge**). She was concerned at this, and *'in a selfish way, disappointed, [or] the service is good and a lot of work, effort, goes on, and for people not to know, well....'* As described earlier, P. has not had a marketing role, and in an indication of her own lack of awareness and knowledge, she revealed that she was *'unsure if it is done at all, [or] if it is built into training of managers, or if the doctor and the welfare officer market it'*. While woolly on the process, she is certain about the outcome – *'lack of information limits the service'* – and shored up this assuredness with evidence from the practitioner's chair:

'Clients come to me with minimal, distorted expectations, based usually on media portrayals.'

P. expressed her alarm at what could be called **post code referring**; a further by-product, she believed, of the incomplete and inadequate workforce service awareness.

Referrals to the service have tended to be *'very sporadic and very selective'*, and basically a reflection or function of geographical location:

'I'm concerned that there are those out there who don't get referred because their line-manager does not understand he has a role as a referral agent.'

There was however a more personal experiential aspect of the referral system, or process, that impacted more immediately on P.'s practice. She explained that some referral agents tended to inform prospective clients that she would be contacting them soon to make the necessary arrangements for their counselling (**setting the therapeutic table**). This access and acceptance assumption afforded her no means of negotiation, and thus no means of refusing the case. This lack of inclusivity was a source of stress for P.:

'... by the time you get the phone call from the referral agent, the client is already aware of you and expects you to respond. That's pressure as there's an anxious client waiting.'

Once, as it were, the referral runes had been cast in this manner, P. believed that she had no way back, predicting indeed both the demise of her credibility, and her position, if she ever dared to refuse a referral. An assumption within an assumption fuelled this belief:

'The organisation may assume that if you're a counsellor you'll take on anyone's needs, regardless, and if you don't may then think "what are we doing with a counsellor like this who can't deal with all the issues?'

Not surprisingly P. was emphatic that she, and her counselling service colleague, should do more to *'educate the referral sources'*.

Although P. has received *'little by way of guidance'* on her practice scope, or **session sell by date**, as it were, she has practised with a clear regard for the business context, and has thus through time begun to intuitively know when to ask her organisational contact for a session-extension. But it does seem that the absence of a strict, unmovable, session ceiling has gone some way towards meeting P.'s practice needs, given her particular working context and the presenting problem issues. For her, a rigid

limit would have been both therapeutically stifling and fiscally counterproductive. However, a lack of rigidity has not negated the need for her to activate the negotiation process from time-to-time; a process which has engendered its own particular brand of practitioner stress and anticipatory anxiety attached to; *'the possibility of not getting the extra sessions'*. Though all of her extension-requests have been accepted, the potential for refusal has been enough for P. to *'feel [anxious] about being put in an awkward position where I haven't been fair to the client'*.

While she typically allows her 'consumers' to choose the **session setting**, there have been times in P.'s experience-to-date when she has felt somewhat travel-weary by *'always having to go to the client'*, and, when there, to contend with situationally-sculpted moments of discomfort. In terms of the latter, for instance, she referred to feelings of vulnerability when entering her male clients' homes, or their offices in an empty Fire Station at night. She also spoke, with an obvious sense of concerned amazement, about some of the most inadequately prepared and downright therapeutically unsuitable domestic environments that she has had to face during her several years of making home visits.

'Doors open, neighbours call, the T.V.'s still on, there's a crying kid, or there's a dog in need of a frontal lobotomy that wants to sit on your shoulders.....And the client doesn't even think it's strange!'

P. was quick to underline that the humour in her response belied its seriousness, in effectiveness terms. It was unsurprising to discover therefore, given these types of *Tales from the Darkside of Counselling Practice* that P. envied the consultant who can work from home.

5.1.4.2.2. Practitioner locus: aspects of loneliness and looseness.

P. maintained that she felt very much marginalized from the host organisation, and that their relationship was tenuous. Although she knew she was *'not quite in private practice'* she nevertheless felt *'absolutely invisible'* at times and often wondered *'do I only come into their mind when I contact them?'* This disturbing puzzlement was a reflection of *'the degree of looseness in the arrangement'* and P.'s unawareness of the organisation's expectations of her practice. The woolliness of her organisational attachment made it *'difficult to proceed at times'* or as she also put it, *'the looseness sometimes concerns me'*. Fundamentally, much of this portion of P.'s practice experience could be summed up as **organisation expectations unknown**. This communication deficit created moments of invisible or *virtual reality conflict* for P.; and not least in terms of what could be called her *client loyalty allowance*:

'I'm not really sure if I'm permitted, from the organisation's perspective, to be here simply for the client first, organisation second'.

'The conflicts are several', according to P. For instance she explained that while her practice goals were most definitely soaked in essence of client, she often wondered *'does the Fire Brigade expect me to get clients back to work, and within a certain time frame that they find reasonable?'* In addition, though she compiled and furnished reports to the Brigade physician, she did not really know if they were suitable, *'if they met his needs, help him make decisions'*. P. felt uneasy at the whirlpool of assumptions that engulfed her workplace counselling practice. As she said herself: *'Too many assumptions leaves gaps, and that creates worry for me'*. The singular, narrow and largely inaccessible communication channel back into the organisation has not helped P. remedy this situation.

P.'s experiential disclosures underlined her quite intense feelings of professional insecurity, an uneasiness borne out of a power imbalance which exist in favour of the host organisation. As a consequence of this power differential she has practised to please and has tended to play safe, and to bottle up her concerns, not wanting to jeopardise her position by rattling the organisational 'cage' (*deference and decency*).

'I do not feel enabled, or empowered to speak up over any conflict, to debate a point, because of the tenuous links. If I upset the Fire Brigade, undo the system, then they may say "get lost".'

In an acute demonstration of her tenuous position P. peppered this part of the interview with the following:

'I have to be careful.'

'Shooting myself in the foot.'

'I don't want to upset the applecart.'

'They'll (the NIFB) not want a list of complaints.'

'I don't want to end up standing on the toes of the funding agent.'

'I feel I need to approach the organisation diplomatically as I feel marginalized and that I'm treading on somebody else's territory.'

Representing a client in the High Court also caused P. significant turmoil as she felt: *'I'm actually going against the people who pay me'*. Ultimately for P., there was inadequate communication and too many discomfort zones.

5.1.4.2.3 The organisational ghost at the therapeutic feast.

P. was sure that the therapeutic context was capable, at any time, of playing a significant role in her work with clients. She described, for instance, how clients' presenting problems often included an unnecessary organisational additive, an uncaring 'colourant', as it were (**unsupportive management**):

'There are elements of the Fire Brigade that come across to the clients as uncaring, such as some senior line managers. I get a lot of complaints about this.....I end up having to counsel clients about the distress that they feel as a consequence of poor management'

According to P., the stress management policy, from which the caring counselling service spawned, was often undermined by an invisible policy borne out of a type of organisational cynicism, which, through episodes of unhelpful management behaviour (eg., *'manager saying the wrong thing, being neglectful, not visiting or keeping in touch'*) engendered, in some of her clients, *'depression, anxiety, paranoia, heightened emotions, frustration [and] anger'*.

Episodes of cold communication have also impacted on P.'s work. Several of her clients, for example, have become highly anxious after receiving a letter asking them to attend the Brigade physician (*'who [after all] has the power to decide on medical retirement'*). Clients, according to P., have also become frustrated, anxious and angry as a result of: other unexpected post (eg., notification of sick pay cut-off points); and, administrative errors (eg., wrong forms being sent out; receiving correspondence for some other employee with the same name). For P., these negative reactions to such communications, which have largely been the product of the *'absence of clear information'* about rules and regulations, *'confront you when you arrive, and that's before you can say "how are you keeping?"'* However, while she knew that these extra presenting issues *'take the edges off comprehensive [service] effectiveness'*, and were organisationally-inspired, she nevertheless conceded that: *'I should be more proactive and seek out the information'*.

P. described too, an extremely awkward consequence of poor purchaser/counselling service communication. There have been occasions when she has not been officially informed that one of her clients has been medically discharged from the NIFB; an oversight embarrassingly compounded when the person informally informing her has been the actual client himself. Such moments of **termination-by-proxy** have diluted P.'s feelings of professional self-worth and credibility.

The organisation, through its culture, has also thrown the stigma spanner into the therapeutic 'works'. Stemming fundamentally from *'an in-built macho thing'*, several of

P.'s clients have been *'reluctant to disclose.....less inclined to admit their perceived frailty or madness'*, and have tended to resist medication/G.P. input. P. was sure that *'a definite mismatch'*, a *'conflict'* indeed, existed between the culture of the counselling service and the culture of its host. She was equally certain that the service should play a greater part in dismantling the stigma barrier.

On a more positive note, she has found that the occupational and organisational context created a type of client-employee who, once comfortable and committed, readily adapted to the disciplined, instructional, and educational thrust of her practice approach and methodology.

5.1.4.2.4. Counselling Service effectiveness

When probed on the effectiveness of the counselling service in general, and of her own practice in particular, P. was immediate in flagging up what could be called **the perspective problem**. Basically, can the service please all? Can it be an all rounder in terms of success? From her own standpoint, *'success is in relation to my objective [of] protecting the mental well-being of clients'*. However, she quickly qualified this:

'But it's good whenever they do go back to work. It doesn't rest easily with me..... if they're medically retired. Is the counselling then perceived as having failed?'

In terms of realizing her primary goal of restoring her clients' mental health, P. was quite confident that she has been, and continues to be, effective and successful. This confidence was fuelled by an assessment amalgam of, her own professional judgement, client comment, and family observation (**actual impact**). At this juncture, she re-emphasised her considerable interest in, and anxious anticipation of, the present study's findings.

P. was much less sure, though, about her benefit to the organisation, but nevertheless took comfort from the 'no news is good news' principle. Her own assessment of her, and the service's, influence on the organisation amounted to an educated guess at success; an **assumed impact**, as it were:

'The other objective about working well for the purchaser is much more difficult [to judge], really very, very vague. The only indicator that the Brigade must be getting something out of it is that they continue to make referrals.....and pay me when I submit a bill'.

P. maintained that any organisational dividend eventually unearthed by this study, would reflect a counselling service not yet in top gear; a service that has been underachieving (**diluted impact – surely?**):

'Well I feel they are missing out on using our service, our resources, to the full. They could get more value for money, more of an impact.... Our counselling [service] is not influencing the organisation to any great extent'

At the most basic of levels P. has had her needs met: *'I expected to get referrals and expected to get paid for the work I would do'*. However, beyond such obviousness, lay many unrequited needs; wrapped up though in a major assumption (**practitioner needs not fully met**):

'I expected good, clear, regular information, allowing me to have an influence on [organisational] dysfunctions, to feedback and to get reciprocal exchange of matter, of client interest. To swap goals and clarify boundaries, areas of negotiation. I'm not getting these needs met. But of course do they (NIFB) know this?'

As already indicated, P. viewed the present **evaluation as essential**, describing it as *'invaluable'* and as *'a good start to a more effective future'*.

5.1.4.3. Personal and Professional issues

Of the stresses and strains of her work as an external employee counsellor the most significant has comprised the balancing of her demanding two-pronged professional life with the exigencies of running a home and being a loving parent (**juggling the logistics**). This has been no mean feat for P., and indeed at times throughout the five years of her NIFB tenure she has felt the pressure overflow:

'I have said to myself, "this is madness". I have wanted to sit down, to rest, to go to bed and sleep'.

Clients have at times been very demanding and have basically expected P. to '**drop everything**' and more or less materialize in front of them out of the ether and help them (**support on tap**). On such occasions she, as diplomatically as possible, has re-informed the client that '*you do not press my buttons, it's not that kind of service*'. At such moments, though, she has still remembered that the clients were someone else's employees, and that that 'someone else' paid her: hence the diplomacy.

Emotional stamina is paramount in P.'s line of work. In fact, there have been occasions when P. herself has understandably questioned the durability of her own mental stamina for absorbing (and at times continuously) the sorts of distressing stories that have been so traumatically 'scripted' by the occupational and geo-political contexts in which she practices:

'And then there is the stress to do with the type of cases, and I have said to myself, "are you fit for the extent of these problems that these men have?" This cropped up with the Omagh bomb. Going to my first referral from there I thought "Good God, what has he seen? What is he going to tell me?"'

The media, or more specifically television, has on occasion offered P. a type of **traumatic trailer**, an overwhelming glimpse of what lay ahead for her on the practice path. The grotesqueness of some of the televised incidents (eg., the Omagh bombing) has engendered in P. the type of self-doubt that is only human: '*What will they expect of*

me? Will I be of any use?" These are entirely understandable feelings given especially that P. and her counselling service colleague *'[have] often dealt with the worst carnage in the country, in the British Isles'*. However, P.'s occasional misgivings have never ever translated into what could be called 'practitioner avoidance'. As she herself said *'You don't walk away'*.

In view of the substantial demand on P.'s time, it is unsurprising that the associated timetabling task has created some stress. In terms of coping, though, she has striven, and typically successfully so, to *'divide time responsibly between the Fire Service and the other commitments, and to take time to relax'*. Ironically too, the conglomerate of felt satisfactions accruing to P. from her workplace counselling work (eg., *'having made a difference to a person's life'*; *'an [organisation's] recognition of my expertise'*) has actually indirectly fed her stress. Her love of the work and her loyalty to the Fire Brigade have often encouraged her to find time where little or none existed. She has thus *'accommodated the Brigade at the cost of some of the other commitments'*. This satisfaction-stimulated schedule squeezing has been topped-up at times by her positional vulnerability and the consequent desire to please the purchaser. Such is life at the practitioner apex of this particular workplace counselling triangle.

5.1.4.4. Synopsis

P. has described her almost invisible appearance as an external counselling service provider for the NIFB. Her merger with the host organisation was uninformed. She had no formal period of induction, was not provided with conditions of service, and played no part in the formulation of the very policy that put her there.

Practising very much on the periphery of organisational life, P. at times feels vulnerable. While she would like to have more of an organisational influence, to be more organisationally involved and integrated, she is reticent to proactively seek this out, not wishing to bite the hand that fiscally feeds her. This latter assumption is merely one of

many propping up P.'s practice belief system. In fact, speculations exist around the issue of 'responsibility'. This is a particularly serious matter, according to P., and one that she believes should be mutually managed, or remedied; and soon. There is, then, an expectation-void in the interface between this particular counselling service and its purchaser.

However, all is not negative, as P. has frequently experienced significant bouts of professional and personal satisfaction. She has seen many a traumatised and troubled NIFB employee psychologically rejuvenated by her therapeutic know-how and input, and, at a more personal level, has felt proud and privileged at being one of the few workplace counsellors practising in the province. P. is indeed a local pioneer in a developing field.

At times, aspects of the organisation have intruded on P.'s practice, influencing and elongating her therapeutic effort. Nevertheless she feels she is working effectively in terms of meeting her primary practice objective of helping to restore her clients' mental health. She is, though, uncertain of her actual impact on the organisation; or indeed, of what impact is actually expected. For P., the counselling service is fundamentally flying on one engine, the client engine: it has been underused in terms of its potential for primary level impact.

5.2 The Organisational Perspective

5.2.1 Selection of participants

In assessing the organisational view, seven key players were identified:

- Occupational Physician (the key counselling service contact).
- Welfare Officer (present incumbent).
- Welfare Officer (previous incumbent, involved in consultation process).
- Chief Fire Officer
- Assistant Chief Officer - ACO - (Personnel and Welfare department).
- Director of Human Resources.

- Fire Brigade Union (FBU) representative.

These participants included those staff most concerned with the counselling provision, plus the NIFB Chief Fire Officer whom it was considered would provide a consolidating, or indeed an overriding, top stratum of evaluative opinion. On the recommendation of two of the participants, three more people were added to the list. From information that was provided, it was evident that these additional participants were well placed to offer authoritative opinion on the role of the counselling service within the NIFB.

5.2.2. The interview

At the outset, participants were re-informed that the research aimed to explore their experiences of, and evaluative opinions on, the NIFB external counselling service. It was explained, however, that given their possibly unique positions within the organisation, it may be difficult at the reporting stage to conceal their identities in a watertight way; though every effort would be made to do so. They were informed, though, that they would have the option to not only read and amend the transcripts, but also to read, amend and advise on the final written document. Assurance was then given that in the meantime the information they provided would be kept in strictest confidence. They were asked to read and sign a consent form (see Appendix B-14), but to be mindful that such consent was initial and flexible and that they could therefore withdraw it at any moment thereafter. Participants were also asked if they would consent to the interview being audio-recorded and were informed that they could stop the recording at any time and ask questions at will.

Although the interview schedule had structure the format was open to follow up significant points.

The initial scheduled section explored background issues. Participants were asked to describe their role and responsibilities, and in which way (if any) these were influenced by the counselling service's existence. They were then asked to define the degree of stress within their organisation, and, when relevant, to describe how, and under which

circumstances, they dealt with psychologically troubled employees. Also when relevant, they were asked how integrated they felt their role and department to be within the organisation. This was particularly pertinent for the occupational health participant.

The next section explored with participants the rationale behind counselling service introduction, before examining their experience and knowledge of the consultative and implementation process. Although not relevant to all participants, the interview then turned to aspects of referral. Participants were asked if they held a referral role and if so, to provide an evaluative opinion based on their experience. They were encouraged to think about their expectations of, and satisfaction with, the referral procedure, as well as to offer some insight into the typical employee reaction when a counselling referral is first mooted.

The next section initially explored interviewees' expectations of, and goals for, the counselling provision, before asking them to consider the benefits for both the workforce and for the organisation. For each strand of benefit, they were encouraged to provide evidence. In addition, participants were asked to describe their criteria of success for the counselling service and in doing so, to consider a particular conflict-soaked scenario provided by the researcher. In an attempt to examine the subject of stigma, an issue strongly emphasised by the client participant group, the next question on the schedule asked the key organisational players to offer up their opinion on those members of staff who use or have used the counselling service. Particular emphasis here was placed on users' career prospects.

The following questions also explored interface issues, with the interviewees not only asked to voice their views on, and comfort with, the counsellors' potential for diagnosing aspects of organisational dysfunction, but also to consider the pros and cons of the various counselling service formats. The interview then moved towards its conclusion by asking participants to evaluate the external counselling service, to describe the impediments to progress and success, and to offer up any suggestions to overcome the

obstacles and improve the service's functioning. They were encouraged to consider both intra and extra-service issues.

When the interviewer/researcher had finished the exploration, participants were invited to talk about any other issues they felt to be important. They were then advised to contact the researcher if any concerns or further comments surfaced at any time following the interview. A copy of the interview schedule can be found in Appendix B-15.

5.2.3 Analyses

The ten organisational perspective interviews were analysed in the manner detailed in Section 4.7, and abbreviated in Section 5.1.4

Again full interrater reliability was achieved through expert consultation. The coding frame can be found in Appendix B-16, while two examples of coded text from two interviews are shown in Appendix B-17.

Data consisted of almost 14 hours of recorded interviewing which became 134 pages of transcription. Some 267 miles of Province were covered, with nine interviews conducted in participants' offices and one carried out in a retired participant's own home.

5.2.4 Semi-structured interviews: an analysis of the organisational perspective

This section presents an in-depth account of the issues emanating from the semi-structured interviews. Two overarching categories describe the evaluation of: the policy consultation and implementation process; and, the external counselling service. A third primary category (Embryonic Utility) offers a utility prediction. All categories and sub-categories are illustrated using extracts from the interview transcripts. Frequency counts are also provided.

5.2.4.1 Evaluation of the policy consultation and implementation process

The NIFB external counselling service emerged from an NIFB working party's consultations and negotiations, a process that could not be overlooked by this part of the

inquiry. It was strongly recognised that deficits in the design, as it were, factor into, and influence, the effectiveness of the designed.

This section, which moves from notions of need and rationale, through the process of consultation and implementation and then onto aspects of criteria and conflict, is headed up by the following four sub-categories: a Host of stress; a Host of reasons; the counselling service/NIFB ‘merger’: the early days; and, own goals and conflict.

5.2.4.1.1 A Host of Stress

Participants were asked to describe the degree of stress within the Northern Ireland Fire Brigade and the four opinions offered here, which emanated from the Brigade physician, an ACO, a Divisional Officer and the Head of HR, capture the collective view:

‘I think it (stress) is a very large problem.’

‘I think there is probably a chronic problem in the organisation in terms of stress...’

‘Well, stress in the Brigade, in this organisation, is much bigger than we would all like to believe.’

‘In all, I’d say stress is reasonably high in the organisation.’

5.2.4.1.2 A Host of reasons: rationale for introducing the counselling service

All participants offered their opinion on the reasons why the NIFB brought in a counselling service for its workforce. While three participants “were there” throughout the consultation process, and thus could offer insider information, the remaining seven participants provided contextually calculated, reasoned and educated opinions. The rationale-responses from the seven will be looked at first. Of the seven, two maintained that the service spawned from a **nudged need**. That is, the counselling facility was prompted without the corpus of senior management. As a senior departmental head put it: *‘The policy was done because of pressures elsewhere’*, while a member of top management offered up this culturally-flavoured retro-explanation:

'It was based on a perceived need, and in this organisation, the need is usually manifested through the union. The culture, until recently, was an old style management. We didn't do things off our own bat. So before 1995 there was a ground swell of union opinion about needing to put something in place.'

The Chief Fire Officer (CFO) was clear that a significant stimulant to the counselling initiative was care, (*'... essentially it was about caring about the people in our organisation. We do regard ourselves as a caring organisation'*) and a Divisional Officer claimed that any fiscal dividend for the organisation was merely a by-product, *'a spin-off from ensuring we were helping our employees'*. Indeed, these views were confirmed by the Brigade's occupational physician, who played a key role in the consultation process:

'... it was certainly seen as a commitment to the well-being of the workforce. An investment to caring with a by-product of a bottom-line gain.'

The physician also confirmed the prompting influence of the larger socio-political context in which the organisation nestled: *'There was a need, and it wasn't being addressed through the usual channels, the NHS.'*

One of the Brigade's ACOs also placed the employee first in his encapsulation of what could be called the 'dividend chain' or 'package of profits':

'It is to do with care, it is to make people feel better. It's care for employees. Now, we benefit too from those men and women returned fit for work. We also need to protect the organisation from stress cases, like the Walker case, the foreseeable factor. However, this legal aspect is more prominent an issue now than back then. Ultimately the counselling is for the employees.'

However, a member of the representative body was less certain that care and care alone was the prime prompt for the employee counselling initiative. This man emphasised a business motive:

'... the Brigade have responded to the need to deal with litigation. Litigation and managing sick leave.'

A senior manager, though, maintained that there was surely a legitimacy in reacting remedially to this motive, this type of protective prompt. For this participant care was two-pronged; care for the employee **and** care for the organisation:

'Don't get me wrong, there is care, otherwise there wouldn't be a welfare role and a counselling service at all. But the Brigade have a right to worry over the legal side too.'

When questioned on the care prompt, both a departmental head and a senior regional manager explained that though the moral incentive may not have driven the counselling initiative, it still flavoured the system; a sort of 'care in the pipeline' concept.

'I believe that, like many organisations, care doesn't come first. But once it was underway people here became very committed to it.'

'On the ground there is care, within the response to the pressure (i.e. the counselling service), say from Her Majesty's Inspectorate. But when you get up to the policy side of things, it's all figures.'

Another response from senior management on the care issue seemed to almost humanize the organisation

'The top level I believe want to care, but there's too many other pressures.'

5.2.4.1.3 The counselling service/NIFB merger: the early days

Process

As stated above, three of the participants were able to offer first-hand accounts of the consultation and implementation process and in so doing provided a descriptive and evaluative picture of the early courtship between the organisation and counselling. This trinity of informants comprised the Brigade occupational physician/medical officer, a member of senior management, and a member of the representative body.

It seemed that there were two key consultation-catalysts, one fairly mundane, the other, monstrous. (No needs assessment or stress audit had been conducted.) The first seed of need spawned from the organisational equivalent of 'keeping up with the Jones's', though this seed was scattered unto the organisational landscape by a desire to care.

Through its representative body, the NIFB, in 1993, recognised that their counterparts in Great Britain were more sophisticated in their efforts to provide support for their stressed staff. Suitably stimulated, the Brigade soon sought, and attained, the knowledgeable input of a Royal Navy psychiatrist. This seedling stage of harvesting and baling of information, opinion and advice, built up a picture of need, and provided notions on solutions. However, this steadily moving consultation process was shockingly stimulated to speed up by the Shankill Road bombing of 1993, in which 11 people were killed by the IRA. As one interviewee explained: *'The Shankill Road was a big trigger that hurried things along.'*

As a result of this catastrophic and corrupt catalyst, the Regional Executive of the Fire Brigade Union met with senior management, and, on several occasions, with members of the Fire Authority, to discuss and agree the best way forward. From this, a working group was formed and tasked with (**working party: remit**) the negotiation and implementation of a stress management policy. This group comprised four individuals: the Brigade physician; a member of management; and, two union officials. One of the interviewees described the occupational doctor as *'a key player throughout the entire consultation process'*, while another participant, a senior manager, provided an indication of the **division of labour** within the working group:

'Although the [Brigade physician] was the medical expert, I was there to make the policy, the counselling service, fit the Brigade, to tailor it to the Brigade.'

There were many meetings of the working party over a two year period, after which there were consultations with each of the six NIFB Divisions. To deepen their pool of knowledge, relevant to the geo-political context, the group also consulted the Royal Ulster Constabulary and the Royal Irish Regiment.

Before the traumatic persuasiveness of the Shankill Road bombing, when, according to one participant, the *'Fire Brigade fell flat on its face with its inadequate support'*, there was an undercurrent of **resistance** flowing from certain quarters of the

organisation towards the introduction of a counselling service. As one interviewee explained, some individuals held the traditional view that *'Big firemen shouldn't be crying, that stress is part of the job, and that they're trained for it.'* For this man, the organisational culture cradled and nurtured this, and kindred notions.

The resistance crumbled with the explosion on the Shankill Road, and as a consequence a consensus was reached that something had to be done, and that the institution of a counselling facility should be considered. It was agreed, in the words of one man, that *'the Brigade needed a counselling service, a clear cut service, a professional service'*. This agreed need was fine, when expressed decontextually. However, problems arose when context was considered. A senior manager explained:

'There weren't difficulties in theory. Everybody concerned agreed with the idea in general. The difficulty was how to achieve it in an organisation like this.'

Another interviewee, a union official, spoke in a similar fashion when he revealed that although the notion was *'great on paper, it still needed work'*, and that it could not be expected to *'just toddle along in an organisation full of competitive people, out for themselves'*. The working party respected the context. For instance, the union members involved held a major concern about **confidentiality**. One of these group members explained that *'we did not want our men to feel intimidated by needing counselling and not to feel it was going to be used against them'*. This man also spoke of an ambience of realism during consultation, an understanding that *'the organisation is not full of saints [and that] some people can be unscrupulous and may latch onto the gossip-grinder [which] goes against what counselling is trying to do'*. He explained too that though it was appreciated that *'It's hard to please all of the people all of the time, our work for the development of the policy was full of "yes, but what about that?", and "oh yes, I'd not thought of it like that, what now?"'*

Aspects of service locus and **format** formed much of the consultees' consultative subject matter. According to a union rep., it was initially mooted that Brigade officers would form a *'first step in the counselling system'*, until realism reminding the group that *'people wouldn't have gone within a million miles of them'*. The union participant explained however that the medical officer responded to the resultant entreaty of *"what do we do now?"* by *'steering us down the line of an outside counselling service'*. This solution, this going *'down the pure external route'*, as one participant put it, engendered further disputation; a concern over credibility. The management member of the working party explained that he felt *'conscious of the counsellors being too far away from the organisation'*. There was an expectation from some within the organisation that *'because the Brigade was buying in the counselling service that they would [buy in] counsellors who are familiar with the job and stresses therein'*. For this interviewee, the corollary to the institution of an external format was *'men [feeling] short-changed'*. However, this minor turbulence over locus soon settled in the clear skies of realism and balance, as the group concluded that *'we got at the time the best fit to please as much of the different groupings as possible'*.

The working party also discussed the issue of **direct self-referral**, but ultimately agreed, in the words of the management participant, that *'using Controls [was] more or less that'*. It was believed that supplying each member of the workforce with a counselling contact card was not an enduring solution to self-referral as the card could become redundant as telephone numbers changed and practitioners moved on. For this man, and others, *'it seemed a better idea to have Controls keep the updated numbers so that people who want counselling don't give up if a number on the card is unobtainable'*.

In terms of the **target group**, there was a participant consensus that, as one put it, *'the policy, the counselling service was to be aimed at everybody for all sorts of problems and sources, not just trauma'*.

In a further reflection of the division of labour within the working party, the selection of the service's counsellors was, not unexpectedly, left to the NIFB physician. As a union official explained: *'The [doctor] had people who he thought were suitable, and I was happy to defer to him. That was his field.'*

While there were implementation goals, such as the desire to reach consultative consensus and then to permeate the organisation with service awareness and knowledge, the working group did not set concrete performance criteria or objectives for the counselling facility. Care seemed to mould the ultimate service aim:

'No concrete goals laid down. Just the desire to improve employees' mental health first, as a primary goal.'

'The counselling service was seen as a free running service. There were no actual objectives, except helping employees feel better.'

In terms of their perceptions of the counselling service-to-organisation departmental gateway, or main organisation contact, all participants referred to the Occupational Health Department, and its medical officer. Several informants also pointed to the influential role of the welfare officer and his Personnel and Welfare Department. One participant, the Head of HR, expressed some surprise and concern that her own department was not more firmly linked to the counselling provision.

Implementation

The working group consulted, negotiated and ruminated for some two years. It was a careful and stealth-like process, according to the physician participant, and was necessarily so in order to *'create a service as important as the counselling facility'*.

So, the policy paper emerged ready for dissemination and implementation, in January, 1995. (A copy of the policy can be found in Appendix A). However, problems ensued, as three interviewees' responses emphatically underlined:

'The plan and reality didn't fully develop together.'

'... we got to the paper stage and then it wasn't fully implemented properly as we agreed.'

'The policy read well and I didn't see any fault in it. But I don't think it's working.'

One of these interviewees, a union official, explained that workforce service awareness and knowledge was not properly propagated. With an apparent air of resignation, he remarked: *'Let's face it, it was agreed among adults that information would be disseminated in a certain way. It was agreed, what more can you do?'* This informant described what could be called his impression of the **implementation deficit**. He was aggrieved that the NIFB Training School was not brought into the **dissemination** equation in the manner agreed:

[The Training School] was an essential part of the whole thing because that was how the whole thing was going to perpetuate itself. But that didn't happen.

In addition, the efforts of the working party to inform the Divisions of the policy, were, in the view of one participant, thwarted by the inadequacy of the information-cascading system. Lack of awareness, and the influence of the organisational culture formed a couplet of concern for this man, and provided the rationale for implementation stagnation:

'Lack of information or misinformation, and the attitude in particular, are reasons why the system isn't working. My sources tell me that the counselling is fine, doing a good job, but it's the jungle it's in.'

This participant also provided a most alarming prognosis: *'The counselling's up against it, unless something changes.'*

The participants not involved in the working party also offered views on the adequacy (or not) of implementation. One interviewee, for example, spoke of a type of awareness amortization process within the organisation:

'The policy came out in 1995, but that doesn't mean that you can go to every station now and pick a copy up. Every couple of years the files of circulars are taken away and put in the roof space. The Station Officer

might remember a wee bit, but that's a bit flimsy for such a serious problem in this line of work.'

Five of the remaining seven participants stressed the inadequacy of workforce service knowledge. They contended that many members of staff believed that access to counselling had to be precipitated by trauma, or was only open to uniformed staff. One participant, a member of top management, saw an inherent gender issue:

'Now I am surprised [at the paucity of female clients] because most of the Controls are female and I know there must be stress there... They may see the support, welfare and counselling only for uniformed employees.'

The largely negative evaluation of policy advertising and marketing also fed participants' suggestions for the future. A Divisional Officer captured the collective view:

'What I would like to see happen now is that for people to be more aware that there is a service. Basically, give them information on what it is, what it isn't, what it won't do, what it will do, and so forth. That is a big step.'

Another senior manager qualified his plea for enhanced awareness with caution over an *'overkill on publicity'*. He claimed that while some visibility was obviously warranted, counselling should not be pushed or *'should not chase us around'*. For this man, this was a type of *'negative awareness'* that could disempower the workforce. He was sure that *'[staff] need to make their own decisions'*. Ultimately for him, pummelling the organisation with counselling service publicity would lead counselling to *'lose its weight... its uniqueness'*. A union official provided a humorous, and, at the same time, serious point regarding the stress assuagement process within this particular organisational and occupational context:

'I think in dealing with stress we have to strike a balance. We don't want to end up with filling the rooms with bean bags and nice smells, while the siren keeps ringing with no response.'

5.2.4.1.4 Own goals and conflict

The counselling service does not work to an organisationally-sculpted set of concrete aims and objectives, and therefore there was no documented reflection of what could be called the 'organisation's needs' In an effort then to obtain an idea of what the organisation wanted and expected from the service, all of the key NIFB participants were asked to offer up their own goals for it. They were also invited to assess the potential for goal conflict.

Eight participants, including the CFO, wanted the main **therapeutic dividend to be credited to the NIFB workforce**. They clearly expected the counselling service, in the words of a senior manager, to *'achieve a result for the employee, to make them feel better'*. The Brigade physician, though recognising the importance of the organisational context, firmly placed the welfare of the workforce as his primary objective for the service:

'[To achieve] a positive impact upon their mental health, some problems being dealt with before developing, and helping someone who is broken down to be rehabilitated ... Organisational issues are secondary to the primary enhancement of the mental health of the workforce.'

The physician maintained that the holding of any other primary objective was entirely counterproductive: *'You have to start off with that goal (workforce well-being) for effectiveness sake.'*

A Divisional Officer aligned his own needs and objectives for the service to those held by the practitioners. He was confident too that he spoke for the management collective:

'To me, the counsellor's goals and my own goals, or hopes, for the counselling service are along the same lines. Get the individual help, hope he or she benefits, and then, hopefully, if he or she's up to it, to return to work. If they cannot, then that is knowledge we need too. My impression is that my view is representative of the management view.'

The CFO more than confirmed this man's confidence, explaining that *'if counselling assists an individual part way to full recovery, but not enough to allow them*

to come back to work, then at least they can retire in a much better state of mind or health than would've been the case; while a senior officer did not view the leaving or medical retirement of an improved, though unsustainable, employee as a blight on the counselling service: *'It should be seen from our perspective that if someone has to leave, it's better than having a suffering employee. So, the [service] is a benefit to both.'* However, a fellow manager held an opposing view: *'The individual might have got help from counselling, but it's not a success for the organisation if he's had to leave.'* This man was in fact one of two participants who placed a firmer, more potent emphasis on the attainment of the **organisational dividend**. They both genuinely believed that while it was all well and good and desirable that the counselling service helped to rejuvenate the psychologically troubled employee, there also had to be, in the words of one officer, *'An organisational impact.'* For this officer, the counselling service had to meet the needs of both the employee and the organisation, and though he conceded that *'that's a tough job'*, he nevertheless keenly claimed that *'You have to be meeting those aims, or why be here?'* However, the other member of this corporately-concerned couplet tinged his service objective with realism:

'Counselling should lead to a reduction in absenteeism, and retirements. But it's hard to expect it to be totally responsible for such an organisational result.'

In terms of counselling service/counsellor **loyalty**, there was a consensus that in moments of conflict the organisation should not be excluded from the practitioners' ethical considerations. A top-level manager reminded the researcher of the context as he proposed moral parity:

'If there's conflict of interest, I would expect the counsellor to be fair to both parties. Clients are clients, but are essentially too, employees of the Brigade. I'm protective of the Brigade, and would expect fifty-fifty loyalty.'

While the Brigade physician recognised the *'potential for conflict between my assessments and the counsellors' assessments'*, he nevertheless felt reassured that any

contentious issues and differences of opinion could be calmly considered as his *'relationship with the counselling practitioners makes any discussions easy and comfortable'*.

5.2.4.2 Evaluation of the external counselling service

This section presents the organisational participants' experiences and evaluations of the NIFB external counselling service. As the analysis proceeded it became clear that the responses could be divided into aspects of: the counselling service system (Context matters); and, the hands-on, or actual, counselling activity (Core counselling function).

5.2.4.2.1 Context matters

All participants offered their evaluative opinion on the issue of referral. Though these views were largely negative, one interviewee, a Divisional Officer (and a man who acted as a referral agent to the northern practitioner) emphatically claimed that: *'Taking complaints as a measure, and my own experience, referrals are actioned efficiently and effectively.'* Embracing this evaluation with further evidence, he explained that *'[clients] says how prompt and professional the service is'*. However, this participant's experience was but a positive droplet in a sea of concern about issues of: **contactability**; **referral points**; and, the **cultural constraint/stigma**.

Both the physician and the welfare officer focused on the first stage of referral – contacting the counselling service/counsellors. The former participant explained that *'The area of contactability has been raised in a negative sense at times'*, while the latter claimed that *'getting the counsellors is hard at times'*. The physician maintained that *'this part of the mechanism could be revisited'*, that *'it is unnecessary to elongate a referral'*, and that, remedially, a *'more concise structure is needed'*.

Four interviewees expressed concern over the referral points, or more especially, over the absence of a direct self-referral mechanism. A union official, for example, concluded that the counselling service *'fell short on referral points [as] you'll only get people who are at their absolute wits end going to those referral points'*. He maintained that *'suspicion over it getting back to management'* inhibited the troubled employee from using the current access routes. For him, a direct system of self-referral would overcome this difficulty and furthermore would show up on the organisation's bottom line as: *'people could be channelled through at an earlier point and [this] would be easier to cure and cost less'*. Although using Controls to attain the counselling service contact number seemed tantamount to a self-referral mechanism, one interviewee, a manager, conceded that the methodology of the Control Centre, coupled with its location at HQ, comprised a two-pronged referral-repellent:

'I think the consultation team saw the use of Controls as similar to self-referral, using Controls to give out numbers. Tapes are kept for three months, and then re-used, which could put people off. Also, Controls are in Headquarters, and senior management are in Headquarters. So there are issues surrounding that.... I'm less satisfied with aspects of referral.'

Some participants balanced their reasoned arguments for the introduction of a pure self-referral procedure with some caution over overuse, or as one man put it: *'it could lead to a flood'*.

Five interviewees, when discussing referral, specifically raised the issue of stigma, and its cultural creator – the organisation/occupational grouping. A union participant, for instance, hinted at the cultural moulding of the primary portion of the targeted population: *'These are firefighters in the main. It's difficult enough to come forward for mere mortals.'* For this group of participants, the environment sent stigma signals that could persuade the troubled worker to postpone or resist referral. A union official's service evaluation was clearly stimulated by the cultural contagion evident in his workplace:

'There's an attitude that sends messages about firefighters and stress and the counselling. Why bother? To me that makes the current functioning of the counselling service stuck in first gear. Can't budge until the red clears and the light turns to green.'

This participant called for management to flick the switch by providing an *'honest assurance that going to the counsellor will not jeopardise their (clients') careers'*. A senior manager explained, however, that this perception was based on the misunderstanding that *'the top brass know everything that's going on'*. For him this view was a reflection of life in a uniformed, hierarchical organisation. He underlined, though, that perception was important and that he was displeased at, and concerned for, those members of staff who have prolonged their suffering at the hands of stigma: *'I wouldn't want employees to hold back and miss out.'*

The welfare officer explained that the cultural context in which he operated influenced the semantic make-up and tone of his referral-soliloquy to prospective clients:

'I word it softly. "I think you'd benefit from speaking to one of the Brigade's counsellors." That's softer than saying, "I think you'd benefit from talking to one of the psychologists.'

A most potent and alarming reflection of the cultural 'cancer' came from a Divisional Officer, who revealed that he spent some two years encouraging a stressed firefighter to access the service:

'It took me two years to get him to go to counselling. Two years! He felt he was going to have a finger pointed at him. He'd be a bit of a weak guy.'

This participant aimed his frustration at the stigma barrier surrounding the counselling service. He knew from feedback that once employees do cross the stigma divide, and enter counselling, they soon *'realize that it is totally confidential [and] then reap the benefits'*.

Issues around information feedback and communication emanated from the interviews. Although for example the key organisational contact (the Brigade physician) was pleased with, and benefited from, the standard of the reports he received from the counselling practitioners, he nevertheless felt that a more standardised approach to reporting (i.e. a proforma) could, where possible, *'speed up the flow of communication'*.

The subject of communication was in fact raised by four other interviewees, and in a negative way. For two participants, there was a communication void in that they, as managers, were often left to manage a newly returned worker without any adjustment advice. One of these men put it like this:

'There just seems to be no feedback that could help me as a manager. I have felt alone when an employee has returned to work. I needed a bit of help. The counselling service is not close to the daily, the day-to-day manager.'

The welfare officer described an unfortunate episode of '*communication breakdown*' when he believed that a client had been referred to the service only to '*return in five months to him and he hadn't been seen*'. This officer, in highlighting another communication concern – his lack of personal knowledge of the practitioner – also reflected research utility: '*I don't know enough of the personalities involved. I've met you through this, but not your colleague in the north.*'

Three participants offered pragmatic and prudent opinion on the issue of a session ceiling; they each believed, in the words of the Brigade physician that while '*you need an element of control... you have to capitalise on good progress and continuity*'. Indeed, the physician provided potent evaluative evidence to support this logical claim:

'I have to say in this respect that the current system works fairly well. In fact, beyond shorter-term, the counselling has been successful, and the saving is huge. A client, say in the organisation twenty years, high rank, the costs would be great to retire him. Extra sessions have been a great investment. This cannot be stubbornly ignored.'

All participants evaluated the service in terms of its locus. For a Divisional Officer, for instance, the current format was the only appropriate format, given the organisational context ('*I've no doubt that it is best that the counselling service is not in-house. The perception would be very negative*'), and though the counsellors had a diluted knowledge of the work, this was '*not a big issue*'. The occupational physician saw the current service locus as a '*good trade-off*' between perceived confidentiality and

counsellor job knowledge, while a Divisional Commander was sure that counsellors are the type to readily glean job information anyway:

'But at least in the nature of what counsellors do, well they're probably more receptive and better listeners than most to what the job is about. They'll listen and learn about the job.'

Four interviewees, however, argued for an in-house counselling facility, and in doing so, underlined where the current service falls short. The Head of HR provided a succinct rationale that captured this quartet of opinion:

'An internal counselling service will know who does what, who makes decisions, what are the limitations. This type of service'll know the impact of what they hear from one individual and how it could impact on a wider group in the organisation. From a management perspective, and as a value to the organisation, I see a strong case for in-house involvement.'

This participant recognised and remedied the perspective omission in her claim (that is, the client-employee perspective) by concluding that, *'I can see people's preference for the external avenue.'*

A senior officer maintained that an in-house, uniformed counselling service would be more organisationally appropriate, and would overcome the effectiveness deficit of the existing provision. Communication problems would be overcome, the counsellors would be more readily accessible and contactable, their knowledge of the job would be deeper, and *'if an in-house counsellor did break confidentiality they are easily got at.'* The distance disadvantage of the present provision also flavoured the response of the welfare officer, who spoke from his own experience as someone who has come through the ranks and holds the trust of management, and to such a degree that he can affect and encourage primary change. He believed that the *'practical work to remove the source [of stress] is harder for the [current] service'*. For him, the counselling service was *'only going so far because the counsellors are limited to their skills [and] can't move beyond that'*.

Several participants confirmed that the present provision should be more pre-emptive or preventative (primary impact) in its activity. At the moment, it is too reactive

and therefore is not, in the phrasing of one manager, *'being used to the max'*. According to a senior manager, the inhibiting effect of stigma should force the service to be more organisationally active, *'to have more presence to encourage employees to come forward earlier'*. The Brigade physician was adamant that *'if [workplace problems] are causing ill-health they need to be addressed'*, the welfare officer maintained that the service *'should go further than just the individual'*, while an ACO *'wholeheartedly [expected] the service to feedback information on sectors of the organisation that are causing stress'*. This member of senior management wished to assure the service that he, the Chief and others at the top *'are the types to want to right wrongs'*.

5.2.4.2.2 Core counselling function

While the system surrounding the counselling service has received quite a negative press in this participant group, the actual **hands-on counselling activity** has been evaluated most positively. For instance, an assessment from a Divisional Officer tangibly bubbled with satisfaction:

'Very, very pleased. Very, very pleased with what my staff have received from the service. Very pleased. The feedback is positive. No complaints about the counselling or the counsellor... those who have used it, it has been helpful and useful... It is certainly meeting the clients' needs.'

A Divisional Commander and the welfare officer offered the following appraisals:

'I believe that the counselling service is meeting the needs of employees in terms of counselling and treatment.'

'In terms of the service, you know, competence, the work is good when I see my clients returning to me. The counselling is effective enough.'

The Brigade physician revealed that, *'Feedback from employees is very positive.'*, a senior manager concluded that the *'practice of counselling is very good [and] is definitely meeting the needs of those firefighters who have gone for counselling'*, and another member of management reported that, *'I have never spoken to anyone who has been unhappy with the level of service personally given to them by the counsellors.'*

Several participants recognised the **fiscal friendly** nature of the counsellors'

competence. For these interviewees, the therapeutic tentacles stretched to the organisational bottom-line:

'I've no doubt there is a good return from funding the counselling service. There must be huge savings really. The costs of absenteeism are high in this organisation.'

'... the organisation must be benefiting financially too. Their needs are being met.'

'I would say the return on counselling is, or involves quite a bit of money.'

'People have made good recovery from problems, to be productive again. They don't need replaced. This is a service that is working well.'

A senior manager provided a tangible, real-world illustration of what could be called the 'counselling competence chain':

'There's two men I'm particularly thinking of who came back saying the counselling was the best thing they ever did. They came back refreshed, different attitude, different, better outlook. And all that feeds into the bottom-line.'

The final evaluation illustration here is that offered by the service's main organisational conduit – the Brigade physician. His assessment captured well the system/core dichotomy, as well as the fiscal feel-good factor. Fundamentally, this participant was sure that the service was needed:

'If the service was not there, many people would suffer longer and work poorly or stay off work longer, or even have to be retired. The money connected to these sort of outcomes can be huge. The good work by the counsellors positively affects this and provides a real benefit. There are also intangible benefits in morale. It is professional in its practice, it works well, and goes a long way to meeting the needs of the employee and organisation. Areas of difficulty are not I feel counsellor-based, but structure and procedurally-based.'

5.2.4.3 Embryonic Utility

While the practical efficacy of an evaluation study can only be gauged some time post-application, it was an indication of interest that several participants spontaneously provided a utility prediction. The planting of these utility seeds, or this embryonic formation of worth, encouraged the researcher. The ACO for instance explained that he

was *'glad to see the evaluation happening'*, and that *'we can use your work to consider many issues'*. Indeed, this type of 'ghost of utility future' appeared in three other responses:

'Your study will provide a platform to re-launch the service.'

'With the study we can use it to structure things better; awareness and information.'

'Your research could feed maybe a renewed attempt to sail this policy.'

The Assistant Chief also underlined the utility of gaining an indication of the savings involved (*'Your work will be invaluable in showing the use of the service, the investment to us'*), while an impressed senior manager mapped the utility route from research study to the top echelons of the organisation:

'The advantage of your evaluation is that the powers-that-be will know that it is an effective service.'

5.2.4.4 Synopsis

It was clear that the efforts of the working party in establishing the counselling service were painstaking and aimed at attaining an outcome that was a best fit for the organisational context; not an easy task. However, the implementation of the policy was flawed in parts. There was, for instance, a dissemination deficit that left many unaware. The key organisational participants primarily wanted the service to help the troubled employee. For some, though, there was also a legitimacy in expecting an organisational, bottom-line, dividend, and a belief too that in times of client versus corporate conflict, the counsellors cannot be uni-directional in their loyalty, in favour of the former.

The counsellors seem to be counselling well: the core therapeutic practice has been evaluated highly by this group of participants. According to them, the service seems to be meeting the needs of the client, and must also be inflating the organisational bottom-line. However some difficulties were seen to exist with, and within, the system. For instance, for some, the external counselling service is too external. This remoteness

promotes problems and reduces the service's effectiveness. It seems to be organisationally impotent, and can do little to affect primary change; for example, destigmatising the stigma stifled workforce, and helping the keen-to-manage manager manage returning clients. Indeed, for some, the service can never reach optimal effectiveness until it becomes more integrated with its host, the NIFB, or at least becomes more organisationally conversant. This evaluation was balanced, however, with a recognition that those who use or have used the service were probably enticed by its external locus and non-uniformed make-up. They may not have used it otherwise. The referral procedures and points were also highlighted as problematic by some, with the introduction of a pure self-referral route cautiously recommended.

Several participants were keen to predict the utility of this present research package, indicating firmly that they as stakeholders back the service's existence, development, and refinement.

5.2.5 Questionnaire study of counselling service awareness and knowledge

5.2.5.1 Introduction

As the number of client interviews increased, and their subsequent analyses accumulated, it did become clear that service awareness, pre-referral, was either inadequate or non-existent. Although based on a relatively small number of cases, the extent and depth of expression initiated the implementation of an awareness survey, organisation-wide. The fluid study design permitted this new inquiry to emerge from the fieldwork.

5.2.5.2 Method

A widespread survey of NIFB personnel was conducted in November, 1999, using a specially constructed questionnaire (see appendix B-19). The questionnaire was distributed to 150 employees in all Divisions, throughout all ranks, and across the uniformed/non-uniformed divide. It was sent to the workplaces of the randomly selected

individuals within the stratified sampling strategy. A covering letter underlined the rationale for the survey, assured the respondents of the inherent strict confidentiality, and asked for the completed questionnaire to be returned within a specified time-frame using the stamped addressed envelope provided.

Of the 150 questionnaires, 71 (47.3 percent) were returned and suitable for analysis (28 Firefighters, 8 Leading Firefighters, 10 Sub-Officers, 8 Station Officers, 6 Divisional Officers, and 11 Administrative staff). The respondent group comprised 60 uniformed and 11 non-uniformed employees, and of the former sample, 32 were wholetime and 28 were retained. Sixty-two respondents were male, and 9 were female. Ages ranged from 21 to 62 years, with a mean age of 38.8 years, while job tenure spanned one to 45 years, with a mean of 15.1 years.

5.2.5.3 The questionnaire

Based on the work and urging of Blaze-Temple and Honig (1997), Keys Young (1993), Frost (1990) and Moore (1989), the awareness inquiry went beyond a mere exploration of the surface structure of service awareness.

The questionnaire (presented in Appendix B-19), which comprised eight sections, initially asked for some biographical details (*Section 1*), as a disparity in awareness levels may be reflected in aspects of, for instance, job tenure, rank or location. The literature has in fact demonstrated the awareness differential between management and their staff (Frost, 1990; Terry, 1984).

Section 2 homed in on general awareness, of programme cognisance; it asked the fundamental question of whether or not a respondent was aware of the NIFB's external counselling provision. An affirmative reply led the respondent to *Section 3* which focused on the source(s) of service awareness.

Section 4 moved towards awareness specificity. Respondents here were tested on their knowledge of the ways in which the service could be accessed, and were also asked

for whom they believed the service was for. Furthermore, respondents were able to feed any forthcoming service marketing strategy by citing those facets of the programme they would like to know more about.

Section 5 asked respondents to indicate those particular aspects of the service which would discourage, or had discouraged, them from accessing it.

From the work of Rosch and Pelletiers (1989) *Section 6* ascertained whether or not the counselling service, through its mere existence, engendered any benefit. Respondents were also afforded the opportunity to illustrate their answers.

Section 7 was for those respondents who answered 'No' to the basic awareness question. It asked whether or not non-aware respondents would have had a need to access the service if they had known of its existence at the time. It was actually believed that answers in the affirmative here would hold a most potent and almost poignant form of evaluative information.

Section 8 fulfilled the traditional function of offering all respondents the opportunity to provide any additional observations and opinions.

5.2.5.4 Analyses and Results

This questionnaire was analysed using simple descriptive statistics.

Almost 62 percent of respondents confirmed that they knew the external counselling service existed, pre-survey. However, and obviously, nearly two out of every five had no notion. Of those aware, 52.3 percent were management (Station Officer, and above; Senior Fire Control Operator, and above; and administration line-manager, and above) and 47.7 percent were employees. Almost all stated awareness emanated from uniformed staff, with only 2.3 percent of aware respondents non-uniformed. With regard to uniformed staff, awareness was evenly spread between wholetime and retained personnel.

Job tenure for the 'aware' ranged from 1.5 to 45 years, with a mean of 17.1 years, while for the 'unaware' the range ran from 2 to 25 years, with a mean of 11.8 years.

The section that asked how those aware became aware elicited several responses, with the four most frequently cited sources being:

- post-critical incident information from management (22.7%)
- in-house lecture/seminar (15.9%)
- Brigade circular (13.6%)
- employee grapevine (13.6%)

The NIFB occupational physician, welfare officer, and the Fire Brigade Union, were sources named by 9.1 percent, 6.8 percent and 4.5 percent of respondents, respectively. Interestingly, a clerical officer first became conscious of the service through the processing of practitioner invoices.

When tested on their knowledge of the counselling service referral points (having been provided with the four key options) 81.8 percent of 'aware' respondents cited the Welfare Department/Officer, 75.0 percent, the Brigade physician, 56.8 percent, management, and 52.3 percent, Controls. Not one individual marked all four options, and obviously a 100 percent consensus was not realized for any one option.

Almost one-fifth of 'aware' respondents were unaware that the external counselling service was available to all NIFB personnel, believing instead that it embraced only operational staff, or those exposed to trauma.

When asked to specify the information 'filling' for their awareness gaps, those that responded wanted to know more about the:

- effectiveness of the service
- types of problems the service handles
- typical duration of counselling
- financial implications of being a client.

Approximately one-in-four respondents confirmed that there were aspects of the service that would deter, or indeed had deterred, them from using it. The most frequently quoted concern centred on confidentiality. Over half of this sub-group explained that though the practitioners may be entirely honest about maintaining confidentiality, the context of the counselling (especially its referral points and procedures) rendered complete confidentiality unattainable. One respondent, a firefighter, actually viewed counselling as therapeutically counterproductive. For him it involved too much talking and recalling and basically amounted to a mechanism for picking at the psychological sore.

Four out of every five respondents had experienced a benefit from knowing that the counselling service existed, with almost 70 percent of this group explaining the benefit in terms of comfort; a comfort that was fuelled by a perception that the service was confidential and independent. However, just under 20 percent of respondents explained that their service awareness did not translate into a benefit. They felt no comfort. Some 7 percent maintained that the service would only become a benefit at the point of need or when accessed; 4.6 percent explained that their confidentiality anxieties negated any benefit; while another 4.6 percent viewed the service as unnecessary given their satisfaction with the in-house Welfare provision.

Almost 15 percent of 'unaware' respondents confirmed they had experienced a need which they would have taken to the external counselling service had they known it existed.

Reflecting the interest in the subject, many respondents offered extra comments, observations and advice. Chief amongst the themes was the entreaty that much should be done to market and sell the service to the workforce. Some advised generally, while others provided specific direction. Marketing methods mooted included:

- posting service contact numbers in all Station Duty rooms
- providing staff with wallet-sized cards containing contact details
- sending service information to all staff that would explain the referral

procedures, and underline the service's independence

Other respondents used the space to raise the subject of stigma. One man for instance advised that stress and counselling were 'taboo issues' within the Brigade and that peer pressure could dissuade staff from accessing the service. Another respondent underlined that service users were often viewed as 'chancers'.

A Station Officer explained that he had referred two of his men to the service, that the service was found to be effective, and that it was a valuable resource for management. Another member of management made the interesting suggestion that all NIFB personnel (particularly operational staff) should be monitored by the counselling service practitioner in the form of an annual mental health check-up.

5.2.6 Analysis of changes in sick absence

In an effort to assess the bottom-line benefit of the counselling service to the NIFB, the individual sickness records of the client participant group were scrutinized, with data (number of days of absence) extracted retrospectively for the three and six months prior to counselling, and for the three and six months after counselling ended. Access to the records was granted to the researcher by a member of the Brigade's senior management team, who explained that the information belonged to the organisation: it was management information. No-one but the researcher, however, could connect the individual concerned with their having accessed the counselling service.

The number of days of absence showed a striking reduction from pre to post-counselling for both the 3- and 6-month periods (see Table 5.1). Days of absence during the 3 months pre-counselling showed an average reduction of 66% when compared to the 3 months after counselling, while for the 6-month period either side of counselling the mean reduction was 65%, and suggests stability. The analysis did not include data from the two client participants who were medically retired during the six months follow-up period.

TABLE 5.1 The average number of days of absence pre and post-counselling.
(Estimated costs shown in parenthesis).

Period	Pre-counselling	Post-counselling	Estimated saving per employee counselled
3 month	15 (£3,000)	5 (£1,000)	£2,000
6 month	23 (£4,600)	8 (£1,600)	£3,000

To capture at least a flavour of the financial implications of these findings, the researcher followed Goss and Mearns's (1997b) use of an approximate figure of £2,000 additional cost for every ten days of absence (after Kirkman, 1995).

From the application of this approximation, it is suggested that the reduction in absenteeism from the three months before counselling to the same period after it, achieved a saving of £2,000 per employee counselled. For the 6-month comparison, the figure increased to £3,000. Now even allowing for an error tolerance of 25 percent, this translates into a reduction in spending of over £50,000 per annum, based on the service's highest utilization rate to date; which was only 1.2 percent of the NIFB workforce.

CHAPTER 6

INTRA AND INTER-PERSPECTIVE DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

OVERVIEW

The first part of the chapter discusses the research in a format that responds to four of the study's key research aims. Consequently, the findings from each of the client, counsellor and organisational (NIFB) sub-inquiries will be discussed in turn, after which the chapter offers an integrative discussion assessing the degree of inter-perspective congruence. The aim of the second part of the chapter is to discuss each of the remaining specific research objectives, and also to present the study's practical product through its recommendations.

6.1 The client sub-inquiry: a discussion

Becoming an NIFB workplace counselling client

While Martin (1996), in his book *From Couch to Corporation*, traces the transition troubles of the counsellor who moves from private practice to working within organisations, this present inquiry unearthed another, and similarly awkward-to-make transformation, but this time from the client perspective. Fundamentally, the stressed NIFB employee can have difficulty converting into a counselling service client. Though this identification of an uncomfortable pre-counselling period (when the client-in-waiting usually searches in solo for a solution) is in keeping with the findings of research conducted in the more traditional counselling contexts (eg., Timms and Blampied, 1985; Mayer and Timms, 1970; Strupp, Fox and Lessler, 1969; Fitts, 1965), embedded within the present finding is the influence of an organisational additive – its culture; an ingredient 'unavailable' to previous in-depth client experience inquiries.

Adding real world realism to the many theoretical commentaries regarding the ways in which a purchaser's culture can impact on its counselling facility (eg., Walton,

1997; Carroll, 1996; Lane, 1990), the inquiry discovered that the NIFB culture holds the capacity to top-up the discomfort of an already troubled employee, particularly in the pre-counselling period: hence the taxing transformation to client status for many within the client participant group.

There was a surfeit of subterranean suffering, or of 'suffering pushed underground' (Temple, 1991), the product of the 'cult of masculinity' (Brown and Campbell, 1994), of a hardman Fire Service culture that, according to the clients (and backed up by research) marginalizes stress (Herrick, 1992), considers any stress to be externally sourced (Corneil, 1995) and labels the stress sufferer as personally inadequate (Firth, 1994; Herrick, 1992; Hodgkinson, 1990; Tucker, 1990).

Client participants believed too that their senior management consider counselling service users to be forever operationally inadequate, and counselling itself to be a soft option for 'softies'; views which alarmingly echo Dennett (1996), a former ACO, and Leese (1996), a former CFO, who so cynically and scathingly lambaste the need for counselling in the Fire Service. Perhaps these two men have protested too much; a not entirely sub-conscious attempt to paper over the cracks in their own psychological make-up. Perhaps too, they begrudged any future Fire Service worker the type of therapeutic opportunity they now wished they had had: a sort of **manager in the manger syndrome**.

It seems that the foregoing cultural conglomeration formed an anti-admission gestalt that urged many of the clients (when in stressed employee mode) to deny, suppress and bottle up their problems; a finding which supports Joyce (1989) and explains too the many protracted periods of catalyst-to-counselling delay noted in the client inquiry. Towler (1999) identifies the same cultural contagion in the Police Service.

Intriguingly, though the present study set out to explore the Conflict Triangle (Greenwood, 1997) it discovered that an **intra-psychic conflict** actually raged long before a specific 'triangle' could be formed at all. That is, the stressed NIFB employee, though knowing he or she requires help, knows too that it is counter-cultural to seek it out. This

upholds Powell (1995) and Stewart (1990) who both claim that firefighters have a difficulty asking for help, even when the discomfort deepens.

Dyregrov (1989) is right. Stress in the Emergency Services is not all about trauma. For the participants' transformations from NIFB workers to clients were not only stimulated by operational stressors but also by organisational and external stressors (also, Meldrum in Hoffman 1996; McLeod and Cooper, 1992).

Of the three, though, the operational stressor was still the most frequently cited catalyst in this inquiry a finding that at first glance upholds Moran and Colless's (1995) observation of a greater firefighter acceptance and admission of critical incident stress as it conjures up notions of courage, and not perceptions of personal and professional inadequacy – a 'no-no' for the Emergency Service worker (Duckworth, 1986). However on deeper consideration this type of **war wound willingness to admit** can probably be discounted as the reason for the service profile's tilt in favour of the 'operational'. After all, many of the client participants who were stressed through critical incident exposure tended to resist asking for help for protracted periods; behaviour inconsistent with a keenness to disclose courage, to show off the war wound, as it were. In fact, it appears that the push of discomfort (Hunt, 1985) encouraged many men in this study to finally cast off the cultural straight-jacket and to set about locating the necessary support. For others, though, the gateway to counselling seemed to hinge on the push of discomfort being served a large helping of good fortune; a pre-counselling finding not noted (to the observed degree) in the research literature to date.

In keeping with the findings of Highley and Cooper's (1995) nationwide survey, the two most frequent referral agents comprised the NIFB occupational physician, and management. But, and to repeat, the main referral prompts were discomfort and luck.

Given the depth of the cultural influence, it was not unexpected to find that the client participants (once getting past their surprise that an external provision existed at all) were relieved to learn of the service's external locus. For them, robust confidentiality was

one of only two ingredients attractive enough to seduce them to step over the stigma barrier and become a client. (The other ingredient was 'counsellor competence'). Of course it is hardly surprising to find that counselling clients require privacy and confidentiality (eg., Bond, 1992; Walker, 1992), but the primacy and depth of the expressed need in this **workplace** context was staggering at times, setting this setting for counselling apart from traditional practice arenas (see also, Carroll, 1997; Orme, 1997; Orlans, 1996).

The Fire Service literature that does dwell on the subject of counselling also firmly underlines the super-importance of guaranteeing employees watertight confidentiality (Clement-Green, 1992; Herrick, 1992), an objective more likely to be realized, or perceived to be realized, through an external provision (Clement-Green, 1992; McLeod, 1992). Temple (1991) and Tucker (1990) go further and maintain that an external service is **the** only suitable delivery format for Fire Service organisations, and in doing so they not only support the client view in this inquiry, but also counter the claims of many in the field who believe that an in-house facility is, on balance, more effective, more advantageous to the host (eg., Tehrani, 1997; Highley and Cooper, 1995; Summerfield and Van Oudtshoorn, 1995). In fact it seems, as with the paradigms debate, that the maxim **appropriate-to-context** should be the guiding force. And in the NIFB organisational context **external** is the preferable locus from the employee perspective, a preference fuelled by a perception of rigid, or at least controllable confidentiality. This inquiry has found that **fears over confidentiality = disinclination to access counselling**, with the left-hand-side of the equation inflated through even thoughts of an internal, especially uniformed, counselling service.

The NIFB employee on the cusp of conversion

The clients underlined the importance and efficacy of the initial point-of-referral telephone contact with their prospective counsellor. In fact, they used this earliest-of-early

opportunities to gauge, or predict, their counsellors' competence; a judgement that enabled them to answer the most fundamental of questions: 'Is this someone who can help?' (McLeod, 1990:7). While this finding supports Maluccio's (1979) analysis, his reference to such evaluative activity was placed within the context of actual client (rather than prospective client) status, with the competence assessment conducted face-to-face. (Of course 'face-to-face' may well have been the first real opportunity for Maluccio's FSA clients to evaluate.) But the clients in the present inquiry became active over the airwaves, and while still fairly unconverted and at times unconvinced employees. The transformation from worker to client relied heavily on the 'telephone' evaluation, which, when positive, completed the 'becoming a client process'. A **yes** to McLeod's question hinged on a referred employee's belief that their practitioner was probably competent (and human), and that thus the effort to become a client would be worth it. So it seemed that these NIFB workers carried out a type of **transformation/therapeutic dividend trade off**, a cost-benefit analysis indeed, with the **cost** being, for instance, the career consequences from being perceived as weak and inadequate, and the **benefit** being the rejuvenation of mental health/quality of life.

Now the telephone contact seemed to offer more than the opportunity to evaluate. Indeed, it represented a sort of pre-counselling 'one-stop shop'. Clients appeared not only to realign and refine erroneous assumptions, but also received reassurance which normalized their position and diluted much of their anticipatory anxiety and feelings of embarrassment (see also, Allen, 1990; Timms and Blampied, 1985). Clients also began to tell their stories and as a result experienced relief, which, coupled with the normalizing reassurance, offered them an interim therapeutic dividend as it were, or a glimpse of the **ghost of therapeutic future**. Goss and Mearns (1997b) hinted also at this type of early reward in their workplace counselling evaluation study. But back to the present inquiry, it seemed fundamentally that by the end of this initial contact the participants had established an emotional connection with their counsellor (Maluccio, 1979).

The importance of the telephone contact was also emphatically emphasised by the practitioner interviewee, who explained that she actually set out to use this first contact in the manner described. It was obviously never meant to be a mere phone call.

Given the seemingly significant amount of mental energy expended by many during the employee-to-client conversion, it was somewhat surprising that participants had enough cerebral space left with which to consider their counselling needs; but there was, and they did. In fact, many possessed a repertoire of needs, needs when expressed surpassed the woolly and nebulous, a finding inconsistent with McLeod's (1990) claim that clients tend to enter counselling in a 'vague and general' way. So why were so many of the client participants so well tuned-in to their needs? Well perhaps the NIFB's 'customer-orientation' (Coopers and Lybrand, 1997) is being reflected here at the more micro level. That is, when the customer shoe was on the other foot many of these men continued to be customer-orientated, and customers after all have needs.

As participants' expectations of, and anxieties about, counselling were often moulded by the medical model, it was unsurprising to find that the majority of clients assumed they would not only be placed on a waiting-list, but also they would travel to the practitioner. However they were wrong on both counts and seemed happy to be. Indeed the inquiry insists that the therapeutic impact of being offered the setting choice should not be underestimated; a conclusion new to the literature. By simply being offered the choice, many clients felt important and believed their counsellors to be **interested** in them and their needs, a perception that holds much therapeutic weight in its own right (Hunt, 1985; Murphy, Cramer and Lillie, 1984; Kline, Adrian and Spevak 1974; Mayer and Timms, 1970; Strupp, Fox and Lessler, 1969). Perhaps too the therapeutic weight of counsellor interest was heavier in this context given the apprehension over counsellor allegiance to the Brigade. Such early signs of interest augured well for the fearful client.

Like France (1988) before them, but so different to the men in Sainsbury's (1975) study, the client participants favoured their home as the session setting. It was a familiar

and comfortable territory and importantly too was removed from the 'prying eyes' of the organisation. So it was with some irritation, given the bounty of benefits accruing to the participants from choosing and using their home for counselling, to find Towler (1999) belittling the efficacy of domiciliary visits on the grounds that such practice is fundamental inappropriate for today's progressive counselling profession. But his analysis disregards the **only** person without whom a discussion on counselling setting is an irrelevancy – the client. How progressive is the counselling field if it ignores this central character? In the present inquiry, with its strong cultural influence, the Fire Service workers therapeutically flourished from their home visits; what more matters?

Participants' pre-counselling experience underscores, in a way not noted to date, that workplace counselling is not 'simply' about counselling. The transformation from employee to client cannot be ignored. Purchasers and providers alike should take note.

Counselling process

The workplace counselling clients in this inquiry spoke of their session-life experience in much the same way as clients therapeutically treated in the more traditional counselling settings. While the organisation cultural additive ensnarled the **system**, in the end it seemed that these employees were counselled at the **core** of the service as many other individuals in counselling are counselled.

The clients talked, listened, understood and learned (McLeod, 1990; Oldfield, 1983), a type of awareness and communication chain that was often peppered by periods of psychological reactivity and upset, a finding which supports Hunt's (1985) description of session-life as an emotional rollercoaster. Many clients experienced, often for the first time, a sense of direction (McLeod, 1990) as well as a feeling of hope that progress was indeed realizable (Orlinsky and Howard, 1986), with actual progress engendering feelings of pride in some (Fitts, 1965).

Progress did not occur by accident. Certain practitioner characteristics and contributions moved the counselling process forward and ultimately fed the plethora of positive and satisfying outcomes attained. But while clients saw the counsellors' personal presence and input as the stimulants to counselling effectiveness, the practitioners' evaluations emphasised the importance of a motivated, mature and active client. There thus seemed to be a mutual recognition of one another's optimum input.

In keeping with previous research findings, clients explained that their practitioners afforded them the most basic of therapeutic rights – the opportunity to offload their problems (eg., Howe, 1993; Feifel and Eells, 1963) and to someone who listened attentively (Howe, 1993) with an empathy that was tangible (eg., Mayer and Timms, 1970). Lietaer and Neirinck (1987) were sure that a lack of understanding, on the part of the practitioner, was therapeutically counterproductive. Of course clients are humans and possess the all too human desire to be understood (Howe, 1993).

As indicated earlier, helpful also for these workplace counselling clients was the belief that their counsellors were genuinely focused on them and interested in their plight. Given the fears over confidentiality/counsellor loyalty to the Brigade, this was an extremely valuable contribution. Clients had to believe that they came first in the client pecking order, as it were. And they did: the practitioner participant confirmed it in interview.

Fundamentally, the clients liked their counsellors. And why not? After all they were warm, caring and supportive people, who were trustworthy, and who practised with a patient sincerity that only when therapeutically necessary was mixed with forthrightness and insistence. In addition, the practitioners were seen as human, which is useful when one is suffering from human problems, and welcome when one is thawing out from the coldness of an organisational culture. They were described too as unpretentious; certainly not the 'technical junky' type highlighted by Howe (1993). Indeed, this counsellor

characteristic seemed to dispel the medical model myth held by many of the men, pre-counselling (also, Lomas, 1973).

While many would use the term 'non-specific factors' (Llewelyn and Hume, 1979) to collectively capture the many attributes described above, it nevertheless seems fair to conclude that there was really nothing at all **non-specific** about these Fire Service workers' experience of their counsellors. In fact, the inquiry shows that there was simply just one great big **specific** factor at play; that is, **humanness**, the single factor that fed the counselling relationship.

Indeed the client inquiry upheld the overriding importance, in therapeutic terms, of the counselling relationship, a finding which has been widely reported (eg., Clarkson, 1996; Spinelli, 1994; McLeod, 1990; France, 1988; Oldfield, 1983; Lomas, 1981; Fitts, 1963). However, what the inquiry did not support was the feeling from the literature that a counsellor's schooling was neigh-on therapeutically impotent, compared to the counselling relationship (eg., Howe, 1993). In fact, the present practitioners' schooling achieved a very close second spot on the client 'value-o-meter'. The technical ingredients of the participants' counselling experience were much more than 'incidental scraps', to use Howe's (1993) description.

Clients benefited significantly from gaining problem and self-insight and understanding (also, Goss and Mearns, 1997b; Feifel and Eells, 1963), a counsellor input that had the therapeutic will on its own to stimulate recovery (à la Rogers's core conditions). The educational component, in-session, coupled with the 'homeworks', inter-session, were actually described as the two most valuable counsellor contributions; contributions emphasised too by the practitioners themselves in their evaluations. But then again, is this really surprising, given the occupational grouping, and that the clients were largely used to ingesting, formulating and applying technical and strategic detail? After all, you do not save lives and property by thinking in the abstract!

Fundamentally, the practitioners were active; and this was helpful (also, France, 1988; Oldfield, 1983). They identified and pinpointed; explained and illuminated; probed and challenged; educated and instructed; and, guided and motivated. And, of course, formed a relationship with the client. The counselling relationship emerged as a strong theme from the client inquiry. The client group emphasised what seemed to be productive working alliances, of the kind described by Marmor, Horowitz, Weiss and Marziali (1986), and described feelings of a shared purpose, and mutual interest and motivation, which were fused with friendship and positive trusting atmospheres (Heine, 1953).

Clients benefited too from the seemingly flexible and therapeutically tailor-made session and encounter structure, and thus did not feel forced to recover within a set time, to **improve to order**, as it were. For them, a strict session-limit/**sharp therapeutic guillotine** would be an inappropriate and counterproductive way to run the counselling service given the types of longer-term problems that would be typical of an Emergency Service population. Concerns over the application of a session-ceiling have been raised too by other researchers in the workplace counselling field (Goss and Mearns, 1997b, Rogers, McLeod and Sloboda, 1995).

The present triangulated research was able to show, unbeknownst to many of the client participants, that the apparent open-endedness of their counselling encounters was often a false flexibility as it hid much behind-the-scenes practitioner concern, effort and deference. The service practitioners were drawn to the context, saw the budget within, and as a result felt obligated to ask the organisational contact for session extensions, or for what could be called the **requisite session scope** for a particular case. But many clients did not see the join; just the flexibility. So like a duck in water, the NIFB external counselling service could look to the client calm on the surface, but underneath, well...

The vast majority of clients had nothing negative to report about their core counselling experience. However, some did find their inter-session homeworks too

mentally unsettling and negatively reinforcing, the product perhaps of poor practitioner timing, or of resistant, unmotivated clients. The counsellors' evaluations upheld the latter rationale, the clients', the former. (Is this a case of human as self-protector?). For others, the unsettling moments lay in-session. Some for instance described their counsellors as too challenging; a behaviour that was probably so far removed from the typical practitioner display of humanness as to be uncomfortable, and unhelpful.

That the service's counsellors were not 'hands-on' knowledgeable about the NIFB, and the work of a firefighter, was but a minor irritant, and only for two clients. They both described being taken off their cognitive track through having to stop to explain operational jargon. This type of distraction was also noted by Lietaer and Neirinck (1987). But in real terms, this low level irritation, and for only one-tenth of the present participant pool, fundamentally represents the only **process fall out** from the service's external locus, from the client perspective. Uncertain confidentiality (a perception attached to an internal service) would however have been a major irritant for all.

Counselling outcomes

The recent research into workplace counselling which has shown it to be, in the words of Carroll (1999:141) 'an effective individual intervention' (eg., Goss and Mearns, 1997b; Highley and Cooper, 1995; Rogers, McLeod and Sloboda, 1995; Cooper and Sadri 1991) has been dramatically supported by the present inquiry. The client participants experienced a plethora of significantly positive outcomes from their counselling.

For many, counselling had simply been a life changing, if not spiritual, experience. They were sure too that without counselling they would have slumped further into mental ill-health; taken more sick leave; been medically discharged; experienced domestic disintegration; or, ultimately, believed that life was better not lived. Though it is impossible to prove a negative, such consequences without counselling are hardly illogical

and unheard of! In fact, these **logical extensions of lingering on unsupported** have almost enough evaluative credit on their own to suggest that the NIFB external counselling service is significantly effective at the individual stratum and beyond. However, as stated, negatives are hard to prove, and so it is best to rely on the provables; and there were many.

Clients offered positive and at times extremely positive descriptions of their pre to post-counselling change, and beyond (both in terms of time and domain). Their problem manifestations, which, pre-counselling, advanced like marching armies through their intrapsychic and life domains, retreated significantly, and in many cases totally. All clients experienced substantial improvements across their thinking, feeling and behaviour chain, with the most emphatically expressed and pivotal counselling effect, the gaining of insight and understanding. Howe (1993) has directly linked insight to successful therapy.

While the counsellors were somewhat less emphatic about the changes attained (also noted by Roger, McLeod and Sloboda, 1995) they nevertheless painted positive pictures of client progress; except in one case. Only one client report versus counsellor evaluation involved a significant mismatch in terms of outcome. Also, and akin to previous research, the counsellors' evaluations tended to link outcome more to technique than with relationship (eg., Kaschkak, 1978). But then, why would any practitioner want to imply that all their training took a very poor second place to the merely instinctive human capacity to bond? Having said this, though, the clients too acknowledged the technique-outcome link.

Given the extent of their positive, pervasive and persistent gains, it was unsurprising to find that the vast majority of clients felt their counselling needs had been fully met, and indeed exceeded in some cases (see also client consensus in Goss and Mearns, 1997b). That these men had no need to seek further help post-termination is confirming evidence of their realized needs. Counsellor evaluations upheld this evidence.

Those few instances of a needs deficit that did exist seemed to directly reflect the practitioners' **primary impotence**, as the unrequited portion of need involved an unchanged workplace stressor. In fact, the counsellor participant willingly conceded this service weakness, but swiftly linked it to locus and the inherent vulnerability. This **outcome fall out** from the external mode of delivery were predictable (Highley-Marchington and Cooper, 1997; Walton, 1997).

So, the client inquiry demonstrates that the NIFB external counselling service, in terms of its core practice activity, positively impacts (and significantly so) at the individual stratum. It thus registers a firm **Win!** on the client portion of the tri-sectional 'Orme-o-meter'. But many of the more organisationally-orientated readers may ask: **So what? Isn't that what counselling's meant to do? What about the organisation? Do the benefits that accrue to the counselled employee positively influence the organisation? Basically, what is the NIFB, who is the purchaser after all, getting out of a psychologically strengthened worker?** Well, and in support of the maxim 'no man is an island', this client inquiry indicates that the NIFB, as the host, gained a host of benefits from what happened at the individual level.

Supporting, for example, the evaluation findings of Goss and Mearns (1997b) and Highley and Cooper (1995), the individual level dividend was changed into organisational currency through dramatically reduced absenteeism (this is discussed more fully later). In addition, many client participants described their enhanced job satisfaction, a finding which flies in the face of Highley and Cooper's (1995) claim that job satisfaction is unlikely to be affected as a result of counselling, as counselling is not an organisational intervention. Although these researchers were merely explaining their findings, their conclusion seems too sweeping and really only applies to those counselled clients who have been stressed by a static aspect of their working life. To claim that job satisfaction cannot be touched by counselling per se is erroneous, as the present inquiry demonstrates.

If individual counselling can touch the domestic domain and increase satisfaction therein, then why not with the work domain?

The ripple effect outcome, which emerged from the client inquiry, very much factors into Briner's (2000) radical, but refreshing, approach to the evaluation of EAPs/workplace counselling provisions. Questioning the orthodox view of effectiveness in this therapeutic context, Briner contends that such services 'can provide benefits over and above those that are usually claimed' (p.2). This inquiry agrees, and upholds his hypothesis that 'EAPs may bring about significant changes to clients' co-workers and immediate team' (p.3). There were, for instance, reports in the present inquiry of re-unified firefighting teams fuelled by increased team spirit, improved workplace atmospheres and enhanced work relations, the product it seems of clients' positively altered moods, emotional states, attitudes and behaviours. Basically, the team members in these cases started to feel better because the particular client did. Supporting in a way the present researcher's argument above, Briner suggests that this 'emotional contagion' principle may also apply to job satisfaction, a notion too which dovetails with Reynolds (1997).

Other **unorthodox outcomes** (as Briner might call them) included client participants' altered images of stress and counselling, the result it seems of their positive experiences pummelling their previously held prejudices. In essence, their counselling successes stimulated a type of **stigma inoculation**.

Briner is so right, these more subtle, oft overlooked, non-traditional outcomes, which he concedes are 'difficult to detect' (Briner, 2000:3) are so important. Take also in evidence the present study's finding that one-third of the client group (mostly managers) felt more capable, post-counselling, of recognising stress in their staff, and more empowered to refer them to the service. Furthermore, another one-third felt comfort from knowing the service existed, an outcome borne out of **actual** awareness, knowledge and, importantly, experience. Though the client inquiry appeared to uphold Highley and

Cooper's (1995) finding that pre-counselling service awareness promotes little in the way of a felt benefit, it is conceded that as only a few participants knew anything anyway the support is tenuous. Indeed the organisation-wide awareness survey overthrows Highley & Cooper as there was a potent swathe of felt comfort (expressed by non-users) from the service's mere existence.

In terms of the rationale behind the institution of the counselling service, client opinion seemed to recognise the existence of two distinct worlds (after Orlans, 1996), each with different atmospheres – one in which care was absent, the other in which care flourished. The participants knew the world of the NIFB too well, and to them it did not care for the employee, but rather was focused on its own 'health' status; an organisational behaviour that for them ultimately drove the counselling initiative. This **care for the organisation rationale** seems to represent, from the client perspective, an umbrella term for 'care of the coffers' (business and health & safety incentive) and 'care to look caring' (PR incentive); these are the efficiency and excellence motives described by Berridge, Cooper and Highley-Marchington (1997).

Although it sounds cynical, the client view seems to see the host organisation as only caring for the employee by proxy: genuine care has been bought in, in the form of the external counselling service, a therapeutic satellite that revolves around the cold world of the purchaser.

The client advice emerging from this inquiry was almost textbook-like, if not rather uni-dimensional, as it centred on the service's peripherals, as it were, not its practice. But given the extent and depth of their core counselling experience it is unsurprising that the client collective focused on the system surrounding the service. Anyhow, they were adamant that their work organisation needed to be educated on the what? why? when? and how? of counselling and the counselling service. This captures Carroll's (1997) claim: 'To create an effective counselling system within an organisation

requires a process of education whereby the organisation begins to learn about counselling' (p.164).

Clients were certain too that the service would be forever a type of forbidden planet (to further adapt Orleans's two-world analogy) without the public, and private, stigma-stripping support of their senior and top management. Wrich (1985) agrees: 'many attempts to establish [services] never really get off the ground specifically for lack of active management support from the very top of the organisation on down' (p.171).

Adapting Hawkins and Shohet's (1989) culture analysis to the present inquiry, it seems that a fundamental incongruence exists between the ways in which the counselling service is offered and described (organisational 'high-profile symbols'), that is, through its policy statement, and what actually happens in reality ('low-profile symbols'), for instance where employees are reluctant to become service users for fear of being stigmatized.

According to the client participants, the service also needed to be pervasively and properly publicized, with practitioners being permitted to make personal appearances. Such **myth-busting** activity was a priority for these men: they knew the organisational culture after all. These suggestions echo the literature (eg., Berridge, Cooper and Highley-Marchington, 1997; Carroll, 1997, 1996; Fisher, 1995; Francek, 1985). Concerns over confidentiality led many to call for a genuine self-referral system. For them, the management referral point is too culturally contaminated to have utility, while the access route through Controls amounts to a pseudo self-referral. Essentially, the client participants' suggestions were aimed at the system and thus at the easing of the employee-to-client conversion, a transformation they knew only too well was troublesome.

Those that offered up a research participation rationale spoke of wishing to provide worthwhile evaluative information that would improve the service, and thereby benefit the clients of the future. This is perhaps a further reflection, at the micro level, of the NIFB's customer-orientation. So it seems then that participation in this study was not prompted by positivity, or by a need to offer up a big thank you to the counsellors; a participation

motivation of those in Goss and Mearns (1997b). There was a clear interest in going beyond their successes at the service's core, and to emphasise what to them were the obvious flaws in the system.

6.2 The counsellor sub-inquiry: a discussion

In an indication perhaps of the uni-dimensional role to come, the practitioner participant (known as 'P') was not inducted into the NIFB and thus did not glean the 'host' of information necessary for complete service effectiveness (Carroll, 1997, 1996; Walton, 1997; Strawbridge and Woolfe, 1996; Gitterman and Miller, 1989; Crandell and Allen, 1982). It is contended that the lack of a formal introduction to her host subtly or subconsciously told P. to keep to her individual work, and to thus 'butt out' of the organisation. In other words, the role runes were cast by the purchaser at an early and impressionable stage in P.'s transition, with the result that her organisational ambition (ie., her need to have influence at the primary level) was cast aside.

The present inquiry can possibly lay claim then to the identification of an almost purely uni-dimensional workplace counsellor, a rare breed according to many commentators in the field (eg., Carroll, 1996; C. Carroll, 1994; Gernstein and Shullman, 1992; Toomer, 1982), and one, in this present context, borne out of political and self-protective urges. P. described her primary and largely single role and responsibility as working with troubled employees to enhance their mental well-being. She has thus had no need to manage the typical multiplicity of diverse roles (C. Carroll, 1994) or to 'juggle... a variety of tasks' (Carroll, 1996). But she still had to juggle. Life as a part-time workplace counsellor with a full-time day job (and 90% of workplace practitioners work on this basis – Highley & Cooper, 1995) has been no logistical light lunch for P., but rather has amounted at times to a veritable feast of scheduling, with a large helping of demand.

Many in the field would possibly (probably!) be critical of P.'s one track therapeutic role. Take Gray (1984) for instance, he maintains that there is a diluted value

in working only at the individual level as it 'can lead to a lack of awareness of the processes of the organisation' (p.178), while Berridge, Cooper and Highley-Marchington (1997) aver that 'counsellors can be criticized for excessive professional detachment in working solely with clients, while the causal dysfunctions of the [organisation] are ignored' (p.153). So yes, P. (and her colleague, it must be added) would probably be criticized. Working in this type of 'partial vacuum', as Walton (1997) calls it, must lessen the likelihood of attaining Orme's (1997) **triple-triumph** of win-win-win.

Although P. bemoaned the absence of a formal and informational introduction to the NIFB she seemed also to remember that the organisation is her client too, and as she has never wished to receive much in the way of pre-counselling details on referred employees, then perhaps it was not really that bad a thing not to have received organisational information. While the rationale behind her rethink is consistent with the views of many of her UK-based colleagues (Highley and Cooper, 1995) it seems to be at odds with the aforementioned commentator-chorus calling for workplace counsellors to be organisationally knowledgeable.

Though P. concluded that an absence of induction has not negatively affected her effectiveness at the individual level, it must be remembered too that it is not as if she has been practising without **any** knowledge at all. In fact, she has been continuously meeting with and gaining knowledge from the organisation's **cultural attachés** – the clients. The literature acknowledges this sort of second-hand induction process (eg., Crandall and Allen, 1982). But given P.'s reticence to therapeutically prowl at the primary level, there is the possibility that crucial information on impinging organisational dysfunction, gleaned from her clients, would not be proactively utilized. This scenario has not as yet been tested out.

Berridge et al. (1997) refer to this behaviour as a 'passive possession of company information', a type of practitioner inertia that Walton (1997:94) would possibly label as unethical. However it would be most unfair to level this label at P. whose therapeutic

heart beats strongly in the right place (see the client sub-inquiry) but whose context of practice has engendered in her feelings of isolation and vulnerability, and disempowerment.

Interestingly, in terms of the issue of induction, P. makes very sure that her referred clients are inducted into counselling and the counselling service at the earliest possible moment. It may be that her own lack of introduction into the organisation has encouraged her to make sure that others are not left anxiously information-less.

This inquiry demonstrates that while P.'s organisational link is lightly pencilled in, and her client work firmly underlined in ink, it is obvious that her workplace counselling experience-to-date has never felt like private practice relocated (also, Orme, 1997; Walton, 1997; Carroll, 1996). There is little doubt that the organisation forms a heavy, and, at times, nagging presence in her mind, and indeed this alone appears to be a central issue. Assumptions abound and fuel her anxiety, keeping her precariously perched at the outer edges of the NIFB. While her own expectations and needs have been complicated and compromised by the context, the context too has not offered up its own expectations and needs. Consequently P. seems to have been working in an **expectation vacuum**, created by the organisational context but maintained by its passive partner – the counselling service. Indeed, Carroll (1995) claims that assertiveness is a necessary workplace counsellor characteristic.

Interestingly, the looseness of her relationship with the organisation, and the clear power imbalance that exists therein (be it assumed or real) appears to have placed P. in a position where she needs to defer to the host, in much the same way as clients can defer to their counsellors (Rennie, 1994, 1985).

The seemingly solid selection strategy that brought P. to the NIFB has also been reflected in the paucity of inappropriate referrals. After all, as her key referral agent (the Brigade physician) was also the person with whom she had worked previously in a similar context, and for many years, it would be expected that he knew the referral score in terms

of appropriateness. This positive portion of P.'s practice experience sets her apart from many of her contemporaries (Highley and Cooper, 1995).

Now, it seems just as well that the referred cases have been appropriate for P., as she was often committed to the client by proxy. That is, she often received what could be called **presumptive referrals**, where basically the agent informed the employee that P. would be his or her counsellor. This aspect of her experience to date has been unsettling for P., in an anticipatory sense, as at any one moment she could have been placed in a most awkward situation; that is, being referred a case which was either personally or professionally unsuitable for her. In this process of **nominating the counsellor**, which still goes on, there is no scope for negotiation. But then again, would P. ever negotiate anyway? The experiential evidence appears to suggest not, and for two reasons. Firstly, it would be anathema to her key therapeutic objective to refuse to see an already primed employee, and secondly, even if she wished to decline a case, for whatever reason, her positional insecurity would probably urge her to pull in the reins of refusal. So, and to repeat, it is as well the referrals have tended to be appropriate. Of course, it may well be the case that the referral agent, through his longitudinal familiarity with P., has been a step or two ahead in the referral process, a product of his overwhelming confidence in her accepting a case. In this way he can cut out the temporally-draining middle man of unnecessary communication (ie., contacting her to negotiate, then contacting the client and then counsellor to contact client).

The organisational context in which P. practises intrudes also into the core counselling activity (see also, Carroll, 1997; Shea and Bond, 1997; Walton, 1997; Herlihy and Corey, 1992). Her workload is affected by inadequate awareness and postcode referring (Hollman, 1986, for example, has connected awareness with utilization) and her practice influenced by the culturally created anxious, angry and suspicious NIFB worker who often feels stigmatised and unsupported by his senior management. So P. has on occasion found herself having to deal with these purchaser-inspired 'peripherals' before

she can therapeutically touch the primary problem issue, with the result that her time with some clients has been elongated beyond what would (or should) have been the case. In true Crandall and Allen (1982) style, then, P.'s clients have often exuded a type of cultural ectoplasm that haunted much of the early part of session life.

Given the fairly frequent need to extend an encounter, it is as well (again) that there has been a flexible approach taken in terms of session quota. In fact, P. should be grateful for such an apparent degree of flexibility as many workplace counsellors report difficulty working within the constraints of a rigid session limit (Highley and Cooper, 1995).

It seemed that not only could the institution of a counselling encounter be triggered by proxy, but also, its termination. P., on occasion, has learned of a client's medical retirement after the event and indeed at times on the particular individual's doorstep. This example of organisational intrusion, which reflects too the obviously poor purchaser-to-provider communication, must surely have fed her notion that the organisation is out-of-bounds. So it seems then, according to P., that the NIFB formed a set of influential bookends either side of the counselling. This termination-by-proxy finding is new to the literature, with the nearest (though still distant) reference to such therapeutic truncation and poor communication, being the concern expressed by counsellors in Highley and Cooper (1995) over having no idea of what happened to their clients after counselling ended.

P.'s view on service effectiveness seemed to split into two parts, one based on reality, the other, virtual reality. While she was sure of her effectiveness at the individual level, because she was there, it seemed that because of her isolation and the inadequate communication with her host, she could only speculate on the service's organisational impact: and she speculated simplistically. P. assured herself that she must be providing a satisfactory enough service because she continued to receive referrals and had her fees paid. Hard-line practitioner-researchers would probably balk at such a simplistic

measure of effectiveness. Unsurprisingly, P. was sure that the present research had not come a moment too soon.

P.'s more concrete needs and expectations on the cusp of joining the Brigade were primarily focused on the personal counselling aspect of her role. It was as if the uniqueness of the NIFB context rendered her previous workplace counselling experience with the Post Office more or less redundant. The dyad was the only constant across the two organisation settings. Having said this, though, she held some general needs at that time that stepped out of the dyad and into the organisation. She wished to be integrated (though not to a large degree) into the organisational life of the NIFB, to have a strong communication channel, to have a marketing role and, as stated earlier, to be active at the primary level. But the novelty of the context, coupled with the absence of a formal induction and terms of engagement, seemed to have dampened any complete or concrete notion of what she should have expected and demanded outside of the one-to-one work. It is thus reasonable to conclude that while all appears well at the individual level, P.'s needs have not been fully met beyond the dyad.

Now given much of the above, it may come as some surprise that P., like many of her UK colleagues (Highley and Cooper, 1995) has actually gained much satisfaction from her NIFB work – until of course one realizes that the expressed satisfaction is attached to the personal counselling component... then it makes perfect sense.

6.3 The organisation sub-inquiry: a discussion

In perhaps the most blatant reflection of perspective, participants in this 'organisational' part of the inquiry offered up various shades of stimulant to the counselling service's introduction. This motivation amalgam included, for instance, a type of 'competitive' or 'catch-up' catalyst which describes the NIFB's need to match its G.B. counterparts who were offering a much more sophisticated stress management package to their employees. This rationale emanated from the union representation, as did the

opinion that the counselling service was a reaction to business prudence, to gaining a bottom-line bonus, as it were. The management and physician views seemed to coalesce into a 'care-for-the-employee' rationale, which is consistent with the purchaser motives reported in the Highley and Cooper (1995) nationwide survey. So it appeared that as far as the NIFB management and medical representatives were concerned, care formed the motivational mothership, with any business or fiscal dividend 'merely' a welcome by-product. The union view differed and indeed seemed to side with the conspiracy theorists (Friedman, 1980; Braverman, 1974) who claim that such altruism cannot exist within a business setting; basically that care for the employee cannot co-exist with care for the coffers. For the representative body, the 'humanistic motive' (Berridge, Cooper and Highley-Marchington, 1997) did not prompt the provision of counselling within the NIFB. Rather, fears over litigation led the way.

Now that the Brigade's occupational physician was seen as a prime player in the introduction of counselling into the Brigade rules in Berridge et al.'s (1997) notion of the 'extended humanistic orientation', which underlines the influential role that members of the caring professions can have. Through their enhanced social awareness and critical analysis they can exert the requisite pressure to foster internal support in favour of counselling. So in the present organisational context, where counselling is counter-cultural, the role of the Brigade physician cannot be underestimated.

Though there was a crystalline consensus that stress was a potent problem within the NIFB, the views therein were not the product of a tangible needs assessment, such as a stress audit (Cooper and Cartwright, 1994; Cooper, Sloane and Williams, 1988), but rather were products of what could be called **incumbent intuition**. However, Deverall (1997) actually claims that a formal needs assessment is not always the most appropriate route to take, and that in some cases intuition alone is enough.

Consistent with Carroll's (1997) recommendation, the NIFB, once moved by the aforementioned pot-pourri of prompts, set up a small consultative body to steer the

negotiation process towards the realization of the most suitable counselling service for the context. The Fire Brigade Union was represented, which was essential (Carroll, 1996), and though no independent counselling consultant was engaged to guide the team and facilitate the search for a provider (Carroll, 1997) it appears that in many ways the Brigade physician, though not independent as such, fulfilled this role. He came to the consultation process replete with counselling knowledge and understanding, cultivated in large part by his several years working alongside counsellors when Area Medical Adviser for the Post Office. In fact, once the working party agreed that an external format was the **only** format that could convince employees of the service's confidentiality and impartiality (see Highley and Cooper, 1995), the physician was immediately able to apply his knowledge and experience to line up a couplet of capable counsellors, individuals with whom he had worked before and had confidence in. Surely very few purchasers have been so well briefed and confident about the professional prowess of their prospective provider group.

The physician/Occupational Health Department is seen as the organisational contact with the counselling service, and although this is a rare linchpin arrangement when the service locus is external (Highley and Cooper, 1995) it is entirely understandable and sensible in the present context given that the physician had to merely reactivate an old professional link.

While it seems only equitable to conclude that the Fire Brigade Union (FBU) and the Brigade physician were the joint sponsors/initiators of the counselling service, if hairs have to be split then, in temporal terms, it appears that the FBU formed to first initiating heartbeat. This ties in too with the eventual selection of an external provision, as unions typically hold 'strong desires for independence of advice and total attachment from corporate processes' (Berridge et al., 1997:114). This finding is also consistent with the UK picture (Highley and Cooper, 1995).

Now it seems that the decision to 'go external' was only reached after minor moments of contextual disputation. It was not a simple matter to square the context circle,

for while an external format solved the confidentiality conundrum, it did create the potential for a credibility deficit. Outside practitioners could have been seen as too far removed from the organisation, and thus from what it means to be a firefighter or Fire Service worker. But the turbulent times soon gave way to what amounted to an **internal/external trade-off** and from this, from out of the chrysalis of consultation, came the decision to opt for outside counselling, a decision which received its ultimate sanctioning from top management. This finding is consistent with the initiator/final decision-maker disparity noted across many UK purchasing organisations (Highley and Cooper, 1995). The team also agreed on the referral points, and insisted that the service would be for all, not just for operational staff. Top management commitment, a 'must', according to Hoskinson (1994) and Wrich (1985), was attained and put in print through a policy document.

So, all-in-all it appears that the working party consulted on the types of issues that needed to be covered (see Carroll, 1997, 1996; Wright, 1985) and in a manner that recognised the role of the organisational setting (Towler, 1999; Walton, 1997; Brown and Campbell, 1994). However, one ingredient was missing from the consultation cake – evaluation, and in particular, the who? how? and when? of its implementation and feedback (Carroll, 1997). The absence of an emphasis on evaluation and of explicit service criteria would probably rest uneasily with many commentators, especially perhaps Highley and Cooper (1995) who may apply (and unfairly it is contended) their conspiratorial explanation: 'One would expect that senior people in today's cost-conscious organisations would want some proof of the benefits... unless it is the case that the service is really being introduced to solve the conscience of the organisation which is undoubtedly putting excess strain on its staff, but is not prepared to do anything to change it'. (Adapted by Berridge et al., 1997 from Highley and Cooper, 1995: 165-166).

To pre-empt such criticism, the researcher sees Highley and Cooper's (1995) cynical claim as simply too sweeping to be of a specific value or relevance, and too

obscure to be verifiable. Its application from textbook to the present context is not just not relevant, but downright unjust. Indeed, the inquiry has shown that the current key people in the NIFB need to see an organisational impact, with some actually decrying the service's external locus on the grounds of its reduced potential for bringing about primary change (see also Tehrani, 1997). There was clearly, amongst the current crop of key people, a desire for 'proof' of benefits, to coin Highley and Cooper, and that an organisational dividend was expected, be it anticipated as a by-product, or as a necessity. The introduction of the service was not an organisational behaviour to assuage some internal or underlying organisational guilt. There was desire for a dividend. The pursuit of an organisational benefit, a fiscal benefit, was embedded in the responses of the majority of key organisational participants. Indeed as an example, the issue of session quota was approached in a prudent manner, with extra sessions seen as an investment.

As indicated, some key people were strongly critical of the service's uni-dimensionality. For them it was simply too engrossed in the employee. For instance, and unlike her UK counterparts who were externally-orientated (Highley and Cooper, 1995), the NIFB Director of Human Resources expressed her potent preference for an in-house facility believing it would hold a greater chance of realizing an organisational benefit through workplace change, fuelled by enhanced organisational knowledge, familiarity and communication. She was not alone in thinking this way. Indeed, while the service was emphatically and unanimously praised on its individual or personal counselling work (based mainly on client feedback and obviousness) some nevertheless felt that this was not enough. The service really needed to concentrate more fully on its other client – the organisation.

But the inquiry has shown that in terms of its functional and fiscal outcome the Brigade's external service has not been that uni-dimensional at all: an 'organisational' need has been met. The analysis of the client sick absence data, which is 'Arguably the most objective measure of significant change' (Goss and Mearns, 1997b:340), has shown

the service to be extremely fiscal friendly. In fact, the reduction noted in absenteeism pre to post-counselling, and the attendant financial savings, actually surpasses Cooper's (1990) predicted reduction in absenteeism of 50 percent with an attached saving of £100,000 per 177 employees counselled. Now while one needs to be cautious about the results from the sick absence sub-inquiry, due to the small sample size and the lack of a control group (which renders impossible the citing of a direct causal relationship) the potency of the association found between counselling and reduced absenteeism is simply too potent to be ignored.

Several participants insisted that the communication between the service and its host had to improve, and that workforce service awareness needed to be raised. In fact this latter complaint has been emphatically upheld by the inquiry's organisation-wide awareness survey which found that almost 40 percent of the NIFB workforce had no idea that the service existed. It almost goes without saying that this has impinged on the service's utilization rate (Frost, 1990; Braun and Novak, 1986; Hollman, 1986; Gumz, 1985). Indeed, the highest usage rate of 1.2 percent for the NIFB counselling service, sits rather uncomfortably with the recommended minimum of 4 to 6 percent for successfully implemented services (Masi, 1986). Now, 'successfully implemented' is the key here. It seems clear now that though the consultation process produced its policy, the policy was not fully implemented. The poor awareness reflects poor publicity. Carroll (1996) puts it well: 'There is little point in having a counselling service in an organisation if it is not known by all employees... Marketing the service is crucial' (p.98-99). Several participants explained that information about the service has simply not percolated through all stata of the NIFB; hence the survey's identification of a 62 percent awareness rate. In an example of two wrongs not making a right, this NIFB awareness percentage actually compares rather 'favourably' with the 48 to 78 percent range of awareness reported across several Australian organisations (Terry, 1984).

Taking heed of Frost's (1990) call for evaluations to go beyond the identification of general awareness, the workforce survey probed further. For instance, while Terry (1984) found a superior awareness amongst management groupings, the present inquiry showed that, for the NIFB, the awareness was 'shared' almost equally between management and employees. The role of the employee grapevine may explain the parity (Basso, 1989).

The low level of awareness noted for the non-uniformed grouping explains such personnels' inadequate representation in the counselling service profile. It is certainly not that non-uniformed or support staff are stress free!

From a 'test' of service knowledge (after Braun and Novak, 1986; Terry, 1984) the survey showed an incomplete understanding of the ways in which the service can be accessed, and for whom the service is applicable. The belief for some that the facility is for operational staff only may explain too, to some extent, the scarcity of female clients.

The survey found that the organisational culture and concerns over confidentiality would dissuade and had dissuaded some members of the NIFB workforce from accessing the service. That fears over infringed confidentiality can impinge on utilization is neither illogical nor new (see Greer and Okrasinski, 1987; Hollman, 1986). In fact several of the key organisational participants were sure that a system of self-referral would overcome the confidentiality concern attached to the referral points. Certainly the introduction of a direct referral could bring employees to counselling at an earlier stage by circumventing 'the cult of masculinity' (Brown & Campbell, 1994) that exists in the organisation.

Interestingly, and in opposition to the findings from the Highley and Cooper (1995) nationwide study, some two-thirds of those aware within the NIFB actually felt a benefit, a comfort indeed, from knowing that the counselling service was there for them should they ever need it.

In a poignant reflection of Carroll's (1996) plea for proper publicity, the organisation-wide awareness survey identified a nucleus of non-users who would have

needed to use the service had they known it existed. Completing yet another utility circle within the present research, the survey itself created the very awareness it was assessing. This type of positive circularity was also noted by Frost (1990), Braun and Novak (1986) and Riediger (1985).

So from the organisational perspective poor publicity can be added to the several already-cited systemic-sited criticisms of the counselling service.

6.4 Congruence within the context: an integrative discussion

In terms of the needs, aims and expectations of the client, practitioner and purchaser 'apexes' of the NIFB's workplace counselling triangle, the inquiry identified one main strand of consistency. That is, each apex wanted to see the troubled employee benefit from counselling. But within this somewhat unsurprising congruence lay what could be called **apex additives** – extra needs and objectives borne out of perspective.

While the client collective was entirely uni-dimensional in its ultimate service need (ie., to attain a personal benefit), the organisation wanted to see also an impact beyond the individual, beyond the personal benefit. Now this organisational need, this success criterion, was never pushed in a non-humanitarian way. It was merely put forward as a product of fiscal prudence attached to the notion of 'counselling service-as-investment'. Indeed the inquiry shows that, as a collective, the key members of the organisation, including the NIFB Chief, do not possess misplaced notions about the function and purpose of the service. They are committed to it, and in a demonstration of such commitment, they expressed their strong interest in learning of, and utilizing, the findings from the present inquiry. The service seems to be neither an instrument of denial (as to organisational stressors) nor the representation of a transference of conscience. But the client collective would be cynical of such a conclusion. Indeed could it be claimed (with Hawkins and Shohat's, 1989 definition in mind) that the organisational perspective or more particularly the management view, represents the organisational high profile symbols

(the way it speaks of the service) and the client perspective represents the low profile symbols (the way it actually is in real world terms)?

There was in fact a significant incongruence between the opinions of the client and the organisation (especially management) on why the NIFB brought in the counselling service. While the latter stakeholder advanced the **care prompt**, the client view proffered the business incentive, or a 'covering their backs' prompt.

Actually, the client view, coupled indeed with union opinion, was consistent with the notions of the conspiracy theorists (Friedman, 1980; Braverman, 1974). There was thus an inability to solve the **care and coffers simultaneous equation**, fuelled by a fundamental disbelief that humanity and business could ever co-exist. But why not? In fact the feeling from the inquiry is that humanitarianism and financial motivations have been simultaneously driving the service, from the organisational perspective; and maybe also, from the practitioner perspective. Indeed on this latter contention, counselling, when taken as a business, ultimately amounts to a marriage between care and finance. Care and coffers seem to co-exist amicably in this context; a context which has recently been referred to in many quarters as an industry.

Now, without wishing to delve too deeply into the unprovable world of psychodynamics, it may well be the case that the cynical service rationales noted in the client collective represent the projection, into more distant parts of the organisation (ie., management), aspects of the respondents' selves which they want to keep hidden. Though one will never truly know, it is nevertheless clear that such views of the service stoke up suspicion and affect service usage.

But whether or not care prompted the service is not really that relevant in itself, as postholders change fairly frequently in the Brigade, with a significant change since the services inception in early 1995. The current incentive and level of commitment are the key issues here, and, as stated, it seems that care exists and the commitment is high. It is just that it needs to be broadened more fully, widely and, emphatically. Having said this,

though, there is incongruence between expressed commitment and care and the poor service awareness and episodes of less than caring management behaviour.

This inquiry has actually unearthed too a sort of Shakespearean sub-plot within the present counselling service triangle. And in keeping with the Bard, it is a plot that the 'audience' (researcher, reader) can see unfolding, but that each member of the 'cast' (practitioner participant and organisation) are as yet blind to, until this evaluation becomes utilized. This 'act', which could be titled, **the invisible and ironic congruence of needs**, describes the unknown mutual appreciation that the counselling service needs to treat the cause, not the symptom; and that the individual is often the symptom. So, while the practitioner (and her colleague too it must be added) has been practising at the edges of the NIFB teetering on a precipice made of vulnerability and deference, the organisation has actually always wanted her/the service to plough the corporate furrow, as it were; to more fully locate the causes of stress.

Indeed P., and her service colleague, must be continuously gleaning information of potential value to the NIFB which could well be offered up to the organisation without fracturing client confidentiality. However, P. has been reticent to criticize her paymaster, a behaviour driven by an assumption that the organisation would not take kindly to her bringing up to ground or primary level, information about organisational dysfunction discovered at the individual stratum. For her, moving in this way from stratum-to-stratum requires permission from her purchaser. Now in defence of the service, and given the domino effect of human experience, it is logical to claim that the counselling service must always be impacting to some degree on the organisation through its work at the individual stratum (see also Briner, 2000). There is little dispute, after all, that personal counselling impacts on a client's domestic domain (Deverall, 1997).

The practitioner's practice seems indeed to have been polluted by her perceptions of the context in which she works. As indicated much of her experience-to-date has been soaked in speculation regarding her role and organisational influence, a product too it

seems of the absence of a formal organisational induction and terms of engagement. The power differential that obviously exists (and which is linked to organisation-as-paymaster) has prevented her from ever testing out her assumption (à la 'personal scientist') that she dare not delve beyond the conventional client-focused relationship and to become a proactive agent of organisation review and change.

P.'s lack of formal induction (or more particularly her perception of its absence) is a pivotal issue here and one that has surely impacted on the client and organisational experiences and evaluations. Indeed this portion of her experience inspires an analogy. Even in daily and social living when one is asked to 'make yourself at home' it is still rather difficult to do so in the same casual manner that one would in the comfort of home. There still exists a human hesitancy to 'chill out' in someone else's territory, even when asked to do so. So then, how much more awkward is it for a workplace counsellor to practice beyond the individual when the host (and funding agent) has not sanctioned it in an overt fashion? The answer to this is, 'very awkward'. But then again this particular practitioner is not alone in feeling trapped in tradition and thus organisationally impotent. Primary interventions are rare in British workplace counselling circles (especially with external services) and for the very same reason as that undergirding P.'s inertia – a fear of rattling the organisational cage and of being rejected (Walton, 1997; Berridge et al., 1997).

Perhaps P. and the service needed to hear: 'The NIFB expects you to practice at the organisational level, to flag up areas of dysfunction and to stimulate positive, internal change.' The irony is that the NIFB (through its key people participants) appreciate that though counselling can relieve the pain around a workplace stressor, in the longer-term primary intervention is needed. P. needs to hear this. P. will hear this.

Of course, given the NIFB's customer-orientation (Coopers and Lybrand, 1997), it may have been the case that it expected the counselling service to behave like a service, to go about its business, and to liaise with its office-bearers when necessary. Under this

rationale the service has not recommended to-date any instances of primary change simply because it has not identified any.

The NIFB, and its counselling provider, like a troubled couple who want to remain married, need to communicate more fully with each other, and in a manner that clears up the obvious confusion that exists regarding role, expectations and objectives. As in any context, communication is the key to productive relationships.

Although the evaluation has actually identified congruence (where none was thought to exist) between the purchaser and provider needs regarding the latter's change-proactivity, it is important to qualify such positivity with the finding that the client collective was seemingly ambivalent about the counsellors becoming agents of primary change. So there is a dilemma on the horizon. In addition, as primary proactivity has not been a role of the service-to-date it will be interesting to see if the obvious organisation commitment is translated into acquiescence when the service flags up very critical or near the organisation knuckle information. Equally, it will be interesting too to see if the service can follow through with its desire to be an agent of change. How immediately and how well can a 'nervous' service re-orient itself into a proactive position. Time will tell. But of course it requires more than the reliability of time. It requires sensitive management.

The present research found a thread of congruence that ran through the experiential evaluations of the client, practitioner and purchaser components of the NIFB's external counselling service. Each stakeholder group's evaluations neatly bifurcated into **core** satisfactions and **systemic** shortcomings. That is, the trinity agreed that while the service's personal counselling strand is functioning at a significantly effective level, its surrounding system is simply saturated with imperfections.

However, given the peculiarity of perspective, each member of this workplace counselling triangle had their own particular 'axes to grind' with the system; though clear overlaps existed too (eg., culture as a fissure in the system; inadequacy of referral points;

poor service awareness). In terms of stakeholder systemic prejudices, the client collective tended to focus its censures on the inhibiting force of the NIFB, while the organisation tended to linger more on locus, with several key people focusing on the service's employee-engrossed uni-dimensionality. So there was a lack of evaluative congruence here, set within an overarching evaluative agreement that the system was shaky.

It is not just the organisation and the provider who need to communicate more fully, but also the organisation-workforce dyad. The communication chasm that exists in these two portions of the system is borne out of inadequate policy/service implementation. The needs of the consultative body have simply not been met. The policy has not been implemented fully: there is an obvious workforce awareness deficit regarding the service's existence, purpose and function. In fact, the research demonstrates that the troubled NIFB worker can actually meet with a two-tiered disadvantage, one the awareness deficit, the other a cultural stigma; with the counselling service one tier further down – making it a truly tertiary-level intervention!

So it seems then that like the human organism the NIFB external counselling service's functioning has been a product of 'genetics' and environment. The service responded to its well-intentioned 'genetic' blueprint (the policy document), which represented an intermingling of the negotiated opinions of a group of organizational partners, but in the end it is evident that the influence of its DNA (**D**esire to meet the **N**eed of **A**ll) has been outweighed by the potency of its context.

Now for the briefest of question and answers sessions. The question: 'Is the NIFB's external counselling service meeting the needs of the client, counsellor and organisation stakeholder groups?' The answer: 'Yes and No'. The qualifier: 'Yes', in terms of the client focused counselling, 'no', in term of its system. The counselling service is in fact realizing many needs, especially the repertoire of objectives held by the client collective. But this is unsurprising as their needs were attached to the core of the service, and the core of the service is working well. Stakeholders' needs that have been

attached to the system or context tended to be on shakier ground as the system surrounding the service is faulty in places. Using the Orme-o-meter, the personal counselling registers a **win-win-win**; the system, well.... not quite!

Concluding Comments

The three major stakeholders should be encouraged by the findings from this inquiry. Obviously improvements are needed, particularly with the system, but it is equally obvious too that in both human and fiscal terms the NIFB's external counselling service is having a significantly positive impact. It is a facility that is most definitely needed.

The service, like the field it spawns from, is really in its infancy, but is nevertheless maturing well. Like any 'infant', communicating with those around it is essential for progress and development. In fact, the service is too quiet at the moment, and needs to be more attention-seeking, especially in an organisational sense. But as it has a professional, strong and friendly link with the Brigade physician/organisational contact the future looks bright.

Improving this particular purchaser-provider partnership has the appearance of being a fairly straightforward affair as the inquiry has identified much like-mindedness between the partners. There is a willingness to stay together and to move the alliance forward. Therefore, the recommendations delineated in the Section 6.6 should end up in the real world.

6.5 Meeting the research objectives

The four primary research objectives have been met. Chapters 4 and 5, coupled with the initial three sections in this chapter, have unpacked and discussed the experiential evaluative opinions of the client (**objective b**), practitioner (**objective c**) and organisational (**objective d**) components comprising the NIFB's external counselling service. The discussion in Section 6.4 realized the overarching research goal (**objective a**)

of assessing and ascertaining the degree of congruence across the experiences of this particular workplace counselling trinity. So in terms of **objectives a→d**, delineated in Section 2.8, no more needs to be said here. However, there were other research objectives.

It is certain that the aforementioned primary aims would not have been realized to the degree attained if at the design stage the researcher had ignored the call for more qualitative endeavours in workplace counselling evaluations. Just as sporting teams match their tactics to the context of the competitive encounter, the present study entered its research arena armed with the most appropriate methodological strategy for achieving the best possible result within the available resources. As the ultimate focus of the research centred on the issue of congruence, it would have been almost obscene for the chosen methodology to be incongruent with the research objectives and questions.

Given the richness of the gathered data (**objective k** sought to demonstrate the efficacy of qualitative research methods) it seems safe to conclude (and this is neither swagger nor paradigmatic prejudice) that the use of a wholly or a primarily positivist approach would have been a tactical error. So in response to **objective e**, then, the study has not only answered the call from the naturalistic party (ie., for more qualitative inquiries in workplace counselling evaluation research) but also has shown it to be a 'good call', to use a colloquialism.

In response to **objective f** (ie., to attempt to feed findings back into the context), the research findings have already begun their utility journey to 'destination stakeholder'. This objective had been constructed in an ambience of realism in that it concentrated on the utility **process**, as it were, not its product; that is for another time, another review. Nevertheless, the research effort and its utilization did become intertwined on occasion. No sooner were some problems with the counselling service raised than they were soothed or solved. For instance, the communication deficit, noted by some participants, was moderated by the research process itself. In particular, the lack of cohesion between the

service's two practitioners was addressed by the series of interviews, which also provided a platform for continued and regular contact.

The research also afforded an utility trailer, a glimpse of what was to come; and it was a positive picture. No matter what this study would have found, identified and recommended, it would have amounted to redundant information if the stakeholders were reluctant to use it. But this was clearly not the case. The key people showed an audible and ample enthusiasm for the evaluation process and, in particular, its product. There was no hint of indifference, no sign of lip-service, no feeling that there was no point.

The study unashamedly set out to explore and improve a **particular** context, in this case the NIFB's external counselling facility. However, much can surely be extrapolated from this specific setting to other similar settings (**objective g** sought to take the findings beyond the NIFB). For starters, Fire Service and Emergency Service organisations should take note of how their culture and behaviour could impact on the functioning of their current, or soon-to-be-instituted, counselling service (see also **objective i** which aimed to shed light on the role of the host organisation on the client experience). The present inquiry should also encourage those about to prospect the workplace counselling landscape to incorporate, and in an in-depth manner, the host organisation into their evaluative effort, the aspiration of **objective j**.

In terms of promoting the concept of 'researcher-as-human' (**objective h**), there is really nothing left to be said at the moment that has not already been said in the researcher reflections; which can be requested from the author.

With regard to **objective m** (to develop the personal and professional selves of the researcher) only time will tell! But the early signs are promising.

While the research journey (a context in itself) was at times turbulent, it was nevertheless rewarding, and the longed for destination was reached. Thus, the inquiry realized its **objective l**, demonstrating that practitioner-research is indeed a 'do-able' activity.

6.6 Recommendations

Based on the evaluative exploration, this section offers several suggestions for moving the counselling service forward. Given the systemic orientation of the areas requiring corrective attention, there is a natural overlap between suggestions.

Overarching Recommendation

To refine and formalize the NIFB/External Counselling Service relationship

- With the present research findings ingested, the counselling service practitioners and its host (NIFB physician, welfare officer, FBU health and safety official, top management) should meet up to begin a **bridge building and clarification process** with the aim of establishing (in contract form) mutually agreed **standards for service delivery**. This process will 'slow down' what has been a fairly free running service, and will also remove much of the mindreading that to date has strained the system. Furthermore, the setting of service parameters will guide future evaluation activity. It is suggested, however, that a multiplicity of targets would be counterproductive as it would bring with it the type of administrative burden endemic in the Human Services.

Subsidiary Recommendations

To re-position the counselling service closer to the NIFB

- Meeting this recommendation requires attaining optimum balance between the therapeutic advantages attached to distance, and the benefits to be had from becoming much more integrated into the NIFB.

It is suggested that this fine balance could best be struck through **organisational induction** for the counsellors and the institution of an agreed mechanism permitting the counsellors to raise on an aggregated, anonymous basis, (**i.e., insight briefings**) aspects of organisational infirmity. So from this, the practitioners become more organisationally enlightened and active, the NIFB itself benefits from an information

additive, and the client-employee not only continues to receive good counselling (apparently) but also gains a type of therapeutic bonus in the guise of workplace change.

- The insight briefings or summaries, which could be reported to the NIFB on a half-yearly basis, must be communicated by the counselling team in a fashion that respects the context and the sensitivities involved. It is suggested, therefore, that the team formulates a framework for communicating such delicate messages. Reference could be made at this time to Walton's (1997) *Discussion Hierarchy*. It seems too that the practitioners should keep their counsellor 'hats' on, on such occasions, and treat the organisation (the 'other' client after all) as they do their client-employees.

To refine the system

- Improve communication. It is essential that relevant information shuttles more freely and frequently between service and organisation, and vice-versa. A formal structure of communication should be put in place around the **session negotiation process**, **medical retirement** (ie., its possibility, probability, timing, and any practitioner input) and the **referral acceptance process**. Indeed it seems, in terms of this latter issue, that a system of negotiation should be put in place to allow the practitioner to refuse a referral. To tighten further the communication around referral, the counsellors, once accepting a referral and having contacted the client, should send notification of this, on a proforma slip, to the referral agent.

One way to keep the communication channels open is to introduce **case conferences** into the system. Run at an agreed frequency (perhaps quarterly) there would be an opportunity for a batch of live cases to be discussed with the referral agent and any other interested parties, especially line-management. With client permission on board, case conferencing could prove extremely rewarding. After all, a case conference really represents a microcosm of what workplace counselling should be all about;

provider and purchaser working together for the greater good of employee and organisation.

- Revisit self-referral. Time and time again the inquiry flagged up people's interest in, and indeed demand for, direct access to the service. Though the introduction of a pure self-referral would reduce the inhibiting draw of stigma and thus bring individuals to the service earlier in their suffering, it cannot be thrust upon an organisation. So in deference to the context, this recommendation only goes as far as calling for stakeholder representatives to revisit the issue, with of course the present finding in mind.

- Enhance workforce awareness and knowledge. It is proposed that once all of the above recommendations are realized, to stakeholder satisfaction, the external counselling service should be **relaunched** or re-introduced to the NIFB workforce. Promotional events (formal seminars, informal small group work) and literature should percolate through all strata and reach all corners of the organisation. Particular focus should be placed on Controls, non-uniformed and female members of the workforce.

The **policy document** should be re-released, but not before it is revised to cover more of what the service is all about; its purpose, extent, access routes and perhaps above all, confidentiality and the necessity for those suffering to use it without fear of repudiation. It is crucial too for this written top management commitment and support to be complemented by a publicly presented endorsement at service awareness seminars.

Personal appearances by the practitioners could promote the stigma-busting concept of 'counsellor-as-human'. The fundamental thrust of this marketing strategy is to evaporate the mystique and stigma surrounding counselling and the hazard of imprecise hearsay.

Pre-counselling literature needs to be introduced and should précis much of what has been presented in seminars. For instance, it should cover: what counselling is/is not;

service scope; referral routes; logistics; session setting requirements; session ritual; confidentiality; reporting system; family involvement; welfare information; and, funding.

- **Training of managers/referral agents.** Given that the service's poor usage rate has in part been a product of postcode referring, it is recommended that the management tiers across all Divisions are selected for extra attention in order to become more conversant with their role as referral agents. The seriousness of this role should be underlined along with the when? and how? of referring. Training should also help managers to deal sensitively with the sick absent member of staff. As faces change, it is of paramount importance that this training is treated as an ongoing activity.

References

- Adams, A. (1992). *Bullying at Work: How to Confront and Overcome It*. London: Virago.
- Addley, K. (1997a). European dimension in K. Addley (Ed). *Occupational Stress: A Practical Approach*. Oxford: Butterworth-Heinemann. pp.180-210.
- Addley, K. (Ed.) (1997b). *Occupational Stress: A Practical Approach*. Butterworth-Heinemann.
- Adorno, T.W. (1956). *Against Epistemology: a Metacritique: Studies in Husserl and the Phenomenological Antinomies*. Oxford: Blackwell.
- Agar, M.H. (1980). The right brain strikes back. In N.G. Fielding and R.M. Lee (Eds). *Using computers in qualitative research*. Newbury, CA: Sage. pp.181-194.
- Alberta Professions and Occupations Bureau (1989). *Critical Incident Stress Debriefing Training Document*.
- Aldred, C. (1994). U.K. ruling focuses attention to job stress. *Business Insurance*, December, 55-56.
- Alexander, D.A. and Wells, A. (1991). Reactions of police officers to body-handling after a major disaster: A before-and-after comparison. *British Journal of Psychiatry*, 159, 547-555.
- Alexander, L.B. and Luborsky, L. (1986). The Penn Helping Alliance Scales. In L. Greenberg and W. Pinsof (Eds). *The Psychotherapeutic Process: A Research Handbook*. New York: Guilford Press.
- Allen, L. (1990). A client's experience of failure. In D. Mearns and W. Dryden (Eds). *Experiences of Counselling in Action*. London: Sage. pp.20-27.
- Allen-Meaures, P. and Lane, B.A. (1990). Social Work Practice: integrating qualitative and quantitative data collection techniques *Social Work*, 35, 452-456.
- Altheide, D.L. and Johnston, J.M. (1994). Criteria for assessing interpretive validity in qualitative research. In N.K. Denzin and Y.S. Lincoln (Eds). *Handbook of qualitative research*. Thousand Oaks, CA: Sage. pp.485-499.
- Amatea, E.S. and Fong, M.L. (1991). The impact of role stressors and personal resources on the stress experience of professional women. *Psychology of Women Quarterly*, 15, 419-430.
- Appley, M.H. and Trumbull, R. (1986). Development of the Stress Concept. In M.H. Appley and R. Trumbull (Eds). *Dynamics of Stress: Physiological, Psychological and Social Perspectives*. New York: Plenum Press. pp.3-18.
- Argyris, C., Putman, R. and Smith, D.M. (1985). *Action Science*. San Francisco: Jossey-Bass.

- Asma, F.E., Eggert, R.L. and Hilker, R.R.J. (1971). Long-term Experience with Rehabilitation of Alcoholic Employees. *Journal of Occupational Medicine*, 13, 581-585.
- Asma, F.E., Hilker, R.R.J., Shevlin, J.J. and Golden, R.G. (1980). Twenty-five years of Rehabilitation of Employees with Drinking Problems. *Journal of Occupational Medicine*, 22(4), 241-244.
- Aveline, M. and Shapiro, D.A. (Eds.) (1995). *Research Foundations for Psychotherapy Practice*. Chichester: Wiley.
- Axline, V. (1950). Play Therapy Experiences as Described by Child Participants. *Journal of Consulting Psychology*, 14, 53-63.
- Bailey, J.M. and Bhagat, R.S. (1987). Meaning and Measurement of Stressors in the Work Environment. In S.V. Kasl and C.L. Cooper (Eds). *Stress and Health: Issues in Research Methodology*. New York: Wiley. pp.207-229.
- Balgopal, P.R. and Patchner, M.A. (1988). Evaluating Employee Assistance Programs: Obstacles, Issues and Strategies. *Employee Assistance Quarterly, Special Issue: Evaluation of Employee Assistance Programs*, 3(3/4), 95-105.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, N.J.: Prentice-Hall.
- Banham, J. (1991). The cost of mental ill-health to business. In Jenkins and Convey (Eds). *Prevention of mental ill-health at work – a conference*. London: HMSO.
- Barker, C., Pistrang, N. and Elliott, R. (1994). *Research Methods in Clinical and Counselling Psychology*. Chichester: Wiley.
- Barkham, M. (1991). Understanding, Implementing and Presenting Counselling Evaluation. In R. Bayne and P. Nicholson (Eds). *Psychology and Counselling for Professionals*. London: Chapman and Hall.
- Barkham, M. and Barker, C. (1996). Evaluating Counselling Psychology Practice. In R. Woolfe and W. Dryden (Eds.). *Handbook of Counselling Psychology*. London: Sage. pp.87-110.
- Barrineau, P. and Bozarth, J. (1989). A person-centred research model. *Person-Centred Review*, 4, 465-474.
- Basso, R. (1989). A consumer's grapevine in an employee assistance program. *Employee Assistance Quarterly*, 4(3), 1-10.
- Bayne, R., Horton, I. and Bimrose, J. (Eds.) (1996). *New Directions in Counselling*. London: Routledge.
- Beck, D.F. and Jones, M.A. (1973). *Progress on Family Problems: A nationwide study of clients' and counsellors' views on family agency services*. Family Services Association of America.

- Bednarz, D. (1983). Quantity and quality in evaluation research: a divergent view. Revised version of a paper presented at the *Joint Meeting of the Evaluation Network and the Evaluation Research Society*, Chicago. In J. Greene & C. McClintock (1985). Triangulation in evaluation, design and analysis issues. *Evaluation Review*, 9, 523-545.
- Beehr, T.A. and O'Hara, M. (1987). Evaluation of occupational stress interventions. In S.V. Kasl and C.C. Cooper (Eds.). *Stress and Health: Issues in Research Methodology*. London: Wiley.
- Bell, P., Kee, M., Loughrey, G., Roddy, R. and Curran, P. (1988). Traumatic Stress Disorder in Northern Ireland. *Acta Psychiatrica Scandinavia*, 77, 166.
- Berger, P.L. (1963). *Invitation to Sociology: A humanistic perspective*. Doubleday & Co.
- Bernstein, R.J. (1983). *Beyond objectivism and relativism*. Philadelphia: University of Pennsylvania Press.
- Berridge, J. and Cooper, C.L. (1993). Stress and coping in US organisations. *Work and Stress*, 7(1), 89-102.
- Berridge, J., Cooper, C.L. and Highley-Marchington (1997). *Employee Assistance Programmes and Workplace Counselling*. Chichester: Wiley.
- Bischoff, R.J., McKeel, A.J., Moon, S.M. and Sprengle, D.H. (1996). Therapist-conducted consultation: using clients as consultants to their own therapy. *Journal of Marital and Family Therapy*, 22, 359-379.
- Blaze-Temple, D. and Honig, F.M. (1997). Process Evaluation of an Australian EAP. *Employee Assistance Quarterly*, 12(4), 15-35.
- Blaze-Temple, D. and Howat, P. (1997). Cost Benefit of an Australian EAP. *Employee Assistance Quarterly*, 12(3), 1-24.
- Bogdan, R.C. and Biklen, S.K. (1992). *Qualitative research for education: An introduction to theory and methods*. 2nd Edition. Boston: Allyn and Bacon.
- Bogdan, R.C. and Taylor, S.J. (1994). A positive approach to qualitative evaluation and policy research in social work. In E. Sherman and W.J. Reid (Eds). *Qualitative research in social work*. New York: Columbia University Press. pp.293-302.
- Bond, T. (1993). *Standards and Ethics for Counselling in Action*. London: Sage.
- Bond, T. (1992). Confidentiality: counselling, ethics and the law. *Employee Counselling Today*, 4(4), 4-9.
- Bond, T. (1990). HIV Counselling: Report on National Survey and Consultation. *British Association For Counselling/Department of Health. Joint Project*.
- Borgen, F.H. (1992). Expanding scientific paradigms in counselling psychology. In S.D. Brown and R.W. Lent (Eds). *Handbook of counselling psychology*. 2nd Edition. New York: Wiley.

- Boruch, R. and Rindskopf, O. (1984). Data Analysis. In L. Rutman (Ed). *Evaluation Research Methods*. 2nd Edition. Beverly Hills, CA: Sage.
- Bott, D. (1988). The relevance of systemic thinking to student counselling. *Counselling Psychology Quarterly*, 1(4), 367-375.
- Boxer, P.A. and Wild, D. (1993). Psychological distress and alcohol use among firefighters. *Scandinavian Journal of Environmental Health*, 19, 121-125.
- Boyatzis, R.E. (1998). *Transforming Qualitative Information: Thematic Analysis and Code Development*. London: Sage.
- Brannen, J. and Collard, J. (1982). *Marriage in Trouble: The Process of Seeking Help*. London: Tavistock.
- Braun, A.L. and Novak, D.E. (1986). A study of EAP non-utilization. *EAP Digest*, 7(1), 52-55.
- Briner, R.B. (2000). Do EAPs Work? A Complex Answer to a Simple Question. *Counselling at Work*, Summer, 29.
- Brown, J. (1996). *Stress, Appraisal and Coping: A Study of the Northern Ireland Fire Brigade*. Unpublished PhD thesis: QUB.
- Brown, J. and Mulhern, G. (1996). Stress, Appraisal and Coping: A Study of the Northern Ireland Fire Brigade. In G. Mulhern and S. Joseph (Eds). *Psychological Perspectives on Stress and Trauma: From Disaster to Political Violence*.
- Brown, J.M. and Campbell, E.A. (1994). *Stress and Policing: Sources and Strategies*. Chichester: Wiley.
- Brown, L.M. and Gilligan, C. (1993). Meeting at the crossroads: women's psychology and girls' development. *Feminism and Psychology*, 3, 11-35.
- Bryant, R.A. and Harvey, A.G. (1996). Posttraumatic stress reactions in volunteer firefighters. *Journal of Traumatic Stress*, 9, 51-62.
- Bryman, A. (1992). Quantitative and qualitative research: Further reflections on their integration. In J. Brannen (Ed). *Mixing Methods: Qualitative and Quantitative Research*. Aldershot: Avebury Press. pp.57-58.
- Bryman, A. (1988). *Quantity and Quality in Social Research*. London: Unwin Hyman.
- Bryman, A. (1984). The debate about quantitative and qualitative research: a question of method or epistemology? *British Journal of Sociology*, 235, 75-92.
- Bugental, J.F.T. (1992). *The Art of the Psychotherapist*. New York: Norton.
- Bull, A. (1997). Models of Counselling in Organizations. In M. Carroll and M. Walton (Eds). *Handbook of Counselling in Organizations*. London: Sage. pp.29-41.
- Burman, E. (1994). Interviewing. In P. Banister, E. Burman, I. Parker, M. Taylor and C. Tindall. *Qualitative Methods in Psychology: A Research Guide*. pp.49-71.

- Cairns, E. and Wilson, R. (1993). Stress, Coping, and Political Violence in Northern Ireland. In J.P. Wilson and B. Raphael (Eds). *International Handbook of Traumatic Stress Syndromes*. New York: Plenum Press. pp.365-376.
- Cairns, E. and Wilson, R. (1989). Coping with Political Violence in Northern Ireland. *Social Science and Medicine*, 28, 621-624.
- Cairns, E. and Wilson, R. (1984). The impact of political violence on mild psychiatric morbidity in Northern Ireland. *British Journal of Psychiatry*, 145, 631.
- Cairns, E. and Wilson, R. (1983). Psychiatric aspects of violence in Northern Ireland. *Stress Medicine*, 1, 193.
- Cairo, P.C. (1983). Counselling in Industry: A Selected Review of the Literature. *Personnel Psychology*, 36, 1-18.
- Cantley, C. (1987). *Coventry Mental Health Crisis Intervention Team: The Views of Clients and Their Families*. Birmingham: Social Administration Dept., University of Birmingham.
- Cannon, W.B. (1914). The interrelations of emotions as suggested by recent physiological researchers. *American Journal of Psychology*, 25, 256-282.
- Cape, J.D. (1991). Quality assurance methods for clinical psychology services. *The Psychologist*, 4, 499-503.
- Carroll, C. (1994). *Building bridges: a study of employee counsellors in the private sector*. MSc dissertation, City Univ., London.
- Carroll, M. (1999). Supervision in workplace settings. In M. Carroll and E. Holloway. *Counselling Supervision in Context*. London: Sage. pp.140-158.
- Carroll, M. (1997). Counselling in Organizations: An Overview. In M. Carroll and M. Walton (Eds). *Handbook of Counselling in Organisations*. London: Sage. pp.8-28.
- Carroll, M. (1996). *Workplace Counselling: A Systematic Approach to Employee Care*. London: Sage.
- Carroll, M. (1995). The counsellor in organizational settings: some reflections. *Employee Counselling Today*, 5(4), 14-20.
- Carroll, M., and Walton, M. (Eds.) (1997). *Handbook of Counselling in Organizations*. London: Sage.
- Carter, I. (1977). Social work in industry: a history and a viewpoint. *Social Thought*, 3, 7-18.
- Cartwright, S. and Cooper, C.L. (1994). *No Hassle: Taking the Stress Out of Work*. London: Century Books.
- Charmaz, K. (1995). Grounded Theory. In J.A. Smith, R. Harré and L. Van Langenhove (Eds). *Rethinking Methods in Psychology*. London: Sage. pp.27-49.

- Chen, P.Y. and Spector, P.E. (1992). Relationships of work stressors with aggression, withdrawal, theft and substance abuse. *Journal of Occupational and Organisational Psychology*, 65, 177-184.
- Christopher, J.C. (1996). Counselling's inescapable moral visions. *Journal of Counselling and Development*, 75, 17-25.
- Clarkson, P. (1996). The Eclectic and Integrative Paradigm: Between the Scylla of Confluence and the Charybdis of Confusion. In R. Woolfe and W. Dryden (Eds). *Handbook of Counselling Psychology*. London: Sage. pp.258-283.
- Clarkson, P. (1994). The nature and range of psychotherapy. In P. Clarkson and M. Pokorny (Eds). *The Handbook of Psychotherapy*. London: Routledge.
- Clarkson, P. (1990). The scope of stress counselling in organisations. *Employee Counselling Today*, 2(4), 3-6.
- Clement-Green, M. (1992). *An Examination of the need for a system of stress and trauma counselling in the Fire Service*. Unpublished report.
- Cohen, F. (1987). Measurement of Coping. In S.V. Kasl and G.L. Cooper (Eds). *Stress and Health: Issues in Research Methodology*. New York: Wiley. 283-305.
- Cohen, F. (1984). Coping. In J.D. Matarazzo, S.M. Weiss, J.A. Herd, N.E. Miller and S.M. Weiss (Eds). *Behavioral Health: A Handbook of Health Enhancement and Disease Prevention*. New York: Wiley. pp.261-274.
- Cohen, L.H., Sargent, M.M. and Sechrest, L.B. (1986). Use of psychotherapy research by professional psychologists. *American Psychologist*, 41, 198-206.
- Cole, G.E., Tucker, L.A. and Friendman, G.M. (1982). Absenteeism data as a measure of cost effectiveness of stress management programs. *American Journal of Health Promotion*, Spring, 12-15.
- Collings, G.H. Jr. (1984). Stress and the Workplace. In J.D. Matarazzo, S.M. Weiss, J.A. Herd, N.E. Miller and S.M. Weiss (Eds). *Behavioral Health: A Handbook of Health Enhancement and Disease Prevention*. New York: Wiley. pp.1079-1086.
- Confederation of British Industry/Department of Health (1991). *Promoting health at work*. London: HMSO.
- Cook, T.D. and Reichardt, C.S. (Eds). (1979). *Qualitative and Quantitative Methods in Evaluation Research*. Beverly Hills, CA: Sage.
- Coolican, H. (1994). *Research Methods and Statistics in Psychology*. 2nd Edition. London: Hodder and Stoughton.
- Cooper, C.L. (1996). *Handbook of Stress, Medicine and Health*. Florida, USA: CRC Press Inc.
- Cooper, C.L. and Cartwright, S. (1994). Healthy mind; healthy organization – a proactive approach to occupational stress. *Human Relations*, 47, 455-471.

Cooper, C.L. and Payne, R.L. (1988). *Causes, Coping and Consequences of Stress at Work*. Chichester; Wiley.

Cooper, C.L. and Sadri, G. (1991). The impact of stress counselling at work. In P.C. Perreve (Ed). *Handbook on Job Stress. Special Issue. Journal of Social Behaviour and Personality*, 6(7), 411-423.

Cooper, C.L., Cooper, R.D. and Eaker, L. (1988). *Living with stress*. Harmondsworth, England: Penguin Health.

Cooper, C.L., Kirkcaldy, B.D. and Brown, J. (1994). A model of job stress and physical health: The role of individual differences. *Personality and Individual Differences*, 16, 653-655.

Cooper, N. and Stevenson, C. (1998). New science and psychology. *The Psychologist*, 10, 484-485.

Coopers and Lybrand (July, 1997). *Fire Authority for Northern Ireland: Culture Survey*.

Cornell, D.V. (1985). Social policy issues and EAPs. In S.H. Klarreich, J.L. Francek and C.E. Moore (Eds). *The Human Resources Management Handbook: Principles and Practice of Employee Assistance Programs*. New York: Praeger Publishers.

Cornell, W. (1995) *Perspective On Traumatic Stress: Where are all the Programs?* (Source Fire Service College.)

Cornell, W. (1989). Firefighters suffer Critical Incident Stress. *Emergency Preparedness Digest*. (Source: Fire Service College.)

Corner, J. (1991). In search of more complete answers to research questions: quantitative versus qualitative research methods: is there a way forward? *Journal of Advanced Nursing*, 16, 718-27.

Cowles, K.V. (1988). Issues in qualitative research on sensitive topics. *Western Journal of Nursing Research*, 10, 163-179.

Cox, M. (1978). *Structuring the Therapeutic Process*. Oxford. Pergamon.

Cox, T. (1993). *Stress Research and Stress Management: Putting Theory to Work*. HSE Contract Research Report No.6/1993. HMSO.

Cox, T. (1990). The Recognition and Measurement of Stress: Conceptual and Methodological Issues. In J.R. Wilson and E.N. Corlett (Eds). *Evaluation of Human Work: A Practical Ergonomics Methodology*. London: Taylor and Francis. pp.628-647.

Cox, T. (1987). Stress, coping and problem solving. *Work and Stress*, 1, 5-14.

Cox, T. (1978). *Stress*. London: Macmillan.

Cox, T. and Howarth, I. (1990). Organisational health, culture and helping. *Work and Stress*, 4, 107-110.

- Cox, T. and Mackay, C. (1981). Transactional Approach to Occupational Stress. In E.N. Corlett and J. Richardson (Eds). *Stress, Work Design, and Productivity*. New York: Wiley. pp.91-113.
- Cox, T. and Mackay, C. (1979). Introductory Remarks: Occupational Stress and the Quality of Working Life. In C. Mackay and T. Cox (Eds). *Response to Stress: Occupational Aspects*. Guildford: IPC Science and Technology Press. pp.1-8.
- Coyle, A. (1998). Qualitative research in counselling psychology: using the counselling interview as a research instrument. In P. Clarkson (Ed.). *Counselling Psychology: Integrating Theory, Research and Supervised Practice*. London: Routledge. pp.56-73.
- Crabtree, B.F. and Miller, W. (Eds) (1992). *Doing qualitative research: Research methods for primary care* (Vol.3). Newbury Park, CA: Sage.
- Crandall, R. and Allen, R.D. (1982). The Organizational Context of Helping Relationships. In T.A. Wills (Ed) *Basic Processes in Helping Relationships*. London: Academic Press.
- Creswell, J.W. (1994). *Research design: Qualitative and quantitative approaches*. Thousand Oaks. CA: Sage.
- Critchley, B. and Casey, D. (1989). Organizations get stuck too. *Leadership and Organization Development Journal*, 10(4), 3-12.
- Cronbach, L. (1982). *Designing Evaluations of Educational and Social Programs*. San Francisco: Jossey-Bass.
- Cronbach, L. (1980). *Toward Reform of Program Evaluation*. San Francisco: Jossey-Bass.
- Cronbach, L. (1975). Beyond the Two Disciplines of Scientific Psychology. *American Psychologist*, 30, 116-127.
- Cronbach, L. (1970). *The Essentials of Psychological Testing*. 3rd Edition. New York: Harper and Row.
- Cully, S. (1991). *Integrative Counselling Skills in Action*. London: Sage.
- Cummings, A.L., Hallberg, E.T. and Slemon, A.G. (1994). Templates of client change in short-term counselling. *Journal of Counselling Psychology*, 41(4), 464-472.
- Cummings, T.G. and Cooper, C.L. (1979). A cybernetic framework for studying occupational stress. *Human Relations*, 32, 395-418.
- Cunningham, G. (1994). *Effective Employee Assistance Programs: A Guide for EAP Counselors and Managers*. Thousand Oaks: Sage.
- Curran, P. (1997). Post-Traumatic Stress Disorder. In K. Addley (Ed). *Occupational Stress: a practical approach*. Butterworth-Heinemann. pp.125-150.

- Curran, P. (1988). Psychiatric aspects of terrorist violence: Northern Ireland 1969-1987. *British Journal of Psychiatry*, 153, 470-475.
- Curran, P., Bell, P., Murray, A., Loughrey, G., Roddy, R. and Roche, L. (1990). Psychological consequences of the Enniskillen bombing. *British Journal of Psychiatry*, 156, 479-482.
- Cushman, P. (1995). *Constructing the Self, Constructing America: A Cultural History of Psychotherapy*. New York: Addison-Wesley.
- Dale, B. and Cooper, C.L. (1992). *Total Quality and Human Resource Management*. Oxford: Blackwell Publishers.
- David, A. (1994). NVQs, counselling training and accreditation: a philosophical inquiry. Seminar presented at the *British Association for Counselling 18th Annual Training Conference*, Keele University.
- Davis, A., Newton, S. and Smith, D. (1985). Coventry Crisis Intervention team: the consumer's view. *Social Services Research*, 14(1), 7-32.
- Deal, T. and Kennedy, A. (1982). *Corporate Cultures*. Reading, MA: Addison-Wesley.
- Deary, I., Blenkin, H., Agius, R.M., Endler, N.S., Zealley, H. and Wood, R. (1996). Models of job-related stress and personal achievement among consultant doctors. *British Journal of Psychology*, 87, 3-29.
- de Gier, E. (1995). Occupational welfare in the European Community: Past, present, and future. In L.R. Murphy, J.J. Hurrell, J. and G.P. Keita (Eds). *Job Stress interventions* Washington, D.C.: American Psychological Association.
- Delongis, A., Folkman, S. and Lazarus, R.S. (1988). The impact of daily stress on health and mood: Psychological and social resources as mediators. *Journal of Personality and Social Psychology*, 54, 486-495.
- Dennett, M. (1996). Stress – a requirement of the job? *Fire*, March, 16.
- Denzin, N.K. (1978). The logic of Naturalistic Inquiry. In N.K. Denzin (Ed). *Sociological Methods: A Sourcebook*. New York: McGraw-Hill.
- Denzin, N.K. and Lincoln, Y.S. (Eds) (1994). *Handbook of qualitative research*. Thousand Oaks, CA: Sage.
- Derogatis, L.R. (1982). Self-report Measures of Stress. In L. Goldberger and S. Brezritz (Eds). *Handbook of Stress: Theoretical and Clinical Aspects*. New York: The Free Press. pp.270-294.
- de Shazer, S. (1985). *Keys to Solutions*. New York: Norton.
- Dessley, G. (1984). *Personnel Management*. 3rd Edition. Reston VA: Relsed Publishing Co.
- Dewe, P. (1991). Primary appraisal, secondary appraisal and coping: Their role in stressful work encounters. *Journal of Occupational Psychology*. 64: 331-351.

- Dewe, P.J. (1989). Examining the nature of work stress: Individual evaluations of stressful experiences and coping. *Human Relations*, 42, 993-1013.
- Dewe, P.J. and Guest, D.E. (1990). Methods of coping with stress at work: A conceptual analysis and empirical study of measurement issues. *Journal of Organizational Behavior*, 11, 135-150.
- Dewe P., Cox, T. and Ferguson, E. (1993). Individual strategies for coping with work stress: A Review. *Work and Stress*, 7, 5-15.
- Di Mascio, A., Klerman, G.L., Weissman, M.N., Prusoff, B.A., Nev, C. and Moore, P. (1979). A control group for psychotherapy research in acute depression: one solution to ethical and methodologic issues. *Journal of Psychiatric Research*, 15, 189-197.
- Dinnage, R. (1989). *One to One: Experiences of Psychotherapy*. London: Penguin.
- Doherty, R.W. (1992). *Stress and Fire-fighters: Situations, Reactions and Interactions*. Unpublished PhD Thesis: OU.
- Douglas, R., Blanks, R., Crowther, A., and Scott, G. (1988). A study of stress in West Midlands firemen, using ambulatory electrocardiograms. *Work and Stress*, 2, 309-318.
- DuBois, B. (1983). Passionate scholarship. In G. Bowles and R. Duelli Klein (Eds). *Theories of Women's Studies*. London: Routledge and Kegan Paul.
- Duckworth, D. (1986). Psychological problems arising from disaster work. *Stress Medicine*, 2, 315-323.
- Durham, T., McCammon, S. and Jackson, E.J. (1985). The psychological impact of disaster on rescue personnel. *Annals of Emergency Medicine*, 14, 664-668.
- Durkin, W.G. (1985). Evaluation of EAP Programming. In S.H. Klarreich, J.L. Francek and C.E. Moore (Eds). *The Human Resources Management Handbook: Principles and Practice of Employee Assistance Programs*. New York: Praeger Publishers.
- Dutfield, M. and Eling, C. (1990). *The Communicating Manager*. Shaftesbury: Element.
- Dyregrov, A. (1989). Caring for helpers in disaster situations: psychological debriefing. *Disaster Management*, 2, 25-30.
- Dyregrov, A. Thyholdt, R. and Mitchell, J. (1989). Rescue Workers' Emotional Reactions Following a Disaster.
- EAPA (1994). *UK EAPA Standards of Practice and Professional Guidelines for Employee Assistance Programmes*. London: EAPA.
- Earnshaw, J. and Cooper, C.L. (1996). *Stress and Employer Liability*. London: Institute of Personnel Development.
- Edwards v National Coal Board (1949)*. King's Bench (Law Reports). 1 (704): 712-713.
- Egan, G. (1994). *The Skilled Helper: A Problem-Management Approach to Helping*. Monterey, CA: Brooks/Cole.

- Egan, G. and Cowan, M. (1979). *People in Systems*. Monterey, CA: Brooks/Cole.
- Eggum, P.R., Keller, M.S. and Borton, W.N. (1980). Nurse/Health Counselling Model for a Successful Alcoholism Assistant Program. *Journal of Occupational Medicine*, 22(8), 545-548.
- Elliott, D. and Smith, D. (1993). Coping with the sharp end: recruitment and selection in the Fire Service. *Disaster Management*, 5(1).
- Elliott, R. (1986). Interpersonal Process Recall (IPR) as a psychotherapy process research method. In L.S. Greenberg and W.M. Pinsof (Eds.). *The Psychotherapeutic Process: a Research Handbook*. New York: Guilford Press.
- Elliott, R. and James, E. (1989). Varieties of client experience in psychotherapy: a review of the literature. *Clinical Psychology Review*, 9, 443-467.
- Ellis, C. and Flaherty, M.H. (1992). An agenda for the interpretation of lived experience. In E. Ellis and M.G. Flaherty (Eds). *Investigating subjectivity: Research on lived experience*. Newbury Port: Sage. pp.1-16.
- Elton-Wilson, J. and Barkham, M. (1994). A practitioner-scientist approach to psychotherapy process and outcome research. In P. Clarkson and M. Pokorny Eds). *The Handbook of Psychotherapy*. London: Routledge.
- Ely, M., Anzul, M., Friedman, T., Garner, D and Steinmetz, A.M. (1991). *Doing qualitative research: Circles within circles*. London: Falmer.
- Erlanson, D.A., Harris, E.L., Skipper, B.L. and Allen, S.D. (1993). *Doing Naturalistic Inquiry: a Guide to Methods*. Newbury Park, CA: Sage.
- Everett, B. and Boydell, K. (1994). A methodology for including consumers' opinions in mental health evaluation research. *Hospital and Community Psychiatry*, 45, 76-78.
- Eysenck, H.J. (1952). The effects of psychotherapy: an evaluation. *Journal of Consulting Psychology*, 16, 319-324.
- Falvey, J. (1987). *Handbook of Administrative Supervision*. Virginia: ACES Publications.
- Feifel, H. and Eells, J. (1963). Patients and Therapists Assess the Same Psychotherapy. *Journal of Consulting Psychology*, 27(4), 310-318.
- Feit, M.D. and Holosko, M.J. (1988). EAPs: Assessing how they work. *Employee Assistance Quarterly*, 3(3/4), 1-4.
- Feltham, C. (1995). *What is counselling?: The Promise and Problem of the Talking Therapies*. London: Sage.
- Feltham, C. and Dryden, W. (1993). *Dictionary of Counselling*. London: Whurr.
- Fenlason, K.J. and Beehr, T.A. (1994). Social support and occupational stress: Effects of talking to others. *Journal of Organizational Behavior*, 15, 157-175.

- Fetterman, D.M. (1989). *Ethnography: Step by Step*. Newbury Park, CA: Sage.
- Fire Authority for Northern Ireland (1999). *Annual Report*.
- Firth, J. and Shapiro, D.A. (1986). An Evaluation of Psychotherapy for Job-related Distress. *Journal of Occupational Psychology*, 59, 111-119.
- Firth, J., Shapiro, D.A. and Parry, G. (1986). The impact of research on the practice of psychotherapy. *British Journal of Psychotherapy*, 2, 169-179.
- Firth, M. (1994). Critical Incident Stress. *Ontario Fire Service Messenger*. January/February, 10-11
- Firth-Cozens, J. (1993). *Audit in Mental Health Services*. Hove: Lawrence Erlbaum Associates.
- Fischer, C. (1977). Historical relations of psychology as an object-science and a subject-science: toward psychology as a human science. *Journal of the History of the Behavioral Sciences*, 13, 369-378.
- Fish, T.A. (1986). Semantic differential assessment of benign threat, and challenge appraisals of life events. *Canadian Journal of Behavioral Science*, 18, 1-13.
- Fisher, H. (1995). *Plastering over the cracks?: employee counselling in the NHS*. MA dissertation, University of Keele.
- Fisher, R., Ury, W. and Patton, B. (1991). *Getting to Yes: Negotiating an Agreement Without Giving In*. Kent: Century Business.
- Fisher, S. (1986). *Stress and Strategy*. London: Lawrence Erlbaum Associates.
- Fitts, W.H. (1965). *The Experience of Psychotherapy: What It is Like for Client and Therapist*. Princeton, NJ: Van Nostrand Reinhold.
- Fleming, R., Baum, A. & Singer, J.E. (1984). Toward an integrative approach to the study of stress. *Journal of Personality and Social Psychology*, 46, 939-949.
- Fletcher, B.C. (1988). The Epidemiology of Occupational Stress. In C.L. Cooper and R.L. Payne (Eds). *Causes, Coping and Consequences of Stress at Work*. Chichester: Wiley. pp.3-50.
- Fletcher, B.C. and Payne, R.L. (1980). Stress and Work: A review and theoretical framework I. *Personnel Review*, 9(2), 5-8.
- Flick, U. (1998). *An Introduction to Qualitative Research*. London: Sage.
- Foegen, J.H. (1984). Let's develop employee assistance programs to teach reading and writing. *Personnel Journal*, 63(12), 83-5.
- Folkman, S. and Lazarus, R.S. (1988). The relationship between coping and emotion: Implications for theory and research. *Social Science and Medicine*, 26, 309-317.

- Folkman, S. and Lazarus, R.S. (1980). An analysis of coping in a middle aged community sample. *Journal of Health and Social Behavior*, 21, 219-239.
- Folkman, S., Schaefer, C. and Lazarus, R.S. (1979). Cognitive Processes as Mediators of Stress and Coping. In V. Hamilton and D.M. Warburton (Eds). *Human Stress and Cognition: An Information Processing Approach*. New York: Wiley. pp.265-298.
- Folkman, S., Lazarus, R.S., Pimley, S. and Novacek, J. (1987). Age differences in stress and coping processes. *Psychology and Aging*, 2, 171-184.
- Fox, M.L., Dwyer, D.J. and Ganster, D.C. (1993). Effects of stressful job demands and control on physiological and attitudinal outcomes in a hospital setting. *Academy of Management Journal*, 36, 289-318.
- France, A. (1988). *Consuming Psychotherapy*. London: Free Association Books.
- Francek, J.L. (1985). The role of the occupational social worker in EAPs. In S.H. Klarreich, J.L. Francek and C.E. Moore (Eds). *The Human Resources Management Handbook: Principles and Practice of Employee Assistance Program*: New York: Praeger Pub.
- Frost, A.K. (1990). Assessing employee's awareness: A first step to utilisation. *Employee Assistance Quarterly*, 6(1), 45-52.
- Gage, M. (1992). The appraisal model of coping: An assessment and intervention model for occupational therapy. *The American Journal of Occupational Therapy*, 46, 353-362.
- Gage, N. (1989). The paradigms wars and their aftermath: a 'historical' sketch of research on teaching since 1989. *Educational Researcher*, 18, 4-10.
- Gamble, R.P. (1993). *The Health, Physical Fitness and Occupational Demands of Belfast's Ambulance Service*. Unpublished PhD Thesis: QUB.
- Gambrill, E. (1995). Less marketing and more scholarship. *Social Work Research*, 19, 38-48.
- Garfield, S.L. and Bergin, A.E. (Eds) 1994. *Handbook of Psychotherapy and Behavior Change*. 4th Edition. New York: Wiley.
- Gaunt, S. (1985). *The First Interview in Marriage Guidance*. Rugby: National Marriage Guidance Council.
- Gelso, C. and McKenzie, J. (1973). Effect of information on students' perceptions of counselling and their willingness to seek help. *Journal of Counselling Psychology*, 20(5), 406-411.
- Gergen, K.J. (1994). *Realities and relationships: soundings in social constructionism*. Cambridge, MA: Harvard University Press.
- Gergen, K.J. (1985). The social constructionist movement in modern psychology. *The American Psychologist*, 40, 266-275.

Gernstein, L.V. and Shullman, S.L. (1992). Counseling psychology and the workplace: the emergence of organizational counseling psychology. In R. Brown and R.W. Lent (Eds). *The Handbook of Counseling Psychology*. 2nd Edition. New York: Wiley. pp. 581-625.

Giorgi, A. (1989). The status of qualitative research: a phenomenological perspective, presented at the *Annual Meeting of the International Human Science Research Conference*. Aarhus. Denmark, August.

Giorgi, A. (1970). *Psychology as a Human Science: a Phenomenological Based Approach*. New York: Harper and Row.

Gitterman, A. and Miller, I. (1989). The Influence of the Organization on Clinical Practice. *Clinical Social Work Journal*, 17(2) Summer, 151-164.

Glaser, B. and Strauss, A. (1967). *Discovery of grounded theory*. Chicago: Aldine.

Goldberger, L. (1986). Comments on Stress Conceptualization and Stress Research. In A. Eichler, M.M. Silverman and O.M. Pratt (Eds). *How to Define and Research Stress*. Washington DC: American Psychiatric Press.

Goodman, J. Marchington, M., Berridge, J., Bamber, G. and Snape, E. (1997). Great Britain. In G. Bamber and R. Lansbury (Eds). *Industrial Relations: an International Comparison*. 3rd Edition. London: Routledge.

Googins, B. (1985). Can Change Be Documented?: Measuring the Impact of EAPs. In S.H. Klarreich, J.L. Francek and C.E. Moore (Eds). *The Human Resources Management Handbook: Principles and Practice of Employee Assistance Programs*. New York: Praeger Publishers.

Goss, S. and Mearns, D. (1997a). A call for a pluralist epistemological understanding in the assessment and evaluation of counselling. *British Journal of Guidance and Counselling*, 25(2), 199-198.

Goss, S. and Mearns, D. (1997b). Applied pluralism in the evaluation of employee counselling. *British Journal of Guidance and Counselling*, 25(3), 327-344.

Grafanaki, S. (1996). How research can change the researcher: the need for sensitivity, flexibility and ethical boundaries in conducting qualitative research in counselling/psychotherapy. *British Journal of Guidance and Counselling*, 24(3), 329-338.

Gray, K. (1984). Counsellor interventions in organisations. In W. Dryden and A.G. Watts (Eds). *Guidance and Counselling in Britain: A 20-year Perspective*. Cambridge: Hobson.

Green, C. (1997). Employee counselling: historical developments and key issues. In C. Feltham (Ed). *The Gains of Listening: Perspectives on Counselling at Work*. Buckingham: OU. pp.7-27.

Greenberg, L. and Pinsof, W. (Eds) (1986). *The Psychotherapeutic Process: A Research Handbook*. New York: Guilford Press.

Greenberg, L.S., Rice, L.N. and Elliott, R. (1993). *Facilitating Emotional Change: The Moment-by-Moment Process*. New York: Guilford Press.

- Greene, J.C. (1998). Qualitative, interpretative evaluation. In A.J. Reynolds and H.J. Walberg (Eds). *Advancing in Educational Productivity: Evaluation Research*. Greenwich, CN: JHI Press.
- Greene, J.C. (1994). Qualitative program evaluation: practice and promise. In N.K. Denzin and Y.S. Lincoln (Eds). *Handbook of Qualitative Research*. London: Sage.
- Greenwood, A. (1997). Stress and the EAP Counsellor. In M. Carroll and M. Walton (Eds). *Handbook of Counselling in Organisations*. London: Sage. pp.260-272.
- Greer, K. and Okrasinski, F. (1987). Setting a positive tone: The initial interview. *EAP Digest*, 7(6), 41-4.
- Grigsby, R.K. (1992). Mental health consultation at a youth shelter: An ethnographic approach. *Child and Youth Care Forum*, 21, 249-261.
- Guba, E.G. (1981). Investigative Reporting. In Smith, N.L. (Ed). *Metaphors for Evaluation*. Beverly Hills, CA: Sage.
- Guba, E.G. and Lincoln, Y.S (1994). Competing paradigms in qualitative research. In N.K. Denzin and Y.S. Lincoln (Eds). *Handbook of qualitative research*. Thousand Oaks, CA: Sage. pp.105-117.
- Guba, E.G. and Lincoln, Y.S. (1989). *Fourth Generation Evaluation*. Newbury Park, CA: Sage.
- Guba, E.G. and Lincoln, Y.S. (1981). *Effective Evaluation: Improving the Usefulness of Evaluation Results Through Responsive and Naturalistic Approaches*. San Francisco: Jossey-Bass.
- Gumz, J.A. (1985). Is there life after implementation? A look at EAP maintenance. *EAP Digest*, 5(3), 27-9.
- Gurman, A.S. (1973). The effects and effectiveness of marital therapy: a review of outcome research. *Family Process*, 12(2).
- Haase, J.E. and Myers, S.T. (1988). Reconciling paradigm assumptions of qualitative and quantitative research. *Western Journal of Nursing Research*, 10, 128-137.
- Hadden, W.A., Rutherford, W.H., Merret, J.D. (1978). The injuries of terrorist bombing: A study of 1,532 consecutive patients. *British Journal of Surgery*, 65, 525.
- Hammersley, M. (1992). The Paradigm wars. Reports from the front. *British Journal of Sociology of Education*, 13, 131-143.
- Hammersley, M. and Atkinson, P. (1983). *Ethnography: Principles in Practice*. London: Routledge.
- Hampden-Turner, C. (1994). *Corporate Culture*. London: Piatkus.
- Hampden-Turner, C. (1990). *Corporate Culture for Competitive Advantage: Management Guide*. London: Economist Publications.

- Handy, C. (1993). *Understanding Organisations. 4th Edition*. Harmondsworth: Penguin.
- Harcombe, F. (1995) Stress. *Safety Management*, (July/Aug), 42-43.
- Harré, R. (1992). New methodologies: The turn to discourse. *American Behavioural Scientist*, 36(1).
- Harré, R. and Secord, P.F. (1972). *The Explanation of Social Behaviour*. Oxford: Blackwell.
- Harris, M. (1968). *The rise of anthropological theory*. New York: Columbia University Press.
- Harrison, R. (1993). *Diagnosing Organizational Culture*. San Diego, CA: Pftffer.
- Harrison, R. (1972). Understanding your organization's character. *Harvard Business Review*, 50(23), 119-128.
- Harris Taylor, V. (1992). Firefighters – Stress and the Psychological Profile. *Fire and Rescue*, (Jan), 20.
- Hawe, P., Degeling, D. and Hall, J. (1991). *Evaluating health promotion: A health workers guide*. Sydney: MacLennan and Petty.
- Hawkins, P. (1997). Organizational culture: sailing between evangelism and complexity. *Human Relations*, 50(4), 417-44.
- Hawkins, P. and Shoet, R. (1989). *Supervision in the Helping Professions*. Buckingham: Open University Press.
- Health and Safety at Work* (1997). Firefighter wins right to claim insurance for stress disorder. (March 7).
- Health and Safety Executive (1995). *Stress at Work – A guide for employers*. London: HMSO.
- Health and Safety Executive (1988). *Mental Health at Work*, IND (G), 596. London: HMSO.
- Health and Safety Executive versus Firth Furnishings Ltd.* (1995). Stress at Work. *Industrial Relations Law Bulletin*, (527) 3.
- Heine, R.W. (1953). A comparison of patients' reports on psychotherapeutic experiences with psychoanalytical nondirective and Adlerian therapists. *American Journal of Psychotherapy*, 7, 16-23.
- Heisler, J. (1977). Client-counsellor interaction. *Marriage Guidance*, Jan./Feb., 233-238.
- Henwood, K.L. and Pidgeon, N.F. (1992). Qualitative research and psychological theorizing. *British Journal of Psychology*, 83, 97-111.
- Heppner, P.P., Kivlighan, D.M., and Wampold, B.E. (1993). *Research design in counselling*. Pacific Grove, CA: Brooks/Cole.

- Herlihy, B. and Corey, G. (1992). *Dual Relationships in Counseling*. Alexandria, VA: American Association for Counseling and Development.
- Herman, N. (1985). *My Kleinian Home*. Quartet.
- Herrick, J. (1992). A multi-service approach to trauma counselling for Lincolnshire staff. *Fire*, (Nov), 10/12.
- Heskin, K. (1980). *Northern Ireland: A Psychological Analysis*. Dublin: Gill and Macmullan.
- Hicks, C. and Wheeler, S. (1994). Research: an essential foundation for counselling, training and practice. *Counselling*, 5, 38-40.
- Highley, J.C. and Cooper, C.L. (1995). An Assessment and Evaluation of Employee Assistance and Workplace Counselling Programmes in British Organisations. *A Report for the Health and Safety Executive*. Unpublished.
- Highley, J.C. and Cooper, C.L. (1994). Evaluating EAPs. *Personnel Review*, 23(7), 46-59.
- Highley-Marchington, C. and Cooper, C.L. (1997). Evaluating and Auditing Workplace Counselling Programmes. In M. Carroll and M. Walton (Eds). *Handbook of Counselling in Organizations*. London: Sage. pp.206-219.
- Hill, C.E. (1989). *Therapist Techniques and Client Outcomes: Eight cases of Brief Psychotherapy*. London: Sage.
- Hill, C.E. (1984). A personal account of the process of becoming a counseling process researcher. *The Counseling Psychologist*, 12, 99-109.
- Hill, C.E., Thompson, B.J. and Nutt-Williams, E. (1997). A guide to conducting consensual qualitative research. *Counseling Psychologist*, 25, 517-572.
- Hobfoll, E.E. (1988). *The Ecology of Stress*. New York: Hemisphere.
- Hobson, R.F. (1985). *Forms of Feelings: The Heart of Psychotherapy*. Tavistock.
- Hodgkinson, P. (1990). Stress and the firefighter. *Fire Prevention*, 235 December, 22-23.
- Hoffman, J.J. (1983). Guide to Evaluating Employee Assistance Programs and Staff. *EAP Digest*, 3(1), 36-8.
- Hoffman, S. (1996). Increasing demands on firefighters are causing stress. *Fire International 96 Review*, 21/24.
- Hofstede, G. (1980). *Cultures Consequences: International Differences in Work Related Values*. Beverly Hills, CA: Sage.
- Hoiberg, A. (1982). Occupational stress and illness incidence. *Journal of Occupational Medicine*, 24, 445-451.

Hollis, M. (1994). *The Philosophy of Social Science*. Cambridge: Cambridge University Press.

Hollman, R.W. (1986). A life cycle approach. *EAP Digest*, 6(2), 59-63.

Holosko, M.J. (1988). Perspectives for Employee Assistance Program Evaluations: A Case for More Thoughtful Evaluation Planning. *Employee Assistance Quarterly, Special Issue: Evaluation of Employee Assistance Programs*, 3(3/4), 59-68.

Holroyd, K.A. and Lazarus, R.S. (1982). Stress, Coping and Somatic Adaptation. In L. Goldberger and S. Breznity (Eds). *Handbook of Stress: Theoretical and Clinical Aspects*. New York: The Free Press. pp.21-35.

Hooper, D. (1985). Marital therapy: an overview of research. In W. Dryden (Ed). *Marital Therapy in Britain. Vol.1*. London: Harper and Row.

Hopkins, V. (1994). Is counselling for the organization or employee? *Journal of Counselling at Work*, Spring, 13-14.

Hoskinson, L. and Reddy, M. (1989). *Counselling Services in UK Organizations: An ICAS Report*. Milton Keynes: ICAS.

House, R. (1996). General practice counselling: a plea for ideological engagement. *Counselling Journal of the British Association for Counselling*, 7(1), 40-43.

Howard, A. (1996). *Challenges to Counselling and Psychotherapy*. London: Macmillan.

Howard, G.S. (1983). Toward methodological pluralism. *Journal of Counseling Psychology*, 30, 19-21.

Howe, D. (1996). Client experiences of counselling and treatment interventions: a qualitative study of family views of family therapy. *British Journal of Guidance and Counselling*, 24(3), 367-376.

Howe, D. (1993). *On Being a Client. Understanding the Process of Counselling and Psychotherapy*. London: Sage.

Howe, D. (1989). *The Consumers' View of Family Therapy*. Aldershot: Gower.

Howe, D and Hinings, D. (1989). *Adoptees and Their Families: The Post-Adoption Centre, First Three Years*. Research Report No.2. Norwich: University of East Anglia.

Howe, K.R. (1985). Two degrees of educational research. *Educational Researcher*, October, 10-18.

Hunt, P. (1985). *Clients' Responses to Marriage Counselling*. Rugby: The National Marriage Guidance Council.

Hutchinson, S. and Wilson, H. (1994). Research and therapeutic interviews: a poststructural perspective. In J. Morse (Ed). *Critical Issues in Qualitative Research Methods*. London: Sage.

- Hytten, K. and Hasle, A. (1989). Firefighters: a study of stress and coping. *Acta Psychiatrica Scandinavica Supplement*, 355(80), 50-55.
- Ianni, F.A. and Orr, M.T. (1979). Toward a rapprochement of quantitative and qualitative methodologies. In T.D. Cook and C.S. Reichardt (Eds). *Qualitative and Quantitative Methods in Evaluative Research*. Beverly Hills, CA: Sage.
- Idzikowski, C. and Baddeley, A. (1983). Fear and Dangerous Environments. In R. Hockey (Ed). *Stress and Fatigue in Human Performance*. Chichester: Wiley. pp. 123-144.
- Inskipp, F. and Proctor, B. (1993). *Making the Most of Supervision*. Twickenham: Cascade Pub.
- Irving, J.A. and Williams, D.I. (1995). Critical thinking and reflective practice in counselling. *British Journal of Guidance and Counselling*, 23, 107-14.
- Ivancevich, J.M. and Matteson, M.T. (1987). Organizational level stress management interventions: a review and recommendation. In J. Ivancevich and D. Ganster (Eds). *Job Stress: From Theory to Suggestions*. New York: Haworth Press.
- Ivancevich, J.M., Matteson, M.T. and Richards, E.P. (1985). Who's liable for stress on the job? *Harvard Business Review*, March-April, 60-72.
- James, A. (1988). Perceptions of stress in British ambulance personnel. *Work and Stress*, 2, 319-326.
- Janesick, V.J. (1994). The dance of qualitative research design: Metaphor, methodolatry and meaning. In N.K. Denzin and Y.S. Lincoln (Eds). *Handbook of qualitative research*. Thousand Oaks, CA: Sage. pp.209-219.
- Jenkins, P. (1997). *Counselling, psychotherapy and the law*. London: Sage.
- Jenkins, R. (1993). Defining the problem: stress, depression and anxiety: causes, prevalence and consequences. In R. Jenkins and D. Warman (Eds). *Promoting mental health policies in the workplace*. London: HMSO.
- Jermier, J.M., Gaines, J. and McIntosh, N.J. (1989). Reactions to physically dangerous: A conceptual and empirical analysis. *Journal of Organizational Behavior*, 10, 15-33.
- Jex, S.M. (1998). *Stress and Job Performance: Theory, Research, and Implications for Managerial Practice*: Thousand Oaks: Sage.
- Jick, T.D. (1979). Mixing qualitative and quantitative methods: triangulation in action. *Administrative Science Quarterly*, 24, 602-611.
- Joyce, D. (1989). Why do police officers laugh at death? *The Psychologist*, 2, 379-80.
- Kagan, N. (1984). Interpersonal Process Recall: basic methods and recent research. In D. Larsen (Ed). *Teaching Psychological Skills*. Monterey, CA: Brooks Cole.
- Karasek, R.A. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. *Administrative Science Quarterly*, 24, 285-308.

- Karasek, R., Baker, D., Marxer, F. et al (1981). Job decision latitude, job demands and cardiovascular disease: a prospective study of Swedish men. *American Journal of Public Health*, 71, 1-30.
- Karasek, R., Theorell, T., Schwartz, J. et al. (1982). Job, psych-social factors and coronary heart disease. *Advances in Cardiology*, 29, 62-67.
- Kaschkak, E. (1978). Therapist and client: two views of the process and outcome of psychotherapy. *Professional Psychologist*, 9 (May), 271-277.
- Kasper, A.S. (1994). A feminist, qualitative methodology: A study of women with breast cancer. *Qualitative Sociology*, 17, 263-281
- Katkin, E.S. (1986). Advice to Would-be Stress Researchers. In A. Eichler, M.M., Silverman and D.M. Pratt (Eds). *How to Define and Research Stress*. Washington DC: American Psychiatric Press.
- Kazdin, A.E. (1994). Methodology, design and evaluation in psychotherapy research. In A.E. Bergin and S.L. Garfield (Eds). *Handbook of Psychotherapy and Behavior Change*. 4th Edition. Chichester: Wiley. pp.19-71.
- Keenan, A. and Newton, T.J. (1985). Stressful events, stressors, and psychological strains in young professional engineers. *Journal of Occupational Behaviour*, 6, 151-156.
- Kennedy, M.M. (1979). Generalizing from single case studies. *Evaluation Quarterly*, 31, 661-678.
- Kerlinger, F.N. (1979). *Behavioral research*. New York: Holt, Rinehart and Winston.
- Kets de Vries, F.R. and Miller, D. (1984). *The Neurotic Organization*. San Francisco, CA: Jossey-Bass.
- Keys Young (1993). *National review of employee assistance programs*. Canberra: Commonwealth Dept. of Health, Housing, Local Government and Community Services (Drugs of Dependence Branch).
- King, D., Griffiths, K., Reilly, P. and Merrett, J.D. (1982). Psychotropic drug use in Northern Ireland 1966-1980: Prescribing trends, inter- and intra-regional comparisons and relationships to demographic and socio-economic variables. *Psychological Medicine*, 12, 819.
- King, E. (1996). The use of the self in qualitative research. In J.T.E. Richardson (Eds). *Handbook of Qualitative Research Methods for Psychology and the Social Sciences*. Leicester: BPS. pp.175-188.
- King, L.A. and Pave, I. (1985). Stress claims are making business jumpy: All but nine states now pay compensation for job-related emotional problems. *Business Week*. Oct, 152-154.
- Kirkman, S. (1995). Tackle stress for £10 per person. *Times Educational Supplement*, April, 21.

- Klarreich, S.H. (1985). Stress: an intrapersonal approach. In S.H. Klarreich, J.L. Francek and C.E. Moore (Eds). *The Human Resources Management Handbook: Principle and Practice of Employee Assistance Programs*. New York: Praeger Publishers.
- Klarreich, S.H., Francek, J.L. and Moore, C.E. (Eds). (1985). *The Human Resources Management Handbook: Principles and Practice of Employee Assistance Programs*. New York: Praeger Publishers.
- Klemm, D.E. (1986). *Hermeneutical Enquiry, Volume 1: The Interpretation of Texts*. Atlanta, GA: Scholars.
- Kline, F., Adrian, A. and Spevak, M. (1974). Patients evaluate therapists. *Archives of General Psychiatry*, 31(1), 113-116.
- Knott, T.D. (1986). The distinctive uses of evaluation and research: A guide for the occupational health care movement. *Employee Assistance Quarterly*, 1(4), 43-51.
- Kobasa, S.C.O. and Puccecci, M.C. (1983). Personality and social resources in stress resistance. *Journal of Personality and Social Psychology*, 45, 839-850.
- Kottage, B.E. (1992). Stress in the workplace. *American Society of Safety Engineers*, Aug., 24-26.
- Kuorinka, I. and Korhonen, O. (1981). Firefighters' reaction to alarm, an ECG and heart rate study. *Journal of Occupational Medicine*, 23, 762-766.
- Kurtz, N.R., Googins, B. and Howard, W.C. (1984). Measuring the success of occupational alcoholism programs. *Journal of Studies on Alcohol*, 45, 33-45.
- Kvale, S. (1996). *InterViews: An Introduction to Qualitative Research Interviewing*. Thousand Oaks: Sage.
- Kvale, S. (1987). Validity in the Qualitative Research Interview. *Methods: A Journal for Human Science*, 1(2), 37-72.
- Labour Research Department (1994). *Stress at Work: a Trade Union Response*. London: Labour Research Department.
- Lambert, M.J., Shapiro, D.A. and Bergin, A.E. (1986). The effectiveness of psychotherapy. In S.L. Garfield and A.E. Bergin (Eds). *Handbook of Psychotherapy and Behavior Change*. New York: Wiley. pp.143-189.
- Lakin, M. (1991). *Coping with Ethical Dilemmas in Psychotherapy*. New York: Pergamon Press.
- Lane, D.A. (1990). Counselling psychology in organisations. *The Psychologist*, 12, 540-544.
- Larkin, E.J., French, P.A. and Ankers, K. (1985). Monitoring the Development and Operation of an EAP. In S.H. Klarreich, J.L. Francek and C.E. Moore (Eds). *The Human Resources Management Handbook: Principles and Practice of Employee Assistance Programs*. New York: Praeger Publishers.

- Larkin, P. (1997). Trade Union perspective. In K. Addley (Ed). *Occupational Stress: a practical approach*. Butterworth-Heinemann. pp.151-179.
- Latack, J.C. and Havlovic, S.J. (1992). Coping with job stress: A conceptual evaluation framework for coping measures. *Journal of Organizational Behavior*, 13, 479-508.
- Lazarus, R.S. (1993). From psychological stress to the emotions: A history of changing outlooks. *Annual Review of Psychology*, 44, 1-21.
- Lazarus, R.S. (1990). Theory-based stress measurement. *Psychological Inquiry*, 1, 3-13.
- Lazarus, R.S. (1986). Stress: Appraisal and Coping Capacities. In A. Eichler, M.M. Silverman and D.M. Pratt (Eds). *How to Define and Research Stress*. Washington DC: American Psychiatric Press.
- Lazarus, R.S. (1981). The Stress and Coping Paradigm. In C. Eisdorfer, D. Cohen, A. Kleinman and P. Maxim (Eds). *Models for Clinical Psychopathology*. New York: Spectrum. pp.177-214.
- Lazarus, R.S. and Folkman, S. (1984). *Stress, Appraisal and Coping*. New York: Springer.
- Lazarus, R.S. and Launier, R. (1978). Stress-related Transactions Between Person and Environment. In L.A. Pervin and M. Lewis (Eds). *Perspectives in International Psychology*. London: Plenum Press. pp.287-327.
- Lee, C. and Gray, J.A. (1994). The Role of Employee Assistance Programmes. In C.L. Cooper and S. Williams (Eds). *Creating Healthy Work Organizations*. Chichester: Wiley. pp.215-242.
- Lee, R.T. and Ashforth, B.E. (1993). A longitudinal study of burnout among supervisors and managers. *Organisational Behaviour and Human Decision Processes*, 54, 369-398.
- Lee, S.S. and Rosen, E.A. (1984). Employee counselling services: ethical dilemmas. *Personal and Guidance Journal*, January, 276-280.
- Leese, A. (1996). Does the Service need this nannying? *Fire*, May, 4.
- Lewis, J. and Lewis, M. (1986). *Counselling Programs for Employees in the Workplace*. Monterey: CA: Brookes/Cole.
- Lewis, J. Clark, D. and Morgan, D. (1992). *Whom God Hath Joined Together: the Work of Marriage Guidance*. London: Routledge.
- Lewis, K.W. (1994). Stress in the Fire Service: A Matter of Life and Death. *Firehouse*, October, 58-60.
- Liebow, E. (1993). *Tell them who I am: The lives of homeless women*. New York: Penguin.

- Lietaer, G. and Neirinck, M. (1987). Non-Helping and Hindering Processes in Experiential Psychotherapy: A Content Analysis of Post-Session Comments. In W. Huber (Ed). *Progress in Psychotherapy Research*. Louvain-la-Neuve: Presses Universitaires de Louvain. pp.640-649.
- Lincoln, Y.S. (1990). Toward a categorical imperative for qualitative research. In E.W. Eisner and A. Pestin (Eds). *Qualitative inquiry in education*. New York: Teachers College Press. pp.277-295.
- Lincoln, Y.S. and Guba, E.G. (1989). Judging the quality of case study reports. *Qualitative Studies in Education*, 3, 53-57.
- Lincoln, Y.S. and Guba, E.G. (1985). *Naturalistic Inquiry*. London: Sage.
- Lindstrom, B. and Lundin, T. (1982). Stress reactions among rescue and health care personnel after a major hotel fire. *Nord. Psykiotr. Tidss*, Supplement 6, 36.
- Lipkin, S. (1954). Clients' Feelings and Attitudes in Relation to the Outcome of Client-Centered Therapy. *Psychological Monographs: General and Applied*. 68(1), Whole Number 372.
- Lipkin, S. (1948). The Client Evaluates Nondirective Psychotherapy. *Journal of Consulting Psychology*, 12, 137-146.
- Lipson, J.G. (1994). Ethical issues in ethnography. In J. Morse (Ed). *Critical Issues in Qualitative Research Methods*. London: Sage. pp.333-356.
- Little, M.I. (1985). Winnicott: a personal record. *Fire Associations*, 3, 9-42.
- Llewelyn, S. (1988). Psychological Therapy as viewed by Clients and Therapists. *British Journal of Clinical Psychology*, 27, 223-237.
- Llewelyn, S.P. and Hume, W.I. (1979). The Patient's view of therapy. *British Journal of Medical Psychology*, 12, 137-146.
- Lofland, J. and Lofland, L.H. (1995). *Analyzing social settings: A guide to qualitative observation and analysis*. 3rd Edition. Belmont, CA: Wadsworth.
- Lomas, P. (1981). *The Care for a Personal Psychotherapy*. Oxford University Press.
- Lomas, P. (1973). *True and False Experience*. London: Allen Lane.
- Lord Asquith, Kings Bench (Law Reports). In *Edwards v National Coal Board*, 1 (704), 712-713.
- Los Angeles City Fire Department (1990). *Stress Management Programmes*, 1-2.
- Loughrey, G., Curran, P. and Bell, P. (1993). Post-Traumatic Stress Disorder and Civil Violence in Northern Ireland. In J.P. Wilson and B. Raphael (Eds). *International Handbook of Traumatic Stress Syndromes*. New York: Phenom Press. pp.377-383.

- Loughrey, G., Bell, P., Kee, M., Roddy, R. and Curran, P. (1988). Post-Traumatic Stress Disorder and Civil Disobedience in Northern Ireland. *British Journal of Psychiatry*, 153, 554-560.
- Lynch, K.B. (1983). Qualitative and quantitative evaluation: two terms in search of a meaning. *Educational Evaluation and Policy Analysis*, 5, 461-464.
- Lyons, H.A. (1974). Terrorist bombing and the psychological sequelae. *Journal of the Irish Medical Association*, 67, 15.
- Lyotard, J.F. (1991). *Phenomenology*. Albany: SUNY Press.
- Magnus, S.M. (1995). Taking the agony. *Guardian*, 1 July, 2.
- Maiden, R.P. (1988). EAP Evaluation in a Federal Government Agency. *Employee Assistance Quarterly, Special Issue: Evaluation of Employee Assistance Programs*, 3(3/4), 191-203.
- Mair, M. (1989). *Between Psychology and Psychotherapy: A Poetic's of Experience*. London: Routledge.
- Mallett, P. (1991). Cost-benefit analyses of psychotherapeutic. *Psychiatric Bulletin*, 15, 575-576.
- Malone, J., Denny, T. and Addley, K. (1997). Stress at work, part 2: Prevention, coping and health. In K. Addley (Ed). *Occupational Stress: a practical approach*. Butterworth-Heinemann. pp.48-97
- Malone, J., Denny, T., Dalton, P. and Addley, K. (1997). Stress at work part 1: Recognition, causes, outcomes and effects. In K. Addley (Ed.). *Occupational Stress: a practical approach*. Butterworth-Heinemann. pp.1-47.
- Maluccio, A. (1979). *Learning from Clients: Interpersonal Helping as Viewed by Clients and Social Workers*. New York. The Free Press.
- Marcus, E.H. (1991). Coping with job stress claims. *Defence Counsel Journal*, April, 250-253.
- Marcus, E.H. (1988). Mental disability claims: A new epidemic? *CPCU Journal*, June, 112-116.
- Mariano, C. (1990). Qualitative research: Instructional strategies and curricular considerations. *Nursing and Health Care*, 11, 354-359.
- Markova, I., Forbes, C. and Inwood, M. (1984). The Consumers' Views of Genetic Counselling of Haeaphilia. *American Journal of Medical Genetics*, 17, 741-752.
- Markowitz, J. (1989). Long-term psychological distress among chemically exposed firefighters. *Behavioral Medicine*, 15, 75-83.
- Markowitz, J., Gutterman, E., Link, B. and Rivera, M. (1987). Psychological response of firefighters to a chemical fire. *Journal of Human Stress*, 13, 84-93.

- Marmor, C.R., Horowitz, M.J., Weiss, D.S. and Marziali, E. (1986). The development of the therapeutic alliance rating system. In L. Greenberg and W. Pinsof (Eds). *The Psychotherapeutic Process: A Research Handbook*. New York: Guilford Press.
- Marshall, C. and Rossman, G.B. (1995). *Designing Qualitative Research*. 2nd Edition. London: Sage.
- Martin, I. (1996). *From Couch to Corporation: Becoming a Successful Corporate Therapist*. New York: Wiley.
- Masi, D.A. (1986). Employee assistance programs. *Occupational Medicine, State of the Art Reviews*, October – December, 625-665.
- Masi, D.A. (1984). *Designing Employee Assistance Programs*. New York: AMACOM.
- Mason, J. (1996). *Qualitative Researching*. London: Sage.
- Mason, V. (1997). *Endings in the Counselling Process*. Unpublished Masters Dissertation: University of Hull.
- Mayer, J. and Timms, N. (1970). *The Client Speaks: Working-Class Impressions of Casework*. London: Routledge and Kegan Paul.
- McAbee, R. (1991). Occupational stress and burnout in the nursing profession. *Academy of Nursing Journal*, 39, 568-575.
- McClellan, K. (1987). A Profile of an EAP service center and its caseload, 1980-1986. *Employee Assistance Quarterly*, 2(4), 31-44.
- McCloy, E.C. (1989). *Post Incident Trauma – The Treatment of Individuals*, 1-16.
- McConaughy, E.A. (1987). The personality of the therapist in psychotherapeutic practice. *Psychotherapy*, 24(3), 303-314.
- McCracken, G. (1988). *The long interview*. Newbury Park, CA: Sage.
- McFarlane, A.C. and Raphael, B. (1984). Ash Wednesday: The effects of a fire. *Australian and New Zealand Journal of Psychiatry*, 18, 341-351.
- McLean, A. and Marshall, J. (1988). *Cultures at Work*. Luton: Local Government Training Board.
- McLeod, J. (1999). *Practitioner Research in Counselling*. London: Sage.
- McLeod, J. (1998). *An Introduction to Counselling*. 2nd Edition. Buckingham: OU Press.
- McLeod, J. (1997). Reading, writing and research. In I. Horton and V. Varma (Eds). *The Needs of Counsellors and Psychotherapists*. London: Sage.
- McLeod, J. (1996a). Qualitative approaches to research in counselling and psychotherapy: issues and challenges. *British Journal of Guidance and Counselling*, 24(3), 309-316.

- McLeod, J. (1996b). Qualitative Research Methods in Counselling Psychology. In R. Woolfe and W. Dryden (Eds.). *Handbook of Counselling Psychology*. London: Sage. pp.65-86.
- McLeod, J. (1995). Evaluating the effectiveness of counselling: what we don't know. *Changes*, 13(3), 192-200.
- McLeod, J. (1994). *Doing Counselling Research*. London: Sage.
- McLeod, J. (1993). *The Organisational Context of Counselling*. Centre for Counselling Studies, Keele University.
- McLeod, J. (1993). The research agenda for counselling. *Counselling*, 5(1), 41-43.
- McLeod, J. (1992). Stress: How to recognise it and what to do about it. *Fire and Rescue*, January, 22.
- McLeod, J. (1990). The Client's experience of counselling and psychotherapy: a review of the research literature. In D. Mearns and W. Dryden (Eds.). *Experiences of Counselling in Action*. London: Sage.
- McLeod, J. and Cooper, D. (1992). *A study of stress and support in the Staffordshire Fire and Rescue Service*. Unpublished report.
- McMichael, A.J. (1979). Personality, Behavioural, and Situational Modifiers of Work Stressors. In C.L. Cooper and R. Payne (Eds.). *Stress at Work*. Chichester: Wiley. pp.127-147.
- Mearns, D. and McLeod, J. (1984). A person-centred approach to research. In R.F. Levant and J.M. Shlien (Eds), *Client Centered Therapy and the Person Centered Approach*. New York: Praeger.
- Mearns, D. and Thorne, B. (1988). *Person Centred Counselling in Action*. London: Sage.
- Meeks, S.M. (1984). Workers' compensation and stress. *CPCU Journal*, September, 171-177.
- Meichenbaum, D. (1986). Guidelines and Questions to Consider in Preventative Intervention Research. In A. Eichler, M.M. Silverman and D.M. Pratt (Eds). *How to Define and Research Stress*. Washington DC: American Psychiatric Press.
- Mellor-Clark, J. and Barkham, M. (1996). Evaluating counselling. In R. Bayne, I. Horton and J. Bimrose (Eds). *New Directions in Counselling*. London: Routledge.
- Merleau-Ponty, M. (1962). *Phenomenology of perception*. London: Routledge and Kegan Paul.
- Merrington, D. and Corden, J. (1981). Families' impressions of family therapy. *Journal of Family Therapy*, 3, 243-261.

- Meyer, C.H. (1990). Commentary: The forest or the trees? In L. Videka-Sherman and W.J. Reid (Eds). *Advances in clinical social work research*. Washington DC: NASU Press. pp.395-399.
- Micheels, P. (1989). *Braving the Flames*. New York: Jove.
- Miles, M.B. and Huberman, A.M. (Eds) (1994). *Qualitative data analysis: An expanded sourcebook 2nd Edition*. Thousand Oaks, CA: Sage.
- Miles, M.B. and Huberman, A.M. (1984). Drawing valid meaning from qualitative data: toward a shared craft. *Educational Researcher*, May, 20-30.
- Miller, R.E. (1986). EAP research then and now. *Employee Assistance Quarterly*, 2(1), 49-86.
- Miller, W. and Crabtree, B.F. (1992). Primary care research: A multimethod typology and qualitative road map. In B.F. Crabtree and W.L. Miller (Eds). *Doing qualitative research: Research methods for primary care*. (Vol.3). Newbury Park, CA: Sage.
- Milne, D. (1987). *Evaluating Mental Health Practice: Methods and Applications*. Beckenham: Croom Helm.
- Mitchell, J. (1992). Protecting your people from critical incident stress. *Fire Chief*, May, 61-64.
- Mitchell, J. (1983). When disaster strikes... the critical incident stress debriefing process. *Journal of Emergency Medical Service*, 8, 36-9.
- Mitchell, J.T. and Brady, G.P. (1990). *Emergency Services Stress*. Englewood Cliffs, N.J.: Prentice-Hall.
- Mitchell, J.T. and Dyregrov, A. (1993). Traumatic Stress in Disaster Workers and Emergency Personnel: Prevention and Intervention. In J.P. Wilson and B. Raphael (Eds). *International Handbook of Traumatic Stress Syndromes*. 905-914. New York: Plenum Press. pp.905-914.
- Moore, T. (1989). Employee assistance program evaluation: Employee perceptions, awareness and utilisation. *American Association of Occupational Health Nurses Journal*, 37(2), 508-12.
- Moran, C.C. and Britton, N.R. (1994). Emergency work experience and reactions to traumatic incidents. *Journal of Traumatic Stress*, 7, 575-585.
- Moran, C.C., and Colless, E. (1995). Perceptions of work stress in Australian firefighters. *Work and Stress*. 9(4): 405-15.
- Moran, S.K., Wolff, S.C., and Green, J.E. (1995). Workers' compensation and occupational stress: Gaining control. In L.R. Murphy, J.J. Hurrell, Jr. and G.P. Keita (Eds). *Job Stress interventions*. Washington, DC: American Psychological Association.
- Morgan, G. (1986). *Images of Organization*. London: Sage.
- Morgan, M. (1998). Science or pseudo-science? *The Psychologist*, 10, 481-483.

- Morrow-Bradley, C. and Elliott, R. (1986). Utilization of psychotherapy research by practicing psychotherapists. *American Psychologist*, 41(2), 188-197.
- Morse, J.M. (1994). Designing funded qualitative research. In N.K. Denzin and Y.S. Lincoln (Eds). *Handbook of qualitative research*. Thousand Oaks, CA: Sage. pp. 220-235.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Moustakas, C. (1967). Heuristic research. In J. Bugental (Ed). *Challenges of Humanistic Psychology*. Englewood Cliffs, NJ: Prentice Hall.
- Mulcahy, C. (1991). Workplace stress reaches "epidemic" proportion. *National Underwriter*, May, 4-20.
- Mulhern, G. and Joseph, S. (Eds) (1996). *Psychosocial Perspectives on Stress and Trauma: From Disaster to Political Violence*. An Occasional Paper for the Northern Ireland Branch of the British Psychological Society based on a One-Day Conference held at Queen's University Belfast.
- Munhall, P.L. (1994). *Qualitative research proposals and reports: A guide*. New York: National League for Nursing Press.
- Munhall, P.L. (1988). Ethical considerations in qualitative research. *Western Journal of Nursing Research*, 10, 150-162.
- Murphy, L.R. (1988). Workplace Interventions for Stress Reduction and Prevention. In C.L. Cooper and R. Payne (Eds.). *Causes, Coping and Consequences of Stress at Work*. Chichester: Wiley. pp.301-339.
- Murphy, P. Cramer, D. and Lillie, F. (1984). The Relationship between Curative Factors Perceived by Patients in Psychotherapy and Treatment Outcome: An Exploratory Study. *British Journal of Medical Psychology*, 57, 187: 192.
- Mussen, P.H., Conger, J.J. and Kagan, J. (1977). *Child development and personality*. New York: Harper Rev.
- Nadolski, J.N. and Sandonato, C.E. (1987). Evaluation of an Employee Assistance Programme. *Journal of Occupational Medicine*, 20(1), 32-37.
- National Council on Compensation Insurance (1991). *Issues report*. Boca Raton, FL: Author.
- National Council on Compensation Insurance (1988). *Emotional stress in the workplace: New legal rights in the eighties*. New York: NCCI.
- Naylor-Smith, A. (1994). Counselling and psychotherapy: is there a difference? *Counselling*, 5(4), 284-286.
- Neilson, J. (1994). Therapist-client concordance on therapy process and outcome and its implications for service evaluation. *Clinical Psychology Forum*, November, 5-7.
- Newton, T. (1995). *Managing Stress: Emotion and Power at Work*. London: Sage.

- Northern Ireland Association for Mental Health (1996). *Mental Health in the Workplace*. Belfast: NIAMH.
- Nowack, K. (1991). Psychosocial predictors of health status. *Work and Stress*, 2, 117-131.
- Oberer, D. and Lee, S. (1986). The counselling psychologist in business and industry: ethical concerns. *Journal of Business and Psychology*, 1(2), 148-162.
- Obholzer, A. and Roberts, V.Z. (1994). *The Unconscious at Work: Individual and Organizational Stress in the Human Services*. London: Routledge.
- O'Donnell, M.L. and Krumreich, T.A. (1989). Employer's liability for job stress continues to increase. *Journal of Compensation and Benefits*, September-October, 85-96.
- Oher, J.M. (1993). Survey research to measure EAP customer satisfaction: A quality improvement tool. *Employee Assistance Quarterly*, 8(4), 41-75.
- Oldfield, S. (1983). *The Counselling Relationship: A Study of the Client's Experience*. London: Routledge and Kegan Paul.
- Olesen, W. (1986). Videotape boosts Xerox's EAP. *EAP Digest*, 6(3), 18, 61.
- Oppenheim, A.N. (1985). *Questionnaire design and attitude measurement*, 2nd Edition. London: Heinemann.
- Orbell, S. (1990). Mental illness in Northern Ireland: A comparison with Scotland and England. *Social Psychiatry and Psychiatric Epidemiology*, 25, 165-169.
- Orlans, V. (1996). Counselling Psychology in the Workplace. In R. Woolfe and W. Dryden (Eds.). *Handbook of Counselling Psychology*. London: Sage. pp.485-504.
- Orlans, V. (1991). Evaluating the benefits of Employee Assistance Programmes. *Employee Counselling Today*, 3(4), 27-31.
- Orlans, V. (1986). Counselling services in organizations. *Personnel Review*, 15(5), 19-23.
- Orlinsky, D.E. and Howard, K.I. (1986). Process and outcome in psychotherapy. In S.L. Garfield and A.E. Bergin (Eds). *Handbook of Psychotherapy and Behavior Change*, 3rd Edition. New York: Wiley.
- Orlinsky, D.E. and Russell, R.L. (1994). Tradition and change in psychotherapy research: notes on the fourth generation. In R.C. Russell (Ed). *Reassessing Psychotherapy Research*. New York: Guilford Press. pp.185-214.
- Orme, G. (1997). On Being a Chameleon – A Freelance Workplace Counsellor's Perspective. In M. Carroll and M. Walton (Eds). *Handbook of Counselling in Organizations*. London: Sage. pp.57-73.
- Padgett, D. (1998). *Qualitative Methods in Social Work Research*. Thousand Oaks, CA: Sage.

- Page versus Smith* (1995). All England Law Reports, 2, 736-737.
- Pamplin, D.J. (1993). Stress, Friend, Foe or Fraud? *The Canadian Firefighter*, November-December, 8-9.
- Paris versus Stepney Borough Council* (1951): Appeal Case 367.
- Parke, I. (1994). Reflexive research and the grounding of analysis: Social psychology and the psycomplex. *Journal of Community and Applied Social Psychology*, 4, 239-252.
- Parker, D.F. and De Cotiis, T.A. (1983). Organisational determinants of job stress. *Organisational Behaviour and Human Performance*, 32, 160-177.
- Parkes, K.R. (1982). Occupational stress among student nurses: A natural experiment. *Journal of Applied Psychology*, 67, 784-796.
- Parkinson, F. (1993). *Post-Trauma Stress*. London: Sheldon Press.
- Parry, G. (1992). Improving psychotherapy services: Applications of research, audit and evaluation. *British Journal of Clinical Psychology*, 31, 3-19.
- Parry, G. and Watts, F.N. (Eds) (1989). *Behavioural and Mental Health Research: A Handbook of Skills and Methods*. Hove: Lawrence Erlbaum Associates.
- Paton, P. (1989). Disasters and helpers: psychological dynamics and implications for counselling. *Counselling Psychology Quarterly*, 2, 303-321.
- Patton, M.Q. (1997). *Utilization – Focused Evaluation, 3rd Edition*. Thousand Oaks: Sage.
- Patton, M.Q. (1990). *Qualitative evaluation and research methods, 2nd Edition*. Newbury Park, CA: Sage.
- Patton, M.Q. (1987). *How to Use Qualitative Methods in Evaluation*. Newbury Park, CA: Sage.
- Pearson, D. and Maier, M.L. (1995). Assessing satisfaction and non-response bias in an HMO-sponsored employee assistance program. *Employee Assistance Quarterly*, 10(3), 21-34.
- Pendleton, M., Stotland, E., Spiers, P. and Kirsch, E. (1989). Stress and strain among police, firefighters and government workers. *Criminal Justice and Behavior*, 16, 196-210.
- Peshkin, A. (1988). In Search of Subjectivity – One's Own. *Educational Researcher*, 17(7), 17-22.
- Petch versus Customs and Excise Commissioners* (1993): Industrial Cases Reports, 789.
- Peters, T.J. and Waterman, R.H. (1982). *In Search of Excellence, Lessons from America's Best Run Companies*. New York: Harper and Row.
- Peterson, C.L. (1994). Work factors and stress: A critical review. *International Journal of Health Services*, 24, 495-519.

- Pheyse, D.C. (1993). *Organizational Culture*. London: Routledge.
- Phillimore, P. (1981). *Families Speaking: A Study of Fifty-One Families' Views of Social Work*. London: Family Service Unit.
- Pidgeon, N. (1996). Grounded theory: theoretical background. In J.T.E. Richardson (Ed). *Handbook of Qualitative Research Methods for Psychology and the Social Sciences*. Leicester: BPS Books. pp.77-85.
- Pidgeon, N. and Henwood, K. (1996). Grounded theory: practical implementation. In J.T.E. Richardson (Ed). *Handbook of Qualitative Research Methods for Psychology and the Social Sciences*. Leicester: BPS Books. pp.86-101.
- Polanyi (1958). *Personal Knowledge*. London: Routledge.
- Polkinghorne, D.E. (1994). Reaction to special section on qualitative research: counselling process and outcome. *Journal of Counselling Psychology*, 41, 510-512.
- Polkinghorne, D.E. (1991). Qualitative procedures for counseling research. In C.E. Watkins and L.J. Schneider (Eds). *Research in Counseling*. Hillsdale, N.J.: Lawrence Erlbaum. Pp.163-204.
- Polkinghorne, D.E. (1988). *Narrative knowing and the Human Sciences*. Albany, NY State Univ. of New York Press.
- Polkinghorne, D.E. (1983). *Methodology for the Human Sciences: Systems of Inquiry*. Albany, NY State Univ. of New York Press.
- Pope, K.S. (1991). Dual relationships in psychotherapy. *Ethics and Behavior*, 1, 21-34.
- Powell, N. (1995). *Stress Disorder*. Fire, October, 29-30.
- Presnall, L.F. (1985). Foreword: historical perspective of EAPs. In S.H. Klarreich, J.L. Francek and C.E. Moore (Eds). *The Human Resources Management Handbook: Principles and Practice of Employee Assistance Programs*. New York: Praeger Publishers.
- Prioleau, L., Murdock, M. and Brody, N (1983). An analysis of psychotherapy versus placebo studies. *Behavioral and Brain Sciences*, 6, 275-310.
- Ptacek, J.T., Smith, R.E. and Zanas, J. (1992). Gender appraisal, and coping: A longitudinal analysis. *Journal of Personality*, 60, 747-770.
- Puder, M. (1983). Credibility, confidentiality and ethical issues in employee counselling programming. In J. Manuso (Ed). *Occupational Clinical Psychology*. New York: Praeger Pub.
- Pulice, R.T. (1994). Qualitative evaluation methods in the public sector. Understanding and working with constituency groups in evaluation process. In W. Sherman and W.J. Reid (Eds). *Qualitative research in social work*. New York: Columbia University Press. pp.303-314.

- Pulice, R.T., McCormick, L.L. and Dewees, M. (1995). A qualitative approach to assessing the effects of system change on consumers, families and providers. *Psychiatric Services*, 46, 575-579.
- Punch, M. (1994). Politics and ethics in qualitative research. In N.K. Denzin and Y.S. Lincoln (Eds). *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage. pp.83-97.
- Rafferty, K. (1996). Aid agency worker killed himself after 17 months without a day off. *Guardian*, 30 March, 1.
- Randall, R., Southgate, J. and Tomlinson, F. (1980). *Co-operative and Community Group Dynamics*. London: Barefoot Books.
- Ravenscroft, T. (1993). *Report of a thesis into PTSD in the London Ambulance Service*. Unpublished BSc Project: London University.
- Reason, P. (1994). Three approaches to participative inquiry. In N.K. Denzin and Y.S. Lincoln Eds). *Handbook of Qualitative Research*. London: Sage. pp.324-339.
- Reason, P. and Rowan, J. (Eds) (1981). *Human Inquiry: a Sourcebook of New Paradigm Research*. Chichester: Wiley.
- Reddy, M. (1997). External Counselling Provision for Organizations. In M. Carroll and M. Walton (Eds). *Handbook of Counselling in Organizations*. London: Sage. pp.74-89.
- Reddy, M. (1994). EAPs and their future in the UK. *Personnel Review*, 23(7), 60-78.
- Reddy, M. (Ed). (1993). *EAPs and Counselling Provision in UK Organizations: An ICAS Report and Policy Guide*. Milton Keynes: ICAS.
- Reddy, M. (1991). Counselling – its value to the business. In R. Jenkins and N. Coney (Eds). *Prevention of Mental Ill Health at Work – A Conference*. HMSO. pp.50-58.
- Reed, D.J. (1983). One approach to employee assistance. *Personnel Journal*, 62(8), 648-652.
- Reichardt, C.S. and Cook, T.D. (1979). Beyond qualitative versus quantitative methods. In T.D. Cook and C.S. Reichardt (Eds). *Qualitative and Quantitative Methods in Evaluative Research*. Beverly Hills, CA: Sage. pp.7-32.
- Rennie, D.L. (1998). *Person-centred Counselling: An Experiential Approach*. London: Sage.
- Rennie, D.L. (1996). Fifteen years of doing qualitative research on psychotherapy. *British Journal of Guidance and Counselling*, 24(3), 317-327.
- Rennie, D.L. (1995). Strategic choices in a qualitative approach to psychotherapy research. In L. Hoshmand and J. Martin (Eds). *Research as Praxis: Lessons from Programmatic Research in Therapeutic Psychology*. New York: Teachers College Press.
- Rennie, D.L. (1994). Clients' deference in psychotherapy. *Journal of Counselling Psychology*, 41, 427-437.

- Rennie, D.L. (1992). Qualitative analysis of the client's experience of psychotherapy: the unfolding of reflexivity. In S.G. Toukmonian and D.L. Rennie (Eds.), *Psychotherapy Process Research: Paradigmatic and Narrative Approaches*. London: Sage.
- Rennie, D.L. (1990). Towards a representation of the client's experience of the psychotherapy hour. In G. Lietaer, J. Rombauts, and R. Van Balen (Eds.), *Client-Centered and Experimental Therapy in the Nineties*. Leuven: University of Leuven Press.
- Rennie, D.L. (1987). A Model of the Client's Experience of Psychotherapy. Paper presented at the *Sixth Annual International Human Science Conference*, Ottawa, 31 May.
- Rennie, D.L. (1985). Client Deference in the Psychotherapy Relationship. Paper presented at the *16th Annual Meeting of the Society for Psychotherapy Research*, Evanston, Illinois, 19 June.
- Rennie, D.L. (1984). Clients' Tape-Assisted Recall of Psychotherapy: A Qualitative Analysis. Paper presented at the *Canadian Psychological Association*, Ottawa, 31 May.
- Rennie, D.L. and Toukmanian S.G. (1992). Explanation in psychotherapy process research. In S. Toukmanian and D. Rennie (Eds). *Psychotherapy Process Research: Paradigmatic and Narrative Approaches*. Newbury Park, CA: Sage.
- Rentoul, R. and Ravenscroft, T. (1993). Managing Post Traumatic Stress in the Emergency Services. *Disaster Management*, 5(4), 199-201.
- Renzetti, C. and Lee, R. (Eds). (1993). *Researching Sensitive Topics*. Longon: Sage.
- Reynolds, S. (1997). Psychological well-being at work: Is prevention better than cure? *Journal of Psychosomatic Research*, 43, 93-102.
- Richardson, J.T.E. (Ed), (1996). *Handbook of Qualitative Research Methods for Psychology and the Social Sciences*. The British Psychological Society, BPS Books.
- Riediger, A.J. (1985). EAPs: Barriers to effectiveness. In S.H. Klarreich, J.L. Francek and C.E. Moore (Eds.). *The Human Resources Management Handbook: Principles and Practice of Employee Assistance Programs*. New York: Praeger Publishers.
- Robinson, R. (1989). Psychological debriefing: a review of psychological debriefings conducted by the Melbourne critical incident stress debriefing team. *Ambulance World*. 23-31.
- Robson, C. (1993). *Real World Research: A Resource for Social Scientists and Practitioner-Researchers*. Oxford: Blackwell.
- Rogers, C. (1951). *Client-Centered Therapy: Its Current Practice, Implications and Theory*. Boston: Houghton Mifflin.
- Rogers, C.R. and Stevens, B. (Eds). (1968). *Person to Person: The Problem of Being Human*. Lafayette, CA: Real People Press.
- Rogers, D., McLeod, J. and Sloboda, J. (1995). Counsellor and client perceptions of the effectiveness of time-limited counselling in an occupational counselling scheme. *Counselling Psychology Quarterly*, 8(3), 221-231.

- Roman, P.M. and Blum, T.C. (1985). Modes and Levels of Data Management Affecting the EAP Practitioner. In S.H. Klarreich, J.L. Francek and C.E. Moore (Eds). *The Human Resources Management Handbook: Principles and Practice of Employee Assistance Programs*. New York: Praeger Publishers.
- Rosch, P.J. and Pelletier K.R. (1989). Designing Worksite Stress-Management Programs. In L.R. Murphy and T.F. Schoenborn. (Eds). *Stress Management in Work Settings*. New York: Praeger Publishers.
- Rossman, G.B. and Wilson, B.L. (1985). Numbers and words: combining quantitative and qualitative methods in a single large scale evaluation study. *Evaluation Review*, 9, 627-643.
- Roth, A. and Fonagy, P. (1996). *What works for whom? A critical review of psychotherapy research*. New York: Guilford Press.
- Rowan, J. (1992). Response to K. Mair's "The myth of therapist expertise". In W. Dryden and C. Feltham (Eds) *Psychotherapy and Its Discontents*. Milton Keynes: Open University Press.
- Rowland, N. and Goss, S. (Eds) (2000). *Evidenced-based counselling and psychological therapies*. London: Routledge.
- Sainsbury, E. (1975). *Social Work with Families: Perceptions of Social Casework among Clients of a Family Service Unit*. London: Routledge and Kegan Paul.
- Salt, H., Callow, S. and Bor, R. (1992). Confidentiality about health problems at work. *Employee Counselling Today*, 4(4), 10-14.
- Savitsky, J. and Hartsough, D. (1985). Use of the environment and the legal impact of resulting emotional harm. In C. Figley (Ed). *Trauma and Its Wake*. New York: Bruner Mazel.
- Schabracq, M.J., Winnubst, J.A.M. and Cooper, C.L. (1996). *Handbook of Work and Health Psychology*. Chichester: John Wiley.
- Schon, D.A. (1992). The crisis of professional knowledge and the pursuit of an epistemology of practice. *Journal of Interprofessional Care*, 6, 115-119.
- Schon, D.A. (1987). *Educating the Reflective Practitioner*. San Francisco: Jossey-Bass.
- Schon, D. (1983). *The Reflective Practitioner*. London: Temple Smith.
- Schuler, R.S. (1984). Organizational Stress and Coping: A Model and Overview. In A.S. Sethi and R.S. Schuler (Eds). *Handbook of Organizational Stress Coping Strategies*. Cambridge, Mass: Ballinger. pp.35-67.
- Schuler, R.S. (1982). An integrative transactional process model of stress in organisations. *Journal of Occupational Behaviour*, 3, 5-19.
- Scott, M.J. and Stradling, S.G. (1992). *Counselling for Post-Traumatic Stress Disorder*. London: Sage.

Scriven, M. (1972). Pros and Cons About Goal-Free Evaluation. *Comment*, 3, 1-7.

Scriven, M. (1967). The Methodology of Evaluation. In R.W. Tyler, R.M. Gagne and M. Scriven (Eds). *Perspectives on Curriculum Evaluation*. AERA Monograph Services on Curriculum Evaluation, No.1. Chicago: Rand McNally.

Sethi, A.S. and Schuler, R.S. (1984). Introduction to Organizational Stress Coping. In A.S. Sethi and R.S. Schuler (Eds). *Handbook of Organizational Stress Coping Strategies*. Cambridge, Mass: Ballinger. pp.1-14.

Seyle, H. (1977). Selections from 'The Stress of Life'. In A. Monat and R.S. Lazarus (Eds). *Stress and Coping: An Anthology*. New York: Columbia University Press. pp. 17-35.

Seyle, H. (1976). *The Stress of Life*. New York: McGraw-Hill.

Seyle, H. (1946). The general adaptation syndrome and the disease of adaptation. *Journal of Clinical Endocrinology*, 6, 117-120.

Seyle, H. (1936). A syndrome produced by diverse noxious agents. *Nature*, 138, 32.

Shalowite, D. (1991). Another health care headache: Job stress could strain corporate budgets: Study. *Business Insurance*, May: (3), 21-22.

Shapiro, D.A., Cheesman, M. and Wall, T.R. (1993). Secondary prevention: Review of counselling and EAPs. Paper presented to the *Royal College of Physicians Conference on Mental Health at Work*, London, 11 January 1993.

Shapiro, E. (1973). Educational Evaluation: Rethinking the Criteria of Competence. *School Review*, 81 August, 523-549.

Shea, C. and Bond, T. (1997). Ethical Issues for Counselling in Organisations. In M. Carroll and M. Walton (Eds). *Handbook of Counselling In Organizations*. London: Sage. pp.187-205.

Sheridan, P.J. (1987). Workplace stress spurs costly claims. *Occupational Hazards*, May, 81-84.

Sherrard, C. (1998). Social dimensions of research. *The Psychologist*, 10, 486-487.

Shipton, G. (1994). Swords into ploughshares: working with resistance to research. *Counselling*, 5, 38-40.

Sibbald, B., Addington-Hall, Brenneman, D. and Freeling, P. (1996). The Role of Counsellors in General Practice: A Qualitative Study. *The Royal College of General Practitioners*, November, 1-19.

Skaife, K. (1995). An independent approach to auditing psychology services for adult mental health clients. *Clinical Psychology Forum*, March, 14-18.

Sloboda, J.A., Hopkins, J.S., Turner, A., Rogers, D.R. and McLeod, J. (1993). An evaluated staff counselling programme in a public sector organisation. *Employee Counselling Today*, 5, 10-16.

- Smith, J.A., Harré, R. and Van Langenhove, L. (Eds) (1995). *Rethinking Methods in Psychology*. London: Sage.
- Smith, J.J. (1989). The formation and expression of judgements in educational assessment. *Journal of Further and Higher Education*, 13, 115-119.
- Smith, J.K. (1983a). Quantitative versus qualitative research: an attempt to clarify the issue. *Educational Researcher*, March, 6-13.
- Smith, J.K. (1983b). Quantitative versus interpretative: the problem of conducting social inquiry. In E. House (Ed). *Philosophy of Evaluation*. Chicago: Jossey-Bass.
- Smith, J.K. and Heshusius, L. (1986). Closing down the conversation: the end of the quantitative-qualitative debate among educational inquirers. *Educational Researcher* January, 4-12.
- Smith K.G. and McKee, A. (1993). The British Airways Employee Assistance Programme: A community response to a company's problems. *Employee Counselling Today*, 5(3), 4-8.
- Smith, M., Glass, G. and Miller, T. (1980). *The Benefits of Psychotherapy*. Baltimore: John Hopkins Press.
- Sonnenstuhl, W.J. and Trice, H.M. (1990). *Strategies for Employee Assistance Programs: The Crucial Balance*. 2nd Edition. Cornell: ILR Press.
- Spence, D.P. (1989). Rhetoric vs evidence as a source of persuasion: a critique of the case study genre. In M.J. Packer and R.B. Addison (Eds). *Entering the Circle: Hermeneutic Investigation in Psychology*. New York: Addison-Wesley.
- Spiers, C. (1996). Suicide in the workplace. *Occupational Health*, 7, 247-249.
- Spinelli, E. (1994). *Demystifying Therapy*. London: Constable.
- Stake, R.E. (1978). The Case Study Method in Social Inquiry. *Educational Researcher*, 7, 5-8.
- Stake, R.E. (1975). *Evaluating the Arts in Education: A Responsive Approach*. Columbus, OH: C.E. Merrill.
- Stansfeld, S., Feeney, A., Head, J., Carner, R., North, F. and Marmot, M. (1995). Sickness absence for psychiatric illness: the Whitehall II Study. *Social Science and Medicine*, 40, 189-197.
- Steele, R. (1997). Legal aspects. In K. Addley (Ed). *Occupational Stress: a practical approach*. Butterworth-Heinemann. pp.98-124.
- Steenbarger, B.N. (1992). Towards science-practice integration in brief counseling and therapy. *Counseling Psychologist*, 20, 403-450.
- Steier, F. (Ed) (1991). *Research and Reflexivity*. London: Sage.

- Steinmetz, A.M. (1991). Doing . In M. Ely (with M. Anzul, T. Friedman, D. Garner and A.M. Steinmetz) *Doing qualitative research: Circles within circles*. London: Falmer. pp.41-68.
- Stennett-Brewer, L. (1986). Interview: Anthea Stewart – A comparison of Canadian and U.S. EAPs. *Employee Assistance Quarterly*, 87-97.
- Stevenson, I. (1961). Processes of “spontaneous” recovery from the psychoneuroses. *American Journal of Psychiatry*, 117, 1057-1064.
- Stiles, W.B. (1993). Quality control in qualitative research. *Clinical Psychology Review*, 13, 593-618.
- Stone, E.F. (1986). Research methods in industrial and organisational psychology: selected issues and trends. In C.L. Cooper and I. Robertson (Eds). *International Review of Industrial and Organisational Psychology*. London: Wiley.
- Storr, A. (1979). *The Art of Psychotherapy*. London: Butterworth-Heinemann.
- Strauss, A. and Corbin, J. (1998). *Basics of qualitative research: Techniques and Procedures for Developing Grounded Theory*. 2nd Edition. London: Sage.
- Strauss, A. and Corbin, J. (1994). Grounded theory methodology: an overview. In N.K. Denzin and Y.S. Lincoln (Eds). *Handbook of Qualitative Research*. London: Sage.
- Strawbridge, S. and Woolfe, R. (1996). Counselling Psychology: a Sociological Perspective. In R. Woolfe and W. Dryden (Eds). *Handbook of Counselling Psychology*. London: Sage. pp.605-629.
- Strupp, H., Fox, R. and Lessler, K. (1969). *Patients View their Psychotherapy*. Baltimore: John Hopkins Press.
- Strupp, H., Wallach, M. and Wogan, M. (1964). Psychotherapy Experience In Retrospect: Questionnaire Survey of Former Patients and their Therapists. *Psychological Monographs: General and Applied*, 78(11), 588.
- Sugarman, L. (1992). Ethical issues in counselling at work. *Employee Counselling Today*, 4(4), 23-30.
- Summerfield, J. and Van Oudtshoorn, L. (1995). *Counselling in the Workplace*. London: Institute of Personnel and Development.
- Swanson, N.G. and Murphy, L.R. (1991). Mental health counselling in industry. In C.L. Cooper and I.T. Robertson (Eds). *International Review of Industrial and Occupational Psychology* (6). Chichester: Wiley. pp.265-282.
- Sworder, G. (1977). Counselling problems at work: where do we go from here? In T. Watts (Ed). *Counselling at Work*. Plymouth: Bedford Square Press.
- Taylor, A. (1983). Hidden Victims and the Human Side of Disasters. *Undro News*, March/April, 6-12.

- Taylor, P.A., Holosko, M.J., Smith, B.W. and Feit, M.D. (1988). Paving the way for EAP evaluations: Implications for social work. *Employee Assistance Quarterly*, 3(3/4), 69-77.
- Taylor, S.J. (1987). Observing abuse: Professional ethics and personal morality in field research. *Qualitative Sociology*, 10, 288-302.
- Tehrani, N. (1997). International Counselling Provision for Organizations. In M. Carroll and M. Walton (Eds). *Handbook of Counselling in Organisations*. London: Sage. pp. 42-56.
- Tehrani, N. (1995). An integrated response to trauma in three Post Office businesses. *Work and Stress*, 9(4), 380-393.
- Temple, D. (1991). Psychological support to Ambulance Service, Victoria. *Response*, September, 26-27.
- Teram, E. (1988). Formative evaluation of Employee Assistance Programs by studying role perceptions and organisational culture. *Employee Assistance Quarterly*, 3(3/4), 119-128.
- Terry, A. (1984). Employee assistance programs in Australian industry. *Work and People*, 10(4), 9-15.
- The Industrial Society Managing Stress. Managing best practice (1995)*, 18. London: The Industrial Society.
- Thureson, A. (1987). Building internal organizational support. *EAP Digest*, 7(6), 35-40.
- Timms, N. and Blampied, A. (1985). *Intervention in Marriage: The Experience of Counsellors and their Clients*. University of Sheffield: Joint Unit for Social Services Research.
- Tindall, C. (1994). Issues of Evaluation. In P. Banister, E. Burman, I. Parker, M. Taylor and C. Tindall. *Qualitative Methods in Psychology*. Buckingham: OU Press. pp.142-159.
- Toomer, J.E. (1982). Counselling psychologists in business and industry. *The Counseling Psychologist*, 10(3), 9-18.
- Torrington, D.P. and Chapman, J. (1978). *Personnel Management*. London: Prentice-Hall.
- Towler, J. (1999). Supervision in uniformed settings. In M. Carroll and E. Holloway (Eds). *Counselling Supervision in Context*. London: Sage. pp.177-200.
- Towler, J. (1997). Managing the Counselling Process in Organizations. In M. Carroll and M. Walton (Eds). *Handbook of Counselling in Organizations*. London: Sage. pp. 166-186.
- Tripp-Reimer, T., Sorofman, B., Peters, J. and Waterman, J.E. (1994). Research teams: possibilities and pitfalls in collaborative qualitative research. In J. Morse (Ed). *Critical Issues in Qualitative Research Methods*. London: Sage. pp.318-331.

- Trompenaars, F. (1993). *Riding the Waves of Culture*. London: Nicolas Brealy.
- Tsouvallas, M.M. and Frankel, E.C. (1991). Evaluation of an industrial counselling service. *Journal of Occupational Health and Safety. Australia and New Zealand*, 7(1), 29-34.
- Tucker, W.R. (1990). *An analysis of the need for and design of a planned process to deal with stress and trauma during and after major incidents*. Unpublished Report.
- Turner, S.W., Thompson, J. and Rosser, R.H. (1993). The King's Cross Fire. Early Psychological Reactions and Implications for Organizing a "Phase-Two" Response. In J.P. Wilson and B. Raphael (Eds). *International Handbook of Traumatic Stress Syndrome*. New York: Plenum Press. pp.451-459.
- Tyler, L. (1967). *The Work of the Counsellor*. New York: Appleton-Century Crafts.
- Tyndell, N. (1993). *Counselling in the Voluntary Sector*. Milton Keynes: Open University Press.
- Tyndall, N. (1985). The work and impact of the National Marriage Guidance Council. In W. Dryden (Ed). *Marital Therapy in Britain. Vol.1*. London: Harper and Row.
- US Department of Labor (1990). *What Works: Workplaces without Drugs*. Washington, D.C.: UD Department of Labor.
- Vaisman-Tzachor, R. (1991). Stress and coping styles in personnel of a terrorism prevention team. *Journal of Social Behaviour and Personality*, 6, 889-902.
- Violanti, J.M. (1993). What does high stress police training teach recruits? An analysis of coping. *Journal of Criminal Justice*, 21, 411-417.
- Violanti, J.M. Marshall, J. and Howe, B. (1983). Police occupational demands, psychological distress and the coping function of alcohol. *Journal of Occupational Medicine*, 25, 455-458.
- Vitaliano, P.P., Russo, J. and Maiuro, R.D. (1987). Locus of control, type of stressor and appraisal within a Cognitive-Phenomenological model of stress. *Journal of Research in Personality*, 21, 224-237.
- Walker, V. (1992). Confidentiality – the personnel dilemma. *Employee Counselling Today*, 4(4), 15-22.
- Walker versus Northumberland County Council* (1995). Industrial Relations Law Reports, 35.
- Wallis, J.H. (1968). *Marriage Guidance: A New Introduction*. London: Routledge and Kegan Paul.
- Walsh, J.J., Wilding, J.M. and Eysenck, M.W. (1994). Stress responsivity: The role of individual differences. *Personality and Individual Differences*, 16, 385-394.

- Walton, M. (1997). Organization Culture and Its Impact on Counselling. In M. Carroll and M. Walton (Eds)... *Handbook of Counselling in Organizations*. London: Sage. pp. 92-110.
- Warr, P. and Payne, R. (1982). Experience of strain and pleasure among British adults. *Social Science Medicine*, 16, 1691-1697.
- Weber, H. and Laux, L. (1990). Bringing the person back into stress and coping measurement. *Psychological Inquiry*, 1, 37-40.
- Weinberg, D., and Koegel, P. (1996). Social model treatment and individuals with dual diagnoses: An ethnographic analysis of therapeutic practice. *The Journal of Mental Health Administration*, 23, 272-287.
- Weinstein, N. (1980). Unrealistic optimism about future life events. *Journal of Personality and Social Psychology*, 39, 806-820.
- Weiss, C.H. (1986). Research and Policy-making, a limited partnership. In F. Heller (Ed). *The Use and Abuse of Social Science*. Newbury Park and London: Sage.
- Weiss, R.S. (1994). *Learning from strangers: The art and method of qualitative interview studies*. New York: Free Press.
- Wilensky, J.L. and Wilensky, H.L. (1951). Personnel counselling: the Hawthorne case. *American Journal of Sociology*, 57, 265-280.
- Wilkinson, S. (Ed). (1986). *Feminist Social Psychology*. Milton Keynes: O.U. Press.
- Williams, D. I. (1999). Personal Development in the Workplace. *Keynote speech IV Symposium on Organisational Psychology*, Portugal, October 1999.
- Williams, D.I. (1994). To the Point. *Counselling News*, March, 3-4.
- Williams, D.I. and Irving, J.A. (1999). Why are therapists indifferent to research? *British Journal of Guidance and Counselling*, 27(3), 367-375.
- Williams, D.I. and Irving, J.A. (1996). Intuition: a special kind of knowing? *Counselling Psychology Quarterly*, 3, 221-228.
- Wills, T.A. (1982). Nonspecific Factors in Helping Relationships. In T.A. Wills (Ed). *Basic Processes in Helping Relationships*. London: Academic Press. pp.381-404.
- Wilson, R. and Cairns, E. (1996). Coping Processes and Emotions in Relation to Political Violence in Northern Ireland. In G. Mulhern and S. Joseph (Eds). *Psychosocial Perspectives on Stress and Trauma: From Disaster to Political Violence*. Leicester: The British Psychological Society. pp.19-28.
- Wilson and Clyde Coal Company versus English (1938)*, Appeal Case 57, 62.
- Winmill, M. (1994). Letter to the editor. *Counselling*, 5(4), 256.
- Winter, R. (1989). *Learning from Experience: principles and practice in action-research*. London: Falmer.

- Wolcott, H.F. (1990). *Writing up Qualitative Research*. London: Sage.
- Woolfe, R. and Dryden, W. (Eds) (1996). *Handbook of Counselling Psychology*. London: Sage.
- Worrall, L. (1996). Developing an evaluation program for an employee counselling scheme: listening to the stakeholder. Paper presented at the 2nd BAC Counselling Research Conference, March, 1996.
- Wrich, J.T. (1985). Management's role in EAPs. In S.H. Klarreich, J.L. Francek and C.E. Moore (Eds). *The Human Resources Management Handbook: Principles and Practice of Employee Assistance Programs*. New York: Praeger Pub.
- Yalom, I. (1966). A Study of Group Therapy Dropouts. *Archives of General Psychiatry*, 14, 393-414.
- Yeager, J. (1983). A model for executive performance coaching. In J. Manuso (Ed). *Occupational Clinical Psychology*. New York: Praeger.
- Yow, V.R. (1994). *Recording oral history*. Thousand Oaks, CA: Sage.
- Zander, A. and Quinn, R. (1962). The social environment and mental health: a review of past research at the Institute for Social Research. *Journal of Social Issues*, 18, 48-66.
- Zeisel, J. (1981). *Inquiry by Design: tools for environment-behavior research*. Cambridge: Cambridge University Press.

NORTHERN IRELAND FIRE BRIGADE**BRIGADE CIRCULAR NO 8/1995****STRESS MANAGEMENT POLICY**

The Brigade recognises that some personnel may, from time to time, be unable to cope with some of the stress arising from dealing with incidents of a traumatic nature. There may also be other reasons why personnel find that stress is affecting their work and home lives.

To help personnel deal with these problems, a new stress management policy has been agreed with the representative body. A copy of the agreement is attached and is to be implemented with immediate effect. A list of contact numbers will be circulated shortly but personnel wishing to use the service may do so in the interim by contacting the Welfare Department at Brigade Headquarters.

A programme of training and awareness of the new procedures will be commencing shortly but anyone wishing to know anything about the scheme in the meantime should contact the Welfare Officers at Brigade Headquarters.

**CHIEF FIRE OFFICER**

27 January 1995

S T R E S S A N D T H E F I R E F I G H T E R

The Northern Ireland Fire Brigade recognises how traumatic events may have harmful psychological effects on its staff. There may be the chronic strain of continuous service under difficult circumstances or the after effects of attending a particularly horrific incident.

The aim of the Brigade's approach is to minimise the harmful effects of these incidents and to ensure their employees suffer no long term psychological damage.

The following procedures have been designed to ensure a rapid and effective implementation of support services.

1. PROCEDURE FOR DEALING WITH PARTICULARLY TRAUMATIC OR 'CRITICAL' INCIDENTS

Particular types of incidents may be classed as 'critical' incidents. These could be:-

- (i) Large numbers of people killed or injured;
- (ii) Children killed or injured;
- (iii) Firefighters killed or injured;
- (iv) Fire with persons reported;
- (v) Difficulty finding the incident;
- (vi) A perceived connection between the firefighters and the victim;
- (vii) Handling bodies or people in pain or unusual incidents outside normal duties.

Note, this list is not intended to be exhaustive and is to give examples only.

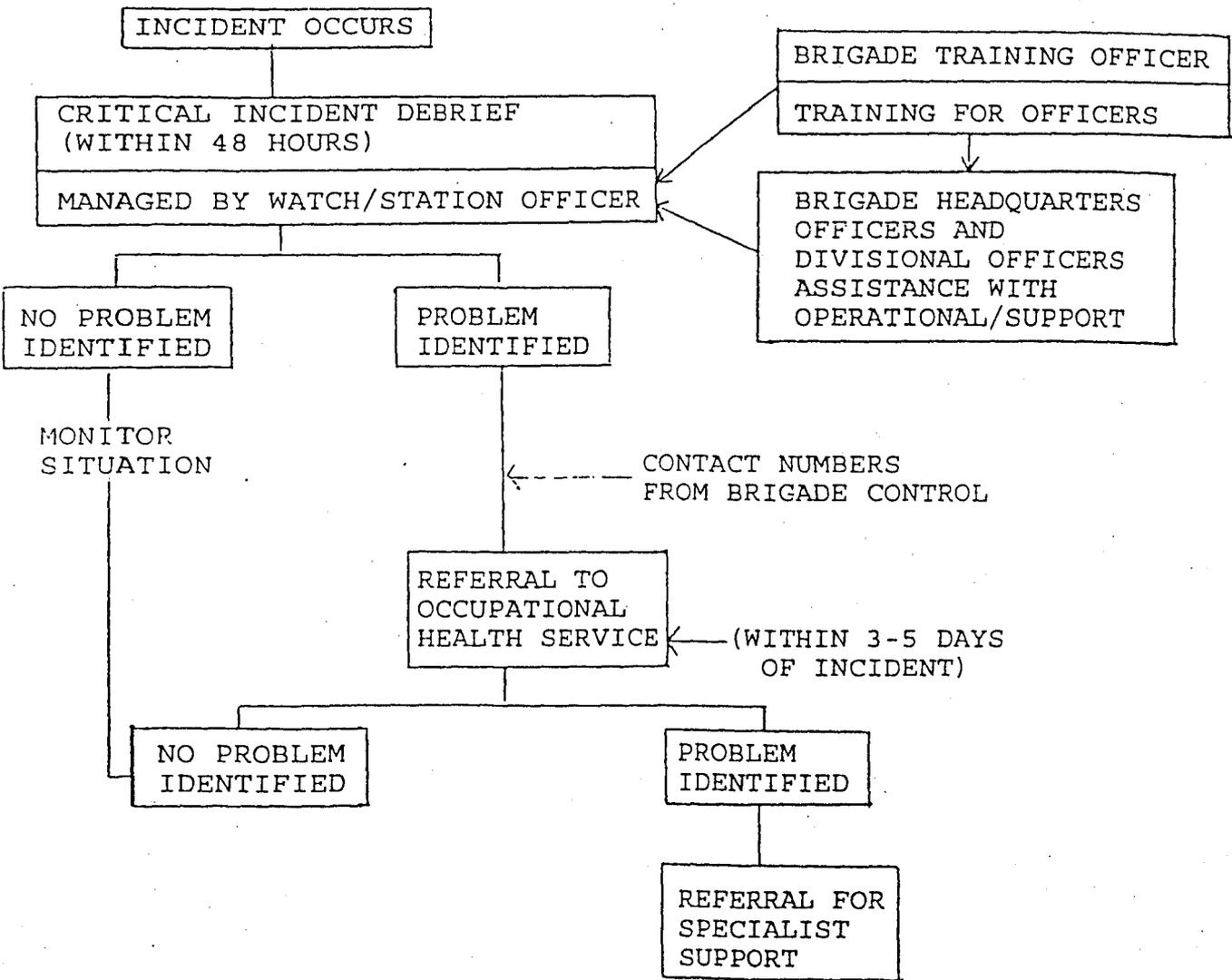
The immediate responsibility to deal with the psychological effects of critical incidents lies with the Officer-in-Charge of the Watch or Retained Station.

The most appropriate management of the situation in the first 48 hours following a critical incident is to undertake a critical incident debrief. The debrief should be held on Station and should include all personnel involved in the incident. The debrief should be conducted by the Officer-in-Charge of the Watch or Retained Station. Training will be given to Watch/Station Officers to assist them in these duties.

If following the critical incident debrief, any personnel feel that further support is necessary, contact should be made by them or someone acting on their behalf, to the Brigade's Occupational Health Service, for assessment and further management. Details of contact names and numbers will be available from Brigade Controls. This contact should take place within three to five days after the incident.

The role of Senior Officers at Divisional and Brigade level throughout this time is to provide support to the Watch/Station Officer. This support will take the form of practical advice, dealing with operational issues and providing adequate communications and psychological support as needed.

PROCEDURE FOR DEALING WITH 'CRITICAL' INCIDENTS



2. PROCEDURE FOR DEALING WITH STRESS CAUSED BY THE CHRONIC STRAIN OF CONTINUOUS SERVICE OR FROM OTHER PERSONAL CIRCUMSTANCES

The Brigade is aware that good health and a sense of individual fulfilment results in a significant contribution to the efficient functioning of the organisation.

To assist personnel who are experiencing problems in either their working or personal life, a counselling service is available to all members of the Brigade.

There are a number of ways in which an individual can gain access to this service:-

1. Via the normal chain of command. Requests will be processed to Brigade Headquarters and appropriate arrangements will be made by the Divisional Officer (Personnel and Welfare).
2. Direct contact with the Divisional Officer (Personnel and Welfare) at Brigade Headquarters who will refer the individual to the appropriate counselling service.
3. Direct contact with the Brigade Senior Medical Officer who will assess the problem and refer to the Occupational Health Service where appropriate.

CONFIDENTIALITY

1. Confidentiality within the system of referral is of prime importance. All Supervisory Officers and individuals concerned will be required to maintain utmost confidentiality.
2. Confidentiality on all matters discussed within the stress management procedures pertaining to an individual takes first priority unless:-
 - (a) There is a risk of endangering the life of themselves or others; or
 - (b) A crime has been committed.

In these cases, details will be made known to the Brigade Senior Medical Adviser before further action is taken.

These conditions of confidentiality will be made clear to any individual wishing to make use of the stress management service.

APPENDIX B

The Paperwork

INFORMATION FOR TRANSCRIBER

Introduction

Thank you for offering your transcription service. However, before you begin the process, I feel it is important to outline for you the nature of the research study, and to provide an indication of the type of recordings that you will be dealing with. This is for your benefit as well as my own.

Information

The audio-recordings provided to you for transcription will emanate from an evaluation study of an organisation's external counselling service. Fundamentally, I am seeking the views of those involved, and to this end will be interviewing: former clients of the service; one of the service's counsellors; and, several prominent members of the organisation. As you would imagine, the information gathered on tape will be of a highly personal and sensitive nature, and may well at times be upsetting and distressing to listen to. It will also be local, as the organisation involved is a large public service body in Northern Ireland.

In view of all of these factors, it is important here to establish two things before your input would begin. These are:

- your total satisfaction with facing and managing such sensitive interview material.
- my total satisfaction with the robustness of confidentiality.

In terms of the latter issue, I would want your assurance that:

- the tapes and transcripts will be securely stored and for your use and eyes only.
- you will not refer to, repeat, show, or allude to any interview material to any other individual except myself, whom you may consult at any moment and ask questions of at any time.

It is important for you to realise that the consent section below concerns your agreeing to work with the type of interview data supplied and to manage it in a strictly confidential manner. It does not concern your participation as such and thus you can withdraw your service at any stage for any reason whatsoever.

CONSENT SECTION

I have read INFORMATION FOR TRANSCRIBER and clearly understand its contents. I therefore agree to accept the audio-recorded interview material and to manage it in a strictly confidential manner, as required by the researcher.

Transcriber

Researcher

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Researcher

Contact No: (_____)

PARTICIPANT REQUEST LETTER

Dear Employee,

Re: Counselling Service Evaluation

As you know, the Northern Ireland Fire Brigade offers a counselling service for its employees. Employees who are experiencing difficulties can access referral routes to the service.

If you are one of the many individuals who have used the counselling service, we would like you to let us know what the experience was like for you. Maybe the counselling helped you to manage your problem(s) better, maybe it only helped slightly, or maybe it was of little or no use at all.

Your views of the counselling you have received will enable us to provide a better service for you and your colleagues. It will also enable us, as counselling practitioners, to develop our own skills and knowledge. In addition, your views will help in the design and running of counselling services elsewhere.

If you have used the service, and would be prepared to talk for a short while, IN CONFIDENCE, about your experience, then please ring (01846) 698342 for further details and to make an agreed arrangement.

Any information you provide for this research will be treated in STRICTEST CONFIDENCE. Your name will not be used in any way, nor will anyone within the Fire Brigade or anywhere else be able to connect your name with anything you have said. You would not be talking with the counsellor you dealt with, and the interview could take place in your own home or anywhere else convenient for you.

We look forward to hearing from you, the consumer.

* * * * *

INFORMATION FOR PARTICIPANTS (CLIENT PERSPECTIVE)

As you know, the Northern Ireland Fire Brigade (NIFB) offers an external counselling service for its staff and as you may also be aware, such services should be evaluated. It is the central and fundamental aim of this study to evaluate the NIFB's counselling provision.

As one of the many individuals who have used this provision, it would be beneficial to hear your experiences and views of the service you received. There are no right or wrong answers as I am interested in your experiences. Your views of the counselling service will feed into the overall evaluation, and will enable the counselling practitioners to provide a better service for you and your colleagues. In addition, your views can help in the design and running of counselling services elsewhere.

Your experiences and opinions of the counselling service will be collected through an audio-recorded interview. Upon completion of your interview, the tape-recording will be directly transferred to a secure and locked unit in my own home.

You will be in charge of your own degree of disclosure during the interview and you have the right, at any time, to ask for the tape-recorder to be switched off; to discontinue talking about any issue that becomes uncomfortable; to refuse to answer certain questions; or to stop participating altogether if, for example, you feel too upset. I may well use my own professional judgement to switch off the recorder, to take some time out, or indeed to terminate the interview.

There will also be the opportunity for briefing and de-briefing, before and after the interview, respectively.

The material that you provide is owned by you. After an interview is transcribed, you will have the option to receive a copy with the invitation to delete or alter any part of it you choose to. You may also apply to the researcher for access to some or all of the findings. After transcription, the tape will be wiped.

All the information you provide will be treated in STRICTEST CONFIDENCE. Any reports made about the experiences of those NIFB personnel who have used the counselling service will be relayed in such a manner as to make it impossible to identify any particular individual. Your name will not be used in any way, nor will anyone within the NIFB or anywhere else be able to connect your name with anything you have said. It is important to realise that if you wish you may use a fictitious name during your interview.

The signed consent that you may offer up at this stage will be viewed as initial consent only, and that YOU HAVE THE RIGHT TO WITHDRAW IT AT ANY TIME, EVEN RETROSPECTIVELY, at which stage the relevant material will be destroyed.

The researcher will remain available to you right the way through the study so that you have the opportunity to withdraw consent if you so choose, or to have ongoing queries and comments responded to. A contact number is provided below.

The researcher will clarify any issue for you.

CONSENT SECTION

I have read INFORMATION FOR PARTICIPANTS and clearly understand its contents. On this basis, I am willing to participate in the study.

PARTICIPANT

Name: _____

Signature: _____

Date: _____

RESEARCHER/CO-INTERVIEWER

Name: _____

Signature: _____

Date: _____

RESEARCHER CONTACT No:

(_____)

CO-INTERVIEWER CONTACT No:

(_____)

The Client Perspective

Interview Schedule

Introduction

Thank you for agreeing to this interview, and for taking the time out of your work/domestic schedule to do so. During this interview I am going to explore with you your experience of the Fire Bridage's external counselling service. There are no right or wrong answers as I am interested in **your** experiences. Your views of the counselling you have received, and the service as a whole, will enable the counsellors to provide a better service for you and your colleagues. In addition, your views may help in the design and running of counselling services elsewhere.

All the information you give me will be totally **confidential** and any reports made about the experiences of those Fire Brigade personnel who have used the service will be relayed in such a way as to make it impossible to identify any particular individual. Your name will not be used in any way, nor will anyone within the Fire Brigade or anywhere else be able to connect your name with anything you have said.

With your agreement I would like to tape record this interview, but you can ask me to stop recording at any point and ask me any questions at any time.

PROBES. (N.B. Be flexible with sequencing, wording, exploring leads).

1. Whose idea was it that you should use your organisation's external counselling service? [**Explore:** *referral route – why, how, who?*]
2. Before your problem(s) existed, did you feel any benefit from knowing that the counselling service was available?
 - 2.1. What was your view of the counselling service offered by your organisation before/at the time of referral?
3. Was the first contact with the counsellor by telephone?
 - 3.1. If yes, how helpful/unhelpful did you feel this to be?
4. How long did you have to wait before your first appointment with the counsellor? [**Explore:** *acceptability; expectations*].
5. What was the location for the counselling sessions? [**Explore:** *acceptability; expectations*].
6. What was/were the primary area(s) troubling you when referred for counselling?
7. Were there any other problems that troubled you at that time, or developed as counselling progressed?
8. How long had the problem(s) existed prior to entering counselling? (Weeks/Months/Years?).
9. What level of distress (severe/moderate/mild) would you say that your problem(s) at the time were causing you?
10. To what extent (severely/moderately/mildly) do you feel your problem(s) at the time were interfering with your domestic.../work.../social...lives and relationships?
11. Did you seek help elsewhere for the problem(s) that brought you to counselling?
 - 11.1. If yes, from whom?
 - 11.2. If no, why not?
12. Had you any reservations or fears about using the Brigade's external counselling service?
 - 12.1. If yes, what were these?
 - 12.2. If no, why not?
13. What were your expectations about using your organisation's counselling service?
14. In what way(s) did you hope the service might be able to help you? / What sort of changes did you need to make to your life?

15. Did you tell your manager/supervisor at work that you were using the service? [N.B. Retained personnel and dual employment]
- 15.1. If yes, why and was he/she supportive?
- 15.2. If no, why not?
16. Did you tell any of your work colleagues that you were using the service?
- 16.1. If yes, why and were they supportive?
- 16.2. If no, why not?
17. What was your spouse's/partner's/family's view of you using your work's counselling service?
- 17.1. Did your spouse/partner/family give you support?
- 17.2. Did your spouse/partner/family express any concerns?
- 17.2.1. If yes, what were these concerns?
18. At the beginning of your counselling, did you and your counsellor agree to a set number of sessions? [**Explore:** *opinion on session ceiling*].
19. Was there any specific agreement made between you and your counsellor as to what each others roles would be, and what things you would try to achieve? [**Explore:** *opinion on absence/presence of contract*].
20. What went on in the sessions with your counsellor?
- 20.1. What did your counsellor mainly do/what part did he/she play?
- 20.2. What part did you play?
- 20.3. What do you feel you were mainly doing?
- 20.4. What sort of things do you think helped you?
- 20.5. What were the aspects about the sessions that you disliked or found unhelpful?
21. Have you experienced any changes, positive or negative or both, that you believe may be the result of your counselling experience? What have these been?
- Explore:**
- *feelings about self (self-esteem, confidence, insight and understanding)?*
 - *domestic and work relationships?*
 - *job performance?*
 - *job satisfaction?*
 - *coping skills?*
 - *overall physical and mental health?*
 - *social and recreational life?*
22. Can you draw any link between the counselling you received and your sick leave/absence [**Explore:** *preventing sick leave; reducing sick leave; also, preventing medical retirement/having to leave Brigade*].
23. What would you have done to solve your problem(s) without the counselling you received?
24. Did your counsellor suggest at any time that you may require assistance from another source?

- 24.1. If yes, how did you feel about this/Did you follow through?
24.2. If no, should he/she have?
25. How did your counselling end? [**Explore:** *degree of mutuality; level of acceptability*].
26. Since your counselling ended, have you had a need to seek further help of any kind for the problem(s) that brought you to counselling?
27. Overall, having used the service, to what extent do you believe your needs were met? [**Explore:** *specifics; tie in with expressed needs/hopes*].
28. What is your view of the counselling service now that you have used it? [**Explore:** *changes pre to post-counselling*].
29. Having used the service, how do you now feel knowing that it exists?
30. Would you recommend the service to a work colleague whom you knew to be in some distress?
30.1. If yes, why?
30.2. If no, why not?
31. Why do you believe the Fire Brigade introduced the counselling service for its employees? [**Explore:** *evidence for organisation's motives; care as a component*].
32. How do you feel your organisation's management view those who use or have used the counselling service?
33. How do you feel work colleagues view those who use or have used the counselling service?
34. If in your case, you felt that your particular problem(s) were work-related or aggravated by your job, how did you feel talking about this/these to the counsellor? [**Explore:** *confidentiality issues; outcomes from fractured confidentiality; counsellor/counselling service locus – advantages and disadvantages*].
35. Are there any changes you would like to see happen to improve the functioning of the external counselling service? [**Explore:** *counsellor changes; organisation/workplace changes*].
36. Are there any other views or comments that you would wish to make concerning your experience of using the Brigade's counselling service?

I would now like to finish by getting some background details from you.

37. Could you tell me what age you are?
38. Are you married/single/separated/divorced/widowed?
39. Have you any children? How many do you have?

40. How many years have you been employed by the Fire Brigade?

Thank you very much for giving this time to sharing your views and experiences with me. Would you like to ask me any questions?

CLIENT PERSPECTIVE**Summary of Categories and Sub Categories**

- 1. *Employee-to-client metamorphosis***
 - 1.1. Employee experiencing Problems.**
 - 1.2. Aspects of referral.**
 - 1.3. Anticipating counselling.**
 - 1.4. Clients' needs.**

- 2. *Client-in-counselling.***
 - 2.1. Home Support.**
 - 2.2. The session-setting/The therapy of personal territory.**
 - 2.3. The inner-world of the intervention.**
 - 2.4. Valuable factors.**
 - 2.5. Unhelpful and uncomfortable factors.**

- 3. *Counselling consequences***
 - 3.1. General encapsulations of outcome.**
 - 3.2. Symptom assuagement.**
 - 3.3. Progress in Life domains.**
 - 3.4. Repercussions without counselling.**
 - 3.5. Ripple effect.**
 - 3.6. Seeking further help.**
 - 3.7. Realising clients' needs.**
 - 3.7.1. As met or surpassed: expressions of WIN!**
 - 3.7.2. As largely met.**
 - 3.7.3. Ironic outcome.**

- 4. *NIFB/Counselling Interface***
 - 4.1. Root reasons for service introduction.**
 - 4.2. Stigma-stimulated striving to keep others unaware.**
 - 4.3. External locus as gateway need.**
 - 4.4. Management/organisational support.**
 - 4.5. Counselling practitioner as agent of organisational change.**

- 5. *Improving the Service***
 - 5.1. Improve the context not the counsellor.**
 - 5.2. Destigmatize stress and counselling.**
 - 5.3. Enhance awareness.**
 - 5.4. Service structure.**

- 6. *Rationale for evaluation participation.***
 - 6.1. Philanthropic participation.**

CLIENT PERSPECTIVE**Categories and Codes****1. *Employee-to-client metamorphosis*****1.1. EMPLOYEE EXPERIENCING PROBLEMS EMP/**Problem Dimensions PD/Operational origin **OP**Organisational origin **ORG**Non-work origin **NW**Temporal span of suffering **T**Distress at time of referral (Problem intensity) **D**Pervasive Impact PI/Symptoms (affective, behavioural, cognitive, somatic) **SY**Work Domain. (Performance indices, relationships) **W**Domestic/personal relationships **DO**Social participation **SO****1.2. ASPECTS OF REFERRAL REF/**Shades of Service awareness AW/No Knowledge **NK**Expressions of vagueness **V**Expressions of surprise **S**Anger and regret at insufficient knowledge **A**Awareness as a benefit (pre-counselling) **BN**Referral Route RT/Prompt **P**Agent **A**Prompt and Agent as one and the same **P-A**Referral as fortuitous **F**Timetabling for first session as acceptable **AC**Timetabling for first session as unexpectedly expedient **EP**More than a chat: the multiple roles of the initial telephone contact TEL/Evaluative aperture **EV**Reducing anxiety/providing reassurance **RA**Offering information/clarity **I**Opportunity to start the talking **T**Criticisms **CC****1.3. ANTICIPATING COUNSELLING ANT/**Apprehension/Anxiety AA/Confidentiality **C**Stigma/embarrassment **S**How does talking help/counselling work? **TC**Will it be of benefit/will the counsellor be any good? **B**Opening up/becoming emotional **O**

Assumptions AS/

Communication (talking, listening, explaining, directing) **CM**

Medical model/client as passive recipient **M**

No magic wand/quick fix **W**

Professional service **P**

Rigid confidentiality **CF**

Client improvement **I**

Counsellor as cold consultant type **C**

1.4. CLIENTS' NEEDS NDS/

Needs as nebulous/generalised **N**

Symptom relief **SY**

Insight **I**

Enhanced ability to cope **C**

Counsellor attributes and input **CR**

Reassurance **R**

Direction **D**

Improved functioning in Life domains LD/

Working Life **W**

Domestic/non-work domain **DO**

2. *Client-in-counselling*

2.1. HOME SUPPORT HME/

Existence of **E**

As necessary **N**

2.2. THE SESSION SETTING/THE THERAPY OF PERSONAL TERRITORY SET/

Comfort and familiarity **CF**

Unusual to choose **U**

2.3. THE INNER-WORLD OF THE INTERVENTION INN/

Client role CL/

Opening up fully/Talking **O**

Listening **L**

Understanding and learning **UL**

Becoming active **A**

Becoming distressed **D**

Reacting pre and post-session **R**

Making progress/feeling hopeful **P**

Being oneself **S**

Evaluating the counsellor **E**

Counsellor Role CR/
Explaining/Illuminating EI
Listening and understanding LU
Challenging CH
Probing/drawing out PD
Offering feedback F
Teacher/Instructor TI
Active and Efficient A
Coach/Motivator CM
Guide G
Making suggestions/Offering advice SA
Identifying/Pinpointing IP

Expressions of togetherness TG/
Personal bond/Friendship B
Exchanging information/Interacting E
Shared purpose S
Team/Partnership/Working relationship T
Keeping relationship intact I

Session structure and Endings SS/
Flexible format F
Session limit acceptable A
Session limit as unacceptable/barrier to effectiveness UB
Termination appropriate/satisfactory AS
Termination abrupt/unsatisfactory AU

2.4. VALUABLE FACTORS VAL/

Counsellor Characteristics CRC/
Good listener/easy to talk to L
Caring and supportive C
Interested in/focused on client I
Unpretentious U
Competent professional PF
As human HM
Patient P
Forthright F
Gender GEN
Calm/Relaxed CM
Genuine/Sincere G
Warm/Kind W
Gentle/Sensitive GT
Insistent IN
Non-judgemental NJ
Trustworthy T
Understanding UN
Friendly FD
Humorous H
Optimistic O
Strong S

Counsellor Contributions **CON/**
Providing insight through explanation and education **I**
Strategies and Homeworks **SH**
Proferring reassurance **R**
Empowering client **E**
Motivation/Encouraging **ME**
Matching intervention to individual need **M**
Challenging **CH**
Providing opportunity to talk **T**
Accessible **AC**
Smoothing path to concurrent support systems **S**
Absolution **AB**
Creating secure atmosphere **C**
Disclosure **D**

2.5. UNHELPFUL AND UNCOMFORTABLE FACTORS UNH/

Nothing **N**
Homework as hard work **H**
Feelings of ambivalence **AM**
Counsellor too challenging **CH**
Reduced job knowledge of counsellor **K**
Negative self-discovery **SD**
No help with retirement transition **R**
Inadequate communication **C**

3. *Counselling Consequences*

3.1. GENERAL ENCAPSULATIONS OF OUTCOME GEN

3.2. SYMPTOM ASSUAGEMENT SYA/

Changes in feelings **F**
Fresh ways of thinking/Cognitive shift **T**
Changes in behaviour **B**
Somatic changes **S**

3.3. PROGRESS IN LIFE DOMAINS PLD/

Changes in personal relationships **R**
Enhanced capacity to cope and work **CW**

3.4. REPERCUSSIONS WITHOUT COUNSELLING REP/

Medical retirement/leaving job **R**
Losing everything (incl. one's own life) **L**
Serious deterioration in mental health **D**
Further sick absence **S**

3.5. RIPPLE EFFECT RPP/

Changed opinion of stress and counselling **O**
Service existence as a benefit (post-counselling) **B**
Enhanced ability to recognise stress in others/help others **R**
Service endorsement **E**
Motivation to undertake counselling training **T**

3.6. SEEKING FURTHER HELP SKG/

No need **N**
Renewed contact with counsellor **C**
Knowing when to seek guidance **K**

3.7. REALIZING CLIENTS' NEEDS REA/

As met or surpassed: expressions of WIN! **M**
As largely met **L**
Ironic outcome **I**

4. *NIFB/Counselling Interface*

4.1. ROOT REASONS FOR SERVICE INTRODUCTION RR/

Must do/Health and Safety **M**
Business stimulus **B**
Public Relations **P**
Care as a component? **C**
Stressful occupation **SO**

**4.2. STIGMA-STIMULATED STRIVING TO KEEP OTHERS
UNAWARE UNA/**

Stress as a personal weakness **W**
Firefighters as mentally able to cope/macho **FF**
Acceptability of physical complaint **P**
Service users stigmatised **U**

4.3. EXTERNAL LOCUS AS GATEWAY NEED EXT/

Relief at outside counselling **R**
In-house service barrier to openness and effectiveness/anathema to
referral acceptance **IN**
External counsellor places client first (FELT LOYALTY) **C**
External counsellor must be loyal to Brigade too (LOGICAL LOYALTY) **B**
External locus and lack of job experience **J**

4.4. MANAGEMENT/ORGANISATIONAL SUPPORT MAN/

Senior Officers/Fire Brigade as care-less/unsupportive **S**
Local management sympathetic **L**

4.5. COUNSELLING PRACTITIONER AS AGENT OF ORGANISATIONAL CHANGE CHA/

Not expected **N**

Creates client concern **C**

Counsellor should prompt primary intervention **P**

Organisational resistance **O**

5. *Improving the Service*

5.1. IMPROVE THE CONTEXT NOT THE COUNSELLOR CXT

5.2. DESTIGMATIZE STRESS AND COUNSELLING DST/

Educate employees and management **ED**

Encourage management support **S**

5.3. ENHANCE AWARENESS AWA/

Publicize pervasively **P**

Provide pre-counselling literature/Disseminate information **L**

Counsellor visibility **V**

5.4. SERVICE STRUCTURE SRV/

Refine referral system **R**

Expand the service **E**

6. *Rationale for evaluation participation. RAT/*

6.1. PHILANTHROPIC PARTICIPATION PP

SAMPLES OF CODING (CLIENT PERSPECTIVE)

Sample 1

V: Yes. That's fair M. But eh, you know, I'm so pleased at the work aspect, you know. I look forward to it you know, it is not a hassle or a negative challenge.

I don't feel I don't want to open that door on a Monday morning, or a morning after I've been off for say three days, or you have been in Coleraine, you have been in Belfast and you come back, telephone calls, they don't bother me now.

I prioritise and look at work less, no, not as a threat. / Also, too, M. I do media interviews, you know, for radio and television and I have only normal, good sort of tension before these now, whereas before the anxiety was higher, although I still got them done, you know. /

M: Any other positive changes you believe are due to counselling?

V: Well, physically I'm feeling better too. I feel, maybe not fitter, I need to lose some more weight, but I do feel healthier. There's no palpitations and sore necks you know. / Also, sleep, while not being perfect, is certainly better. /

M: In what ways V?

V: Well, em, I sleep longer, get over quickly, have no more peculiar dreams at all.

I do sometimes still wake early, but certainly not as early as before. I'd maybe wake at half five. But I would feel O.K. and I would get up, have a cup of tea

and watch a wee bit of television. / But the main improvement is the quality of

sleep. It's undisturbed now. / That mosaic of thoughts, the scrambled negative thoughts that you can wake up with are gone. / My tiredness has decreased you

know, too. I can still become tired, I mean I am 54 after all. But that crippling sort of tiredness has evaporated. /

M: Can you tell me about relationships at home, since counselling? You mentioned earlier that some problems lay there.

V: Yeah. Well, things are much better. I'm not irritable at all, I laugh more and talk, start, em, initiate conversations. So, yeah, I'm not as withdrawn. The

atmosphere has become a lot calmer and easy going, you know. That awkward,

waiting for me to lose my temper, everyone standing on eggshells. Aye, the awkwardness has gone. /

M: Relationships at work, any impact?

Sample 2

P L D / R.

me to talk more to L. and this just opening the gates. I found I wasn't snapping as much, and then not at all. /

A: Great...

J: ^{S Y A / F} I have remained less tense and anxious too. / I had been prone to mood swings and the slightest thing that happened I would blow a fuse and I would have lost my cool, even to the point of shouting at the phone when it rang. I just wouldn't answer it, in case it was the Brigade. / M. helped me with this one, because he helped me see that this was getting worse and was another example of me claming up, you know. / So I now answer the phone, most of the time, as I did when you rang the other day, and I was able to think about it, you know, see that it was making me cut myself off more.. / But em, counselling slowed me down and I was able to know how to deal with things that bugged me. I was no longer feeling in the dark, I learnt how to cope. /

A: So things have improved in your life J?

J: ^{S Y A / F} Oh, I know I'm less stressed out and depressed, much less. / I know that, my wife knows it. There's the odd time I can feel a bit uptight, maybe you know, the future and a bit of self-pity leaving the Brigade, that's normal though. But things have improved A. / For a long time there my wife and I weren't going out at all. That was one of the tasks, goal I set out to cope with and we started to go out again, got out of an awful rut. /

A: Good. That's pretty good J. As you seemed to have learned it's better to get up and do something and get out of the rut.

J: ^{c / c o n / I} I think another bit of counselling was that M. shed light on the mechanisms of how things got bad, so he did. / I mean with me and L. it got to the stage I don't want to go out and she got to the stage she didn't want to go out. So I saw she doesn't want to go out and then I don't want to go out. It was a vicious circle. / I'm very aware of this and I keep it in my head when I see it happening again, and then I got things moving again. I have more say now, I'm not a victim any more. It's hard to describe A., but I'm not behind, ... I'm one step ahead now. It's gives me a head start. /

A: Head start over your stress?

J: Yes. Things are much, much improved there. / GEN.

Sample 3

rephrase your question as em, 'Do you think the Brigade want to look as if they're a caring bunch?' The answer to that could be a 'yes'. /

M: Grand, have you any other views on why they brought in counselling?

N: No. I've covered what I think...

M: O.K. Where do you feel P's loyalties lie given that she counselled you, but is funded by the F.B.?

N: ^{EAT/C} With me, no doubt about that. / ^{ANT/AA/C} But before counselling I suppose I was more sceptical / but now, no doubt. (Anyway, it has to be the client first. You've, as a counsellor, you've got to strike up that relationship with the client. If the client was not the main person in the equation then the client would know and probably be more inclined to pull out, I would have.) /

M: Grand. But the organisation is still paying P's or any workplace counsellors fees?

N: I know, but you can't work properly with a client if that client feels you're not putting him first. You'd need to ask P. what she thinks, I just know that she put me first, and that I can see no other way it could work, you know. /

M: Grand, N. O.K. I want to explore with you now your view of receiving counselling from an external counsellor versus receiving counselling from a uniformed, in-house counsellor ... any views?

N: The first thing to strike me is if the uniformed counsellor was trained in the same way, as say P., then surely they must be for the client, you know, confidential. That's the ideal world, now. In reality, there would be mistrust there. Even before my accident I wouldn't have felt happy with someone in uniform doing counselling. I'd be thinking, one, is he confidential? And two, does he really give a shit? Does he really care? Who does he put first, me or the Brigade, or even himself first? You know, feeding information to higher management and looking good in their eyes. All that sort of thing could go through my mind, you know. /

M: So you're saying here, an external counsellor wouldn't have the same motivation to breach confidentiality, and also that someone external is more likely to place the client very firmly first?

N: Yes, I think it has to be an independent service. I mean, with someone in uniform the opportunity to put the client second to the organisation could

happen at any moment, you know. Meetings, social things where the drink's
flowing, a nudge-nudge kind of occurrence, you know. /

Counselling Encounter Evaluation: Counsellor Perspective

GUIDE FOR COMPLETION

ASSESSMENT

(1) Consider:

- Problem definition
- Source(s)
- Level of client distress (severe, moderate or mild)
- Affect on work, domestic and social arenas

PROCESS

(2) Consider:

- Level of agreement with client goal(s)
- Level of satisfaction with goal(s) clarification

(3) Consider:

- strategies used
- techniques used
- counsellor and client roles
- level of satisfaction with client input/engagement/motivation
- helpful aspects
- unhelpful aspects

(4) Consider:

- quality of relationship
- level of satisfaction with relationship

(5) Consider:

- level of planning
- your level of satisfaction with termination

(6) Consider:

- client issues
- familial/domestic issues
- host organisation issues

OUTCOME

(7) Consider:

Changes in client's –

- feelings about him/herself (self-esteem, confidence, insight and understanding)

- domestic relationships
- coping skills
- overall physical and mental health
- social and recreational life

Consider:

Changes in client's –

- work relationships
- job performance
- job satisfaction
- sick leave/potential for sick leave

(8) Consider:

- quality of outcome
- prognosis
- meeting original goal(s)

PROFESSIONAL AND PERSONAL ISSUES

(9) Consider:

- practice and training issues
- personal issues
- what you might have done differently

HOST ORGANISATION

(10) Consider:

- influence on client
- influence on your role
- influence on counselling effectiveness/outcome

* * * * *

(8) Describe your level of satisfaction with the counselling outcome.

PROFESSIONAL AND PERSONAL ISSUES

(9) Describe what you learned from working with this client.

HOST ORGANISATION

(10) Describe the impact (positive and negative) of the funding organisation on your work with this client.

ANY FURTHER COMMENTS ON THIS COUNSELLING ENCOUNTER

THANK YOU FOR PARTICIPATING

INFORMATION FOR PARTICIPANT (PRACTITIONER PERSPECTIVE)

As you are aware, the central and fundamental aim of this study is to evaluate the Northern Ireland Fire Brigade's external counselling service of which you are one of its two-practitioner complement.

As one of the services counsellors, your experiences and evaluations are important, not only in terms of helping those involved to improve the counselling service, but also in helping others elsewhere to design and run similar services.

Your experiences and opinions of the service will be gathered through an audio-recorded interview, after which the recordings will be directly transferred to a secure and locked unit in my own home. It is important to realize, though, that you will be in charge of your own degree of disclosure during the interview and you have the right, at any time, to ask for the tape-recorder to be switched off; to discontinue talking about any issue that becomes uncomfortable; to refuse to answer certain questions; or to stop participating altogether.

As you are one of only two counselling service practitioners, it will naturally be difficult, at the reporting stage, to conceal your identity in a complete and sound way. In view of this, you will have the option to not only read and amend the transcripts, but also to read, amend and advise on the final written document. In the meantime, however, you can be assured that the information you provide today, and for all interview sessions, will be kept in strictest confidence. In addition, after transcription, the tapes will be wiped.

The signed consent that you may offer up at this stage will be viewed as initial consent only, and that YOU HAVE THE RIGHT TO WITHDRAW IT AT ANY TIME, EVEN RETROSPECTIVELY, at which stage the relevant material will be destroyed.

The researcher will remain available to you right the way through the study so that you have the opportunity to withdraw consent if you so choose, or to have ongoing queries and comments responded to. A contact number is provided below. The researcher will clarify any issue for you.

CONSENT SECTION

I have read INFORMATION FOR PARTICIPANT and clearly understand its contents. On this basis, I am willing to participate in the study.

PARTICIPANT

Name: _____

Signature: _____

Date: _____

RESEARCHER

Name: _____

Signature: _____

Date: _____

RESEARCHER CONTACT No:

(_____)

The Practitioner Perspective

Interview Schedule

Introduction

Thank you for agreeing to participate in what will be a series of interviews, and for taking time out of your work schedule today to begin the process. During the interviews I will be exploring with you your experiences of, and views on, the Fire Brigade's external counselling service. As one of the services practitioners your experiences and evaluations are important, not only in terms of helping those involved to improve the counselling service, but also in helping others elsewhere to design and run similar services.

As you are one of only two service practitioners, it will naturally be difficult, at the reporting stage, to conceal your identity in a complete and sound way. In view of this, you will have the option to not only read and amend the transcripts, but also to read, amend and advise on the final written document. In the meantime you can be assured that the information you provide today, and for all interview sessions, will be kept in strictest confidence.

With your approval, I would like to tape record the interview, but you can ask me to stop recording at any point, and ask me any questions at any time.

PROBES.

Background

1. Can you tell me briefly how you became one of the NIFB's counselling service counsellors?
[Explore: *previous counselling/workplace counselling experience; why workplace counselling?; selection process for current position; number of years in field and in post*].
2. What qualifications do you hold?
[Explore: *orientation; code of ethics*].
3. Is your position as a workplace counsellor your only job?
If no, what other jobs do you hold?
[Explore: *degree of fit between jobs*].
4. Were you consulted on/involved in the drafting, compiling and implementation process?
If yes, what role(s) did you play? Who/what dept. drove the initiative? Who else was involved? How easily was consent reached? What disagreements were there? What aspects were you less than satisfied with? How satisfied were you with the final document?
If no, why not? How did you feel about not being consulted/involved?

Roles, responsibilities and service details.

5. What were your terms of engagement? I'm thinking here of rules/regulations/delivery standards/targets.
[Explore: *session ceiling, session quota negotiation process; speed of reaction to referral; reporting procedures; confidentiality issues*].
Prompt If no terms of engagement, then: Why do you believe guidance was not offered? Did you ask? Would terms of engagement have been helpful for your practice? If so, how?
6. Can you tell me what you see as your main role(s) in your position as e'ee counsellor for the Brigade?
7. What other roles and responsibilities would you like to have/do you believe you should have?
[Explore: *organisation/primary level influence; greater visibility; increased educational and training role*].
8. Could you describe for me in some more detail the type of service that you provide for the Brigade?
Prompt:
 - What region do you cover? [Explore: *logistics*]
 - Who is your main organisational contact? [Explore: *robustness and utility of link*]

- How flexible is your practice? [**Explore:** *session units; counselling encounter as a whole*].
- How do you negotiate for more sessions? [**Explore:** *degree of autonomy; means of negotiation; intensity of negotiation*].
- Where are the sessions located? [**Explore:** *degree of suitability for both practitioner and client*].
- To what degree are you comfortable/uncomfortable with your counselling workload? [**Explore:** *tolerance levels; organisational contact/referral source awareness*].

Aims, objectives and expectations.

9. When you first joined the external counselling service, what were your expectations of what it should be, and how it would work?
10. To what degree have these expectations been realized?
[**Explore:** *discrepancies*]
11. Can you tell me the aims and objectives that you held for your role?
12. To what degree have these goals been met?
[**Explore:** *discrepancies*].
13. Tell me what you believe the organisation expects you to achieve?
[**Explore:** *evidence for; degree of congruence/conflict been org. obj. and practitioner/service obj.*].
14. Who is your client?
[**Explore:** *ratio of loyalty – e'ee vs org.; circumstances that alter the ratio*].

Referral

15. Could you describe for me the typical process of referral, from first contact with referral agent to arrangement to see client?
Prompts:
 - Who are the referral source(s)?
[**Explore:** *counsellor and referral agent relationship*].
 - How is referral initiated? Letter? Phone call?
[**Explore:** *counsellor satisfaction with procedures; changes/improvements required*].
 - What type of referral information do you receive?
[**Explore:** *couns. satis. with info.; changes / improvements required*].
 - How quickly (and by what means) do you tend to act upon a referral request?
 - Can you describe for me the ingredients of the first phone call with prospective client?
 - Can you describe the importance of this first contact in terms of the counselling process?

16. What is your opinion of the chosen referral points? [**Explore:** *appropriateness: self-referral – yes or no? Why? Why not?; evidence of clients' dissatisfaction with ref. system*].
17. What are the main problem types/issues referred to you? [**Explore:** *sources and specifics*].
18. How often have you received inappropriate referrals?
Prompts:
 - What made these inappropriate? [**Explore:** *brief vs long-term therapy/session ceiling; training in and comfort with problem area*].
 - At what stage in the process did you first recognise the referral to be inappropriate?
 - To what degree are the referral sources clear on the types of problem issues you work with/are more comfortable with?

Knowledge of host organisation.

19. Why did the organisation introduce the external counselling service?
20. Can you describe your induction into the organisation? [**Explore:** *level of; ingredients*].
Prompt, if absent:
 - What form should your induction have taken?
 - What should have been covered?
 - What are your current information needs?
 - How could this be achieved?
 - How has the absence of induction/org. knowledge affected your counselling practice?
 - How would a process of organisational induction have influenced your work?
 - To what degree should workplace counsellors be made familiar with the host?

Communication.

21. How often do you meet with the organisational contact and referral sources to discuss cases (e.g. case conferences)?
[**Explore:** *acceptability; utility; changes/improvements needed and why?*].
22. What type of information does the organisation expect you to provide?
[**Explore:** *means; depth; purpose; frequency*].
23. What type of information do you provide?
[**Explore:** *means; depth; purpose; frequency*].
24. Can you provide any examples here of how inadequate communication has negatively impacted on your work?

25. In your opinion, what improvements need to be made to the communication channel that runs between the counselling service and the organisation?

Awareness.

26. How is (has) the counselling service (been) advertised? [**Explore:** *extent and efficacy; counsellor role; whose responsibility?*]
27. How visible are you/have you been within the host organisation? How visible would you wish to be, and why?
28. What, in your opinion, is the level of service awareness and knowledge within/across the organisation? [**Explore:** *evidence for view; reasons for*].
29. To what extent do senior management understand what counselling is? [**Explore:** *evidence for view; stigma; role of org. culture*].

Counselling service effectiveness

30. Can you describe for me your criteria for gauging how effective you are in your role as e'ee counsellor for the Brigade?
31. How effective do you feel you have been? [**Explore:** *examples/evidence for*].
32. In what way(s) does your practice/the counselling service positively impact on the NIFB, as an organisation? [**Explore:** *evidence for view*].
Prompt: - How would you sum up your value level to the organisation? Would it be significant, moderate or slight?
33. In what way(s) could your effectiveness be increased (for both client and organisation)?
Prompt: - What more could organisation do?
- What more could client do?
- What more could you/the service do?
34. How do you know/judge that the organisation is satisfied with your work? Is there feedback? Reviews?
35. Overall, can you tell me whether or not the Brigade and its employees are receiving the best possible service:
Prompt: - If not, why not? What are the barriers?

Integration.

36. If you had to describe your degree of integration into the organisation what words would you use?

37. To what degree should you and the service be integrated? [**Explore:** *advantages of greater integration versus current locus*].

Influence of organisation.

38. Can you describe for me the ways in which the host organisation has influenced your work? [**Explore:** *role conflict; ethical dilemmas; practice issues; client issues; personal issues; communication issues; attitudinal issues*].

Annoyances.

39. Could you describe any other irritants/impinging factors on your ability to carry out your work effectively?

Personal and professional issues.

40. Can you tell me about some of the stresses of life as an employee counsellor with the NIFB? [Explorative emphasis more on work/domestic interface].
41. In what way(s) do you cope with the stress involved? [**Explore:** *supervision; personal coping strategies*].
42. In light of your experience-to-date, what further training do you feel you need/would be of benefit to you?
43. Tell me, what personal qualities do workplace counsellors need to survive in this counselling context?
44. How would you sum up your degree of satisfaction with your job as a workplace counsellor with the NIFB? What words would you use?
45. Have you any further suggestions or recommendations for improving/increasing the effectiveness of the counselling service?
46. Are there any other views, or comments you would wish to make at this time?

Thank you very much for giving this time to sharing your views and experiences with me. Would you like to ask me any questions?

COUNSELLOR PERSPECTIVE)**Categories and Codes****1 *Becoming and being an NIFB external workplace counsellor.*****1.1 *Becoming attached — sort of! ATT/***Credentials CRSelection segue SS/

No induction IN

No terms of engagement EN

No policy input PO

Practitioner needs PN**1.2 *Roles and responsibilities RRS/***

Protecting mental well-being ME

Client issues CI

Assumed responsibility AS

2 *NIFB/Counselling Service interface.***2.1 *The surrounding system SYS/***

Rationale RA

Awareness and knowledge AK

Postcode referring PCR

Setting the therapeutic table ST

Session sell-by-date SE

Session setting SS

2.2 *Practitioner locus: aspects of loneliness and looseness LLL/*

Organisation expectations unknown OR

Deference and decency DD

Inadequate communication C

Discomfort zones DZ

2.3 *The organisational ghost at the therapeutic feast ORG/*Unsupportive management MAN?

Cold communication CC/

Rules and regulations R

Termination by proxy T

Stigma 'spanner' SS

2.4 Counselling Service effectiveness EFF/

The perspective problem PP

Actual impact AC

Assumed impact AS

Diluted impact — surely? D

Practitioner needs as not fully met NE

Evaluation as essential EV

3 *Personal and professional issues PPI/*

Stresses and strains SS/

Juggling the logistics L

Support on tap S

Emotional stamina ES

Traumatic trailer T

Coping CP

Satisfactions SAT

SAMPLES OF CODING (COUNSELLOR PERSPECTIVE)

Sample I

M: Uh-huh.

P: Could lift the phone and say.

M: Uh-huh. Yeah. There seems to be a big issue in terms of access.

P: Right. And it goes back to the 'gate-keeping' issue.

M: P., you spoke before about expectations in your role. Could I explore with you the extent to which you feel they have been met?

P: That's a big question. How long have you got? Wait to we see. Largely, now this is only an intuitive thing because you know that we, nobody ever has really formalised the feedback before. /

M: That's right.

P: There's anecdotal remarks that people would make to you about 'I couldn't have done, I couldn't have done this myself'. It was important to have somebody like me helping them. /

M: Yeah.

P: And in some ways they would try to offer you some feedback about the impact that you've had on them. If we're looking at the counsellor objective of restoring them and giving them quality of life, I can see come clear evidence of it you know, when I see their lifestyle coming together again. Their families are making comments about seeing them improved. So there's some evidence there, which reassures me that I'm meeting that aim and that objective of helping to restore that persons quality of life. / And also to assist their families alongside them while they're going through this period of difficulty. The other objective about working well for the purchaser of the service.

M: Yeah.

P: Is much more difficult. Really very, very vague. The only indicator that they must feel they're getting something out of it is that they continue to make referrals. That is the only indicator and they, they pay me. /

M: Uh-huh.

P: When I submit a bill.

Sample 2

ATT/11/EN.
sometimes concern me. In other ways the looseness of it means that you've a sense that you're respected as a professional, that your judgement is trusted and that you're being given the freedom to work as a consultant in the way that formally other people...

M: Other consultants would operate.

P: Yeah, how other consultants can operate.

M: Yeah.

P: They're taken as read and into that there's simply built a mechanism for payment.

M: So the fact they don't put tight reins on your work is nearly a compliment to your competence as a practitioner. Would that be a fair summary P.?

ATT/S1/EN.
 P: Yes, but I think this possible compliment is one thing, but formal terms of engagement would be helpful.

M: O.K. can you continue on this issue?

LLC/DZ.
 P: There's an issue too, I think, about accountability, about communication, and about supervision, that doesn't rest terribly easily with such a loose arrangement. Given the potential for things to go wrong in the counselling relationship, and the consequences for them professionally and personally, for the counsellor, I do have a sense of a lack of support, particularly when you sit on the periphery of an organisation and you're not directly employed by them, you're an outsider. You can't be sure that Dr. J. will be in a position to support you, and that feels stressful.

M: Yea, lack of support and control?

P: If you need help, where something goes wrong. And I certainly don't think that the Fire Service would see the relationship in a way that they would see that they have a role in trying to support me in. It's the nature of the relationship and the links that are so tenuous. *LLC/DZ*

M: And, and drawing a parallel with counselling itself, the counselling relationship is a key issue in therapy, and yet the relationship that you have with your organisation, where you get your counsellees from, isn't good. Would that be fair?

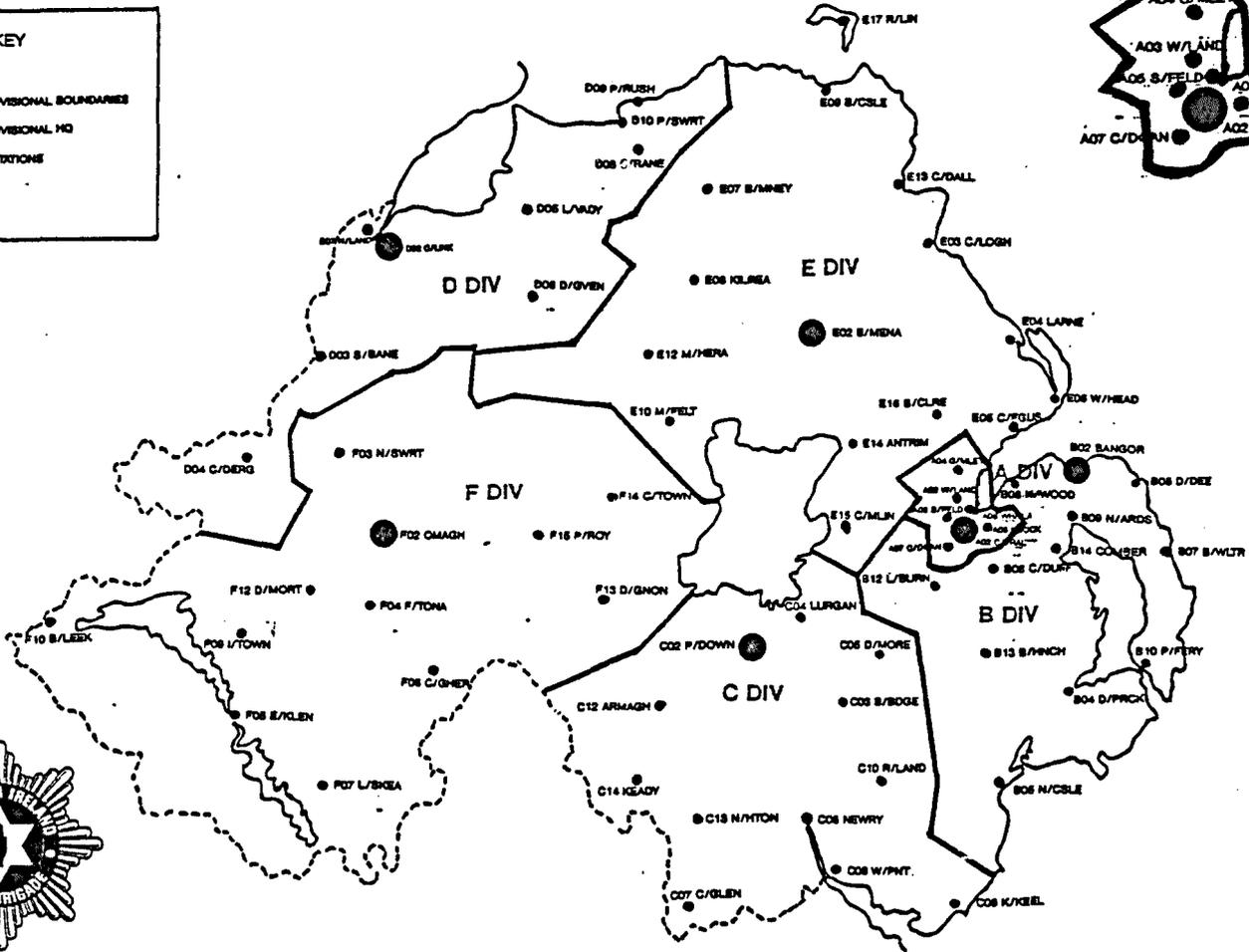
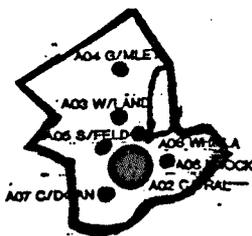
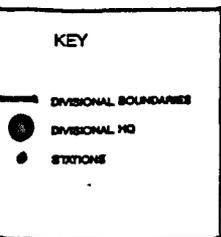
LLC/DZ
 P: Yes. There's a lack of, I suppose, of what I would call comfort zones...

Sample 3

- HAN.*
P: {...Become a focus for anger and frustration. They have a sense of being abandoned. / [Then I think should I have links to the Welfare to get answers to these worries.] *ORG/CC/R.*
- M: Yeah.
- COO*
P: Yes. {I mean these worries have an organisational source and like I said before, although I am connected to the F.B. I don't want to tread on toes. /
- M: In your opinion, how does this affect your effectiveness?
- P: Uh-huh. {Well, yes it can take the edges off comprehensive effectiveness. / *EFF/D.*
- M: In other words that if you find out through your work that a particular department through it's style of management, its infrastructure, whatever, is causing stress on employees, because you've seen six of them from that one place.
- P: Yeah.
- M: In the last whatever,
- P: Uh-huh.
- M: Should you be reporting that specifically so that action is taken.
- P: Absolutely.
- M: Yeah.
- P: I mean,
- M: Can you do that easily enough?
- P: No.
- M: Right.
- COO.*
P: {It's about being seen, perceived as an outsider and having no legitimate, legitimate way of raising these issues without being seen as being critical. /
- M: You see that's,
- P: And it's a damage limitation exercise after that.

INTERRUPTION ON TAPE

- M: Yes. We were talking about effecting change at the organisational level. And saying that even though you might be able to flag up that there's an



B DIVISIONAL LAYOUT

INFORMATION FOR PARTICIPANTS (ORGANISATIONAL PERSPECTIVE)

As you know, the Northern Ireland Fire Brigade (NIFB) offers an external counselling service for its staff, and as you may also be aware, such services should be evaluated. It is the central and fundamental aim of this study to evaluate the NIFB's counselling provision.

As a key person in the organisation, your experiences and evaluations are important, not only in terms of helping those involved to improve the counselling service, but also in helping others elsewhere to design and run similar services.

Your experiences and opinions of the counselling service will be collected through an audio-recorded interview, after which the tape-recording will be directly transferred to a secure and locked unit in my own home. It is important to realize, though, that you will be in charge of your own degree of disclosure during the interview and you have the right, at any time, to ask for the tape-recorder to be switched off; to discontinue talking about any issue that becomes uncomfortable; to refuse to answer certain questions; or to stop participating altogether.

Given that you may hold a unique position within your organisation it may be difficult, at the reporting stage, to conceal your identity in a complete and sound manner; though every effort will be made to do so. However, you will have the option to not only read and amend the transcripts, but also to read, amend and advise on the final written document. In the meantime, though, you can be assured that the information you provide will be kept in strictest confidence. In addition, after transcription, the tape will be wiped.

The signed consent that you may offer up at this stage will be viewed as initial consent only, and that **YOU HAVE THE RIGHT TO WITHDRAW IT AT ANY TIME, EVEN RETROSPECTIVELY**, at which stage the relevant material will be destroyed.

The researcher will remain available to you right the way through the study so that you have the opportunity to withdraw consent if you so choose, or to have ongoing queries and comments responded to. A contact number is provided below.

The researcher will clarify any issue for you.

CONSENT SECTION

I have read INFORMATION FOR PARTICIPANTS and clearly understand its contents. On this basis, I am willing to participate in the study.

<u>PARTICIPANT</u>	<u>RESEARCHER</u>
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____
	<u>RESEARCHER CONTACT No:</u> (_____)

The Organisational Perspective

The Interview Schedule

Researcher note to self.

(Composite: not all probes relevant to all key personnel. Adjust accordingly. Prepare well).

Introduction.

Thank you for agreeing to this interview, and for taking time out of your work/domestic schedule to do so. During this interview I am going to explore with you your experiences of, and views on, the Fire Brigade's external counselling service. As a key person in the organisation, your experiences and evaluations are important, not only in terms of helping those involved to improve the counselling service, but also in helping others elsewhere to design and run similar services.

Given that you may hold a unique position within your organisation, it may be difficult, at the reporting stage, to conceal your identity in a complete and sound manner; though every effort will be made to do so. However, you will have the option to not only read and amend the transcripts, but also to read amend and advise on the final written document. In the meantime, though, you can be assured that the information you provide will be kept in strictest confidence. With your approval, I would like to tape-record the interview, but you can ask me to stop recording at any point and ask me any questions at any time.

PROBES

Background

1. Can you briefly describe for me your role and responsibilities as the Brigade's _____? [**Explore:** *how the service's existence impacts on role - benefits and non-benefits*].
2. If you had to describe the level of stress within the NIFB, what would you say? [**Explore:** *evidence for opinion; sources; current measures to enhance employee well-being; interviewee's role in this*].
3. Under what circumstances can employees with a psychological problem see you? [**Explore:** *referral process; the influence of sick absence*].
4. How integrated do you feel your role/department is within the organisation? [**Explore:** *ability to affect primary change; smoothness of communications with other departments; other departments view of interviewee's position/role/dept.*].

Rationale and issue of service implementation

5. Why was the external counselling service (stress m'ment policy) introduced in January, 1995? What do you understand the reasons to have been? [**Explore:** *org. vs e'ee benefit/investment vs care; business, legal, PR; the existence of concrete goals/objectives*].
6. Who or what department first decided that an employee counselling service was necessary at that time? What personnel/depts. were involved in the formulation of the policy and introduction of the service? [**Explore:** *interviewee's input, if any; the role of the representative body*].
7. How long did it take for the policy to be compiled? [**Explore:** *no. of meetings, drafts; areas of disagreement; difficulties reaching consensus; top m'ment and union commitment-degree of*].
8. Once agreed, how was the policy/external counselling service advertised/? [**Explore:** *means and extent; interviewee's own level of awareness and knowledge; opinion on current level and type of workforce awareness*].
9. Although external, what department is the counselling service most closely linked to? [**Explore:** *opinion on appropriateness*].

Referral.

10. Do you have a referral role? Have you referred an employee to the service?
 - If so, tell me about the types of problems you know/believe the counselling service deals with. [**Explore:** *gaps in service coverage; existence of guidelines on service coverage*].

- What types of problems do you tend/have you tended to refer to the counselling service? [**Explore also:** *existence of guidelines on referral criteria and procedures; interviewee's knowledge of procedures*].
11. Describe your level of satisfaction with the referral procedures? [**Explore:** *contactability/accessibility of counsellors; speed of reaction to referral; changes/improvements required*].
 12. What have been the reactions of employees whenever you mention/have mentioned a referral for counselling? Have any reactions surprised or alarmed you? [**Explore:** *concerns; stigma; reactions to service existence; reactions to locus*].
 13. Have employees come forward to see you specifically to gain access to the counselling service?
 - If not, why not?
 14. To what degree are NIFB employees encouraged to use the service? [**Explore:** *means of encouragement; by whom?; if reduced or absent, why?; what more should be done?*]

Information feedback and exchange

15. What form of feedback did you expect to receive from the counselling providers? [**Explore:** *verbal/written; type/amount of detail; frequency*].
16. What form of feedback do you tend to receive? How useful is it/has it been? Is there more information you would like/have liked, but don't/didn't receive? [**Explore:** *gaps in expectation; satisfaction; changes/improvements required*].
17. Are there regular meetings between you and the counselling service providers (e.g. case conferences)?
 - If yes: How often? How useful? How satisfied?
 - If no: Why not? What more should be done and why?

Interface issues and appraisal of service

18. What are/were your hopes, expectations and goals for the external counselling service? Are these needs representative of the organisation/top management?
19. What have been/do you believe to be the actual benefits of the counselling service for NIFB employees? [**Explore:** *concrete or ad hoc evidence for opinion*].
20. What have been/do you believe to be the actual benefits of the counselling service for the organisation/NIFB? Is it cost-beneficial? [**Explore:** *evidence for opinion*].

21. Can you tell me your criteria for the success of the counselling service? What does it need to achieve in order to be labelled as successful?
Prompt scenario: If a client improves and meets his/her goal, but nevertheless is still medically retired, has the service been successful?
[Explore: *how representative is view?; opinion on – can all three service components have their needs met?; any evidence of conflict*].
22. What is your opinion of those who use/have used the counselling service?
[Explore: *how representative is view; stigma; career stagnation*].
23. What is your position on the counselling practitioners flagging up dysfunctional aspects of the organisation? [Explore: *how representative is view; counsellor role as agent of primary change; willingness of organisation to accept and follow advice*].
24. As it currently exists, the counselling service is external. However, workplace counselling services can be in-house or at least more fully integrated into the host organisation. Can you weigh up for me the advantages and disadvantages of each format for your organisation? That is, external (as it is now) versus a more integrated external service, versus a wholly internal, uniformed service? [Explore: *e'ees preference for external, and why?; ext. counsellor's reduced organisational/job knowledge and experience; locus, loyalty and service effectiveness; interviewee's preferred option and why? and how representative is view?*].
25. Could you sum up for me your assessment/evaluation of the external counselling service? Is it working? Does it meet the needs of the organisation?
26. Tell me about some of the ways in which the counselling service could be improved? What are the barriers to progress? [Explore: *intra and extra service issues*].
27. Are there any other views or comments that you would like to make concerning your experience and evaluation of the Brigade's counselling service?

Thank you very much for giving this time today to sharing your views and experiences with me.

ORGANISATIONAL PERSPECTIVE

Categories and Codes

Evaluation of policy consultation and implementation process ECI/

A Host of stress: degree of stress in NIFB HS

A Host of reasons: rationale for introduction HR/

nudged need NN

core C

business B

The counselling service/NIFB ‘merger’: the early days CNM/

Process P/

catalyst CT

working party: remit WR

working party: division of labour WL

resistance R

service format F

confidentiality CF

direct self-referral SR

target group T

objectives O

organisational getaway OG

Implementation I/

implementation deficit ID/

- dissemination D

suggestions for the future SF

Own goals and conflict GC/

Own goals G/

therapeutic dividend credited to workforce DW

organisational dividend DO

Conflict C/

counsellor loyalty LO

Evaluation of external counselling service ECS/

Context matters XM/

Referral RF/

contactability C

referral points P

cultural constraint/stigma S

Information feedback and communication FC

Session ceiling SC

Locus L

Primary impact PI

**Core counselling function CC/
Hands-on counselling activity H
Fiscal friendly F**

***Embryonic Utility* EU**

SAMPLES OF CODING (ORG. PERSPECTIVE)

Sample 1

M: So an employee can contact the Welfare officer describe a problem and be referred to the external counselling service based on welfare's judgement.

A: Yes, though if someone needs advice about what type or who to send them to but I find that difficult if he has made a judgement and assessment that a problem exists. (I suppose the great advantage of your research is that these issues can be brought out, like now, and discussed and corrected at a later date if necessary.)

M: What is your opinion of the referral procedure from the counsellors input...I'm thinking here of accessibility and contactability

A: (I think perhaps that part of the mechanism could be revisited. There was a recent case which K. contacted me to contact the counsellor, I contacted P. to contact him – that didn't happen the message didn't get through and or it was six or eight weeks elapsed...case developed and he was most annoyed by this whereas I would have taken the position maybe I should not have been in that position – its nonsense and unnecessary to elongate a referral. The area of contactability has been raised in a negative sense at times.)

M: Yes. You feel that protracting the referral process because of poor communication procedures is unacceptable.

A: It's nonsense, and a more concise structure is needed. Yes.

M: O.K. As you implied earlier this discussion today can crystallise issues. Any other areas of concern?

A: (Perhaps it would be worthwhile introducing a pro forma for referral preferably duplicated because... I know I need sufficient efforts to contact P. and leave messages for her and if I didn't get through it delays things.)

M: And you feel that...

A: (A written pro forma for referral could ease contact problems. Posted and dealt with.)

M: O.K. taking the next stage. What is your opinion of how the counsellors that you contact with a referral action that referral?

A: (Yes...its...difficult to provide accurate answers to this, but taking complaints as a measure or my own experience, referrals are actioned efficiently and effectively.)

M: Any concerns in this area of accessibility/

Sample 2

back to employment which would save money, and the spin off would be the feel good factor from the firemen as well, the morale.

M: Are these hopes also the criteria from the success of the service K.?

K: Well yes. I suppose my criteria for success would be those things to do with helping the employee and the Brigade too. That's a tough job. You've got to please these ones upstairs. At the end of the day if you go and see ten people and they all retire, whether they feel better or not, and they all go to court then the F.B. are going to say 'what's the point in you being here because you're going to go to court, or they're going to leave anyway'.

M: So it's a balancing act. It's not 100/0 employee to organisation?

K: No. 60/40 to the employee. That's my assessment.

M: So there has to be an organisational effect?

K: Of course. And as I said there are examples of people returning to work and that's good for the Brigade. I'm saying the service is effective, but there maybe is a failure because I don't know if they know that it's effective. That's of course the advantage of your evaluation.

M: Indeed.

K: Hard to quantify it all. That would have more of an impact on them than their print out.

M: Right. What views have been expressed about the external counselling service? Include here good and especially bad, from both clients and management.

K: Well, clients that I've referred have been unanimous in their praise of the service, well of the counselling and they have improved and as I said I've seen it... Management don't seem bothered. So actually that's a good sign M.

M: No news good news.

K: Exactly. It must be seen as further proof of it working. But, one criticism is that people don't know enough about the service. You say external, they need to know what that means. What counselling means. These are fire fighters, difficult enough to come forward for mere mortals. People can

Northern Ireland Fire BrigadeEmployee complement: a breakdown

Number of uniformed employees	-	<u>1826</u>
Number of male uniformed	-	1776
Number of female uniformed	-	50
Number of non-uniformed employees	-	<u>199</u>
Number of male non-uniformed	-	95
Number of female non-uniformed	-	104
<u>Number of uniformed employees per rank</u>		
Officers		
Chief Fire Officer	-	1
Deputy Chief Fire Officer	-	-
Assistant Chief Fire Officer	-	3
Senior Divisional Officer	-	2
Divisional Officer (Grade I)	-	5
Divisional Officer (Grade II)	-	2
Divisional Officer (Grade III)	-	14
Assistant Divisional Officer	-	27
Station Officer (Flexible Duty)	-	24
Station Officer (Rider)	-	29
Station Officer (Day Duty)	-	22
Other ranks		
Sub Officer	-	121
Leading Firefighter	-	111
Firefighter	-	512
Controls		
Principal Fire Control Officer	-	1
Group Fire Control Officer	-	1
Systems Manager	-	1
Fire Control Officer	-	5
Senior Fire Control Operator	-	8
Leading Fire Control Operator	-	7
Fire Control Operator	-	42
Retained		
Sub-Officer	-	49
Leading Firefighter	-	154
Firefighter	-	675
Volunteers		
Leading Firefighter	-	2
Firefighter	-	8

EXTERNAL COUNSELLING SERVICE

AWARENESS SURVEY

PRIVATE AND CONFIDENTIAL

PLEASE RETURN AWARENESS SURVEY BY MONDAY 29 NOVEMBER 1999

9 NOVEMBER, 1999

Dear Respondent,

This short survey is being sent out to a number of individuals within the Fire Service so that up-to-date information can be gained regarding employees' **awareness** of the Brigade's **external counselling service**.

It is of vital importance that **you** take the **few minutes** required to complete the survey, as every response returned makes the findings more valid.

Once completed, please place your survey in the stamped addressed envelope provided, which will return your response directly to myself, one of the service's practitioners. All of your individual responses will be kept **strictly confidential** to the external counselling service.

Please fill in the survey and make a contribution to the running of the counselling service.

THANK YOU

Yours faithfully,

MARK S. ELLIOTT, C.Psychol.

EXTERNAL COUNSELLING SERVICE - AWARENESS SURVEY

1 BIOGRAPHICAL DETAILS.

- 1.1 AGE: _____
- 1.2 SEX (M/F): _____
- 1.3 JOB TITLE/RANK: _____
- 1.4 JOB LOCATION: _____
- 1.5 No. of years employed in N.I.F.B.: _____

2 GENERAL AWARENESS.

2.1 Prior to receiving this questionnaire/covering letter, were you AWARE that the N.I.F.B. provides an EXTERNAL counselling service?

(Please tick one box)

YES*	NO**
<input type="checkbox"/>	<input type="checkbox"/>

* If you have answered **YES** to 2.1 please proceed with Sections 3 to 6, inclusive.

** If you have answered **NO** to 2. 1 then please proceed to 7.

[NOTE: ALL RESPONDENTS should complete section 8]

3. SOURCE(S) OF AWARENESS.

3.1 How did you first become aware of the external counselling service?

Please state source(s):

EXTERNAL COUNSELLING SERVICE - AWARENESS SURVEY

4. SPECIFIC AWARENESS

4.1 REFERRAL ROUTES.

In what way(s) do you believe you can ACCESS the external counselling service?

Through your: (You may tick more than one box)

Brigade Senior Medical Officer

Welfare Department/Officer

Management

Controls

Other (please specify)

4.2 TARGET GROUP

Are you aware that the external counselling service is open to **all** members of staff?

(Please tick one box)

YES	NO*

If you have answered **NO** to 4.2, please specify whom you believe it was open to:

4.3 GAPS IN AWARENESS.

If there are aspects of the service that you would like to know more about, please specify these below:

EXTERNAL COUNSELLING SERVICE - AWARENESS SURVEY

5. USING THE SERVICE.

5.1 Are there aspects of the service that would/did put you off using it?

(Please tick one box)

YES *	NO
<input type="checkbox"/>	<input type="checkbox"/>

*If you have answered **YES** to 5. 1, please state what these aspects are/were?

6. EMPLOYEE BENEFIT.

6.1 Do you feel any benefit from knowing that the external counselling service exists?

YES *	NO **
<input type="checkbox"/>	<input type="checkbox"/>

*If you have answered **YES** to 6. 1, please state in what way(s) its existence is a benefit to you:

** If you have answered No to 6. 1, please state in what way(s) its existence is **not** a benefit to you:

EXTERNAL COUNSELLING SERVICE - AWARENESS SURVEY

7. COUNSELLING NEED (For those respondents answering NO to 2. 1)

7.1 If you had been aware of the external counselling service, would you have had a need to use it?

(Please tick one box)

YES	NO

8 ANY FURTHER COMMENTS (For all respondents).

8.1 Please feel free to comment further on any issues raised within/by this questionnaire:

THANK YOU FOR PARTICIPATING.