The Irish
Journal of Counselling and Psychotherapy
formerly Éisteach • Volume 26 • Issue 2 • Summer 2026

The ethical crisis of therapy notes in legal proceedings

Also in this issue:

Irish Association for Counselling and Psychotherapy

iacp

Contents

ISSN:
2565-540X

Our Title
In Autumn 2017, our title changed from "Éisteach" to "The Irish Journal of Counselling and Psychotherapy" or "IJCP" for short.

Disclaimer:
The views expressed in this publication, save where otherwise indicated, are the views of contributors and not necessarily the views of the Irish Association for Counselling and Psychotherapy. The appearance of an advertisement in this publication does not necessarily indicate approval by the Irish Association for Counselling and Psychotherapy for the product or service advertised.

Next Issue:
September 2026

Advertising booking and artwork submission deadline for next issue:
31st July 2026
For more information about advertising please see www.iacp.ie/IJCP-back-editions

Articles:
Each issue of *IJCP* is planned well in advance of the publication date and some issues are themed. If you are interested in contributing, please email iacpjournal@iacp.ie to request a copy of the author guidelines.

Contacting IJCP:
iacpjournal@iacp.ie

From the Editor

Dear Colleagues,

Our Summer 2026 edition of the *Irish Journal of Counselling and Psychotherapy (IJCP)* brings together a set of papers that, in various ways, highlight the systems and contexts within which we, as practitioners, operate. Across legal, organisational, regulatory, and educational domains, the articles in this issue discuss how practice is shaped not only by what happens in the therapy room, but by the structures that surround it.

We open with Edel Grogan's paper, which examines the increasingly contested use of counselling records within the Irish legal system, particularly within sexual offence trials. In recent months, this issue has received significant attention in the media and in the Dáil. Advocacy groups such as Therapists Against Harm have highlighted the ethical dilemmas this practice creates for practitioners, while the IACP and other professional bodies have called for an end to the use of counselling notes in sexual assault cases. At our recent annual conference, the Public Inspiration Award was presented to Paula Doyle in recognition of her advocacy for survivors, including her powerful account of how the use of her own counselling notes in legal proceedings was experienced as retraumatising.

Edel's article invites practitioners to reflect on what happens when records, created in the service of care, are repurposed and viewed through a legal lens. The paper encourages careful consideration of the ethical tension that exists between two systems with differing functional objectives, and of the implications for both clients and therapists.

Next, Robert T. Jury offers a unique perspective on professional identity, belonging, and regulation. Through the lens of one practitioner's experience, this paper explores the complexities of navigating accreditation processes across jurisdictions. It speaks to broader questions about international standards, mobility, and the evolving landscape of the profession.

In her original research article, Deirdre Judge highlights the extent and complexity of children's psychosocial needs within primary school settings. Her findings point to a wide range of presenting issues, often rooted in family and trauma-related contexts. The paper makes a compelling case for accessible, school-based counselling supports – something the IACP has long advocated for.

Finally, Siân Williams brings our attention to the organisational conditions of practice in her paper on EAP programmes, exploring their impact on professional credibility, financial security, and quality of care. It raises important questions about the ethics and sustainability of time-constrained models of therapy for both therapists and clients, alongside concerns about practitioner remuneration and working conditions.

Taken together, these contributions reflect a profession that must operate within, and negotiate, multiple systems at once. Legal frameworks, organisational models, educational supports, and regulatory processes all play a role in shaping how contemporary counselling is practised and experienced. While each paper focuses on a distinct area, there is a shared theme: the need to ensure ethical, relational, and client-centred practice, alongside safeguarding practitioner wellbeing, within these wider contexts.

I hope this edition invites reflection, discussion, and increasing engagement with the wider contexts that shape – and, at times, constrain – our work.

Jayne Leonard (MIACP), Editor

Practitioner Perspective

The ethical crisis of therapy notes in legal proceedings

By Edel Grogan

The transition of therapy notes from clinic to courtroom creates a profound ethical crisis for practitioners. By exploring the epistemological divide between law and psychotherapy, and the characteristics of notes, this article examines how disclosure risks misappropriating clinical material, undermining survivor recovery, and compromising the fundamental sanctuary of therapeutic relationships

Introduction

The use of therapy notes in legal proceedings presents an ethical crisis for practitioners. While legal systems seek evidence to establish guilt, therapeutic practice prioritises confidentiality, safety, and subjective meaning. These systems operate from fundamentally different epistemologies; when notes enter courtrooms, this clash risks client wellbeing and therapeutic integrity.

Written from the perspective of an Irish psychotherapist, this article examines the dilemma of compelled disclosure in trauma cases, exploring the divide between legal obligations and ethical commitments.

A practitioner's dilemma

I experienced a profound ethical conflict when An Garda Síochána requested therapy notes regarding my client, a victim of violent crime. While the Irish Association for Counselling and Psychotherapy's Code of Ethics (IACP, 2018) mandates confidentiality and non-maleficence, the legal process prioritises evidential truth. This tension raises two pressing questions: how can subjective therapy notes ethically serve as forensic evidence and who protects the client when therapeutic material is misapplied or misconstrued in court?

The legal context

In Ireland, counselling and psychotherapy remain self-regulated, though statutory regulation is anticipated under CORU (CORU, n.d.). While there is no legal requirement to keep session notes, professional bodies such as the IACP (2018) view record-keeping as an ethical obligation for continuity of care, supervision, and accountability. Insurers may also require records as part of coverage conditions.

The disclosure of therapy notes in criminal proceedings is

governed by Section 19A of the Criminal Evidence Act 1992, as amended by the Criminal Law (Sexual Offences) Act 2017. This legislation attempts to balance defendants' rights with victims' privacy. The Director of Public Prosecutions (DPP, 2019) outlines the process whereby clients are first asked for consent to release their notes. If consent is refused, a judge determines relevance at a hearing, where the client is entitled to legal representation.

However, this process leaves therapists in a powerless position. They do not decide relevance yet may bear responsibility for the harm that follows disclosure. Once notes enter the legal system, therapists lose control over how their notes are interpreted, contextualised, and used.

The limits of therapy notes

The primary purpose of clinical documentation is to support continuity of care and professional accountability. Popular documentation frameworks such as SOAP (subjective, objective, assessment, plan) provide a structured method for documenting the client experiences, therapist observations, clinical reasoning, and treatment planning (Cameron & Turtle-Song, 2002). However, certain features of clinical records raise questions about their reliability.

Therapists face several challenges in notetaking, which can affect quality. This includes uncertainty about what information to record; reliance on extensive client quotations; time pressures; or delays in writing notes that compromise memory or accuracy and increase the risk of introducing biased or judgement-laden language.

A critical question emerges: can notes authored by a therapist be considered a factual account of the client's voice?

Furthermore, Swartz (2006) uses the concept of the 'third voice' to describe the process of writing case notes. She argues that therapy notes are not the client's voice, but they are not simply the therapist's voice either. The 'third voice' is a reflective, interpretive voice that emerges between two subjective experiences and is not intended to reproduce experience accurately, but to support clinical understanding and continuity of care.

A critical question emerges: can notes authored by a therapist be considered a factual account of the client's voice?

A culture clash: Law and psychotherapy

This issue reflects a deeper epistemological divide between law and psychotherapy. In therapeutic models such as Acceptance and Commitment Therapy (ACT), truth is understood as contextual and pragmatic, rather than absolute (Harris, 2019). The emphasis in ACT is not on evaluating the accuracy of a client's narrative, but on fostering psychological flexibility and supporting the client in engaging with their experience in a meaningful and compassionate manner (Hayes, 2004). By contrast, Brooks (2001) argues that the law preserves its authority by reshaping complex knowledge systems like psychotherapy into simplified legal categories, flattening nuanced understanding of memory and meaning in favour of manageability.

This clash becomes particularly dangerous when courts rely on 'common sense' understandings of memory that contradict scientific evidence. Radcliffe and Patihis (2024) found that many legal professionals in the United Kingdom still endorse myths about memory repression, despite such ideas being widely rejected in contemporary research (Lynn et al., 2023). Disputes about memory lie at the heart of one of the most significant and contested debates in psychology (McNally, 2005), raising concerns about the assumptions that legal professionals bring to their interpretation of therapeutic material.

Murphy et al. (2025) found that many Irish therapists view memory accuracy as outside the scope of therapy, focusing instead on the client's subjective experience of truth. While clinically appropriate, this stance becomes ethically fraught when therapy notes are treated as quasi-forensic documents. Are legal professionals equipped to determine the relevance of such material without a nuanced understanding of the therapeutic context in which such 'truth' is formed?

Research undertaken by Conley and O'Barr (2005) in the United States indicates how courtroom language reinforces power, with defence lawyers widely acknowledged to retraumatise rape survivors through cross-examination. Recent Irish media reports highlight survivor accounts of a "barbaric" system where the disclosure of private

notes constitutes a "second violation" (Matthews, 2025; Ní Dhomhnaill, 2025). One survivor told The Journal (Matthews, 2025) that her therapy notes, shared in the "sanctity and privacy" of the therapy room, were read in court in the presence of the man who harmed her. Another described this practice as "a second … unforgivable violation", carried out by a system that "calls itself justice" (Corcoran, 2024).

Power is central to the therapeutic relationship, and its negotiation is pivotal to the process of therapeutic change (Day, 2020). Yet, in courtrooms, linguistic strategies are known to assert dominance and power, through the use of silence, question form, topic management, and commentary on the witness (Conley & O'Barr, 2005). When a client's most vulnerable reflections are exposed in this context, the balance of power is fundamentally altered. The result is not just misinterpretation, but retraumatisation and erosion of trust in both the justice and mental health care systems.

A systemic crisis

Importantly, a distinction must be made between ethically justified disclosure in safeguarding contexts and the use of therapy notes as forensic evidence in legal proceedings. Therapists are bound by clear duties to breach confidentiality where there is a risk of physical harm to a client or others (IACP, 2018). Such disclosures are typically guided by the principle of protection rather than prosecution. By contrast, the admission of therapy notes into courtroom processes represents a fundamentally different practice, one that serves legal aims rather than immediate safeguarding needs. Conflating these two forms of disclosure risks obscuring the ethical distinction between harm prevention and use as evidence.

The result is not just misinterpretation, but retraumatisation and erosion of trust in both the justice and mental health care systems.

Therapists face a painful dilemma: maintain detailed records and risk legal misuse or minimise documentation to protect client confidentiality. The harsh reality is that confidentiality may not be guaranteed when notes exist. Yet, a failure to document undermines continuity of care and professional protection.

The IACP's Code of Ethics (2018) calls for both confidentiality and accountability, placing therapists in a bind when courts compel disclosure. Practice managers share this burden, navigating legal risk without clear statutory guidance. In a self-regulated profession, inconsistencies in notetaking practices increase vulnerability for clients and clinicians alike.

In Canada, Mills (2015) argues for a two-tiered system of record keeping designed to protect both client and therapist from undue invasion of privacy from third parties. According to Mills, clinical records should be split into two types: essential information kept in the patient file and separate notes that remain the private working material of the clinician. The legal and ethical standing of such a practice in the Irish context remains unclear.

Ultimately, my approach when confronted with this situation was guided by the IACP's Code of Ethics (2018) on privacy and confidentiality. I consulted my supervisor, obtained the client's consent, and minimised disclosure to what was necessary. Together, the client and I reviewed and redacted the notes before submitting what we felt was safe, uncertain whether the legal authorities would later seek full disclosure.

An urgent need for reform

There is an urgent need to re-evaluate the relevance of therapeutic notes in trials, and for the DPP to create safer protocols on notes disclosure with redaction guidelines that include the voice of the therapist and client. Without these supports, therapists remain exposed to ethical distress and may find themselves in processes that harm those they seek to support.

The state actively encourages citizens to seek mental health support yet simultaneously permits therapeutic material to be seized and scrutinised in court. This contradiction sends a conflicting message that support comes at a cost and confidentiality is conditional.

Professional bodies such as the IACP must continue to take a public stance, advocating for stricter limits on the admissibility of therapy notes. Lawmakers must recognise that justice is not served by intruding upon survivors' recovery journeys. Therapy notes should be protected with disclosure permitted only in the most exceptional circumstances and with robust safeguards in place.

Justice requires evidence that is relevant, reliable, and fair.

Therapy notes may not consistently meet these criteria.

Conclusion

Central to this crisis is the treatment of notes as a record of the client's voice in legal proceedings. This article has argued that therapy notes are reflective, interpretive documents rather than factual testimony. Subjecting this therapeutic material to legal scrutiny risks exacerbating power imbalances in the courtroom, and risks eroding both the integrity of our profession and the trust necessary for recovery.

This issue exposes a fundamental ethical tension between two systems with divergent epistemological frameworks and functional objectives. These differing goals mean that when notes are transitioned from the clinic to the courtroom, their intended purpose and meaning should be protected. As practitioners, we bear witness to the courage of clients who entrust us with their most sensitive vulnerabilities. To allow that trust to be compromised by legal processes is to betray the very foundations of our profession.

Justice requires evidence that is relevant, reliable, and fair. Therapy notes may not consistently meet these criteria.

Ultimately, safeguarding disclosure must not be conflated with evidentiary disclosure. If therapy is to remain a place of safety rather than surveillance, stronger legal protections and clearer boundaries are urgently needed.

Edel Grogan

Edel Grogan is a pre-accredited psychotherapist working in private practice in Ratoath, Co. Meath. She holds an MSc in pluralistic counselling and psychotherapy, a BSc in computational linguistics, and an MSc in computer science. Edel brings a distinctive leadership lens to her therapeutic work informed by over 20 years' experience in senior roles within the global technology sector, including a decade at Google. Her practice draws on systemic and relational approaches, informed by both clinical training and organisational experience. She also writes regularly on Substack.

Contact Edel at edel@thegracetree.com or visit her website www.thegracetree.com

REFERENCES

Brooks, P. (2001). Law, therapy, culture. *Yale Journal of Law & the Humanities*, *13*(1), 227–257. https://openyls.law.yale.edu/entities/publication/31fdafd6-0e7b-4e23-8a11-17000ead5d97

Cameron, S., & Turtle-Song, I. (2002). Learning to write case notes using the SOAP format. *Journal of Counseling & Development, 80*(3), 286-292. https://doi.org/10.1002/j.1556-6678.2002.tb00193.x

Conley, J. M. & O' Barr, W. M. (2005). *Just words: Law, language, and power* (2nd ed.). University of Chicago Press.

Corcoran, S. (2024, July 1). Counselling records trial use a 'second violation'. *Law Society Gazette*. https://www.lawsociety.ie/gazette/top-stories/2024/july/counselling-records-trial-use-a-second-violation/

CORU. (n.d.). *About the counsellors and psychotherapists registration board*. https://coru.ie/about-us/registration-boards/counsellors-and-psychotherapists-registration-board/about-the-counsellors-and-psychotherapists-registration-board/

Criminal Evidence Act 1992 (Ireland). https://www.irishstatutebook.ie/eli/1992/act/12/enacted/en/html

Day, A. (2010). *Psychotherapists' experience of power in the psychotherapy relationship* [Doctorate by public works]. Metanoia Institute Repository. https://mirep.metanoia.ac.uk/id/eprint/309/

Director of Public Prosecutions. (2019). *Releasing my counselling record*. https://www.dppireland.ie/app/uploads/2024/04/Releasing_my_counselling_records_ENG_revised_Feb_2019.pdf

Harris, R. (2019). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.

Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy*, *35*(4), 639–665. https://doi.org/10.1016/S0005-7894(04)80013-3

Irish Association for Counselling and Psychotherapy. (2018). *IACP code of ethics*. https://iacp.ie/files/UserFiles/News-Links/IACP-Code-of-Ethics-and-Practice-Current.pdf

Lynn, S. J., McNally, R. J., & Loftus, E. F. (2023). The memory wars then and now: The contributions of Scott O. Lilienfeld. *Clinical Psychological Science, 11*(4), 725–743. https://doi.org/10.1177/21677026221133034

Matthews, J. (2025, February 18). 'Dealing with the legal system was worse than the rape': Victims of male violence demand change. *The Journal*. https://www.thejournal.ie/international-womens-day-natasha-obrien-6626293-Feb2025/

McNally, R. J. (2005). Debunking myths about trauma and memory. *The Canadian Journal of Psychiatry, 50*(13), 817–822. https://doi.org/10.1177/070674370505001302

Mills, J. (2015). Psychotherapist-patient privilege, recordkeeping, and maintaining psychotherapy case notes in professional practice: The need for ethical and policy reform. *Canadian Journal of Counselling and Psychotherapy*, *49*(1). https://cjc-rcc.ucalgary.ca/article/view/61001

Murphy, G., Coyle, O., Kerin, M., Ryan, C., & Dempsey, M. (2025). Recovered memory practices in Ireland: Public & professional perspectives. *Memory*, *33*(4), 404-415. https://doi.org/10.1080/09658211.2025.2462645

Ní Dhomhnaill, N. (2025, February 21). Rape survivors' counselling notes should not be weaponised. *Irish Examiner*. https://www.irishexaminer.com/opinion/commentanalysis/arid-41578399.html

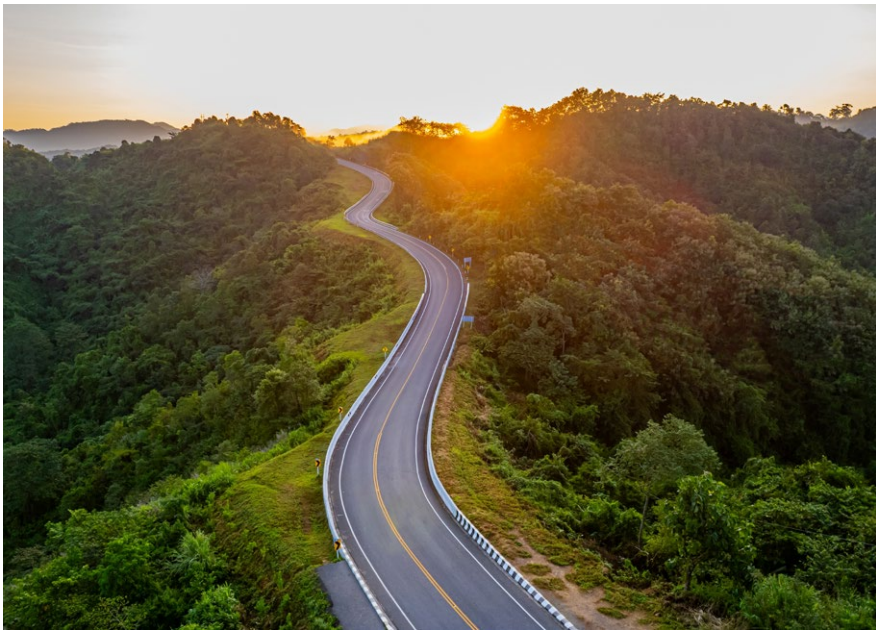
Radcliffe, P. J., & Patihis, L. (2024). Judges and lawyers' beliefs in repression and dissociative amnesia may imperil justice: Further guidance required. *Memory, 32*(8), 1083–1099. https://doi.org/10.1080/09658211.2024.2383311

Swartz, S. (2006). The third voice: Writing case-notes. *Feminism & Psychology, 16*(4), 427–444. https://doi.org/10.1177/0959353506068750

Practitioner Perspective

Crossing borders: The journey to IACP recognition as an international counsellor

By Robert T. Jury



As telehealth extends the reach of counselling beyond national boundaries, one American practitioner reflects on how the pursuit of IACP recognition became not only a professional necessity, but also a form of return: to ancestry, to identity, and to a deeper sense of belonging

Introduction

When I began the process of joining the Irish Association for Counselling and Psychotherapy (IACP), I understood that it would involve more than simply meeting professional criteria. It would also require reflection on identity, culture, and belonging. As an American counsellor and psychotherapist, I had long admired the values that underpin Irish counselling practice, particularly its emphasis on relationship, reflection, and community. What I did not anticipate was how this process would transform my professional understanding of what it means to belong to an international counselling community.

Professional identity in counselling has been described as a developmental and relational process, shaped over time through training, supervision, cultural context, and professional affiliation rather than through qualification alone (McLeod, 2013; Skovholt & Rønnestad, 2003). My motivation for seeking IACP recognition emerged from both personal and professional circumstances. Several of my long-term clients in the United States were transferred by their companies to Dublin for work. To maintain continuity of care through telehealth, I needed to be properly registered and accredited in Ireland. The IACP ensures counsellors – including international practitioners – working with clients in Ireland meet ethical and professional standards. Aligning my work with those standards became both a professional responsibility and an opportunity to deepen my engagement with the Irish counselling community.

Increasingly, counsellors working across jurisdictions must navigate multiple regulatory frameworks, particularly as telehealth expands international clinical relationships and challenges traditionally national models of professional accountability (Moodley et al., 2014; Pedersen, 1991).

Ancestral connection to Ireland

According to the U.S. Census Bureau (2021a), more than 31 million people in the U.S. report Irish ancestry, and a significant portion of them live in Cook County, Illinois (U.S. Census Bureau, 2021b), where I was born and continue to live. My Irish ancestors settled in Illinois's "Irish patch", passing down humour and resilience. Irish ancestry in the U.S. is both inherited and chosen; many are fourth- or fifth-generation descendants, and Irishness remains active in family stories, traditions, and celebrations. As Sullivan (2012) observed, this identity is frequently performed through music, language, and ritual, reaffirming belonging to a culture that may exist at a distance.

My own family's story is part of that larger narrative. Although our family had long since blended into the wider American landscape, Ireland remained present in our names, gatherings, and expressions. For me, that ancestral connection was never only historical; it was emotional and aspirational, an awareness that some part of who I am has been shaped by a country across the ocean. Irish traditions of storytelling, spirituality, and compassion seemed closely aligned with the relational and humanistic values that guide my work as a counsellor. I have also been drawn to narrative therapy, which makes therapeutic use of stories to explore meaning, identity, and resilience.

In many ways, my professional interest in narrative practice feels like a continuation of the Irish storytelling tradition, one that honours lived experience and helps people find coherence and dignity through their own narratives. Narrative and constructivist approaches to psychotherapy emphasise that identity – both personal and professional – is shaped through story, cultural memory, and meaning-making within relational contexts (McAdams, 2001; White & Epston, 1990).

My professional interest in narrative practice feels like a continuation of the Irish storytelling tradition, one that honours lived experience and helps people find coherence and dignity through their own narratives.

When I first considered joining the IACP, it felt like more than a professional step. It was also an act of reconnection, a way of honouring the origins of many of the values that have shaped my practice. That sense of reconnection continues to inform my professional identity. In learning more about Irish counselling culture, I have discovered parallels between personal and collective journeys of migration and belonging. This ancestral thread gives my membership in the IACP a personal depth, reminding me that identity, like therapy itself, is a living process that bridges past and present.

Educational and licensing pathways: The U.S. and Ireland

In the U.S., the pathway to becoming a counsellor begins with a graduate degree, most often a master's degree in counselling or clinical mental health counselling, followed by supervised clinical experience and licensure by the state in which one intends to practice. Each state regulates the profession independently, which means counsellors must navigate a patchwork of requirements that vary from one jurisdiction to another.

Although the Counseling Compact represents a significant step towards greater interstate mobility, allowing licensed counsellors in participating U.S. states to practise across state lines (National Center for Interstate Compacts, 2024), full reciprocity across all states is still evolving. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) serves as the primary accrediting body for counselling programmes in the U.S.. CACREP accreditation signals rigorous academic and professional standards. Comparative studies of counselling education note that, while accreditation standards vary internationally, they reflect differing cultural assumptions about professional formation, responsibility, and the role of the therapist's self in clinical work (McLeod, 2013; Moodley et al., 2014).

When I began exploring the process of joining IACP, I was struck by both the similarities and the differences between the two systems. IACP membership requires formal education, supervised clinical practice, and ongoing professional development, but it also includes components less common in U.S. programmes, such as a required minimum of 50 hours of personal therapy. This expectation reflects an emphasis on self-awareness and relational depth as essential to therapeutic competence. Research on therapist development suggests that personal therapy can enhance reflexivity, ethical sensitivity, and emotional awareness, particularly when integrated with supervision and clinical training (Murphy et al., 2019; Orlinsky & Rønnestad, 2005). I found this deeply resonant with my own values, even though personal therapy had not been a formal requirement in my American training.

Presence and professional formation

Another difference lies in how professional training and supervision are structured and recognised. CACREP standards recognise multiple programme delivery types, including in-person synchronous, digitally synchronous, and digitally asynchronous formats (CACREP, 2024), while IACP permits some online elements in core training but continues to require that most teaching and key relational components be completed face-to-face (IACP, n.d.-a). Current IACP guidance states that at least 70% of teaching must take place face-to-face and synchronous; that modules emphasising personal development, relationship development, and skills must be completed in person; and that at least 70% of placement client hours, supervision, and personal therapy in training must also be completed face-to-face (IACP, n.d.-a).

The comparison becomes even more complex in the area of supervision. In the U.S., supervision requirements are largely determined at state level, and national credentials such as the Approved Clinical Supervisor (ACS) may strengthen a practitioner's supervisory standing without functioning as a single universal pathway across jurisdictions (Center for Credentialing & Education [CCE], n.d.). By contrast, the IACP sets more specific supervisory criteria: for non-IACP accredited supervision courses, one core staff member must be an Accredited Supervisor Member of IACP, and each trainee supervisor must have an external supervisor accredited by the IACP, the British Association for Counselling and Psychotherapy (BACP), or the Irish Association of Humanistic and Integrative Psychotherapists (IAHIP) (IACP, n.d.-b). As a result, even U.S.-based practitioners with advanced supervision qualifications, such as a CACREP-accredited doctorate in Counselor Education and Supervision and an ACS credential, may still find that their supervision training does not map neatly onto IACP-recognised pathways for supervisor accreditation.

Rather than viewing in-person and online formats as oppositional, I see them as offering different strengths when used thoughtfully and ethically.

In Ireland, there appears to be a stronger emphasis on embodied presence and on the learning that happens through shared experience in the room, mirroring the centrality of relationship in Irish counselling culture. I understand and value that emphasis, yet I also believe that synchronous online learning can preserve many of these same relational qualities. I have received supervision online since joining the IACP, and I also counsel clients online. Through these experiences, I have seen how real-time interaction, shared reflection, and emotional presence are possible in virtual settings. Empirical studies of videoconferencing in therapeutic and supervisory contexts indicate that therapeutic alliance and relational presence can be sustained in synchronous digital environments when ethical and relational considerations are foregrounded (Rees & Stone, 2005; Simpson & Reid, 2014).

Rather than viewing in-person and online formats as oppositional, I see them as offering different strengths when used thoughtfully and ethically. As counselling education continues to evolve, I hope professional bodies will continue discerning how online and hybrid elements might be integrated without losing the relational depth and embodied presence at the heart of counsellor formation.

Comparing these systems has been both humbling and enriching. It reminded me that no single country holds the definitive model for training counsellors. Rather, each reflects its own social and cultural context. In the U.S., the profession has grown within a large and diverse landscape where mobility, access, and regulation are guiding principles. In Ireland, I sense a more personal and community-based approach that values connection, reflection, and presence. The experience of seeking IACP recognition prompted me to consider how professional standards are not only administrative but also cultural expressions of what it means to care for others. As an American counsellor with Irish ancestry, bridging these two professional worlds has deepened my understanding of counselling as both a science and an art. It has helped me appreciate the precision of structured training alongside the humanity of relational practice. The process of navigating educational equivalence was not only an administrative task but also a reflection on what it means to belong professionally, to find a home within a new but familiar framework of care.

Personal psychotherapy and supervision

Since joining the IACP in 2023, I have received monthly clinical supervision from my IACP-accredited supervisor in Ireland. Because I live in the U.S., our

sessions have taken place online, using videoconferencing. This arrangement lets me maintain consistent supervision while staying connected to the Irish context. Supervision has been a place for reflection, accountability, and growth, as well as a way of understanding how Irish cultural and ethical values inform clinical work. It has affirmed my belief that supervision is less about location and more about presence, honesty, and relational engagement.

One of my favourite features of supervision has been my supervisor's recommendations of books, films, and poetry. Sometimes they relate to culture, sometimes to client work, and sometimes to my reflective growth. These creative references often stay with me long after the session ends. Supervision – like therapy – draws on art and imagination, bridging the personal and professional. Supervision has been conceptualised as a relational and reflective space in which professional identity continues to evolve across the lifespan of practice (Wosket, 2016).

In July 2025, my supervisor and I met in person in Dublin, which deepened my appreciation for the centrality of presence in Irish counselling culture. Sharing space and reflecting together added cultural and relational dimensions that were more immediately felt in person, and the meeting felt like a symbolic moment of professional grounding. This did not diminish the value of our online supervisory relationship; rather, it highlighted that online and in-person encounters can each support reflection, connection, and growth in different ways. Through both online and in-person supervision, I have come to understand supervision as a living process that bridges professional development and personal meaning. The continuity of supervision across distance and the opportunity to meet in Dublin reinforced for me that the heart of supervision, like the heart of therapy itself, is relationship.

Supervision has been a place for reflection, accountability, and growth, as well as a way of understanding how Irish cultural and ethical values inform clinical work.

Navigating Garda vetting and bureaucratic steps

The process of obtaining IACP recognition from abroad involved several administrative steps, including document verification, certification of qualifications, and Garda vetting. At first, these requirements appeared straightforward, but completing them from another country introduced practical challenges, including time differences, certified documentation, and postal delays. What might have seemed routine within Ireland became more complex across the Atlantic.

In the U.S., background checks and professional vetting are also familiar parts of licensure, employment, and clinical placement processes, although they are typically administered through state licensing boards, employers, or institutions rather than through a single professional body. Garda vetting, therefore, felt both familiar and distinct: familiar in its emphasis on public protection, and distinct in the way it marked entry into the ethical and professional framework of Irish counselling practice. Regulatory and vetting processes can be understood as part of the profession's social contract with the public, reinforcing trust, safeguarding, and professional legitimacy (Banks, 2012).

As I moved through each stage, I came to see these requirements not simply as bureaucratic hurdles, but as expressions of the values underpinning counselling in Ireland. Professional identity is shaped not only through training and qualification, but through affiliation, accountability, and participation in a professional community (McLeod, 2013; Moodley et al., 2014; Skovholt & Rønnestad, 2003). Submitting my information for vetting felt like a gesture of trust and a way of aligning myself with the standards of the community I hoped to join.

Completing Garda vetting and credential verification ultimately gave me a sense of legitimacy and pride. It affirmed that I was not merely observing Irish counselling culture but becoming accountable to its standards. More than an administrative requirement, it became a meaningful part of my journey toward professional inclusion within the IACP.

Professional identity and belonging across borders

Belonging to the IACP has invited me to reflect on what it means to be both an American counsellor and a member of an Irish professional body. These are not competing identities, but complementary ones that enrich my understanding of the profession. In the U.S., counselling has developed within a context of individualism, innovation, and professional diversity. In Ireland, I have encountered a culture that emphasises community, relationship, and reflection. Holding both perspectives has helped me appreciate the multiple ways that counselling embodies care and ethical commitment across different cultural landscapes.

Through supervision, engagement with IACP publications, and communication with colleagues in Ireland, I have come to recognise how professional identity is not static, but relational. It evolves through dialogue with others, through shared values, and through the willingness to see familiar practices from new angles.

Being part of the IACP has reminded me that professional belonging is not defined solely by geography, but by participation in a shared ethical and reflective community. Scholars examining transnational counselling practice have highlighted how professional belonging is increasingly negotiated across cultural, ethical, and regulatory boundaries rather than confined to a single national context (Moodley et al., 2014).

I am regularly contacted by counsellors in the U.S., particularly those with Irish ancestry, who express curiosity about joining the IACP. Many of them are seeking to strengthen their connection to Ireland while exploring an international dimension of practice. Our conversations often begin with practical questions about requirements and paperwork but soon turn toward deeper themes of identity and belonging. I encourage them to approach the process not just as an accreditation task but as an invitation to reflection, a way of reconnecting with heritage and professional values in a new context.

Engaging in these dialogues has affirmed my belief that professional identity is shaped through story and relationship. Narrative therapy, a core influence in my own practice, teaches that meaning emerges through the stories we tell about our experiences. My journey toward IACP recognition has become one such story, linking personal heritage, professional ethics, and cultural understanding. It has invited me to live according to the principles I value in counselling: curiosity, respect, and openness to transformation.

Professional belonging is not defined solely by geography, but by participation in a shared ethical and reflective community.

Crossing borders, in both the literal and symbolic sense, has deepened my appreciation for the shared humanity at the heart of counselling. Whether working online with clients across time zones or sitting face-to-face with colleagues in Dublin, I have come to see that presence and empathy transcend geography. The IACP has offered me not only a professional home but also a reminder that belonging is not confined to place. It is created through connection, reflection, and the courage to keep learning from one another.

Reflections on international practice and the future of counselling

The journey towards IACP recognition has reshaped how I understand both counselling and professionalism. Working across borders has shown me that counselling is not defined by one nation's standards, but by shared human values such as empathy, presence, and ethical responsibility. Professional frameworks differ, but the underlying intention remains the same: to create safe spaces for healing, growth, and understanding. This realisation has made me more attentive to the ways culture, context, and policy shape our work, and how important it is to keep the conversation open across professional communities.

As international practice expands, counsellors increasingly meet clients from diverse backgrounds and cultural traditions. Recognition systems like those of the IACP provide structure and accountability, but they also invite reflection on how to honour difference while maintaining consistency. My experience navigating two regulatory systems has highlighted the need for ongoing dialogue between accrediting bodies, such as the IACP and U.S. state licensing boards. Shared understanding and reciprocity could support greater mobility and collaboration among counsellors who already work across borders, whether online or in person.

Technology has also become an essential part of this evolving landscape. Counsellors now meet clients, supervisees, and colleagues across time zones and cultures, creating new opportunities and new ethical considerations. As professional associations adapt to these realities, I hope to see thoughtful inclusion of synchronous online learning and supervision within accreditation and continuing education standards. Doing so would reflect both the changing world of practice and the enduring principles of relational depth and accountability. Calls for greater international collaboration in counselling and psychotherapy emphasise reciprocity, cultural humility, and sustained dialogue between professional bodies as essential to ethical global practice (Cooper & McLeod, 2011).

Looking forward, I believe that the future of counselling lies in collaboration, rather than competition, among international bodies. The shared goal of promoting wellbeing and ethical care transcends national boundaries. My experience with the IACP has affirmed that professional identity can be both local and

global, rooted and expansive. It has taught me that crossing borders in counselling is not merely about recognition or affiliation; it is about expanding one's capacity to listen and to belong in multiple places. As the profession continues to evolve, I hope to contribute to a global counselling community grounded in respect, humility, and shared humanity.

Conclusion

Reflecting on the process of joining the IACP has been both personal and professional. It has challenged me to engage with another culture's understanding of counselling while deepening my appreciation of my own. What began as an administrative process became a journey of identity, learning, and transformation. Crossing borders, both literally and symbolically, has reminded me that counselling is a shared human endeavour. Professional standards, ethical commitments, and reflective practice connect us across geography and culture.

Becoming part of the IACP community has strengthened my conviction that counselling is not only about helping others but also about expanding our capacity to listen, to adapt, and to belong. I am grateful for the opportunity to contribute to a profession that continues to evolve with compassion, humility, and care for the stories that unite us.

Robert T. Jury

Dr. Robert T. Jury is a licensed clinical professional counsellor, rabbi, cantor, and board-certified chaplain whose work integrates narrative therapy, spirituality, and clinical supervision. He is Clinical Assistant Professor in the CACREP-accredited MA in Clinical Mental Health Counseling offered by The Family Institute at Northwestern University.

Dr. Jury founded the Tikvah Center for Jewish Recovery & Healing, a state-licensed and accredited addiction treatment programme using spiritually integrated counselling and psychotherapy to treat substance use disorders and co-occurring disorders. He is the founder and principal investigator of the MIDRASH Lab (Multistoried: Instruction and Development in Research, Addiction, and Spirituality in Healthcare), an interdisciplinary research initiative that explores how counsellors and psychotherapists learn to conduct research, the spiritual and cultural dimensions of addiction recovery, and the intersections of Jewish identity and mental health in clinical and educational contexts. He continues to bridge spiritual and clinical contexts through teaching, research, and compassionate practice across borders.

Contact Robert at robert.jury@northwestern.edu

REFERENCES

Banks, S. (2012). *Ethics and values in social work* (4th ed.). Palgrave Macmillan.

Center for Credentialing & Education. (n.d.). *ACS approved clinical supervisor (ACS) program*. https://www.cce-global.org/credentialing/acs

Council for Accreditation of Counseling and Related Educational Programs. (2024). *2024 CACREP standards*. https://www.cacrep.org/wp-content/uploads/2023/12/2024-CACREP-Standards.pdf

Cooper, M., & McLeod, J. (2011). *Pluralistic counselling and psychotherapy*. Sage.

Irish Association for Counselling and Psychotherapy. (n.d.-a). *What is therapist supervision?* https://iacp.ie/iacp-supervision-overview

Irish Association for Counselling and Psychotherapy. (n.d.-b). *Accredited supervisor membership*. https://iacp.ie/How-do-I-become-an-Accredited-Supervisor

McAdams, D. P. (2001). The psychology of life stories. *Review of General Psychology, 5*(2), 100–122. https://doi.org/10.1037/1089-2680.5.2.100

McLeod, J. (2013). *An introduction to counselling* (5th ed.). Open University Press.

Moodley, R., Gielen, U. P., & Wu, R. (Eds). (2014). *Handbook of counseling and psychotherapy in an international context*. Routledge. https://doi.org/10.4324/9780203864906

Murphy, D., Irfan, N., Barnett, H., Castledine, E., & Enescu, L. (2019). A systematic review and meta-synthesis of qualitative research into mandatory personal psychotherapy during training. *Counselling & Psychotherapy Research, 18*(2), 199–214. https://doi.org/10.1002/capr.12162

National Center for Interstate Compacts. (2024). *Counseling Compact: Member states and implementation*. The Council of State Governments. https://counselingcompact.org

Orlinsky, D. E., & Rønnestad, M. H. (2005). *How psychotherapists develop: A study of therapeutic work and professional growth*. American Psychological Association. https://doi.org/10.1037/11157-000

Pedersen, P. B. (1991). Multiculturalism as a fourth force. *Counseling Psychologist, 19*(4), 462–475. https://doi.org/10.1177/0011000091194002

Rees, C. S., & Stone, S. (2005). Therapeutic alliance in face-to-face versus videoconferenced psychotherapy. *Professional Psychology: Research and Practice, 36*(6), 649–653. https://doi.org/10.1037/0735-7028.36.6.649

Simpson, S. G., & Reid, C. L. (2014). Therapeutic alliance in videoconferencing psychotherapy: A review. *Australian Journal of Rural Health, 22*(6), 280–299. https://doi.org/10.1111/ajr.12149

Skovholt, T. M., & Rønnestad, M. H. (2003). Struggles of the novice counselor and therapist. *Journal of Career Development, 30*(1), 45–58. https://doi.org/10.1023/A:1025125624919

Sullivan, T. (2012). 'I want to be all I can Irish': The role of performance and performativity in the construction of ethnicity. *Social & Cultural Geography, 13*(5), 429-443. https://doi.org/10.1080/14649365.2012.698746

U.S. Census Bureau. (2021a). *Selected social characteristics, 2021, American Community Survey 1-Year Estimates*. https://data.census.gov/table/ACSDP1Y2021.DP02?q=DP02&moe=false

U.S. Census Bureau. (2021b). *People reporting ancestry, 2021, American Community Survey 1-Year Estimates*. https://data.census.gov/table/ACSDT1Y2021.B04006?q=B04006:%20PEOPLE%20REPORTING%20ANCESTRY&g=050XX00US17031&tid=ACSDT1Y2021.B04006

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. Norton.

Wosket, V. (2016). *The therapeutic use of self: Counselling practice, research and supervision* (2nd ed.). Routledge. https://doi.org/10.4324/9780203772263

Academic/Research Article

Complex child needs and the case for counselling in Irish primary schools

By Deirdre Judge

This article examines the complexity of children's emotional, behavioural, and developmental needs within Irish primary schools, highlighting the influence of broader systemic factors and the implications for embedding accessible, school-based counselling supports

Introduction

School-based counselling is widely recognised as an important component of early intervention in children's mental health. However, provision at primary level in the Republic of Ireland remains limited in comparison to many other European countries, despite increasing awareness of children's emotional and psychological needs.

The World Health Organisation (2014) emphasises that schools are optimally positioned to identify children experiencing emotional distress due to their sustained and direct engagement with such children. Complementary evidence indicates that the presence of on-site counselling services contributes not only to emotional wellbeing, but also to improved academic performance, enhanced concentration and motivation, and more positive relationships with teachers (Rupani et al., 2012). Toth et al. (2024) suggest that school-based counselling functions as an early intervention that supports the academic progress of vulnerable children in primary schools, while also contributing to improved socio-economic outcomes.

Against this backdrop, recent policy developments in Ireland signal a shift towards greater institutional recognition of the role of counselling in primary education. The Counselling in Primary Schools Pilot 2023-2025, introduced by the Department of Education (2019), represents the first state-funded initiative to systematically embed counselling services within primary school settings. Targeted primarily at selected counties and urban schools participating in Delivering Equality of Opportunity in Schools (DEIS), the pilot is designed as an early intervention strategy to support children presenting with mild-to-moderate mental health difficulties, while also mitigating demand pressures on specialist services such as Child and Adolescent Mental Health Services (CAMHS) (Department of Education and Skills, 2017).

This article contributes to the emerging evidence base by reiterating the nature and complexity of children's needs within primary school settings in Ireland. Drawing on empirical data, it highlights the multifaceted emotional, behavioural, and social difficulties experienced by children, and considers how these needs are currently identified and supported in schools.

Furthermore, the article aims to inform ongoing policy and practice developments, particularly in

relation to the role and expansion of school-based counselling as a responsive and early intervention support. This article therefore aims to explore the complexity of child needs in Irish primary schools and considers the implications for school-based counselling provision.

Literature review

Over the past 20 years, there has been an increasing amount of seminal research carried out on the topic of school counselling at an international level. Studies show that school-based counselling is widely accessed by young people in the United Kingdom, and effectively reduces psychological distress, while supporting them in achieving their goals (Cooper 2013; Cooper et al., 2013; Cooper et al., 2021). Further research indicates that school-based counselling brings about short term reduction in psychological and emotional distress in young people across ethnicities (Pearce et al., 2016).

In Ireland, the national guidelines on promoting positive mental health and suicide prevention focus on the need for early identification and timely intervention for any young person experiencing mental health difficulties (Department of Education & Skills, 2013).

School counselling provision and challenges: A global context

It is widely accepted that children's wellbeing is conducive to better learning (Patalay et al., 2015). Raynham and Jinks (2022) conducted research exploring primary school teaching staff's perceptions of the impact of school counselling in the United Kingdom. Findings show that positive changes occur in children's social, emotional, and cognitive engagement following school-based counselling and these impacts are evident to teaching staffs.

Additional research on the topic of mental health provision in schools has been conducted by Patalay et al. (2016). This study examined data collected from 1,346 schools in ten European countries (France, Germany, Ireland, the Netherlands, Poland, Serbia, Spain, Sweden, the United Kingdom, and Ukraine) regarding the priority given to mental health support for students, the existence of a mental health school policy, links with external agencies, the provision of mental health supports, and barriers to the provision of supports. Findings indicated that over 74% of schools considered mental health provision in their school as a medium-to-high priority, with 9% regarding such provision as essential. The study suggests that the creation of a national governmental policy in relation to mental health and wellbeing in schools is paramount, since countries where such a policy exists tend to place higher priority on the school's role in providing support.

School-based mental health interventions can be effective, but their impact is contingent on consistent implementation, appropriate design and sustained integration.

Toth et al. (2020) conducted a large-scale service evaluation, examining the types of issues that lead primary school children to access counselling, across 291 schools working with Place2Be, a UK-based charity that provides counselling services to children in schools. The study found that the most common presenting issues included emotional problems such as anxiety, behavioural issues, and family-related challenges, with girls more likely to present with all types of anxiety and family tensions, while attentional problems and mood swings were more prevalent in boys. These findings reflect the extent of mental health needs among children in primary school settings.

The most recent systematic review of school-based mental health interventions was conducted in the UK (Spencer et al., 2025). The study concluded that school-based interventions show strong potential for improving mental health outcomes in young people, while highlighting the pivotal role that educational settings play in addressing these issues. This is consistent with broader evidence from Hayes et al. (2025) who report that primary schools may be an important setting to deliver interventions to help prevent mental health difficulties, although outcomes may vary depending on intervention design and delivery context.

Overall, the evidence suggests that school-based mental health interventions can be effective, but their impact is contingent on consistent implementation, appropriate design and sustained integration within the school system.

Mental health and emotional wellbeing of primary school children

While there is a dearth of research on counselling demand and provision in Ireland, emerging evidence examines the topic of mental health and wellbeing in children and young adolescents in Irish primary schools (Cannon et al., 2013; Coughlan et al., 2014). One such study has concluded that one in three adolescents are likely to experience some type of mental disorder by the age of 13, with anxiety and mood disorders being the most prevalent (Kelleher et al., 2012). In another major

study on the topic, Cannon et al. (2013) found that, of the 212 young adolescents interviewed, deliberate self-harm and suicidal ideation had been experienced by one in 15 of 11–13-year-olds at some time in their lives. More recently, Gavin et al. (2024) in their analysis of the HBSC 2022 study, reported that 26% of boys and 46% of girls aged 10-17 were classified as experiencing low mood and being at risk of depression. This age range broadly corresponds to the later years of primary education, indicating that emotional difficulties are already evident at this stage of development.

While the studies reviewed have highlighted the need for earlier prevention, detection, and intervention measures to be made available for this age group, there is a lack of research investigating the prevalence of emotional, psychological, or behavioural needs of primary school children. Therefore, little is known about the emotional needs of primary school children in Ireland.

Methodology

For this study, a mixed methods design – comprising an online questionnaire and semi-structured interviews – was considered most appropriate. A mixed methods design is appropriate where a study aims to both measure the breadth of a phenomenon and explore the depth of lived experience. Quantitative survey approaches enable the systematic capture of patterns across a large population, while qualitative interviews provide contextual understanding of meanings, perceptions, and processes that cannot be fully accessed through closed-response instruments (Creswell & Plano Clark, 2017).

In the present study, the use of an online questionnaire allows for efficient collection of data from a large and geographically dispersed sample of primary school principals, supporting generalisability of findings. Semi-structured interviews complement this by enabling detailed exploration of participants' experiences and interpretations, particularly in relation to children's needs and counselling provision within schools. This combination strengthens the explanatory power of the research by allowing findings from one strand to inform and contextualise the other.

There is a lack of research investigating the prevalence of emotional, psychological, or behavioural needs of primary school children.

Methodologically, this approach aligns with established mixed methods principles that prioritise complementarity, where quantitative and qualitative components address different dimensions of the same research problem and, when integrated, provide a more comprehensive understanding than either method alone (Creswell & Plano Clark, 2017; Teddlie & Tashakkori, 2009).

The sample consisted of five primary school principals and five school counsellors who were recruited based on geographical location, size of school, type of school, DEIS or non-DEIS designation, and existing level of service provision. The sample size (n=5 for each subsample) is in line with best practice in qualitative research for conducting in-depth interviews that can elicit detailed comprehensive narratives (Elliot, 2005). DEIS designation pertains to schools included in Ireland's Delivering Equality of Opportunity in Schools. This initiative, led by the Department of Education, identifies schools serving communities with higher levels of socioeconomic disadvantage and provides them with additional resources and supports, such as reduced class sizes, targeted funding, and enhanced literacy and wellbeing programmes to address educational inequality (Department of Education & Skills, 2017).

Principals and counsellors were selected for interview from schools where on-site counselling is currently being provided. Although efforts were made to recruit participants from both rural and urban settings, the final sample was restricted to urban areas, as these were the locations where onsite counselling supports were available. Counsellors who were randomly selected for interview included two play therapists, one integrative counsellor, one art therapist, and one psychological support worker.

Quantitative data from 1,282 respondents were collected and analysed using Qualtrics, with responses automatically imported into the platform. Completed questionnaires were analysed using the IBM SPSS Statistics, a statistical software package commonly used for quantitative data analysis (Kinnear & Grey, 2004).

Findings

A key finding from this study was the theme of complex needs, which included subthemes related to children's presentations, social and family issues, critical incidents in schools, cultural issues, schools being ill-equipped to respond to complexity, and "falling between the cracks".

Emotional needs of children

Quantitative analysis of the survey examined the emotional needs of children in primary schools in Ireland. Participants were asked to

indicate from a list the issues children have presented with in their school in the past year. The range of presenting issues is displayed in Figure 1.

Of the 1,282 respondents to the survey, 85.8% (n=1,100) cited general family issues as a presenting issue for children. This is followed by issues related to separation, divorce, or marital breakdown, at 79% (n=1,013); and anxiety issues at 78.9% (n=1,011).

Respondents were also asked to rate the five most prevalent issues that children had presented with in the past year in school. General family issues were rated as the most prevalent, in 36.4% of schools (n=467); followed by behaviour-related in 18% of schools (n=231); anxiety in 13.2% of schools (n=169); separation, divorce, or marital breakdown in 6.3% (n=81); and academic concerns in 4.6% (n=59).

NEPS assessments

The National Educational Psychological Service (NEPS) provides psychological support to primary school children and is involved in assessments and organising behavioural support plans for children. Findings from the current study show that out of a total of 1,282 schools surveyed, 68.8% (n=882) stated that they have accessed assessments from NEPS where emotional or behavioural issues were the primary reason for referral, with 31.2% (n=400) indicating that no such assessment has been accessed.

Social and family issues

According to the analysis of interview data, children are presenting in primary schools with a myriad of issues that impact on their emotional and behavioural wellbeing in the classroom. Issues such as violence in the home, homelessness, and incidents of a traumatic nature were noted. Social backgrounds and family systemic issues appear to have a significant impact on children's mental health and wellbeing and as a result, can define the child's emotional presentation and school performance.

Both principals and counsellors referred to the "layers and layers" (C004) of issues that many described as increasing in range and severity. One common issue being anxiety: "We're just noticing a huge rise in anxiety amongst our primary school children but, from speaking to other principals, I think we're not alone there" (P003). Another is cyberbullying: "last year and this year, in both of our fifth classes, there was an element of cyberbullying which we hadn't seen before – which we would be very concerned about" (P001). School refusal was reported as being more prevalent in middle and senior school levels: "There's one or two incidences, maybe in third and fourth class, but it just so happens that my two worst cases at the moment are in sixth class" (P004).

Crisis intervention

Incidents of children self-harming and experiencing suicidal ideation at primary level were reported by both principals and counsellors: "Issues such as mood swings, bereavement, thoughts of harming and suicide – we have to deal with them even in the primary setting" (C005). According to one counsellor, clinical depression and gender identity issues are becoming more apparent at primary level:

> Depression, clinical depression, some of the students had to get medication and other therapies. I suppose what has presented in the past, a little bit, is around sexuality - and I suppose identity. A couple of students who had transgender confusion or issues. (C005)

One principal described a situation "where one of the

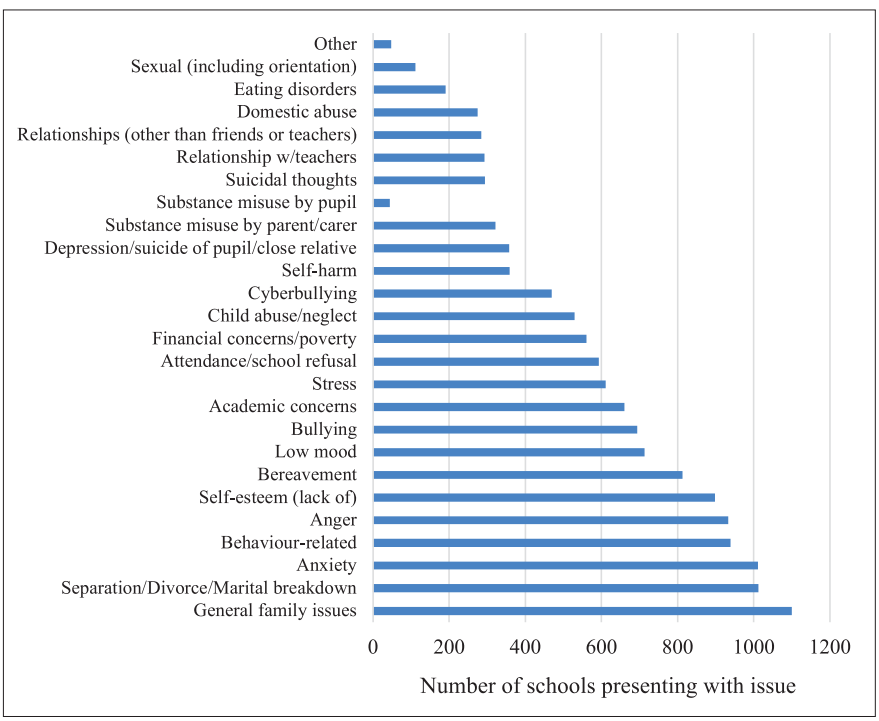


***Figure 1**: Emotional presentations of children in primary schools*

parents murdered another person, so those children then went to play therapy" (P001).

The need for crisis intervention for children who self-harm at very young ages was highlighted by both principals and counsellors:

> Well, the one thing that I'm constantly thinking about is that we're hearing about the rise of anxiety amongst our children and it's younger and younger, you know, that they're self-harming. We have a child in third class who went through a period of self-harming. He's only eight. We've a child in senior infants who has pica [the persistent craving and consumption of non-food substances] and the doctor has said it is through anxiety. Now, she has been diagnosed with that at the age of six. (P003)

Principals described being involved in regular crisis intervention in junior classes: "A lot of crisis intervention was happening at junior infant and senior infant level" (P005). Counsellors also noted the frequency of children at a younger age being referred due to difficulties with emotional regulation: "I'm seeing a lot of junior and senior infants being referred to me encountering difficulties in managing their feelings, in coping with overwhelming emotions, and being able to regulate themselves and control their impulses" (C003).

> Other difficulties described included:
>
> The younger children could be identified crying in class, lots of worries, isolating themselves in the yard, complaining of stomach pains, a lot of physical symptoms, school refusal; and [in] the junior school a lot of it would be to do with parents, family breakdown, and chaotic home life. (C004)

Principals cited a variety of cases, ranging from ongoing domestic violence in the family home with child protection orders in place, to the case of a child who is homeless.

Social and family contexts

Both principals and counsellors described the social and family contexts of children who need additional support. Family contexts range from parental separation and child protection issues to alcohol and drug use in the home, and these issues are being reported by principals and counsellors alike. Other situations reported included children not knowing their fathers "and that has presented with difficulties around self-identity and things like that" (C004) and having parents in prison: "in the context of the school here, six percent of our children, to my knowledge, their parents are in prison" (P005).

Counsellors described the spectrum of ongoing heroin and benzodiazepine drug use among family members: "drugs that you can buy on the street, resulting in chaotic home lives for children" (C004). Principals cited a variety of cases, ranging from ongoing domestic violence in the family home with child protection orders in place, to the case of a child who is homeless:

> Five cases, at the moment, of children where there's domestic violence ongoing in the family home - that I know of. I've a child protection order in place on one child. I have one child who has got supervised visits with the father. (P005)

One principal described having a child in their school who was homeless: "he doesn't know whether he's sleeping in a hotel or [at] his granny's or [if] he's sleeping in his friend's [house]" (P005).

Cultural issues

Cultural issues were also identified as contributing to the challenges in schools in meeting children's emotional needs. Principals and counsellors described the schools in which they work as highly multi-ethnic, with one principal characterising their school as a unique setting with a predominantly international student population representing a wide range of nationalities (P001) while in another school "we would have up to 30 or 40 different countries represented among the students" (C005).

Participants described the increase in unaccompanied minors who may have come to this country without one or other parent, children who have been "separated from their parents or may have refugee status and are unaccompanied minors…in the space of six months, these children have been over and back and everywhere. And then they were back to the country of origin and now they're back here again" (P001).

The issue of stigma associated with a child from another culture availing of counselling was noted: "in some ways, maybe, there is a stigma around it, people having counselling" (C005). This awareness has prompted principals and counsellors in two multicultural schools to change the name "counselling" to "mentoring" in an effort to make the service more accessible for all:

> The different ethnic backgrounds … don't want their child to be labelled in some way, and to have any kind of mental challenge or intellectual challenge, or to have any mental health issues. And so, we felt that the word mentoring, that covers a broader range of things that [they] could deal with. (C005)

Falling between the cracks

Both principals and counsellors agree that there is a cohort of children in primary schools who they regard as "falling between the cracks", children who have complex needs that are not being met, potentially because they are high achievers and well-behaved in class and therefore do not come to the attention of those in charge "because they are not causing trouble, they're not really on the radar" (C002).

Critical incidents

Survey participants were asked to indicate whether their school had encountered any critical incidents within the past year and, if applicable, to describe them. A critical incident in a primary school context refers to any event or sequence of events that overwhelms the normal coping mechanisms of the school community, such as a death, serious accident or other traumatic occurrence (NEPS, 2016). Responses indicated that 286 out of 1,282 schools had experienced a critical incident, with a significantly higher incidence of these occurring in urban schools.

Figure 2 shows the types of critical incidents described by respondents with the death of a pupil, teacher, or family member from causes other than suicide ranking highest at 41%. This was followed by death by suicide of a pupil, staff member, or family member at 16.5%; and an incident of assault, anger, or violence by staff or a student ranking third highest (15%).

Schools unprepared for complex needs

School principals acknowledged – both in surveys and interviews – the overwhelming demands placed on them, reported feeling ill-equipped to meet those demands, and, in some cases, compensated for their lack of core training by consulting other principals or pursuing further training.

Study participants described the extent to which teachers deal with issues that are outside their professional limits – often resulting in teachers providing counselling support despite a lack of appropriate training. One principal noted:

> The SPHE [Social, Personal, and Health Education] curriculum is delivered by primary school teachers who are excellent at their job but, really, they have had no therapeutic training. So, sometimes they're presented with kids whose needs are so far outside of our expertise in relation to the difficulties that they're having. We really feel like we're only tinkering or dabbling at a very surface level with what's wrong and what they need – and they need a therapeutic input. The SPHE curriculum is in no way equipped to deal with the escalating crisis that there is in children's wellbeing. And I think it has come to a kind of a crisis point where schools really are completely exasperated and out of their depths. (P002)

Discussion

The findings highlight the extent and complexity of children's psychosocial presentations within primary school settings. Respondents reported a wide spectrum of difficulties, including anxiety, depression, self-harm, suicidal ideation, and challenges rooted in familial, social, cultural, and trauma-related contexts. Notably, general family-related concerns were identified as the predominant presenting issue, cited by 85.8% of respondents. This underscores the centrality of the family system in shaping children's emotional and behavioural wellbeing in school environments.

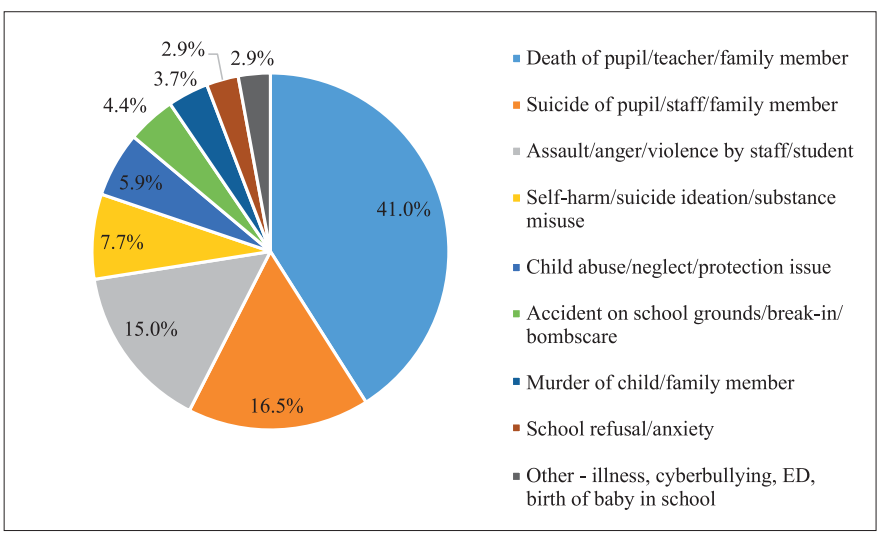


***Figure 2**: Types of critical incidents in primary schools*

Additionally, the data suggest that a subset of children with significant needs may remain under-identified, particularly those who are academically high-achieving and behaviourally compliant, and therefore less likely to be captured through standard referral pathways.

A further dimension emerging from the findings relates to the prevalence of critical incidents within school communities. Almost one quarter of schools (n=286) reported experiencing a critical incident within the previous year, with a higher concentration observed in urban settings. These incidents included interpersonal violence, serious threats, and traumatic losses such as bereavement, suicide, or attempted suicide within the school community. While the evidence base at primary level remains limited, it is likely that exposure to such events compounds existing vulnerabilities and increases the overall level of need within school populations.

Taken together, these findings indicate a requirement for a more comprehensive and systemic therapeutic response within primary schools. There is a clear rationale for integrating family-focused interventions alongside individual counselling supports, to address the multifaceted and contextually embedded nature of children's difficulties. However, these implications should be interpreted within the context of structural constraints. Current provision remains limited in scope and is concentrated in a relatively small number of schools, raising concerns about equity of access, particularly for rural populations. Variability in service implementation across schools may also affect consistency in outcomes.

Furthermore, while improvements in behaviour and wellbeing are reported, there is limited longitudinal evidence to determine the sustainability of these outcomes over time. There is also a risk that school-based counselling services may be positioned as a compensatory response to broader systemic gaps in child and adolescent mental health provision. This may place additional pressure on school staff and counsellors and highlights the need for school-based supports to be embedded within a wider, adequately resourced continuum of care.

While on-site counselling shows clear potential to support student wellbeing, improve classroom functioning, and assist school staff, current provision is limited and uneven.

Study significance

This study is significant for counselling and psychotherapy practice in primary school settings, an area that remains underdeveloped in both research and service provision. It highlights the increasing complexity and earlier presentation of psychological distress in children, reinforcing the importance of early, developmentally appropriate, therapeutic intervention.

For practitioners, it offers insight into adapting counselling practice within schools, where work is shaped by developmental needs and systemic factors, including collaboration with teachers and parents. It also highlights key professional considerations such as role clarity, boundaries, and the dual function of counsellor as therapist and consultative support within a school system.

The findings further have implications for training and service design, underscoring the need for appropriate competencies in child-focused work and structures that support safe, consistent, and sustainable delivery of school-based counselling.

Limitations

This study has several limitations. The sample is restricted to a relatively small number of schools, predominantly in urban areas, limiting generalisability. Findings rely largely on self-reported data from principals and counsellors, which may introduce bias. The absence of direct input from children and parents reduces the range of perspectives captured.

Additionally, the study does not include longitudinal data, making it difficult to assess the durability of reported outcomes. Further research is recommended to address these limitations.

Conclusion

This study highlights the significant and increasingly complex psychological needs of children in Irish primary schools, often emerging at a younger age. While on-site counselling shows clear potential to support student wellbeing, improve classroom functioning, and assist school staff, current provision is limited and uneven.

The ongoing Counselling in Primary Schools Pilot (2023–2025) represents a positive development. However, a more comprehensive, nationally coordinated approach is required. This should include equitable access across all schools, clear policy guidance on service delivery, early intervention frameworks, and sustained funding. Supporting both students and school staff will be essential to effectively respond to evolving mental health needs within primary education.

Deirdre Judge

Deirdre is an integrative psychotherapist and supervisor, accredited by the Irish Association of Counselling and Psychotherapy. She holds a Master of Science by Research from Dublin City University, a Graduate Diploma in Psychotherapy (DCU), a Diploma in Counsellor Supervision, and a Bachelor of Education. This article draws on aspects of her MSc. research thesis concerning the demand for, and provision of, school counselling in primary schools in Ireland.

Deirdre's previous professional background in primary education informed the development of the original research focus. As a primary school teacher in north Dublin city, she observed first-hand the emotional dysregulation experienced by children. Subsequently, in her work as a psychotherapist with children and families, it became evident that the provision of on-site school counselling in Ireland needed to be investigated.

Deirdre consults with clients across the lifespan in her private practice in Co. Mayo. Her areas of specialism include Cognitive Behavioural Therapy, couple's therapy, adoption-related issues, and sand tray therapy.

She can be contacted at mayocounselling@gmail.com

Acknowledgements

The DCU study referred to in this article was funded by St Patrick's Mental Health Services and was supervised by Rosaleen McElvaney and Evelyn Gordon (DCU) (Dooley Judge, 2017).

REFERENCES

Cannon, M., Coughlan, H., Clarke, M., Harley, M., & Kelleher, I. (2013). The mental health of young people in Ireland: A report of the psychiatric epidemiology research across the lifespan (PERL) group Dublin: Royal College of Surgeons in Ireland. https://doi.org/10.25419/rcsi.10796129

Cooper, M., Stafford, M. R., Saxon, D., Beecham, J., Bonin, E. M., Barkham, M., ... & Ryan, G. (2021). Humanistic counselling plus pastoral care as usual versus pastoral care as usual for the treatment of psychological distress in adolescents in UK state schools (ETHOS): A randomised controlled trial. *The Lancet Child & Adolescent Health*, *5*(3), 178-189. https://doi.org/10.1016/S2352-4642(20)30363-1

Cooper, M. (2013). *School-based counselling in the UK secondary schools: A review and critical evaluation*. https://strathprints.strath.ac.uk/45319/

Cooper, M., Pybis, J., Hill, A., Jones, S., & Cromarty, K. (2013). Therapeutic outcomes in the Welsh government's school-based counselling strategy: An evaluation. *Counselling and Psychotherapy Research, 13*(2), 86-97. https://doi.org/10.1080/14733145.2012.713372

Coughlan, H., Tiedt, L., Clarke, M., Kelleher, I., Tabish, J., Molloy, C., Harley, M., & Cannon, M. (2014). Prevalence of DSM-IV mental disorders, deliberate self-harm and suicidal ideation in early adolescence: An Irish population-based study. *Journal of Adolescence, 37*(1), 1-9. https://doi.org/10.1016/j.adolescence.2013.10.004

Creswell, J. W., & Plano Clark, V. L. (2017). *Designing and conducting mixed methods research* (3rd ed.). SAGE.

Department of Education and Skills, & Department of Health and Children. (2013). *Well-being in post-primary schools: Guidelines for mental health promotion and suicide prevention*. https://www.drugsandalcohol.ie/19228/1/Well_Being_PP_Schools_Guidelines.pdf

Department of Education and Skills. (2017). *DEIS plan 2017: Delivering equality of opportunity in schools*. https://www.gov.ie/en/publication/9f4b3-deis-plan-2017/

Department of Education and Youth (2025, November 19). *Counselling in primary schools-pilot (CPS-P) 2023–2025*. https://www.gov.ie/en/department-of-education/publications/counselling-in-primary-schools-pilot-cps-p-2023-2025/

Dooley Judge, D. (2017). *Demand and provision of school counselling in primary schools in Ireland* [Master's thesis, Dublin City University]. https://doras.dcu.ie/22010/

Elliott, J. (2005). *Using narrative in social research: Qualitative and quantitative approaches*. SAGE. https://doi.org/10.4135/9780857020246

Gavin, A., Költő, A., Lunney, L., Maloney, R., Walker, L., Nic Gabhainn, S., & Kelly, C. (2024). *The Irish health behaviour in school-aged children (HBSC) study 2022*. Department of Health and University of Galway. https://www.universityofgalway.ie/media/healthpromotionresearchcentre/hbscdocs/nationalreports/HBSC-2022-National-Report.pdf

Hayes, D., Deniz, E., Nisbet, K., Thompson, A., March, A., Mason, C., ... & Deighton, J. (2025). Universal, school-based, interventions to improve emotional outcomes in children and young people: A systematic review and meta-analysis. *Frontiers in Child and Adolescent Psychiatry*, *4*, 1526840. https://doi.org/10.3389/frcha.2025.1526840

Kelleher, I., Connor, D., Clarke, M., Devlin, N., Harley, M., & Cannon, M. (2012). Prevalence of psychotic symptoms in childhood and adolescence: A systematic review and meta-analysis of population-based studies. *Psychological Medicine, 9*, 1-7. https://doi.org/10.1017/S0033291711002960

Kinnear, P., & Gray, C. (2004). *SPSS 12 made simple*. Psychology Press. https://doi.org/10.4324/9780203497388

National Educational Psychological Service (2016). *Responding to critical incidents: Guidelines and resource materials for schools* (2nd ed.). https://www.gov.ie/en/publication/8f1c1-neps-guidelines-and-resources-for-schools-on-critical-incidents/

Patalay, P., Deighton, J., Fonagy, P., & Wolpert, M. (2015). The relationship between internalising symptom development and academic attainment in early adolescence. *PloS one*, *10*(1), e0116821https://doi.org/10.1371/journal.pone.0116821

Patalay, P., Giese, L., Stanković, M., Curtin, C., Moltrecht, B., & Gondek, D. (2016). Mental health provision in schools: priority, facilitators and barriers in 10 European countries. *Child and Adolescent Mental Health*, *21*(3), 139-147. https://doi.org/10.1111/camh.12160

Pearce, P., Sewell, R., Cooper, M., Osman, S., Fugard, A. J., & Pybis, J. (2016). Effectiveness of school-based humanistic counselling for psychological distress in young people: Pilot randomized controlled trial with follow-up in an ethnically diverse sample. *Psychology and Psychotherapy: Theory, Research and Practice*, *90*(2), 138-155. https://doi.org/10.1111/papt.12102

Raynham, H., & Jinks, G. (2022). Do teaching staff in primary schools perceive any impacts of school-based counselling on school engagement? *British Journal of Guidance & Counselling*, *50*(2), 230–247. https://doi.org/10.1080/03069885.2021.1904502

Rupani, P., Haughey, N., & Cooper, M. (2012). The impact of school-based counselling on young people's capacity to study and learn. *British Journal of Guidance & Counselling, 40*(5), 499–514. https://doi.org/10.1080/03069885.2012.718733

Spencer, L., Carling, S., Robinson, T., Thomson, K., & Kaner, E. (2025). Selective and indicated UK school-based mental health interventions: A systematic review and narrative synthesis. *Journal of Mental Health*, *34*(4), 496-509. https://doi.org/10.1080/09638237.2025.2460118

Teddlie, C., & Tashakkori, A. (2009). *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the social and behavioral sciences*. SAGE.

Toth, K., Samad, L., Golden, S., Johnston, P., Hayes, R., & Ford, T. (2020). What issues bring primary school children to counselling? A service evaluation of presenting issues across 291 schools working with Place2Be. *Counselling and Psychotherapy Research, 20*(4), 571–579. https://doi.org/10.1002/capr.12333

Toth, K., Golden, S., & Sammons, P. (2024). Investigating the academic attainment and progress of children in receipt of individual counselling: A matched comparison study of primary school age children in England. *Counselling and Psychotherapy Research, 24*(4), 1269–1279. https://doi.org/10.1002/capr.12741

World Health Organisation. (2014). *Preventing suicide: A global imperative*. https://www.who.int/publications/i/item/9789241564779

Practitioner Perspective

The devaluation of therapists: Examining the impact of EAP programmes

By Siân Williams

While EAPs are praised for improving access to mental health support, they may also impose hidden costs on therapists. This article explores how EAP structures in Ireland could undermine professional credibility, financial security, and quality of care, emphasising the urgent need for reforms to protect both practitioners and clients

Introduction

The emergence of Employee Assistance Programmes (EAPs) in recent years has been widely recognised as a forward-thinking initiative geared towards bolstering employee mental health. These programmes, often significantly subsidised by employers, grant employees access to short-term counselling and various mental health resources. However, while EAPs seem to advocate for mental wellbeing, their operational frameworks and compensation models have created significant challenges for therapists, particularly regarding professional value, financial sustainability, and therapeutic outcomes.

This article argues that, while EAPs promise mental health support, their current structures fall short for therapists in Ireland, necessitating a reformed approach that equally benefits clients and therapists.

The promise and reality of EAPs

EAPs are designed to provide employees with accessible, cost-effective mental health support. Employers contract with EAP providers to offer services such as short-term counselling, crisis intervention, and referrals to external specialists. On the surface, this seems like a win-win: employees access free or subsidised therapy, and therapists gain a steady stream of clients. However, in my experience, the reality is far more complex.

EAP contracts often stipulate low reimbursement rates for therapists, far below standard private practice rates. Joseph et al. (2017) found that therapists working within EAP frameworks earned, on average, 40% less per session than their private-practice counterparts. This disparity devalues therapists' expertise and creates financial strain, forcing many to increase their caseloads or subsidise EAP work with other income sources.

Moreover, the emphasis on short-term, solution-focused interventions, typically capped at six sessions, can undermine the depth and effectiveness of therapeutic work. Research by Blonk et al. (2007) highlighted that, while short-term interventions can address acute stressors, they are insufficient for clients dealing with complex or chronic mental health issues such as trauma, depression, or anxiety disorders. As Arthur (2020) outlines, this limitation often results in a fragmented therapeutic process, leaving clients without adequate support once their sessions are exhausted.

Therapists working in these frameworks frequently report ethical dilemmas. According to a survey conducted by the British Association for Counselling and Psychotherapy (BACP), 68% of therapists expressed concerns about being unable to provide adequate care due to session limitations imposed by EAP contracts (Banning, 2020). This creates a disconnect between the initial promise of accessible care and the actual outcomes for clients, many of whom require longer-term support to achieve meaningful change.

Adding to the complexity is the lack of continuity in care. EAP clients who need extended therapy are often referred to other providers, which can disrupt the therapeutic relationship. This discontinuity is particularly problematic for clients who have begun to establish trust and rapport with their EAP-assigned therapist. As stated by McLeod and McLeod (2022), the therapeutic progress is not solely about the intervention itself but also about the relationship between therapist and client. Disrupting this relationship can set back progress significantly.

These challenges underscore the need for a critical re-evaluation of EAP models. While their intention to provide accessible mental health support is commendable, current structures often fall short of this promise. Employers, EAP providers, and professional organisations must collaborate to create systems that balance accessibility with the quality and sustainability of therapeutic care, allowing the therapeutic relationship sufficient time to develop and foster trust and healing.

Many EAPs offer rates that barely cover the operational costs of running a practice, such as rent, supervision, insurance, membership fees, and professional development

To achieve these goals, the formation of joint committees among therapists, employers, and EAP providers could facilitate ongoing dialogue and innovation in EAP frameworks. These committees might focus on advocacy campaigns to raise awareness of the importance of sustainable compensation models and appropriate session structures that benefit both therapists and clients. By envisioning actionable steps towards change, stakeholders can work together to foster an environment where mental health support is both accessible and effective.

In this author's opinion, one of the most fulfilling aspects of therapy is witnessing individuals discover their authentic selves, establish personal goals, and overcome limitations rooted in past experiences. Clients consistently demonstrate courage, and it is an honour to contribute to their journeys toward self-actualisation. The relationships developed with clients are a source of professional pride and motivation.

The financial strain on therapists

One of the most pressing issues is the financial strain EAPs place on therapists in Ireland. Many EAPs offer rates that barely cover the operational costs of running a practice, such as rent, supervision, insurance, membership fees, and professional development. For example, while the average private practice session in Ireland may range from €60 to €100, an online search of EAPs suggests that therapists' rates range from €20 to €50 per session. This disparity devalues the therapist's expertise and many force some practitioners to take on unsustainable caseloads to make ends meet.

Employee Wellbeing Research (REBA, 2022) highlights the precarious financial situation many therapists face with EAP contracts. Approximately 72% of therapists working under EAPs reported that the rates did not adequately compensate for their time, skills, and overheads (Banning, 2020). Bajorek and Bevan (2020) also suggest that the administrative burden of EAP work – including detailed reports, rigid protocols, and communication with case managers – further erodes the financial viability of these contracts. This often-uncompensated workload reduces the time therapists can dedicate to client care, which may exacerbate burnout.

According to Jacobson (2012), therapists working within EAPs face a moderate risk of compassion fatigue. In their 2022 study, Van Hoy and Rzeszutek emphasise the importance of implementing prevention strategies to mitigate the risk of burnout for counsellors and mental health professionals. These strategies include financial rewards for the work undertaken, regular time off, leisure activities, exercise, and maintaining perspective. However, if the work of psychotherapy is undervalued,

achieving these strategies becomes increasingly difficult for therapists.

Financial reward is widely recognised as essential to reducing burnout, yet it remains elusive for therapists whose compensation fails to reflect the demands of their work. Observations of the current job market indicate that EAP programmes frequently fail to provide adequate remuneration for therapists' time, expertise, and emotional labour. This financial strain can create a sense of entrapment in a cycle of burnout, making it difficult for therapists to justify taking time off or to prioritise self-care when financial pressures necessitate ongoing work.

Taking a break also becomes difficult when therapists are stretched thin with heavy caseloads and feel an ethical obligation to meet their clients' needs. Without proper financial support, time off can seem like a luxury many therapists cannot afford, both financially and emotionally. This creates a paradox where the very strategies that can alleviate burnout are undermined by systemic pressures.

The emotional toll of dealing with clients' traumatic experiences can also leave therapists feeling drained, further reducing their capacity for self-care. Without a supportive work environment that values downtime, the likelihood of engaging in leisure activities or exercise diminishes.

Maintaining perspective is perhaps one of the most challenging aspects of preventing burnout when work is undervalued. When therapists are underpaid, overworked, or unrecognised, it becomes difficult to maintain a healthy perspective on their work. The lack of validation can lead to disillusionment or resentment, which often catalyse burnout. Therapists may begin to question their professional worth or feel disconnected from the value of their contributions, leading to disengagement from clients and work. This not only affects the therapist's well-being but can also impact the quality of care provided to clients.

With limited sessions, therapists are often constrained to solution-focused approaches, which may not align with the client's needs or preferences

The impact on therapeutic relationships

It is well documented (Aponte, 2020; Green, 2010; Stubbe, 2018) that the therapeutic relationship is the cornerstone of effective psychotherapy. The bond between therapist and client forms the foundation for trust, understanding, and meaningful change. However, the constraints of EAP frameworks challenge the development and sustainability of this critical alliance.

Therapeutic relationships thrive on time, consistency, and depth. Research consistently highlights the therapeutic alliance as a predictor of successful outcomes. For instance, Wampold (2015) emphasises that the quality of the therapeutic relationship accounts for more variance in outcomes than the specific type of intervention employed. In an EAP setting, where sessions are typically limited to six, the time available to build this alliance may be drastically reduced.

Clients often enter therapy with a range of emotions, from apprehension to hope. Establishing trust in such a brief period may require therapists to work at an accelerated pace, which can feel forced and unnatural. While some individuals may respond positively to short-term interventions, others, particularly those with complex or deeply rooted issues, require more time to feel safe enough to explore their experiences. De Geest and Meganck (2019) suggest that time-constrained therapeutic contexts may further intensify these challenges, as rushed therapy sessions can undermine the depth necessary for meaningful therapeutic work, potentially leading to more superficial interventions and fewer opportunities for in-depth exploration.

EAP frameworks also impact the therapist's ability to personalise care. With limited sessions, therapists are often constrained to solution-focused approaches, which may not align with the client's needs or preferences. A study by Lambert and Barley (2001) underscores that tailoring therapeutic methods to the client's unique context is integral to fostering a strong alliance. The rigidity of EAP protocols can hinder this adaptability, leading to a less client-centred approach.

The disruption caused by session limits is another significant issue. Clients who find themselves mid-process at the end of their allocated sessions often feel abandoned or unsupported, which can erode trust and negate progress. Therapists, too, grapple with ethical concerns, knowing that more therapeutic work may be needed but being unable to provide it within the confines of the contract. As Alfonsson et al. (2023) highlight, premature termination of therapy can leave clients vulnerable and may exacerbate the very issues that brought them to therapy.

In my professional experience, brief EAP engagements can present challenges for both clients and therapists. Recently, at the end of our six allocated sessions, a client told me that she felt that she was just opening up, and then it was

time to close down again. This made her hesitant to fully trust the process. Such perspectives highlight the tension between the intended objectives of EAPs and the practical realities of therapeutic work.

To address these challenges, we must, as a profession, advocate for models that prioritise the therapeutic relationship. Extending session caps or offering pathways for continuity of care can help bridge the gap between short-term interventions and long-term needs. The psychotherapy community must continue to emphasise the value of the therapeutic alliance and advocate for systems that foster its flourishing.

To enhance the effectiveness of advocacy efforts, several practical strategies are available. Developing template letters for therapists to communicate the need for reforms to EAP providers and employers can streamline and strengthen advocacy. Collective bargaining, through which therapists negotiate improved terms and conditions as a group, represents another viable approach. Public awareness campaigns can also educate employers and the broader public about the importance of sustaining therapeutic relationships and ensuring fair compensation, thereby fostering support for systemic change. Implementing these strategies can contribute to a more equitable and effective mental health support system.

EAP utilisation and effectiveness in Ireland

Despite the availability of EAPs in Ireland, utilisation rates remain surprisingly low. A survey indicated that 82% of organisations reported a take-up rate of between 0% to 25% for their EAP services (Wickens, 2024). This underutilisation raises questions about the accessibility and perceived value of these programmes among employees. Furthermore, a study examining the efficacy of EAPs in the Irish context found a lack of factual evidence supporting their effectiveness in preventing, managing, and alleviating workplace stress (Ledden, 2022).

Employees accustomed to free or subsidised sessions through EAPs may baulk at paying standard private practice rates, viewing therapy as a low-cost commodity rather than a specialised and valuable service

According to Lynch (2022), workplace stress – especially among frontline staff – is the main issue raised by employees of the Health Service Executive (HSE) who use the national Employee Assistance Programme. These findings underscore the need for critical scrutiny of EAP structures to ensure they deliver meaningful support to employees while respecting the value of therapeutic work.

The professional devaluation of therapists

The low compensation rates and high caseloads associated with EAP work contribute to the broader devaluation of the psychotherapy profession. When therapists accept substandard rates, it sets a precedent that diminishes the perceived value of their work. This devaluation is compounded by therapists often bearing the emotional and logistical burdens of managing complex cases within restrictive frameworks.

A recent review of active EAP positions on Indeed.com and Irishjobs.ie revealed one EAP role offering part-time shifts of six hours per day, five days a week, with a 30-minute unpaid lunch break. The role required meeting specific targets, including answering each phone call within six seconds and limiting call duration to 20 minutes, resulting in approximately 18 client interactions per day. Although efficiency is necessary, the demands on time, emotional capacity, and professional expertise for such a position are considerable. It is this author's opinion that the offered salary of €22 per hour does not adequately reflect the value of the required skills and emotional commitment.

More worrying is that the widespread adoption of EAPs has shifted public perception of therapy (Csiernik & Darnell, 2010). Employees accustomed to free or subsidised sessions through EAPs may baulk at paying standard private practice rates, viewing therapy as a low-cost commodity rather than a specialised and valuable service. This cultural shift has far-reaching implications for the profession, as it undermines efforts to educate the public about the value of long-term, in-depth therapeutic work.

Advocating for change

To address these issues effectively, a balanced and multifaceted approach is necessary. While EAPs have commendable intentions of providing accessible mental health support, significant improvements are needed to ensure they operate sustainably and ethically.

First, it is essential to acknowledge what EAPs are doing right. They have succeeded in creating pathways for employees to access mental health services that might otherwise be unavailable, especially in work environments where stigma around mental health persists. By providing quick access to short-term support, EAPs help many individuals address immediate challenges. However,

these positive contributions should not obscure the systemic flaws that undermine their long-term effectiveness.

EAP providers must reassess their reimbursement structures to ensure fair compensation for therapists. Adequate compensation is not merely about fairness to practitioners; it directly affects the quality of care that clients receive. When therapists are appropriately compensated, they can dedicate the necessary time, energy, and resources to their clients, leading to better therapeutic outcomes. Conversely, low reimbursement rates and excessive workloads diminish therapists' ability to provide the in-depth care clients often require.

Second, professional bodies like the IACP play a pivotal role in advocating for ethical standards in EAP contracts. Minimum reimbursement rates, protections against administrative overload, and flexible session guidelines tailored to client needs are essential in creating a more equitable and sustainable system. These standards would not only safeguard therapists from exploitation but also ensure that clients receive meaningful support rather than being treated as numbers in a system focused on cost-cutting.

Third, therapists themselves must recognise their worth and establish firm boundaries regarding the terms of their work. It is crucial for practitioners to collectively resist unsustainable contracts that undervalue their skills and expertise. To do this, therapists could consider forming working groups to negotiate better terms and establish minimum acceptable standards for contracts. Another approach might be to coordinate collective refusals of contracts that do not meet these standards, reinforcing the stance that therapists' skills deserve appropriate compensation. This collective action, when supported by professional organisations, can drive systemic change and reinforce the integrity of the profession.

By encouraging collaboration among therapists, professional organisations, employers, and EAP providers, we can create a system that balances financial constraints with ethical responsibilities

Critics may pose valid questions about EAP operations, such as the financial pressures faced or whether therapists can expect better terms from private organisations, but this does not justify practices that undermine the mental health ecosystem. By encouraging collaboration among therapists, professional organisations, employers, and EAP providers, we can create a system that balances financial constraints with ethical responsibilities. Furthermore, arguments that therapists should simply 'opt out' of EAPs fail to consider the wider implications for clients who rely on these services. Reform, rather than abandonment, remains the most constructive way forward.

Public awareness is critical in driving change. Employers and employees must be educated about the limitations of current EAP models and the true value of comprehensive therapy. Employers should be encouraged to view mental health benefits as an investment, not a cost. Providing robust support, such as options for longer-term therapy and fair reimbursement models, can improve workplace well-being and productivity while reducing the stigma surrounding mental health care.

To effectively raise awareness, targeted outreach could include organising workshops and seminars to educate management on the long-term benefits of comprehensive mental health support. Additionally, contributing opinion pieces to industry journals or widely read newspapers can highlight the need for reform and reach a broader audience. Leveraging social media through campaigns and influencer partnerships in the mental health space can further amplify the message, engaging both employers and the public to rethink current models and practices.

Conclusion

As a psychotherapist practising in Ireland, I have firsthand experience of the significant challenges and limitations imposed by EAPs. Although these programmes increase access to mental health services, their current frameworks often place excessive strain on therapists, compromising both wellbeing and professional value. Therapists frequently encounter low compensation, unsustainable workloads, and insufficient recognition for the depth of care they provide, all of which contribute to a system that undervalues their essential contributions.

To address these challenges, it is crucial to implement better boundaries and standards within EAP operations. For instance, therapists should not be pressured to accept inadequate fees that fail to reflect the complexity and expertise involved in their work. Clearer guidelines are also needed to ensure that workloads remain manageable, protect therapists from burnout, and enable them to deliver high-quality care. Additionally, EAP providers must acknowledge the importance of professional development, supervision, and self-care

in maintaining the long-term sustainability of therapists' careers.

The undervaluation of psychotherapy as a profession also creates barriers to the implementation of evidence-based burnout prevention strategies, such as those proposed by Van Hoy and Rzeszutek (2022). While these strategies are vital, they are only effective when therapists work in an environment that respects their worth and provides the resources they need to support their wellbeing. Without addressing systemic issues such as fair compensation, reasonable caseloads, and professional recognition, these strategies risk being undermined.

The psychotherapy profession must come together to advocate for meaningful changes to EAP structures. By uniting as a collective voice, therapists can push for reforms that promote equity, sustainability, and ethical practice. These changes will not only ensure that therapists are valued but will also enhance the care provided to clients, creating a healthier and more effective mental health system. Ultimately, only through collaboration and ethical reform can EAPs fulfil their aim of supporting mental health in a truly sustainable and impactful way.

Siân Williams

As a counsellor and psychotherapist, Siân focuses on empowering her clients to trust their own intuition and cultivate a deeper sense of purpose in their lives. She is committed to creating a safe, reflective, and attuned therapeutic space that supports emotional exploration, self-awareness, and meaningful change. Her work emphasises presence, connection, and the development of a strong therapeutic relationship as central to the healing process.

Siân's approach is holistic, humanistic, and integrative, drawing on a range of therapeutic modalities. She works collaboratively with clients, tailoring her interventions to meet their individual needs and lived experiences.

Her areas of specialism include spirituality, death, loss, bereavement, couples work, trauma recovery, and crises relating to meaning and purpose. In addition to her counselling and psychotherapy practice, Siân may incorporate complementary approaches such as Kundalini practices, Reiki, and shamanic-informed work. She is currently working on her MSc in Loss & Bereavement with the Irish Hospice Foundation and the Royal College of Surgeons.

Contact Siân at satnamtherapy@gmail.com

REFERENCES

Alfonsson, S., Fagernäs, S., Sjöstrand, G., & Tyrberg, M. J. (2023). Psychotherapist variables that may lead to treatment failure or termination—A qualitative analysis of patients' perspectives. *Psychotherapy*, *60*(4), 431-441. https://doi.org/10.1037/pst0000503

Aponte, H. J. (2021). The soul of therapy: The therapist's use of self in the therapeutic relationship. *Contemporary Family Therapy, 44*(2), 136–143. https://doi.org/10.1007/s10591-021-09614-5

Arthur, A. R. (2000). Employee assistance programmes: The emperor's new clothes of stress management? *British Journal of Guidance & Counselling, 28*(4), 549–559. https://doi.org/10.1080/03069880020004749

Bajorek, Z., & Bevan, S. (2020). *Demonstrating the effectiveness of workplace counselling: Reviewing the evidence for wellbeing and cost-effectiveness outcomes*. Institute for Employment Studies. https://www.employment-studies.co.uk/resource/resource-demonstrating-effectiveness-workplace-counselling/

Banning, N. (2020). The big issue: Is EAP counselling really working? *Therapy Today*. https://www.bacp.co.uk/bacp-journals/therapy-today/2020/november-2020/the-big-issue/

Blonk, R. W., Brenninkmeijer, V., Lagerveld, S. E., & Houtman, I. L. D. (2007). Return to work: A comparison of two cognitive behavioural interventions in cases of work-related psychological complaints among the self-employed. *Work & Stress, 20*(2), 129–144. https://doi.org/10.1080/02678370600856615

Csiernik, R., & Darnell, K. (2010). Perceptions of affiliate EAP counsellors: An exploratory study. *Journal of Workplace Behavioural Health, 25*(2), 154–168. https://doi.org/10.1080/15555240.2010.481277

De Geest, R., & Meganck, R. (2019). How do time limits affect our psychotherapies? A literature review. *Psychologica Belgica, 59*(1), 206-226. https://doi.org/10.5334/pb.475

Green, J. (2010). *Creating the therapeutic relationship in counselling and psychotherapy*. Learning Matters.

Jacobson, J. M. (2012). Risk of compassion fatigue and burnout and potential for compassion satisfaction among employee assistance professionals: Protecting the workforce. *Traumatology, 18*(3), 64-72. https://doi.org/10.1177/1534765611431833

Joseph, B., Walker, A., & Fuller-Tyszkiewicz, M. (2017). Evaluating the effectiveness of employee assistance programmes: A systematic review. *European Journal of Work and Organisational Psychology, 27*(1), 1–15. https://doi.org/10.1080/1359432x.2017.1374245

Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training, 38*(4), 357–361. https://doi.org/10.1037/0033-3204.38.4.357

Ledden, V. (2022). *The efficacy of employee assistance programs: Connecting HR & EAP practitioners in the Irish context* [Master's thesis, National College of Ireland]. http://norma.ncirl.ie/5887/

Lynch, D. (2023, April 2). Workplace stress is the "number one issue" raised with the HSE employee assistance programme. *Medical Independent*. https://www.medicalindependent.ie/in-the-news/workplace-stress-is-number-one-issue-raised-with-hse-employee-assistance-programme/

McLeod, J., & McLeod, J. (2022). *Counselling skills: Theory, research and practice* (3rd ed.). Open University Press.

REBA. (2022). *REBA employee wellbeing research 2022*. https://reba.global/resource-report/reba-employee-wellbeing-research-2022.html

Stubbe, D. E. (2018). The therapeutic alliance: The fundamental element of psychotherapy. *FOCUS, 16*(4), 402–403. https://doi.org/10.1176/appi.focus.20180022

Wickens, Z. (2024, July 9). *82% of employers have employee assistance programme take-up between 0-25%*. Employee Benefits. https://employeebenefits.co.uk/healthcare-and-wellbeing/82-of-employers-have-employee-assistance-programme-take-up-between-0-25/276574.article

Van Hoy, A., & Rzeszutek, M. (2022). Burnout and psychological well-being among psychotherapists: A systematic review. *Frontiers in Psychology, 13*, 928191. https://doi.org/10.3389/fpsyg.2022.928191

Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry, 14*(3), 270-277. https://doi.org/10.1002/wps.20238

IACP Noticeboard

Joint Message from your Cathaoirleach and Chief Executive Officer

Dear Member,

As we look forward to the summer months, they offer us time to pause, reflect, reconnect—with yourself, with one another, and with the heart of our community shared professional work.

Annual Conference & Awards Ceremony
In April, many of us gathered at the Johnstown Estate for the IACP's 11th annual national conference, **The Many Faces of Love: Connection, Heart and Healing in Counselling and Psychotherapy**. The theme invited us to name something essential to our profession that often goes unspoken: that at the core of counselling and psychotherapy lies: relationship, care, presence, and ethical commitment. As Irvin D. Yalom reminds us, 'It is the relationship that heals.' At the conference we explored the many faces of that healing - through connection, through heart, and through the enduring power of love in your work. We were honoured to have Regina Doherty, MEP open the conference with heart-felt remarks about the importance of therapy and connection.

Thank you to all the fantastic expert presenters, award recipients, guests both national and international, and our members for sharing in a day that was filled with learning, a renewed sense of purpose, compassion, and connection.

To read more about the conference please see page 31.

CORU Update
In March we met with Minister for Health Jennifer Carroll MacNeill in relation to the CORU Standards of Proficiency and Criteria for Education and Training Programmes published last year for Counselling and Psychotherapy. The meeting was constructive; the Minister listened carefully and acknowledged our concerns. While indicating that the process will

Leas Cathaoirleach Christopher Place, CEO Lisa Molloy, Dr Elsa Soto Leggett, President, American Counseling Association and Cathaoirleach Jade Lawless

Nicole Mac Dermott, Communications Supervisor; Leas-Cathaoirleach Christopher Place, Minister Jennifer Carroll MacNeill, CEO Lisa Molloy, and Iwona Blasi, Innovation & Development Manager at the Department of Health meeting

continue as planned that there will be further opportunities for engagement.

We have since received a written response regarding the legal opinion we commissioned, which outlines the serious concerns we have raised. We are currently reviewing this in close consultation with our legal advisors and will keep you informed of next steps.

We continue to engage robustly and thoughtfully with government, regulators, and sector partners to ensure that the voices, experience, and concerns of IACP members are heard and respected throughout the regulation process. We continue to collaborate with the Irish Council for Psychotherapy and Community Therapy Ireland to amplify our concerns.

Lisa also recently met with Helen Gillespie Brown, CEO of Mental Health Reform to highlight our concerns. Mental Health Reform is Ireland's leading coalition on mental health with 83 member organisations, including the IACP. Helen has agreed that MHR will host an information webinar for its member organisations to include a presentation from Lisa highlighting our concerns about the regulatory process and a panel discussion with Jade and the CEO's of ICP and CTI.

AI 'Therapy' Working Group Update

The IACP together with the College of Psychiatrists of Ireland and the Psychological Society of Ireland met with Health Committee member Deputy Sorca Clarke to amplify the call for the immediate ban on AI 'therapy' in Ireland. Of particular concern for all three groups is the advent and use of AI companions and chatbots which can impersonate therapists and provide emotional advice. Such programs threaten to sever the therapeutic alliance, and the human relationship between therapist and client. Replacing human-to-human contact risks normalising the facade of artificial relationships. Read the full statement on our website.

Our Community: Volunteers, Creativity, and Contribution

Our members and volunteers are the heart and soul of the IACP. From service on our 24 committees, to contributions to research, education, and professional standards, your generosity of time, expertise, and care sustains and nourishes our strong community.

We were particularly impressed by the creativity within our membership, highlighted by the many inspiring entries to conference art competition contributing to the various meaningful ways members continue to shape and enrich the IACP.

Joint Message from your Cathaoirleach and Chief Executive

Top Row: Dr Lorcan Martin, President, College of Psychiatrists of Ireland; Nicole Mac Dermott, Communications Supervisor, IACP; CEO Lisa Molloy, IACP; Dr Geraldine McGuinness, PSI Council Member, First Row: Andrea Ryder, Communications Manager, College of Psychiatrists of Ireland; Dr Orlaith McCaul, PSI, Executive Director; Dr Sarah Cassidy, President PSI Council; Deputy Sorca Clarke; Kennedy Fiorella, Policy and Advocacy Manager, PSI

There are ongoing opportunities to become involved, as a volunteer, including current calls for new members by the Editorial and Research committees. We warmly encourage members who feel curious about volunteering to explore the opportunities listed in the member's area of iacp.ie.

Looking Ahead:
This summer we're looking forward to the **Celebrating Ten Years of Collaboration: Reflecting, Connecting and Advancing Counselling & Psychotherapy. The 10th Counselling and Psychotherapy Conference organised by the IACP and DePaul University - Chicago** will take place in person, in **Trinity College Dublin on 14th July**.

We are delighted to invite members to this exciting annual conference in collaboration with our partners from DePaul. It is wonderful to be back again this summer to meet and reconnect with our colleagues from America. The visiting therapists will be presenting on their experiences and developments within the profession in the states, alongside contributions from our members in Ireland. The day will conclude with a networking reception with attendees and presenters, a great opportunity to reflect and connect.

In closing, we invite you to take time for restoration and reflection. In the spirit of this year's conference theme, may you find moments of softness amid challenge, connection amid busyness, and renewal within our community. Take the time to hold that perspective not only for your clients, but also for yourselves and for one another as colleagues. Caring for our profession includes caring for the people who practice it.

Thank you for your continued commitment to the IACP. Your presence, care, and engagement strengthen our collective work every day.

Best wishes for a lovely and fun summer!

Sincerely,

Jade Lawless
Cathaoirleach, IACP

Lisa Molloy
Chief Executive, IACP

Annual Conference – 2026

The 11th Annual Conference was held on 18th April at the lovely Johnstown Estate, **The Many Faces of Love: Connection, Heart and Healing in Counselling and Psychotherapy**. There was a huge amount of interest in the topic and for the first time additional places were added to accommodate all of the members who wished to attend on the waiting list.

The theme was timely as we live in a world that continues to feel strained by conflict, division, and uncertainty—both globally and closer to home—our work asks us to remain present with complexity and pain, while holding space for hope and meaning. Therapy is, at its heart, a relational act. Healing does not happen in isolation; it happens in connection. Love, in its professional and ethical sense, shows up not as sentimentality, but as attention, courage, acceptance, and the willingness to stay engaged even when things are difficult.

The conference was warmly opened by Regina Doherty, MEP who spoke of the powerful connection of love in our lives echoing the conference theme. She highlighted the importance of therapy and cited the meaningful and impactful work of our members and shared that her family found therapy extremely helpful during challenging times. Regina lives locally in Ratoath, Co. Meath and represents the Dublin constituency in the European Parliament.

Regina Doherty MEP launches the 11th Annual Conference

Cathaoirleach Jade Lawless and CEO Lisa Molloy welcomed and thanked members for coming together to explore the theme and celebrate their colleagues receiving one of the annual awards. Leas Cathaoirleach Christopher Place did an amazing job as emcee and delighted everyone with his humorous anecdotes.

We were lucky with the sunny weather and the thoughtful presentations provided many perspectives on love and much to reflect upon.

Conference speakers:

Caroline McGuigan delivers her moving 'The Power of Love' speech

The first presenter was **Caroline McGuigan**, MIACP. Caroline supports people in finding meaning, purpose, and hope — particularly in the face of profound loss and life challenges. Her work is deeply informed by her own lived experience and her grounding in logotherapy. Her talk titled: 'The Power of Love' took the audience on her honest and powerful journey from the tragic murder of her husband to the healing she has found through love and connection.

Louise Yourell, MIACP and Caitriona O'Meara were up next.

Louise is the founder of Westmeath Counselling Service and a specialist in equine-assisted psychotherapy, while Caitriona brings deep expertise in horsemanship and therapeutic work. Together, they explore the unique relationship between humans and animals in healing. Their presentation 'Healing with Horses and The Animal Human Bond' explored the special and fascinating bond between animals and humans focusing on Equine Assisted Psychotherapy, a form of experiential therapy involving interactions between clients and horses to promote emotional growth and healing.

IACP Noticeboard - Annual Conference Highlights

Louise Yourell and Caitriona O'Meara present 'Healing with Horses and the Animal Human Bond'

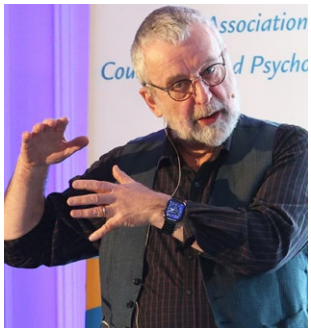
After a delicious lunch and an opportunity to take time to reflect and network in the lovely gardens, members were introduced to the **Social and Leisure Initiative** by Jim Hutton, MIACP.

Jim Hutton explains the new Social and Leisure Initiative

Jim is an experienced psychotherapist and long-standing volunteer and contributor to the IACP and the Chair of Equality, Diversity, and Inclusion Committee and active member of the Volunteer Engagement Committee. The VEC is spearheading this exciting new programme in the development phase at the moment with the aim of creating additonal opportunities for members to connect with the IACP community.

Karen Murphy explains that neutrality is at the heart of couples therapy

Karen Murphy, MIACP was the third speaker and is a psychotherapist, supervisor, and relationship specialist, with a deep interest in the complexities of human connection and couples work, her talk 'Holding the Thin Line Between Love and Hate: Neutrality at the Heart of Couples Therapy shinned a light on the challenges couples face and how they can find their way back to love by working with a therapist.



Michael Harding makes a point during his 'On Tuesdays I'm a Buddhist' talk

Michael Harding is a writer, broadcaster, and storyteller, widely known for his deeply personal reflections on life, spirituality, and healing was our final speaker in what can be nearly described a standup performance, his 'On Tuesdays I'm a Buddhist' talk had everyone hollering with laugher while learning more about the many faces of love in our lives.

Panel Discussions

A big note of appreciation and thanks to Michael Ryan, MIACP for his skilful work as the moderator for the two engaging panel discissions with the day's speakers.

Pictured right: Michael Ryan with conference speakers Caroline McGuigan, Louise Yourell, and Caitriona O'Meara

Art Competition

For the first time we invited members to submit original artwork for inclusion in our annual conference programme and promotional materials. The response was truly inspiring.

Maureen Levy, MIACP, whose artwork was chosen to represent the theme of this year's Annual Conference

At the conference we were delighted to announce that the winning piece was submitted by Maureen Levy, MIACP, whose practice spans drawing, printmaking, abstract image-making and photography. Her striking and nuanced screenprint presents the heart not as a static symbol, but as a restless, living surface – layered with scribbles, fragments of writing and expressive, gestural marks.

Thank you to everyone who shared their work – your creativity reflects the depth, diversity and richness of our community. It's clear that within the IACP membership there exists not only clinical expertise, but a remarkable breadth of artistic talent across many disciplines. You may view the winning artwork and other entries submitted in the members area of iacp.ie.

The IACP Annual Awards Ceremony

At the end of a day devoted to love, we took a special moment to recognise and honour the dedication, contribution, and impact of our members.

Carl Berkeley Memorial Award:
Séamus Sheedy was honoured for his lifelong and transformative contributions to the IACP and the wider field of therapy in Ireland. A highly respected and influential ambassador for the IACP at regional, national, and international levels, Séamus chaired the IACP Board of Directors from 2022 to 2024 and he also served as Cathaoirleach from 2012 to 2014 and served as President of the European Association of Counselling. He was also an Associate Lecturer in Addiction studies and Counselling at Athlone Institute of Technology for five years. His positivity and generous spirit of volunteerism has left an impressive and impactful imprint across our organisation as he has been a dedicated and active IACP member during his 26 years of membership.

Carl Berkeley Award recipient Séamus Sheedy with CEO Lisa Molloy

Public Inspiration Award:
Paula Doyle a survivor and mental health campaigner was presented with the 2026 Public Inspiration Award. Through national media and public testimony Paula has raised awareness of the psychological damage caused by the disclosure of therapy notes, reframing it as a 'second violation' that breaches clinical trust, contaminates recovery, and deters help-seeking. As a survivor and advocate, Paula has transformed her experience of harm into powerful and influential advocacy that has helped shape national debate and policy on the use of counselling records in court. She has turned the distress caused by court processes into a driving force for change. The importance of therapy in Paula's journey of healing highlights why counselling and psychotherapy must be recognised as essential health care and must be protected. Paula accepted the on behalf of the many brave advocates she

Public Inspiration Award recipient Paula Doyle

works alongside and therapists too. It is also for every victim/survivor who has felt exposed, unheard or retraumatized by systems that were supposed to support and believe them.

Research Excellence Award:
David Kelly, MIACP was honoured with the 2026 Research Excellence Award for his timely and thought-provoking research exploring the psychology behind compulsive scrolling and its impact on emotional wellbeing in the article, *"Black mirroring and the paranoid-schizoid simulacrum: scrolling as a defence against the depressive position"* published in the journal *Psychodynamic Practice.* His research explores a behaviour familiar to many, compulsive, seemingly aimless scrolling, and offers a compelling psychological framework for understanding why it is so difficult to stop. His work examines how scrolling can function as a defence against difficult emotions, creating a soothing digital space that allows individuals to temporarily avoid feelings such as responsibility, loss, everyday pressures. David argues that excessive scrolling may ultimately work against the goals of counselling and psychotherapy by limiting opportunities for genuine self-reflection and personal growth.

David Kelly recipient of the Research Excellence Award

Undergraduate Research Excellence Award
Barbara Fiori received the Undergraduate Research Excellence Award for her study, "My Beautiful Accent: The Experience of Bilingual Trainee Counsellors Providing Therapy in English as a Second Language." Barbara's research explores the experiences of trainee counsellors delivering therapy in English as a second language, highlighting how perceived challenges, such as having an accent, pausing to find the right words, or inviting clarification, can strengthen the therapeutic relationship. Her findings show that these moments of vulnerability can deepen connection and enhance authenticity in practice, giving voice to a growing community of multilingual practitioners in Ireland whose diverse linguistic backgrounds add significant value to the profession. Barbara is a PCI College graduate and her dissertation won the Martin Kitterick award 2025. (The Martin Kitterick Award is presented annually to a final year PCI College student whose thesis demonstrates academic excellence and meaningful contribution to the field).

Undergraduate Research Excellence Award recipient Barbara Fiori

The award celebrates exceptional undergraduate research that advances knowledge and practice within counselling and psychotherapy. Colleges across Ireland - with an IACP accredited BSc/BA undergraduate course in counselling/ psychotherapy - are invited to nominate a student with an outstanding dissertation for this award. The IACP Research Committee adjudicates this award and selects the final recipient.

Research Bursary Award
PhD candidate Evelyn Waters was awarded the Research Bursary in recognition of her doctoral research titled "Counsellors' and Psychotherapists' experiences of Dual and Multiple relationships within their local communities in Ireland - a narrative analysis." Evelyn's research highlights the lived experiences of many counsellors and psychotherapists

Evelyn Waters recieved the Research Bursary Award

in Ireland who encounter clients outside of the therapy room which is an everyday reality for many practitioners, particularly those working in small towns and rural communities. Her research aims to not only give a voice to these practitioners, but also to guide them for practice, training and supervision. Established in 2019, the IACP Research Bursary aims to support and encourage members in their research endeavours, while promoting evidence-based practice within the counselling and psychotherapy profession. The award is open to members undertaking doctoral research and is designed to help cover the direct costs associated with completing their studies.

Martin Ryan Postgraduate Bursary:
Fiona Martin-Peelo, MIACP is first recipient of the Martin Ryan Postgraduate Bursary which will support the final two years of her MSc in Art Therapy, Crawford College of Art and Design, MTU, Cork.

Fiona has a career in social work and psychotherapy and her work with children and adolescents is something she really values. By extending her professional development to the specialised area of art therapy, Fiona hopes to enhance her skills in working with children and adolescents. She would like to further develop her practice and to move into other areas such as schools.

Martin Ryan Postgraduate Bursary recipient Fiona Martin-Peelo

The bursary is named in honour of our friend and colleague Martin Ryan, who served as the IACP's Finance Manager for more than 13 years until his death in April 2024. This support is offered in the spirit of Martin's dedication to the IACP and to the development of our profession.

Conference Charity Partner

The IACP appoints a charity partner annually at the conference, this year the **Kevin Bell Repatriation Trust** was announced as the recipient of the €2,000 donation. The trust provides financial assistance and guidance to families seeking to repatriate the remains of loved ones back to Ireland.

The KBRT was founded out of a family tragedy when, in June 2013, Kevin Bell died suddenly in New York. Following an outpouring of support from Kevin's friends, family and colleagues, a significant amount of funds were raised to repatriate his remains back to Ireland. As a permanent legacy to Kevin, the Bell family decided to use the funds to establish a charity to help other families who find themselves in a similar situation. Help comes in the form of financial support as well as advice and guidance on getting the remains of loved one's home as soon as possible.

CEO Lisa Molloy presents the Conference Chairty Partner donation to Colin Bell of the Kevin Bell Repatriation Trust

Regional Award Recipients

Top l/r:
Liz Griffin, Vice Chair of the Dublin Regional Committee accepted the Dublin Regional Award on behalf of Fr Donal Toal

Maura Carey recipient of the Midlands Regional Award

Julie Crone of the Northeast Regional Committee with Tom Tate, recipient of the Northeast Regional Award

Middle l/r:
Family of Northern Ireland Regional Award recipient, the late Sr Breige Reynolds

Catherine Twomey recipient of the Southeast Regional Award

Debbie Hegarty recipient of the Southern Regional Award

Bottom l/r:
Margaret Tierney received the Western Regional Committee Award

Jane Madden accepted the North-West Regional Award on behalf of her late husband David Madden with their daughter

IACP Noticeboard - Annual Conference Highlights

Southern Regional Committee Secretary Denis Buckley and Chair Caroline Flahive

CEO Lisa Molloy, Operations Manager Carol Murray, Member Care Officer Sandra Matthews, and Regional Liaison Officer Liz Gannon

Members enjoy catching up during the tea break

CEO Lisa Molloy, Séamus Sheedy, and Cathaoirleach Jade Lawless

Ravind Jeawon, Vice Chair EDI Committee and William Walsh

Research Committee Chair Aisling O'Connor and Elaine Marrett

IACP Noticeboard

Accreditation Ceremony – 2026

The annual IACP Accreditation Ceremony took place on 27th February at the Royal Marine Hotel in Dún Laoghaire, Co. Dublin, celebrating newly accredited members and supervisors who achieved these significant professional milestones during the past year. The evening was a meaningful occasion, honouring dedication, perseverance, and the high standards that underpin the counselling and psychotherapy profession in Ireland.

Cathaoirleach Jade Lawless warmly hosted the evening and reflected on the many different paths members take towards becoming counsellors and psychotherapists, each guided by unique motivations. She spoke of the privilege of being invited into clients' private worlds and of supporting the training and development of future therapists through her work with PCI College. Jade reminded attendees that while qualification is an important step, accreditation represents the capstone of professional recognition. Noting that as accredited members and supervisors they now belong to a thriving community of 7,000 IACP therapists nationwide. With growing public recognition that mental health is as important as physical health, she encouraged newly accredited members to look to the future with confidence.

Cathaoirleach Jade Lawless speaking at the Accreditation Ceremony

Sincere congratulations were also extended to newly accredited supervisors, whose professional experience now includes the added responsibility of supporting supervisees to grow and flourish. Patrick Harraghy, Chairperson of the Supervision Committee, outlined the committee's role as a trusted resource, guiding members on supervision-related questions and clarifying professional roles and responsibilities.

The ceremony also included personal reflections on the road to accreditation. Gill Leo shared her journey from beginning psychotherapy training in 2018 with the Gestalt Institute of Ireland to completing her Master's degree with honours in 2024. Her research explored dyslexia in the therapeutic relationship, and she spoke movingly about receiving her own diagnosis, encouraging therapists and supervisors to remain mindful of the challenges the written word can pose for neurodivergent clients and supervisees.

Gill Leo shares her journey to IACP accreditation

Craig Barry, a newly accredited supervisor reflects upon his journey

Craig Barry, a counselling psychotherapist and newly accredited supervisor with experience across private practice, corporate settings, and leading mental health organisations, reflected upon his journey. Sharing that the role of a supervisor is quiet -- often unseen work. Where ethical practice, honesty, and confidence steadily take shape where questions are asked, protecting clients, supervisees, and the profession.

Martina McNamara, Chairperson of the Accreditation Committee, highlighted the vital work of the committee and had the honour of calling each member to the stage to receive their well-earned certificates. The celebrations concluded with a lovely reception, allowing members, family, and friends to mark the occasion together.

***Standing**: Accreditation Committee members: Tom Meade, Linda McGuire, Accreditation Committee Chair Martina McNamara, Georgina Kennedy, Maggie Cox, Pauline Bergin, Cathaoirleach Jade Lawless, Regional Director Liam Neville* ***Seated**: Accreditation Supervisor Hannah Furey, Accreditation Officer Jackie Jeanneret, Leas Cathaoirleach Christopher Place, Supervision Committee Chair Patrick Harraghy, and Garda Vetting Officer Carla Kiely*

Nyasha Zvikaramba, Lisa Laverty, Elizabeth Mary Doyle, Philomena Garvey, Marife O'Haodha

Newly accredited member Kathie Connolly Bree with guest

Newly accredited members Joan Martin, Teresina Fitzpatrick, and Aoife Clarke

Nichola Butler enjoys the evening with her daughter Farrah

Members Deirdre Graham and Eibhlín O'Donnell with their guest

Members celebrate at the accreditation ceremony

IACP Noticeboard

Research Highlights

Spring Research Journal Club
We had a fantastic Spring Research Journal Club at the end of March with 220 IACP members attending to explore the topic of Identity and Self-Regulation in ADHD. We were delighted that CEO Lisa Molloy could join us for the evening. Facilitators from IACP's Research Committee shared their reflections on the research paper under discussion and the methods employed. Guest speaker Andrew Harbourne-Thomas (MIACP) delivered an excellent presentation with a focus on the autoethnographic and photovoice aspects of his research grounded in lived experience. The chat function was alive throughout sharing observations and questions for the discussion section at the end.

A taste of the comments from attendees:

> *This was excellent, I really enjoyed it, so well organised and made accessible, even in the introductions there was warmth and a sense of connection, I will definitely attend again – it meets my needs as a practitioner and opens the research door … thank you*

> *I loved all the presentations and the generous sharing of lived experience and professional practice relevance.*

> *Andrew Harbourne-Thomas gave us an excellent insight into how we may improve ourselves as therapists when working with ADHD clients.*

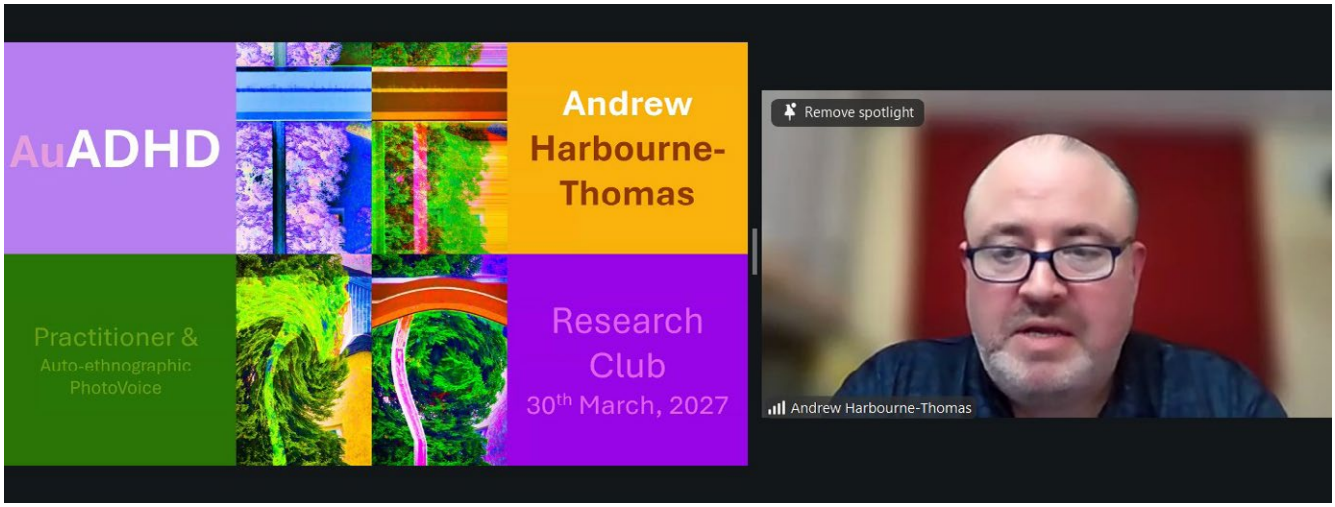
> *Thank you sincerely for the opportunity to attend such an informative CPD event…*

> *Thank you for bringing research to the forefront…*

Summer Research Journal Club
Our 12th Research Journal Club takes place on June 8th (19:00 – 20:30). The paper under discussion will be "Exercise as medicine for depressive symptoms? A systematic review and meta-analysis with meta-regression" by Heissel A, et al. *Br J Sports Med* 2023;57:1049–1057.

Our guest on the evening is Dr Donagh Ward (MIACP). Donagh will draw from his PhD research entitled *"An exploration of Irish counsellors' awareness of the potential benefits of physical activity as an adjunct treatment to counselling for those presenting with moderate depression or anxiety".*

To book your place please visit the events page of the IACP website [Free, CPD]



Guest speaker Andrew Harbourne-Thomas (MIACP)

Research Conference 2026
We're delighted that we will be running a half-day online Research Conference again this autumn. This conference - facilitated by IACP's Research Committee - attracts very large numbers of attendees annually, excited to learn from excellent research in our field. This will be our fourth Research Conference. Previous keynote speakers include Professor Mick Cooper, Dr Una McCluskey and Dr David Trickey along with IACP members presenting and discussing their excellent research on an array of topics. A taste of feedback from attendees at the 2025 Research Conference:

> *All the presentations were excellent and very informative. The atmosphere was very warm and open. It was the best conference I've been at.*

> *I really appreciate that we have a research conference yearly. Hearing from experts in the area but also those who are students and have the passion put into adding to our profession's body of knowledge. It's a great mix and really made the day so enriching for me professionally but also personally in ways. Thank you to the organising team.*

The conference this year will feature an invited keynote speaker, two IACP member speakers and nominees for the Undergraduate Research Excellence Award 2026.

Further details can be found on the Events page of the IACP website.

Research Committee Expansion – Call for Volunteers
Calling on counselling and psychotherapy students, pre-accredited members and accredited members or supervisors within our community:

Do you have an active interest in research and advancing the boundaries of knowledge within our profession? Would you like to participate in shaping the future of research in counselling and psychotherapy in Ireland? Would you like to volunteer on the IACP Research Committee to share your knowledge and skill and add to your experience while advancing our profession?

We are recruiting additional members for our Research Committee. To apply please send a Volunteer Application Form along with your CV and a Cover Letter outlining your interest and experience to IACP Research Lead – ellen@iacp.ie – for review by the Research Committee. The Volunteer Application form is available for download in the Members Area under Get Involved - Volunteer at IACP!

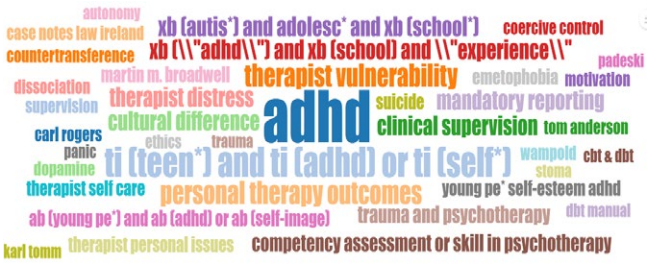
Research Glimpses 16: Insights from Current Research
For our 16th Research Glimpses, Research Committee member Izabela Garkowska Morris selected two recent research papers in the area of screen-time and health consequences for children and adolescents. Reflecting on her choice of research papers Izabela says:

> "The reason behind my choice of these two articles is that I mostly work with adolescents and young adults. My 'radars' are always tuned in towards finding research or resources that can be helpful to my young clients. The therapist and supervisor in me is interested in progressing the understanding of themes in the modern world that affect young people. While researching I found these two articles that complement each other and give a comprehensive idea of the impact of screen time on both physical and mental health. Also, I am a parent, like many other therapists and issues related to children, adolescents and young adults are close to my heart".

You can read Izabela's full Research Glimpses, along with links to the research papers, when you visit the Members Area Research Corner.

EBSCO Research Resources for all IACP Members
A reminder that you have access to the excellent EBSCO research resources of Journals in the Psychology and Behavioural Sciences Collection and the Psychology eBooks collection when you login to the Members Area of IACP.ie and go to the Research Corner.

Recent top search terms of IACP members:



IACP Noticeboard

EDI Committee Update:

Equality, Diversity & Inclusion Matters

The first of this year's biannual meetings between the IACP's Equality, Diversity and Inclusion Committee and the IACP Course Providers representatives took place recently online where an outline of current EDI related commitments and future developments were discussed in detail.

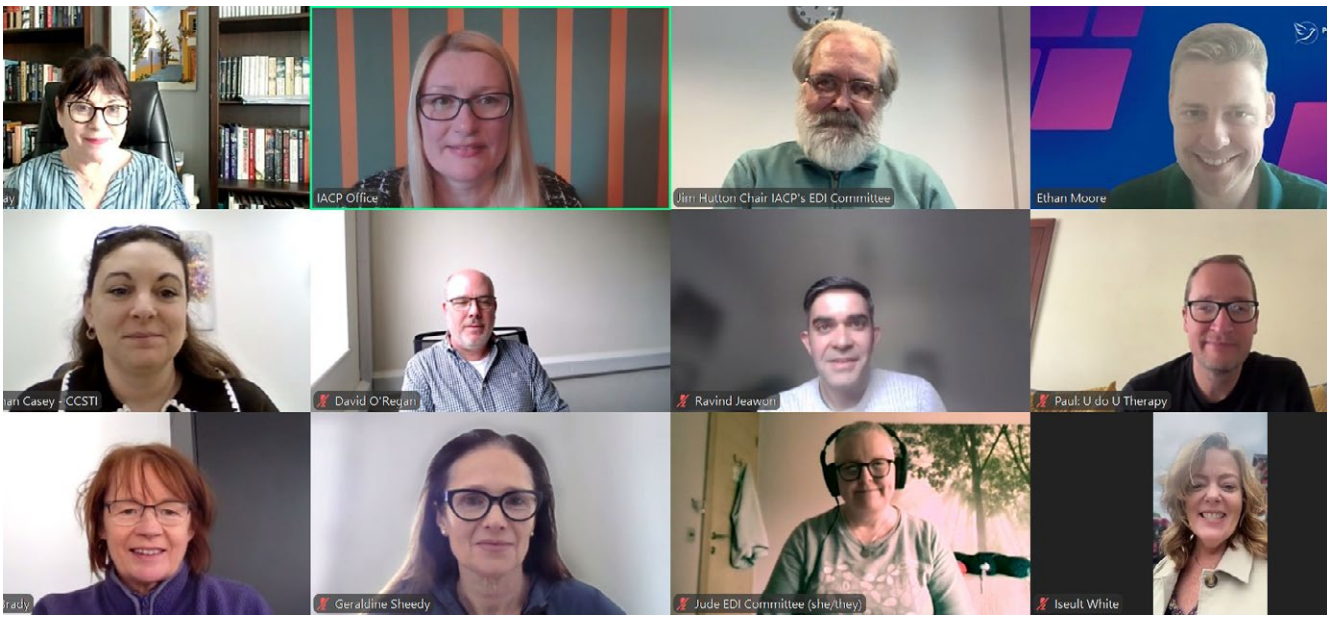
The key items included updating progress regarding the holistic integration of Equality, Diversity and Inclusion within all course content and modules, and the provision of support regarding the EDI welfare of all students and staff within each institution accredited to IACP.

Each of the attending course providers were invited to share their actions and interactions with EDI matters over the past year. Besides the significant pro-responsive commitments and undertakings including an EDI Committee in situ for two years, **PCI College** have also initiated an Inaugural EDI Student Bursary Scholarship which aims to half the academic fees for the successful recipient.

The **Cork Counselling & Training Institute** have participated in a joint initiative with the Travellers' community engaging in Travellers' Pride week in Cork and in advancing ongoing connections connections and awareness trainings with Travellers' Visibility Group (TVG) in the city. TVG were also invited to speak at the recent 40th anniversary celebration of CCSTI.

DBS outlined their existing DEI policy as a foundational priority for many years, not least because of their high population of students from other countries and nationalities attending their courses. DBS have also received a Bronze Athena Award for their DEI initiatives across their campuses including the introduction of lanyards to facilitate those neurodivergent students and staff who wish to make visible and to give awareness of their needs.

Munster Technological University (MTU) had three representatives from its Faculty of Health and Social Sciences present and highlighted the need to bring awareness to the hidden, silent, and unseen



Attendees at the opening 2026 biannual meeting included Helen May, Dublin Arts Therapy; Iwona Blasi, IACP Innovation & Development Manager; Jim Hutton EDIC Chair; Ethan Moore, Head of Operations PCI, Siobhan Casey, CCSTI; David O'Regan, IICP College Director; EDIC Vice-Chair, Ravind Jeawon; EDIC member Paul O'Beirne; Rae Brady & Geraldine Sheedy MTU; Jude Coughlan EDIC member, and Iseult White, Dublin Business School. Other attendees not in the photo included EDIC members Anita Furlong and Ejiro Ogbevoen, course provider representative, Madelyne O'Riordan

communities in our midst. They intend to explore further the concept of an EDI focussed bursary and praised the work of the EDI Committee especially regarding their impactful and highly successful EDI Conferences. MTU expressed interest in availing of EDI related workshops and speakers for their students if that was possible.

Dublin Arts Therapy College attended the previous biannual meeting of this group and was so impacted by EDI Committee member, Jude Coughlan's presentation of the Power Dynamic Wheel last year that it has been creatively integrated as a standard educational tool into the module on Diversity and Difference within Clinical Practice for third-year students.

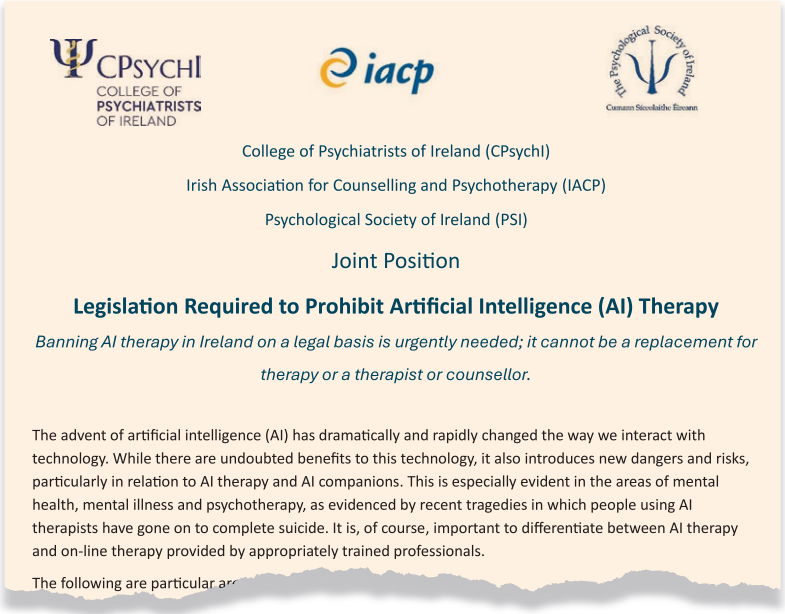
The **IICP** shared that EDI is an important aspect of the ethos of their institution, not least as they have been providing training and pluralistic curricula for multi-cultural therapy for a considerable number of years with EDI representing an integral aspect of their course options and awards.

Contributions from the six EDI Committee attendees included Jude Coughlan, who advocated for institutions to be spaces of reflection themselves. Anita Furlong sought more visibility for EDI in course content and throughout the institutions. She expressed significant merit in the provision of EDI bursary scholarships. Ejiro Ogbevoen highlighted the need for a respective space around race, privilege, and unchecked bias.

It was agreed to plan for the second biannual meeting, in person, with a hybrid facility for those who may not be able to travel. A date in mid-November is preferred and each course provider is requested to send three representatives to promote subsequent and ongoing EDI related dialogue within each institution.

Further Collaborative Action Undertaken by Sister Organisations – Advocating the Ban of AI 'Therapy'

Last February, Dr. Lorcan Martin, President of the College of Psychiatrists of Ireland reached out to IACP and to the Psychological Society of Ireland (PSI) to prepare a joint paper for submission to the government and to the general public on the significant dangers of online AI 'Therapy'. This follows the historical initiative undertaken by the EDI Committee to invite leaders of psychiatry and psychology representative bodies in Ireland to participate in a panel discussion at the second IACP EDI Le Chéile Conference at DCU last year.



College of Psychiatrists of Ireland (CPsychI)

Irish Association for Counselling and Psychotherapy (IACP)

Psychological Society of Ireland (PSI)

Joint Position

Legislation Required to Prohibit Artificial Intelligence (AI) Therapy

Banning AI therapy in Ireland on a legal basis is urgently needed; it cannot be a replacement for therapy or a therapist or counsellor.

The advent of artificial intelligence (AI) has dramatically and rapidly changed the way we interact with technology. While there are undoubted benefits to this technology, it also introduces new dangers and risks, particularly in relation to AI therapy and AI companions. This is especially evident in the areas of mental health, mental illness and psychotherapy, as evidenced by recent tragedies in which people using AI therapists have gone on to complete suicide. It is, of course, important to differentiate between AI therapy and on-line therapy provided by appropriately trained professionals.

The following are particular ar

The initial meeting of the joint group took place mid-February at Connolly Hospital, Dublin hosted by PSI's Dr. Gerldine McGuinness, along with Graham Murray, attended by Dr. Lorcan Martin and Andrea Ryder representing the College of Psychiatrists of Ireland, and Jim Hutton, Chair EDI Committee, representing IACP.

The key aim of the initiative advocate for the ban of AI 'therapy' in Ireland and to highlight the potential life-threatening dangers of this easily accessible format.

Four weeks of intense inter-communication between all three bodies including IACP's CEO Lisa Molloy and Communications Supervisor Nicole Mac Dermott, resulted in a published paper and press release in March, available on iacp.ie. The paper outlined the dangers of AI 'therapy' from the joint and individual professional perspectives of each of the three professional bodies.

IACP in the Media

1st May – 'Truly honoured': Offaly man receives prestigious IACP Carl Berkeley Memorial Award featuring Séamus Sheedy in the Midland Tribune, Tullamore Tribune, Offaly Live and Clare Champion

1st May – Waterford PhD candidate awarded prestigious research bursary featuring Evelyn Waters in the Waterford People

2nd April – Leitrim Pride welcomes calls for a Europe–wide ban on 'torture' conversion therapy featuring IACP's statement on banning conversion therapy

14th April – What's expected of you as a new grandparent? Here are 12 things the experts recommend – featuring Jared Gottlieb, MIACP in the Irish Examiner

26th March – Joint Statement – College of Psychiatrists of Ireland, Irish Association for Counselling and Psychotherapy and Psychological Society of Ireland – Healthcare bodies demand immediate ban on AI 'therapy' – This statement was covered in the Irish Examiner, Irish Independent and the Irish Medical Times

22nd February – Wellbeing coach Orlagh Reid says now is the best time to start New Year's resolutions on RSVP live

1st February – The stories we tell ourselves featuring Leo Muckley in the West Cork People.

9th February – The community groups shifting our social scene away from alcohol featuring Orlagh Reid on RTE.ie

5th February – Spring in Your Step featuring Orlagh Reid on RSVP.ie

7th January – Calls to ban 'conversion therapy' grow as practice persists in Ireland featuring the IACP in Gay Community News (GCN)

13th January – Gay Irish Traitors star Matthew founds anti 'conversion therapy' group after church tried to "cure" him mentions the IACP in in GCN

19th January – Graham Norton and Alan Cumming call for ban on 'conversion therapy' in GCN mention's the IACP's statement on the issue.

Radio

Joe Heffernan featuring weekly on C103

Dr. Karen Ward on Henry McKean programme on Newstalk

IACP Accreditations

First Time Accreditation

Elaine King	Co. Galway	Susan Kelly	Co. Dublin	Lynn McGovern	Co. Kildare
Olena Kutsovska	Co. Kerry	Paul O'Raw	Co. Dublin	Anthony Burchill	Co. Cork
Jennifer Gregg	New Zealand	Jim Murray	Co. Cork	Ann-Marie Coen	Co. Sligo
Farah Saeed	Co. Dublin	Brenda Cooney	Co. Galway	Bernadette Flanagan	Co. Limerick
Jill Applegate	USA	Kristyna Alessandrini	Co. Wicklow	Lorraine Patchell	Co. Dublin
Marie Burke	Co. Donegal	Eimear Dilleen	Co. Clare	Kevin Bailey	Belfast
Caroline Crotty	Cork	Kerry Ann Sutcliffe	Co. Dublin	Donna Smith	Co. Wexford
Jack Harding	Co. Cork	Sophie Kelly	Co. Meath	Catherine Connaughton	Co. Kildare
Louise Carolan McKeon	Co. Cavan	Sarah McLoughlin	Co. Dublin	Denise Wogan	Co. Louth
Antonia Fleeton	Co. Meath	Sheena Kelly	Co. Galway	Stefanie Gulde	Co. Kilkenny
Claire Mc Grotty	Co. Dublin	Nina Sharif	Co. Cork	Noeleen Christie	Co. Leitrim
Laura Coyle	Co. Meath	Alex Clifford	Co. Waterford	Marion Godley	Co. Kerry
Rebecca Krist	Co. Meath	Vicky Hardwick	Co. Dublin	James Jenkins	Co. Dublin
Jane Robinson	Co. Dublin	Christine Keohane	Co. Cork	Kamila Maj	Co. Meath
Simon Harvey	Co.Dublin	Darren Dempsey	Co. Dublin	Tim Murphy	Co. Monaghan
Neil Browne	Co. Kerry	Elizabeth Wonnacott	Co. Galway	Mary Sheehan	Co. Tipperary
Jean Carroll	Co. Monaghan	Gordon O'Brien	Co. Wicklow	Ryan Kiely	Co. Cork
Ronan Flaherty	Co. Galway	Charmaine Chiwara	Co. Kildare	Deirdre Hogan	Co. Dublin
Jennifer Kelly	Co. Wicklow	Edel Donegan	Co. Clare	Shane Hickey-O'Mara	Co. Limerick
Raymond Bourke	Co. Dublin	Nigel MacMillan	Co. Dublin	Luiz Gasparelli	Co. Dublin
Kellie Young	United Kingdom	Paul Lynch	Co. Dublin	Claudiu Negosanu	Co. Wexford
Lisa Kenny	Co. Kildare	Angelina Howard	Co. Cork	Jessica Staines	Co. Dublin
Geraldine Flanagan	Co. Cork	Emily Nilsson	Co. Cork	Anne-Marie Ní Dhomhnaill	Co. Dublin
Lorna Hewson	Co. Leitrim	Francine Assoni	Co. Dublin	Melissa Canning	Co. Wicklow
John Dowd	Co. Mayo	Bradly Molloy	Co. Dublin	Eimer Kernan	Co. Dublin
Justé Kingston	Co. Cork	Jeanne Lowe	Co. Dublin	Michelle Delia Meaney	Co. Cork
Margaret Perle Hennessy	Co. Kilkenny	Aiden Thompson	Co. Donegal	Jonathan Boland	Co. Meath
Maria Whelan	Co. Kildare	Ana Moore	Co. Cavan	Sam Reardon	United Kingdom
Shane Traynor	Co. Dublin	Niamh Fennessy	Co. Dublin	Caroline O'Gara	Co. Galway
Imelda Heaphy	Co. Wicklow	Michael O'Kelly	Co. Wexford		

Newly Accredited Supervisors

Margaret Somers O'Brien	Co. Carlow	Ciara Griffiths	Co. Dublin
Declan Fitzpatrick	Co. Dublin	Harry Kennedy	Co. Cork
Michelle Surdival	Co. Limerick	Grainne Coffey	Co. Wicklow
Rose McGrath	Co. Cavan	Ines Hasenfuss	Co. Limerick
Emma McCormack	Co. Kildare	Sandra O'Keeffe	Co. Waterford
Gerard Dunne	Co. Dublin	Mary Clarke	Co. Dublin
Janette Murphy	Co. Dublin	Ann Mary Blackburne	Co. Cork
Susan Foley	Co. Wexford	Pauline Glavin	Co. Cork
Peter Thompson	Co. Cork	Paraic Barnes	Co. Clare
Christina Treacy	Co. Galway	Tara Thompson	Co. Dublin
Darina Stoilova	Co. Waterford	Louise Lyons	Co. Galway
Doreen Nolan	Co. Dublin	Karen O'Connor	Co. Galway

Irish Association for Body Psychotherapy

European Association for Body Psychotherapy

19th EABP CONGRESS

3-6 September 2026 | Cork City, Ireland

BODY PSYCHOTHERAPY ON THE EDGE

Moving *beyond* Polarities

PRE-CONGRESS WORKSHOPS

FULL-DAY WORKSHOPS
Wed, 2 Sept

Matthew Appleton

The World As Womb

Merete Holm-Brantbjerg & Kolbjørn Vårdal

Disgust – An Essential Element in Trauma - Work

Steve Hoskinson

The Therapeutics of Self-Organization

Rae Johnson

Bodies at the Edge

Margaret Brady

Thin Places

Tricia Healy

Making Friends with Your Mortality

Stefan Ide

Body Psychotherapy with Horses

Christiane Lewin

The Quest for the Alive Core

HALF-DAY WORKSHOPS
Thu, 3 Sept

34 CPD CREDITS

BOOK NOW

Lower Rates Before 31 July

MEDIA INFORMATION

ADVERTISING IN THE IRISH JOURNAL FOR COUNSELLING AND PSYCHOTHERAPY

Advertise in the most widely read professional journal for counsellors and psychotherapists in Ireland

The Irish Journal for Counselling and Psychotherapy is the quarterly publication for the Irish Association for Counselling and Psychotherapy (IACP) and has an outreach of 6,000 readers (including institutions and universities). For information on pricing, ad specifications and deadlines please email: communications@iacp.ie

Please see:

www.iacp.ie/IJCP-back-editions for examples of the journal

MEDIA INFORMATION

ADVERTISING IN THE IRISH JOURNAL FOR COUNSELLING AND PSYCHOTHERAPY

Advertise in the most widely read professional journal for counsellors and psychotherapists in Ireland

AD SIZE	PRICE
Full Page	€720
Half Page	€480
Quarter Page	€360
Eighth Page	€180
Back Cover	€900
Flyers	€POA
Advertorials	€POA

Please note: we do not charge VAT on our adverts

ADVERTISING DEADLINES
BOOKING AND ARTWORK
31st January
30th April
31st July
31st October

Please note: requests for ads to appear on specific pages cannot be guaranteed

DIMENSIONS FOR ARTWORK

All ads should be supplied at the correct dimensions as re-scaling can cause distortion or reduction in quality.

Full Page: w179mm x h249mm
Half Page: w179mm x h123mm
Quarter Page: w88mm x h123mm
Eighth Page: w88mm x h60mm

To ensure text is legible please ensure that the content suits the size of ad chosen. The minimum guideline size for body text is 8pt type

PUBLICATION DATES
Spring - 1st March
Summer - 1st June
Autumn - 1st September
Winter - 1st December

For ad bookings and back issues please see:

www.iacp.ie/IJCP-back-editions

iacp