Genesis Psychotherapy Family Therapy Service:

An Evaluation and Review

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What clients said about Genesis….

“The counselling was a life saving thing to do. I didn’t know what else to do, where else to go…”

“All I can say is that only for it I would have been lost! For me now it has been a brilliant service.”

“It was like learning to step back and think about the other person. She made us think and put us on the right track.”

EXECUTIVE SUMMARY AND RECOMMENDATIONS

Corduff Counselling Service was the forerunner of the Genesis Psychotherapy Family Therapy Service (hereafter referred to as Genesis). It was established in 1993 by the Corduff Community Core Group as a community service to provide psychotherapy and counselling to individuals, couples and families in Corduff and the Greater Blanchardstown area. It was initially set up and managed by voluntary staff, who had trained at the Clanwilliam Institute, to provide a systemic family therapy service to clients in the local community. Over an 11 year period the service has developed considerably in size and professionalism and now serves the Dublin 15 area or Community Care Area 6.

Aim

The aim of this service evaluation and review was to assess the effectiveness of Genesis and identify the optimal path for future development.

Method

To address these questions, key people from the organization were interviewed. These included the manager, management committee, therapists, supervisors, administrators and a colleague from the supporting Northern Area Health Board. In addition, an analysis of data from 399 referrals was conducted; a therapy effectiveness review of 67 treated cases was completed; and interviews with 15 clients and a satisfaction survey with 24 clients were also conducted.

Referral Patterns and Problem Profiles

From January 2000 to March 2004 399 cases were referred to Genesis. For the period 2000-2002 an average of 72 referrals were received per annum. In 2003 this figure increased to 156 representing an 116% increase in referrals from the preceding 3 years. Referrals came from GPs and other sources in Blanchardstown, Mulhuddart Corduff and Clonsilla. While Genesis is a family oriented service, in about 3 out of 4 cases, the primary focus is on women's health and the most common referral problems are marital relationship difficulties, management of child or adolescent behaviour problems and adult depression.

Service effectiveness

From the perspective of clients, therapists and referrers, there is good evidence from this review that the service is effective. Therapist classified 9 out of 10 cases as partially or much improved. Three quarters of clients survey reported that Genesis helped them to deal more

effectively with their problems. Two thirds of referrers surveyed reported that the clients they had referred were significantly helped by the service. These improvement rates are similar to those reported in the international scientific literature on the effectiveness of systemic therapy.

Client Satisfaction

Clients valued being offered appointments promptly at Genesis which they saw as a local friendly centre. About 8 out of 10 clients were very satisfied with the service they received and rated the quality of the service received as excellent.

Referrer Satisfaction

About two thirds of referrers rated the quality of the service as good or excellent, were satisfied with the service, and believed their clients were helped to deal with their problems more effectively at Genesis.

Therapists' perspective

Therapists valued offering a community based and accessible service in which there were good working relationships, responsive administration and management, and opportunities for professional development.

Clinical supervision

Group supervision has been offered by the Clanwilliam Institute to therapists at Genesis who rated the supervision as good or excellent. Supervisors also rated the supervision process positively in terms of improving the quality of clinical expertise of the therapists.

Management Committee and Genesis' Staff Perspective

The main goal of the management committee is for a more diversified service to be delivered by full time staff from appropriate premises with adequate long term funding. This goal is echoed by administrative and therapeutic staff.

Recommendations

All of the recommendations listed below are consistent with the principles of equity, people-centeredness, quality and accountability set out in the National Health Strategy 2001. They are also consistent with overall strategy set out in that document for the development of primary care networks and community care programmes to meet health care needs of women, children, and people with mental health problems.

Premises

It is strongly recommended that Genesis be based in a larger and more appropriately designed and equipped premises as soon as possible. This is essential for the viability of the service.

The premises should include designated reception, office and waiting areas; proximity to a crèche or a designated crèche area; soundproofed therapy rooms with one-way screen's to permit family therapy team work for complex cases; and adequate play equipment for working with young children.

To retain the accessibility of the service, which is one of its strengths, the premises should be located in a setting that is local and accessible to the community it serves. However, the premises should be located in a setting that permits clients to retain a degree of confidentiality about attendance.

Staffing

It is recommended that in addition to current part-time, temporary sessional family therapists, and trainee family therapists, that additional staff be recruited and funded by NAHB. In the short term two full time registered systemic therapists should be appointed. With two full time therapists, the service could provide continuity of care for clients over vacation periods, maternity leave and so forth, without having to arrange locum cover. In recruiting such staff, efforts should be made to employ a balance of male and female staff and also to recruit therapists from the local community (with due regard for equal opportunity legislation). It is recommended that an additional permanent fulltime staff member be recruited to fulfil additional administrative workload entailed by expansion of the clinical service.

Quality systemic family therapy practice

It is recommended that steps be taken to facilitate systemic family therapy practices. These include, routinely inviting all family members to therapy sessions; empowering clients who attend therapy to help other family members to engage in therapy; scheduling regular team-based family therapy practice sessions where at least two therapists work together; developing a flexible appointment system where appointments are available within and outside office hours; and arranging child-minding facilities for those instances where work with the adult subsytem of a family only is required. A critical practice issue which is strongly recommended is offering clients a choice of male or female therapists.

Interagency liaison

It is recommended in the short term that continuing efforts be made to liaise with referral agents in primary care, community care, education and other agencies informing them of types of clients that may be referred to Genesis, the referral process, the services offered, staffing arrangements, fee structure, and the way feedback to referrers is provided.

It is recommended that in the medium term (once additional staff are available) highly focused group-based courses be developed and delivered by Genesis staff in collaboration with colleagues from other disciplines and agencies. Key topic for such course include: health, nutrition and stress management for women; life skills training; parenting skills training; and anger management and family violence. These courses should be offered as a way of engaging vulnerable clients who might benefit later from therapy or participating in interagency projects.

It is recommended that in the medium term (once additional staff are available) systemic, interagency, multidisciplinary projects be developed with colleagues in a variety of disciplines from primary care, community care, education, probation and other services. These projects should target specific health care needs of vulnerable groups, particularly isolated women; multiproblem families where adults and children have significant problems; families with at-risk preschool children; and families with school-aged children with multiple problems. In these projects, it will be essential to engage with vulnerable families and develop good outreach practices.

Professional development and supervision

It is recommended that a continuing professional development policy and related procedures be developed. These should make provision for regular staff team meetings; regular supervision; and occasional in-service training in specialist skills required to meet needs of specific client groups, for example in the area of domestic violence.

It is recommended that the current supervision arrangements involving the Clanwilliam Institute and Genesis be formalized and extended to cover supervision needs of full-time staff when they are appointed; individual supervision needs of pre-registration therapists, who can accelerate the process of registration by accumulating individual supervision hours; and live consultation (using a one-way screen) for staff working with complex cases.

It is recommended that a referral screening procedure be developed to facilitate matching case complexity with therapist proficiency.

It is recommended that supervision policy and procedures should be developed to cover issues such as making supervision contracts more explicit; preparing for supervision sessions; reviewing the supervision process periodically; and structuring supervision with a balanced focus on the content and process.

It is recommended that training for the management and board of directors be made available to equip them with the skills to develop the service.

Genesis - Clanwilliam Institute connection

It is recommended that the collaborative relationship between Genesis and Clanwilliam Institute which currently covers staff training, supervision and service development consultancy be contractually formalized and funding required to implement this long term agreement be established.

It is recommended that the Genesis-Clanwilliam connection serve as a model for the development of other similar connections in which the Clanwilliam Institute offers training, supervision and service development consultancy to community based systemic family therapy agencies. Genesis could work alongside the Clanwilliam Institute in establishing such services in other areas by administering the reception of referrals and scheduling appointments, until such time as local management groups for other centres are established.

Screening and ongoing evaluation of service effectiveness

It is recommended, that a reliable and valid system be put in place to screen clients as they enter the service and to monitor, in an ongoing way, improvements shown by clients over the course of therapy. At intake a system is required to screen clients for suitability. This system should identify clients who require referral to other services, at least in the first instance. This screening system should allow therapists to screen and refer on clients who, for example, show suicidal intent; severe psychotic symptoms; severe eating disorders; or who require court-ordered assessments in child protection or custody and access cases. A system for monitoring improvements over the course of therapy should include the following elements: (1) single item scales for rating the severity of specific presenting problems; (2) reliable and valid psychometric measures of general adult adjustment, child adjustment, and family functioning. An assessment pack containing these two key elements should be brief enough for a busy therapist to complete as an adjunct to intake interviews and as a routine element of final sessions with all clients. Periodically data from a system like this may be aggregated across cohorts of clients and comparisons made between pretherapy and post therapy scores, to evaluate service effectiveness.

Stages of Organizational Development

It is recommended that in the first stage of organizational development staff recruitment and obtaining an appropriate premises be prioritized. In the second stage priority should be given to enhancing service quality, involvement in intensive interagency liaison, professional development, and development of a service evaluation system. Of course, these processes

should b e given attention during the first stage of organizational development, but they should be the main focus of the second stage.

CONTENTS

Foreword

Executive summary

List of tables and figures

Chapter 1. Aims, scope and method

Chapter 2. The development of Genesis

Chapter 3. Referral patterns and problems

Chapter 4. Clients' experiences at Genesis.

Chapter 5. Client satisfaction survey

Chapter 6. Referrer satisfaction survey

Chapter 7. Therapists' experiences at Genesis

Chapter 8. Therapists' evaluation of client improvement

Chapter 9. Therapists' satisfaction with supervision

Chapter 10 . Supervisors' experiences of supervision

Chapter 11. Relationship between the Clanwilliam Institute and Genesis

Chapter 12. Management Committee's experiences

Chapter 13. Administrative staff's experiences

Chapter 14. Views of a health board officer acquainted with Genesis

Chapter 15. Conclusions and recommendations

Appendix A. Client Experience Semi-structured Questionnaire

Appendix B. Client Satisfaction Questionnaire

Appendix C. Referrer Satisfaction Form

Appendix D. Therapist Case Evaluation Form

Appendix E. Therapist Supervision Experience Questionnaire

Appendix F. Supervisors' Experiences of Supervision Form

LIST OF TABLES AND FIGURES

Table 1. Genesis time line

Figure 1. Organisational structure of Genesis

Table 2. Referral sources

Figure 2. Referral sources

Table 3. Geographic distribution across living areas 2002 vs 2003

Figure 3. Geographic distribution of clients across living areas

Table 4. Medical card status

Figure 4. Medical card status

Table 5. Main presenting problems

Figure 5. Main presenting problems 2000-2004

Figure 6. Main presenting problems by gender 2000-2004

Table 6. Frequencies of other problems and difficulties

Figure 7. Frequencies of other problems and difficulties 2000-2004

Figure 8. Frequencies of other problems and difficulties by gender 2000-2004

Table 7. Clients' experiences of therapy

Table 8. Helpful factors in therapy identified by clients

Table 9. Clients' service satisfaction

Table 10. Clients' ratings of changes in problem severity before and after treatment

Figure 9. Clients' ratings of changes in problem severity before and after treatment

Table 11. Referrer's satisfaction with the service

Table 12. Helpful factors identified by referrers

Table 13. Referrer's suggestions regarding service

Table 14. Therapists' evaluation of clients' characteristics and progress in therapy

Table 15. Therapists' ratings of changes in problem severity before and after treatment

Figure 10. Therapists' ratings of changes in problem severity before and after treatment

Table 16. Therapists' supervision experiences and satisfaction with supervision

Table 17. Most helpful factors in supervision identified by therapists

Table 18. Therapists' suggestions for improvement of supervision

Table 19. Supervisors' experiences of supervision

EVALUATION TEAM AND CONTRIBUTORS

Evaluation Team

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Dr Gregor Lange, Clinical Psychologist, North Eastern Health board
Sr. Jo Kennedy, Systemic Family Therapist. Formerly Director, Hesed House Counselling Service. Inchicore, Dublin.

Contributors

Manager

Padraic Gibson, Manager of Genesis and Family Therapist

Management Committee

Marion Coady, Chair Person
Ann Smith, Treasurer
Sr. Regina King, Staff Liaison Officer
Maria Elatrash, Ordinary Member
Breda Grehan, Ordinary Member
Helen Brophy-Macken, Ordinary Member
Claire Galligan, Ordinary Member

Administrative Staff

Ann Minto, Administrator
Roseline Heagney, Administrator
Philly Walsh, Administrator

Therapists

Tony Horgan, Family Therapist
Ethel Galvin, Family Therapist
Caitriona Scanlon, Family Therapist
Noelle Meehan, Family Therapist
Dr. Valerie Thompson, Trainee Family Therapist
Nuala McGuirk, Family Therapist
Emer Cronin, Family Therapist

Consultancy and Supervision, Clanwilliam Institute

Dr Ed McHale, CEO Clanwilliam Institute, Clinical Director and Supervisor at Genesis
Ines Collins, Clinical Supervisor
Noreen Dennehy, Clinical Supervisor

Northern Area Health Board

Mary Troy, Women's Health Development Officer, Women's Health Unit, NAHB

CHAPTER 1

AIMS, SCOPE AND METHOD

Genesis Psychotherapy Family Therapy Service (hereafter referred to as Genesis) was established in 1993 under the name of Corduff Counselling Centre to provide psychotherapy and counselling to individuals, couples and families in Corduff and the Greater Blanchardstown area. It was established and managed by voluntary staff initially. Over the past decade Genesis has grown to meet increasing demands. This growth has been sufficient to justify the appointment of a full time professional manager to manage the service and this post is funded by the Northern Area Health Board. Staff at Genesis are trained in systemic family therapy through the Clanwilliam Institute.

Aims and Questions

The aim of the service evaluation and review described in this report was to evaluate the effectiveness of Genesis and identify the optimal path for future development. This service review and evaluation was commissioned at a critical transitional point in the development of Genesis. What was a local voluntary community support project was evolving into a professional community psychotherapy and consultation service. There was also the broader question about the establishment of other similar services in other localities, if the evaluation showed that Genesis is an effective model for community based counselling services. The evaluation aimed to address the questions listed below and make recommendations about service development.

The following specific questions were addressed.

Development. How has Genesis developed since its inception in 1993.

Referral patterns and client problem profiles. What is the pattern of referrals to Genesis and how has this grown in recent years? In what geographic areas do clients live? What proportion of clients are eligible for medical cards? What are the main presenting problems with which clients present? What are the range of other problems and difficulties with which clients present?

Client's satisfaction. What are client's experiences of attendance at Genesis? How satisfied are clients with Genesis and how effective is the therapy they received from their perspective?

Referrer's satisfaction. How satisfied are referrers with Genesis?

Therapists' perspective. What are therapists ' experiences of Genesis? How do therapists rate the improvement shown by clients who attended Genesis? How satisfied are therapists who work at Genesis with the supervision offered by the Clanwilliam Institute?

Supervisors' perspective. What are the experiences of clinical supervisors at the Clanwilliam Institute who provide supervision for therapist who work at Genesis?

Clanwilliam-Genesis connection. What possibilities are there for developing the relationship between the Clanwilliam Institute and Genesis?

Management Committee's perspective. What are the views of the Management Committee of Genesis on the service and its development?

Administrative staff's perspective. What are the views of the administrative staff of Genesis on the service and its development?

Health Board perspective. What are the views of a health board officer acquainted with Genesis concerning its development?

Along with these specific questions, the evaluation addressed a number of more general questions. These more general questions were answered by integrating information arising from answers to the specific questions listed above.

Effectiveness. Is the service offered by Genesis effective?

Funding consolidation and expansion. If the service is effective and in demand, what are the most appropriate ways to consolidate and expand it? What is the most appropriate site for the service base or bases? What are the most appropriate staffing levels and employment arrangements?

Management. What is the most appropriate way forward for the management committee to lead the service, in terms of defining the service's aims, policies, and operational procedures and management structures? Should it remain localized or should its catchments area be expanded? For what types of clients is Genesis unable to offer a counselling service? What sort of system should be used to allow Genesis to effectively 'gate-keep' referrals and make sure that all clients to whom counselling is offered are appropriate to the service?

Staff and organizational development. What sort of arrangements should be made for the supervision and continuing professional development of systemic family therapists at Genesis and the overall organizational development of the agency? What role can the Clanwilliam Institute play in this?

Evaluation system. What sort of ongoing evaluation system can be put in place to monitor the effectiveness of the service in meeting clients' needs?

Method and Procedures

To address these questions the following methods and procedures were used.

All members of the Genesis Management Committee and the Manager of Genesis and were interviewed. This involved the following people

Marion Coady, Chair Person
Ann Smith, Treasurer
Sr. Regina King, Staff Liaison Officer
Maria Elatrash, Ordinary Member
Breda Grehan, Ordinary Member
Helen Brophy-Macken, Ordinary Member
Claire Galligan, Ordinary Member
Padraic Gibson, Manager of Genesis and Family Therapist

An analysis of the data on 399 referrals referred to Genesis between January 2000 and March 2004 was conducted.

In-depth interviews were conducted with 15 clients and a satisfaction and effectiveness survey was conducted with 24 clients.

Twelve referrers were interviewed in a referrer satisfaction survey

In collaboration with 6 therapists a review of 67 treated cases was conducted to evaluate the effectiveness of therapy from a therapist perspective.

The following therapists were interviewed about their experiences of working at Genesis and their satisfaction with supervisors at the Clanwilliam Institute. This involved the following people:

Tony Horgan, Family Therapist
Ethel Galvin, Family Therapist
Caitriona Scanlon, Family Therapist
Noelle Meehan, Family Therapist
Dr. Valerie Thompson, Trainee Family Therapist
Nuala McGuirk, Family Therapist
Emer Cronin, Family Therapist

Three supervisors from the Clanwilliam institute were interviewed about their experiences of supervising therapists from Genesis. This involved the following people:

Dr Ed McHale, CEO Clanwilliam Institute, Clinical Director and Supervisor at Genesis
Ines Collins, Clinical Supervisor
Noreen Dennehy, Clinical Supervisor

The CEO of the Clanwilliam Institute, Dr Ed McHale, was interviewed about Genesis-Clanwilliam connection,

The administrative staff from genesis were interviewed. This involved the following people:

Ann Minto, Administrator
Roseline Heagney, Administrator

Philly Walsh, Administrator

Mary Troy, Women's Health Development Officer from the Women's Health Unit at the Northern Area Health Board was interviewed.

Report Production

The information gained using these methods was analysed using quantitative statistical methods, principally percentages and t-tests (Hinkle, Wiersma & Jurs,1998) and qualitative methods, principally thematic content analysis (Miles & Huberman, 1994).

A preliminary draft report on the evaluation project was written. This was circulated to key contributors to the evaluation, and revised in light of feedback.

Evaluation Team

The evaluation team included Professor Alan Carr and Dr Gregor Lange and Sr. Jo Kennedy. All three members have clinical expertise in family therapy, the practice model used at Genesis. Alan Carr and Gregor Lange have conducted other service evaluations and reviews, and had the appropriate academic expertise for conducting the proposed review. They designed the review procedures, conducted interviews with the management team and staff, and wrote the report. Sr. Jo Kennedy has extensive experience and particular expertise in community based family support services and significant credibility with clients who use such services. Jo conducted interviews with service users. What follows are brief resumes of the evaluation team members.

Professor Alan Carr is director of the doctoral programme in clinical psychology at University College Dublin (full time) and an associate of the Clanwilliam Institute. He is a clinical psychologist and family therapist and has practiced in Ireland, the UK and Canada. He has published over a dozen books and more than 200 journal articles and conference presentations. His textbook - Family Therapy: Concepts Process and Practice (Wiley, 2000) - is widely used on family therapy training programmes in Ireland and the UK. He has conducted and contributed to a number of service reviews and evaluations including the Midland Health Board Psychology Service Review (2000), the Report of the Group Established to Review the Psychology Service of the Department of Justice, Equality and Law Reform (1999), and an Evaluation of the Department of Child & Family Psychiatry Thurlow House, Norfolk, UK (1990).

Dr Gregor Lange is a clinical psychologist with the North Eastern Health Board. During his clinic psychology training he completed an internship at the MRI in Palo Alto California, the first family therapy clinic that arose from Gregory Bateson's pioneering work in family therapy. Gregor has conducted service-based research with the Irish Sudden Infant Death Association, the Northside and Southside Interagency Child Protection teams in Dublin, and the North Eastern Health Board. He has also published academic articles and book chapters on

prevention of cognitive delay in socially disadvantaged children; attention deficit hyperactivity disorder; depression; and phobias.

Sr Jo Kennedy is a systemically trained Family Therapist and former Director, Hesed House Counselling Service. Inchicore, Dublin. She has worked within the community of St. Michaels Estate, Inchicore for over twenty years. She was a founding member of The Family Resource Centre in St. Michaels Estate and a founding member of Hesed House, a community-based Family Therapy Service in the Dublin 8 area. She is on the management board of both of those agencies at present. She also teaches on the Masters Programme in Family Therapy at the Mater Hospital. Dublin.

Structure of the Report

The results of this evaluation and review have been organized into 14 chapters which follow this introductory chapter. In Chapter 2 an account of the development of Genesis is given. In Chapter 3 an audit of the database is presented. Chapter 4 presents clients' experiences at Genesis. In Chapter 5 client satisfaction is discussed. In Chapter 6 a referrer's satisfaction survey is presented. In Chapter 7 therapists' experiences at Genesis are outlined. In Chapter 8 therapists' evaluations of outcome are described. In Chapter 9 therapists' satisfaction with supervision is discussed. In Chapter 10 supervisors' experiences of supervision is described. In Chapter 11 the relationship between the Clanwilliam Institute and Genesis is outlined. In Chapter 12 experiences of the management committee are discussed. In Chapter 13 administrative staff's experiences are presented. In Chapter 14 the views of an NAHB officer are presented. In Chapter 15 conclusions and recommendations are outlined.

Summary of Key Points on the Aims, Scope and Method

The aim of the service evaluation and review described in this report was to assess the effectiveness of Genesis and identify the optimal path for future development.

To address this aim, key people from the organization were interviewed, an analysis of data on 399 referrals from the period 2000- 2004 was conducted, interviews were conducted with 15 clients and a satisfaction and effectiveness survey with 24 clients; and a therapy effectiveness review of 67 treated cases was also conducted.

The information gained using these methods was analysed using quantitative statistical methods and qualitative methods.

A preliminary draft report on the evaluation project was written, circulated to key members of Genesis, and revised in light of feedback.

The evaluation team included Professor Alan Carr from UCD, Dr Gregor Lange from the North Eastern Health Board and Sr. Jo Kennedy, Systemic family Therapist and former Director of Hesed House. All three members have clinical expertise in family therapy, the practice model

used at Genesis and as a team they have experience in service evaluation and community-based service development.

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CHAPTER 2

THE DEVELOPMENT OF GENESIS

This chapter addresses the question: How did Genesis develop? To answer this question members of the management committee were interviewed.

Corduff Counselling Service was the forerunner of Genesis. It was established in 1993 by the Corduff Community Core Group as a community service to provide psychotherapy and counselling to individuals, couples and families in Corduff and the Greater Blanchardstown area. It was set up and managed by voluntary staff initially.

What follows is a brief historic and contextual overview of the development of the service to-date. A time line of key developments in the service is presented in Table 1.

Table 1. Genesis time line

Date	People involved	Activities	Funding
1984	Development officers	Greater Blanchardstown Project	The Catholic Social Service Conference (now Crosscare)
1985	Corduff Core Group	Personal and Community Development Programmes 'Listening Survey"	
1993	Corduff Core Group & Trainee family therapists	Corduff Counselling Service established	Corduff Core Group budget and charitable funds
1995	Corduff Core Group & Clanwilliam Institute	Establishment of specific management committee	
1997	Dr Phyllis Murphy	Service evaluation	Blanchardstown Area Partnership
2002	Padraic Gibson	Appointment as manager of service	NAHB
2004	Management committee	Limited company, Charitable status, "Genesis Psychotherapy Family Therapy Service"	
2004	Prof. Alan Carr Sr. Jo Kennedy Dr. Gregor Lange	Service Evaluation	NAHB

Demographic Profile of Corduff

Corduff is a part of Blanchardstown. Dublin 15, on the western fringes of Dublin City. For planning purposes Blanchardstown takes in both the Mullarddart and Castleknock wards. Corduff is one of eight District Electoral Divisions (DEDs) in Blanchardstown which fall under the remit of Fingal County Council. Its boundaries are neatly formed by the Ballycoolin Road to the northeast, the Navan Road to the southwest, Blanchardstown Road North to the northwest and Soughborough Road to the southeast.

According to Lynch (2000), most of these eight DEDs show substantial evidence of social and economic disadvantage. For this reason Corduff. along with Coolmine, Mulhuddart and Tyrelstown became a CODAN area (County Dublin Area of Need), which signifies its recognition as an area of overall disadvantage within County Dublin in 1994, These area's are entirely or mostly comprised of housing estates with very high levels of social and economic disadvantage, where the majority of housing is local authority owned.

Blanchardslown stretches a distance of three and a half miles from the northwestern boundary of the Phoenix Park to approximately one mile from the Co. Meath border. The part of Fingal County that is immediately adjacent to Co. Meath is not yet developed but is zoned for both residential and Industrial development as part of Blanchardstown. Therefore the eventual length of Blanchardstown will stretch for four and a half miles along the N3 dual carriageway. The Southwest to northeast axis is approximately 2 miles in most places, however zoned areas for development extend to three and a half miles in some places. The eventual geographic size of the town. including industrial zones, is likely lo be at least as big as South Dublin City.

The population of Blanchardstown has now reached over 70,000 from only 3.000 in the early 1970's. The 1999 Fingal County Development Plan states that the ultimate target population is 100,000. It is clear that the town will continue to be one of the main population and industrial growth areas in Dublin for the next six to ten years and this will have a significant impact on planning service provision, transport and local development (for further details see Blanchardstown Area Partnership 2001).

It should be noted that statistics for Blanchardstown can often be skewed by the inclusion of Castleknock. Roselawn and Delwood DED's in the Castleknock ward are relatively affluent and can significantly alter measures of social disadvantage for Blanchardstown as a whole.

Although there has been significant development in Blanchardstown since 1994, there are still communities in the area suffering from 'cumulative poverty', as defined by the National Anti-Poverty Strategy. Consequently, Corduff was selected in February 2001, as one of fourteen areas in Greater Dublin and twenty-five in the entire country, which have been identified by the Governments RAPID initiative, as amongst the most disadvantaged areas in the using objective criteria.

RAPID is the Government's initiative for revitalizing such areas through the National Development Plan, will be ‘front-loaded’ and focused on those most at risk. The initiative is a recognition that .some areas of the country have failed to benefit proportionately from improved living standards. RAPID will also focus on integrating community, voluntary and statutory services to improve their delivery to residents.

According to the Fingal County Council (PCC) Housing Strategy Report 2001 - 2005, the construction of large amounts of public/social housing will not continue. The current housing list of FCC Is approximately 2,500 (May 2002). FCC views the social housing component as comprising 'shared ownership houses' housing for the elderly and local authority properties. Lynch (2000) maintains that if relatively little public housing is built over the next few years, this will significantly alter the social and economic make up of Blanchardstown, creating a positive benefit for the majority. However, as there is little new house-building going on in Corduff at present, the impact of this new source of prosperity is unlikely to be felt to any great extent.

The Greater Blanchardstown Project - 1984

Social and economic disadvantage have been prevalent in large parts of the greater Blanchardstown area. It has been characterised by high levels of unemployment, poverty, and educational disadvantage. Furthermore, there has been a high rate of lone parents and children. In response to these challenges, local people from the community have engaged in a number of community development-focused initiatives, such as the Greater Blanchardstown Project. Set up in 1984, and employing two Development Officers, it aimed at assisting the six newly developed parishes of Corduff, Blakestown, Mountview, Hartstown, Huntstown, and Ladyswell. The project goals were to inform, support and empower people in the local communities. It further aimed to bring locals together and to facilitate their involvement in the development of local groups and services.

Corduff Core Group - 1985

The Greater Blanchardstown Project resulted in the emergence of a local group, consisting of Parish Sisters and personnel from the County Dublin Vocational Education Committee (then part of the former Eastern Health Board) and Dublin County Council. A Core Group was formed in each of the six new areas with an affiliation to the Greater Blanchardstown Project. As a result, the Corduff Core Group was established. The group started to provide Personal and Community Development Programmes, with an initial focus on local women. In addition, a need for specialist support for individuals and families in crisis was highlighted. The Corduff Core Group also conducted a ‘Listening Survey’ to examine the needs and difficulties of the local people. The results of the survey highlighted a great need for further support and services for the local community. Particular challenges identified included (1) relationship difficulties, (2) separation difficulties, (3) single parent and parenting difficulties, (4) financial difficulties and unemployment, and (5) high levels of isolation and despair. As a result of the

survey, the Corduff Core Group agreed on the establishment of a pilot local community counselling service.

Corduff Counselling Service - 1993

In 1993, two family therapy trainees from Clanwilliam Institute approached the Corduff Core Group with the aim of getting more experience in counselling. One of them had been working locally providing personal development training to women and had valuable experience of other local issues. As a result, Corduff Counselling Service was established with the objective of providing confidential counselling to individuals, couples, and families in the greater Blanchardstown area. The counselling service was to run on a pilot basis until 1996.

Establishment of Specific Management Committee - 1995

In 1995, members of Corduff Core Group put a specific management committee with responsibilities for Corduff Counselling Service in place. The management committee included representatives of local people and professionals actively working in the area.

First Service Evaluation - 1997

The management committee identified a need to evaluate the effectiveness of the service, experiences of clients, and plan for further development. As a result, Dr. Phyllis Murphy carried out the first evaluation of the service in 1997, and an evaluation report was produced.

Appointment of Full-time Service Manager - 2002

Corduff Counselling Service has continually grown to meet increasing service needs in the surrounding community. This growth has been sufficient to justify the appointment of a full time professional manager to manage the service. The manager's post is funded by the Northern Area Health Board (NAHB).

Formation of a Limited Company with Charitable Status - 2004

Corduff Counselling Service has undergone a transformation in 2004 and has become a limited company with charitable status. Furthermore, the name of the service has been changed from Corduff Counselling Service to Genesis Psychotherapy Family Therapy Service Limited. The company secretary is Ann Smith. The company directors are Marion Coady, Sr. Regina King, Breda Grehan, and Helen Brophy-Macken.

The Role of the Clanwilliam Institute in the Development of Genesis

The Clanwilliam Institute was established in Ireland in 1982 as an independent, professional organisation providing a family and systemic therapy service to couples, families, or individuals experiencing stress or difficulties and to those wishing to enhance their relationships or the quality of their lives. The institute has pioneered developments in the field of marital and family therapy and systemic practice through the provision of training courses, workshops, and the development of new services.

The Clanwilliam Institute has also been at the forefront in providing professional training in systemic family therapy through it's three year part time professional training programme. The programme is suitable for professionals working in the health, social services, education and related disciplines. Supervised clinical practice and academic tuition are the core elements of the programme. Graduates of the Clanwilliam Professional Training Programme in Systemic Family Therapy may become registered family therapists with the national professional body, the Family Therapy Association of Ireland (FTAI) once they have completed a post-qualification period of supervised clinical practice.

Systemic Family Therapy

Systemic family therapy (Carr, 2000) is a model of practice particularly suited to community-based services, which aim to support socially disadvantaged clients with multiple problems and multi-agency involvement. Another important feature of systemic family therapy is the collaborative approach therapists take to working with families and other agencies. Through this collaborative approach, clients who may have formerly felt disempowered, disenfranchised, and alienated from mainstream services are offered an invitation to regain control of their lives.

A systemic perspective essentially informs the ethos and practice at Genesis. All therapists are trained in systemic family therapy and receive supervision through the Clanwilliam Institute. This means that all problems are understood and addressed in their family and community context, and that family and community are an essential part of the meaning ascribed to problems and of the potential for their resolution. Those working in the centre are registered as Family Therapists with the national professional body, the Family Therapy Association of Ireland, or are in their final stages of training and working under the supervision of a senior consultant in systemic family therapy. Systemic practice places great emphasis upon the autonomy and agency of the clients. The therapy process is designed to empower them to identify and to utilize their personal, relational, and familial and community resources. A detailed description of the relationship between Clanwilliam Institute and Genesis is given in Chapter 11.

Genesis today

Today Genesis is based at 55a Corduff Grove, Blanchardstown, Dublin 15. These premises include two therapy rooms, and an administrative office that is also used for the provision of therapy on Tuesday and Wednesday evenings. In addition, Genesis therapists provide a service at the Corduff Health Centre, where they have access to a consulting room on Monday mornings, Tuesdays, and Thursday afternoons. The Corduff Health Centre, is based at Corduff Green in Blanchardstown.

Genesis Staff

The following staff and affiliated members are involved in the provision of services: (1) the manager of service, (2) management committee (eight members), (3) the clinical director, (4) eight therapists, (5) three administrative staff, and (6) three supervisors from the Clanwilliam Institute. The people involved and their posts are presented in Figure 1.

INSERT FIGURE 1 HERE

Genesis Management Structure

Set up in 1995 by the Corduff Core Group, the management committee holds specific responsibility for the counselling service. There are currently eight members on the management committee as outlined in Figure 1. The committee meets once per month to discuss issues pertinent to the service. The management committee is responsible for supporting and monitoring the counselling service. This involves resourcing, funding, promotion and maintenance of the service, and networking with other relevant local professionals and agencies.

Service Philosophy

Genesis was established with the belief that individual, couple, and family problems are best treated in context of the clients' local area and relationship network in which such problems occur. Systemic family therapy offers a coherent clinical practice model consistent with this philosophy. The key features of Genesis are its professionalism and high standard of training and practice. It is an accessible local community based service striving to meet the needs of clients and referrers of the community.

Mission Statement

The mission statement for Genesis is "To respond to the need of the people in the community, through the provision of an integrated, locally based, professional counselling service, which is accessible in terms of location, time and cost, and through networking with, or development of, other services".

Operational Issues - Waiting lists and Fees

The service operated a waiting list as a result of great demand for the service from clients and referrers from the local area of Corduff and other parts of greater Blanchardstown. In line with Genesis' ethos of being an accessible service, it operates on a low and sliding fee scale for clients. Clients are seen by appointment only.

Transitional Point for Genesis

The service evaluation and review described in this report was commissioned at a critical transitional point in the development of Genesis. What was a local voluntary community support project had been evolving into a professional community psychotherapy and consultation service.

Genesis had been meeting some, but not all, of the counselling needs of members of the community in which it is based. However, meeting the increasing demand for its services had become a formidable challenge. To address this challenge expansion seemed essential. For expansion to be funded, it was imperative to establish the effectiveness of the service that Genesis has been providing. Also, the best way to expand requires exploration. Thus, the central question addressed in this service evaluation review was the effectiveness of Genesis and the optimal path for future development.

Summary of Key Points on Development of Genesis

Corduff Counselling Service, the forerunner of Genesis, was established in 1993 by the Corduff Community Core Group as a community service to provide psychotherapy and counselling to individuals, couples and families in Corduff and the Greater Blanchardstown area. It was set up and managed by voluntary staff initially.

Over an 11 year period the service has developed considerably in size and professionalism, to a point where in 2002 a full time manager was funded by NAHB and in 2004 took steps to become established as a limited company with charitable status.

Genesis has adopted systemic family therapy as its model of practice.

Psychotherapeutic staff at Genesis have been trained in systemic family therapy at the Clanwillian Institute and receive ongoing supervision from senior consultants at that institute.

The service evaluation and review described in this report was commissioned at a critical transitional point in the development Genesis; a time when it was evolving from a local voluntary community support project into a professional community psychotherapy and consultation service.

Thus, the central question addressed in this service evaluation review was the effectiveness of the service and the optimal path for future development.

References

Carr, A. (2000). *Family Therapy: Concepts Process and Practice.* Chichester: Wiley.

CHAPTER 3

REFERRAL PATTERNS AND PROBLEMS

This chapter addresses the following questions:

- What is the pattern of referrals to Genesis and how has this grown in recent years?
- In what geographic areas do clients live?
- What proportion of clients are eligible for medical cards?
- What are the main presenting problems with which clients present?
- What are the range of other problems and difficulties with which clients present?

Method

These questions were answered by conducting an audit of the Genesis client data base. A client information database was introduced on January 1st, 2000. Client data are entered on an ongoing basis. The database includes the following information:

- Referral Sources
- Client addresses and living area
- Client Medical Card Status
- Main Presenting Problems
- Other problems and difficulties

To answer the questions posed in this chapter, data dating from clients who attended Genesis between January 1st, 2000 and March 1st, 2004 were analysed.

In the following sections quantitative information (percentages, overall trends, and gender breakdown) is presented on referral sources and patterns, geographic distribution of clients, clients' medical card status, main presenting problems, and other problems and difficulties.

What is the Pattern of Referrals to Genesis?

From January 2000 to March 2004 399 cases were referred to Genesis. For the period 2000-2002 an average of 72 referrals were received per annum. In 2003 this figure increased to 156 representing an 116% increase in referrals from the preceding 3 years.

Referral source information was available for 274 of these 399 referrals. General Practitioners (GPs) represented the greatest source of referrals (37.2%). The two other main sources of referrals were advertisements/publications (14.6%) and other clients (9.1%). All other sources of referrals accounted for less than 5% of cases. Referral agents not specifically categorized (i.e. those in the "other" category) represented 10.6% of referrals in total.

The following main trends were noted when comparing referral sources in 2002 and 2003. The percentage of clients having attended as a result of advertisements or publications doubled in 2003 (24% vs. 12.1% in 2002). Furthermore, a significant increase could be observed in percentage of clients who attended through referral from health board staff in 2003 (6.2% vs. 0% in 2002). The percentage of clients who attended as a result of referrals made by other clients was reduced by 9.6% in 2003. Percentage of referrals made by GPs in was reduced by 4.8% in 2003. Smaller changes could be noted for all other referral sources. These figures are outlined in Table 2 and presented in Figure 2.

Table 2. Referral Sources

	2000		2001		2002		2003		2004 (Jan & Feb)		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%
REFERRAL SOURCE												
GP	13	26.0	13	25.0	27	46.5	40	41.7	9	50.0	102	37.2
Advertisement/Publication	1	2.0	8	15.4	7	12.1	23	24.0	1	5.5	40	14.6
Other	13	26.0	9	17.3	1	1.7	6	6.2	0	0.0	29	10.6
Another Client	0	0.0	8	15.4	8	13.8	4	4.2	5	27.8	25	9.1
Yellow Pages	4	8.0	2	3.8	1	1.7	5	5.2	1	5.5	13	4.7
School Staff	2	4.0	3	5.8	2	3.4	3	3.1	1	5.5	11	4.0
Counsellor/Therapist	6	12.0	2	3.8	1	1.7	0	0.0	0	0.0	9	3.3
Health Board Staff	2	4.0	1	1.9	0	0.0	6	6.2	0	0.0	9	3.3
Social Worker	2	4.0	0	0.0	3	5.2	3	3.1	0	0.0	8	2.9
Church Representative	3	6.0	3	5.8	1	1.7	1	1.1	0	0.0	8	2.9
Psychiatrist	1	2.0	1	1.9	2	3.4	2	2.1	0	0.0	6	2.2
Voluntary Agency	2	4.0	0	0.0	1	1.7	1	1.1	1	5.5	5	1.8
Other Medical Staff	0	0.0	0	0.0	2	3.4	2	2.1	0	0.0	4	1.5
Legal Profession	0	0.0	1	1.9	2	3.4	0	0.0	0	0.0	3	1.1
Employer	1	2.0	1	1.9	0	0.0	0	0.0	0	0.0	2	0.7
TOTAL	**50**		**52**		**58**		**96**		**18**		**274**	

INSERT FIGURE 2 HERE

In What Geographic Areas do Clients Live?

In total, information for 399 cases was available with regards to living area. Most clients (33.6%) came from the Blanchardstown area. The next three main areas were Mulhuddart (15.5%), Corduff (13.5%) and Clonsilla (12.0%). Between 6% and 7.5% of cases came from Hartstown or from areas outside of the Dublin 15 area. Less than 4% of clients came from each of the following areas of Castleknock, Blakestown, Fortlawn, and Whitestown. These figures are outlined in Table 3.

Table 3. Geographic distribution of clients across living areas

	2000		2001		2002		2003		2004 (Jan & Feb)		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%
AREA												
Blanchardstown	13	18.6	9	15.0	29	33.7	67	43.0	16	59.3	134	33.6
Mulhuddart	15	21.4	11	18.3	14	16.3	19	12.2	3	11.1	62	15.5
Corduff	18	25.7	8	13.3	6	7.0	19	12.2	3	11.1	54	13.5
Clonsilla	11	15.7	15	25.0	8	9.3	12	7.7	2	7.4	48	12.0
Outside Dublin 15 Area	1	1.4	5	8.3	9	10.5	13	8.3	1	3.7	29	7.3
Hartstown	9	12.9	4	6.7	5	5.8	5	3.2	1	3.7	24	6.0
Huntstown	1	1.4	0	0.0	5	5.8	8	5.1	1	3.7	15	3.8
Castleknock	0	0.0	3	5.0	6	7.0	6	3.8	0	0.0	15	3.8
Blakestown	1	1.4	5	8.3	2	2.3	6	3.8	0	0.0	14	3.5
Fortlawn	1	1.4	0	0.0	1	1.2	1	0.6	0	0.0	3	0.7
Whitestown	0	0.0	0	0.0	1	1.2	0	0.0	0	0.0	1	0.2
TOTAL	**70**		**60**		**86**		**156**		**27**		**399**	

When comparing the years 2002 and 2003 it can be seen that referrals from three areas increased. The greatest increase came from the Blanchardstown area (+9.3%), followed by an increase of referrals from Corduff (+5.2%) and Blakestown (+1.5%). Referrals from all other areas were reduced from 2002 to 2003. The two areas with the greatest decrease were Mullhuddart (-4.1%) and Castleknock (-3.2%). The referral rates from the remaining areas were reduced by less than 3%. These trends are presented in Figure 3.

INSERT FIGURE 3 HERE

What Proportion of Clients are Eligible for Medical Cards?

Information on medical card status was available for 415 cases in total. The majority of clients, 69.9% did not have a medical card compared to 30.1% who had a medical card available. Overall, there has been an increase in the number of clients without medical cards from 59.2% in 2000, to 64.6% in 2001, to about 75% in the years 2003 and 2004. These figures would suggest that in the last two years three quarters of clients attending could not avail of medical cards. This change may reflect the fact that it has become more difficulty to be eligible for a medical card recently. These figures are outlined in Table 4 and presented in Figure 4.

Table 4. Medical card status

	2000		2001		2002		2003		2004 (Jan & Feb)		TOTAL	
MEDICAL CARD	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
No Card	45	59.2	42	64.6	69	75.8	117	75.0	17	63.0	290	69.9
Card	31	40.8	23	35.4	22	24.2	39	25.0	10	27.0	125	30.1

INSERT FIGURE 4 HERE

What are the Main Problems with which Clients Present?

Information on main presenting problems was available for 386 of 399 cases referred to Genesis from January 2000 to March 2004. For 281 or 73%of these cases, a female was identified as having the main presenting problems. For 105 cases or 27% a male had the main presenting problem.

Overall, focal adult problems represented the main presenting problem (40.1%). The two other main categories of presenting problems were complex adult/family problems (21.8%) and focal child/adolescent problems (18.9%). Complex child/adolescent family problems (6.5%) and couple problems with a goal of improvement of the relationship (6.0%) were the next two largest types of presenting problems. All other categories of presenting issues accounted each for less than 4% of referrals. These figures are outlined in Table 5 and presented in Figure 5.

A gender breakdown of main presenting problems revealed that females were over-represented in each category. The most common categories for women were: (1) Couple problems, goal separation or adjustment to separation (f=100% vs. m=0%); (2) Extended family problems (f=92.3% vs. m=7.7%); and (3) Focal child/adolescent problems (f=89.0% vs. m=11.0%). In all other categories, females represented more than 60%. The most common categories for men were: (1) couple problems, goal improvement of relationship (39.1%), (2) focal adult problems (36.1%) and (3) couple problems with the goal not specified or mixed agenda (33.3%). In all other categories, males represented less than 30%. These figures are outlined in Table 5 and presented in Figure 6.

Table 5. Main presenting problems

	2000		2001		2002		2003		2004 (Jan & Feb)		TOTAL	
PRESENTING PROBLEMS	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Focal Adult Problem												
Total	26	37.1	24	38.1	41	46.1	52	38.0	12	44.4	**155**	**40.1**
Male	7		9		16		21		3		**56**	**36.1**
Female	19		15		25		31		9		**99**	**63.9**
Complex Adult/Family Problem												
Total	19	27.1	10	15.9	18	20.2	31	22.6	6	22.2	**84**	**21.8**
Male	6		0		6		6		3		**21**	**25.0**
Female	13		10		12		25		3		**63**	**75.0**
Focal Child/Adolescent Problem (< 21 years)												
Total	8	11.4	11	17.5	16	18.0	31	22.6	7	25.9	**73**	**18.9**
Male	2		0		2		4		0		**8**	**11.0**
Female	6		11		14		27		7		**65**	**89.0**
Complex Child/Adolescent Family Problem												
Total	6	8.6	0	0.0	6	6.7	12	8.8	1	3.7	**25**	**6.5**
Male	3		0		2		2		0		**7**	**28.0**
Female	3		0		4		10		1		**18**	**72.0**
Couple: Goal Improvement of Relationship												
Total	7	10.0	7	11.1	3	3.4	6	4.4	0	0.0	**23**	**6.0**
Male	2		4		2		1		0		**9**	**39.1**
Female	5		3		1		5		0		**14**	**60.9**
Extended Family Problem												
Total	1	1.4	5	7.9	3	3.4	4	3.0	0	0.0	**13**	**3.4**
Male	0		1		0		0		0		**1**	**7.7**
Female	1		4		3		4		0		**12**	**92.3**
Other												
Total	1	1.4	3	4.8	2	2.2	0	0.0	0	0.0	**6**	**1.5**
Male	0		1		0		0		0		**1**	16.7
Female	0		2		2		0		0		**4**	83.3
Couple: Goal Separation or Adjustment to Separate												
Total	0	0.0	3	4.8	0	0.0	1	0.7	0	0.0	**4**	**1.0**
Male	0		0		0		0		0		**0**	**0.0**
Female	0		3		0		1		0		**4**	**100.0**
Couple: Goal Not Specified Or Mixed Agenda												
Total	2	2.9	0	0.0	0	0.0	0	0.0	1	3.7	**3**	**0.8**
Male	1		0		0		0		0		**1**	**33.3**
Female	1		0		0		0		1		**2**	**66.7**
TOTAL	**70**		**63**		**89**		**137**		**27**		**386**	
Total Males	22		15		28		34		6		105	
Total Females	48		48		61		103		21		281	

INSERT FIGURE 5 HERE

INSERT FIGURE 6 HERE

What are the Range of other Problems and Difficulties with which Clients Present?

In total 1292 classifications were made of clients' problems (up to 5 per client). The three most common problems were communication difficulties (13.0%), depression (12.8%), and behaviour problems (10.3%). Family of origin/in law related problems (8.7%), other stress-related problems (7.8%), separation adjustment (7.7%), complex problems (6.1%), and bereavement (6.0%) also occurred quite frequently. All other classifications were given for less than 5% of cases. These figures are outlined in Table 6 and presented in Figure 7. A gender breakdown of classifications revealed that females were over-represented in all but three categories. More males were sexual abusers (m=60% vs. f=40%) and had work related problems (m=55.5% vs. f=44.5%). A similar percentage of males and females were found to have drug related problems (m=50% vs. f=50%). Only females presented with difficulties classified as (1) Crisis/Breakdown Mental Illness, (2) Eating Disorders, and (3) Crisis Pregnancy. These figures are outlined in Table 6 and presented in Figure 8.

Table 6. Frequencies of other problems and difficulties

	2000		2001		2002		2003		2004 (Jan & Feb)		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%
CLASSIFICATION BREAKDOWN												
Communication												
Total	39	14.4	25	12.1	31	10.7	63	14.1	10	12.8	168	13.0
Male	15		8		11		10		2		46	27.4
Female	24		17		20		53		8		122	72.6
Depression												
Total	26	9.6	30	14.5	33	11.4	63	14.1	14	17.9	166	12.8
Male	8		9		11		14		3		45	27.1
Female	18		21		22		49		11		121	72.9
Behaviour Problem												
Total	20	7.4	13	6.3	32	11.0	58	13.0	10	12.8	133	10.3
Male	9		2		9		13		2		35	26.3
Female	11		11		23		45		8		98	73.7
Family of Origin/In Law Related												
Total	26	9.6	18	8.7	26	9.0	35	7.8	8	10.3	113	8.7
Male	11		2		5		7		4		29	25.7
Female	15		16		21		28		4		84	74.3
Other - Stress Related												
Total	28	10.4	16	7.7	17	5.9	34	7.6	6	7.7	101	7.8
Male	9		3		8		12		1		33	32.7
Female	19		13		9		22		5		68	67.3

Separation Adjustment												
Total	24	8.9	14	6.8	25	8.6	29	6.5	7	9.0	99	7.7
Male	6		3		7		3		1		20	20.2
Female	18		11		18		26		6		79	79.8
Complex												
Total	14	5.2	11	5.3	17	5.9	35	7.8	2	2.6	79	6.1
Male	6		2		3		8		1		20	25.3
Female	8		9		14		27		1		59	74.7
Bereavement												
Total	11	4.1	18	8.7	18	6.2	26	5.8	4	5.1	77	6.0
Male	2		1		6		6		0		15	19.5
Female	9		17		12		20		4		62	80.5
Addiction/Alcohol												
Total	13	4.8	11	5.3	19	6.5	15	3.3	4	5.1	62	4.8
Male	6		3		6		8		2		25	40.3
Female	7		8		13		7		2		37	59.7
Other												
Total	8	3.0	6	2.9	19	6.5	20	4.5	2	2.6	55	4.2
Male	5		2		3		5		0		15	27.3
Female	3		4		16		15		2		40	72.3
Violence												
Total	17	6.3	8	3.9	13	4.5	12	2.7	1	1.3	51	3.9
Male	8		3		3		2		1		17	33.3
Female	9		5		10		10		0		34	66.7
Sexually Abused												
Total	8	3.0	9	4.3	7	2.4	10	2.2	4	5.1	38	2.9
Male	2		3		1		1		1		8	21.0
Female	6		6		6		9		3		30	79.0
Stress - Post Traumatic												
Total	5	1.8	4	1.9	8	2.8	11	2.5	2	2.6	30	2.3
Male	4		0		3		6		0		13	43.3
Female	1		4		5		5		2		17	56.7
Education/Learning Problem												
Total	6	2.2	4	1.9	5	1.7	10	2.2	1	1.3	26	2.0
Male	4		0		4		1		0		9	34.6
Female	2		4		1		9		1		17	65.4
Relationship - Extra Marital												
Total	5	1.8	7	3.4	3	1.1	4	0.9	0	0.0	19	1.5
Male	1		1		1		0		0		3	15.8
Female	4		6		2		4		0		16	84.2
Work Related Problem												
Total	5	1.8	4	1.9	5	1.7	4	0.9	0	0.0	18	1.4
Male	3		2		4		1		0		10	55.5
Female	2		2		1		3		0		8	44.5

Crises/Breakdown Mental Illness												
Total	5	1.8	1	0.5	3	1.0	1	0.2	0	0.0	10	0.8
Male	0		0		0		0		0		0	0.0
Female	5		1		3		1		0		10	100.0
Sexual Abuser												
Total	2	0.7	1	0.5	3	1.1	2	0.4	2	2.6	10	0.8
Male	2		0		0		2		2		6	60.0
Female	0		1		3		0		0		4	40.0
Sexual Other												
Total	1	0.4	2	1.0	3	1.1	4	0.9	0	0.0	10	0.8
Male	0		0		1		1		0		2	20.0
Female	1		2		2		3		0		8	80.0
Eating Disorder												
Total	2	0.7	3	1.4	1	0.3	3	0.7	1	1.3	10	0.8
Male	0		0		0		0		0		0	0.0
Female	2		3		1		3		1		10	100.0
Financial Based Problem												
Total	2	0.7	2	1.0	1	0.3	4	0.9	0	0.0	9	0.7
Male	0		0		0		1		0		1	11.1
Female	2		2		1		3		0		8	88.9
Work Based Relationship												
Total	3	1.1	0	0.0	0	0.0	2	0.4	0	0.0	5	0.4
Male	0		0		0		1		0		1	20.0
Female	3		0		0		1		0		4	80.0
Crises Pregnancy												
Total	0	0.0	0	0.0	0	0.0	1	0.2	0	0.0	1	0.1
Male	0		0		0		0		0		0	0.0
Female	0		0		0		1		0		1	100.0
Drugs												
Total	0	0.0	0	0.0	1	0.3	1	0.2	0	0.0	2	0.1
Male	0		0		1		0		0		1	50.0
Female	0		0		0		1		0		1	50.0
TOTAL	**270**		**207**		**290**		**447**		**78**		**1292**	

INSERT FIGURE 7 HERE

INSERT FIGURE 8 HERE

Summary of Key Points on Referral Patterns and Problem Profiles

From January 2000 to March 2004 399 cases were referred to Genesis. For the period 2000-2002 an average of 72 referrals were received per annum. In 2003 this figure increased to 156 representing an 116% increase in referrals from the preceding 3 years.

Over the period 2000-2004 a third of referrals came from GPs who were the largest source of referrals. About a quarter of clients were self-referred having heard about the service from other clients or advertisements. Referrals form health boards have been increasing.

The majority of clients came from Blanchardstown, Mulhuddart Corduff and Clonsilla. About as third of clients were eligible for medical cards but the number in this category has decreased over the past 4 years. This change may reflect the fact that it has become more difficulty to be eligible for a medical card recently.

In 73% of these cases, a female was identified as having the main presenting problems and for 27% a male had the main presenting problem.

Two fifths of cases presented with focal adult problems; about one fifth with complex adult family problems; and about one fifth with focal child/adolescent problems. Clients presented with a wider range of difficulties. Most clients presented with more than one problem and the most common problems were communication difficulties, depression and behaviour problems.

We wish to emphasize that this service is meeting the needs of an increasing number of women. 399 cases attended Genesis over 4 years with a 116% increase in referrals in 2003. In 73% of these referrals females were identified as having the main presenting problems. So Genesis is clearly targeting women's health problems.

CHAPTER 4

CLIENTS' EXPERIENCES AT GENESIS.

In this chapter we report on the answers we found to the question: What are client's experiences of attendance at Genesis?

Inviting Clients to Participate

To investigate clients' experiences we invited therapists working at Genesis to identify clients whom they thought would be suitable for participation in the research. The clinical judgment of therapists was essential in this recruitment process to ensure client safety, confidentiality, and other ethical concerns related to approaching clients for participation. Therapists contacted clients and invited them to participate in research interviews or to complete a survey. If they agreed, arrangements were made for them to be contacted by a member of the research team.

Participants and Procedure for the In-depth Interviews

Fifteen clients were interviewed using the semi-structured questionnaire in Appendix A. This sample included ten women, one man, one heterosexual couple, and one mother and her daughter. One of the researcher team contacted clients and invited them to participate in the research interviews. Twelve clients completed face-to-face interviews. Three clients were interviewed over the phone. Interviews lasted between 15 and 30 minutes. Interviews were audio-recorded and transcribed for thematic content analyses. The results of this analysis are presented later in this chapter

Participants and Procedure for the Satisfaction Survey

Twenty four clients completed the client satisfaction questionnaire in Appendix B. This sample was made up of the 15 clients who were interviewed and an additional 9 clients. Overall, this sample included 18 women and 6 men. Following the in-depth interviews, all clients completed the client satisfaction questionnaire. The additional 9 clients were identified and interviewed by phone using the questionnaire in Appendix B and their responses were noted on the survey form. The results of a quantitative analysis of the survey data are presented the next chapter,

Sample Representativeness

Our initial intention was to conduct a small number of in-depth qualitative interviews and to conduct a quantitative survey a large cohort of consecutively referred clients. This procedure

would allow us to elicit the fine-grained qualitative detail of clients experiences and also to obtain quantitative information on a small number of key issues from a large representative group. While it was possible to recruit an appropriate number of clients for in-depth qualitative interviews, it proved very difficult to recruit clients into the quantitative survey. In view of this, we are confident that the results of the qualitative interviews are authentic accounts of genuine client experiences, but clearly we can make no claims that the results of the survey given in the next chapter are representative in the strict statistical sense of views of most clients attending Genesis

Interview Themes

The interview focused, on (1) salient aspects of the service from the perspective of clients, (2) main presenting concerns, (3) referral routes, (4) circumstances surrounding making a decision to attend the service, (5) family member involvement in therapy, (6) therapeutic themes, topics and conversations, (7) the immediate impact of therapy on family life, (8) helpful aspects of therapy, (9) the management of therapeutic impasses (if therapy got stuck), (10) practical considerations that could have made attending therapy easier, (11) ways therapists could have made the therapy more helpful, (12) other services used during therapy, and (13) the impact of therapy on presenting problems. Responses relating to these areas are discussed in detail below and summarized in Tables 7 and 8.

Clients' Positive comments on Genesis

The following general comments indicate the positive way in which clients viewed the service provided by Genesis.

"The counselling was a life saving thing to do. I didn't know what else to do, where else to go…"

"It was great to get advice, to try out things (like having a partner). I feel more hopeful, my spirits are lifted. It's like I'm armed to deal with what was going to come next"

"I was asked to keep coming even if she (daughter) doesn't come cause we work with her through you. Well I said, I don't see how that's going to happen…you know, I felt she was the one who should be here, not me, but it *did* work. It did work, it did filter through, to the house and the home and her, you know."

"It was a great experience for me here, there's no doubt about it."

"Just wanted to say she has improved immensely, she's gotten stronger herself and got that fighting urge back."

"Made it better from the beginning. You could say it was life saving really!"

“It definitely did help us sort out the problem, really a miracle. My daughter, she knows herself, you know. You know, how what she does affects the whole family, how we all feel when she does things. Before, she’d only be thinking of herself, now, she knows how we feel.”

“The extra person was a great help, I have to say that. Knowing that I had the support of this particular person made a big difference! Cause sometimes you’d come in and let it all out, and they are not going to judge you, they are just going to listen to you, and try and help as much as possible. And when you are feeling that low, help is a big plus.”

“All I can say is that only for it I would have been lost! For me now it has been a brilliant service.”

“It’s great for me to speak exactly how I feel; I find that I’m actually being understood; I thought I was doing everything wrong; counselling helped me to see that it’s not me – it’s not me all the time that’s wrong.”

“It was a relief to come here, let my hair done. A very friendly place to come to, someone out there who would listen to me… that was nice.”

“The counsellor helped to open up, for both of us, and express our feelings, especially him opening up towards me. That was definitely the most helpful part. She was very relaxed with him therefore he opened up. Some straightforward questions that I would never have asked him… Good that she brought that out of him.”

“It was good to have third party, someone else putting an in-between side to us. The therapist balancing things in between us.”

“It helped me to sort it out. I was able to get everything of my chest instead of keeping things wrapped up. You’d feel more relaxed and being able to talk.”

“The therapist was able to pick things out of my head that I would normally not say. It was like learning to step back and think about the other person. She made us think. I was put on the right track.”

“It doesn’t solve problems, but helps you deal with it and support you solving the problem”

“Helped me to sort it out, to such an extent that I recommend it to other people.”

Salient Aspects of the Service

The clients identified a number of salient aspects of the service and positive features that stood out in their memories. The responses could be categorised as relating to (1) therapist factors, (2) therapy process factors, and (3) service factors. These factors are outlined below. In Table 8 responses about experiences that stood out in clients’ memories and helpful aspects of therapy are outlined.

Therapist Factors. Having a third party, an "in-between", or an "extra buddy" who was outside the family was described as significant, important, and an outstanding aspect of attending therapy by clients. Furthermore, therapists were described as being really concerned, non-judgmental and gentle, even when dealing with difficult issues, such as death, fears or abuse. Some clients felt that therapists were able to balance different views. Clients reported that they were actually being understood by their therapists and felt special as a result.

Therapy Process Factors. The most salient therapy process factor for clients was having a context within which to talk through their concerns and issues. In particular, clients valued that they were able to express exactly how they felt while being listened to attentively. Furthermore, clients remarked that the counsellors asked very good questions. In addition, clients recalled having been given exercises to do between sessions. Clients mentioned that therapy helped them to see their difficulties from a new perspective and highlighted ways in which they might not have been able to view their situations previously. A further important factor for clients attending therapy was the opportunities they were given to form their own conclusions.

Service Factors. Many clients recalled that it did not take long for them to be offered an appointment at Genesis. Furthermore, they valued the fact that the service was based locally, in familiar surroundings. The comfort and friendliness of the service was also remarked upon.

Main Presenting Concerns

Clients attended for a number of main concerns at individual, couple, family and community level.

The following main presenting concerns were each described by three clients:

- Death, loss and bereavement
- Depression
- Troublesome teenagers or behaviour problems
- Relationship problems (with in-laws, teenagers, or partners)

In addition, the following difficulties were also described, although less frequently:

- Low self-esteem
- Panic attacks
- Post Traumatic Stress Disorder arising from interactions with violent neighbours
- Sleep difficulties
- Drug/Alcohol difficulties
- Physical Illness
- Teenage pregnancy

- Childhood trauma
- Childhood life threatening illness
- Family illnesses, specifically Alzheimer's disease
- Family of Origin difficulties
- Bullying at work and work pressure

Referral Routes

Clients described a number of different ways which led them to contact the service.

The main referring agents, for five clients in total, were their General Practitioners. In addition, clients found out about the service through one or more of the following:

- Friend
- Nurse
- Family or Health Centre
- Work
- Citizens Advice Bureau
- Outreach
- Golden Pages
- Wife
- Social Work
- Member of Genesis Management Committee
- Other Genesis Clients

Circumstances Surrounding Making a Decision to Attend the Service

Clients gave the following responses about the level of difficulty they experienced in making the decision to attend the service. Six clients (40%) outlined that making the decision to attend the service was not difficult for them. Some of them knew about the service, while others did not find it difficult to reach out for help. Four clients (26.7%) described it as a difficult decision to make. In particular, clients found it difficult to accept that they could not manage by themselves or do better on their own. Most clients acknowledged they were in need of help but kept putting it off. Similarly, four clients (26.7%) described they had reached a state of desperation, crisis or feeling out of control when deciding to attend the service.

Family Members Involvement in Therapy

Most clients described attending the service individually for some or all of their time. In addition, a number of family members participated in therapy for a number of sessions. The next most involved persons in therapy were client's spouses or partners. In total, 6 couples attended therapy together. Four daughters attended for therapy with their mothers. Other

members attending for a few sessions included a client's father, a client's sister, and a client's aunt. One client attended with her family, including her husband and children.

Therapeutic Themes, Topics and Conversations

Therapeutic themes, topics and conversations were categorized as (1) main concerns, and (2) specific therapeutic themes and interventions.

Clients remembered discussing the following concerns in therapy:

- Death, loss and bereavement
- Pregnancies and miscarriages
- Panic attacks
- Stress and work pressure
- Depression
- Fears and anxieties
- Anger
- Behaviour problems and violence
- Teenage pregnancy
- School
- Issues of control
- Childhood experiences, trauma, and family of origin experiences
- Relationship problems, past relationships, marriages, and parents' relationships
- Illnesses in family

Clients also recalled a number of specific therapeutic themes and interventions. These included the following:

- Discussing family genogram
- Discussing therapists own experiences
- Discussing support systems
- Taking responsibility
- Making time for themselves
- Relaxation and breathing exercises
- Using the 'empty chair' technique to talk to family members in their absence
- Communication
- Problem solving
- Making changes in living arrangements and home environments

Immediate Impact of Therapy

Twelve clients (80.0%) described noticing an immediate positive impact of therapy on their lives. In particular, most clients felt better or calmer following the start of therapy. A further

client described having gained more acceptance in her family without the main problem having changed much. Two clients (13.3%) did not notice any improvements initially and described it taking a long time before seeing any positive impact. One client (6.7%) described the difficulties worsening initially before improving at a later stage.

Helpful aspects of therapy

The clients identified a number of helpful aspects of therapy. The responses could be categorised as relating to (1) therapist factors, (2) the therapy process factors, and (3) service factors. Responses relating to each of these categories are outlined below.

Therapist factors. Thirteen clients (86.7%) described having been allowed to talk and having been listened to as helpful aspects of therapy. In particular, having had a third party that was not emotionally involved and more objective was seen as helpful by seven clients (46.7%). Three clients (20.0%) remarked on how their therapists were soft, gentle and non-judgemental.

Therapy process factors. Five clients (33.3%) described it as helpful that they were able to express their emotions openly during the therapy process. Feeling more hopeful, supported, and equipped for what was going to come next was found as helpful by four clients (26.7%). Three clients (20.0%) outlined that they found it helpful having learned to calm down and step back from their problems. A similar amount of clients (20.0%) highlighted the straightforward questions asked by the therapists as useful. In particular, they valued having been asked questions that would not usually be asked in their families. Two clients (13.3%) said that taking on other people's perspectives and getting advice was helpful.

Service factors. Two clients (13.3%) liked the short waiting time before getting an appointment. Similarly, two clients (13.3%) described Genesis as a friendly, comfortable, and relaxed place to come to. One client (6.7%) found it helpful that the service was local.

Therapeutic Impasses

Nine clients (60.0%) felt that therapy never actually got stuck. One client (6.7%) reported that therapy possibly got stuck at one stage but her therapist got things moving again. Two clients (13.3%) described therapy getting stuck a few times, and one client (6.7%) felt it was not therapy that got stuck, but rather she, in not trying to change and pulling back in case she became hurt.

Practical Considerations that Could Have Made Attending Therapy Easier

Eleven clients (73.4%) felt that there were no other factors that would have made going to therapy easier for them. Four practical considerations that would have made going to therapy easier for clients were (1) being able to chose the gender of their counsellor, (2) being able to

chose the location of the particular Genesis consulting room to attend, (3) having the appointment at a more convenient time, and (4) having childminding facilities available. Each of these aspects was identified by one client (6.7%).

Ways Therapists Could have Made Therapy More Helpful

Twelve clients (80.0%) felt there were no additional things their therapists could have said or done that would have made their therapy more helpful. One client (6.7%) was unsure, but felt it was fine. One client (6.7%) did not know. One client (6.7%) felt the therapist could have taken a slower pace during therapy. She reported not feeling ready for some of the suggestions that were given to her. A further client (6.7%) would have appreciated some tasks or interventions to work on between sessions.

Other Services Used During Therapy

Seven clients (46.8%) did not attend any other service. Six clients (40.0%) attended their GPs at the same time as therapy, usually for antidepressant medication. One client (6.7%) attended psychiatric services, and a further client (6.7%) attended her school counsellor once.

The Impact of Therapy on Presenting Problems.

Thirteen clients (86.7%) reported that therapy helped them with their main problems so that their difficulties improved or were solved. One client (6.7%) reported that the main problem stayed the same for a while, then improved for a while, and later recurred. However, she felt that from attending therapy she achieved a better way of looking at things and coping with her difficulties. Similarly, two clients (13.3%) described the problem getting worse before getting better, but therapy having helped in the long run.

Summary of Key Points from Client Interviews

Fifteen clients completed in-depth semi-structured interviews. Most of these clients were referred by their GP. The most common problems for these clients were bereavement, depression, and family relationship problems involving partners, children and the extended family members. In view of the similarity between the referral and problem profile of these 15 clients interviewed and all 399 who attended the service between 2000 and 2004, it may be concluded that the group interviewed were to some degree representative of the overall population of clients that attended the service.

Clients had no difficulty engaging with the service, most attended some sessions alone and some with family members, and some continued to have contact with their GP for antidepressant medication while attending the service. Clients said they valued having access to a neutral therapist who was concerned, non-judgmental and understanding. They valued the opportunity to express their thoughts and feeling within the context of a supportive relationship, to view their problems from a different perspective, to understand the perspectives of other family members, to reach their own conclusions and to try out new ways of managing their difficulties between sessions. They also valued being offered appointments promptly in a local friendly centre.

80% confirmed that therapy had an immediate positive impact on their lives and 86% reported that by the end of therapy their main problems were partially or wholly resolved.

The availability of childminding facilities and greater flexibility about choosing the gender of the assigned therapist, appointment times and locations, and the pacing of therapy were identified as ways the quality of the service could be improved.

Table 7. Clients' experiences of therapy

Major themes	Sub themes	F (n=15)	%
Main Presenting Concerns	Death, loss and bereavement	3	20.0
	Depression	3	20.0
	Troublesome teenagers or behaviour problems	3	20.0
	Relationship problems	3	20.0
	Low self-esteem	1	6.7
	Panic attacks	1	6.7
	PTSD (violent neighbours)	1	6.7
	Sleep difficulties	1	6.7
	Drug/Alcohol difficulties	1	6.7
	Physical Illness	1	6.7
	Teenage pregnancy	1	6.7
	Childhood trauma	1	6.7
	Childhood life threatening illness	1	6.7
	Illness in Family (Alzheimer's)	1	6.7
	Family of Origin difficulties	1	6.7
	Bullying at work and work pressure	1	6.7
Referral Agents	GPs	5	33.3
	Friend	1	6.7
	Nurse	1	6.7
	Family or Health Centre	1	6.7
	Work	1	6.7
	Citizens Advice Bureau	1	6.7
	Outreach	1	6.7
	Golden Pages	1	6.7
	Wife	1	6.7
	Social Work	1	6.7
	Member of CC committee	1	6.7
	Other Client of CC	1	6.7
Level of Difficulty of making decision to attend Genesis	Not difficult decision to make	6	40.0
	Difficult decision to make	4	26.7
	Decision made in state of desperation, crisis, or feeling out of control and desperate for help	4	26.7
Family Members involvement in therapy	Individually (some or all of time)	15	100
	Couple (heterosexual)	6	40.0
	Mother and daughter	4	26.7
	Client and client's father	1	6.7
	Client and client's sister	1	6.7
	Client and client's aunt	1	6.7
	Family (client, husband and children)	1	6.7
Main presenting or other concerns discussed in therapy	Death, loss and bereavement		
	Pregnancies and miscarriages		
	Panics		
	Stress and work pressure		
	Depression		
	Fears and anxieties		
	Anger		
	Behaviour problems and violence		
	Teenage pregnancy		
	School		

	Issues of control		
	Childhood experiences, trauma, and family of origin experiences		
	Relationship problems, past relationships, marriages, and parents' relationships		
	Illnesses in family		
Specific therapeutic themes and interventions discussed in therapy	Discussing family genogram		
	Discussing therapists own experiences		
	Discussing support systems		
	Taking responsibility		
	Making time for themselves		
	Relaxation and breathing exercises		
	Using 'empty chair' to talk to family members in their absence		
	Communication		
	Problem solving		
	Making changes in living arrangements and home environments		
Immediate impact of therapy	Immediate positive impact	12	80.0
	No immediate improvement and taking long time before noticing positive impact	2	13.3
	Problems worsening initially before improving at later stage	1	6.7
Stuck moments in therapy	Therapy did not get stuck	9	60.0
	Got stuck a few times	2	13.3
	Possibly got stuck	1	6.7
	Definitely got stuck	1	6.7
Practical aspects that would have made going to therapy easier	No additional aspects would have made it easier	11	73.4
	Choosing gender of counsellor	1	6.7
	Flexible locations of counselling	1	6.7
	Flexible appointment times	1	6.7
	Having childminding facilities	1	6.7
Additional things therapists could have done to make therapy more helpful	No additional things would have made it more helpful	12	80.0
	Unsure	1	6.7
	Did not know	1	6.7
	Therapist taking slower pace	1	6.7
	More tasks or interventions given	1	6.7
Other services utilised by clients during therapy	No other service attended	7	46.8
	GPs	6	40.0
	Psychiatric Services	1	6.7
	School counsellor (once)	1	6.7
Level of improvement of difficulties	Main difficulties improved or solved	12	80.0
	Some improvement	1	6.7
	Variable improvements, having benefited in the long run	2	13.3

Note 1: Clients often presented with multiple presenting problems; Note 2: Clients could be referred by multiple sources; Note 3: Clients could mention multiple additional things therapist could have done to make therapy more helpful

Table 8. Helpful factors in therapy identified by clients

Helpful factors			F	%
Major Aspects	**Features**	**Examples**	**(n=15)**	
Therapist factors	Being able to talk to and being listened to	"Being listened to and being allowed to talk"	13	86.7
		"The very best about coming is to talk to someone about problems, someone who really listened"		
		"It's great for me to speak exactly how I feel and find I'm actually being understood"		
	Being objective, not emotionally involved third party	"Having someone to talk to that wasn't involved"	7	46.7
		"Getting an outsider's objective view on things. Having someone that wasn't emotionally involved"		
		"Having someone else to listen that got nothing to do with our family, outside of the system"		
		"Being able to talk it out with someone outside, that really helped"		
	Personal characteristics	"The therapists were soft and gentle people"	3	20.0
		"He wasn't judging us"		
Therapy process factors	Emotive	"Being allowed to cry"	5	33.3
		"It was a relief to come here, let my hair down"		
		"Counsellor helped to open up, both of us, and express our feelings. That was definitely the most helpful part"		
	Supportive	"Feeling more supported as a result of coming, our spirits were lifted. We were armed to deal with what was going to come next"	4	26.7
		"Knowing that I had the support of this particular person made a big difference"		
		"Sometimes you'd come in and let it all out, and they are not going to		

		judge you, they are just going to listen to you, and try and help you as much as possible”		
	Calming and learning to step back from problems	“Actually making me a lot calmer I think”	3	20.0
		“I learned to step back and think about the other person”		
	Therapeutic questions	“The straight forward questions that I would never have asked him”	3	20.0
		“The questions from the counsellor led me on to something else – helped me to confront my difficulties”		
	Other people’s perspectives	“Getting new perspective on things helped a lot”	2	13.3
		“Being able to take on other person’s point of view”		
	Advice	“The therapists advice was helpful”	2	13.3
Service Factors	Waiting list/time	“It didn’t take long to get the appointment”	2	13.3
		“How easy they made it to get the appointment. Very quick”		
	Surrounding	“It was a very friendly place to come to”	2	13.3
		“The room and the chairs were comfortable. Very relaxed.”		
	Location	“It was near home and in familiar surroundings”	1	6.7

CHAPTER 5

CLIENT SATISFACTION SURVEY

In this chapter we report on the answers we found to the question: How satisfied were clients with Genesis and how effective was the therapy they received from their perspective?

Participants and Procedure for the Client Satisfaction Survey

Twenty four clients completed the client satisfaction questionnaire in Appendix B. This group included15 clients who completed in-depth interviews described in chapter 3 and an additional 9 clients. Overall, this sample included 18 women and 6 men.

Sample Representativeness

Our initial intention was to conduct a small number of in-depth qualitative interviews and to conduct a quantitative survey of a large cohort of consecutively referred clients, but it proved very difficult to recruit clients into the quantitative survey. In view of this, we cannot be certain how representative the results of the survey are, in the strict statistical sense, of views of most clients attending Genesis.

Characteristics of Clients who Completed the Satisfaction Survey

On average, 10.3 months had elapsed since the clients first attended the service. 54.2% of clients had one main problem, 41.7% had two main presenting problems, and 4.2% of clients had three main problems.

The main presenting problems clients needed help with were (1) relationship problems (25.9%), (2) depression (17.2%), (3) behaviour problems (11.4%) and (4) bereavement (8.6%).

Separation adjustment difficulties and panic attacks were each described by 5.7% of clients. All other problems represented less than 3% of clients reported main problems. In Table 9 details of these are given. 58.3% of clients reported not having additional problems in addition to their main problems. Relationship problems and ‘other’ problems were the highest reported additional problems (8.3%). All other reported types of additional problems represented 4.2% of responses as outlined in Table 9.

Clients' Satisfaction with Service Quality

In an overall general sense, 83.3% of clients were very satisfied with the service they received, and 16.7% of clients were mostly satisfied.

The quality of the service received was rated as "excellent" by 79.2% of clients, while 20.8% rated it as "good". 87.5% of clients reported they definitely got the kind of service they wanted, and 8.3% felt they generally received the kind of service they wanted. 4.2% of clients reported that they did not really get the kind of service they were looking for.

54.2% of clients reported that most of their needs had been met by the service, and 41.7% of clients highlighted that almost all of their needs had been met. In 4.2% of cases, only a few of their needs had been met.

95.8% of clients would definitely recommend the service to a friend in need of similar help, and 4.2% of clients responded "yes, I think so" to this question.

79.2% of clients reported being very satisfied with the kind of help they received, while 20.8% of clients reported feeling mostly satisfied with the help they received.

75% of clients reported that counselling helped them a great deal in dealing more effectively with their problems, while 25% of clients felt that it helped somewhat in dealing with their difficulties.

95.8% of clients would definitely come back to the service if they were to seek help again, and 4.2% of clients responded with "Yes, I think so".

Clients' Ratings of Improvement in their Presenting Problems

An analysis of clients' rating of changes in severity of their problems before and after treatment showed that both their main presenting problems ($t=13.23$; $df=23$; $p<0.01$) and their additional problems ($t=3.69$; $df=11$; $p<0.01$) were significantly improved following therapy. These findings are presented in Table 10 and graphed in Figure 9.

In round numbers, on a 10 point scale where 10 represents a high level of severity, clients' average rating for their main problem improved from an high of 9 at the start of therapy to a low of 3 after therapy. Clients average rating for their additional problems improved from an high of 8 at the start of therapy to a low of 4 after therapy.

In Chapter 8, Table 15 and Figure 10 it will be seen that in a similar analysis of therapists' rating of changes in severity of 67 clients' problems before and after treatment, both clients' main presenting problems ($t=11.65$; $df=66$; $p<0.01$) and their additional problems ($t=9.35$; $df=49$, $p<0.01$) were significantly improved following therapy. In round numbers, on a 10 point scale where 10 represents a high level of severity, therapists' average rating for clients' main problem improved from an high of 7 at the start of therapy to a low of 3 after therapy.

Therapists' average rating for clients' additional problems improved from an high of 5 at the start of therapy to a low of 2 after therapy.

The most striking feature of these two sets of results is the similarity between them. Therapists and clients both rated main problems and additional problems as showing clinically and statistically significant improvement after therapy at Genesis.

These improvement rate results are consistent with findings from the international treatment outcome literature on the effectiveness of systemic therapy and practice (Carr, 2000a,b)) and with audits of other community based services which offer systemic family therapy (Carr, 1994).

Summary of Key Points from Client Satisfaction Survey

Twenty four clients completed the client satisfaction survey. They had first contacted the service on average 10 months previously. In view of the similarity between the problem profile of these 24 clients and all 399 who attended the service between 2000 and 2004, it may be concluded that the group surveyed were to some degree representative of the overall population of clients that attended the service.

The main presenting problems clients needed help with were relationship difficulties depression, bereavement and behaviour problems.

About 80%of clients were very satisfied with the service they received and rated the quality of the service received as excellent

Clients reported very significant improvement in their main presenting problems and their additional difficulties arising from therapy. Similar improvements were noted by therapists (as will be seen in chapter 8.).

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Table 9. Clients' service satisfaction

Questions	Responses	F (n=24)	%
Time since first attended Genesis (in months)	Mean	10.3	
	SD	26.6	
Number of main problems	One main problem	13	54.2
	Two main problems	10	41.7
	Three main problems	1	4.2
Additional problems	No additional problems	14	58.3
	One additional problem	10	41.7
Main presenting problem	Relationship Problems	8	25.9
	Depression	6	17.2
	Behaviour Problems	4	11.4
	Bereavement	3	8.6
	Separation adjustment	2	5.7
	Panic Attacks	2	5.7
	Education/learning	1	2.9
	PTSD	1	2.9
	FOO/In-law related	1	2.9
	Bullying	1	2.9
	Parenting	1	2.9
	Low self esteem	1	2.9
	Anxiety	1	2.9
	Sexual – other	1	2.9
	Violence	1	2.9
	Complex	1	2.9
Additional problems	None	14	58.3
	Relationship problems	2	8.3
	Other	2	8.3
	Education/learning	1	4.2
	Separation adjustment	1	4.2
	FOO/In-law related	1	4.2
	Bereavement	1	4.2
	Anxiety	1	4.2
	Drug abuse	1	4.2
Overall satisfaction with service	Very satisfied	20	83.3
	Mostly satisfied	4	16.7
	Indifferent or mildly dissatisfied	0	0
	Quite dissatisfied	0	0
Overall quality rating of service	Excellent	19	79.2
	Good	5	20.8
	Fair	0	0
	Poor	0	0
Received service required	Yes definitely	21	87.5
	Yes generally	8	8.3
	No, not really	1	4.2
	No, definitely	0	0
Service met client's needs	Most of my needs have been met	13	54.2
	Almost all of my needs have been met	10	41.7
	Only a few of my needs have been met	1	4.2

	None of my needs have been met	0	0
Recommend service to a friend	Yes, definitely	23	95.8
	Yes, I think so	1	4.2
	No, I don't think so	0	0
	No, definitely	0	0
Satisfaction with help received.	Very satisfied	19	79.2
	Mostly satisfied	5	20.8
	Indifferent or mildly dissatisfied	0	0
	Quite dissatisfied	0	0
Helped to deal with problems	Yes, it helped a great deal	18	75
	Yes it helped somewhat	6	25
	No, it didn't really help	0	0
	No, it seemed to make things worse	0	0
Return if further problems occur	Yes definitely	23	95.8
	Yes I think so	1	4.2
	No I don't think so	0	0
	No definitely not	0	0

Table 10. Clients' ratings of changes in problem severity before and after treatment

		Before	After	t
Main problems (N=24)	M	9.39	3.52	13.23**
	SD	1.20	2.15	
Additional problems (N=12)	M	8.25	4.00	3.68**
	SD	1.76	3.33	

Note: **P<.01 for dependent t-tests

INSERT FIGURE 9 HERE

CHAPTER 6

REFERRER SATISFACTION SURVEY

In this chapter we report on the answers we found to the question: How satisfied were referrers with the service offered to their clients by Genesis?

Participants and Procedure for the Referrer Satisfaction Survey

Twelve referrers were interviewed over the phone using the referrer satisfaction questionnaire in Appendix C. The group included three GPs (25%), three family project or support workers (25%), three social workers (25%), one public health nurse (8.3%), one information officer (8.3%), and one guidance counsellor (8.3%).

This group of 12 referrers were the only respondents who replied to telephone invitations to participate in a referrer satisfaction survey issued to all 63 referrers identified on the Genesis client data base.

Sample Representativeness

This survey had a low response rate of 19% (12 out of 63). In view of this we cannot be certain how representative the results of the survey are, in the strict statistical sense, of views of most professionals who referred clients to Genesis.

The main group of referrers that chose not to participate was GPs. Twenty-eight GPs did not reply to phone messages inviting them to participate, were not contactable, had left their posts, or did not wish to participate in the survey. Some of the other reasons referrers gave for not participating were that they could not remember referring clients to the service, that they needed to know specific names of clients before commenting on the service received, or that they had not received enough feedback from clients they referred to comment on the service.

Characteristics of Clients Referred by Respondents to the Referrers' Survey

Drug and alcohol problems (11.9%) were the main category of difficulties of clients referred to the service by respondents to the referrers' survey. Family issues, depression, and sexual abuse were each the reasons for 9.5% of referrals. Both relationship problems and bereavement were present in 7.1% of referrals. Anxiety problems, behaviour problems, mental health issues, or issues relating to children in care were each reasons of referrals in 4.7% of cases. All other main referral problems accounted for less than 3% each as outlined in Table 11.

Referrers' Satisfaction with Service Quality

About two thirds of referrers rated the quality of the service as good or excellent. 41.7% of referrers rated the quality of the service their clients received as "good". 25% of referrers rated it as "excellent", while 25% of referrers did not feel they could comment on the quality of the service. 8.3% of referrers rated the quality of the service provided as "fair".

In an overall general sense, about two thirds of referrers were "very" or "mostly" satisfied" with the service their clients received at Genesis. 41.7% of referrers were "mostly satisfied" with the service their clients received, 25.0% were very satisfied, 25.0% did not know, and 8.3% of referrers were "indifferent or mildly dissatisfied".

About two thirds of referrers believed their clients were helped "somewhat" or " a great deal" to deal with their problems more effectively. According to 41.7% of referrers, the services their clients received helped them 'somewhat" deal more effectively with their problems, while 25.0% reported that the services received helped their clients "a great deal" with their problems. A similar amount of referrers (25.0%) did not know if the services their clients received helped them deal with their problems. 8.3% of referrers reported that the services their clients received "did not really help" them to deal more effectively with their problems.

Three quarter of referrers said they would consider re-referring their clients to the service. When asked if the referrers would re-refer their clients back to Genesis should they seek help again, 58.3% responded with "yes, definitely", 16.7% with "yes, I think so", 16.7% with "no, I don't think so", and 8.3% of referrers did not know.

91.5% of referrers would definitely refer other clients in need of similar help to Genesis.

41.7% of referrers said that they had to provide their clients with less of their time since referring them to Genesis.

41.7% of referrers suggested that the risk of abuse, violence or self-injury was "possibly" reduced after they referred clients to Genesis.

33.3% of referrers suggested that the management of cases has "possibly" become simpler after referring complex multi-problem cases to Genesis.

According to 50% of referrers, clients generally or definitely received the kind of service they wanted.

Over half of referrers were "very" or "mostly" satisfied with the kind of help their clients received at Genesis. 41.7% of referrers were "mostly satisfied" with the kind of help their clients have received. 16.7% of referrers were "very satisfied" with the kind of help their clients have received. 25% of referrers were "indifferent or mildly dissatisfied" with the kind of help received, while 16.7% of referrers did not know how satisfied they were with the kind of help their clients have received.

50% of referrers reported that, “only a few of their clients’ needs have been met” as a result of counselling at Genesis. 25% of referrers did not know if their clients’ needs were met. 16.7% of referrers reported that “almost all of their clients’ needs have been met” and a further 8.3% responded that, “most of their clients’ needs have been met”.

Helpful Factor Identified by Referrers

The referrers identified a variety of helpful factors that characterized the service. These fell into three areas: (1) availability and accessibility which was identified by 75% of referrers; (2) appropriateness of the type of therapy available which was highlighted by 66.7% of referrers, and (3) a model of shared client care associated with referring clients to the service which was identified as helpful by 25% of referrers. Examples in each of the three areas are presented in Table 12.

Referrers’ Suggestions for Service Development

Referrers proposed a number of suggestions for service development and increased collaboration between referrers and Genesis. These are summarized in Table 13. 33.3% of the referrers would like more information about the service or see it advertised more. For example, this could be achieved through leaflets or open-days. In particular, they would like more information about courses offered, the training and qualifications of the counsellors, and the fee structure. 16.7% of referrers would like more liaison with the service. Meeting counsellors or management of the service would further aid this process and was suggested by 16.7% of referrers. 16.7% of referrers identified a need for satellite clinics or outreach work. Receiving more feedback about referred clients was proposed as an important development by 8.3% of referrers.

Summary of Key Points from Referrer Survey

Twelve referrers representing a range of disciplines and agencies were interviewed in a referrer satisfaction survey. They had referred clients to Genesis for help with a range of difficulties including drug and alcohol problems, family problems, depression, sexual abuse, relationship problems and bereavement.

About two thirds of referrers rated the quality of the service as good or excellent, were satisfied with the service, and believed their clients were helped “somewhat” or “ a great deal” to deal with their problems more effectively.

Three quarter of referrers said they would consider re-referring their clients to the service and 9 out of 10 of referrers would definitely refer other clients to Genesis.

Availability, accessibility and appropriateness of the type of therapy offered for referred clients were viewed by referrers as particular strengths of the service.

Three of the key benefits of referring clients to Genesis identified in the survey were simplifying the management of complex cases, reducing the risk of violence or abuse, and sharing client care. These factors were associated in some instances with referrers having to devote less time to providing services to referred clients.

Service developments proposed by referrers included providing more information about the service through leaflets and open-days and greater collaboration though more frequent liaison and the development of outreach initiatives.

Table 11. Referrers' satisfaction with the service

Questions	Responses	F (n=12)	%
Referrer's position	GP	3	25.0
	Family Project/Support Worker	3	25.0
	Social Worker	3	25.0
	Public Health Nurse	1	8.3
	Information Officer	1	8.3
	Guidance Counsellor	1	8.3
Clients' main presenting problem	Drug use/alcoholism	5	11.9
	Family issues	4	9.5
	Depression	4	9.5
	Sexual abuse	4	9.5
	Relationship problems	3	7.1
	Bereavement	3	7.1
	Anxiety	2	4.7
	Behaviour problems	2	4.7
	Mental health issues	2	4.7
	Children in care	2	4.7
	Parenting/Early life issues	1	2.4
	Juvenile crime	1	2.4
	Suicidal thoughts	1	2.4
	Separation	1	2.4
	Lone parents	1	2.4
	Anger management	1	2.4
	Bullying	1	2.4
	Intimidation in community	1	2.4
	Multi-problem/complex	1	2.4
	Child physical abuse	1	2.4
	Self-esteem	1	2.4
Referrer's rating of service quality	Excellent	3	25.0
	Good	5	41.7
	Fair	1	8.3
	Poor	0	0
	Don't know	3	25.0
Clients received service they wanted	Yes, generally	4	33.3
	Yes definitely	2	16.7
	No, not really	1	8.3
	No, definitely	1	8.3
	Don't Know	4	33.0
Degree to which Genesis met clients' needs	Almost all of my patients' (clients') needs have been met	2	16.7
	Most of my patients' have been met	1	8.3
	Only a few of my patients' needs have been met	6	50.0
	None of my patients' needs have been met	0	0
	Don't know	3	25.0
Referrer's willingness to refer others	Yes, definitely	11	91.7
	Yes, I think so	1	8.3
	No, definitely	0	0

	No, I don't think so	0	0
Referrer's satisfaction with Genesis	Very satisfied	2	16.7
	Mostly satisfied	5	41.7
	Quite dissatisfied	0	0
	Indifferent or mildly dissatisfied	3	25.0
	Don't know	2	16.7
Helped clients deal more effectively with Problems	Helped a great deal	3	25.0
	Yes, they helped somewhat	5	41.7
	No, they didn't really help	1	8.3
	No, they seemed to make things worse	0	0
	Don't Know	3	25.0
Overall satisfaction with Genesis service	Very satisfied	3	25.0
	Mostly satisfied	5	41.7
	Quite dissatisfied	0	0
	Indifferent or mildly dissatisfied	1	8.3
	Don't know	3	25.0
Willingness to re-refer cases to Genesis	Yes, definitely	7	58.3
	Yes, I think so	2	16.7
	No, I don't think so	2	16.7
	No, definitely not	0	0
	Don't know	1	8.3
Reduced time input to cases since referral	Yes, definitely	5	41.7
	Yes, I think so	1	8.3
	No, I don't think so	1	8.3
	No, definitely not	5	41.7
Reduction in risk of abuse self-harm or violence	Yes, definitely	0	0
	Possibly	5	41.7
	No, definitely not	0	0
	Not applicable	7	58.3
Management of cases became simpler	Yes, definitely	0	0
	Possibly	4	33.3
	No, definitely not	0	0
	Not applicable	8	66.7

Table 12. Helpful factors identified by referrers

Helpful factors	Examples	F (n=12)	%
Availability and accessibility	"Great that service is provided. There's a great demand. Their willingness to be open and accept clients fully" "Their willingness to take on people as soon as possible" "That it's a local service for community" There's no long waiting list and clients were offered an appointment quickly" "The lack of cost"	9	75
Therapy type	"That they are providing a service at in-depth psychotherapeutic level" "That they use approach that makes people feel comfortable" "The systemic approach" "Somewhere to ventilate and explore psychological difficulties" "It's suitable to adults, parents with children, and teenagers in particular"	8	66.7
Shared Client Care	"That I'm able to move on with cases and don't get stuck" "It can be used as shared care for clients"	3	25

Table 13. Referrer's suggestions regarding service

Suggestions	Examples	F (n=12)	%
Would like more information about service or advertisement	Leaflets, courses offered, open day, training information regarding counsellors, and fee structure	4	33.3
Would like more liaison between services		2	16.7
Meeting counsellors or management would be helpful		2	16.7
Satellite clinics and outreach would be required		2	16.7
Would like to get some feedback regarding their clients		1	8.3

CHAPTER 7

THERAPISTS' EXPERIENCES AT GENESIS

In this chapter we report on the answers we found to the question: What are therapists ' experiences of Genesis?

Participants and Procedure

At the time of this evaluation and review nine therapists were practicing at genesis. One of them was in the process of disengaging from the service. As a result, eight therapists, six female and two male, were interviewed using a semi structured interview schedule. Responses were audio-recorded and later transcribed for qualitative analysis. Five of the therapists were registered with the Family Therapy Association of Ireland (FTAI). Two therapists who had completed a professional training programme in family therapy were accumulating post-qualification hours of supervised practice for registration with FTAI. One therapist was currently in training in the family therapy programme at the Clanwilliam Institute. The therapists had been working at Genesis for an average of 41 months or about three and a half years.

Important aspects of work at Genesis

The therapists identified a range of significant factors associated with working at Genesis. These fell into four categories: (1) Service provision, (2) Service philosophy, (3) Organization and management, and (4) Professional development

Service Provision. The therapists valued the services provided by Genesis. Clients were seen as being offered a respectful, valuable, and reliable service. Therapists valued that the service is community based and accessible to, and respectful of marginalized people with a range of difficulties. Furthermore, therapists valued practicing in a service alongside other therapists rather than being engaged in isolated practice. That is, they felt they could support each other professionally.

Service philosophy. Therapists valued the service philosophy of Genesis. In particular, they experienced a strong sense of commitment within Genesis to offering an accessible community service to a socially disadvantaged client group with complex problems. They valued that Genesis is a real community initiative, set up for clients based in the local community, with key members of the community involved in service development.

Organization and management. A number of aspects of the organization and management of Genesis were seen as valuable. In particular, therapists valued the significant contribution made to the organization of service provision by administrative staff at Genesis. They felt the administrative staff offered a high level of support to therapists. Therapists also valued the good relationships that the administrative staff members had with members of the local

community, and how they balanced this with a respect for client confidentiality especially in cases where they knew clients socially outside the context of the service. The manager of Genesis was also seen as very supportive and approachable. Furthermore, his systemic management style was valued. Therapists valued that they had all trained systemically. As a result, they appreciated a sense of team cohesion and enthusiasm about their work. The remuneration of registered therapists was another positive aspect of the service organization valued by the therapists.

Professional development. The service was seen as an inviting place for therapists to work and develop professionally. For trainee family therapists it represented an opportunity to gain further experience working with diverse clients. For post- qualification therapists it offered a context within which to accumulate hours of supervised clinical practice with clients, a prerequisite for registration with the Family Therapy Association of Ireland. For registered family therapists it offered the opportunity to further their skills and develop specialist skills with more complex multi-problem cases. Regardless of what stage of career development the therapists were at, they felt they had an opportunity to gain a wealth of experiences and meet the needs of a variety of disadvantaged clients including individuals, couples, families, and inter-agency work. As a result, working at Genesis was seen as an excellent opportunity for training, practice, and professional development.

Reasons for Commencing Work at Genesis

A number of reasons for starting to work at Genesis were described. All of the therapists were attracted to the service because it is community based and provides services in areas of disadvantage with marginalized people. Several therapists joined the service to get some experience during training in the family therapy programme at the Clanwilliam Institute. The link between the Clanwilliam Institute and Genesis facilitated this training opportunity. A further reason for starting to work at Genesis was to accumulate post qualification hours of supervised clinical practice to be eligible to register with the Family Therapy Association of Ireland.

Practice Development

All therapists worked part-time in Genesis at the time of the evaluation. Most of them saw two or three clients per week. Only one therapist worked with five or six clients per week.
The therapists at Genesis work with individuals, couples, families, or clients involving interagency liaison. However, individual clients represent the largest client group.
The therapists at Genesis outlined a number of ways in which their practice had developed. They have become more confident with professional issues such as dealing with client consent, setting therapeutic boundaries, and managing client fees. Their systemic family therapy practice skills have developed and they have gained confidence with this increasing competence. For example, many basic family therapy skills which previously required considerable conscious planning, such as hypothesizing, circular questioning and maintaining neutrality, have become more unconscious or automatic. In addition, some

therapists are now integrating other therapeutic approaches into family therapy and involving more family and network members in therapy. These other approaches include person-centred therapy, psychodynamic therapy, cognitive-behavioural therapy, Gestalt therapy, and pastoral counselling. Therapists also described how they have moved from working with clients who presented with focal problems to working with more complex multi-problem cases. Furthermore, therapists also described how their professional development has led them to engage in more informal peer supervision as well as more formal supervision.

General Approach to Systemic Family Therapy Practice

The underlying theoretical frameworks for therapy at Genesis were described as systemic, social constructionist, and narrative (Carr, 2000). These theoretical frameworks underpinned a style of practice in which clients are invited to tell their stories and therapists focus on shaping the conversational architecture to help clients re-author their personal and family narratives. The aim of this style of therapy is to help clients construct more liberating personal narratives that empower them to resolve their presenting problems and concerns. Therapists used a range of general therapy interventions in their practice including the following:

- Utilising a systemic, network or relational approach in addressing problems and solutions
- Connecting client problems and strengths to their social systems and stories or narratives
- Connecting clients' past and present, and looking for patterns related to problems and exceptions to these problems
- Using genograms and family of origin work to understand problems, exceptions to these, and family strengths
- Using drawings and stories in age-appropriates way to help children engage in therapy
- Externalising problems to help clients see themselves as separate from their difficulties
- Engaging in a collaborative approach and following client leads
- Maintaining a position of neutrality and respectful curiosity
- Examining the therapist's own role in the therapeutic relationship when therapeutic progress stalls
- Inviting clients to complete therapeutic tasks between sessions
- Carefully managing the pacing of therapy, the frequency of sessions and the overall duration of therapy to fit with client needs

Specific Therapist Skills and Strengths

The therapists described a number of specific therapeutic skills and professional strengths that they applied in their clinical practice. These are presented below.

- Taking a collaborative respectful approach
- Taking a curious position in therapy of 'not knowing' about the fine-grained details of clients lives and really trying to fully understand the world from the clients' perspective

- Having an up-to-date understanding of literature and research in systemic therapy as a basis for introducing new perspectives into the therapeutic conversation
- Having special expertise with particular client groups, such as couple work, working with middle-aged women, or adolescents.
- Connecting or engaging with clients and maintaining a strong therapeutic alliance
- Understanding and containing ambivalence and conflicting positions expressed by individual clients and by different family members
- Empowering clients to facilitating change
- Bringing a mixture of education and street credibility to the therapeutic process
- Using humour in therapy and engaging with clients at a warm or human level
- Getting 'on the floor' with children and engaging them in the therapy process
- Integrating therapeutic techniques from other types of therapy into systemic practice
- Creating a climate of openness in the therapeutic relationship
- Tailoring therapy to meet the unique needs of specific clients

Challenges

The challenges therapists identified fell into four main areas, namely (1) Service related challenges, (2) Challenges associated with personal and professional development, (3) Clinical practice challenges, and (4) Client related challenges. The challenges in each of the four areas are outlined below.

Service Related Challenges

The therapists pointed out that the premises and therapy rooms presented a challenge for them. In particular, lack of space, inadequate soundproofing, and lack of facilities were highlighted.

Some therapists found it difficult not being employed on a full-time bases at Genesis. Most therapists had a full-time employment elsewhere, and this represented a challenge with regard to high workload and stress. This limited commitment also represented a challenge for therapists because they had little opportunity to interface and connect with other therapists. The consequent lack of informal discussions and meetings with other therapists, as well as the lack of organised peer supervision meetings represented a further challenge.

Furthermore, the therapists found it difficult to engage in inter-agency work in the evenings. There was little time to make calls to other agencies and liaise with them during this time. This compromised their capacity to work in a fully systemic way, addressing all members of clients' personal and professional networks.

Personal and Professional Development Related Challenges

Therapists described a number of personal and professional development related challenges. It was challenging for therapists to mange the discrepancy between their own beliefs, values and assumptions and those of their clients. There was often a temptation to impose their beliefs and values on their clients.

It was challenging for therapists to allow clients to progress at their own pace. Progress was sometimes very slow in the case of clients who felt helpless, demoralized or ambivalent about making constructive changes in their lives. In these instances, there was a temptation for therapists to take on too much responsibility for solving clients' difficulties rather than empowering clients to do so themselves.

Managing unplanned therapeutic disengagement was also challenging. Therapists sometimes felt as if they had failed when clients did not return for scheduled therapy sessions.

Some therapists found it challenging to keep up with all the latest literature and research in the field. Also, some therapists found the process of accumulating the FTAI required number of hours of supervised clinical practice challenging.

Clinical Practice Related Challenges

Therapists described a number of challenges related to their clinical practice. Some felt that there was a lack of specialist training opportunities in specific areas such as working with young children or learning different ways of communicating with youngsters.

Some therapists felt challenged by working with many difficult cases, such as those involving sexual abuse. Learning to deal with their own emotions and attitudes to perpetrators of sexual abuse or domestic violence was challenging for some therapists. Finding a perspective on such situations that opened up possibilities for therapeutic progress was difficult.

Some therapists found managing the requirement for mandatory reporting of child abuse complex and challenging. The need to develop a service policy that would exempt therapists from becoming involved as expert witnesses in court cases associated with clients from families where abuse or violence had occurred was seen as challenging.
Integrating new ways of working into traditional family therapy was challenging for some therapist. Other therapist found supervision useful but challenging, in particular, taking on board the many different views typically expressed during group supervision.

Client Related Challenges

There were a number of client related challenges identified by therapists. Engaging clients who did not want to avail of the service was viewed as challenging. These included adolescents sent by parents or adults attending court mandated therapy, and working with

clients on high doses of psychotropic medication with significant negative side-effects, or with memory difficulties was also seen as challenging.

Therapist's Visions of Service Improvement

The therapists expressed a number of ways in which Genesis could be improved for clients and therapists

For clients, the following changes were proposed to make the service more helpful to them. Genesis would be more helpful to clients if the psychotherapy service was available full time and was operated from more suitable premises with better facilities. Furthermore, the service would be more helpful to clients if equipment for work with children, such as toys, crayons and games were available. The service would be further improved for clients if there was a mechanism for continuous follow-up of clients, such as routinely giving evaluation forms directly to clients without compromising the therapeutic alliance or client confidentiality and maintaining the highest ethical standards.

For the therapists, improvements were proposed in three areas: (1) Service related changes, (2) Clinical practice related changes, and (3) Supervision related changes

Service Related Changes

Therapists offered the following suggestion for service related improvements. Having more suitable premises, with adequate office and therapeutic facilities would make working as a therapist at Genesis a better experience. So too, would being employed rather than working on a voluntary basis. Therapists wished to be informed more about the range of services in the geographical catchments area and to liaise with other community services.
More staff meetings and improved communication with therapists was also highlighted as desirable. A system for service evaluation that is sensitive to the needs of staff and clients was also proposed. Such a system would yield important information about the effectiveness of the psychotherapy service, insure client confidentiality, and not jeopardize the therapist-client relationship. It was also proposed to revise the sliding scale and introduce a policy of requesting fee payment if a phone cancellation was not made. These proposals were made as a way of reducing non-attendance rates and to address the fact that some more economically advantaged clients may be able to afford more professionally appropriate fees. The current ceiling fee of €27 is not appropriate for qualified therapists providing services to clients earning over €30,000 per annum.

Clinical Practice

Therapists expressed a wish for more clinical team meetings and more teamwork in clinical practice using one-way mirror live supervision systems. Such systems permit the use of reflecting team practice, where clients receive the benefit of multiple team members'

perspectives on their difficulties. Reflecting team practice may be particularly appropriate for clients unable to respond to therapy offered by a single therapist. Another suggestion was to include some time for preparation and reflection as integral part of the service when working with clients. This could be achieved by using 50 minute therapy sessions, with five minutes for pre-therapy preparation and five minutes for post-therapy reflection. Some therapists expressed a wish for more in-house training and information about professional development opportunities outside Genesis.

Supervision

It was proposed to have more formal group supervision, informal peer supervision, and separate funding for individual supervision for pre-registered therapists to help them accumulate the required amount of supervision clinical practice hours for registration with FTAI.

Summary of Key Points from Therapist Interviews

Eight therapists (five registered and three pre-registration) were interviewed. Each see about two or three clients per week and had been working at Genesis for an average of about three and a half years. They all work from a systemic family therapy model with a particular emphasis on social constructionist and narrative approaches.

At Genesis therapists valued offering a community based and accessible service in which there were good working relationships, responsive administration and management and opportunities for professional development.

The therapist believed that Genesis would be more helpful to clients if the service was available full-time and was operated from more suitable premises with better facilities and equipment.

The therapists believed that policy development in a number of areas would improve the service quality. Key areas for policy development included (1) Linking with other community based agencies, (2) Managing cases involving risk, abuse and violence, (3) Minimizing therapist involve in court work, (4) Developing a reliable system for evaluating and auditing service effectiveness, (5) Revising the sliding fee scale and billing procedures when clients failed to attend appointments, (6) More frequent use of family therapy team work for complex cases, (7) Increasing the frequency of group and individual supervision.

References

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CHAPTER 8

THERAPISTS' EVALUATION OF CLIENT IMPROVEMENT

In this chapter we report on the answers we found to the question: How do therapists rate the improvement shown by clients who attended Genesis?

Therapists, Clients and Rating Procedures

Six therapists reviewed and rated a total of 67 cases they had worked with over the preceding 2 years. The mean number of cases reviewed per therapist was 11.2 (SD= 3.25). Therapists reviewed and rated cases using the therapist case evaluation form in Appendix D.

Characteristics of Clients

A summary of therapists ratings of cases is given in Tables 14 and 15, and graphed in Figure 10.

The main problems with which clients reviewed by the therapists needed help were depression (20.9%), separation adjustment (13.4%), behaviour problems (13.4%), relationship problems (11.9%), extended family related problems (11.9%), and bereavement (10.4%). There were also a significant number of clients who experienced sexual abuse (8.9%), violence (6%), or had difficulties in relation to parenting (6%). All other additional problems were prevalent in less than 5% of cases.

The most common additional problems clients needed help with were relationship problems (13.4%), extended family problems (11.9%), and bereavement (6%). All other additional problems were prevalent in less than 5% of cases.

Therapists reported that the main focus of the work was with individuals in 65.7% of cases, with families in 25.4% of cases, and with couples in 9% of cases.

According to therapists, 52.2% of cases were multi-problem cases, with three or more problems in different family members, while 47.8% of cases had a focal problem.

Ratings of Engagement in Therapy and Motivation to Change

Engagement in therapy. Most clients wanted to engage in therapy as a way of solving their problems. According to therapists 31.3% of clients wanted to engage "a great deal" in therapy as a way of solving their life problems, 32.8% of clients wanted to engage "quite a lot", 11.9% of clients were rated as wanting to engage "only a little", and 23.9% were rated as wanting to engage in therapy as a way of solving their problems at a level in between "quite a lot" and "only a little".

Motivation to change clinical problems. Most clients wanted to change their clinical problems. According to therapists 44.8% of clients wanted to change their clinical problems "a great deal", 31.3% of clients wanted to change their clinical problems "quite a lot", 7.5% of clients were rated as wanting to change their clinical problems "only a little", and 14.9% were rated as wanting to change their clinical problems at a level in between "quite a lot" and "only a little". 1.5% were rated as not wanting to change their problems.

Co-operation with attendance at therapy. Most clients co-operated with attendance at therapy. Therapists rated 41.8% of clients as showing " a great deal" of co-operation with attendance at therapy and 29.9% as showing "quite a lot" of co-operation.13.9% were rated as co-operating "only a little" with attendance. 13.4% were rated as co-operating with attendance at therapy at a level in between "quite a lot" and "only a little". 1.5% of clients were described as not having co-operated with attendance.

Co-operation within therapy sessions. Most clients co-operated with therapists within therapy sessions. 38.8% of clients were rated as co-operating "a great deal" within therapy sessions and 32.8% as co-operating "quite a lot". 6% of clients were rated as having co-operated "only a little" within therapy sessions. 22.4% were rated as co-operating within therapy sessions at a level in between "quite a lot" and "only a little".

Co-operation with tasks between therapy sessions. Most clients co-operated with tasks between therapy sessions. According to therapists, 13.4% of clients co-operated "a great deal" with tasks between therapy sessions. 25.5% of clients were rated as having co-operated "quite a lot" with tasks between session. 9% of clients were found to co-operate with tasks "only a little". 29.9% were rated as co-operating with tasks between therapy sessions at a level in between "quite a lot" and "only a little". 4.5% of clients did not co-operate with tasks between therapy sessions. In 17.9% of cases therapists gave no specific tasks for clients to complete between sessions.

Understanding the therapeutic process. Most clients understood the approach to therapy and the strategies used. 6% of clients grasped the approach to therapy and the strategies used "a great deal". 25.4% of clients were rated as grasping the approach to therapy and the strategies used "quite a lot". 20.9% of clients' were rated as grasping the approach to therapy and the strategies used "only a little". 46.3 were rated as grasping the approach to therapy and the strategies used at a level in between "quite a lot" and "only a little". 1.5% of clients did not grasp the approach to therapy and the strategies used in therapy at all.

Overall Improvement Ratings

Therapist classified 9 out of 10 cases as partially or much improved. Therapists classified 58.2% of cases as showing "partial improvement", 32.8% as showing "much improvement" and 9% of cases as showing no "no improvement". None of the clients' problems were rated to have "deteriorated".

Over three quarters of clients were rated as showing more than only a little improvement. According to the therapists 11.9% of clients improved “a great deal”, 37.5% of clients improved “quite a lot”, 17.9% of clients improved “only a little” and the improvement shown by 28.4% of clients was rated as being between “quite a lot” and “only a little”.

An analysis of therapists’ rating of changes in severity of 67 clients’ problems before and after treatment showed that both their main presenting problems ($t=11.65$; $df=66$; $p<0.01$) and their additional problems ($t=9.35$; $df=49$, $p<0.01$) were significantly improved following therapy. These findings are presented in Table 15 and graphed in Figure 10.

In round numbers, on a 10 point scale where 10 represents a high level of severity, therapists’ average rating for clients’ main problem improved from an high of 7 at the start of therapy to a low of 3 after therapy. Therapists’ average rating for clients’ additional problems improved from an high of 5 at the start of therapy to a low of 2 after therapy.

In chapter 5, Table 10 and Figure 9 it was noted that an analysis of 24 clients’ rating of changes in severity of their problems before and after treatment showed that both their main presenting problems ($t=13.23$; $df=23$; $p<0.01$) and their additional problems ($t=3.69$; $df=11$; $p<0.01$) were significantly improved following therapy. In round numbers, on a 10 point scale where 10 represents a high level of severity, clients’ average rating for their main problem improved from an high of 9 at the start of therapy to a low of 3 after therapy. Clients average rating for their additional problems improved from a high of 8 at the start of therapy to a low of 4 after therapy.

The most striking feature of these two sets of results is the similarity between them. Therapists and clients both rated main problems and additional problems as showing clinically and statistically significant improvement after therapy at Genesis.

These improvement rate results are consistent with findings from the international treatment outcome literature on the effectiveness of systemic therapy and practice (Carr, 2000a,b) and with audits of other community based services which offer systemic family therapy (Carr, 1994).

Specific areas of improvement

Conceptualizing problems in more constructive ways. Therapy was rated as leading to “ a great deal ” of improvement in clients’ abilities to conceptualize their problems in more constructive ways in 11.9% of cases, to “quite a lot” of improvement in 40.3% of cases, to “only a little” improvement in 13.4% of cases and to improvement in between “quite a lot” and “only a little” in 29.9% of cases.

Problem solving. Therapy was rated as leading to “ a great deal ” of improvement in clients’ abilities to solve their problems in 9% of cases, to “quite a lot” of improvement in 32.8% of cases, to “only a little” improvement in 14.9% of cases and to improvement in between “quite a lot” and “only a little” in 35.8.% of cases.

Regulating strong emotions and urges. Therapy was rated as leading to " a great deal " of improvement in clients' abilities to manage strong emotions such as anxiety and depression and strong urges including sexual urges and urges to use drugs and alcohol in 6% of cases, to "quite a lot" of improvement in 43.3% of cases, to "only a little" improvement in 16.4% of cases and to improvement in between "quite a lot" and "only a little" in 31.3.% of cases.

Nuclear family relationships. Therapy was rated as leading to " a great deal " of improvement in clients' abilities to manage important relationships within the nuclear family including marital and parenting relationships in 14.9% of cases, to "quite a lot" of improvement in 26.9% of cases, to "only a little" improvement in 11.9% of cases and to improvement in between "quite a lot" and "only a little" in 44.8.% of cases

Extended family and network relationships. Therapy was rated as leading to " a great deal " of improvement in clients' abilities to manage important relationships within the extended family and social network including family of origin relationships, relationships with in-laws, and relationships with other involved professionals and agencies in 3% of cases, to "quite a lot" of improvement in 29.9% of cases, to "only a little" improvement in 16.4% of cases and to improvement in between "quite a lot" and "only a little" in 41.8.% of cases.

Summary of Key Points about Therapists Ratings of client improvement.

Six therapists reviewed and rated a total of 67 cases they had worked with over the preceding 2 years. The most common main presenting problems for these cases were depression, adjustment to separation, managing childhood behaviour problems and family relationship difficulties. Two thirds of these 67 clients presented as individuals and the remainder as couples or families. About half of the cases had focal problems and half were complex multiproblem cases

Most clients wanted to engage in therapy as a way of solving their problems and wanted to change their clinical problems. Most clients co-operated with attendance at therapy, understood the approach to therapy and the strategies used, co-operated within therapy sessions, and completed therapeutic tasks between therapy sessions.

Therapist classified 9 out of 10 cases as partially or much improved. Over three quarters of clients were rated as showing more than only a little improvement. An analysis of therapists' rating of changes in the severity of 67 clients' problems before and after treatment showed that both their main presenting problems and their additional problems were significantly improved following therapy. These therapist ratings were fully consistent with an analysis of 24 clients' rating of changes in the severity of their problems before and after treatment. Therapists and clients both rated main problems and additional problems as showing clinically and statistically significant improvement after therapy at Genesis.

Therapists rated clients as showing improvements in the following specific areas: conceptualizing problems in more constructive ways; developing problem solving skills;

becoming better able to regulate strong emotions like anxiety and depression and strong sexual or addictive urges; managing marital and parenting relationships within the nuclear family; and managing important relationships within the extended family and social network including family of origin relationships, relationships with in-laws, and relationships with other professionals and agencies from whom their families were seeking help.

References

Carr, A. (1994). Audit and family systems consultation: Evaluation of practice at a child and family centre. *Journal of Family Therapy,* 16, 143-157.

Carr, A. (2000a). Research update: Evidence based practice in family therapy and systemic consultation, 1. Child focused problems. *Journal of Family Therapy,* 22, 29-59.

Carr, A. (2000b). Research update: Evidence based practice in family therapy and systemic consultation. 11. Adult focused problems. *Journal of Family Therapy,* 22, 273-295

Table 14. Therapists' evaluation of clients' characteristics and progress in therapy

Questions	Responses	F (n=67)	%
Main presenting problem	Depression	14	20.9
	Separation adjustment	9	13.4
	Behaviour problems	9	13.4
	Relationship problems	8	11.9
	Extended family problems	8	11.9
	Bereavement	7	10.4
	Sexually abused	6	8.9
	Violence	4	6.0
	Parenting	4	6.0
	Other- stress related	3	4.5
	Anxiety	3	4.5
	Bullying	3	4.5
	PTSD	2	3.0
	Communication	1	1.5
	Sexual abuser	1	1.5
	Crisis/Breakdown	1	1.5
	Alcohol/addiction	1	1.5
	Panic attacks	1	1.5
	Self-esteem	1	1.5
	Complex	1	1.5
	Relationship- extra marital	1	1.5
	Education/learning	1	1.5
	Suicide attempt	1	1.5
Additional problems	None	17	25.4
	Relationship problems	9	13.4
	FOO/In-law related	8	11.9
	Bereavement	4	6.0
	Separation adjustment	3	4.5
	Depression	3	4.5
	Complex	3	4.5
	Parenting	3	4.5
	Education/learning	2	3.0
	Sexually abused	2	3.0
	Financial problems	2	3.0
	Behaviour problems	2	3.0
	Anger	2	3.0
	Drug abuse	2	3.0
	PTSD	1	1.5
	Other- stress related	1	1.5
	Panic attacks	1	1.5
	Self esteem	1	1.5
	Other	1	1.5
Case type	Individual	44	65.7
	Family	17	25.4
	Couple	6	9.0
Case complexity	Multiproblem	35	52.2
	Focal problem	32	47.8
Improvement	Much improvement	22	32.8
	Partial improvement	39	58.2

	No improvement	6	9.0
	Deterioration	0	0
Degree to which client wanted to engage in therapy for solving life problems	A great deal	21	31.3
	Quite a lot	22	32.8
	In between	16	23.9
	Only a little	8	11.9
	Not at all	0	0
Degree to which client wanted to solve their problems	A great deal	30	44.8
	Quite a lot	21	31.3
	In between	10	14.9
	Only a little	5	7.5
	Not at all	1	1.5
Degree of co-operation with therapy attendance	A great deal	28	41.8
	Quite a lot	20	29.9
	In between	9	13.4
	Only a little	9	13.9
	Not at all	1	1.5
Degree of co-operation within therapy sessions	A great deal	26	38.8
	Quite a lot	22	32.8
	In between	15	22.4
	Only a little	4	6.0
	Not at all	0	0
Degree of co-operation with tasks between sessions	A great deal	9	13.4
	Quite a lot	17	25.4
	In between	20	29.9
	Only a little	6	9.0
	Not at all	3	4.5
	No tasks given	12	17.9
Degree to which client understood the approach to therapy and the strategies used in therapy	A great deal	4	6.0
	Quite a lot	17	25.4
	In between	31	46.3
	Only a little	14	20.9
	Not at all	1	1.5
Overall improvement after therapy	A great deal	8	11.9
	Quite a lot	25	37.3
	In between	19	28.4
	Only a little	12	17.9
	Not at all	3	4.5
Improvement in ability to conceptualise problems more constructively	A great deal	8	11.9
	Quite a lot	27	40.3
	In between	20	29.9
	Only a little	9	13.4
	Not at all	3	4.5
Improvement in ability to solve problems	A great deal	6	9.0
	Quite a lot	22	32.8
	In between	24	35.8
	Only a little	10	14.9

	Not at all	5	7.5
Improvement in ability to manage strong emotions and urges (sexual and addictive)	A great deal	4	6.0
	Quite a lot	29	43.3
	In between	21	31.3
	Only a little	11	16.4
	Not at all	2	3.0
Improvement in management family relationships	A great deal	10	14.9
	Quite a lot	18	26.9
	In between	30	44.8
	Only a little	8	11.9
	Not at all	1	1.5
Improvement in ability to get extrafamilial support	A great deal	2	3.0
	Quite a lot	20	29.9
	In between	28	41.8
	Only a little	11	16.4
	Not at all	6	9.0

Table 15. Therapists' mean ratings of changes in problem severity before and after treatment

		Before	After	t
Main problems (N=67)	M	7.46	3.66	11.65**
	SD	1.51	2.25	
Additional problems (N=50)	M	5.34	2.94	9.35**
	SD	3.33	2.74	

Note: **P<.01 for a dependent t test.

INSERT FIGURE 10 HERE

CHAPTER 9

THERAPISTS' SATISFACTION WITH SUPERVISION

In this chapter we report on the answers we found to the question: How satisfied are therapists who work at Genesis with the supervision offered by the Clanwilliam Institute?

The Provision of Supervision by the Clanwilliam Institute

In total 12 hours of supervision per month has been offered by the Clanwilliam Institute to Genesis. At the Clanwiliam Institute there are three supervisors dedicated to the provision of supervision for therapists at Genesis. This is diagrammed in Figure 1 in Chapter 2. Supervision has been provided at the Clanwilliam Institute in a group format with one supervisor and three or four therapists in a typical group supervision session. Supervision has been offered fortnightly for three groups.

Data collection Method and Procedure

Information on experiences of supervision was gathered from both therapists and supervisors. Therapists' experiences of supervision and their level of satisfaction are described in this chapter. Supervisors' experiences of supervision are described in Chapter 10.

Eight therapists completed 10 supervision experience forms in which they described their individual supervision experiences and their satisfaction with supervision. 10 rather than eight forms were completed by the 8 therapists because two therapists completed two forms since each had been supervised by two supervisors. The Therapist Supervision Experience form is contained in Appendix E. Information about supervision experiences was also gathered through semi-structured interviews conducted with the 8 therapists. The responses to the supervision experience form and interview were quantitatively and qualitatively analysed. Results are presented in Tables 16-18.

Therapist Profiles

The eight therapists who participated in this part of the evaluation had been working at Genesis on average for 41 months which is approximately three and a half years. Their average amount of weekly client contact was 3.1 hours (SD=0.8) and client contact ranged from 2-4 hours. Six of the eight therapists had worked at Genesis during their training in family therapy. These six therapists had worked on average 18.5 months or a year and a half as a therapist in training at Genesis. Seven of the eight family therapists were fully qualified. Five were registered family therapists with FTAI and two were completing post-qualification and pre-registration supervised clinical practice. Since qualifying the seven qualified therapist had worked at Genesis an average 22.5 months or almost two years. The eight therapists reported receiving an average of 3.6 hours of supervision per month.

Supervision Themes

The following themes and were covered during supervision, with corresponding percentage in brackets: (1) Exploring ways to use therapy sessions more productively (90%), (2) Clarifying systemic understanding of cases in therapy (80%), (3) Addressing risk management in cases where violence, abuse or self harm were possible (80%), (4) Exploring ways of consulting to other agencies or managing interagency collaboration in complex cases (80%), (5) Addressing therapist-client relationship issues (80%), (6) Exploring ways to help clients use time between sessions more productively (60%), (7) Exploring how to help clients disengage from therapy networks in complex cases (termination issues) (50%), (8) Exploring how to help clients engage in therapy, so more family members attend and fewer and drop out (40%), and (9) Addressing therapy-related stress and burnout (30%).

Satisfaction with Supervision

All of the therapists rated the quality of the supervision they received from the Clanwillian Institute as good or excellent. 50% of therapists rated it as “excellent” and 50% rated the quality of supervision as “good”.

All of the therapists were very or mostly satisfied with the supervision they received Clanwillian Institute. 70% were “mostly satisfied”, and 30% were “very satisfied”

In an overall general sense, 80% of therapists described being “mostly satisfied” with supervision, while 20% of therapists were “very satisfied” with supervision.

70% said they “generally” received the kind of supervision they wanted, and 20% reported that they “definitely” got the supervision they required.

90% of therapists reported that “most” of their supervision needs had been met while 10% of therapists reported that “almost all” of their supervision needs had been met by supervision at the Clanwilliam Institute.

When asked if therapists would recommend supervision from the Clanwilliam Institute to a colleague in need of supervision, 40% responded with “Yes, definitely” and 60% with “Yes, I think so”.

When asked if supervision they received helped them to deal more effectively with their cases, 60% of therapists responded with “Yes, it helped a great deal”, and 40% reported that “Yes, it helped somewhat”.

When asked if therapists were to seek supervision again, would they request it from the Clanwilliam Institute, 60% responded with “yes, I think so”, 20.0% responded with “Yes, definitely”.

Therapists' Accounts of Supervision Experience

The therapists identified supervision as helpful in many ways. Supervision was seen as providing a supportive context for reflection on and exploration of challenging clinical and professional issues. It was seen as a place that was supportive, encouraging, and facilitative of new ways of managing clinical challenges. The group format was seen as helpful by all therapists. Therapist valued hearing about the different experiences and views of other therapists, and how other therapist would manage similar challenging cases. Supervisors were seen as very accessible and approachable both within and outside scheduled supervision sessions. For example, therapists reported that, if required, supervisors were available for phone consultation after office hours. Overall, therapists felt that the frequency of supervision was adequate. Having had exposure to different supervisors was also seen as helpful. Some therapists found it useful to have known the supervisors from their training at the Clanwilliam Institute. This familiarity and pre-established relationship was seen as helpful. In particular, therapists appreciated that the supervisors were very familiar and expert in their particular approach to systemic family therapy. Therapists valued the close link between the Clanwilliam Institute and Genesis. In particular, it was seen as helpful that the supervisors were aware of the structure, services, and ethos of Genesis. As a result they felt that their supervisors understood the clinical, professional, and organizational context within which they worked. Therapists valued that their involvement in supervision was representative of best practice within the field of systemic family therapy.

Most Helpful Aspects of Supervision

When asked to indicate the most helpful aspects of supervision, therapists identified the following seven features which are also summarized in Table 17. The most valued aspect of supervision was its group format (75%). In particular therapists valued learning from fellow supervisees' ideas, skills and knowledge. Similarly, 50% of therapists found the group discussions the most helpful aspect of supervision. They felt they gained new insights and perspectives. A number of supervisors' characteristics, such as experience, non-judgmental attitude, and being approachable were highlighted as most helpful aspects of supervision by 37.5% of therapists. A similar percentage of responses (37.5%) highlighted case discussions as one of the most helpful features of supervision. The supportive environment, the close link between Clanwilliam Institute, and reflective practice and space in supervision were each proposed as most helpful by 25% of therapists.

Therapists' Suggestions for Improvement of Supervision

The therapists outlined some ways in which supervision could be made more useful to them. These are outlined below and presented in Table 18.

Half of the therapists said that the most important way of improving the supervision process at Genesis would be to organize and fund more individual supervision sessions for pre-registration therapists. This would facilitate the more rapid fulfilment of FTAI post qualification requirements for supervised clinical practice necessary for becoming a registered family therapist. It would also provide novice therapists with more supervision time, and give them an opportunity to discuss more personal issues that they felt inhibited about discussing in group supervision.

A series of other suggestions were made in each instance by a single therapist. These included: structuring supervision to a greater degree with a stronger focus on the therapeutic process as opposed to individual case management; having formal supervision preparation procedures for both therapists and supervisors; developing clearer supervision contracts outlining the expectations of both therapists and supervisors; scheduling periodic reviews of the supervision process; supporting the non-critical and non-judgmental position adopted by supervisors; and supporting the increasing professional autonomy of newly qualified therapists by acknowledging and pre-empting the tendency to regress to pre-qualification student role status during supervision.

Summary of Key Points concerning Therapists Satisfaction with Supervision

In total 12 hours of supervision per month has been offered by the Clanwilliam Institute to Genesis. Supervision has been offered fortnightly in a group format for three groups with one supervisor and three or four therapists in each group.

Eight therapists, five of whom were FTAI registered and 3 of whom were pre-registration, rated the quality of the supervision they received from the Clanwillian Institute as good or excellent and were very or mostly satisfied with this supervision. They said that it helped them to manage their cases more effectively.

Supervision was used to explore ways to use therapy sessions more productively, clarify systemic understanding of cases in therapy, address risk management in cases where violence, abuse or self harm were possible, explore ways of consulting to other agencies or managing interagency collaboration in complex cases, address therapeutic relationship issues, and explore ways to help clients use time between sessions more productively.

The most helpful aspects of supervision were the professional expertise, supportiveness and accessibility of supervisors; the continuity in professional development associated with having both prequalification training and post qualification supervision provided by the Claniwilliam Institute; and the use of a group format for supervision

Therapists thought that the most important way of improving the supervision process would be to organize and fund more individual supervision sessions to complement the group supervision for pre-registration therapists. This would facilitate the more rapid fulfilment of FTAI post qualification requirements for supervised clinical practice necessary for becoming a registered family therapist.

Other suggestions about improving supervision included developing procedures for making supervision contracts more explicit; preparing for supervision sessions; reviewing the supervision process periodically; structuring supervision to a greater degree with a stronger focus on the therapeutic process as opposed to individual case management.

Table 16. Therapists' supervision experiences and satisfaction with supervision

Variable	Responses	F (N=10)	%
Months worked at Genesis	M	41.0	
	SD	34.6	
Hours a week worked at Genesis	M	3.1	
	SD	0.8	
Months as a therapist in training at Genesis	M	18.5	
	SD	29.3	
Months as a qualified therapist at Genesis	M	22.5	
	SD	12.4	
Hours of supervision per month At Clanwilliam Institute	M	3.6	
	SD	0.7	
Themes covered in supervision at the Clanwilliam Institute	Exploring ways to use therapy sessions more productively	9	90
	Clarifying a systemic understanding of cases in therapy	8	80
	Addressing risk management in cases where violence, abuse or self harm are possible	8	80
	Exploring ways of consulting to other agencies or managing interagency collaboration in complex cases	8	80
	Addressing therapist-client relationship issues	8	80
	Exploring ways to help clients use time between sessions more productively	6	60
	Exploring how to help clients disengage from therapy networks in complex cases (termination issues)	5	50
	Exploring how to help clients engage in therapy, so more family members attend and fewer drop out	4	40
	Addressing therapy-related stress and burnout	3	30
	Discussing particular issues, such as abuse or violence and identifying the need for further training in these areas	2	20
	Clarifying their own role in the client-therapist system and awareness in relation to difficult cases	2	20
Quality of supervision	Excellent	5	50
	Good	5	50
	Fair	0	0
	Poor	0	0
Received supervision wanted	Yes, definitely	2	20
	Yes, generally	7	70
	No, not really	1	10
	No, definitely	0	0

Supervision needs met by Clanwilliam	Almost all of my needs have been met	1	10
	Most of my needs have been met	9	90
	Only a few of my needs have been met	0	0
	None of my needs have been met	0	0
Would recommend Clanwilliam to colleague needing supervision	Yes, definitely	4	40
	Yes, I think so	6	60
	No, I don't think so	0	0
	No, definitely	0	0
Satisfaction with supervision at Clanwilliam	Very satisfied	3	30
	Mostly satisfied	7	70
	Indifferent or mildly dissatisfied	0	0
	Quite dissatisfied	0	0
Supervision helped deal more effectively with cases	Yes, it helped a great deal	6	60
	Yes it helped somewhat	4	40
	No, it didn't really help	0	0
	No, it seemed to make things worse	0	0
Satisfaction with supervision in an overall, general sense	Very satisfied	2	20
	Mostly satisfied	8	80
	Indifferent or mildly dissatisfied	0	0
	Quite dissatisfied	0	0
Would request supervision from Clanwilliam Institute in future	Yes, definitely	2	20
	Yes, I think so	6	60
	No, I don't think so	2	20
	No, Definitely not	0	0

Table 17. Most helpful factors in supervision identified by therapists

Helpful factors	Examples	F (n=8)	%
Group Format	"Ideas and input from group"	6	75
	"The group experience"		
	"Learning from others skills and knowledge in group"		
Group Discussions	"Discussion with supervisors and other supervisees about client issues"	4	50
	"Discussions gave new insights and perspectives that I would miss out if working on my own"		
Supervisor characteristics	"Feeling supported by very experienced therapist"	3	37.5
	"Not being judged by supervisor"		
	"It was easy to approach supervisor"		
Case Discussions	"Actually thinking about my cases with others is very helpful"	3	37.5
	"Learning from their cases as well as my own was very helpful"		
	"Sharing difficult situations was important"		
Supportive Environment	"Receiving supervision in supportive environment"	2	25
	"The very supportive role of supervisor"		
Link between Clanwilliam Institute & Genesis	"Supervisors' awareness of Genesis. They know where you are coming from"	2	25
	"Supervisors being aware of set-up and functioning of Genesis was good"		
Reflective Practice and Space	"It is an encouraging open space to reflect on therapy work"	2	25
	"Exploring what I bring to session was important"		

Table 18. Therapists' suggestions for Improvement of Supervision

Suggestions for Improvement of Supervision	F (n=8)	%
More individual supervision	4	50
Greater structure of supervision	1	12.5
Greater focus on therapeutic process	1	12.5
Supervisors and supervisees preparing for supervision	1	12.5
Clear supervision contract outlining expectations of both parties	1	12.5
More review and reflective practice during supervision	1	12.5
Supervisors maintaining a non-critical and non-judgmental position	1	12.5
Therapists not falling back into role of 'student' when returning to Clanwilliam Institute for supervision	1	12.5

CHAPTER 10

SUPERVISORS' EXPERIENCES OF SUPERVISION

In this chapter we report on the answers we found to the question: What are the experiences of clinical supervisors at the Clanwilliam Institute who provide supervision for therapist who work at Genesis?

The Provision of Supervision by the Clanwilliam Institute

In total 12 hours of supervision per month has been offered by the Clanwilliam Institute to Genesis. At the Clanwilliam Institute there are three supervisors dedicated to the provision of supervision for therapists at Genesis. This is diagrammed in Figure 1 in Chapter 2. Supervision has been provided at the Clanwilliam Institute in a group format with one supervisor and three or four therapists in a typical group supervision session. Supervision has been offered fortnightly for three groups. Therapists' experiences of supervision and their level of satisfaction are described in Chapter 9. Supervisors' experiences of supervision are described in this chapter.

Data Collection Method and Procedure

Three supervisors from the Clanwilliam Institute dedicated to the provision of supervision for therapists at Genesis completed the supervisor experience form, presented in Appendix F. On average, the supervisors had been supervising therapists from Genesis for six and a half years. They had supervised an average of 10 trainee therapists and an average of 3 qualified therapists. Their responses are summarized in Table 19. Frequencies and percentages are not given in the table because only three supervisors were involved in this part of the evaluation and with such a small number or respondents frequencies and percentages are misleading.

Main Supervision Themes

Supervisors from the Clanwilliam institute identified the following themes as occurring within their group supervision sessions with the therapists from Genesis: clarifying a systemic understanding of cases in therapy; exploring ways to use therapy sessions more productively; addressing risk management in cases where violence, abuse or self harm are possible; exploring ways of consulting to other agencies or managing interagency collaboration in complex cases; addressing therapist-client relationship issues; exploring resistance and how this can be linked to therapists "working too hard" in the sessions; exploring how to help clients disengage from therapy networks in complex cases; exploring how to help clients engage in therapy, so more family members attend and fewer and drop out; exploring how to conceptualize and manage clients' non-attendance for sessions; addressing therapy-related stress and burnout; exploring issues specific to psychological disorders; exploring ways to

help clients use time between sessions more productively; exploring intergenerational issues; exploring broader contextual or societal issues influencing families; and exploring how to help therapists to end therapy and disengage from responsibility for client

Salient Issues

Supervisors from the Clanwilliam Institute identified the following salient process issues as occurring within their group supervision sessions with the therapists from Genesis. There was a good working relationship between Genesis therapists and Clanwilliam supervisors involving friendliness and support. The therapists were very committed to learning and to being effective in their work with clients. The trainee therapists showed enthusiasm and professionalism. Supervision was used by therapists to unburden, get support and affirmation when working with difficult cases with problem-saturated stories.

Ways Therapists Used Supervision

Supervisors from the Clanwilliam Institute noted that in the supervision sessions with therapists from Genesis, the therapists used supervision appropriately to obtain professional support; to talk about cases that were stuck at a therapeutic impasse; to talk about unfamiliar therapeutic situations; to generate a variety of tentative hypotheses to be explored; to find a more directive and focused approach to their therapeutic work; to explore the overall system and how their interventions or therapeutic conversations might influence the system in complex cases; to reflect on their own way of working and how it fitted with the clients and with a systemic perspective; and to report progress or lack of it in subsequent supervision sessions.

Challenges for Therapists in Supervision

Supervisors from the Clanwilliam Institute noted that in the supervision sessions with therapists from Genesis, the therapists found the following therapeutic issues particularly challenging: dealing with problems of sexual abuse in families and being clear on how to protect vulnerable family members; coping with families with multiple problems who start therapy but discontinue leave the therapist wondering what to do regarding safety and ethical issues; deciding how to progress when therapy seems to be going nowhere but the clients still want to attend; acknowledging long term engagement with clients where the therapeutic goals have become diluted or lost; dealing with new and unfamiliar issues (for novice therapists); acknowledging sexual attraction to clients or clients' attraction to them; and working with violent or abusive clients.

Helpful Aspects of Supervision

Supervisors from the Clanwilliam Institute noted that in the supervision sessions with therapists from Genesis, the therapists found the following aspects of supervision particularly helpful: the fact that supervisors liked the therapists and enjoying working with them; its supportive and non-judgmental nature; the fact that the supervision group was made a safe place within which therapists could explore challenging therapeutic issues; the supervisors range of experience and expertise with a wide range of problems; and the opportunity for therapists to look at their part of the therapeutic relationship and its impact on therapeutic progress.

Suggested Improvements

Supervisors from the Clanwilliam Institute noted that supervision of therapists from Genesis could be improved by introducing a screening procedure for clients, to facilitate matching client difficulty and therapists proficiency; introducing team-work amongst therapists or trainees; and offering live consultations for therapists and clients with supervisors from the Clanwilliam Institute.

Summary of Key Points from Supervisors Experiences of Supervision

Three supervisors from the Clanwilliam Institute dedicated to the provision of supervision for therapists at Genesis who had been supervising therapists from Genesis for six and a half years were interviewed. They had supervised an average of 10 trainee therapists and an average of 3 qualified therapists.

There were good working relationships between Genesis therapists and Clanwilliam supervisors. Therapists used supervision to obtain professional support.

Supervision focused on clarifying a systemic understanding of cases in therapy; exploring ways to use therapy sessions more productively; addressing risk management in cases where violence, abuse or self harm are possible; exploring ways of consulting to other agencies or managing interagency collaboration in complex cases; addressing therapist-client relationship issues and learning to manage therapeutic resistance; exploring how to help clients engage in and disengage from therapy in complex cases; addressing therapy-related stress and burnout; exploring issues specific to psychological disorders; exploring ways to help clients use time between sessions more productively; exploring intergenerational issues; and exploring broader contextual or societal issues influencing families.

Supervision could be improved by introducing a screening procedure for clients, to facilitate matching client difficulty and therapists proficiency; introducing team-work for managing complex cases; and offering live consultations for therapists and clients with supervisors from the Clanwilliam Institute.

Table 19. Supervisors' experiences of supervision

Questions	Responses
Main supervision Themes	Clarifying a systemic understanding of cases in therapy Exploring ways to use therapy sessions more productively Addressing risk management in cases where violence, abuse or self harm are possible Exploring ways of consulting to other agencies or managing interagency collaboration in complex cases Addressing therapist-client relationship issues Exploring resistance and how this can be linked to therapists "working too hard" in the sessions Exploring how to help clients disengage from therapy networks in complex cases Exploring how to help clients engage in therapy, so more family members attend and fewer and drop out Exploring how to conceptualize and manage clients' non-attendance for sessions Addressing therapy-related stress and burnout Exploring issues specific to psychological disorders Exploring ways to help clients use time between sessions more productively Exploring intergenerational issues Exploring broader contextual or societal issues influencing families Exploring how to help therapists to end therapy and disengage from responsibility for client
Salient issues from supervision of Genesis therapists	Therapists very committed to learning and to being effective in their work with clients The enthusiasm and professionalism of the trainee therapists The good working relationship between Genesis therapists and Clanwilliam supervisors involving friendliness and support Supervision is used by therapists to unburden, get support and affirmation when working with difficult cases with problem-saturated stories.
Ways therapists used supervision	Used supervision very well and appropriately For professional support To talk about cases where stuck and want new ideas To talk about situations to which they are new to, and need help with To generate a variety of tentative hypotheses to be explored To get a more directive, focused approach To explore the overall system and how their interventions or therapeutic conversations might influence the system To reflect on their own way of working and how it fitted with the clients and with a systemic perspective To report progress or lack of it in subsequent supervision sessions
Challenges for therapists in supervision	Dealing with problems of sexual abuse in families and how to protect the client and family members Coping with families with multiple problems who start therapy but don't continue and the therapist is left wondering what to do regarding safety and ethical issues What to do when therapy seems to be going nowhere but the clients still want to attend Acknowledging long term engagement with clients where the therapeutic goals have become diluted or lost Dealing with issues that were new to them (for novice therapists) Acknowledging sexual attraction to clients or clients' attraction to them Working with violent or abusive clients
Helpful aspects of supervision	Supportive and non-judgmental Supervisors range of experience and expertise with a wide range of problems Supervisor liking therapists and enjoying working with them

	Supervision group was made a safe place to explore issues Helping therapists to look at their part of the therapeutic relationship and its impact on what's occurring during therapy
Suggested improvements	Introduce some screening procedure for clients, to create a match between therapists proficiency and client difficulty Team-work amongst therapists or trainees Live consultation with supervisors

CHAPTER 11

RELATIONSHIP BETWEEN THE CLANWILLIAM INSTITUTE AND GENESIS

This chapter addresses the question: “What possibilities are there for developing the relationship between the Clanwilliam Institute and Genesis?

Method

To address this question an interview was conducted with the CEO of the Clanwilliam Institute Dr Ed McHale. Information from that interview is presented in this chapter.

Historical links between Clanwilliam and Genesis

The link between the Clanwilliam Institute and Genesis, evolved from an informal connection to an increasingly formal agreement from 1993 to the present time, 2004. A detailed account of the historical development of Genesis is given in Chapter 2. In this chapter some of the key points about the Clanwilliam-Genesis connection will be recapped from the perspective of the CEO of the Clanwilliam Institute.

The First Proposal for a Counselling Service at Corduff

Two trainee family therapists from the Professional Training Programme in Family Therapy at the Clanwilliam Institute had been looking for opportunities to obtain clinical experience and apply their family therapy skills in a clinical setting. They approached the Corduff Core Group (mentioned in Chapter 2) with whom they had connections and proposed providing a counselling service in the Corduff community. The Core Group were already managing some local services, had identified the need for this type service, and had planned to pilot a local community counselling service. As a result, the proposal was accepted, and a management board for the counselling service was set up.

Informal Agreement for Clanwilliam to Provide Trainee Therapists, Supervision and Consultancy at Genesis

The two therapists asked Dr. McHale to supervise their practice at this new community based counselling service. Because of the supervision role that Dr McHale had adopted with the two trainee family therapists at this new community based counselling service in Corduff, members of the management board requested Dr. McHale’s input on a couple of occasions on the development of the counselling service. As a result, a collaborative relationship was developed between the Clanwilliam Institute and Genesis (which was then called the Corduff Counselling Service). In terms of the contribution of the Clanwilliam Institute, Dr. McHale provided input on service development and clinical supervision, and the two trainee therapists provided the actual counselling service.

Formal Agreement Between Clanwilliam and Genesis

Eventually, the two original therapists moved on and other trainee therapists from the Clanwilliam Institute joined Genesis. A formalized agreement between Genesis and Clanwilliam Institute around organizational development, distribution of tasks, and the manner of collaboration was written up in 1997.

Dr. McHale was appointed the clinical director of Genesis at that point.

In that agreement, the Clanwilliam Institute essentially undertook responsibility for the quality control and clinical aspects of the service and the day-to-day running and resources were the management committee's responsibility.

Furthermore, it was agreed that all therapists working at Genesis would be trained at Clanwilliam Institute and supervision would be provided through Clanwilliam Institute.

Trainee therapists at Genesis are in their second and final year of the Clanwilliam Professional Training Programme in Family Therapy and are capable of working with a degree of competence under supervision.

Supervision was initially provided by Dr. McHale, and later by two additional supervisors as outlined in Figure 1 in Chapter 2. Currently the Clanwilliam provides three group supervision sessions per fortnight to Genesis, and these are attended by a supervisor from the Clanwiliam Institute and two or three therapists or trainee therapists from Genesis as outlined in Chapters 9 and 10.

Through this supervision, qualified therapists can work towards meeting the number of hours of postqualification supervised clinical practice required for becoming and FTAI registered family therapist.

The Clanwilliam Institute has provided the professional indemnity insurance for all therapists (pre-registered and registered) working at Genesis until 2003. The Clanwilliam Institute continues to provide the professional indemnity insurance for trainee therapists, but not post-qualification therapists.

Present Challenges

Dr McHale identified a number of challenges faced by Genesis and its relationship to the Clanwilliam Institute.

A major challenge is the need to more clearly define the formal relationship between the Clanwilliam Institute and Genesis. There is acknowledgment from both organizations of

desirability of maintaining this relationship. The goal is to find an arrangement that would reflect the current collaboration, without restricting the autonomy of Genesis.

A second challenge is to clarify the most appropriate way for health board funding (in particular funding from the Northern Area Health board) to support the Genesis - Clanwilliam connection.

A final challenge concerns improving communication between the Genesis management committee and therapists, who are trainees or graduates of the Clanwilliam Professional Training Programme in Family Therapy. In particular, therapists had voiced some concern that they had not been fully involved in the planning of the current service evaluation. Limited availability due to therapists having other full-time employment commitment made this a difficult task to achieve. Nevertheless, it is a legitimate concern and reflects the requirement for improving communication systems between therapists and management.

Future Possibilities

Dr McHale outlined the following vision for future collaboration between the Clanwilliam Institute and Genesis.

Genesis would continue to develop as a community based systemic family therapy service connected to the Clanwilliam Institute. Genesis management committee, among other strengths would contribute its specialist knowledge of the local community, to the planning and delivery of services at Genesis. The Clanwilliam would complement this local knowledge with specialist expertise in systemic family therapy training, supervision and consultancy.

Other community based services like Genesis could be developed along similar lines, and the Clanwilliam Institute could play a similar role in contributing to their development and provide systemic family therapy training, supervision and consultancy to these other units.
The Clanwilliam, with its track record of training, supervision and consultation in family therapy, is uniquely placed to play this role and to become the 'hub' of a series of community based family therapy services like Genesis.

There may be a role for Genesis to play alongside the Clanwilliam Institute in establishing these services in other areas. For example, Genesis could provide the initial central location for administering the reception of referrals and scheduling appointments, until such time as local management groups for other centres could be established.

Of course there are many other models for the development of other community based systemic family therapy services, but this is the one favoured by the Clanwilliam Institute.

Summary of Key points on Clanwilliam-Genesis Connection

The CEO of the Clanwilliam Institute, Dr McHale was interviewed. He summarized how the link between the Clanwilliam Institute and Genesis had evolved from an informal connection to an increasingly formal agreement from 1993 to the present time, 2004.

The Clanwilliam Institute has played a central role in training therapists to work in the service, in providing clinical supervision on an ongoing basis and in providing consultancy to the organization to foster its development as a community based systemic family therapy service.

A major challenge is the need to more clearly define the formal relationship between the Clanwilliam Institute and Genesis and to clarify the most appropriate way for health board funding to support the Genesis - Clanwilliam connection.

For the future the Clanwilliam Institute supports the maintenance of Genesis-Clanwilliam connection, and a supporting similar connections between the Clanwilliam and other community based systemic family therapy services similar to Genesis. The Clanwilliam Institute, with its track record of training, supervision and consultation in family therapy, is uniquely placed to play this role and to become the ‘hub’ of a series of community based family therapy services like Genesis. There may be role for Genesis to play alongside the Clanwilliam Institute in establishing these services in other areas. For example, Genesis could provide the initial central location for administering the reception of referrals and scheduling appointments, until such time as local management groups for other centres could be established.

CHAPTER 12

MANAGEMENT COMMITTEE'S EXPERIENCES

This chapter addresses the question: "What are the views of the Management Committee of Genesis on the service and its development?

Method

Interviews were conducted with the service manager and the management committee of Genesis which included eight members at the time of the evaluation. The members and their roles on the committee are presented in Figure 1 in Chapter 2.

Four of the current members have been part of the service from its beginning in 1993. The other members have been part of the committee for between two and six years. The committee meet once per month for an hour and a half.

In the following sections information is presented on (1) Formation of the management committee, (2) Management committee responsibilities, (3) Challenges of the service, and (4) Future goals.

Formation of the Management Committee

The four original members of the management committee had been involved in local voluntary support groups and community development projects (e.g. Core Group, Women's Group, and Developmental Group). A trainee family therapist from the Clanwilliam Institute approached them with the aim of setting up a listening service. These members joined together to integrate community development projects and counselling. As a result the foundations of Corduff Counselling Service (the past name for the service) were laid.

Other members of the current management committee been invited to joint because of their connections to other local services and because of the important contributions they could make in their areas of expertise to service development at Genesis. Invited members include a public health nurse, a professional with particular expertise in addiction services, a professional with experience of setting up a counselling service and a registered systemic family therapist appointed as service manager.

Management committee responsibilities and work practices

The committee members have a variety of responsibilities and work practices including the following:

- Administration and management

- Attending monthly committee meetings
- Negotiating with county council and government officials about resourcing the service
- Fundraising and networking
- Staff liaison
- Staff selection
- Liaising with people in the community
- Liaising with local community groups
- Advertising the service
- Referring clients to centre

Challenges

The members of the management committee outlined a number of challenges that the service faces. These fall into three categories: (1) Service, (2) Staff, and (3) Clients.

Service Related Challenges

Expansion was viewed as posing a number of service related challenges. If the service expands too rapidly without first consolidating appropriate funding, staffing and management, there is a risk that the service might suffer. If the service expands to communities outside the Cordufff area there is a risk of loosing touch with the local community Genesis was set up to serve.

Staff Related Challenges

Staff related challenges included maintaining a reasonable balance of male and female counsellors in an increasingly feminized profession and maintaining a stable staff team in an area where staff changes are common. The integration of staff members with different qualifications and the organization of clinical supervision and continuing assessment of personal development were also seen as a challenge for the service. Ensuring quality and professionalism represented an ongoing challenge.

Client Related Challenges

Client related challenges include maintaining the centre's ethos of providing a low-fee and accessible service with a short waiting list; maintaining a self-referral system; maintaining a priority service for emergency cases; and safeguarding client confidentiality.

Future Goals

The management committee envisaged a number of future goals which fell into the categories of (1) Service development, and (2) Staff development.

Service Development

The management committee envisaged the service being delivered by full time staff from appropriate premises, including adequate office and therapy space and facilities, with adequate long term funding. There was a consensus that the service should develop in a user-friendly way.

A variety of formats were under consideration including a stand-alone child and family therapy services centre; and a family therapy service which functioned as part of a larger multi-purpose clinic, or a one-stop "health-zone" for clients integrating holistic and social models of health..

The development of a number of new services were proposed including the following:

- Systemic work with local schools, liaising with families, students and teachers
- Liaising with other local groups and services, such as family and addiction services
- Providing early intervention services for families, emphasizing prevention and early treatment
- Linking in with a women's health project which includes training local women in areas such as health, nutrition, and stress management.
- Providing various outreach services to the community, such as home visits and peer support
- Providing courses on topics such as personal development, life skills, parenting, anger management, bullying, and addressing family violence

Staff Development

A number of staff development goals were identified including the following:

- Employing more qualified and registered family therapists alongside family therapy students from Clanwilliam Institute.
- Training therapists from the local area
- Having more staff meetings to promote team building
- Providing more in-house training with specialist workshops for therapists
- Using the one-way mirror set-up for live supervision and co-therapy
- Including multidisciplinary staff such as general practitioners or family liaison personnel in service provision

Summary of Key Points from Management Committee

Interviews were conducted with all eight member of the management committee who provided information on the formation, responsibilities, challenges and goals of the committee. Four of the committee have been with the service form its inception and four have been invited to join because of their specialist expertise.

Responsibilities include administration and management, fundraising and networking; staff liaison and selection; community liaison; advertising the service and referring clients to the service.

A major challenge for the service is facilitating expansion, so that it occurs with appropriate funding, staffing and planning.

Staff related challenges included maintaining a reasonable balance of male and female counsellors in an increasingly feminized profession; maintaining a stable staff team in an area where staff changes are common; maintaining systems for professional development and staff teamwork.

Client related challenges include maintaining the centre's ethos of providing a low-fee and accessible service with a short waiting list; maintaining a self-referral system; maintaining a priority service for emergency cases; and safeguarding client confidentiality.

The main goal for the management committee is for the service to be delivered by full time staff from appropriate premises, including adequate office and therapy space and facilities, with adequate long term funding.

The management committee wants to develop other services including interagency systemic work with local schools, health services, addiction services and other agencies; early intervention and outreach home visiting for vulnerable families; linking in with a women's health project to train local women in areas such as health, nutrition, and stress management; and courses on topics such as life skills, parenting, anger management, and addressing family violence.

The management committee want to employ more registered family therapists alongside family therapy students; to train therapists from the local area; and to foster professional development and teamwork within the service.

CHAPTER 13

ADMINISTRATIVE STAFF'S EXPERIENCES

This chapter addresses the question: "What are the views of the administrative staff of Genesis on the service and its development?

Method

Interviews were conducted with the three administrative staff who were employed at Genesis as outlined in Figure 1 in Chapter 2. They worked an average of 26 hours each per week at the centre. Staff had been working at the centre for between 1 and 8 years and the average time working at the service was 4.3 years.

In the following sections administrative staff's views are presented on (1) Main responsibilities, (2) Positive factors, (3) Challenges, and (4) Suggested improvements.

Main Responsibilities

The administrative staff occupy a pivotal role in the organization: a role which provides an organizational link between clients and therapists, and between therapists and management. They have the first phone and face-to-face contact with clients and in this respect provide the organizational link between clients and therapists. Also on a day-to-day basis, they manage reception and appointment bookings, so they have an ongoing function of linking clients and therapists. Within the service they liaise with therapists and management on procedural, policy and payment issues and so provide the organizational link between therapists and management. They also fulfil a variety of skilled administrative functions including word-processing of documents and correspondence, processing accounts and wages, and maintaining the client database.

Positive Factors

A number of positive factors were identified by administrative staff concerning working at Genesis. These included (1) enjoying meeting with clients and getting to know them (while being mindful of safeguarding client confidentiality), (2) maintaining good relationships with therapists and members of management committee, (3) working with helpful and supportive colleagues in the service, (4) feeling welcome, appreciated, and listened to by colleagues within the service, (5) being kept up-to-date with service developments, and (6) feeling valued and included in organization. Overall, working at Genesis was seen as very enjoyable, fulfilling and positive experience.

Challenges

Challenges for administrative staff working at Genesis include receiving occasional disturbing calls from clients and knowing how to react appropriately when meeting clients outside the service in local community settings. Because of their central role in dealing with phone enquires and referrals, it was recently a challenge for administrative staff to manage the transition associated with renaming the Corduff Counselling Centre, Genesis Psychotherapy Family Therapy Services Limited.

Suggested Improvements

The service could be improved for the administrative staff by having more appropriate premises with larger office space, adequate soundproofing, a larger reception area, and storage space and by reducing the waiting list and being able to offer appointments sooner.

Summary of Key Points from Administrative Staff

Interviews were conducted with the three administrative staff at Genesis who occupy a pivotal role in the organization: a role which provides an organizational link between clients and therapists, and between therapists and management.

This role is associated with good job satisfaction, but also with challenges such as dealing with distressing phone calls or reacting appropriately when meeting clients outside the service in local community settings.

The service could be improved for the administrative staff by having more appropriate premises with larger office space, adequate soundproofing, a larger reception area, and storage space and by reducing the waiting list and being able to offer appointments more promptly.

CHAPTER 14

VIEWS OF A HEALTH BOARD OFFICER AQUAINTED WITH GENESIS

This chapter addresses the question: “What are the views of a health board officer acquainted with Genesis concerning its development?

Method

An interview was conducted with Ms. Mary Troy who has been acquainted with Genesis for four and a half years. Ms Troy is currently the Women’s Health Development Officer at the Women’s Health Unit in the Northern Area Health Board (NAHB).

In the following sections her views are presented on (1) Main responsibilities, (2) Positive factors, (3) Challenges, and (4) suggested improvements.

History of Connection Between Health Board Office and Genesis

Ms. Troy became involved with Genesis four and a half years ago. She was a frontline health professional at the time and referred many people to the service. Women’s health was her central area of concern. She saw the value of the service provided by Genesis to women from disadvantaged families and women with significant relationship and family difficulties.

Advocacy

When she was appointed Women’s Health Development Officer at NAHB she became aware that Genesis had limited funds. She advocated within NAHB for funding to be provided to Genesis. She received considerable support from Mr. Noel Mulvilhill and Mr. Adrian Charles, the past and current General Managers, Community Care Area 6, NAHB. As a result of this advocacy funding of €50, 000 per annum has been allocated by NAHB to Genesis.

The Current Service Evaluation

According to Ms. Troy the current service evaluation and review will make an important contribution to the advocacy process. It will provide evidence for the degree to which the service provided by Genesis is clinically effective and useful. It will highlight the value of the service in meeting community health needs and in particular women’s health needs.

Ms. Troy suggested that if positive evidence for the service was presented, it would support the argument for provision of adequate premises and funding to facilitate the growth of the service and meeting the increasing demand from the community for the services provided by Genesis. Furthermore, replication of this service should be considered in other communities.

Ideally, counselling services, such as those provided by Genesis should become part of primary health care services in keeping with the national health service development strategy.

Summary of Key Points Made by a Health Board Officer

An interview was conducted with Ms Mary Troy, Women's Health Development Officer at the Women's Health Unit NAHB. She has been involved with Genesis for over four and a half years, has advocated for funding to be provided to Genesis and as a result of this funding of €50 000 per annum has been allocated by NAHB to Genesis.

According to Ms. Troy the current service evaluation is important because it will provide evidence for the degree to which the service provided by Genesis is clinically effective in meeting community health needs and in particular women's health needs. This would support the argument for provision of adequate premises and funding to facilitate the growth of the service and meeting the increasing demand from the community for the services provided by Genesis.

CHAPTER 15

CONCLUSIONS AND RECOMMENDATIONS

The aim of this service evaluation and review was to assess the effectiveness of Genesis and identify the optimal path for future development. In Chapter 1 it was noted that the evaluation aimed to address the following specific questions:

Development. How has Genesis developed since its inception in 1993.

Referral patterns and client problem profiles. What is the pattern of referrals to Genesis and how has this grown in recent years? In what geographic areas do clients live? What proportion of clients are eligible for medical cards? What are the main presenting problems with which clients present? What are the range of other problems and difficulties with which clients present?

Client's satisfaction. What are client's experiences of attendance at Genesis? How satisfied are clients with Genesis and how effective is the therapy they received from their perspective?

Referrer's satisfaction. How satisfied are referrers with Genesis?

Therapists' perspective. What are therapists ' experiences of Genesis? How do therapists rate the improvement shown by clients who attended Genesis? How satisfied are therapists who work at Genesis with the supervision offered by the Clanwilliam Institute?

Supervisors' perspective. What are the experiences of clinical supervisors at the Clanwilliam Institute who provide supervision for therapist who work at Genesis?

Clanwilliam-Genesis connection. What possibilities are there for developing the relationship between the Clanwilliam Institute and Genesis?

Management Committee's perspective. What are the views of the Management Committee of Genesis on the service and its development?

Administrative staff's perspective. What are the views of the administrative staff of Genesis on the service and its development?

Health Board perspective. What are the views of a health board officer acquainted with Genesis concerning its development?

Along with these specific questions, the evaluation addressed a number of more general questions. These more general questions were answered by integrating information arising from answers to the specific questions listed above.

Effectiveness. Is the service offered by Genesis effective?

Funding consolidation and expansion. If the service is effective and in demand, what are the most appropriate ways to consolidate and expand it? What is the most appropriate site for the service base or bases? What are the most appropriate staffing levels and employment arrangements?

Management. What is the most appropriate way forward for the management committee to lead the service, in terms of defining the service's aims, policies, and operational procedures and management structures? Should it remain localized or should its catchments area be expanded? For what types of clients is Genesis unable to offer a counselling service? What sort of system should be used to allow Genesis to effectively 'gate-keep' referrals and make sure that all clients to whom counselling is offered are appropriate to the service?

Staff and organizational development. What sort of arrangements should be made for the supervision and continuing professional development of systemic family therapists at Genesis and the overall organizational development of the agency? What role can the Clanwilliam Institute play in this?

Evaluation system. What sort of ongoing evaluation system can be put in place to monitor the effectiveness of the service in meeting clients' needs?

To address these questions, key people from the organization were interviewed; an analysis of data on 399 referrals from the period 2000- 2004 was conducted; interviews with 15 clients and a satisfaction and effectiveness survey with 24 clients were also conducted. In addition a therapy effectiveness review of 67 treated cases was completed.

The information gained using these methods was analysed using quantitative statistical methods and qualitative methods.

A preliminary draft report on the evaluation project was written, circulated to key members of Genesis, and revised in light of feedback on inaccuracies.

A summary of the main conclusions is presented below along with a series of recommendations for service development. Answers to the specific questions amount to a summary of key findings from the various components of the overall service evaluation. Answers to the more general questions, with the exception of the question about service effectiveness, take the form of recommendations for service development.

Development of Genesis

Corduff Counselling Service, the forerunner of Genesis, was established in 1993 by the Corduff Community Core Group as a community service to provide psychotherapy and counselling to individuals, couples and families in Corduff and the Greater Blanchardstown area. It was set up and managed by voluntary staff initially to provide a systemic family therapy service to clients in the local community.

Over an 11 year period the service has developed considerably in size and professionalism, to a point where in 2002 a full time manager was funded by NAHB and in 2004 took steps to become established as a limited company with charitable status.

Psychotherapeutic staff at Genesis have been trained in systemic family therapy at the Clanwillian Institute and receive ongoing supervision from senior consultants at that institute.

The service evaluation and review described in this report was commissioned at a critical transitional point in the development Genesis; a time when it was evolving from a local voluntary community support project into a professional community psychotherapy and consultation service. Service effectiveness and the optimal path for future development were key concerns at this transitional point in the development of Genesis.

Referral Patterns and Problem Profiles

From January 2000 to March 2004 399 cases were referred to Genesis. For the period 2000-2002 an average of 72 referrals were received per annum. In 2003 this figure increased to 156 representing an 116% increase in referrals from the preceding 3 years.

Over the period 2000-2004 a third of referrals came from GPs who were the largest source of referrals. About a quarter of clients were self-referred having heard about the service from other clients or advertisements. Referrals form health boards have been increasing.

The majority of clients came from Blanchardstown, Mulhuddart Corduff and Clonsilla. About as third of clients were eligible for medical cards but the number in this category has decreased over the past 4 years.

While Genesis is a family oriented service, in about 3 out of 4 cases, the primary focus is on women's health. In 73% of these cases, a female was identified as having the main presenting problems and for 27% a male had the main presenting problem.

Two fifths of cases presented with focal adult problems; about one fifth with complex adult family problems; and about one fifth with focal child/adolescent problems. Clients presented with a wider range of difficulties. Most clients presented with more than one problem and the most common problems were marital communication difficulties, management of child or adolescent behaviour problems and adult depression.

Client's Experiences

Fifteen clients completed in-depth semi-structured interviews. Most of these clients were referred by their GP. They attended some sessions alone and some with family members.

Clients valued being offered appointments promptly at Genesis which they saw as a local friendly centre. They appreciated having access to a neutral therapist who was concerned, non-judgmental and understanding. They valued the opportunity to express their thoughts and feeling within the context of a supportive relationship, to view their problems from a different perspective, to understand the perspectives of other family members, to reach their own conclusions and to try out new ways of managing their difficulties between sessions.

80% confirmed that therapy had an immediate positive impact on their lives and 86% reported that by the end of their main problems were partially or wholly resolved.

The availability of childminding facilities and greater flexibility about choosing the gender of the assigned therapist, appointment times and locations, and the pacing of therapy were identified as ways the quality of the service could be improved.

Client Satisfaction

Twenty four clients completed the client satisfaction survey. About 80% of clients were very satisfied with the service they received and rated the quality of the service received as excellent. Clients reported that over the course of therapy very significant improvement in their main presenting problems and their additional difficulties. Similar improvements were noted by therapists as detailed below.

Referrer Satisfaction

Twelve referrers representing a range of disciplines and agencies were interviewed in a referrer satisfaction survey. About two thirds of referrers rated the quality of the service as good or excellent, were satisfied with the service, and believed their clients were helped to deal with their problems more effectively at Genesis.

Three quarter of referrers said they would consider re-referring their clients to the service and 9 out of 10 of referrers would definitely refer other clients to Genesis.

Availability, accessibility and appropriateness of the type of therapy offered for referred clients were viewed by referrers as particular strengths of the service.

Three of the key benefits of referring clients to Genesis identified in the survey were simplifying the management of complex cases, reducing the risk of violence or abuse, and

sharing client care. These factors were associated in some instances with referrers having to devote less time to providing services to referred clients.

Service developments proposed by referrers included providing more information about the service through leaflets and open-days and greater collaboration though more frequent liaison and the development of outreach initiatives.

Therapy effectiveness review

Six therapists reviewed and rated a total of 67 cases they had worked with over the preceding 2 years. Two thirds of these 67 clients presented as individuals and the remainder as couples or families. About half of the cases had focal problems and half were complex multiproblem cases.

Most clients wanted to engage in therapy as a way of solving their problems. Most clients co-operated with attendance at therapy, understood the approach to therapy and the strategies used, co-operated within therapy sessions, and completed therapeutic tasks between therapy sessions.

Therapist classified 9 out of 10 cases as partially or much improved. An analysis of therapists' rating of changes in the severity of 67 clients' problems before and after treatment showed that both their main presenting problems and their additional problems were significantly improved following therapy. These therapist ratings were fully consistent with an analysis of 24 clients' rating of changes in the severity of their problems before and after treatment. Therapists and clients both rated main problems and additional problems as showing clinically and statistically significant improvement after therapy at Genesis.

Therapists rated clients as showing improvements in the following specific areas: conceptualizing problems in more constructive ways; developing problem solving skills; becoming better able to regulate strong emotions like anxiety and depression and strong sexual or addictive urges; managing marital and parenting relationships within the nuclear family; and managing important relationships within the extended family and social network including family of origin relationships, relationships with in-laws, and relationships with other professionals and agencies from whom their families were seeking help

Therapists' experiences

Eight systemic family therapists were interviewed, each of whom had two or three client contact hours per week. Therapists valued offering a community based and accessible service in which there were good working relationships, responsive administration and management and opportunities for professional development.

The therapist believed that Genesis would be more helpful to clients if the service operated from more suitable premises with better facilities and equipment and if the service was available to clients from therapists who worked on a full-time basis.

The therapists believed that policy development in a number of areas would improve the service quality, specifically: (1) Linking with other community based agencies, (2) Managing cases involving risk, abuse and violence, (3) Minimizing therapist involve in court work, (4) Developing a reliable system for evaluating and auditing service effectiveness, (5) Revising the sliding fee scale and billing procedures when clients failed to attend appointments, (6) More frequent use of family therapy team work for complex cases, (7) Increasing the frequency of group and individual supervision.

Therapist satisfaction with supervision

In total 12 hours of clinical supervision per month has been offered by the Clanwilliam Institute to family therapists at Genesis. Supervision has been offered fortnightly in a group format for three groups with one supervisor and three or four therapists in each group.

Eight therapists rated the quality of the supervision they received from the Clanwillian Institute as good or excellent and were satisfied with this supervision.

Supervision was used to explore ways to use therapy sessions more productively, clarify systemic understanding of cases in therapy, address risk management in cases where violence, abuse or self harm were possible, explore ways of consulting to other agencies or managing interagency collaboration in complex cases, address therapeutic relationship issues, and explore ways to help clients use time between sessions more productively.

The most helpful aspects of supervision were the professional expertise, supportiveness and accessibility of supervisors; the continuity in professional development associated with having both prequalification training and post qualification supervision provided by the Claniwilliam Institute; and the use of a group format for supervision

Therapists thought that the most important way of improving the supervision process would be to organize and fund more individual supervision sessions to complement the group supervision for pre-registration therapists. This would facilitate the more rapid fulfilment of Family Therapy Association of Ireland post qualification requirements for supervised clinical practice necessary for becoming a registered family therapist.

Other suggestions about improving supervision included developing procedures for making supervision contracts more explicit; preparing for supervision sessions; reviewing the supervision process periodically; structuring supervision to a greater degree with a stronger focus on the therapeutic process as opposed to individual case management.

Clinical supervisors experiences

Three supervisors from the Clanwilliam Institute dedicated to the provision of supervision for therapists at Genesis who had been supervising therapists from Genesis for six and a half years were interviewed.

There were good working relationships between Genesis therapists and Clanwilliam supervisors. In their supervision they had focused on clarifying a systemic understanding of cases in therapy; exploring ways to use therapy sessions more productively; addressing risk management in cases where violence, abuse or self harm are possible; exploring ways of consulting to other agencies or managing interagency collaboration in complex cases; addressing therapist-client relationship issues and learning to manage therapeutic resistance; exploring how to help clients engage in and disengage from therapy in complex cases; addressing therapy-related stress and burnout; exploring issues specific to psychological disorders; exploring ways to help clients use time between sessions more productively; exploring intergenerational issues; and exploring broader contextual or societal issues influencing families.

Supervision could be improved, from the supervisors' perspective, by introducing a screening procedure for clients, to facilitate matching client difficulty and therapists proficiency; introducing team-work for managing complex cases; and offering live consultations for therapists and clients with supervisors from the Clanwilliam Institute.

Clanwilliam-Genesis Connection

The CEO of the Clanwilliam Institute, Dr McHale when interviewed showed how the link between the Clanwilliam Institute and Genesis had evolved from an informal connection to an increasingly formal agreement from 1993 to the present time, 2004.

The Clanwilliam Institute has played a central role in training therapists to work in the service, in providing clinical supervision on an ongoing basis, and in providing consultancy to the organization to foster its development as a community based systemic family therapy service.

A major challenge is the need to more clearly define the formal relationship between the Clanwilliam Institute and Genesis and to clarify the most appropriate way for health board funding to support the Genesis - Clanwilliam connection.

For the future the Clanwilliam Institute supports the maintenance of Genesis-Clanwilliam connection, and supporting similar connections between the Clanwilliam and other community based systemic family therapy services similar to Genesis. The Clanwilliam, with its track record of training, supervision and consultation in family therapy, is uniquely placed to play this role and to become the 'hub' of a series of community based family therapy service like Genesis. There may be a role for Genesis to play alongside the Clanwilliam Institute in establishing these services in other areas. For example, Genesis could provide the initial

central location for administering the reception of referrals and scheduling appointments, until such time as local management groups for other centres could be established.

Genesis Management Committee Perspective

Interviews were conducted with all eight member of the management committee who provided information on the formation, responsibilities, challenges and goals of the committee. Four of the committee have been with the service from its inception and four have been invited to join because of their specialist expertise.

Responsibilities include administration and management, fundraising and networking; staff liaison and selection; community liaison; advertising the service and referring clients to the service.

A major challenge for the service is facilitating expansion, so that it occurs with appropriate funding, staffing and planning.

Staff related challenges included maintaining a reasonable balance of male and female counsellors in an increasingly feminized profession; maintaining a stable staff team in an area where staff changes are common; and maintaining systems for professional development and staff teamwork.

Client related challenges include maintaining the centre's ethos of providing a low-fee and accessible service with a short waiting list; maintaining a self-referral system; maintaining a priority service for emergency cases; and safeguarding client confidentiality.

The main goal of the management committee is for the service to be delivered by full time staff from appropriate premises, including adequate office and therapy space and facilities, with adequate long term funding.

The management committee wants to develop other services including interagency systemic work with local schools, health services, addiction services and other agencies; early intervention and outreach home visiting for vulnerable families; links with a women's health project to train local women in areas such as health, nutrition, and stress management; and courses on topics such as life skills, parenting, anger management, and addressing family violence.

The management committee want to employ more registered family therapists alongside family therapy students; to train therapists from the local area; and to foster professional development and teamwork within the service.

Genesis Administrative Staff Perspective

Interviews were conducted with the three administrative staff at Genesis who occupy a pivotal role in the organization: a role which provides an organizational link between clients and therapists and also between therapists and management.

This role is associated with good job satisfaction, but also with challenges such as dealing with distressing phone calls or reacting appropriately when meeting clients outside the service in local community settings.

The service could be improved for the administrative staff by having more appropriate premises with larger office space, adequate soundproofing, a larger reception area, and storage space and by reducing the waiting list and being able to offer appointments more promptly.

Health Board officer's Perspective

An interview was conducted with Ms Mary Troy, Women's Health Development Officer at the Women's Health Unit NAHB. She has been involved with Genesis for over four and a half years, has advocated for funding to be provided to Genesis and as a result of this funding of €50 000 per annum has been allocated by NAHB to Genesis.

According to Ms. Troy the current service evaluation is important because it will provide evidence for the degree to which the service provided by Genesis is clinically effective in meeting community health needs and in particular women's health needs. This would support the argument for provision of adequate premises and funding to facilitate the growth of the service and meeting the increasing demand from the community for the services provided by Genesis.

Service effectiveness

From the perspective of clients, therapists and referrers, there is good evidence from this review that the service is effective.

Therapist classified 9 out of 10 cases as partially or much improved. Three quarters of clients survey reported that Genesis helped them to deal more effectively with their problems. Two thirds of referrers surveyed reported that the clients they had referred were significantly by the service.

An analysis of therapists' rating of changes in severity of clients' problems before and after treatment showed that on a 10 point scale where 10 represents a high level of severity, therapists' average rating for clients' main problem improved from an high of 7 at the start of therapy to a low of 3 after therapy. Therapists' average rating for clients' additional problems

improved from an high of 5 at the start of therapy to a low of 2 after therapy. An similar analysis of clients' rating of changes in severity of their problems before and after treatment showed that on a 10 point scale, clients' average rating for their main problem improved from an high of 9 at the start of therapy to a low of 3 after therapy. Clients average rating for their additional problems improved from a high of 8 at the start of therapy to a low of 4 after therapy.

The most striking feature of all of these results is the similarity between them. Clients, therapists and referrers all reported that the service led to significant clinical improvement. These results are consistent with both the international treatment outcome literature on family therapy and audits of other community based systemic family therapy services (Carr, 1994, 2000a,b).

Furthermore, both clients and referrers indicated that they were sufficiently satisfied with the service to use it again and encourage others to do so Three quarter of referrers said they would consider re-referring their clients to the service and 9 out 10 said that they would definitely refer other clients in need of similar help to Genesis. Similarly 9 out 10 clients said they would return to Genesis if their problems recurred and would recommend the service to others with similar problems.

Recommendations

Given that the service is effective and in demand, throughout Community Care Area 6 (or Dublin 15), recommendations may be made concerning funding and service development.

On the basis of the findings of the evaluation the following recommendations are made.

Premises

It is strongly recommended that Genesis be based in a larger and more appropriately designed and equipped premises as soon as possible. This is essential for the viability of the service.

The premises should include designated reception, office and waiting areas; proximity to a crèche or a designated crèche area; soundproofed therapy rooms with one-way screen's to permit family therapy team work for complex cases; and adequate play equipment for working with young children.

To retain the accessibility of the service, which is one of its strengths, the premises should be located in a setting that is local and accessible to the community it serves. However, the premises should be located in a setting that permits clients to retain a degree of confidentiality about attendance.

Staffing

It is recommended that in addition to current part-time, temporary sessional family therapists, and trainee family therapists that additional staff be recruited and appointed. In the short term two full time registered systemic therapists should be recruited and funded by NAHB. With two full time therapists, the service could provide continuity of care for clients over vacation periods, maternity leave and so forth, without having to arrange locum cover. In recruiting such staff, efforts should be made to employ a balance of male and female staff and also to recruit therapists from the local community (with due regard for equal opportunity legislation).

It is recommended that an additional permanent fulltime staff member be recruited to fulfil additional administrative workload entailed by expansion of the clinical service.

Quality systemic family therapy practice

It is recommended that steps be taken to facilitate systemic family therapy practices. These include, routinely inviting all family members to therapy sessions; empowering clients who attend therapy to help other family members to engage in therapy; scheduling regular team-based family therapy practice sessions where at least two therapists work together; developing a flexible appointment system where appointments are available within and outside office hours; and arranging child-minding facilities for those instances where work with the adult subsystem of a family only is required. A critical practice issue which is strongly recommended is offering clients a choice of male or female therapists.

Interagency liaison

It is recommended in the short term that continuing efforts be made to liaise with referral agents in primary care, community care, education and other agencies informing them of types of clients that may be referred to Genesis, the referral process, the services offered, staffing arrangements, fee structure, and the way feedback to referrers is provided.

It is recommended that in the medium term (once additional staff are available) highly focused group-based courses be developed and delivered by Genesis staff in collaboration with colleagues from other disciplines and agencies. Key topic for such course include: health, nutrition and stress management for women; life skills training; parenting skills training; and anger management and family violence. These courses should be offered as a way of engaging vulnerable clients who might benefit later from therapy or participation in interagency projects.

It is recommended that in the medium term (once additional staff are available) systemic, interagency, multidisciplinary projects be developed with colleagues in a variety of disciplines from primary care, community care, education, probation and other services. These projects

should target specific health care needs of vulnerable groups, particularly isolated women; multiproblem families where adults and children have significant problems; families with at-risk preschool children; and families with school-aged children with multiple problems. In these projects, it will be essential to engage with vulnerable families and develop good outreach practices.

Professional development and supervision

It is recommended that a continuing professional development policy and related procedures be developed. These should make provision for regular staff team meetings; regular supervision; and occasional in-service training in specialist skills required to meet needs of specific client groups, for example in the area of domestic violence.

It is recommended that the current supervision arrangements involving the Clanwilliam Institute and Genesis be formalized and extended to cover supervision needs of full-time staff when they are appointed; individual supervision needs of pre-registration therapists, who can accelerate the process of registration by accumulating individual supervision hours; and live consultation (using a one-way screen) for staff working with complex cases.

It is recommended that a referral screening procedure be developed to facilitate matching case complexity with therapist proficiency.

It is recommended that a supervision policy and procedures should be developed to cover issues such as making supervision contracts more explicit; preparing for supervision sessions; reviewing the supervision process periodically; and structuring supervision with a balanced focus on the content and process.

It is recommended that training for the management and board of directors be made available to equip them with the skills to develop the service.

Genesis - Clanwilliam Institute connection

It is recommended that the collaborative relationship between Genesis and Clanwilliam Institute which currently covers staff training, supervision and service development consultancy be contractually formalized and funding required to implement this long term agreement be established.

It is recommended that the Genesis - Clanwilliam connection serve as a model for the development of other similar connections in which the Clanwilliam Institute offers training, supervision and service development consultancy to community based systemic family therapy agencies. Genesis could work alongside the Clanwilliam Institute in establishing such services in other areas by administering the reception of referrals and scheduling appointments, until such time as local management groups for other centres are established.

Ongoing evaluation of service effectiveness

It is recommended, that a reliable and valid system be put in place to screen clients as they enter the service and to monitor, in an ongoing way, improvements shown by clients over the course of therapy. At intake a system is required to screen clients for suitability. This system should identify clients who require referral to other services, at least in the first instance. This screening system should allow therapists to screen and refer on clients who, for example, show suicidal intent; severe psychotic symptoms; severe eating disorders; or who require court-ordered assessments in child protection or custody and access cases. A system for monitoring improvements over the course of therapy should include the following elements: (1) single item scales for rating the severity of specific presenting problems; (2) reliable and valid psychometric measures of general adult adjustment, child adjustment, and family functioning. An assessment pack containing these two key elements should be brief enough for a busy therapist to complete as an adjunct to intake interviews and as a routine element of final sessions with all clients. Periodically data from a system like this may be aggregated across cohorts of clients and comparisons made between pretherapy and post therapy scores, to evaluate service effectiveness.

Stages of Organizational Development

It is recommended that in the first stage of organizational development staff recruitment and obtaining an appropriate premises be prioritized. In the second stage priority should be given to enhancing service quality, involvement in intensive interagency liaison, professional development, and development of a service evaluation system. Of course, these processes should b e given attention during the first stage of organizational development, but they should be the main focus of the second stage.

National Health Strategy 2001

All of these recommendations are consistent with the principles of equity, people-centeredness, quality and accountability set out in the National Health Strategy 2001. They are also consistent with overall strategy set out in that document for the development of primary care networks and community care programmes to meet health care needs of women, children, and people with mental health problems.

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Appendix A. Client Experience Semi-structured Questionnaire

	How long ago it is since client was at Corduff Counselling Centre The things about being there that stand out in their memory (spontaneous narrative account) Probe if not given spontaneously
1	Main concerns and problems at individual, couple, family and community level
2	How did you decide to attend Corduff Counselling centre?
3	Was it easy or difficult to make that decision?
4	What family members who attended went, and often)?
5	What did you talk about?
6	What was the immediate impact of therapy on family life? Did it make things better or worse?
7	What was helpful about therapy?
8	Did the therapy get stuck and how was this dealt with?
9	Were there practical things that would have made going to therapy easier (the like time and place of the appointments, the gender of therapist, having babysitting facilities etc)?
10	Were there things the therapist could have said or done that you think would have made the therapy more helpful?
11	When you were going to the Corduff Centre, did you use other services like the GP, other doctors, nurses, or counsellors more or less?
12	When you think about therapy at the Corduff, did it help you sort out the main problems you had then or did they get worse
13	Can you please complete this form (client satisfaction with therapy form) with me now

Appendix B. Client Satisfaction Questionnaire

Hello, I'm calling from Corduff counselling centre. I was wondering if you would help out by talking to me for 5 minutes. It's a survey. If you let me know your opinions about Corduff it will help us get funding to keep the service going and improve it for other people who need to come here for counselling. Would that be OK with you?					
1	How long ago was it when you first contacted Corduff counselling service?	Give answer in years and months if possible.			
2	What was the main problem (or set of problems) you or your family needed help with when you contacted Corduff counselling centre?				
3	On a scale of 1 to 10, where 1 is not bad and 10 is very, very bad, how was this problem when you came to Corduff and on the same scale, how it the problem now.	Rating before therapy 1 2 3 4 5 6 7 8 9 10	Rating now 1 2 3 4 5 6 7 8 9 10		
4	Was there a second problem you or your family needed help with when you contacted Corduff counselling centre?				
5	On a scale of 1 to 10 where 1 is not bad and 10 is very, very bad, how was this problem when you came to Corduff and on the same scale, how is the problem now?	Rating before therapy 1 2 3 4 5 6 7 8 9 10	Rating now 1 2 3 4 5 6 7 8 9 10		
6	How would you rate the quality of the service you have received?	4 Excellent	3 Good	2 Fair	1 Poor
7	Did you get the kind of service you wanted?	1 No, definitely	2 No, not really	3 Yes, generally	4 Yes, definitely
8	To what extent has counselling at Corduff met your needs?	4 Almost all of my needs have been met	3 Most of my needs have been met	2 Only a few of my needs have been met	1 None of my needs have been met
9	If a friend were in need of similar help, would you recommend our programme to him or her?	1 No, definitely	2 No, I don't think so	3 Yes, I think so	4 Yes, definitely
10	How satisfied are you with the kind of help you have received?	1 Quite dissatisfied	2 Indifferent or mildly dissatisfied	3 Mostly satisfied	4 Very satisfied
11	Has the counselling you received helped you to deal more effectively with your problems?	4 Yes, it helped a great deal	3 Yes it helped somewhat	2 No, it didn't really help	1 No, it seemed to make things worse
12	In an overall, general sense, how satisfied are you with the service you have received?	4 Very satisfied	3 Mostly satisfied	2 Indifferent or mildly dissatisfied	1 Quite dissatisfied
13	If you were to seek help again, would you come back to Corduff Counselling Service?	1 No, definitely	2 No, I don't think so	3 Yes, I think so	4 Yes, definitely

What was **most helpful** about the service?

Thank you for your help.

Appendix C. Referrer Satisfaction Form

Hello, I'm calling from Corduff counselling centre. I was wondering if you would help out by talking to me for 5 minutes. It's a survey. We are talking to a number of people who have referred patients or clients to the service If you let me know your opinions about Corduff it will help us get funding to keep the service going and improve it for other people who need to come here for counselling. Would that be OK with you?					
1	What is your position (GP, psychiatrist, teacher etc)				
2	What was the main sort of problem (or set of problems) that you refer people to Corduff Counselling centre for?				
3	How would you rate the quality of the service your patients have received?	4 Excellent	3 Good	2 Fair	1 Poor
4	Did your patients get the kind of service they wanted?	1 No, definitely	2 No, not really	3 Yes, generally	4 Yes, definitely
5	To what extent has Counselling at Corduff centre met your patient's needs?	4 Almost all of my patients' (clients') needs have been met	3 Most of my patients' needs have been met	2 Only a few of my patients' needs have been met	1 None of my Patients' needs have been met
6	If other patients were in need of similar help, would you refer them to Corduff Counselling Centre.	1 No, definitely	2 No, I don't think so	3 Yes, I think so	4 Yes, definitely
7	How satisfied are you with the kind of help your patients have received?	1 Quite dissatisfied	2 Indifferent or mildly dissatisfied	3 Mostly satisfied	4 Very satisfied
8	Have the services your patients received helped them to deal more effectively with their problems?	4 Yes, they helped a great deal	3 Yes they helped somewhat	2 No, they didn't really help	1 No, they seemed to make things worse
9	In an overall, general sense, how satisfied are you with the service your patients have received?	4 Very satisfied	3 Mostly satisfied	2 Indifferent or mildly dissatisfied	1 Quite dissatisfied
10	If your patients were to seek help again, would you refer them back to the Corduff Counselling Centre.?	1 No, definitely	2 No, I don't think so	3 Yes, I think so	4 Yes, definitely
11	Have you had to provide the patients you referred to the Corduff Counselling Centre with less of **YOUR TIME**, since referring them case to the centre?	1 No definitely not. 1	2 No I don't think so 2	3 Yes I think so 3	4 Yes definitely 4
12	Has the **RISK** of abuse, violence or self-injury been reduced when you referred cases where there was a risk of abuse, self-harm, or violence?	0 Not applicable	1 No definitely not	2 Possibly	3 Yes definitely
13	Has the **MANAGEMENT** of cases become **SIMPLER** when you referred complex multiproblem cases to Corduff Counselling Centre.	0 Not applicable	1 No definitely not	2 Possibly	3 Yes definitely

What was the **most helpful** aspect of their service?

Appendix D. Therapist Case Evaluation Form

Please complete a copy of this form for a case (individual, couple or family) with reference to your case notes and your memory of the case.							
1	What is the clients name or number on the database?						
2	Was this case one where the main focus of the work was with an individual, a couple or a family			Individual 1	Couple 2	Family 3	
3	Was this a focal-problem case (one circumscribed problem) or a multiproblem case (3 or more problems in different family members)			Focal problem 1	Multiproblem 2		
4	What was the main problem (or set of problems) this client (individual, couple or family) needed help with when they contacted Corduff counselling centre?						
5	On a scale of 1 to 10, where 1 is not a major problem and 10 is very, very severe problem, how was this problem when the client came to Corduff and on the same scale, how was the problem at the end of therapy.			Rating before therapy 1 2 3 4 5 6 7 8 9 10	Rating after therapy 1 2 3 4 5 6 7 8 9 10		
6	Was there a second problem that the client needed help with when they contacted Corduff counselling centre? What was it?						
7	On a scale of 1 to 10, where 1 is not a major problem and 10 is very, very severe problem, how was this problem when the client came to Corduff and on the same scale, how was the problem at the end of therapy.			Rating before therapy 1 2 3 4 5 6 7 8 9 10	Rating after therapy 1 2 3 4 5 6 7 8 9 10		
8	How much did this individual couple or family want to engage in therapy as a way of solving their life problems?			Not at all 1	Only a little 2	In between 3	Quite a lot 4	A great deal 5
9	How much did this individual couple or family want to change their clinical problems?			Not at all 1	Only a little 2	In between 3	Quite a lot 4	A great deal 5
10	How much did this individual couple or family co-operate with attendance at therapy sessions?			Not at all 1	Only a little 2	In between 3	Quite a lot 4	A great deal 5
11	How much did this individual couple or family co-operate within therapy sessions?			Not at all 1	Only a little 2	In between 3	Quite a lot 4	A great deal 5
12	How much did this individual couple or family co-operate with tasks between therapy sessions?			Not at all 1	Only a little 2	In between 3	Quite a lot 4	A great deal 5
13	To what extent was this individual couple or family able to grasp the approach to therapy and the strategies used in therapy?			Not at all 1	Only a little 2	In between 3	Quite a lot 4	A great deal 5
14	How much did this individual couple or family improve as a result of therapy?			Not at all 1	Only a little 2	In between 3	Quite a lot 4	A great deal 5
15	How much did therapy improve this individuals', couples' or family's ability to conceptualise their problems in more constructive ways?			Not at all 1	Only a little 2	In between 3	Quite a lot 4	A great deal 5
16	How much did therapy improve this individuals', couples' or family's ability to solve their own problems?			Not at all 1	Only a little 2	In between 3	Quite a lot 4	A great deal 5
17	How much did therapy improve this individuals', couples' or family's ability to manage their strong emotions (anxiety, depression, anger, sexual urges, urge to use drugs)?			Not at all 1	Only a little 2	In between 3	Quite a lot 4	A great deal 5
18	How much did therapy improve this individuals', couples' or family's ability to manage important relationships within the family (marital, parent-child or extended family relationships)			Not at all 1	Only a little 2	In between 3	Quite a lot 4	A great deal 5
19	How much did therapy improve this individuals', couples' or family's ability to get support from important relationships outside the family (with friends, schools, or other involved health, social service or other community agencies)?			Not at all 1	Only a little 2	In between 3	Quite a lot 4	A great deal 5
20	Overall how would you classify the progress made by this individual couple or family over the course of therapy?	**Deteriorated** Presenting problems were worse after therapy than before 0	**No improvement** Problems were the same after therapy as before. 1	**Partial improvement** Problems were partially improved after therapy. 2	**Much improvement** Problems were much improved after therapy. 3		
21	Can you recommend a mobile or landline number I could call to do a client satisfaction interview on this case?						

Appendix E. Therapist Supervision Experience Questionnaire

Please use this form to let us know your views of the supervision you have received while working at Corduff.					
1	For how many years and months have you worked at the Corduff Counselling Centre				
	How many hours a week (on average) did you work at Corduff during that time.				
	For how many of the months that you worked at Corduff were you a therapist in training				
	For how many months that you worked at Corduff were you a qualified therapist				
	During your time at Corduff roughly how many hours supervision per month have you received from Clanwilliam Institute staff				
2	What have been the main themes or issues that you have brought to supervisions (circle yes or no)				
	Clarifying a systemic understanding of case in therapy			Yes	No
	Exploring how to help clients engage in therapy, so more family members attend and fewer and drop out			Yes	No
	Exploring ways to use therapy sessions more productively			Yes	No
	Exploring ways to help clients use time between sessions more productively			Yes	No
	Addressing risk management in cases where violence, abuse or self harm are possible			Yes	No
	Exploring ways of consulting to other agencies or managing interagency collaboration in complex cases			Yes	No
	Addressing therapist-client relationship issues			Yes	No
	Exploring how to help clients disengage from therapy (termination issues) networks in complex cases			Yes	No
	Addressing therapy-related stress and burnout			Yes	No
	Please list any other important issues covered in supervision				
3	How would you rate the quality of the supervision you have received from the Clanwilliam Institute?	4 Excellent	3 Good	2 Fair	1 Poor
4	Did you get the kind of supervision you wanted?	1 No, definitely	2 No, not really	3 Yes, generally	4 Yes, definitely
5	To what extent has supervision from the Clanwilliam Institute met your need for supervision?	4 Almost all of my needs have been met	3 Most of my needs have been met	2 Only a few of my needs have been met	1 None of my needs have been met
6	If a colleague were in need of supervision, would you recommend supervision from the Clanwilliam Institute to him or her?	1 No, definitely	2 No, I don't think so	3 Yes, I think so	4 Yes, definitely
7	How satisfied are you with the kind of supervision you have received?	1 Quite dissatisfied	2 Indifferent or mildly dissatisfied	3 Mostly satisfied	4 Very satisfied
8	Has the supervision you received helped you to deal more effectively with your cases?	4 Yes, it helped a great deal	3 Yes it helped somewhat	2 No, it didn't really help	1 No, it seemed to make things worse
9	In an overall, general sense, how satisfied are you with the supervision you have received?	4 Very satisfied	3 Mostly satisfied	2 Indifferent or mildly dissatisfied	1 Quite dissatisfied
10	If you were to seek supervision again, would you request it from the Clanwilliam Institute?	1 No, definitely	2 No, I don't think so	3 Yes, I think so	4 Yes, definitely

What was most helpful about supervision you received?

Thank you for your help.

Appendix F. Supervisors' Experiences of Supervision Form

Please use this form to let us know your views of the supervision process			
1	For how many years and months have you supervised therapists at the Corduff Counselling Centre		
2	How many trainee therapists have your supervised?		
3	How many qualified therapists have you supervised?		
4	What have been the main themes or issues that this therapist has brought to supervisions (circle yes or no)		
	Clarifying a systemic understanding of case in therapy	Yes	No
	Exploring how to help clients engage in therapy, so more family members attend and fewer and drop out	Yes	No
	Exploring ways to use therapy sessions more productively	Yes	No
	Exploring ways to help clients use time between sessions more productively	Yes	No
	Addressing risk management in cases where violence, abuse or self harm are possible	Yes	No
	Exploring ways of consulting to other agencies or managing interagency collaboration in complex cases	Yes	No
	Addressing therapist-client relationship issues	Yes	No
	Exploring how to help clients disengage from therapy (termination issues) networks in complex cases	Yes	No
	Addressing therapy-related stress and burnout	Yes	No
	Please list any other important issues covered in supervision		
5.	What are the things about supervising therapists at Corduff that stand out as important to you?		
6.	How did therapists at Corduff use supervision?		
7	In what positive ways did they use supervision?		
8	What was particularly challenging for them in supervision?		
9	What do you think was helpful about the supervision you offered?		
10	How could things be improved to make providing supervision to therapists at Corduff Counselling Centre more efficient and effective?		

Please write on the back of this page or use extra pages if necessary, thank you.