Factors Influencing Help-seeking in Practising Counsellors

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Introduction

The social identity approach suggests that social identities and the sense of “us” that are formed from them can positively contribute to health and wellbeing (Jetten, Haslam, & Haslam, 2011). However, if health-benefiting behaviour is not a salient aspect of the identity in question, the identity may be detrimental to health (Haslam, Jetten, Postmes, & Haslam, 2009).

Some research indicates that help-seeking by different health and helping practitioners is hindered by their social identity as a professional or a caregiver, as opposed to a help-seeker (e.g. Chew-Graham, Rogers, & Yassin, 2005; Siebert & Siebert, 2007). Counselling is one such profession where help-seeking may be more indicative of client behaviour, yet there is a paucity of research exploring help-seeking in this particular profession. The present study investigates factors that influence help-seeking in practising counsellors.

Method

Participants: 140 (26 male) practising counsellors were recruited from two online counselling directories. Ages ranged from 25 to 79.

Measures: Participants completed a questionnaire comprising of demographic details, an adapted version of the Professional Identity Scale (Adams, Hean, Sturgis & Macleod Clark, 2006), the Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977), the Supervision Satisfaction Questionnaire (Ladany, Hill & Nutt, 2004), and an adapted version of the Actual Help-Seeking Questionnaire (Rickwood, Deane, Wilson & Ciarrochi, 2005).

Results

Analysis revealed that only professional identity significantly predicted help-seeking (see Table 1), indicating that participants with a higher professional identity were 1.24 times more likely to seek help than those with a lower professional identity.

Table 1: Factors Predicting Likelihood of Help-seeking

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>S. E.</th>
<th>Wald</th>
<th>df</th>
<th>p</th>
<th>Odds Ratio</th>
<th>95% C. I. for Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of practise</td>
<td>-.06</td>
<td>.03</td>
<td>2.74</td>
<td>1</td>
<td>.10</td>
<td>.95</td>
<td>.89 - 1.01</td>
</tr>
<tr>
<td>Professional identity</td>
<td>.21</td>
<td>.07</td>
<td>9.21</td>
<td>1</td>
<td>.00</td>
<td>1.24</td>
<td>1.08 - 1.42</td>
</tr>
<tr>
<td>Depressive symptoms</td>
<td>.13</td>
<td>.07</td>
<td>3.45</td>
<td>1</td>
<td>.06</td>
<td>1.13</td>
<td>.99 - 1.30</td>
</tr>
</tbody>
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Further analysis revealed that years of practise, professional identity, and depressive symptoms did not significantly predict whether help was sought from an informal or formal source \(\chi^2(3, N = 126) = 2.50, p = .476\).

It was also found that higher professional identity and supervision satisfaction scores predicted lower depressive symptom scores (B = -.30, t = 2.21, p = .029; B = -.29, t = 2.37, p = .019).

Conclusion

With the importance of a strong professional identity and satisfactory supervision highlighted, the research makes a theoretical contribution to the social identity approach in the context of health and wellbeing, and may have important implications for the wellbeing of the counselling profession.

References