Strathclyde University,
Faculty of Education, Counselling Unit

An exploratory study to investigate aspects of the philosophy, method and practical application of pluralist evaluation of counselling.

Volume 2

Appendices

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Appendix A: Questionnaires, interview schedules and other forms used in the studies presented in Part 5

N.B. For technical reasons, alterations in printing layout have meant that the questionnaires are presented here in a slightly different form to that used when they were issued. In particular, some of the likert scales in these questionnaires are not reproduced as accurately as in the original. Their meaning, however, is clear.

Appendix A.1: Questionnaires from the evaluation of A.S.C.U.

Form 1: Clients' questionnaire offered after the first counselling session

Form 1 Your reasons for seeking counselling

These questions are intended to try to capture your view of your main reasons for seeking counselling. There may, of course, be more than two issues, but it was felt that just looking at the most important ones would be sufficient for evaluation purposes and would prevent the form being too long and complex. It is intended to be completed as soon as possible after your first counselling session.

If you prefer not to state what issues or problems have brought you to counselling, please leave these spaces blank.

Think back to before your first session with your counsellor and, as far as you can, try to answer the questions as you felt then.

(please circle one of the numbers, or write in the space as appropriate)

1. What was the major issue (or problem) for which you sought help?

2. How distressing was it? Very distressing — not at all distressing
   7 6 5 4 3 2 1

3. How difficult did it make things for you? Very difficult — Not at all difficult
   7 6 5 4 3 2 1

4. How long had it been an issue for you? (in approximate weeks or months)

5. If there was another issue (or problem) for which you sought help, please say what it was:

6. How distressing was it? Very distressing — not at all distressing
   7 6 5 4 3 2 1

7. How difficult did it make things for you? Very difficult — Not at all difficult
   7 6 5 4 3 2 1

8. How long had it been an issue for you? (in approximate weeks or months)

9. How hopeful were you that this counselling will help? Very hopeful — Not at all hopeful
   7 6 5 4 3 2 1

10. How hopeful are you now that it will help? Very hopeful — Not at all hopeful
   7 6 5 4 3 2 1

(Continued overleaf)

11. Please indicate whether you strongly agree, agree, disagree, or strongly disagree with each statement by ticking the appropriate box. Again, please answer as how you usually felt before you saw this counsellor.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. On the whole I am satisfied with myself.	❑	❑	❑	❑
b. At times I think I am no good at all.	❑	❑	❑	❑
c. I feel I have a number of good qualities	❑	❑	❑	❑
d. I am able to do things as well as most other people.	❑	❑	❑	❑
e. I feel I do not have much to be proud of.	❑	❑	❑	❑
f. I certainly feel useless at times.	❑	❑	❑	❑
g. I feel I'm a person of worth, at least equal with others.	❑	❑	❑	❑
h. I wish I could have more respect for myself.	❑	❑	❑	❑
i. All in all, I am inclined to feel that I am a failure.	❑	❑	❑	❑
j. I take a positive attitude	❑	❑	❑	❑

12. Do you have any further comments?
(please feel free to continue on a separate sheet if necessary)

Many thanks for taking the time to complete this questionnaire.
Your help is greatly appreciated.
Please return this sheet in the stamped addressed envelope provided.

Form A: Counsellors' questionnaire completed after the first counselling session

Form A Counsellor assessment of problems: **after session one**

Please complete this form for each client after their first session with you. If you do not feel it to be appropriate to do so, please inform the researcher. No reasons need be given. The purpose of this questionnaire, is to allow comparisons between this and similar information which will be given by the client directly to the researcher. The client has been told that they will not have to discuss their answers with their counsellor, unless they wish to do so.

A1. What do you see as the person's major problem or issue?

(circle one number)

A2. How distressing has it been for them?

Very distressing						Not at all distressing
7	6	5	4	3	2	1

A3. How difficult has this made things for them?

Very difficult						Not at all difficult
7	6	5	4	3	2	1

A4. If there is another problem or issue with which the person needs help, please state what it is:

A5. How distressing has it been for them?

Very distressing						Not at all distressing
7	6	5	4	3	2	1

A6. How difficult has this made things for them?

Very difficult						Not at all difficult
7	6	5	4	3	2	1

A7. How hopeful are you that you will be able to help?

Very hopeful						Not hopeful
7	6	5	4	3	2	1

Thank you for taking the time to complete this questionnaire.

Please return this sheet in the stamped addressed envelope provided.

Form B: Counsellors' questionnaire completed after the last counselling session

Form B Counsellor assessment of outcome (post-counselling)

Please complete this questionnaire when the client has stopped coming to see you. It is intended to be compared with similar information given by the client directly to the researcher. As with all parts of the evaluation, the client has been told that they do not have to discuss any of their answers with you, unless they wish to do so.

(Please circle one number or option from each scale)

B1. How helpful has the counselling been to the person overall?

Very helpful					Very unhelpful	
7	6	5	4	3	2	1

B2. Did the counselling help the person in any of the following ways?

a) In exploring problems — Yes / No / Unsure
b) In clarifying problems — Yes / No / Unsure
c) In understanding problems better — Yes / No / Unsure
d) In changing the way s/he view things — Yes / No / Unsure
e) In coming to terms with their problems — Yes / No / Unsure
f) In understanding themselves more — Yes / No / Unsure
g) In feeling better about him/herself — Yes / No / Unsure
h) In understanding other people better — Yes / No / Unsure
i) In communicating better with others — Yes / No / Unsure
j) In setting goals — Yes / No / Unsure
k) In deciding what to do — Yes / No / Unsure
l) In solving problems — Yes / No / Unsure
m) In evaluating what s/he does — Yes / No / Unsure
n) In gaining new skills — Yes / No / Unsure
o) Others *(please describe)*

B3. In general terms, what was the <u>most</u> major problem or issue for which the person sought help:

B4. How distressing is it for them now?

Very distressing						Not at all distressing
7	6	5	4	3	2	1

B5. How difficult does it make things for them now?

Very difficult						Not at all difficult
7	6	5	4	3	2	1

B6. To what extent has it improved?

Much improved					Much worse	
7	6	5	4	3	2	1

B7. To what extent do you think that this has been to do with the counselling they received?

Completely						Not at all
7	6	5	4	3	2	1

B8. If the person had a second problem or issue with which they wanted help, please say what it was:

B9. How distressing is it for them now?

Very distressing						Not at all distressing
7	6	5	4	3	2	1

B10. How difficult does it make things for them now?

Very difficult						Not at all difficult
7	6	5	4	3	2	1

B11. To what extent has it improved?

Much improved					Much worse	
7	6	5	4	3	2	1

B12. To what extent do you think that this has been to do with the counselling they received?

Completely					Not at all	
7	6	5	4	3	2	1

B13. Please rate how you think the person feels now, on the following scales:

a) Worried	7	6	5	4	3	2	1	Not worried
b) Happy	7	6	5	4	3	2	1	Sad
c) Tolerant	7	6	5	4	3	2	1	Irritable
d) Tense	7	6	5	4	3	2	1	Relaxed
e) Lonely	7	6	5	4	3	2	1	Not lonely
f) Tired	7	6	5	4	3	2	1	Energetic
g) Bored	7	6	5	4	3	2	1	Interested
h) Unhealthy	7	6	5	4	3	2	1	Healthy
i) Valuable	7	6	5	4	3	2	1	Worthless
j) Helpless	7	6	5	4	3	2	1	Not helpless
k) Useless	7	6	5	4	3	2	1	Capable
l) Not stressed	7	6	5	4	3	2	1	Stressed
m) Sociable	7	6	5	4	3	2	1	Shy
n) Purposeful	7	6	5	4	3	2	1	Purposeless
o) Unconfident	7	6	5	4	3	2	1	Confident
p) Satisfied	7	6	5	4	3	2	1	Dissatisfied
q) Decisive	7	6	5	4	3	2	1	Indecisive
r) Confused	7	6	5	4	3	2	1	Clear
s) Unreliable	7	6	5	4	3	2	1	Reliable
t) Anxious	7	6	5	4	3	2	1	Not anxious
u) Depressed	7	6	5	4	3	2	1	Not depressed

B14. How long did the person have to wait before counselling?

....

B15. How many sessions of counselling did the person receive?

....

B16. How long were the sessions, on average?

....

B17. Were there any issues that the person was unable to discuss?

Yes / No / Don't know

B18. Can you suggest ways in which the counselling could have been improved so as to be more helpful?

B19. Have you any further comments?

Form C: clients' questionnaire issued after the first counselling session

Form C <u>Biographical Information</u>

Please tick the most appropriate box:

1. Age range: 16 - 20 ❑ 21 - 25 ❑ 26 - 30 ❑ 31 - 35 ❑ 36 - 40 ❑
41 - 45 ❑ 46 - 50 ❑ 51 - 55 ❑ 56 - 60 ❑ 60+ ❑

2. **If you hold a teaching post** please specify whether:
Nursery ❑ Primary ❑ Secondary ❑ Special Education ❑ Other ❑
and
Teacher ❑ Promoted Post (PT/APT/Senior Teacher) ❑ Senior Management ❑
Other ❑

If you hold a <u>non</u>-teaching post, please specify:
Manual worker ❑ Grade GS1 - 3 ❑ AP1-5 ❑ PO & above ❑ Other ❑

3. Sex: Female ❑ Male ❑

4. How long have you been in your present post? ____ Years ___ Months

So that I can follow up the questions asked here in a few months time, it will be extremely useful if you could give me a postal address. It will not be disclosed to anyone else under any circumstances. If you do not wish to give your address, please complete and return the other questionnaires anyway. ***This page will be securely stored separately from your other questionnaire replies to guarantee confidentiality.***

Name: ______________________________ Date: _________
Address:

Would you be willing to meet the researcher carrying out this evaluation?
YES / NO

So that I can find out whether, in general, this counselling effects how often people are off work, it would be very useful for me to be able to look at your absence records. I will not do so without your permission. As with all parts of this research, allowing me to do this will not identify you as having been to a counsellor.
If I may look at your absence records, please sign below:

____

These records will be used for no other purpose than to aid this evaluation.

What we would like you to do

Please read these instructions carefully:
Answer all the questions, as far as you are able and willing to do.
Work quickly giving your first and natural answer; be accurate and honest!
If you make a mistake, cross it out and make your new answer.
Check each questionnaire to ensure you have answered all the items.

I would like to stress again that all the information given in all the questionnaires will ONLY be seen by an independent researcher, and will be held in the **strictest confidence**. Nobody will know what your answers are, and information will not be passed on to your counsellor or anyone at the counselling service. This is to make absolutely certain that your confidentiality is protected at all times.

Your evaluation of counselling

This section is to give some indications of what you think of your counsellor and of the counselling process you have been through. Remember, whatever your answers are, your counsellor will not know what you have said, unless you choose to tell them. It is important that you are honest about your answers regardless of whether they seem positive, negative or just indifferent.

5. Please rate your overall impressions of the counsellor on the following scales:
(circle one of the numbers in each scale)

a) Interested	7	6	5	4	3	2	1	Uninterested
b) Cold	7	6	5	4	3	2	1	Warm
c) Genuine	7	6	5	4	3	2	1	Not genuine
d) Disrespectful	7	6	5	4	3	2	1	Respectful
e) Unhelpful	7	6	5	4	3	2	1	Helpful
f) Accepting	7	6	5	4	3	2	1	Non-accepting
g) Caring	7	6	5	4	3	2	1	Uncaring
h) Tense	7	6	5	4	3	2	1	Relaxed
i) Relaxing	7	6	5	4	3	2	1	Not relaxing
j) Easy to talk to	7	6	5	4	3	2	1	Difficult
k) Understanding	7	6	5	4	3	2	1	Not understanding
l) Rigid	7	6	5	4	3	2	1	Flexible
m) Trustworthy	7	6	5	4	3	2	1	Untrustworthy
n) Poor listener	7	6	5	4	3	2	1	Good listener
o) Poor counsellor	7	6	5	4	3	2	1	Good counsellor
p) Directive	7	6	5	4	3	2	1	Non-directive
q) Supportive	7	6	5	4	3	2	1	Unsupportive
r) Unsympathetic	7	6	5	4	3	2	1	Sympathetic

(This section is continued overleaf)

(circle one of the numbers in each scale)

6. To what extent were you satisfied with your counsellor?

Very satisfied						Dissatisfied
7	6	5	4	3	2	1

7. To what extent would you recommend your counsellor to a close friend who was having difficulties similar to your own?

High recommendation						Poor recommendation
7	6	5	4	3	2	1

8. To what extent were you satisfied with the time you had to wait before seeing the counsellor in the first place?

Very satisfied						Dissatisfied
7	6	5	4	3	2	1

9. To what extent were you satisfied with the length of each session?

Very satisfied						Dissatisfied
7	6	5	4	3	2	1

10. To what extent were you satisfied with the number of sessions?

Very satisfied						Dissatisfied
7	6	5	4	3	2	1

(Please delete the options which do not apply)

11. Were there topics you felt unable to discuss with the counsellor? Yes / No

12. Who decided that the counselling should finish when it did?

You / Counsellor / Both

13. What was the reason for finishing?

14. What was there, if anything, about the counselling that you found particularly useful?

15. What aspects, if any, of counselling were particularly unhelpful?

16. Can you suggest ways in which the counselling could have been improved so as to be more helpful to you?

17. Do you have any further comments?
(please feel free to continue on a separate sheet if necessary)

Your view of the outcome

This section is about how the counselling may have been helpful. It also looks at the problems you came to counselling for, and how you feel about them now.

(Please circle one number or option from each scale)

18. How helpful has the counselling been to you overall?

	Very helpful					Very unhelpful	
	7	6	5	4	3	2	1

19. Did the counselling help you in any of the following ways?

a) Made me explore my problems — Yes / No / Unsure
b) Helped me to clarify my problems — Yes / No / Unsure
c) Enabled me to understand my problems better — Yes / No / Unsure
d) Helped me to change the way I view things — Yes / No / Unsure
e) Helped me to come to terms with my problems — Yes / No / Unsure
f) Enabled me to understand myself more — Yes / No / Unsure
g) Helped me feel better about myself — Yes / No / Unsure
h) Helped me understand other people better — Yes / No / Unsure
i) Helped me communicate better with others — Yes / No / Unsure
j) Helped me to set goals — Yes / No / Unsure
k) Helped me to decide what to do — Yes / No / Unsure
l) Enabled me to solve my problems — Yes / No / Unsure
m) Helped me to evaluate what I do — Yes / No / Unsure
n) Gave me new skills — Yes / No / Unsure
o) Others *(please describe)*

(If you prefer not to say why you sought counselling, please leave 20 & 25 blank but complete the other questions anyway)

20. In general terms, what was the <u>most</u> major problem or issue for which you sought help:

....

	Very distressing						not at all distressing
21. How distressing is it now?	7	6	5	4	3	2	1

	Very difficult						Not at all difficult
22. How difficult does it make ? things for you now	7	6	5	4	3	2	1

	Much improved						Much worse
23. To what extent has it improved?	7	6	5	4	3	2	1

	Completely						Not at all
24. To what extent do you think that this has been to do with the counselling you received?	7	6	5	4	3	2	1

25. If you had a second problem with which you wanted help, please say what it was:

....

	Very distressing						not at all distressing
26. How distressing is it now?	7	6	5	4	3	2	1

	Very ifficult						Not at all difficult
27. How difficult does it make things for you now?	7	6	5	4	3	2	1

	Much improved						Much worse
28. To what extent has it improved?	7	6	5	4	3	2	1

	Completely						Not at all
29. To what extent do you think that this has been to do with the counselling you received?	7	6	5	4	3	2	1

Of course, there may have been more than two issues that counselling helped with, and if you wish to mention these, please do so on a separate sheet.

How you feel

This section looks at where you would place yourself on a continuum between one extreme and another.

(Please circle one number between each of the pairs of words)

30. Please rate how you have been feeling *in the last few days* on each of the following scales:

a) Worried	7	6	5	4	3	2	1	Not worried
b) Happy	7	6	5	4	3	2	1	Sad
c) Tolerant	7	6	5	4	3	2	1	Irritable
d) Tense	7	6	5	4	3	2	1	Relaxed
e) Lonely	7	6	5	4	3	2	1	Not lonely
f) Tired	7	6	5	4	3	2	1	Energetic
g) Bored	7	6	5	4	3	2	1	Interested
h) Unhealthy	7	6	5	4	3	2	1	Healthy
i) Valuable	7	6	5	4	3	2	1	Worthless
j) Helpless	7	6	5	4	3	2	1	Not helpless
k) Useless	7	6	5	4	3	2	1	Capable
l) Not stressed	7	6	5	4	3	2	1	Stressed
m) Sociable	7	6	5	4	3	2	1	Shy
n) Purposeful	7	6	5	4	3	2	1	Purposeless
o) Unconfident	7	6	5	4	3	2	1	Confident
p) Satisfied	7	6	5	4	3	2	1	Dissatisfied
q) Decisive	7	6	5	4	3	2	1	Indecisive
r) Confused	7	6	5	4	3	2	1	Clear
s) Unreliable	7	6	5	4	3	2	1	Reliable
t) Anxious	7	6	5	4	3	2	1	Not anxious
r) Depressed	7	6	5	4	3	2	1	Not depressed

31. Please rate how you usually felt *before your counselling* began with this agency:

a) Worried	7	6	5	4	3	2	1	Not worried
b) Happy	7	6	5	4	3	2	1	Sad
c) Tolerant	7	6	5	4	3	2	1	Irritable
d) Tense	7	6	5	4	3	2	1	Relaxed
e) Lonely	7	6	5	4	3	2	1	Not lonely
f) Tired	7	6	5	4	3	2	1	Energetic
g) Bored	7	6	5	4	3	2	1	Interested
h) Unhealthy	7	6	5	4	3	2	1	Healthy
i) Valuable	7	6	5	4	3	2	1	Worthless
j) Helpless	7	6	5	4	3	2	1	Not helpless
k) Useless	7	6	5	4	3	2	1	Capable
l) Not stressed	7	6	5	4	3	2	1	Stressed
m) Sociable	7	6	5	4	3	2	1	Shy
n) Purposeful	7	6	5	4	3	2	1	Purposeless
o) Unconfident	7	6	5	4	3	2	1	Confident
p) Satisfied	7	6	5	4	3	2	1	Dissatisfied
q) Decisive	7	6	5	4	3	2	1	Indecisive
r) Confused	7	6	5	4	3	2	1	Clear
s) Unreliable	7	6	5	4	3	2	1	Reliable
t) Anxious	7	6	5	4	3	2	1	Not anxious
r) Depressed	7	6	5	4	3	2	1	Not depressed

(This section is continued on the next page)

32. Please rate how you would _ideally_ like to feel:

a) Worried	7	6	5	4	3	2	1	Not worried
b) Happy	7	6	5	4	3	2	1	Sad
c) Tolerant	7	6	5	4	3	2	1	Irritable
d) Tense	7	6	5	4	3	2	1	Relaxed
e) Lonely	7	6	5	4	3	2	1	Not lonely
f) Tired	7	6	5	4	3	2	1	Energetic
g) Bored	7	6	5	4	3	2	1	Interested
h) Unhealthy	7	6	5	4	3	2	1	Healthy
i) Valuable	7	6	5	4	3	2	1	Worthless
j) Helpless	7	6	5	4	3	2	1	Not helpless
k) Useless	7	6	5	4	3	2	1	Capable
l) Not stressed	7	6	5	4	3	2	1	Stressed
m) Sociable	7	6	5	4	3	2	1	Shy
n) Purposeful	7	6	5	4	3	2	1	Purposeless
o) Unconfident	7	6	5	4	3	2	1	Confident
p) Satisfied	7	6	5	4	3	2	1	Dissatisfied
q) Decisive	7	6	5	4	3	2	1	Indecisive
r) Confused	7	6	5	4	3	2	1	Clear
s) Unreliable	7	6	5	4	3	2	1	Reliable
t) Anxious	7	6	5	4	3	2	1	Not anxious
r) Depressed	7	6	5	4	3	2	1	Not depressed

33. Please indicate whether you strongly agree, agree, disagree, or strongly disagree with each statement by ticking the appropriate box. Answer as how you usually feel now.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. On the whole I am satisfied with myself.	❑	❑	❑	❑
b. At times I think I am no good at all. .	❑	❑	❑	❑
c. I feel I have a number of good qualities.	❑	❑	❑	❑
d. I am able to do things as well as most other people. .	❑	❑	❑	❑
e. I feel I do not have much to be proud of. .	❑	❑	❑	❑
f. I certainly feel useless at times.	❑	❑	❑	❑
g. I feel I'm a person of worth, at least equal with others.	❑	❑	❑	❑
h. I wish I could have more respect for myself.	❑	❑	❑	❑
i. All in all, I am inclined to feel that I am a failure.	❑	❑	❑	❑
j. I take a positive attitude	❑	❑	❑	❑

Do you have any further comments?

(please feel free to continue on a separate sheet if necessary)

Please return this questionnaire in the stamped addressed envelope provided.
Many thanks for taking the time to complete this questionnaire.
Your very valuable help is greatly appreciated.

Form D: Clients' questionnaire issued at follow up

Form D What we would like you to do

Please read these instructions carefully:

Answer all the questions, as far as you are able and willing to do.
Work quickly giving your first and natural answer; be accurate and honest!
If you make a mistake, cross it out and make your new answer.
Check each questionnaire to ensure you have answered all the items.

I would like to stress again that all the information given in all the questionnaires will ONLY be seen by an independent researcher, and will be held in the **strictest confidence**. Nobody will know what your answers are, and information will not be passed on to your counsellor or anyone at the counselling service. This is to make absolutely certain that your confidentiality is protected at all times.

Your evaluation of counselling

This section is to give some indications of what you think of your counsellor and of the counselling process you have been through. Remember, whatever your answers are, your counsellor will not know what you have said, unless you choose to tell them. It is important that you are honest about your answers regardless of whether they seem positive, negative or just indifferent.

D1. Please rate your overall impressions of the counsellor on the following scales:
(circle one of the numbers in each scale)

a) Interested	7	6	5	4	3	2	1	Uninterested
b) Cold	7	6	5	4	3	2	1	Warm
c) Genuine	7	6	5	4	3	2	1	Not genuine
d) Disrespectful	7	6	5	4	3	2	1	Respectful
e) Unhelpful	7	6	5	4	3	2	1	Helpful
f) Accepting	7	6	5	4	3	2	1	Non-accepting
g) Caring	7	6	5	4	3	2	1	Uncaring
h) Tense	7	6	5	4	3	2	1	Relaxed
i) Relaxing	7	6	5	4	3	2	1	Not relaxing
j) Easy to talk to	7	6	5	4	3	2	1	Difficult
k) Understanding	7	6	5	4	3	2	1	Not understanding
l) Rigid	7	6	5	4	3	2	1	Flexible
m) Trustworthy	7	6	5	4	3	2	1	Untrustworthy
n) Poor listener	7	6	5	4	3	2	1	Good listener
o) Poor counsellor	7	6	5	4	3	2	1	Good counsellor
p) Directive	7	6	5	4	3	2	1	Non-directive
q) Supportive	7	6	5	4	3	2	1	Unsupportive
r) Unsympathetic	7	6	5	4	3	2	1	Sympathetic

D2. To what extent were you satisfied with your counsellor?

Very satisfied 7 6 5 4 3 2 1 Dissatisfied

D3. To what extent would you recommend your counsellor to a close friend who was having difficulties similar to your own?

High recommendation 7 6 5 4 3 2 1 Poor recommendation

D4. To what extent were you satisfied with the time you had to wait before seeing the counsellor in the first place?

Very satisfied 7 6 5 4 3 2 1 Dissatisfied

D5. To what extent were you satisfied with the length of each session?

Very satisfied 7 6 5 4 3 2 1 Dissatisfied

D6. To what extent were you satisfied with the number of sessions?

Very satisfied						Dissatisfied
7	6	5	4	3	2	1

D7. What was there, if anything, about the counselling that you found particularly useful?

D8. What aspects, if any, of counselling were particularly unhelpful?

D9. Can you suggest ways in which the counselling could have been improved so as to be more helpful to you?

Your view of the outcome

This section is about how the counselling may have been helpful. It also looks at the problems you came to counselling for, and how you feel about them now.
(Please circle one number or option from each scale)

D10. How helpful has the counselling been to you overall?

Very helpful						Very unhelpful
7	6	5	4	3	2	1

(If you prefer not to say why you sought counselling, please leave D11 & D16 blank but complete the other questions anyway)

D11. In general terms, what was the most major problem or issue for which you sought help:

....

D12. How distressing is it now?

Very distressing						not at all distressing
7	6	5	4	3	2	1

D13. How difficult does it make things for you now?

Very difficult						Not at all difficult
7	6	5	4	3	2	1

D14. To what extent has it improved since counselling began?

Much improved					Much worse	
7	6	5	4	3	2	1

D15. To what extent do you think that this has been to do with the counselling you received?

Completely						Not at all
7	6	5	4	3	2	1

D16. If you had a second problem with which you wanted help, please say what it was:

....

D17. How distressing is it now?

Very distressing						not at all distressing
7	6	5	4	3	2	1

D18. How difficult does it make things for you now?

Very difficult						Not at all difficult
7	6	5	4	3	2	1

D19. To what extent has it improved since counselling began?

Much improved					Much worse	
7	6	5	4	3	2	1

D20. To what extent do you think that this has been to do with the counselling you received?

Completely						Not at all
7	6	5	4	3	2	1

Of course, there may have been more than two issues that counselling helped with, and if you wish to mention these, please do so on a separate sheet.

How you feel

This section looks at where you would place yourself on a continuum between one extreme and another.

(Please circle one number between each of the pairs of words)

D21. Please rate how you have been feeling *in the last few days* on each of the following scales:

a) Worried	7	6	5	4	3	2	1	Not worried
b) Happy	7	6	5	4	3	2	1	Sad
c) Tolerant	7	6	5	4	3	2	1	Irritable
d) Tense	7	6	5	4	3	2	1	Relaxed
e) Lonely	7	6	5	4	3	2	1	Not lonely
f) Tired	7	6	5	4	3	2	1	Energetic
g) Bored	7	6	5	4	3	2	1	Interested
h) Unhealthy	7	6	5	4	3	2	1	Healthy
i) Valuable	7	6	5	4	3	2	1	Worthless
j) Helpless	7	6	5	4	3	2	1	Not helpless
k) Useless	7	6	5	4	3	2	1	Capable
l) Not stressed	7	6	5	4	3	2	1	Stressed
m) Sociable	7	6	5	4	3	2	1	Shy
n) Purposeful	7	6	5	4	3	2	1	Purposeless
o) Unconfident	7	6	5	4	3	2	1	Confident
p) Satisfied	7	6	5	4	3	2	1	Dissatisfied
q) Decisive	7	6	5	4	3	2	1	Indecisive
r) Confused	7	6	5	4	3	2	1	Clear
s) Unreliable	7	6	5	4	3	2	1	Reliable
t) Anxious	7	6	5	4	3	2	1	Not anxious
r) Depressed	7	6	5	4	3	2	1	Not depressed

D22. Please rate how you would *ideally* like to feel:

a) Worried	7	6	5	4	3	2	1	Not worried
b) Happy	7	6	5	4	3	2	1	Sad
c) Tolerant	7	6	5	4	3	2	1	Irritable
d) Tense	7	6	5	4	3	2	1	Relaxed
e) Lonely	7	6	5	4	3	2	1	Not lonely
f) Tired	7	6	5	4	3	2	1	Energetic
g) Bored	7	6	5	4	3	2	1	Interested
h) Unhealthy	7	6	5	4	3	2	1	Healthy
i) Valuable	7	6	5	4	3	2	1	Worthless
j) Helpless	7	6	5	4	3	2	1	Not helpless
k) Useless	7	6	5	4	3	2	1	Capable
l) Not stressed	7	6	5	4	3	2	1	Stressed
m) Sociable	7	6	5	4	3	2	1	Shy
n) Purposeful	7	6	5	4	3	2	1	Purposeless
o) Unconfident	7	6	5	4	3	2	1	Confident
p) Satisfied	7	6	5	4	3	2	1	Dissatisfied
q) Decisive	7	6	5	4	3	2	1	Indecisive
r) Confused	7	6	5	4	3	2	1	Clear
s) Unreliable	7	6	5	4	3	2	1	Reliable
t) Anxious	7	6	5	4	3	2	1	Not anxious
r) Depressed	7	6	5	4	3	2	1	Not depressed

D23. Please indicate whether you strongly agree, agree, disagree, or strongly disagree with each statement by ticking the appropriate box. Answer as how you usually feel now.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. On the whole I am satisfied with myself.	❑	❑	❑	❑
b. At times I think I am no good at all.	❑	❑	❑	❑
c. I feel I have a number of good qualities	❑	❑	❑	❑
d. I am able to do things as well as most other people.	❑	❑	❑	❑
e. I feel I do not have much to be proud of.	❑	❑	❑	❑
f. I certainly feel useless at times.	❑	❑	❑	❑
g. I feel I'm a person of worth, at least equal with others.	❑	❑	❑	❑
h. I wish I could have more respect for myself.	❑	❑	❑	❑
i. All in all, I am inclined to feel that I am a failure.	❑	❑	❑	❑
j. I take a positive attitude	❑	❑	❑	❑

D24. Do you have any further comments?
(please feel free to continue on a separate sheet if necessary)

Please return this questionnaire in the stamped addressed envelope provided.
Many thanks for taking the time to complete this questionnaire.
Your very valuable help is greatly appreciated.

Interview schedules

It will be apparent from the sections on the analyses of both sets of interviews that, as intended, the schedules were not strictly adhered to. Rather, they provided a framework which could form a basis for the enquiry, and an outline of a structure if it should be required. In practice, clients frequently talked about most of the topics quite spontaneously, and the schedules were used simply for the researcher to check that no areas of particular interest had not been covered. Both schedules were used primarily as notes for the researcher to refer to, and are included here very nearly in their original form, as used during the interviews themselves.

Main questions are shown in bold type and follow up questions under the same general topic area are indented. As with the procedure for the interviews as a whole, statements to clients rendered here in the first person merely formed a basis for the researcher to refer to: the exact forms of words used were varied to be appropriate to the context and developing relationship with the interviewee.

Interview schedule used with clients, interviewers' notes and statements to clients

Thanks for agreeing to take part. Request permission for audio taping the interview.

Note: I do **NOT** want to know any confidential onformation such as what you talked about or why you had any contact with A.S.C.U. (i.e. the content), but I am interested in two things:

> 1) how you felt about the counselling / your counsellor and how useful it may have been (i.e. the process);
>
> 2) how you felt about being asked to help with evaluating the project at several stages.

Please do not feel you have to go into personal details or answer anything you do not want to.

Do bear in mind that **nothing** you say to me will be fed back to anyone - even A.S.C.U. or your counsellor, let alone anyone in the Education Department - except when collated with a large number of other results and in a way that will make certain that you cannot be identified by anyone.

I want to hear your honest opinion about all of this, so please do not feel that you need to be especially nice about the counselling or your counsellor - they won't know what you have said anyway.

I hope it will not take more than about 30 minutes to go over all this.

1. How did you hear about A.S.C.U.?

What did you think about the service before you made contact?

2. How long ago did your counselling end?

3. How many sessions did you have?

4. What was your experience of counselling with A.S.C.U. like?

How did you feel before you contacted A.S.C.U.?

How did / do you feel about your counsellor and the counselling you received?

How useful was it? - What has counselling done for you?

Did it help with any issues other than those that prompted you to go in the first place?

How did / do you feel after the counselling / now?

Do you have any criticisms of the service? How could it be improved?

5. Is there any difference in the amount of time you take off work?

If so, is this due to the counselling at all? How?

6. Is there any difference in the quality of your work?

If so, is this due to the counselling at all? How?

How do other people in the Education Dept. / at work feel about A.S.C.U.?

7. How did you feel about being asked to take part in this evaluation?

Was there anything about the evaluation process that made you feel uncomfortable?

Has filling in the questionnaires or taking part in this interview changed your experience of / the effects of the counselling at all?

8. Why did you agree to take part in this interview?

Can you think of anything that might have put you off taking part in this or any other part of the evaluation?

Can you think of anything that would have made it easier or less ...(use words from 1st subsidiary question to above Question)

Thank you for your time - your comments have been very helpful.

If you think of anything to add to this, please do feel free to contact me either via A.S.C.U. (confidentially) or at home if you prefer.

Interview schedule used with counsellors

Thanks for agreeing to take part. Request permission for audi taping the interview.

Essentially what I am interested in two things:

The first is your experience of counselling with A.S.C.U. - what it has been like for you, what you have seen happening for clients and so on.

The second is about the evaluation, its quality and any effects it has had on the counselling.

What has offering counselling through A.S.C.U. been like for you?

What effects have you seen for clients?

Do you know of effects for other people?

What does A.S.C.U. counselling achieve?

What do clients get from A.S.C.U.?

What would say are the strengths and weaknesses of A.S.C.U.?

Should money currently put into A.S.C.U. be spent elsewhere?

How do you see A.S.C.U.'s future?

In your opinion, if it should continue, how should A.S.C.U. develop or change?

Do you want to comment on strengths or weaknesses of counselling you have provided through A.S.C.U.?

On the subject of the evaluation:

How did you feel about the evaluation, and being asked to take part in it, at the start?

How do you feel about it now?

What has been your experience of taking part in the evaluation process?

Have you been aware of any impact (e.g. harm or benefits) for clients?

Is there anything you'd like to add, about the evaluation or about A.S.C.U., or counselling in the Ed. Dept. or anything else?

Thank you for going through all this.

If you want to add anything, please do contact me at home or via Darroch.

Explanation of notation used in transcribing interviews with A.S.C.U. clients and counsellors

The symbols are grouped by the phenomena they record in the conversation:

1. Simultaneous utterances: Utterances starting up simultaneously are linked together with double left-hand brackets:

TOM: I used to smoke a lot when I was young

[[[[

BOB: I used to smoke Camels

2. Overlapping utterances: When overlapping utterances do not start up simultaneously, the point at which an on ongoing utterance is joined by another is marked with a single left-hand bracket, linking an ongoing with an interrupting utterance at the point where overlap begins:

TOM: I used to smoke a lot

[[

BOB: He thinks he's real tough

The point where overlapping utterances stop overlapping is marked with a single right-hand bracket:

TOM: I used to smoke a lot more than this

] [ ]

BOB: I see

3. Contiguous utterances: When there is no interval between adjacent utterances, the second being latched immediately to the first (without overlapping it), the utterances are linked together with equal signs:

= TOM: I used to smoke a lot=

BOB: =He thinks he's real tough

The equal signs are also used to link different parts of a single speaker's utterance when those parts comprise a continuous flow of speech that have been separated to different lines by transcript design, accommodating an intervening interruption:

TOM: I used to smoke a lot more than this=

[

BOB: You used to smoke

TOM: =but I never inhaled the smoke

4. Intervals within and between utterances: A short untimed pause within an utterance is indicated by a dash:

\- DEE: Umm - my mother will be right in

Longer untimed pauses use a series of dashes. 1 dash indicates approximately 1/2 a second. Untimed intervals heard between utterances are described within double parentheses and inserted where they occur:

((pause))   REX: Are you ready to order

((pause))

PAM: Yes thank you we are

5. Characteristics of speech delivery: In the transcripts, punctuation is not used to mark conventional grammatical units, but rather, attempts to capture characteristics of speech delivery. For example, a colon indicates an extension of the sound or syllable it follows:

co:lon RON: What ha:ppened to you

and more colons prolong the stretch:

co::lons   MAE: I ju::ss can't come

TIM: I'm so::: sorry re:::ally I am

The other punctuation marks are used as follows:

A full stop indicates a stopping fall in tone, not necessarily the end of a sentence.

A comma indicates a continuing intonation, not necessarily between clauses of sentences.

A question mark indicates a rising inflection, not necessarily a question.

An exclamation mark indicates an animated tone, not necessarily an exclamation.

Horizontal ellipses indicate that an utterance is being reported only in part, with additional speech either coming before, in the middle, or after the reported fragment, depending on the location of the ellipses.

Emphases are indicated by varieties of italics, the larger the italics, the greater is the relative local stress:

italics ANN: It happens to me *mine*

italics BEN: It's not either yours it's ***mine***

ITALICS ANN: *I DON'T KNOW WHY YOU'RE SO HARD ON THIS*

Parentheses are used to enclose a description of some phenomenon the transcriptionist does not want to wrestle with. These can be vocalisations that are not, for example, spelled gracefully or recognisably:

TOM: I used to (cough) smoke a lot

BOB: (sniffle) He thinks he's tough

ANN: (snorts)

6. Transcription doubt: A single question mark enclosed within single parentheses indicates a section of tape that could not be heard, and is consequently in doubt, as in:

TED: I (?)

(BEN): We all (?)

Appendix A.2: Questionnaires from the evaluation of employee counselling in a large financial services company

Stage one: General Population Survey Questionnaire

General Population Survey Questionnaire

Connect is a free, confidential counselling service. By completing this survey you will be helping the service develop, even if you personally do not expect to use the service. All information given here will be held in the **strictest confidence**. **You do not need to give your name**. Only the most general personal information has been asked for, to guarantee anonymity.

Stephen Goss, Independent Researcher with Strathclyde University.

Please tick the appropriate boxes:

GA/GEN1. Age range: 16 -20 ❑ 21 - 25 ❑ 26 - 30 ❑ 31 - 35 ❑ 36 - 40 ❑ 41 - 45 ❑ 46 - 50 ❑ 51 - 55 ❑ 56 - 60 ❑ 60+ ❑

GA/GEN2. Please indicate at what level you work:
- Grade M1 or above ❑
- Grade 10 - 14 with supervisory responsibilities ❑
- Other staff ❑

GA/GEN3. Sex: Female ❑ Male ❑

GA/GEN4. How long have you been with this company? Years Months

GA/GEN5. Do you experience stressful conditions at work? Yes ❑ No ❑

GA/GEN6. Do you talk to anyone about your most serious problems? Yes ❑ No ❑

GA/GEN7. Do you practice stress managing activities such as deliberate relaxation, regular exercise, etc.? Very Frequently ❑ Frequently ❑ Occasionally ❑ Seldom / Never ❑

GA/GEN8. Do you use "damaging solutions" for stress e.g. alcohol, tobacco, barbiturates, tranquillisers etc.? Very Frequently ❑ Frequently ❑ Occasionally ❑ Seldom / Never ❑

GA/GEN9. Would you ever consider using a confidential counselling service such as Connect? Yes ❑ No ❑

GA/GEN10. Do you feel you have been fully informed about the services of Connect? Yes ❑ No ❑

GA/GEN11. Have you been off work in the last year with an illness you think could have been stress related? Yes ❑ No ❑ Number of days:

GA/GEN12. To what extent would you recommend Connect to a close friend who was having difficulties?

High recommendation						Poor recommendation
7	6	5	4	3	2	1

GA/GEN13. To what extent would you feel able to rely on the confidentiality of this service?

Completely						Not at all
7	6	5	4	3	2	1

GA/GEN14. Can you suggest ways in which the counselling could have been improved so as to be more helpful to you?

GA/GEN15. Do you have any other comments?
(please feel free to contimue on a separate sheet if necessary)

Please return this questionnaire to the address shown overleaf.
Your answers are vital to the development of this service.

Many thanks for taking the time to complete this questionnaire.
Your very valuable help is greatly appreciated.

Stage two: Telephone contacts record sheet (revised)

Telephone contacts record sheet (revised)

GATEL2/1 a) Date: __ / __ / __

b) Time: ____________ (24 hour clock)

c) Length of call: ________ (minutes)

d) Call number: ________ (sequential)

e) Call taken by: ________ (initials)

f) New: ☐

g) Repeat call ☐ (give previous call no. if known): _____

GATEL2/2 a) Gender:

1. Male ☐
2. Female ☐

b) Age (if known)

1. 16 - 20: ☐
2. 21 - 25: ☐
3. 26 - 30: ☐
4. 31 - 35: ☐
5. 36 - 40: ☐
6. 41 - 45: ☐
7. 46 - 50: ☐
8. 51 - 55: ☐
9. 56 - 60: ☐
10. Over 60: ☐

c) Grade (if known):

1. M1 or above ☐
2. 10 - 14 ☐
(with supervisory responsibilities)
3. Other staff ☐
4. Not an employee of GA ☐

GATEL2/3 Location (if known):

1. Glasgow: ☐
2. Leeds: ☐
3. Manchester: ☐
4. Birmingham: ☐
5. London: ☐
6. G.A. Bonus: (specify area) ☐
7. Other: (please specify) ☐

GATEL2/4 Nature of call / problem: (Tick all the boxes that apply)

1. Employment: ☐
2. Physical health: ☐
3. Emotional health: ☐
4. Family: ☐
5. Relationship: ☐
6. Substance abuse: ☐
7. Bereavement: ☐
8. Financial / debt: ☐
9. Housing: ☐
10. Other: (please specify)

GATEL2/5 Result (Tick all the boxes that apply)

1. Information only: ☐
2. Telephone "counselling" ☐
3. Referral to counsellor: (please specify) ☐

____

4. Other: (please specify) ☐

____

If other than information only, please complete reverse.

GATEL2/6 a) What was the most major reason for the call (if known)?

b) To what extent has the caller's situation / difficulty improved as a result of this call?

Much Improved						Much worse
7	6	5	4	3	2	1

GATEL2/7 a) What other issues were raised?

b) To what extent do you estimate these may have improved as a result of this call?

Much Improved						Much worse
7	6	5	4	3	2	1

GATEL2/8 a) Overall, how helpful was this call to the person?

Very helpful						Not at all helpful
7	6	5	4	3	2	1

b) Did you get the impression there were things the person was unable to discuss? Yes ☐ No ☐ Don't know ☐

GATEL2/9 a) How could the help offered have been improved?

b) What, if anything, did the caller find most helpful?

c) Further Comments (including evaluative comments from the caller):

Stage three: Counsellor assessment of problems: after session one

Counsellor assessment of problems: after session one

Please complete this form for each client after their first session with you. If you do not feel it to be appropriate to do so, please inform the researcher. The purpose of this questionnaire, is to allow comparisons between this and information to be given at the end of counselling.

GA/A1. What do you see as the person's most major issue or reason for seeking counselling?
(i.e. Presenting issue)

	Very distressing						Not at all distressing
GA/A2. How distressing has this been for them?	7	6	5	4	3	2	1

	Very difficult						Not at all difficult
GA/A3. How difficult has this made things for them?	7	6	5	4	3	2	1

	Very much						Not at all
GA/A4. As far as you know, to what extent does this affect their work?	7	6	5	4	3	2	1

GA/A5. If there is another issue or reason this person came to see you, please state what it is:
(i.e. main underlying issue)

	Very distressing						Not at all distressing
GA/A7. How distressing has it been for them?	7	6	5	4	3	2	1

	Very difficult						Not at all difficult
GA/A8. How difficult has this made things for them?	7	6	5	4	3	2	1

	Very much						Not at all
GA/A9. As far as you know, to what extent does this affect their work?	7	6	5	4	3	2	1

	Very hopeful						Not hopeful
GA/A10. How hopeful are you that you will be able to help?	7	6	5	4	3	2	1

GA/A11. As far as you can, please rate how you think the person feels on the following scales:
Obviously, at this stage you will be using very limited experience, but please endeavour to do so as far as you can. If you are unable to complete any of the scales, simply tick the don't know box as appropriate.

									Don't know
a) Worried	7	6	5	4	3	2	1	Not worried	❑
b) Happy	7	6	5	4	3	2	1	Sad	❑
c) Tolerant	7	6	5	4	3	2	1	Irritable	❑
d) Tense	7	6	5	4	3	2	1	Relaxed	❑
e) Lonely	7	6	5	4	3	2	1	Not lonely	❑
f) Tired	7	6	5	4	3	2	1	Energetic	❑
g) Bored	7	6	5	4	3	2	1	Interested	❑
h) Unhealthy	7	6	5	4	3	2	1	Healthy	❑
i) Valuable	7	6	5	4	3	2	1	Worthless	❑
j) Helpless	7	6	5	4	3	2	1	Not helpless	❑
k) Useless	7	6	5	4	3	2	1	Capable	❑
l) Not stressed	7	6	5	4	3	2	1	Stressed	❑
m) Sociable	7	6	5	4	3	2	1	Shy	❑
n) Purposeful	7	6	5	4	3	2	1	Purposeless	❑
o) Unconfident	7	6	5	4	3	2	1	Confident	❑
p) Satisfied	7	6	5	4	3	2	1	Dissatisfied	❑
q) Decisive	7	6	5	4	3	2	1	Indecisive	❑
r) Confused	7	6	5	4	3	2	1	Clear	❑
s) Unreliable	7	6	5	4	3	2	1	Reliable	❑
t) Anxious	7	6	5	4	3	2	1	Not anxious	❑
u) Depressed	7	6	5	4	3	2	1	Not depressed	❑

Stage four: Questionnaire to clients at the end of counselling

Questionnaire to clients at the end of counselling

What we would like you to do

Please read these instructions carefully:
Answer all the questions, as far as you are able and willing to do.
Work quickly giving your first and natural answer; be accurate and honest!
If you make a mistake, cross it out and make your new answer.
Check each questionnaire to ensure you have answered all the items.

I would like to stress again that all the information given in all the questionnaires will ONLY be seen by an independent researcher, and will be held in the **strictest confidence**. Nobody will know what your answers are, and information will not be passed on to your counsellor or anyone at the counselling service. This is to make certain that your confidentiality is protected at all times. **You do not need to give your name** unless you wish to do so. The questionnaires deliberately avoid asking for personal information other than the very general questions below in order to absolutely guarantee total anonymity.

Biographical Information

Please tick the appropriate boxes:

GA/C1. Age range: 16 -20 ❑ 21 - 25 ❑ 26 - 30 ❑ 31 - 35 ❑ 36 - 40 ❑
41 - 45 ❑ 46 - 50 ❑ 51 - 55 ❑ 56 - 60 ❑ 60+ ❑

GA/C2. Please indicate at what level you work:

- Grade M1 or above ❑
- Grade 10 - 14 with supervisory responsibilities (about 5 or more staff) ❑
- Other staff ❑
- Not an employee of [the company] ❑

GA/C3. Sex: Female ❑ Male ❑

GA/C4. How long have you been with this company? *(if applicable)* ____ Years ____ Months

This section is to give some indications of what you think of your counsellor and of the counselling process you have been through. Remember your counsellor will not know what you have said. It is important that you are honest, regardless of whether your answers seem positive or negative.

GA/C5. Please rate your overall impressions of the counsellor on the following scales:
(please circle one number in each scale)

a) Interested	7	6	5	4	3	2	1	Uninterested
b) Cold	7	6	5	4	3	2	1	Warm
c) Genuine	7	6	5	4	3	2	1	Not genuine
d) Disrespectful	7	6	5	4	3	2	1	Respectful
e) Unhelpful	7	6	5	4	3	2	1	Helpful
f) Accepting	7	6	5	4	3	2	1	Non-accepting
g) Caring	7	6	5	4	3	2	1	Uncaring
h) Tense	7	6	5	4	3	2	1	Relaxed
i) Relaxing	7	6	5	4	3	2	1	Not relaxing
j) Easy to talk to	7	6	5	4	3	2	1	Difficult
k) Understanding	7	6	5	4	3	2	1	Not understanding
l) Rigid	7	6	5	4	3	2	1	Flexible
m) Trustworthy	7	6	5	4	3	2	1	Untrustworthy
n) Poor listener	7	6	5	4	3	2	1	Good listener
o) Poor counsellor	7	6	5	4	3	2	1	Good counsellor
p) Directive	7	6	5	4	3	2	1	Non-directive
q) Supportive	7	6	5	4	3	2	1	Unsupportive
r) Unsympathetic	7	6	5	4	3	2	1	Sympathetic

Question							
GA/C6. To what extent were you satisfied with your counsellor?	7 (Very satisfied)	6	5	4	3	2	1 (Dissatisfied)
GA/C7. To what extent would you recommend your counsellor to a close friend who was having difficulties similar to your own?	7 (High recommendation)	6	5	4	3	2	1 (Poor recommendation)
GA/C8. To what extent were you satisfied with the time you had to wait before seeing the counsellor in the first place?	7 (Very satisfied)	6	5	4	3	2	1 (Dissatisfied)
GA/C9. To what extent were you satisfied with the length of each session?	7 (Very satisfied)	6	5	4	3	2	1 (Dissatisfied)
GA/C10. To what extent were you satisfied with the number of sessions?	7 (Very satisfied)	6	5	4	3	2	1 (Dissatisfied)
GA/C11. To what extent did you feel able to rely on the confidentiality of this service?	7 (Completely)	6	5	4	3	2	1 (Not at all)

GA/C12. Were there topics you felt unable to discuss with the counsellor? Yes / No

GA/C13. Who decided that the counselling should finish when it did? You / Counsellor / Both

GA/C14. What was the reason for finishing?

GA/C15. What was there, if anything, about the counselling that you found particularly useful?

GA/C16. What aspects, if any, of counselling were particularly unhelpful?

GA/C17. Can you suggest ways in which the counselling could have been improved so as to be more helpful to you?

GA/C18. Do you have any other comments?
(please feel free to continue on a separate sheet if necessary)

This section is about how the counselling may have been helpful. It also looks at the problems you came to counselling for, and how you feel about them now.

(Please circle one number or option from each scale)

GA/C19. How helpful has the counselling been to you overall?	Very helpful 7	6	5	4	3	2	Very unhelpful 1

GA/C20. Did the counselling help you in any of the following ways?

a)	Made me explore my problems	Yes / No / Unsure
b)	Helped me to clarify my problems	Yes / No / Unsure
c)	Enabled me to understand my problems better	Yes / No / Unsure
d)	Helped me to change the way I view things	Yes / No / Unsure
e)	Helped me to come to terms with my problems	Yes / No / Unsure
f)	Enabled me to understand myself more	Yes / No / Unsure
g)	Helped me feel better about myself	Yes / No / Unsure
h)	Helped me understand other people better	Yes / No / Unsure
i)	Helped me communicate better with others	Yes / No / Unsure
j)	Helped me to set goals	Yes / No / Unsure
k)	Helped me to decide what to do	Yes / No / Unsure
l)	Enabled me to solve my problems	Yes / No / Unsure
m)	Helped me to evaluate what I do	Yes / No / Unsure
n)	Gave me new skills	Yes / No / Unsure
o)	Others *(please describe)*	

(If you prefer not to say why you sought counselling,
please leave those sections blank but complete the other questions anyway)

GA/C21. In general terms, what was the most major reason you sought counselling?:

....

Question							
GA/C22. To what extent did this issue cause you difficulties before you first saw your counsellor?	Very much 7	6	5	4	3	2	Not at all 1
GA/C23. To what extent did these difficulties affect your work?	Very much 7	6	5	4	3	2	Not at all 1
GA/C24. To what extent does this issue cause cause you difficulties now?	Very much 7	6	5	4	3	2	Not at all 1
GA/C25. In general, to what extent has it improved?	Much improved 7	6	5	4	3	2	Much worse 1
GA/C26. To what extent do you think that this has been to do with the counselling you received?	Completely 7	6	5	4	3	2	Not at all 1

GA/C27. If there was a second reason you wanted to see a counsellor, please say what it was:

....

Question							
GA/C28. To what extent did this issue cause you difficulties before you first saw your counsellor?	Very much 7	6	5	4	3	2	Not at all 1
GA/C29. To what extent did these difficulties affect your work?	Very much 7	6	5	4	3	2	Not at all 1
GA/C30. To what extent does this issue cause cause you difficulties now?	Very much 7	6	5	4	3	2	Not at all 1
GA/C31. In general, to what extent has it improved?	Much improved 7	6	5	4	3	2	Much worse 1
GA/C32. To what extent do you think that this has been to do with the counselling you received?	Completely 7	6	5	4	3	2	Not at all 1

Of course, there may have been more than two issues that counselling helped with, and if you wish to mention these, please do so below.

GA/C33. Do you have any further comments?
(please feel free to continue on a separate sheet if necessary)

Please return this questionnaire in the stamped addressed envelope provided.
Your answers are vital to successful evaluation of this service.
Many thanks for taking the time to complete this questionnaire.
Your very valuable help is greatly appreciated.

Stage five: Counsellor assessment of outcome (post-counselling)

Counsellor assessment of outcome (post-counselling)

Please complete this questionnaire after the last session with this client. It is intended to be compared with similar information given by you and the client.

GA/B1. How helpful has the counselling been to the person overall?

Very helpful						Very unhelpful
7	6	5	4	3	2	1

GA/B2. Did the counselling help the person in any of the following ways?

a) In exploring problems — Yes / No / Unsure
b) In clarifying problems — Yes / No / Unsure
c) In understanding problems better — Yes / No / Unsure
d) In changing the way s/he view things — Yes / No / Unsure
e) In coming to terms with their problems — Yes / No / Unsure
f) In understanding themselves more — Yes / No / Unsure
g) In feeling better about him/herself — Yes / No / Unsure
h) In understanding other people better — Yes / No / Unsure
i) In communicating better with others — Yes / No / Unsure
j) In setting goals — Yes / No / Unsure
k) In deciding what to do — Yes / No / Unsure
l) In solving problems — Yes / No / Unsure
m) In evaluating what s/he does — Yes / No / Unsure
n) In gaining new skills — Yes / No / Unsure
o) Others *(please describe)*

GA/B3. In general terms, what was this person's most major issue or reason for seeking counselling:

....

GA/B4. How distressing is it for them now?

Very distressing						Not at all distressing
7	6	5	4	3	2	1

GA/B5. How difficult does it make things for them now?

very difficult						Not at all difficult
7	6	5	4	3	2	1

GA/B6. As far as you know, to what extent does it affect their work now?

Very much						Not at all
7	6	5	4	3	2	1

GA/B7. To what extent has it improved?

Much improved						Much worse
7	6	5	4	3	2	1

GA/B8. To what extent do you think that this has been to do with the counselling they received?

Completely						Not at all
7	6	5	4	3	2	1

GA/B9. If the person had a second issue or reason they came to see you, please say what it was:

....

GA/B10. How distressing is it for them now?

very distressing						not at all distressing
7	6	5	4	3	2	1

GA/B11. How difficult does it make things for them now?

very difficult						Not at all difficult
7	6	5	4	3	2	1

GA/B12. As far as you know, to what extent does it affect their work now?

Very much						Not at all
7	6	5	4	3	2	1

GA/B13. To what extent has it improved?

Much improved						Much worse
7	6	5	4	3	2	1

GA/B14. To what extent do you think that this has been to do with the counselling they received?

Completely						Not at all
7	6	5	4	3	2	1

GA/B15. Please rate how you think the person feels now, on each of the following scales:
If you are unable to complete any of the scales please tick the appropriate "Don't know" box.

									Don't know
a) Worried	7	6	5	4	3	2	1	Not worried	❑
b) Happy	7	6	5	4	3	2	1	Sad	❑
c) Tolerant	7	6	5	4	3	2	1	Irritable	❑
d) Tense	7	6	5	4	3	2	1	Relaxed	❑
e) Lonely	7	6	5	4	3	2	1	Not lonely	❑
f) Tired	7	6	5	4	3	2	1	Energetic	❑
g) Bored	7	6	5	4	3	2	1	Interested	❑
h) Unhealthy	7	6	5	4	3	2	1	Healthy	❑
i) Valuable	7	6	5	4	3	2	1	Worthless	❑
j) Helpless	7	6	5	4	3	2	1	Not helpless	❑
k) Useless	7	6	5	4	3	2	1	Capable	❑
l) Not stressed	7	6	5	4	3	2	1	Stressed	❑
m) Sociable	7	6	5	4	3	2	1	Shy	❑
n) Purposeful	7	6	5	4	3	2	1	Purposeless	❑
o) Unconfident	7	6	5	4	3	2	1	Confident	❑
p) Satisfied	7	6	5	4	3	2	1	Dissatisfied	❑
q) Decisive	7	6	5	4	3	2	1	Indecisive	❑
r) Confused	7	6	5	4	3	2	1	Clear	❑
s) Unreliable	7	6	5	4	3	2	1	Reliable	❑
t) Anxious	7	6	5	4	3	2	1	Not anxious	❑
u) Depressed	7	6	5	4	3	2	1	Not depressed	❑

GA/B16. How long did the person have to wait before counselling? ....

GA/B17. How many sessions of counselling did the person receive?

....

GA/B18. How long were the sessions, on average? ....

GA/B19. Were there any issues that the person was unable to discuss? Yes / No / Don't know

GA/B20. Can you suggest ways in which the counselling could have been improved so as to have been more helpful?

GA/B21. Have you any further comments?

Stage six: Questionnaire for clients at follow up

Questionnaire for clients at follow up

What we would like you to do

Please read these instructions carefully:
Answer all the questions, as far as you are able and willing to do.
Work quickly giving your first and natural answer; be accurate and honest!
If you make a mistake, cross it out and make your new answer.
Check each questionnaire to ensure you have answered all the items.

I would like to stress again that all the information given in all the questionnaires will ONLY be seen by an independent researcher, and will be held in the **strictest confidence**. Nobody will know what your answers are, and information will not be passed on to your counsellor or anyone at the counselling service. This is to make certain that your confidentiality is protected at all times. **You do not need to give your name** unless you wish to do so. The questionnaires deliberately avoid asking for personal information other than the very general questions below in order to absolutely guarantee total anonymity.

Biographical Information

Please tick the appropriate boxes:

GA/D1. Age range: 16 -20 ❑ 21 - 25 ❑ 26 - 30 ❑ 31 - 35 ❑ 36 - 40 ❑
41 - 45 ❑ 46 - 50 ❑ 51 - 55 ❑ 56 - 60 ❑ 60+ ❑

GA/D2. Please indicate at what level you work:
Grade M1 or above ❑
Grade 10 - 14 with supervisory responsibilities (about 5 or more staff) ❑
Other staff ❑
Not an employee of [the company] ❑

GA/D3. Sex: Female ❑ Male ❑

GA/D4. How long have you been with this company? *(if applicable)* ____ Years ___ Months

This section is to give some indications of what you think of your counsellor and of the counselling process you have been through. Remember your counsellor will not know what you have said. It is important that you are honest, regardless of whether your answers seem positive or negative.

GA/D5. Please rate your overall impressions of the counsellor on the following scales:
(please circle one number in each scale)

a) Interested	7	6	5	4	3	2	1	Uninterested
b) Cold	7	6	5	4	3	2	1	Warm
c) Genuine	7	6	5	4	3	2	1	Not genuine
d) Disrespectful	7	6	5	4	3	2	1	Respectful
e) Unhelpful	7	6	5	4	3	2	1	Helpful
f) Accepting	7	6	5	4	3	2	1	Non-accepting
g) Caring	7	6	5	4	3	2	1	Uncaring
h) Tense	7	6	5	4	3	2	1	Relaxed
i) Relaxing	7	6	5	4	3	2	1	Not relaxing
j) Easy to talk to	7	6	5	4	3	2	1	Difficult
k) Understanding	7	6	5	4	3	2	1	Not understanding
l) Rigid	7	6	5	4	3	2	1	Flexible
m) Trustworthy	7	6	5	4	3	2	1	Untrustworthy
n) Poor listener	7	6	5	4	3	2	1	Good listener
o) Poor counsellor	7	6	5	4	3	2	1	Good counsellor
p) Directive	7	6	5	4	3	2	1	Non-directive
q) Supportive	7	6	5	4	3	2	1	Unsupportive
r) Unsympathetic	7	6	5	4	3	2	1	Sympathetic

GA/D6. To what extent were you satisfied with your counsellor?	Very satisfied 7	6	5	4	3	2	Dissatisfied 1
GA/D7. To what extent would you recommend your counsellor to a close friend who was having difficulties similar to your own?	High recommendation 7	6	5	4	3	2	Poor recommendation 1
GA/D8. To what extent were you satisfied with the time you had to wait before seeing the counsellor in the first place?	Very satisfied 7	6	5	4	3	2	Dissatisfied 1
GA/D9. To what extent were you satisfied with the length of each session?	Very satisfied 7	6	5	4	3	2	Dissatisfied 1
GA/D10. To what extent were you satisfied with the number of sessions?	Very satisfied 7	6	5	4	3	2	Dissatisfied 1
GA/D11. To what extent did you feel able to rely on the confidentiality of this service?	Completely 7	6	5	4	3	2	Not at all 1

GA/D12. Were there topics you felt unable to discuss with the counsellor? Yes / No

GA/D13. Who decided that the counselling should finish when it did? You / Counsellor / Both

GA/D14. What was the reason for finishing?

GA/D15. What was there, if anything, about the counselling that you found particularly useful?

GA/D16. What aspects, if any, of counselling were particularly unhelpful?

GA/D17. Can you suggest ways in which the counselling could have been improved so as to be more helpful to you?

GA/D18. Do you have any other comments?
(please feel free to continue on a separate sheet if necessary)

This section is about how the counselling may have been helpful. It also looks at the problems you came to counselling for, and how you feel about them now.

(Please circle one number or option from each scale)

	Very helpful						Very unhelpful
GA/D19. How helpful has the counselling been to you overall?	7	6	5	4	3	2	1

GA/D20. Did the counselling help you in any of the following ways?

a)	Made me explore my problems	Yes / No / Unsure
b)	Helped me to clarify my problems	Yes / No / Unsure
c)	Enabled me to understand my problems better	Yes / No / Unsure
d)	Helped me to change the way I view things	Yes / No / Unsure
e)	Helped me to come to terms with my problems	Yes / No / Unsure
f)	Enabled me to understand myself more	Yes / No / Unsure
g)	Helped me feel better about myself	Yes / No / Unsure
h)	Helped me understand other people better	Yes / No / Unsure
i)	Helped me communicate better with others	Yes / No / Unsure
j)	Helped me to set goals	Yes / No / Unsure
k)	Helped me to decide what to do	Yes / No / Unsure
l)	Enabled me to solve my problems	Yes / No / Unsure
m)	Helped me to evaluate what I do	Yes / No / Unsure
n)	Gave me new skills	Yes / No / Unsure
o)	Others *(please describe)*	

(If you prefer not to say why you sought counselling, please leave those sections blank but complete the other questions anyway)

GA/D21. In general terms, what was the most major reason you sought counselling?:

....

GA/D22. To what extent did this issue cause you difficulties before you first saw your counsellor?	Very much						Not at all
	7	6	5	4	3	2	1
GA/D23. To what extent did these difficulties affect your work?	Very much						Not at all
	7	6	5	4	3	2	1
GA/D24. To what extent does this issue cause cause you difficulties now?	Very much						Not at all
	7	6	5	4	3	2	1
GA/D25. In general, to what extent has it improved?	Much improved						Much worse
	7	6	5	4	3	2	1
GA/D26. To what extent do you think that this has been to do with the counselling you received?	Completely						Not at all
	7	6	5	4	3	2	1

GA/D27. If there was a second reason you wanted to see a counsellor, please say what it was:

....

GA/D28. To what extent did this issue cause you difficulties before you first saw your counsellor?	Very much						Not at all
	7	6	5	4	3	2	1
GA/D29. To what extent did these difficulties affect your work?	Very much						Not at all
	7	6	5	4	3	2	1
GA/D30. To what extent does this issue cause cause you difficulties now?	Very much						Not at all
	7	6	5	4	3	2	1
GA/D31. In general, to what extent has it improved?	Much improved						Much worse
	7	6	5	4	3	2	1
GA/D32. To what extent do you think that this has been to do with the counselling you received?	Completely						Not at all
	7	6	5	4	3	2	1

Of course, there may have been more than two issues that counselling helped with, and if you wish to mention these, please do so below.

GA/D33. Do you have any further comments?
(please feel free to continue on a separate sheet if necessary)

Please return this questionnaire in the stamped addressed envelope provided.
Your answers are vital to successful evaluation of this service.

Many thanks for taking the time to complete this questionnaire.
Your very valuable help is greatly appreciated.

Appendix A.3: Questionnaires from the evaluation of the R.A.M.H. counselling service

Form A: Counsellor assessment of problems / issues: after session one

Counsellor assessment of problems / issues: after session one

Please complete this form for each client after their first session with you. If you do not feel it to be appropriate to do so, please record this on the form and return it anyway. No reasons need be given. The purpose of this questionnaire, is to allow comparisons between this and similar information which will be given by the client directly to the researcher. The client has been told that they will not have to discuss their answers with their counsellor, unless they wish to do so.

RAMH/A1. What do you see as the person's major problem or issue?

(circle one number)

RAMH/A2. How distressing has it been for them?	Very distressing						Not at all distressing
	7	6	5	4	3	2	1

RAMH/A3 How difficult has this made life for them?	Very difficult						Not at all difficult
	7	6	5	4	3	2	1

RAMH/A4. If there is another problem or issue with which the person needs help, what do you see it as?

RAMH/A5. How distressing has it been for them?	Very distressing						Not at all distressing
	7	6	5	4	3	2	1

RAMH/A6 How difficult has this made life for them?	Very difficult						Not at all difficult
	7	6	5	4	3	2	1

RAMH/A7. Are there other issues or comments you would like to record at this stage?

RAMH/A7a. How hopeful are you that you will be able to help?	Very hopeful						Not hopeful
	7	6	5	4	3	2	1

Form B: Counsellor assessment of outcome (post-counselling)

Counsellor assessment of outcome (post-counselling)

Please complete this questionnaire when the client has stopped coming to see you. It is intended to be compared with similar information given by the client directly to the researcher. As with all parts of the evaluation, the client has been told that they do not have to discuss any of their answers with you, unless they wish to do so.

(Please circle one number or option from each scale)

Question							
RAMH/B1. How helpful has the counselling been to the person overall?	Very helpful 7	6	5	4	3	2	Very unhelpful 1

RAMH/B2. What was this person's major problem or issue?

Question							
RAMH/B3. How distressing has it been for them?	Very distressing 7	6	5	4	3	2	Not at all distressing 1
RAMH/B4. How difficult does this make life for them now?	Very difficult 7	6	5	4	3	2	Not at all Difficult 1
RAMH/B5. To what extent has it improved?	Much improved 7	6	5	4	3	2	Much worse 1
RAMH/B6. To what extent do you think that this has been to do with the counselling they received?	Completely 7	6	5	4	3	2	Not at all 1

RAMH/B7. If there was a 2nd problem or issue for which this person sought help, what was it?

Question							
RAMH/B8. How distressing has it been for them?	Very distressing 7	6	5	4	3	2	Not at all distressing 1
RAMH/B9. How difficult does this make their life for them now?	Very difficult 7	6	5	4	3	2	Not at all difficult 1
RAMH/B10. To what extent has it improved?	Much improved 7	6	5	4	3	2	Much worse 1
RAMH/B11. To what extent do you think that this has been to do with the counselling they received?	Completely 7	6	5	4	3	2	Not at all 1

RAMH/B12 Are there other issues you wish to comment on? (Briefly specify)

(Continued overleaf)

RAMH/B13. How long did the person have to wait before counselling? ....

RAMH/B14. How many sessions of counselling did the person receive? ....

RAMH/B15. Were there any issues that the person was unable to discuss? Yes / No / Don't know

RAMH/B16. Can you suggest ways in which the counselling could have been improved so as to be more helpful?

RAMH/B17. Have you any further comments?

Demographic details for this client:

RAMH/B18 **Age:** Under 16 ❑ 16 - 20 ❑ 21 - 25 ❑ 26 - 30 ❑ 31 - 35 ❑ 36 - 40 ❑
41 - 45 ❑ 46 - 50 ❑ 51 - 55 ❑ 56 - 60 ❑ 60+ ❑

RAMH/B19 **Gender:** M / F

RAMH/B20 **Marital Status:** Single / M / Co-hab / Div / Sep / Wid / Single Parent / Don't know

RAMH/B21 **Employment Status:** Employed / Self-Employed / Unemployed / Student / Retired /
House wife or husband / On sickness / disability benefits / Don't know

RAMH/B22 **Referred by:** ____

Form C: Clients' pre-counselling questionnaire

Your reasons for seeking counselling

These questions are intended to try to capture your view of your main reasons for seeking counselling. There may, of course, be more than two issues, but it was felt that just looking at the most important ones would be sufficient for evaluation purposes and would prevent the form being too long and complex. This questionnaire should be completed before your first counselling session, if at all possible. **Your counsellor will not know what your answers are, unless you choose to tell them.**

If you prefer not to state what issues or problems have brought you to counselling, please leave these spaces blank, but complete the other questions anyway.

(please circle one of the numbers , or write in the space as appropriate)

RAMH/C1. What is the major problem or issue for which you are seeking help?

RAMH/C2. How distressing is it? Very distressing 7 6 5 4 3 2 1 not at all distressing

RAMH/C3 How much difficulty does this cause in your life now? Very difficult 7 6 5 4 3 2 1 Not at all difficult

RAMH/C4. How long has it been an issue for you? (in approximate weeks or months)

RAMH/C5. *If* there is a 2nd problem or issue for which you are seeking help, please say what it is:

RAMH/C6. How distressing is it? Very distressing 7 6 5 4 3 2 1 not at all distressing

RAMH/C7 How much difficulty does this cause in your life now? Very difficult 7 6 5 4 3 2 1 Not at all difficult

RAMH/C8. How long has it been an issue for you? (in approximate weeks or months)

RAMH/C9. How hopeful are you that counselling will help? Very hopeful 7 6 5 4 3 2 1 Not at all hopeful

(Continued overleaf)

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. (Please circle one number in each scale)

RAMH/C10. **How much of the time during the past 4 weeks:**

RAMH/C11. **During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious) ?**

(Please tick one box for each question)

a. Cut down on the **amount of time** you spent on work or other activities Yes ☐ No ☐
b. **Accomplished less** than you would like Yes ☐ No ☐
c. Didn't do work or other activities as **carefully** as you would like Yes ☐ No ☐

RAMH/C12. **During the past 4 weeks to what extent have any emotional problems interfered with your normal social activities with family, friends, neighbours or others?**

Not at all	Slightly	Moderately	Quite a bit	Extremely
1	2	3	4	5

RAMH/C13. **And how much of the time have any emotional problems interfered with your normal social activities?**

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1	2	3	4	5

RAMH/C14. **Do you have any further comments?** *(please continue overleaf if you wish)*

Form D: Clients' post-counselling questionnaire

What we would like you to do

Please read these instructions carefully:

Answer all the questions, as far as you are able and willing to do.
Work quickly, giving your first and natural answer; be accurate and honest!
If you make a mistake, cross it out and make your new answer.
Check each questionnaire to ensure you have answered all the items.

Your evaluation of counselling

This section is to give some indications of what you think of your counsellor and of the counselling process you have been through. Remember, whatever your answers are, **your counsellor will not know what you have said**, unless you choose to tell them. It is important that you are honest about your answers regardless of whether they seem positive, negative or just indifferent.

Question	Very satisfied / High recommendation						Dissatisfied / Poor Recomendation
RAMH/D1. To what extent were you satisfied with your counsellor?	7	6	5	4	3	2	1
RAMH/D2. To what extent would you recommend your counsellor to a close friend who was having difficulties similar to your own?	7	6	5	4	3	2	1

(Please delete the options which do not apply, or write in the space provided)

RAMH/D3. Were there topics you felt unable to discuss with the counsellor? Yes / No

RAMH/D4. What was there, if anything, about the counselling that you found particularly useful?

RAMH/D5. What aspects, if any, of counselling were particularly unhelpful?

RAMH/D6. Can you suggest ways in which the counselling could have been improved so as to be more helpful to you?

Your view of the outcome

This section is about how the counselling may have been helpful. It also looks at the problems you came to counselling for, and how you feel about them now.

(Please circle one number or option from each scale)

RAMH/D7. How helpful has the counselling been to you overall?

Very helpful						Very unhelpful
7	6	5	4	3	2	1

(If you prefer not to say why you sought counselling, please leave those questions blank but complete the others anyway)

RAMH/D8. In general terms, what was the most major problem (or issue) for which you sought help:

RAMH/D9. How distressing is it now?

Very distressing						not at all distressing
7	6	5	4	3	2	1

RAMH/D10. How much difficulty does this cause in your life now?

Very difficult						Not at all difficult
7	6	5	4	3	2	1

RAMH/D11. To what extent has it improved?

Much improved						Much worse
7	6	5	4	3	2	1

RAMH/D12. To what extent do you think that this has been to do with the counselling you received?

Completely						Not at all
7	6	5	4	3	2	1

RAMH/D13. If there was a 2nd problem (or issue) for which you sought help, please say what it was:

RAMH/D14. How distressing is it now?

Very distressing						not at all distressing
7	6	5	4	3	2	1

RAMH/D15. How much difficulty does this cause in your life now?

Very difficult						Not at all difficult
7	6	5	4	3	2	1

RAMH/D16. To what extent has it improved?

Much improved						Much worse
7	6	5	4	3	2	1

RAMH/D17. To what extent do you think that this has been to do with the counselling you received?

Completely						Not at all
7	6	5	4	3	2	1

Of course, there may have been more than two issues that counselling helped with, and if you wish to mention these, please do so below, or on a separate sheet.

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. (Please circle one number in each scale)

RAMH/D18. **How much of the time during the past 4 weeks:**

RAMH/D19. **During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious) ?**

(Please tick one box for each question)

a. Cut down on the **amount of time** you spent on work or other activities Yes ❑ No ❑
b. **Accomplished less** than you would like Yes ❑ No ❑
c. Didn't do work or other activities as **carefully** as you would like Yes ❑ No ❑

RAMH/D20. **During the past 4 weeks to what extent have any emotional problems interfered with your normal social activities with family, friends, neighbours or others?**

Not at all	Slightly	Moderately	Quite a bit	Extremely
1	2	3	4	5

RAMH/D21. **And how much of the time have any emotional problems interfered with your normal social activities during the past 4 weeks?**

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1	2	3	4	5

RAMH/D22. **Do you have any further comments?** *(please continue overleaf if you wish*

Form E: Clients' follow up questionnaire

What we would like you to do

Please read these instructions carefully:

Answer all the questions, as far as you are able and willing to do.
Work quickly, giving your first and natural answer; be accurate and honest!
If you make a mistake, cross it out and make your new answer.
Check each questionnaire to ensure you have answered all the items.

Your evaluation of counselling

This section is to give some indications of what you think of your counsellor and of the counselling process you have been through. Remember, whatever your answers are, **your counsellor will not know what you have said**, unless you choose to tell them. It is important that you are honest about your answers regardless of whether they seem positive, negative or just indifferent.

RAMH/E1. To what extent were you satisfied with your counsellor?	Very satisfied 7	6	5	4	3	2	Dissatisfied 1
RAMH/E2. To what extent would you recommend your counsellor to a close friend who was having difficulties similar to your own?	High recommendation 7	6	5	4	3	2	Poor Recommendation 1

(Please delete the options which do not apply, or write in the space provided)

RAMH/E3. Were there topics you felt unable to discuss with the counsellor? Yes / No

RAMH/E4. What was there, if anything, about the counselling that you found particularly useful?

RAMH/E5. What aspects, if any, of counselling were particularly unhelpful?

RAMH/E6. Can you suggest ways in which the counselling could have been improved so as to be more helpful to you?

Your view of the outcome

This section is about how the counselling may have been helpful. It also looks at the problems you came to counselling for, and how you feel about them now.

(Please circle one number or option from each scale)

RAMH/E7. How helpful has the counselling been to you overall?

Very helpful						Very unhelpful
7	6	5	4	3	2	1

(If you prefer not to say why you sought counselling, please leave those questions blank but complete the others anyway)

RAMH/E8. In general terms, what was the most major problem (or issue) for which you sought help:

RAMH/E9. How distressing is it now?

Very distressing						not at all distressing
7	6	5	4	3	2	1

RAMH/E10. How much difficulty does this cause in your life now?

Very difficult						Not at all difficult
7	6	5	4	3	2	1

RAMH/E11. To what extent has it improved?

Much improved						Much worse
7	6	5	4	3	2	1

RAMH/E12. To what extent do you think that this has been to do with the counselling you received?

Completely						Not at all
7	6	5	4	3	2	1

RAMH/E13. If there was a 2nd problem (or issue) for which you sought help, please say what it was:

RAMH/E14. How distressing is it now?

Very distressing						not at all distressing
7	6	5	4	3	2	1

RAMH/E15. How much difficulty does this cause in your life now?

Very difficult						Not at all difficult
7	6	5	4	3	2	1

RAMH/E16. To what extent has it improved?

Much improved						Much worse
7	6	5	4	3	2	1

RAMH/E17. To what extent do you think that this has been to do with the counselling you received?

Completely						Not at all
7	6	5	4	3	2	1

Of course, there may have been more than two issues that counselling helped with, and if you wish to mention these, please do so below, or on a separate sheet.

These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. For each question, please give the one answer that comes closest to the way you have been feeling. (Please circle one number in <u>each</u> scale)

RAMH/E18. **How much of the time during the <u>past 4 weeks</u>:**

RAMH/E19. **During the <u>past 4 weeks</u>, have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious) ?**

(Please tick one box for each question)

a. Cut down on the **amount of time** you spent on work or other activities Yes ❑ No ❑
b. **Accomplished less** than you would like Yes ❑ No ❑
c. Didn't do work or other activities as **carefully** as you would like Yes ❑ No ❑

RAMH/E20. **During the <u>past 4 weeks</u> to what extent have any emotional problems interfered with your normal social activities with family, friends, neighbours or others?**

Not at all	Slightly	Moderately	Quite a bit	Extremely
1	2	3	4	5

RAMH/E21. **And how much of the time have any emotional problems interfered with your normal social activities during the <u>past 4 weeks</u>?**

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1	2	3	4	5

RAMH/E22. **Do you have any further comments?** *(please continue overleaf if you wish*

Appendix A.4: Forms used in the self / ideal self discrepancy normative data study

Self / Ideal-Self questionnaire

The purpose of this research

We want as many people as possible to complete this questionnaire as part of a project which will help us understand how things like counselling and psychotherapy can help people.

Your answers will be put together with thousands of others to give information on how people usually answer these questions.

You are not asked to give your name. The few questions about yourself on this page have been kept so general that nobody could ever work out who you are, so the whole thing is absolutely anonymous.

The questionnaire should take no more than 8 or 9 minutes to complete.

The project is being carried out by Strathclyde University, and if you would like to ask any questions about it, please feel free to contact Stephen Goss at The Counselling Unit, Jordanhill Campus, Strathclyde University, 76 Southbrae Drive, Glasgow, G13 1PP.

If, despite all this, you decide you do not want to take part, please feel free to say so.

What we would like you to do

Please read these instructions carefully:

Work quickly, giving your first and natural answer; be accurate and honest!
If you make a mistake, cross it out and make your new answer
Check each question to ensure you have answered all the items

An example

Either tick the most appropriate box, or just ring one of the numbers in each scale to show which end of it you feel yourself to be closest to, like in the example below:

a) Worried 7 6 5 4 3 (2) 1 Not worried

About yourself:

(Please tick the box next to the description that fits you best)

1. Age: 16 - 19 ☐ 20 - 24 ☐ 25 - 29 ☐ 30 - 34 ☐ 35 - 39 ☐
40 - 44 ☐ 45 - 49 ☐ 50 - 54 ☐ 55 - 59 ☐ 60 + ☐

2. Sex: Female ☐ Male ☐

3. Would you describe yourself as mainly: *(Please choose only one box)*

an employee (or trainee) ☐
a supervisor / foreman ☐
a manager / professional ☐
self employed (and employing other people) ☐
self employed (but not employing other people) ☐
Unemployed, a student, retired from paid work or looking after the family or home ☐
Other (Please specify): ______________________________

4. Since reaching the age of 18, have you gained any of the following qualifications?
Degree, HNC / HND, diploma,
teaching or nursing qualification, Yes ☐ No ☐
or other similar professional or vocational qualification.

5. Where do you normally live? England ☐ Scotland ☐ Wales ☐
Northern Ireland ☐ Other (please specify) ____________________________

How you feel

he next three questions look at where you would place yourself on a continuum between one extreme and another.

(Please circle one number between each of the pairs of words)

. Please rate how you have been feeling *in the last few days* on each of the following scales. We know that your :elings may vary from one event to another, but how would describe your general feeling, over the last few ays?:

) Worried	7	6	5	4	3	2	1	Not worried
) Happy	7	6	5	4	3	2	1	Sad
) Tolerant	7	6	5	4	3	2	1	Irritable
) Tense	7	6	5	4	3	2	1	Relaxed
) Lonely	7	6	5	4	3	2	1	Not lonely
Tired	7	6	5	4	3	2	1	Energetic
) Bored	7	6	5	4	3	2	1	Interested
) Unhealthy	7	6	5	4	3	2	1	Healthy
Valuable	7	6	5	4	3	2	1	Worthless
Helpless	7	6	5	4	3	2	1	Not helpless
) Useless	7	6	5	4	3	2	1	Capable
Not stressed	7	6	5	4	3	2	1	Stressed
ı) Sociable	7	6	5	4	3	2	1	Shy
) Purposeful	7	6	5	4	3	2	1	Purposeless
) Unconfident	7	6	5	4	3	2	1	Confident
) Satisfied	7	6	5	4	3	2	1	Dissatisfied
) Decisive	7	6	5	4	3	2	1	Indecisive
Confused	7	6	5	4	3	2	1	Clear
Unreliable	7	6	5	4	3	2	1	Reliable
Anxious	7	6	5	4	3	2	1	Not anxious
) Depressed	7	6	5	4	3	2	1	Not depressed

. Think back to what was happening in your life 8 weeks ago.

ιs accurately as you can, please rate how you usually felt *two months before today*:

) Worried	7	6	5	4	3	2	1	Not worried
) Happy	7	6	5	4	3	2	1	Sad
) Tolerant	7	6	5	4	3	2	1	Irritable
) Tense	7	6	5	4	3	2	1	Relaxed
) Lonely	7	6	5	4	3	2	1	Not lonely
Tired	7	6	5	4	3	2	1	Energetic
) Bored	7	6	5	4	3	2	1	Interested
) Unhealthy	7	6	5	4	3	2	1	Healthy
Valuable	7	6	5	4	3	2	1	Worthless
Helpless	7	6	5	4	3	2	1	Not helpless
) Useless	7	6	5	4	3	2	1	Capable
Not stressed	7	6	5	4	3	2	1	Stressed
ı) Sociable	7	6	5	4	3	2	1	Shy
) Purposeful	7	6	5	4	3	2	1	Purposeless
) Unconfident	7	6	5	4	3	2	1	Confident
) Satisfied	7	6	5	4	3	2	1	Dissatisfied
) Decisive	7	6	5	4	3	2	1	Indecisive
Confused	7	6	5	4	3	2	1	Clear
) Unreliable	7	6	5	4	3	2	1	Reliable
Anxious	7	6	5	4	3	2	1	Not anxious
) Depressed	7	6	5	4	3	2	1	Not depressed

Please rate how you would ***ideally*** like to feel:

Worried	7	6	5	4	3	2	1	Not worried
Happy	7	6	5	4	3	2	1	Sad
Tolerant	7	6	5	4	3	2	1	Irritable
Tense	7	6	5	4	3	2	1	Relaxed
Lonely	7	6	5	4	3	2	1	Not lonely
Tired	7	6	5	4	3	2	1	Energetic
Bored	7	6	5	4	3	2	1	Interested
Unhealthy	7	6	5	4	3	2	1	Healthy
Valuable	7	6	5	4	3	2	1	Worthless
Helpless	7	6	5	4	3	2	1	Not helpless
Useless	7	6	5	4	3	2	1	Capable
Not stressed	7	6	5	4	3	2	1	Stressed
) Sociable	7	6	5	4	3	2	1	Shy
Purposeful	7	6	5	4	3	2	1	Purposeless
Unconfident	7	6	5	4	3	2	1	Confident
Satisfied	7	6	5	4	3	2	1	Dissatisfied
Decisive	7	6	5	4	3	2	1	Indecisive
Confused	7	6	5	4	3	2	1	Clear
Unreliable	7	6	5	4	3	2	1	Reliable
Anxious	7	6	5	4	3	2	1	Not anxious
Depressed	7	6	5	4	3	2	1	Not depressed

For this last question, please indicate whether you strongly agree, agree, disagree, or strongly disagree with each atement by ticking the appropriate box. Answer as how you have been feeling *in the last few days*.

	Strongly Agree	Agree	Disagree	Strongly Disagree
On the whole I am satisfied with myself.	❑	❑	❑	❑
At times I think I am no good at all.	❑	❑	❑	❑
I feel I have a number of good qualities	❑	❑	❑	❑
I am able to do things as well as most other people.	❑	❑	❑	❑
I feel I do not have much to be proud of.	❑	❑	❑	❑
I certainly feel useless at times.	❑	❑	❑	❑
I feel I'm a person of worth, at least equal with others.	❑	❑	❑	❑
I wish I could have more respect for myself.	❑	❑	❑	❑
All in all, I am inclined to feel that I am a failure.	❑	❑	❑	❑
I take a positive attitude	❑	❑	❑	❑

Many thanks for completing this questionnaire.
Your very valuable help is greatly appreciated.

Notes for interviewers

These notes are intended to help you answer any queries regarding the questionnaire designed to collect normative data on the self-image / ideal-self-image discrepancy scales. You may show them to respondents if you wish, but retain them for future reference yourself. Further queries should be directed to Stephen Goss at 0131-555 4087.

As far as you can, try to get responses from as wide a range of people as possible, so that you have at least some people from each of the categories on the first page, especially in terms of sex and age. Towards the end of the survey period, you may be asked to select people from only a few categories, but at first we need responses from all of them.

Remember, more than 2500 questionnaires need to be completed in total, so we must get as many completed as we can, and as quickly as possible. You will almost certainly find it quicker to have more than one person completing questionnaires at a time.

Question 1. Respondents should give their age at the time of completing the questionnaire

Question 2. Some people may ask why this is relevant. Primarily, this question is included so that we can check that the sample is representative of the whole UK population: i.e. that the same proportions of men and women fill in the questionnaire.

Question 3. This question is about the respondent's employment status. It is important that they tick one box only. Some people may fit into more than one category. If so, they should choose the one that best represents what they do, most of the time.

Question 5. Respondents should enter the place where they consider themselves to be resident most of time.

Questions 6, 7, and 8. Respondents should answer quite quickly, giving the first answer that seems natural to them. It may help them if you draw attention to the different ways in which they are being asked to respond (i.e. how they have generally felt in the last few days, how they generally felt 8 weeks ago and how they would ideally like to feel.) Only one number in each scale should be circled, as in the example at the front.

After each respondent has completed the questions, thank them for taking part.

If you are in a situation where you might reasonably expect a short answer (e.g. somewhere comfortable, and where respondents are not in a hurry) ask them how they found completing the questionnaire.

This last stage should be omitted altogether if you would expect the respondent to prefer to be on their way.

If any respondents are upset by the questions, we have an ethical duty to make that they are adequately looked after. If you feel comfortable doing so, spend a short time talking to them about how they feel, if necessary, and remind them that they are very welcome to contact Stephen Goss at The Counselling Unit, Jordanhill Campus, Strathclyde University, 76 Southbrae Drive, Glasgow. They can even be put in touch with a professional counsellor if they wish.

Appendix B: Tables of results from studies presented in Section 5

Appendix B.1 Tables of results from the evaluation of A.S.C.U.

B.1.I. Demographic details

N.B. Departmental statistics were kindly provided by the Education Department Personnel Office. Comparisons have only been made with teaching staff, as figures for non-teaching staff, which the service was also available to, were not available.

Table B.1.1 - Question C3: Gender balance in client sample and L.R.E.D.

Gender	**Question C3** (Teaching staff only)	**Department** (Teaching staff only)
	%	**%**
Male	25.8	26.4
Female	74.12	73.6

Table B.1.2 - Question C1: Age profiles in client sample and L.R.E.D.

Age range:	**Question C1 responses** (teaching staff only)		**Department** (teaching staff only)	
	Tally	**%**	**Tally**	**%**
16 - 20	0	0	0	0
21 - 25	1	1.15	326	4.86
26 - 30	3	3.45	486	7.24
31 - 35	8	9.2	567	8.45
36 - 40	10	11.49	1040	15.49
41 - 45	26	29.89	1733	25.81
46 - 50	18	20.69	1405	20.93
51 - 55	15	17.24	721	10.74
56 - 60	4	4.6	361	5.38
60+	2	2.3	75	1.12

Table B.1.3 - Question C2b: employment categories.		
Employment category	**Question C2b** (Teaching staff only)	**Department** (Teaching staff only)
	%	**%**
Teacher	49.18	47
Promoted post	44.26	16.5
Senior management	4.92	25.9
All other categories	1.64	10.6

Table B.1.4 - Question C2a: employment categories.

Question C2a (Teaching staff only)		**Department** (Teaching staff only)
Employment category	**%**	**%**
Primary	38.1	42.6
Secondary	38.1	47.7
All other categories	23.8	9.8

B.1.II. Questionnaire Results

Table B.1.5 - Expectation of counselling effectiveness and perceived overall helpfulness.

	Question 9		Question 10		Question C18		Question D10		Question A7		Question B1	
Total *n.* =	125		140		78		39		193		141	
Tally	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%
7	77	61.6	48	34.29	25	32.05	12	30.77	11	5.7	8	5.67
6	25	20	46	32.86	20	25.64	11	28.21	68	35.23	41	29.08
5	18	14.4	27	19.29	18	23.08	9	23.08	74	38.34	50	35.46
4	3	2.4	8	5.71	12	15.38	7	17.95	20	10.36	35	24.82
3	0	0	6	4.29	2	2.56	0	0	12	6.22	1	0.71
2	1	0.8	2	1.43	1	1.28	0	0	7	3.63	6	4.26
1	0	0	2	1.43	0	0	0	0	1	0.52	0	0
Mean:	5.29		5.74		5.65		5.72		5.13		5	
S.D.:	1.52		1.39		1.23		1.1		1.13		1.1	

Table B.1.6[1] *- Categorisation of free response descriptions of presenting issues.*

Problem categories and tallies for presenting issues													
		Form 1		Form A		Form B		Form C		Form D		Totals	
		Question 5		Question A4		Question B8		Question C25		Question D16			
	n. =	137		230		122		57		34		580	
		n.	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%
1	Clearly work related issues	75	54.74	107	46.52	67	54.92	14	24.56	16	47.06	279	48.1
2	Probably work related	9	6.57	11	4.78	11	9.02	2	3.51	2	5.88	35	6.03
3	Total of above	85	62.04	118	51.3	78	63.93	16	28.07	18	52.94	315	54.31
Other Categories													
4	Alcohol / Addiction	2	1.46	6	2.61	4	3.28	1	1.75	0	0	13	2.24
5	Bereavement / loss	3	2.19	10	4.35	6	4.92	4	7.02	2	5.88	25	4.31
6	Illness - Self	4	2.92	8	3.48	4	3.28	1	1.75	0	0	17	2.93
7	Illness - Other	4	2.92	4	1.74	1	0.82	2	3.51	1	2.94	12	2.07
8	Total illness	8	5.84	12	5.22	5	4.1	3	5.26	1	2.94	29	5
9	Relationships outwith work	29	21.17	46	20	27	22.13	10	17.54	7	20.59	119	20.52
10	Low self-esteem	4	2.92	22	9.57	20	16.39	3	5.26	2	5.88	51	8.79
11	Stress	52	37.96	39	16.96	23	18.85	7	12.28	11	32.35	132	22.76
12	Depression	9	6.57	8	3.48	12	9.84	3	5.26	1	2.94	34	5.86
13	Problems not specified above.	3	2.19	6	2.61	6	4.92	3	5.26	1	2.94	19	3.28

[1] N.B. As 'stress' can be seen as a catch all term in that many situations of sufficient concern to prompt a person to seek counselling might be thought to be associated with a certain degree of 'stress', it was only used in these tables when explicitly indicated. Item 2, 'probably worked related issues', referred to those responses which did not specifically mention work, but seemed likely to refer to the workplace (e.g. 'ongoing grievance procedure'). Responses under heading 13, 'problems not specified above', included a range of items too varied to categorise easily including incest, sexuality, and vague descriptions such as 'inability to cope' or 'multiple problems'.

Table B.1.7 - Categorisation of free response descriptions of secondary issues.

Problem categories and tallies for secondary issues

		Form 1		Form A		Form B		Form C		Form D		Totals	
		Question 5		Question A4		Question B8		Question C25		Question D16			
	n. =	61		196		125		39		13		434	
		n.	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%
1	Clearly work related issues	22	36.07	47	23.88	26	20.8	15	38.46	1	7.69	111	25.58
2	Probably work related	4	6.56	1	0.51	0	0	0	0	0	0	5	1.15
3	Total of above	26	42.62	48	24.49	26	20.8	15	38.46	1	7.69	116	26.73
	Other Categories												
4	Alcohol / Addiction	2	3.28	4	2.04	6	4.8	0	0	0	0	12	2.76
5	Bereavement / loss	3	4.92	18	9.18	11	8.8	1	2.56	0	0	33	7.6
6	Illness - Self	3	4.92	11	5.61	4	3.2	0	0	0	0	18	4.15
7	Illness - Other	5	8.2	5	2.55	2	1.6	0	0	1	7.69	13	3
8	Total illness	8	13.11	16	8.16	6	4.8	0	0	1	7.69	31	7.14
9	Relationships outwith work	11	18.03	36	18.37	40	32	12	30.77	6	46.15	105	24.19
10	Low self-esteem	7	11.48	35	17.86	14	11.2	2	5.13	4	30.77	62	14.29
11	Stress	3	4.92	18	9.18	2	1.6	5	12.82	1	7.69	29	6.68
12	Depression	1	1.64	6	3.06	1	0.8	0	0	0	0	12	2.76
13	Problems not specified above.	3	4.92	10	5.1	16	12.8	7	17.95	1	7.69	37	8.53

N.B. As in the previous table, some responses fall into more than one category so totals may = >100%

For example, *'Stress of break up of marriage leading to inability to function at work'*, may fall into categories 1, 9 and 11.

n. = actual number of responses to that question.

Table B.1.8 - Quantitative ratings for distress and difficulty (presenting issues)

Ratings given to presenting issues (Tally)															
		n.	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	% change reported by clients during counselling		% change reported by counsellors.	
		Form 1		Form C		Form D		Form A		Form B		mean	-28.98	mean	-26.34
Distress		Question 2		Question C21		Question D12		Question A2		Question B4		S.D.	25.85	S.D.	23.08
	n.	139		84		39		225		169		min.	-85.71	min.	-85.71
	7	88	63.31	14	16.67	3	7.69	70	31.11	16	9.47	max.	28.57	max.	28.75
	6	27	19.42	9	10.71	8	20.51	108	48	25	14.79	% change reported by clients from end of counselling to follow up			
	5	19	13.67	18	21.43	8	20.51	37	16.44	34	20.12				
	4	3	2.16	15	17.86	6	15.38	6	2.67	26	15.38	mean	-5.26	min.	-71.43
	3	1	0.72	13	15.48	6	15.38	4	1.78	32	18.93	S.D.	27.67	max.	57.14
	2	1	0.72	9	10.71	5	12.82	0	0	32	18.93				
	1	0	0	6	7.14	3	7.69	0	0	4	2.37				
Difficulty		Question 3		Question C22		Question D13		Question A3		Question B5		% change during counselling		% change reported by counsellors.	
	n.	139		84		38		225		169		mean	-28.37	mean	-25.98
	7	79	56.83	13	15.48	4	10.53	66	29.33	17	10.06	S.D.	24.38	S.D.	23.08
	6	29	20.86	7	8.33	6	15.79	119	52.89	26	15.38	min.	-85.71	min.	-85.71
	5	22	15.83	20	23.81	9	23.68	34	15.11	28	16.57	max.	28.57	max.	14.29
	4	8	5.76	14	16.67	3	7.89	5	2.22	37	21.89	% change reported by clients from end of counselling to follow up			
	3	1	0.72	17	20.24	5	13.16	1	0.44	28	16.57				
	2	0	0	5	5.95	5	13.16	0	0	31	18.34	mean	-6.95	min.	-85.71
	1	0	0	8	9.52	6	15.79	0	0	2	1.18	S.D.	27.28	max.	42.86

Table B.1.9 - Quantitative ratings for distress and difficulty (secondary issues)

Ratings given to secondary issues (Tally)											
		n.	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%
		Form 1		Form C		Form D		Form A		Form B	
Distress		Question 6		Question C26		Question D17		Question A5		Question B9	
	n.	60		41		21		186		119	
	7	31	51.67	8	19.51	3	14.29	39	20.97	11	9.24
	6	11	18.33	3	7.32	2	9.52	86	46.24	15	12.61
	5	10	16.67	9	21.95	5	23.81	42	22.58	28	23.53
	4	5	8.33	7	17.07	2	9.52	16	8.6	20	16.81
	3	2	3.33	7	17.07	2	9.52	1	0.54	24	20.17
	2	0	0	5	12.2	6	28.57	2	1.08	18	15.13
	1	0	0	2	4.88	1	4.76	0	0	3	2.52
Difficulty		Question 7		Question C27		Question D18		Question A6		Question B10	
	n.	60		42		21		186		119	
	7	31	51.67	6	14.29	2	9.52	38	20.43	14	11.76
	6	7	11.67	4	9.52	4	19.05	81	43.55	13	10.92
	5	11	18.33	8	19.05	4	19.05	53	28.49	19	15.97
	4	8	13.33	10	23.81	1	4.76	11	5.91	24	20.17
	3	2	3.33	7	16.67	3	14.29	1	0.54	29	24.37
	2	0	0	4	9.52	6	28.57	2	1.08	16	13.45
	1	0	0	3	7.14	1	4.76	0	0	4	3.36

Distress

% change reported by clients during counselling		% change reported by counsellors.	
mean	-21.43	mean	-22.53
S.D.	24.99	S.D.	21.5
min.	-71.43	min.	-71.43
max.	28.57	max.	14.29

% change reported by clients from end of counselling to follow up			
mean	-0.79	min.	-42.86
S.D.	27.05	max.	71.43

Difficulty

% change during counselling		% change reported by counsellors.	
mean	-22.22	mean	-22.25
S.D.	23.22	S.D.	21.5
min.	71.43	min.	-71.43
max.	28.57	max.	14.29

% change reported by clients from end of counselling to follow up			
mean	1.5	min.	-28.57
S.D.	25.15	max.	71.43

Table B.1.10 - Reported degree of improvement and relevance of counselling to change (presenting issues).

Presenting Issues								
Reported extent of overall improvement (tally)								
	FORM C		FORM D		FORM B		TOTAL	
	C23		D14		B6			
n. =	83		36		170		289	
	n.	%	*n.*	%	*n.*	%	*n.*	%
7	17	20.48	7	19.44	7	4.12	31	10.73
6	15	18.07	11	30.56	56	32.94	82	28.37
5	22	26.51	10	27.78	47	27.65	79	27.34
4	25	30.12	5	13.89	42	24.71	72	24.91
3	3	3.61	3	8.33	10	5.88	16	5.54
2	1	1.2	0	0	5	2.94	6	2.08
1	0	0	0	0	3	1.76	3	1.04
Reported relevance of counselling to improvement (tally)								
	C24		D15		B7		TOTAL	
n. =	82		37		167		286	
	n.	%	*n.*	%	*n.*	%	*n.*	%
7	14	17.07	6	16.22	2	1.2	22	7.69
6	21	25.61	9	24.32	37	22.16	67	23.43
5	20	24.39	12	32.43	70	41.92	102	35.66
4	14	17.07	3	8.11	42	25.15	59	20.63
3	5	6.1	2	5.41	10	5.99	17	5.94
2	3	3.66	1	2.7	5	2.99	9	3.15
1	5	6.1	4	10.81	1	0.6	10	3.5

Table B.1.11 - Reported degree of improvement and relevance of counselling to change (secondary issues).

Secondary Issues								
Reported extent of overall improvement (tally)								
	FORM C		FORM D		FORM B		TOTAL	
	C28		D19		B11			
n. =	41		21		118		180	
	n.	%	*n.*	%	*n.*	%	*n.*	%
7	5	12.2	4	19.05	4	3.39	13	7.22
6	9	21.95	2	9.52	20	16.95	31	17.22
5	12	29.27	7	33.33	44	37.29	63	35
4	11	26.83	6	28.57	39	33.05	56	31.11
3	3	7.32	1	4.76	7	5.93	11	6.11
2	1	2.44	1	4.76	3	2.54	5	2.78
1	0	0	0	0	1	0.85	1	0.56
Reported relevance of counselling to improvement (tally)								
	C29		D20		B12		TOTAL	
n. =	41		21		118		180	
	n.	%	*n.*	%	*n.*	%	*n.*	%
7	7	17.07	1	4.76	1	0.85	9	5
6	8	19.51	3	14.29	12	10.17	23	12.78
5	13	31.71	9	42.86	53	44.92	75	41.67
4	5	12.2	2	9.52	42	35.59	49	27.22
3	3	7.32	1	4.76	3	2.54	7	3.89
2	1	2.44	3	14.29	6	5.08	10	5.56
1	4	9.76	2	9.52	1	0.85	7	3.89

Table B.1.12 - Ways in which counselling was of help.

		Question C19						*n.*	Question B2						*n.*
		Yes		No		Unsure			Yes		No		Unsure		
	Item	*n.*	%	*n.*	%	*n.*	%		*n.*	%	*n.*	%	*n.*	%	
a	Made me explore my problems	73	84.88	8	9.3	5	5.81	86	164	97.04	3	1.78	2	1.18	169
b	Helped me to clarify my problems	76	88.37	7	8.14	3	3.49	86	157	92.9	7	4.14	5	2.96	169
c	Enabled me to understand problems better	63	73.26	15	17.44	8	9.3	86	140	82.84	23	13.61	6	3.55	169
d	Helped me to change the way I view things	40	46.51	26	30.23	20	23.26	86	87	51.48	70	41.42	12	7.1	169
e	Helped me to come to terms with problems	53	61.63	21	24.42	12	13.95	86	86	50.89	65	38.46	18	10.65	169
f	Enabled me to understand myself more	60	69.77	9	10.47	17	19.77	86	112	66.67	49	29.17	7	4.17	168
g	Helped me to feel better about myself	56	65.12	19	22.09	11	12.79	86	86	50.89	70	41.42	13	7.69	169
h	Helped me understand other people better	31	36.05	28	32.56	27	31.4	86	78	45.88	73	42.94	19	11.18	170
i	Helped me communicate better with others	29	33.72	31	36.05	26	30.23	86	74	43.79	78	46.15	17	10.06	169
j	Helped me to set goals	37	43.02	22	25.58	26	30.23	86	103	60.59	51	30	16	9.41	170
k	Helped me to decide what to do	58	67.44	17	19.77	11	12.79	86	116	68.64	41	24.26	12	7.1	169
l	Enabled me to solve my problems	27	31.76	31	36.47	27	31.76	85	91	53.53	60	35.29	19	11.18	170
m	Helped me to evaluate what I do	58	67.44	15	17.44	12	13.95	86	118	69.82	43	25.44	8	4.73	169
n	Gave me new skills	15	17.86	32	38.1	37	44.05	84	41	24.12	100	58.82	29	17.06	170

Table B.1.13 - Counsellor characteristics reported at the end of counselling.

Overall impressions of counsellor characteristics at the end of counselling (Question C5)																	
Score:		7		6		5		4		3		2		1			
Item		*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	Item	*n.*
a	Interested	63	72.41	18	20.69	6	6.9	0	0	0	0	0	0	0	0	Uninterested	**87**
b	Warm	50	57.47	21	24.14	8	9.2	7	8.05	1	1.15	0	0	0	0	Cold	**87**
c	Genuine	63	72.41	13	14.94	6	6.9	1	1.15	0	0	3	3.45	1	1.15	Not genuine	**87**
d	Respectful	72	82.76	9	10.34	3	3.45	1	1.15	1	1.15	0	0	1	1.15	Disrespectful	**87**
e	Helpful	56	64.37	18	20.69	7	8.05	4	4.6	1	1.15	1	1.15	0	0	Unhelpful	**87**
f	Accepting	58	66.67	14	16.09	9	10.34	2	2.3	0	0	2	2.3	2	2.3	Non-accepting	**87**
g	Caring	48	55.17	22	25.29	9	10.34	5	5.75	0	0	2	2.3	1	1.15	Uncaring	**87**
h	Relaxed	47	54.02	26	29.89	11	12.64	2	2.3	1	1.15	0	0	0	0	Tense	**87**
i	Relaxing	33	38.37	25	29.07	10	11.63	12	13.95	5	5.81	1	1.16	0	0	Not relaxing	**86**
j	Easy to talk to	52	59.77	22	25.29	7	8.05	4	4.6	2	2.3	0	0	0	0	Difficult	**87**
k	Understanding	52	59.77	27	31.03	5	5.75	3	3.45	0	0	0	0	0	0	Not understanding	**87**
l	Flexible	47	54.65	24	27.91	11	12.79	3	3.49	1	1.16	0	0	0	0	Rigid	**86**
m	Trustworthy	68	78.16	15	17.24	2	2.3	1	1.15	1	1.15	0	0	0	0	Untrustworthy	**87**
n	Good listener	71	81.61	10	11.49	4	4.6	1	1.15	0	0	1	1.15	0	0	Poor listener	**87**
o	Good counsellor	56	65.12	18	20.93	5	5.81	5	5.81	1	1.16	1	1.16	0	0	Poor counsellor	**86**
p	Non-Directive	16	18.6	19	22.09	10	11.63	24	27.91	8	9.3	3	3.49	6	6.98	Directive	**86**
q	Supportive	53	60.92	22	25.29	6	6.9	3	3.45	2	2.3	1	1.15	0	0	Unsupportive	**87**
r	Sympathetic	56	65.12	16	18.6	8	9.3	4	4.65	0	0	2	2.33	0	0	Unsympathetic	**86**
TOTALS		961	61.56	339	21.72	127	8.14	82	5.25	24	1.54	17	1.09	11	0.7	TOTALS	1,561
N.B. All items are rearranged so that 7 = positive & 1 = negative.																	

Table B.1.14 - Counsellor characteristics reported at follow up.

Overall impressions of counsellor characteristics at follow up (Question D1)																
Score:		7		6		5		4		3		2		1		
	Item	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	Item	*n.*
a	Interested	26	66.67	11	28.11	1	2.56	1	2.56	0	0	0	0	0	0	Uninterested	**39**
b	Warm	22	57.89	9	23.68	4	10.53	1	2.63	2	5.26	0	0	0	0	Cold	**38**
c	Genuine	26	68.42	11	28.95	1	2.63	0	0	0	0	0	0	0	0	Not genuine	**38**
d	Respectful	27	71.05	8	21.05	2	5.26	0	0	1	2.63	0	0	0	0	Disrespectful	**38**
e	Helpful	23	58.97	8	20.51	4	10.26	2	5.13	0	0	0	0	2	5.13	Unhelpful	**39**
f	Accepting	22	56.41	11	28.21	2	5.13	2	5.13	1	2.56	0	0	1	2.56	Non-accepting	**39**
g	Caring	18	47.37	19	50	1	2.63	0	0	0	0	0	0	0	0	Uncaring	**38**
h	Relaxed	23	58.97	10	25.64	3	7.69	2	5.13	0	0	0	0	1	2.56	Tense	**39**
i	Relaxing	14	35.9	10	25.64	9	23.08	2	5.13	2	5.13	1	2.56	1	2.56	Not relaxing	**39**
j	Easy to talk to	19	48.72	13	33.33	5	12.82	1	2.56	1	2.56	0	0	0	0	Difficult	**39**
k	Understanding	20	52.63	14	36.84	2	5.26	2	5.26	0	0	0	0	0	0	Not understanding	**38**
l	Flexible	20	52.63	15	39.47	3	7.89	0	0	0	0	0	0	0	0	Rigid	**38**
m	Trustworthy	26	68.42	10	26.32	1	2.63	1	2.63	0	0	0	0	0	0	Untrustworthy	**38**
n	Good listener	29	76.32	6	15.79	3	7.89	0	0	0	0	0	0	0	0	Poor listener	**38**
o	Good counsellor	25	65.79	10	26.32	2	5.26	1	2.63	0	0	0	0	0	0	Poor counsellor	**38**
p	Non-Directive	10	26.32	8	21.05	3	7.89	9	23.68	4	10.53	2	5.26	2	5.26	Directive	**38**
q	Supportive	17	44.74	16	42.11	3	7.89	1	2.63	0	0	1	2.63	0	0	Unsupportive	**38**
r	Sympathetic	26	68.42	8	21.05	2	5.26	2	5.26	0	0	0	0	0	0	Unsympathetic	**38**
TOTALS		393	56.96	197	28.55	51	7.39	27	3.91	11	1.59	4	0.58	7	1.01	TOTALS	690
N.B. All items are rearranged so that 7 = positive & 1 = negative.																	

Table B.1.15 - Client satisfaction at end of counselling and follow up.

Overall client satisfaction at end of counselling and follow up (Tally)																						
	Counsellor				Recommendation				Waiting time				Length of sessions				Number of sessions					
	Question C6		Question D2		Question C7		Question D3		Question C8		Question D4		Question C9		Question D5		Question C10		Question D6		TOTALS	
n. =	88		38		88		39		88		38		88		39		87		38		631	
	n.	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%
7	49	55.68	19	50	56	63.64	21	58.85	64	72.73	30	78.95	64	72.73	26	66.67	56	64.37	17	44.74	402	63.71
6	23	26.14	12	31.58	19	21.59	13	33.33	19	21.59	5	13.16	14	15.91	9	23.08	16	18.39	8	21.05	138	21.87
5	12	13.64	6	15.79	9	10.23	2	5.13	3	3.41	3	7.89	7	7.95	2	5.13	4	4.6	6	15.79	54	8.56
4	3	3.41	1	2.63	3	3.41	2	5.13	2	2.27	0	0	2	2.27	2	5.13	4	4.6	5	13.16	24	3.8
3	1	1.14	0	0	1	1.14	1	2.56	0	0	0	0	1	1.14	0	0	2	2.3	1	2.63	7	1.11
2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3.45	0	0	3	0.48
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2.3	1	2.63	3	0.48
Mean:	6.32		6.29		6.43		6.31		6.65		6.71		6.57		6.51		6.18		5.82		6.38	
S.D.	0.92		0.84		0.89		0.98		0.66		0.61		0.83		0.82		1.48		1.43			
Chi-squared	0.32,d.f. = 2				1.92,d.f. = 2				0.621,d.f. = 1				0.219, d.f. = 1				6.103, d.f. = 2					
Probability of association	>0.7				>0.4				>0.6				>0.1				>0.01					

Table B.1.16 - Effects on client self esteem.

Change In Self Esteem Scores		*n.*	Mean	S.D.
$D_1 = \Sigma(C31a-C30a)+/-(C31b-C30b)+/-...(C31u-C30u)$	**Self/ideal-self discrepancy before counselling**	82	78.57	23.4
$D_2 = \Sigma(C32a-C30a)+/-(C32b-C30b)+/-...(C32u-C30u)$	**Self/ideal-self discrepancy after counselling**	83	44.34	22.65
D_2-D_1	**Change in self/ideal-self discrepancy during counselling**	82	-34.39	30.73
$D_3 = \Sigma(D22a-D21a)+/-(D22b-D21b)+/-...(D22u-D21u)$	**Self/ideal-self discrepancy at follow up**	37	44.57	24.79
D_3-D_2	**Change in self/ideal-self discrepancy from end of counselling to follow up**	36	-3.03	25.86
Σ11a to 11j	**Rosenberg self esteem scale score before counselling**	140	25.68	4.95
ΣC33a to C33j	**Rosenberg self esteem scale score after counselling**	85	28.57	4.39
(ΣC33a to C33j)-(Σ11a to 11j)	**Change in Rosenberg self esteem scale score during counselling**	71	3.11	5.69
ΣD23a to D23j	**Rosenberg self esteem scale score at follow up**	39	28.85	3.53
(ΣD23a to D23j)-(ΣC33a to C33j)	**Change in Rosenberg self esteem scale score from end of counselling to follow up**	37	0.43	3.42

Table B.1.17 - Effects on clients' absenteeism

Change in absenteeism				
	Days of absence 6 months prior to counselling	Days of absence 3 months prior to counselling	Days of absence 3 months after counselling	Days of absence 6 months after counselling
Total number of days	1,493	838	383	570
Mean	32	18	8	12
Assumed mean cost per client@£2000 for 10 days (saving in parentheses)	£6400	£3600	£1600 (£2000)	£2400 (£4000)

Appendix B.2 Tables from the financial services company

E.A.P.

B.2.1 General survey and whole eligible population by gender and age

Gender	Male				Female				Totals			
	Survey		Population		Survey		Population		Survey		Population	
Age:	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%
16-25	96	8.9	138	9.1	156	14.5	183	12.1	252	23.5	321	21.2
26-35	208	19.4	252	16.6	220	20.5	332	21.9	428	39.9	584	38.6
36-45	114	10.6	167	11	92	8.6	149	9.8	206	19.2	316	20.9
46-55	100	9.3	147	9.7	60	5.6	101	6.7	160	14.9	248	16.4
55+	14	1.3	22	1.5	14	1.3	24	1.6	28	2.6	46	3
	532	49.5	726	47.9	542	50.5	789	52.1	1074	100	1515	100

B.2.2 General survey and whole eligible population by grade

	Survey		Population	
Grade:	*n.*	%	*n.*	%
M1 or above	78	7.3	142	9.4
10-14	372	34.6	502	33.1
Other staff	624	58.1	871	57.5
Totals:	1074	100	1515	100

B.2.3 Overall client satisfaction at end of counselling and follow up

	Counsellor				Recommendation				Waiting time				Length of sessions				Number of sessions				Confidentiality					
	Question C6		Question D6		Question C7		Question D7		Question C8		Question D8		Question C9		Question D9		Question C10		Question D10		Question C11		Question D11		TOTALS	
n.=	15		7		15		7		15		7		15		7		15		7		15		7		132	
	n.=	%	n.=	%	n.=	%	n.=	%	n.=	%	n.=	%	n.=	%	n.=	%	n.=	%	n.=	%	n.=	%	n.=	%	n.=	%
7	9	60	4	57.1	9	60	5	71.4	10	66.7	5	71.4	4	26.7	3	42.9	6	40	1	14.3	12	80	5	71.4	73	55.2
6	3	20	3	42.9	3	20	2	28.6	4	26.7	1	14.3	6	40	1	14.3	1	6.7	2	28.6	1	6.7	0	0	27	20.5
5	2	13.3	0	0	2	13.3	0	0	1	6.7	1	14.3	3	20	2	28.6	3	20	1	14.3	1	6.7	1	14.3	17	12.9
4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	14.3	2	13.3	0	0	0	0	0	0	3	2.27
3	0	0	0	0	0	0	0	0	0	0	0	0	2	13.3	0	0	3	20	0	0	0	0	1	14.3	6	4.6
2	1	6.7	0	0	1	6.7	0	0	0	0	0	0	0	0	0	0	0	0	2	28.6	0	0	0	0	4	3
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	14.3	1	6.7	0	0	2	1.52
lean:	6.2		6.6		6.2		6.7		6.6		6.6		5.7		5.9		5.3		4.1		6.4		6.1		6	
;.D.	1.4		0.5		1.4		0.5		0.6		0.8		1.3		1.2		1.6		2.4		1.6		1.6			

or precise wording of each question see Appendix A.2.

Appendix B.3 Tables from the evaluation of the R.A.M.H. counselling service

The tables presented here provide the collated responses to questionnaires adapted for the evaluation of the R.A.M.H. counselling service as they were reported to the service itself in the original reports. They are presented in sequence of topic groups, rather than in strict numerical order because of the complex interrelation of the questionnaires.

The questionnaires are referred to as follows:

Table B.3.1- Questionnaire references and response rates

		% response rate[1]
Form A:	Counsellors' form completed after session 1	98.7
Form B:	Counsellors' form completed after the last session	76.3
Form C:	Clients' form completed before the first session	67.6
Form D:	Clients' form completed after the last session	15.7
Form E:	Clients form issued by post 6 weeks after the last session	11.4

1 *Response rates are apparent, rather than accurate indicators of eventual returns, as for many clients, counselling may not yet have finished. Consequently, forms B, D and E are yet to be issued. The figures for forms A and C are more accurate although the same effect also applies to them, albeit to a much lesser extent.*

Questions are labelled A1, A2 etc.

Demographic and general monitoring information:

Table B.3.2: Cross tabulation of age and gender from counsellor reports

Age:	Under 16		16 - 20		21 - 25		26 - 30		31 - 35		36 - 40		41 - 45		46 - 50		51 - 55		56 - 60		60+		Totals	
Gender	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	% of column
Male	0	0	3	25	12	19.355	15	24.194	7	11.29	9	14.516	3	4.839	8	12.903	1	1.613	2	3.226	2	3.226	62	27.679
Female	4	2.469	9	5.556	17	10.494	35	21.605	32	19.753	19	11.728	12	7.407	14	8.642	7	4.321	6	3.704	7	4.321	162	72.321
Totals	4	1.786	12	5.357	29	12.946	50	22.321	39	17.411	28	12.5	15	6.696	22	9.821	8	3.571	8	3.571	9	4.018	224	100

Chi-square = 104.355 with D.F. = 33, so probability of association = <0.001. N.B. Percents are shown for rows, except where indicated.

Table B.3.3: Employment status of clients from counsellor reports

Status:	Employed		Self-employed		Unemployed		Student		Retired		House wife or husband		On sickness / disability benefits		Don't know		Total
	n.	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*
	77	33.478	4	1.739	41	17.826	14	6.087	7	3.043	22	9.565	56	24.348	9	3.913	230

Table B.3.4: Marital status of clients from counsellor reports

Status:	Single		Married		Cohabiting		Divorced		Separated		Widowed		Single parent		Don't know		Total
	n.	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*
	50	21.645	101	43.723	13	5.628	9	3.896	17	7.359	7	3.03	4	1.732	30	12.987	231

Expectation of counselling effectiveness and actual overall level of help reported:

Question C9 "How hopeful are you that counselling will help?"
and to counsellors ***(A7a) "How hopeful are you that you will be able to help?"***
and at end of counselling and follow up

Questions D7, E7 & B1 "How helpful has the counselling been to you [the client] overall?"

TABLE B.3.5	Question C9		Question A7a		Question D7		Question E7		Question B1	
Total *n.* =	144		217		47		20		162	
(Tally)	*n.*	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%
7	71	49.306	66	30.415	20	42.553	5	25	33	20.37
6	21	14.583	70	32.258	11	23.404	7	35	28	17.284
5	25	17.361	50	23.041	11	23.404	4	20	38	23.457
4	16	11.111	13	5.991	3	6.383	2	10	42	25.926
3	9	6.25	12	5.53	0	0	1	5	13	8.025
2	0	0	4	1.843	0	0	0	0	6	3.704
1	2	1.389	2	0.922	2	4.255	1	5	2	1.235
Mean:	5.66		5.57		5.5		5.45		4.9	
S.D.:	1.69		1.5		1.96		1.54		1.588	

Table B.3.6 Association of tallies (table 1) by chi-square

Questions tested		chi-square	d.f.	probability of association
C9	A7a	46.6	5	<0.001
C9	D7	17	3	<0.001
D7	E7	1.878	2	0.5
A7a	B1	42.3	5	<0.001
D7	B1	11.7	3	0.01

How distressing was it?"
How difficult did it make things for you?"

TABLE B.3.7 - Ratings given to presenting issues (Tally)

		n.	%	n.	%	n.	%	n.	%	n.	%
		Form A		Form B		Form C		Form D		Form E	
Distress		Question A2		Question B3		Question C2		Question D9		Question E9	
	n.	221		190		153		46		33	
	7	140	63.348	88	46.316	81	52.941	3	6.522	1	3.03
	6	57	25.792	68	35.789	22	14.379	2	4.348	2	6.061
	5	21	9.502	27	14.211	38	24.837	4	8.696	3	9.091
	4	1	0.452	3	1.579	10	6.536	14	30.435	9	27.273
	3	1	0.452	4	2.105	2	1.307	7	15.217	9	27.273
	2	1	0.452	0	0	0	0	14	30.435	8	24.242
	1	0	0	0	0	0	0	2	4.348	1	3.03
Mean:			6.38		6.1		6.03		3.26		3.35
S.D.:			0.73		1.26		1.27		1.72		1.47
Difficulty		Question A3		Question B4		Question C3		Question D10		Question E10	
	n.	221		160		155		47		33	
	7	132	59.729	34	21.25	74	47.742	3	6.383	3	9.091
	6	53	23.982	39	24.375	31	20	3	6.383	5	15.152
	5	29	13.122	24	15	33	21.29	4	8.511	3	9.091
	4	6	2.715	16	10	15	9.677	11	23.404	4	12.121
	3	0	0	18	11.25	1	0.645	9	19.149	9	27.273
	2	1	0.452	26	16.25	1	0.645	14	29.787	7	21.212
	1	0	0	3	1.875	0	0	3	6.383	2	6.061
Mean:			6.28		4.64		5.95		3.22		3.683
S.D.:			1.21		1.99		1.3		1.76		1.893

TABLE B.3.8 - Ratings given to secondary issues (Tally)

		n.	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%
		Form A		Form B		Form C		Form D		Form E	
Distress		Question A5		Question B8		Question C6		Question D14		Question E14	
	n.	125		99		89		19		15	
	7	43	34.4	33	33.333	48	53.933	0	0	1	6.667
	6	55	44	34	34.343	17	19.101	1	5.263	2	13.333
	5	21	16.8	27	27.273	16	17.978	1	5.263	4	26.667
	4	5	4	4	4.04	7	7.865	4	21.053	4	26.667
	3	1	0.8	1	1.01	1	1.124	7	36.842	0	0
	2	0	0	0	0	0	0	4	21.053	3	20
	1	0	0	0	0	0	0	2	10.526	1	6.667
Mean:			5.93		5.66		5.9		2.9		3.87
S.D.:			1.26		1.57		1.63		1.41		1.96
Difficulty		Question A6		Question B9		Question C7		Question D15		Question E15	
	n.	125		72		89		19		14	
	7	39	31.2	6	8.333	48	53.933	0	0	0	0
	6	57	45.6	9	12.5	15	16.854	1	5.263	4	28.571
	5	25	20	3	4.167	15	16.854	1	5.263	3	21.429
	4	4	3.2	19	26.389	6	6.742	3	15.789	2	14.286
	3	0	0	15	20.833	3	3.371	8	42.105	1	7.143
	2	0	0	17	23.611	1	1.124	4	21.053	3	21.429
	1	0	0	3	4.167	1	1.124	2	10.526	1	7.143
Mean:			5.93		3.49		5.77		2.74		3.8
S.D.:			1.26		1.86		1.79		1.48		2.01

To what extent has [this issue] improved?"
To what extent do you think that this has been to do with the counselling you received?"

TABLE B.3.9 - Presenting Issues

Reported extent of overall improvement for that problem (tally)

	FORM B		FORM D		FORM E		TOTAL	
	Question B5		Question D11		Question E11			
n. =	142		47		34		223	
	n.	%	*n.*	%	*n.*	%	*n.*	%
7	41	28.873	9	19.149	7	20.588	57	25.561
6	30	21.127	20	42.553	12	35.294	62	27.803
5	26	18.31	8	17.021	5	14.706	39	17.489
4	28	19.718	7	14.894	5	14.706	40	17.937
3	11	7.746	2	4.255	5	14.706	18	8.072
2	6	4.225	0	0	0	0	6	2.691
1	0	0	1	2.128	0	0	1	0.448

Reported relevance of counselling to improvement (tally)

	Question B6		Question D12		Question E12		TOTAL	
n. =	139		46		33		218	
	n.	%	*n.*	%	*n.*	%	*n.*	%
7	4	2.878	8	17.391	5	15.152	17	7.798
6	30	21.583	10	21.739	9	27.273	49	22.477
5	40	28.777	14	30.435	8	24.242	62	28.44
4	27	19.424	8	17.391	4	12.121	39	17.89
3	14	10.072	0	0	2	6.061	16	7.339
2	9	6.475	2	4.348	1	3.03	12	5.505
1	15	10.791	4	8.696	4	12.121	23	10.55

TABLE B.3.10 - Secondary Issues

Reported extent of overall improvement (tally)

	FORM B		FORM D		FORM E		TOTAL	
	Question B10		Question D16		Question E16			
n. =	72		19		15		106	
	n.	%	*n.*	%	*n.*	%	*n.*	%
7	20	27.778	6	31.579	3	20	29	27.358
6	18	25	2	10.526	5	33.333	25	23.585
5	16	22.222	6	31.579	2	13.333	24	22.642
4	11	15.278	4	21.053	3	20	18	16.981
3	6	8.333	0	0	0	0	6	5.66
2	1	1.389	1	5.263	2	13.333	4	3.774
1	0	0	0	0	0	0	0	0

Reported relevance of counselling to improvement (tally)

	Question B11		Question D17		Question E17		TOTAL	
n. =	73		19		15		107	
	n.	%	*n.*	%	*n.*	%	*n.*	%
7	1	1.37	3	15.789	3	20	7	6.542
6	12	16.438	6	31.579	1	6.667	19	17.757
5	27	36.986	6	31.579	5	33.333	38	35.514
4	17	23.288	2	10.526	2	13.333	21	19.626
3	6	8.219	1	5.263	1	6.667	8	7.477
2	4	5.479	1	5.263	1	6.667	6	5.607
1	6	8.219	0	0	2	13.333	8	7.477

Overall client satisfaction:

Questions D1 & E1: ***"To what extent were you satisfied with your counsellor?"***;
Questions D2 & E2: ***"To what extent would you recommend your counsellor to a close friend who was having similar difficulties?"***;

TABLE B.3.11 Overall client satisfaction at end of counselling and follow up (Tally)										
	Counsellor				Recommendation					
	Question D1		Question E1		Question D2		Question E2		TOTALS	
n. =	48		35		48		35		166	
	n.	%	*n.*	%	*n.*	%	*n.*	%	*n.*	%
7	30	62.5	11	31.429	32	66.667	16	45.714	89	53.614
6	9	18.75	13	37.143	8	16.667	11	31.429	41	24.699
5	5	10.417	8	22.857	4	8.333	5	14.286	22	13.253
4	2	4.167	1	2.857	2	4.167	0	0	5	3.012
3	0	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	1	2.857	1	0.602
1	2	4.167	2	5.714	2	4.167	2	5.714	8	4.819
Mean:	5.86		5.58		5.92		5.75		5.778	
S.D.	2		1.71		2.01		1.86			

Percentile scores from selected S.F.-36 subscales

Table B.3.12 Item	Before counselling	End of counselling	Follow up	Norm
M.H.I.-5	38.14	48.2	53.49	74.55
Role limitations	14.7	55	48.49	81.7
Social functioning	36.85	57.2	62.14	85.2

(N.B. Norms are derived from Jenkinson *et al*, 1993)

Appendix B.4 Tables from the self / ideal self discrepancy normative data study

Table B.4.1 - Distribution of S/I - SD and Rosenbergscores by age.

Age	Sample		S/I - SD		Rosenberg score	
	n.	%	Mean	S.D.	Mean	S.D.
16 - 19	641	19.82	3.144	1.3768	28.534	4.753
20 - 24	551	17.04	2.7258	1.3208	29.872	5.108
25 - 29	426	13.17	2.5922	1.173	30.528	4.669
30 - 34	320	9.89	2.8652	1.4199	29.777	5.81
35 - 39	286	8.84	2.5024	1.3379	30.696	5.615
40 - 44	235	7.27	2.5398	1.3033	30.509	5.089
45 - 49	293	9.06	2.3834	1.3431	30.758	5.363
50 - 54	158	4.89	2.3607	1.2521	30.439	4.787
55 - 59	119	3.68	2.136	1.151	31.042	5.198
60 +	205	6.34	2.0567	1.2687	30.358	5.178
TOTAL	3234	100				

TableB.4.2 - Distribution by gender

Gender	Sample		S/I - SD		Rosenberg score	
	n.	%	Mean	S.D.	Mean	S.D.
Female	1677	56.5	2.8146	1.3605	29.26	5.139
Male	1294	43.5	2.4312	1.2833	30.915	4.986
TOTAL	2971	100				

Table B.4.3 - Distribution by employment

Employment group	Sample		S/I - SD		Rosenberg score	
	n.	%	Mean	S.D.	Mean	S.D.
Employee (or trainee)	1007	30.98	2.6157	1.2666	29.819	4.924
Supervisor / foreman	143	4.4	2.5275	1.1374	30.935	4.412
Manager / professional	646	19.88	2.4447	1.3261	31.346	5.17
Self employed (employing others)	67	2.06	2.04	1.445	30.242	5.826
Self employed (not employing others)	97	2.98	2.196	1.015	31.663	5.238
Unemployed	1269	39.05	2.8732	1.4091	29.174	5.235
Other	21	0.65	3.257	1.113	27.952	3.442
TOTAL	3250	100				

Table B.4.4 - Distribution by educational qualification

FE/HE Qualifications	Sample		S/I - SD		Rosenberg score	
	n.	%	Mean	S.D.	Mean	S.D.
Yes	1666	52.21	2.4622	1.2856	30.782	4.906
No	1525	47.79	2.8949	1.3783	29.089	5.335
TOTAL	3191	100				

Table 12.5 - Distribution by place of residence

Normal place of residence	*Sample*		S/I - SD		Rosenberg score	
	n.	%	Mean	S.D.	Mean	S.D.
England	1183	36.4	2.8081	1.3862	29.387	5.143
Scotland	1943	59.78	2.5839	1.3243	30.273	5.199
Wales	8	0.25	2.153	1.265	26.25	2.121
Northern Ireland	26	0.8	2.483	1.245	30.885	3.724
Other	90	2.77	2.462	1.143	30.742	4.896
TOTAL	3250	100				

Appendix C: Supporting documentation

Appendix C.1 Foreword to the A.S.C.U. report

(N.B. The following item, written by Dave Mearns, Director of the Counselling Unit at Strathclyde University and lead supervisor for this PhD research, appeared as the foreword to the original report to Lothian Region Education Department regarding A.S.C.U.)

In 1983, along with John McBeath, I published an article in the Times Educational Supplement Scotland entitled "More Stress - Less Escape" outlining the then critical balance between stress and relief for Scottish teachers. It may have been the publication date of April Fool's day which deterred a response at that time but more likely the educational establishment was not yet aware of the various ways in which it could respond to the stress of its staff.

In the years which have followed the profession of counselling has grown in private practice, in association with primary health care and, most particularly, in the workplace. Employers are aware both of the possibility of adverse judgements on litigation raised by employees in relation to stress in the workplace and also of the cost benefits of this attention to the people they employ.

Not surprisingly Lothian Region Education Department took the lead in Educational circles within Scotland in forming the Advice, Support and

Counselling Unit (A.S.C.U.) and staffed it with professionally trained counsellors. The success of ASCU, as evidenced in this report by the researcher Steve Goss, is due in no small measure to the spirit of innovation and concern for the whole person which has pervaded Lothian Region Education over the past twenty years.

One product of that climate, through his fifteen years experience in Inveralmond Community High School, is Pete Roberts, the Co-ordinator of ASCU. I would like to take this opportunity to commend Pete Roberts and his staff of counsellors as well as Steve Goss, the researcher, for this highly professional project and its evaluation.

Dave Mearns

Appendix C.2 Timetable for A.S.C.U. study

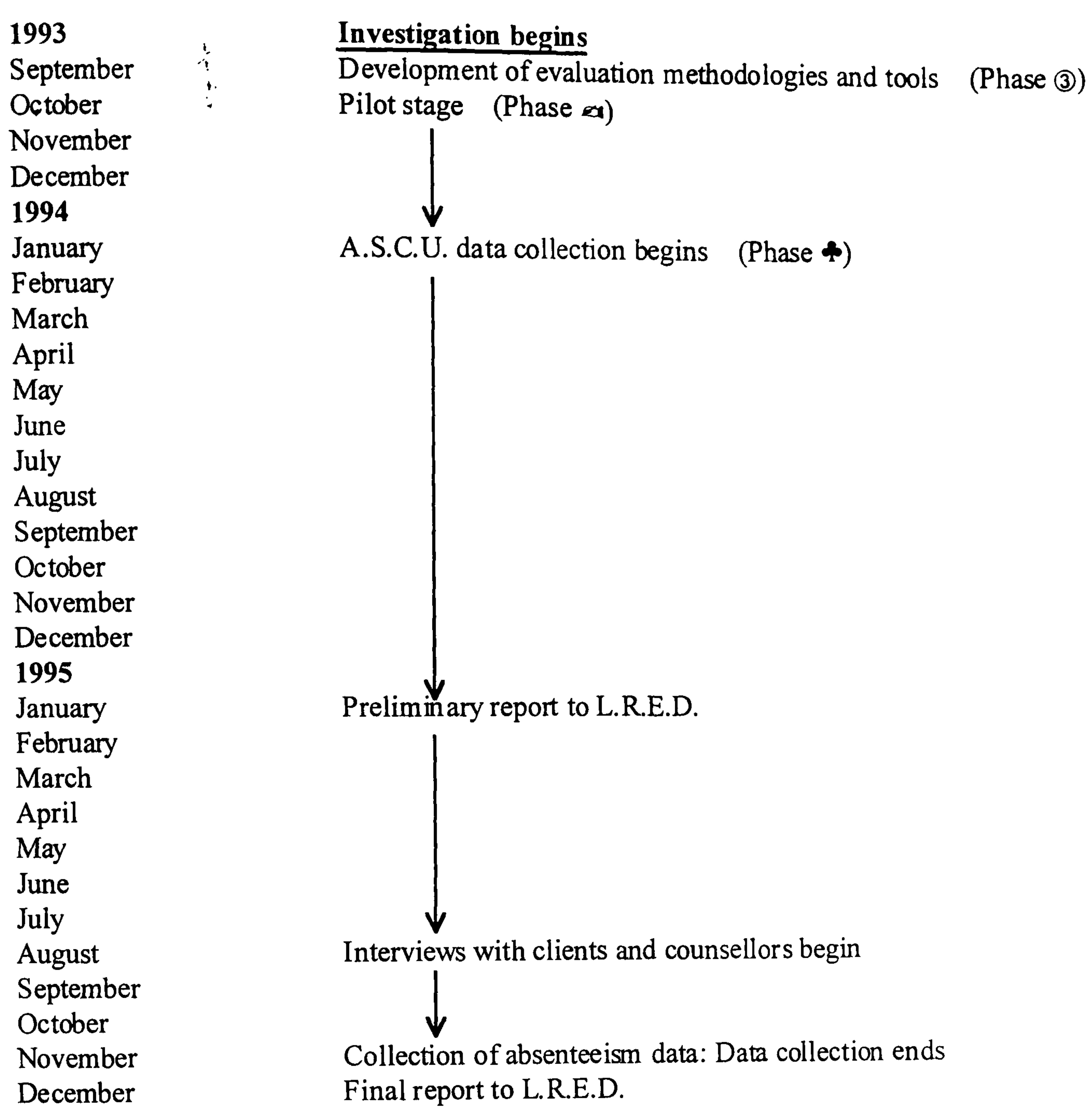

Diagram C.2.1 - Time scale for A.S.C.U. study.

Appendix C.3 Additional material regarding the characteristics of A.S.C.U.'s counselling and counsellors; limitations and other issues.

Counselling processes and counsellor characteristics

Ways in which counselling was of help

The data regarding ways in which clients perceived the counselling to have been of help (presented in table 13 in Appendix B.1) can be seen as revealing more about the nature of the counselling offered and its internal processes than outcomes and hence its specific utility. Furthermore, value judgements based on these responses must be cautious. Davis (1992) notes that the items 'are taken from a number of sources and they need to be carefully evaluated' before being relied upon as valid, reliable measures of counselling in general.

As a result, further analysis was focused on the more revealing sections, once it was clear that the responses indicated that counsellors were working broadly in accordance with their core theoretical models[1].

Nonetheless, some useful data was produced, which is reported briefly here.

---

[1] As comparison of counselling types was not an issue in this service wide evaluation, adherence to specific models of counselling, manualised or otherwise, was only an issue to the extent that it indicated the counsellors to have been working in a recognised and accepted fashion.

On the predetermined items, clients and counsellors broadly agreed[2] that counselling offered most help in terms of exploring, clarifying and understanding problems. Counsellors appeared to indicate that they had played a part in 'solving problems' more often than their clients, perhaps matching their slight over estimation of the overall relevance of counselling to the improvement shown in clients' issues.

The relatively didactic methods of helping such as 'Helped me communicate better with others' and 'Gave me new skills' gave somewhat more equivocal results.

More general, but more vivid impressions of the ways in which counselling was of help were commonly reported in interviews:

> *'It is such a sort of safety net because it's kind of, em - it's a place of sanity, a small place of sanity where things can be worked out without, more rationally, without the, the sort of angst and the emotion and everything else that surrounds you, you know outside of there, and I think it's one of the best [the Education Department] have done.'*

Another example was

---

[2] Although counsellors tended to indicate that more of the options had been relevant ways in which counselling had helped than their clients. They also displayed a lesser degree of certainty than their clients, selecting the "unsure" option more frequently, which was, perhaps, to be expected as they were being asked to answer on each client's behalf.

Client: *'It was very easy. You know, to just talk. It was just what I needed ... I just sort of went in and sat and I talked and talked for about an hour and got all the help I needed.'*

Researcher: *'So it was the chance to talk that you were looking for.'*

Client: *'Yeah, yeah. I think just to get things off my chest you know Em, and not be, ... judged. You know, just to be able to say this is what's going on, this is how I feel, you know, and swear a lot (laugh). And sort of get practical advice where it was needed. ... I got exactly what I needed from it basically.'*

Also very apparent in client interviews, and related to the importance of the non-judgmental approach, was the strong sense clients had that A.S.C.U. was 'a safe place to talk about things' and 'the kind of feeling of worth [the counsellor] gave me', despite the difficulties inherent in facing one's situation:

There was also some feeling reported by clients during interviews that, although the non-judgmental approach was vital, a few of the clients would have preferred a slightly more interventionist style of counselling:

'I'd never been for anything like that before, so I was completely new to it ... I felt it quite unnerving because you had to sit and,

you felt you had to I felt I had to talk for the time that I was there. I mean the person that counselled me was extremely nice, very very kind and, em, obviously that was their job to listen, but for me, I prefer somebody who actually responds (giggle) ... you know, more like a conversation more than - my soliloquising (laugh) ... but then, I don't think any counsellor's going to come forward with - - 'let me suggest this'.'

Counsellor characteristics

Client perceptions of counsellor characteristics were recorded on a grid comprising 18 Likert type scales between diamEtrically opposing poles, in a manner similar to personal construct theory methods. Although the limitations on reliably interpreting the construct grid used meant that it was insufficient as an indicator of success on its own, when seen in conjunction with the other data available in this study, it added some important elements to the overall understanding of how the counsellors were perceived by clients.

The construct pairs of which the grids were comprised were less controversial than those in the grids elsewhere in the study. They also applied across models of counselling rather more equally, with the exception noted below. Furthermore, they referred to the counsellor, rather than the processes that might go on within counselling, and were therefore closer to evaluative concerns than indications of the processes within counselling noted above. If clients had indicated that any counsellor had highly undesirable characteristics, or the

returns as a whole indicated that the counsellors in general exhibited characteristics which would not be considered conducive to good counselling provision, there would be clear grounds for concern.

However, in this study, the construct grids of counsellor characteristics were very favourable, concurring with the broad trend of the results. At the end of counselling, and at follow-up, most clients rated their counsellors at well above the neutral mid-point of all the scales. In particular, clients found their counsellors to be respectful, good listeners, trustworthy, interested and genuine.

It is also worth noting that these results were, broadly speaking, consistent for all the counsellors, regardless of theoretical orientation.

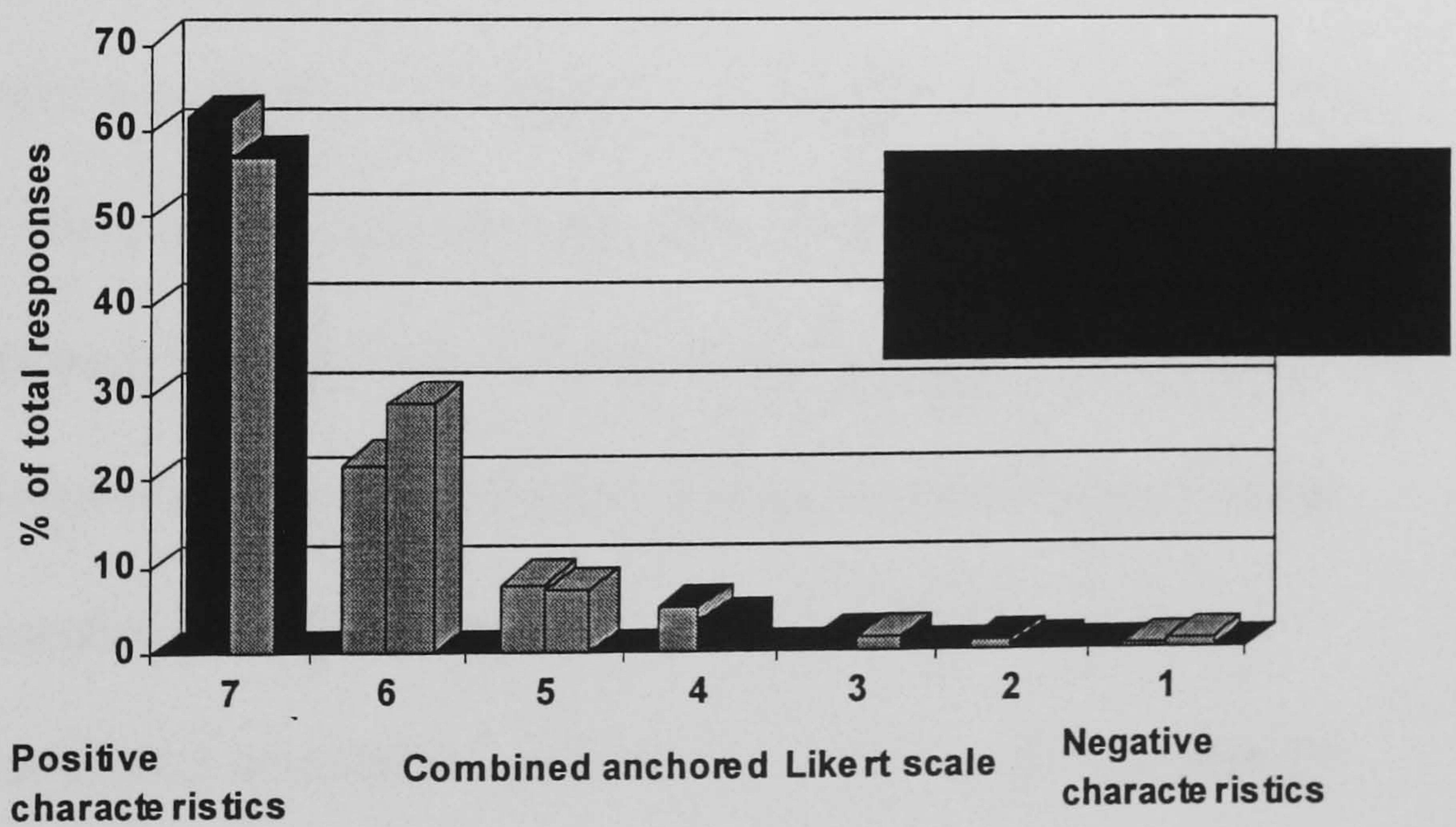

Diagram C.3.1 - Overall ratings of counsellor characteristics at end of counselling and follow up

The degree of association between the ratings given for each construct pair at the end of counselling and at follow up was calculated by chi squared test. The

overall association of items comprising question C5 was fairly poor (p = 0.025). However, the degree of association varied markedly between individual scales. For example, item b ('warm' versus 'cold') was very closely associated (p >0.995) whereas item d ('respectful' versus 'disrespectful') was associated at p = 0.1. Other items were only associated between p = 0.7 and p = 0.3. Nonetheless, this should not be allowed to obscure the fact that both sets of results were overwhelmingly positive, clearly demonstrated in Diagram C.6.1.

Perhaps more importantly than these narrow statistical indications of association between end of counselling and follow up responses, there was a tiny proportion of responses at the negative end of the scales, or even at their equivocal midpoint at either stage.

More than half of the 0.7% of responses at the lowest (most 'negative') possible score were for the 'non-directive' versus 'directive' construct dyad. As this did not correlate with lower outcomes on any other measure, it may indicate that while there are times when counsellors could be more directive, at least in the eyes of clients, increased directivity does not *necessarily* either improve or undermine positive outcome. If we look to their qualitative responses for further illumination of this issue, a minority clients asked for *more* direct advice and 'answer giving', confirming the hypothesis. While this was clearly important for those individuals a more common indication was that, in general, clients particularly valued the warm 'non-judgmental way' they

could explore issues at their own pace 'in a non-threatening environment' and 'in a very *free* relationship.'

This type of response added to the quantitative measurement of pre-determined counsellor characteristics noted above, generally confirming those results, expanding upon them and providing greater accuracy by introducing the constructs and language preferred by the clients themselves.

More generally, clients reported other counsellor characteristics:

> *'I felt very very impressed by [the counsellor] herself, by the service and by the kind of, the warmth that was handed out to me as a stranger, you know - that somebody was prepared to listen and say - - you know, come back next week, I have time for you, when I knew she was more than duly busy',*

despite this client also having reported that he was initially sceptical and:

> *'was prepared not to accept the counsellor, whoever it might be ... all through my working career I tended, I have tended to be a little bit anti female.'*

In another interview:

> Researcher: *'Can you identify looking back at it now, ... what it was that made it so good?'*

Client: *'(sigh) right, [the counsellor] herself. - The kind of personality of the woman, em - regardless of her expertise, I mean, she as a person, she is a gentle and warm - kind of person that makes you feel comfortable. Em, - I don't know what kind of skills you have in counselling, but whatever they were, they were there (laugh).'*

Limitations, possible improvements and other issues

Although most clients indicated complete satisfaction with the service both in quantitative and qualitative questionnaire results and in interview, a few indicated, sometimes obliquely, that the service could have been improved in response to the researcher particularly focusing on such issues. Given that in selecting the interview sample, priority had been given to clients who had either shown negative or equivocal change in the questionnaires, it is, perhaps, significant that there were so few criticisms. Those that were made tended to be more or less heavily qualified, or were balanced by positive aspects of counselling experience. They were generally mildly expressed (*all* the most vehement are quoted here) and furthermore, very few criticised the counsellors themselves in any way at all.

Nonetheless, consistent with the questionnaire results, counsellors did appear to be genuinely willing to reflect on less desirable aspects of both the service and their own work during their interviews. Counsellors appeared to be commendably open about difficulties they had had in their work with A.S.C.U.

It should be stressed, however, that such comments were neither common nor typical.

Six session limit

The most prominent theme, and one that recurred throughout the evaluation process, related to the time limited nature of the counselling offered.

Lower satisfaction was recorded for the number of sessions available than on the other satisfaction rating scales - very much so for a small minority of clients (deteriorating further at follow up). The lower degree of agreement between clients on this item was reflected in the higher standard deviation (see Table 1 you know was really quite precious and the back of my mind there was 'how many more can I actually take up without feeling I'm, I'm taking , more than my share. ... and that in a way - put an unnecessary burden [on me]. ...

reavement - is - - is more of a long term thing. It doesn't sort itself out over six sessions'

Perhaps surprisingly, although the six session limit was raised by several counsellors in their interviews, conflicting views were expressed. The negative view was summed up neatly by the coe limit flexibly. Clients had also noted the session limit as particularly unhelpful: 'I was terrified of being left stuck after the six sessions provided by the Region - as if I had to tell all in such a short time.'

In the client interviews the six session limit was described as 'a sort of brick wall that I was going to run into.' Another client reported that,

> *'I found the blocks of six really quite - inhibiting and weighing in a way because ... I was conscious of the fact that it was a, a service that, you know was really quite precious and the back of my mind there was 'how many more can I actually take up without feeling I'm, I'm taking , more than my share. ... and that in a way - put an unnecessary burden [on me]. ... bereavement - is - - is more of a long term thing. It doesn't sort itself out over six sessions'*

Perhaps surprisingly, although the six session limit was raised by several counsellors in their interviews, conflicting views were expressed. The negative view was summed up neatly by the counsellor who pointed out that 'some clients just don't engage in the six sessions ... and I think those are usually clients who ... very often drop out or stop coming.' Another vivid example was,

> *'as usual when people are stressed they dip into their own deeper souls ... for one or two of them, [their process in counselling] kind of caught into the darker underflow of their lives. The tangled underflow of their lives. And for those I found it - eh - for those the six sessions work was actually too, too difficult.'*

Conversely, other counsellors expressed more complex views,

> Counsellor: *'I totally believe and have had experience of, short term bits of work which are completed in the service ... one example way back at the beginning was one where I nearly fell for going in at a deeper level, cos I could sense the chaos. I could sense and she admitted the chaos, but in fact she ... was very clearly asking for boundaries ...'*
>
> Researcher: *'So, in a sense the short term work was almost making it more - user friendly?'*
>
> Counsellor: *'Yes, eh, certainly it was helping her hold, hold the chaos and work with it within ... boundaries. It was like the value of holding it in six sessions and the value of holding it rigid in time, and the value of only looking at where she was and what she wanted to in this minute. ... I would really support the six session boundary with some flexibility for specific situations.'*

The importance of this flexibility was quite frequently emphasised by counsellors, especially in the light of perceived cultural norms of conformity and compliance:

> *'the issue of six sessions has clearly limited some clients from moving onto deeper personal issues after they have broached the clearer workplace problems, ... It [was] clear that in a minority of cases one or two sessions over the limit allow the client to then move on without the support of the Unit ... The culture of teachers, but I would suspect education in general, is that people feel that they should conform to a set pattern of a client and need to gain acceptance from the counsellor.'*

The pragmatic flexibility implied by such perceived needs became an increasingly well established policy of the service, with no apparent effect on mean numbers of sessions per client, (3.73) which remained very nearly constant throughout the evaluation period, despite the increasing numbers of exceptions to the six session limit when there was a real need to extend the counselling contract. For example, the highest number of sessions any one client received was 12, while the median remained constant throughout the evaluation period at 4.

Although a preliminary recommendation that the limit be removed altogether could not be implemented before the end of the evaluation, such stability in the average number of sessions, even with that increased flexibility, may suggest that the financial risk of such a step was more limited than might be expected. The implication was clearly that most clients took what help they needed, and no more.

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A small number of clients indicated that they intended to go on to 'seek further help' from other, usually longer term, counselling services. This step was a result of the six session limit and in part provided a solution to the problem created by it. However, it was also clear that there would still be employees who were stressed by work events but still not finding professional support after the six sessions and it could be concluded that there was a need for additional provision for such a group, perhaps focusing care more directly on their individual needs, loosening the control over expenditure in the expectation of increased cost-utility returns.

Professional counsellors and also clients may be able to function creatively and more productively with 'soft' rather than 'hard' guidelines. The difference between softer 'short-term' and harder 'time-limited' guidelines might be further researched in both employee counselling and primary care counselling where management fears of over-use are most evident.

Location

The next most frequently raised negative point was the relatively mild criticism that that 'obviously, where they're housed isn't very good'. In addition to problems for wheelchair users, it was felt that 'to be in a converted cloakroom is not exactly wonderful' and

> *'I mean, you could go into that building and you could meet people that you know ... and maybe have to explain yourself'*

Clients repeatedly expressed this view and at least some counsellors concurred:

> *'I think clients have, you know, there has been a degree of unease from clients about being around [the Unit] and being seen coming into the building. Particularly when there's in-service courses or colleagues they don't want to meet in corridors. I think that's a big factor for some people and I guess it would put people off coming.'*

It was also pointed out that being housed in an education centre raised potentially counter therapeutic associations for some clients.

Evolution of service remit and other issues

Conflicting views were expressed by counsellors in interviews about the variety of functions A.S.C.U. undertook, exemplified by the tension between advisory or training work and counselling. Some counsellors were unwilling,

> *'to move in between counsellor mode and advisory mode ... I can see - where that might have been valuable with people, but I never saw that as my role ... I remain clearly in a counselling - position.'*

It was also felt that advisory work required detailed knowledge of educational systems at all levels.

However, it was acknowledged, that if 'they're not just coming to the ... counselling unit but they're coming to where they can get a bit of support, then that makes the door easier for them to knock on' which was felt to be especially important in the light of the clear impression that 'people find counselling enormously threatening'.

A.S.C.U. was also perceived by counsellors to be in a position 'to respond very effectively' to the perceived need for communication skills training in schools by providing in service training and other services in a deliberately preventative role, e.g.:

> *'What clients are uncovering is* enormously *difficult and damaging situations going on in schools ... which nobody is addressing because nobody knows how to address it, or they haven't got the time to turn their minds to addressing what are very difficult but not intractable situations. So they tend, these situations go by default until we get to a total crisis and so an awful lot could be done, prior to these situations actually coming to a head, which end up in most cases being disciplinary or grievance situations which are very damaging to work place relationships [and costly to the Department] no matter what the outcome.'*

It was even thought that A.S.C.U. might be able to contribute to a wider cultural shift throughout the Department[3], enabling staff at all levels to cope better with their own stress, and with the pressures faced by their colleagues and subordinates:

> *'what [we] really want is to be dealing with the people who would cause the breakdowns, or who are involved in causing their own breakdowns, em, before it ever begins to develop.'*

It was widely anticipated that 'being more proactive and going into schools' would have direct benefits for the Department in terms of reducing the demands on the counselling provision, as well as improving services and reducing the overall level of stress experienced by its staff; 'until these other facilities are put in place A.S.C.U. still will get - too many people in crisis.'

Other issues

Both qualitative and quantitative data from questionnaires and interviews raised a few more issues. At the preliminary reporting stage, in January 1995, twelve months after data collection began, the project co-ordinator had seen more than 55% of the clients who received counselling. It was suggested then that there appeared to be a need for additional counselling hours to be supplied by the other counsellors. Some deliberate steps were taken in that direction in the period prior to the end of data collection. Nonetheless, over the whole

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[3] Such roles for employee counselling services are already advocated in the literature by Carroll (1996), among others.

evaluation period the co-ordinator was found to have seen slightly more than 48% of counselling clients and it was clear that this commitment from one person had inherent *potential* weaknesses both in terms of the degree to which success or failure would depend upon their individual skills as a counsellor and the time taken away from running the service. It was widely felt that, at the very least, 'it needs the acknowledgement that the demands on the resource at A.S.C.U. are growing.'

A few minor teething troubles were mentioned such as difficulties arranging suitable times for appointments. It was made very clear that many of these difficulties were a matter of unfamiliarity with the systems that had been developed and that 'when I was taking quite a lot of A.S.C.U. clients it worked quite well.'

Although A.S.C.U. had already gone to great lengths to emphasise the absolutely confidential nature of the service, during interviews three counsellors referred clients who had clearly delayed coming to counselling because of fears over confidentiality:

> *'If it is something to do with the work situation, [a few clients] don't trust the confidentiality of the service, therefore they won't share it until it becomes a crisis, because if they do then [they fear that] it'll come back in some way through their career structures and all the rest of it.'*

Other specific difficulties noted related directly to identifiable work with individual clients, the vast majority of which were satisfactorily resolved. Some counsellors reported more difficulties than others.

Appendix C.4 Forms of pluralism not considered here and other exclusions

The distinct and separate entities of political, religious, economic or social pluralism are not considered in this thesis. While this work may carry implications for these fields (and their author believes it does), they will have to be considered elsewhere.

This thesis certainly does not, however, support the forms of pluralism sometimes used to justify free market economics and unfettered corporate development. Regrettably, neither does it provide *direct* support for religious or cultural tolerance of diversity in general. What these fields have in common with the subject of this thesis is rarely more than a shared acceptance of many forms of experience, ideas or belief structures alongside each other. Some are merely based on a desire for such acceptance without an adequate mechanism for achieving it.

Also excluded are those uses of the term 'pluralism' that refer to specific ontological positions: i) the literal existence of greater than two fundamental objective realities, ii) that things exist in distinct and irreducible levels or that iii) the Universe is fundamentally indeterminate in form (after Angeles, 1981). Although other ontological issues are discussed in this thesis, such positions are fundamentally at odds with some of the proposals made here. What is proposed here is an *epistemological* pluralism and not necessarily an

ontological one at all. It should be noted, perhaps, that Angeles' definitions rely exclusively on physicalist concerns and do not allow for other considerations such as postmodernism - which receives no entry in his dictionary. The centrality of perceptual, emotional and purely psychological matters in counselling and psychotherapy require a rather more wide ranging basis for discussion

To develop and implement pluralist evaluations separately from an examination of their epistemological foundations would, it is asserted in this thesis, risk absurdity and its earlier sections are intended to address this issue. However, the subject of this thesis is the evaluation of counselling and psychotherapy not the theory of science *per se* or philosophical history. As the main title implies this thesis does not attempt to produce a *complete* new philosophy of pluralism but rather to *explore* some of its most pertinent aspects. Some issues remain outstanding or could be further addressed, but that would only be appropriate in an arena more exclusively devoted to purely theoretical philosophy.

With the exception of the deliberately simplified and polarised models of phenomenological and reductionist thought, as they relate to research practice, discussion of preceding philosophical schools has often been omitted. Postmodernism, Feyerabendian anarchism, post-Benthamite utilitarianism and Rortian pragmatism and others have all provided important foundations for this work. However, discussion of them is restricted to an examination of their

limitations where they might be thought to fulfil the same role themselves and an examination of specific points and technical terminology necessary to develop and apply the approach proposed. It has not been assumed that readers will have a detailed knowledge of all these precursors to the current work but because discussion of them has been kept to a minimum reference to representative works is made throughout the text as appropriate.

As noted in the preface, despite attempts to be as inclusive as possible, spiritual, mystical or religious ways of understanding rarely enter the discussion explicitly. The paucity of literature on research *in conjunction* with such ways of thinking is shared by the current author and there seems insufficient space to give a full examination of all the relevant issues here.

Appendix C.5 Timetable for evaluation of counselling in a large financial services organisation

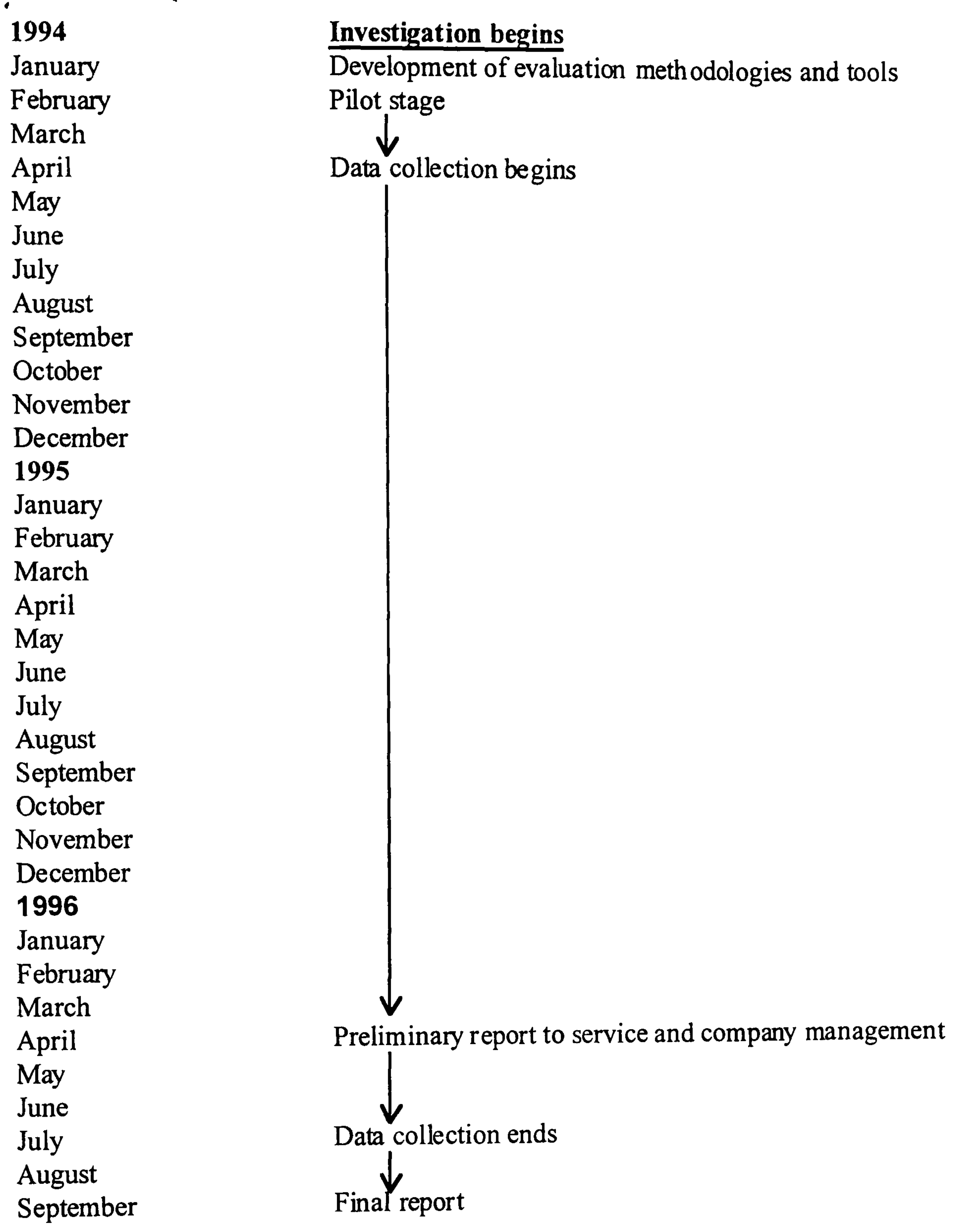

Diagram C.5.1 - Time scales for the study of counselling in a large financial services company

Appendix C.6 - Timetable for normative data study for S/I-SD measure

Timetable

Phase 1	January, 1996;
Phase 2	February, 1996;
Phase 3	February / March, 1996;
Phase 4	April / May, 1996;
Phase 5	from May, 1996.

Diagram C.6.1 - Timetable for normative data study of S/ISD

Appendix C.7 - Formula for calculation of S/I-SD measure

Each item was subtracted from the rating given to the same item in the ideal-self grid. The discrepancies between each of the 21 items were summed, treating each figure as if it were positive (i.e. ignoring + or - signs). This was to allow for the reversal of some scales, making it irrelevant whether 7 or 1 had been the most positive score. For example, if a respondent had scored 7 on item 'a' of question 6, but only 4 for the same item of question 8 (see Appendix A.4), the discrepancy (Q8a - Q6a = 4 - 7 = -3) would have been treated as 3.

The sum of the discrepancies was then divided by the number of items used in both grids by that respondent, to allow for some respondents missing items. If more than 5 items were missed on either question, the case was disregarded. Higher total adjusted discrepancies could thus be used to indicate lower global self esteem.

To avoid the clumsy notation of +/- in the calculation of discrepancy for each subscale, the following equation was developed as part of the development of this thesis to express the calculation of the overall discrepancy:

$$S.E. = \frac{\Sigma\,(\sqrt{((Q6_a - Q8_a)^2)}) + (\sqrt{((Q6_b - Q8_b)^2)}) + (\sqrt{((Q6_c - Q8_c)^2)}) \ldots (\sqrt{((Q6_u - Q8_u)^2)})}{(21 - n.\ \text{missed})}$$

Appendix D: Recommendations and additional data presented to purchasers and service managers

N.B.: Each of the studies reported in this thesis generated reports for the benefit of the service purchasers. The studies as presented in the main body of the thesis did not include presentation of all the data; only examples of the data were presented to support the main purpose of the thesis of furthering exploration and discussion of the pluralist model. Consequently, more extensive presentation of the wealth of data generated by the studies is necessary. Appendix D includes data derived from revised versions of, extracts from, the reports of the studies submitted to the purchasers and managers of the services. While there is, necessarily, some overlap with the presentation of these studies in Part 5 of the main thesis text, tables and diagrams have generally been omitted as has some other material where these were not deemed to be pertinent. Readers are also referred to the original reports to the services which are available from the author.

The recommendations based on the conclusions drawn from the data presented above are also given in this Appendix in the interests of allowing the reader the greatest possible access to the implications of these pluralist studies, whilst keeping the reporting of the research in the main body of the thesis as brief and specifically related to the theme of developing and demonstrating pluralist evaluation as possible. The recommendations have been reproduced here

virtually as they were printed in the original reports, except for minor changes in wording, layout etc. and the anonymised phrasing of D.2. Given the managerial readership they were intended for, their style is necessarily short and, throughout the following Appendices, attempts were made at numerous points to simplify the large quantities of evidence to give the clearest possible indication of the judgement made in each evaluation.

Appendix D.1.a Report of data to Lothian Regional Council's Education Department regarding the A.S.C.U. service

Overview of results

The process of developing and piloting the evaluation system used in this study meant that it was uncertain whether the initial client questionnaire could be included until after printing deadlines necessary to ensure the greatest possible length of the data collection period. Consequently, that questionnaire is referred to below as 'form 1', and the questions are simply numbered, while the others are indicated by: 'Form A', the counsellors initial questionnaire; 'Form B', the counsellors end of counselling questionnaire; 'Form C', the clients end of counselling questionnaire; 'Form D' the clients follow up questionnaire. The questions were labelled 'A1', 'A2', etc.

Monitoring Statistics

In addition to the independent programme of evaluation, basic monitoring information on referrals to counselling was collected by the service co-ordinator from September 1993 (4 months before the more detailed data began to be collected for evaluation purposes) to November 1st 1995 for the purposes of internal audit and was as follows:

Gender: Male: 98 (29.5%)

Female: 234 (70.5%)

1240 sessions were provided for a total of 332 clients and despite the fact that up to 6 counselling sessions were available to everyone, each client only used 3.73 sessions on average.

In terms of employment categories, clients fell largely into two major categories:

categories:	Primary teachers	34.7%
	Secondary teachers	31.8%
thus,	all other categories	33.4%

No employment group within the Department was not represented.

Other monitoring data kept by the project, such as indicators of presenting issues, are considered below. In general, where data was duplicated by the questionnaire results the two sets of statistics were very similar, as expected.

These details gave some indication that the service was genuinely available to (and used by) all sections of the Department's staff (which was confirmed by the more detailed data given by clients at the end of counselling in Form C, as presented below).

Demographic details

The presentation of questionnaire results as separated into 'quantitative' and 'qualitative' sections should not be taken as an indication of the way in which the study was carried out. According to pluralist philosophy, the division is purely arbitrary and used only for the sake of giving greater clarity of structure to the discussion here[1].

Over the 22 months of data collection, information regarding a total of 241 clients was recorded, and although feedback to individual counsellors was made available on request, all the results that follow refer to the project as a whole to preserve anonymity.

Given the length of the second two questionnaires, response rates were expected to vary a great deal, and were as follows:

Form 1 (completed by clients after their first session)	65%
Form A (completed by counsellors after the first session):	93.4%;
Form B (completed by counsellors after the last session):	85.5%;
Form C (issued to clients after the last session):	41.8%;
Form D (issued to clients at follow up):	60.9% (of forms issued)

[1] Such arbitrary intentions have been waived in situations where one form or source of data offers significant further illumination of another. Similarly, the juxtaposition of data types has been maintained where they were too inextricably linked for their separation to be justified.

These represent apparent, rather than actual, response rates as there were some occasions when counsellors considered it inappropriate to issue the questionnaires to a particular client, such as if the client was too distressed, unwilling to participate in the evaluation or if the counsellor considered that issuing the forms would be harmful to the client or the counselling process. Non-responses from counsellors were most commonly due to there being some clients who were still in counselling at the end of the data collection period, and the fairly small number of clients who did not return for a booked session and could not be contacted afterwards. Only six counsellors' end-of-counselling forms were otherwise improperly used or not returned.

Demographic details recorded in returns of Form C were as indicated in the relevant tables in Appendix B.1.

In terms of age, gender, grade and length of service in current post, the profile of respondents was sufficiently similar to both the whole client group and the staff population in general to give at least *prima facie* evidence that the sample was representative. For example, on the gender comparison 25.8% of the sample were men, well matched with the 26.4% proportion within the education department population.

The client group was skewed slightly towards older members of staff, especially the 51-55 age-band. This was probably explained by the fact that, in addition to these figures demonstrating the effects of 'cumulative trauma'

(Cooper *et al.*, 1988a), the service was active in supporting staff prior to early retirement. The earlier indication that the service could be seen as generally available to, and used by, all staff was thus confirmed.

The sample group tended to be slightly skewed towards ordinary teaching staff, and away from senior management in schools. This variable had shown a slight bias in the opposite direction earlier in the study and the differences were small enough for it to be possible that they could have been accounted for by the uneven nature of referrals over a given period. The question of whether school staff at teaching level suffer more stress than other categories of staff was outwith the remit of this study, but reference to the qualitative responses for these staff tended to confirm that hypothesis. Especially, it was noticeable that numbers of staff identified the *source* of their difficulties as lying further up the chain of command than themselves. In this instance, qualitative responses were able to aid the interpretation of quantitative data, more in the manner expected in pluralist evaluation.

Expected and actual (perceived) overall helpfulness of counselling

Clients and counsellors were very hopeful at the outset of counselling. On the 1- 7 Likert scale, (7 = 'very hopeful'; 1 = 'not at all helpful'), 80% of clients scored either 6 or 7, and none scored less than 4. Naturally, clients must have had some minimal sense of hopefulness in order to approach the service in the first place, and to book further sessions, both of which were necessary for them

to receive the initial questionnaire. Most people in the Department who would have expected little or nothing from the service would thus not have appeared in the study at all. Overall, the final picture revealed by the richer qualitative data being somewhat more complex with a range of attitudes reported among colleagues from public suspicion, dismissal or indifference to private curiosity, approval and even enthusiasm.

The twin questions regarding hopefulness prior to and after the first session had been intended primarily to judge the likely influence of that session on the responses of those who had attended for only one session, and therefore received on Form C. However, the comparison of the scores also allowed an indirect estimation of the impact of the first session, and of how far it had lived up to clients' expectations, particularly in the light of the high degrees of hopefulness reported.

Change was calculated in 139 cases and was found to be statistically significant (χ^2 $p<0.001$). 55 clients (416.%) showed at least a slight increase in hopefulness. Only 16 clients (11.5%) showed any decrease. Overall, the mean change was an increase of 0.45 points with the maximum increase being a change of 4 places on the 7 point scale. Despite the obvious qualification of the modal change of nil (in 68 cases), purposive selection of this group showed that they had very little room for it, most having scored the maximum 7 in response

to both questions. In general, we might conclude that the counsellors were able to live up to, or exceed, the very high expectations of apparent helpfulness in that first session. Once again, this was confirmed by other measures. Both quantitative responses, (such as those in the rest of this section although absolutely direct comparison between 'hopefulness' and 'helpfulness' is not possible in strict quantitative method), and (more freely) the qualitative descriptions in the questionnaires and interviews tended to lead to the same conclusion.

In response to the nearest equivalent question at the end of counselling, and at follow up, the vast majority of clients and counsellors reported that the counselling had been helpful 'overall' (on a similar 1 - 7 Likert scale: 7 = very helpful; 1 = very unhelpful). Over 32% (>30% at follow up) of clients considered it to be at the extreme top end of the scale. Furthermore, over 61% used one of the two most positive points (59% at follow up). Equally noticeable were the very small numbers of responses at the bottom end of the scale, or even below the equivocal mid-point.

Perceived helpfulness was extremely durable, the association between responses at the end of counselling and at follow up being calculated at (χ^2p = 0.992). The very slight drop in favourable responses noted in the preceding paragraph was therefore considered probably trivial.

Counsellors tended to score positively, but to a somewhat lesser degree, displaying much greater caution regarding use of the extreme ends of this scale and most of the other Likert scales throughout the study. Association of responses was calculated as $\chi^2 p < 0.001$. Counsellors tend to be intropunative and that certainly appeared to be so in this study, at least in comparison with their clients' responses, even though they were providing data to an evaluator whose report would have a bearing on the future development, or even existence, of the service.

Qualitative data regarding problem types and quantitative data outcome measures for presenting and secondary issues

The written answers to the free response questions requesting descriptions of presenting and secondary issues varied a great deal, but major themes did tend to emerge, and were roughly consistent throughout the evaluation period although, of course, respondents rarely described issues in precisely the same terms.

Even where similar descriptions were given, such as at the beginning and end of counselling, it was not possible to assume that the same person meant the same thing using the same words given the possibility of paralogical development that may have occurred in the counselling process, or through other influences. Consequently, the quantitative, Likert scale based questions that followed each description were interpreted as referring to the non-specific constructs of

'major issue' and 'secondary issue', as appropriate and it is only with this in mind that the Likert scale based questions retain the consistency necessary to allow valid comparisons and statistical treatment.

Furthermore, the categories used in the separate analysis remained somewhat arbitrary and from the phenomenological critique of the quantitative treatment of the descriptive free responses (carried out as part of the perpetual heuristic and reflexive focus required to maintain hermeneutic mutuality) it was recognised that such reduction could not fully do justice to the vivid, frequently highly personal[2] and disturbing nature of some of the issues disclosed. As far as possible, it was attempted to recover this loss of detail in processing and 'phenomenological reduction' by considering the original responses in full in developing the discussion of results and the conclusions drawn.

A vast majority of concerns related directly to the workplace, especially involving management or those 'higher up the chain of command', as already noted, despite the literature distributed about the service having deliberately stressed that personal problems were equally appropriate topics for discussion.

Specifically, 11% of clients referred to management or senior staff as the cause of their most major problem[3] at the start of counselling, e.g. 'bullying and unprofessional behaviour by Head Teacher'. As reported by counsellors in form A, this figure rose to 14% and although it dropped very slightly to 12% in

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[2] Many responses were thus highly identifiable. Consequently, relatively few quotations from the original responses have been included here.

form B. By the end of counselling, clients' responses in form C it had climbed even further to 19%. A figure of 14% from form D was probably less reliable given the effect of the small number of forms returned on such statistical treatment of data. The descriptions themselves remained as vivid as ever, of course and at all stages suggested that a useful direction for A.S.C.U. (or other Departmental initiatives) to develop might have been training for senior staff in areas such as assertiveness, inter-personal skills, conflict resolution etc.

These factors in themselves might have led to the conclusion that the service did indeed have a direct impact on work performance, and issues such as absenteeism and presenteeism. It is also possible of course, in the light of the differing values of *n.* that these variations (perhaps especially for forms C and D) may indicate that people were more prepared to return forms and answer the personal questions involved when they saw someone else as being at least partially responsible for their troubles.

The likely impact of such selection effects might be thought to be mitigated somewhat by the drop in more general work related problems given by clients at the end of counselling (although it was largely recovered by the less generalisable responses in form D), possibly suggesting that what clients had thought was a problem at work was related to more personal underlying issues. Alternatively, they may have felt a need to *present* with a clearly work related

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[3] Figures for secondary issues were very similar.

issue, but after building a relationship with the counsellor over a number of sessions were able to focus on more personal matters.

Another item was the number of issues categorised under the heading of 'low self esteem', especially for secondary issues. Despite the measurements of moderately high starting levels of self esteem (see below), only just below the 'normal' score, the relatively high frequency of descriptive responses that fell into this category (which excluded any descriptions that were not clearly related to low self esteem) offered a partial confirmation of the theoretical centrality of the concept, and the choice of psychometric tests referred to below.

What was not revealed in the tabulated presentation of responses was that many descriptions indicated acute need for counselling, with some referring to very serious problems indeed, including eating disorders, incest, childhood sexual abuse, sexual harassment and physical violence. While A.S.C.U. did not claim to be a crisis service, the speed of their response time had obviously been important in a number of cases.

Although developed separately, the categorisation very roughly matched the proportions of the (somewhat different) pre-determined (i.e. not 'grounded') categories used in the monitoring statistics recorded by the project's co-ordinator when making referrals to counsellors, such as the finding that 20.4% of presenting issues involved 'unhappiness with support from management'.

The two sources of data were thus found to be supporting each other: a positive 'mutual critique'.

The quantitative measures following each descriptive response asked clients and counsellors to rate the degrees of distress and difficulty caused by that issue on 1 - 7 Likert scales similar to those used in other parts of the questionnaires. In each case higher scores represented greater degrees of distress or difficulty; a negative change, indicating a drop in that score, thus represented an improvement.

The data consistently indicated clear improvements in both presenting and secondary issues as reported by both counsellors and clients. Results for presenting and secondary issues showed very similar patterns of responses and, for the most part, are considered together in this discussion.

Change of at least one or two points on the 1 -7 scale was typical, although there was a wide variation between clients in the scores at each data collection stage (S.D. of up to 25.85 for a mean change of 28.98%) indicating that some people appear to have been helped a great deal (the best improvement was the maximum possible change of 6 points on the scale) while others not so much.

While change during counselling generally proved to be extremely significant in statistical terms ($\chi^2 p < 0.0001$; 0.025 for secondary issues) scores tended to be maintained at follow up, (e.g. $\chi^2 p > 0.975$). Most of the slight change from the end of counselling to follow up (which led to occasional lower degrees of

association, such as for end of counselling and follow up reports of difficulty calculated at $\chi^2 p < 0.1$) were accounted for by continued slight reported *improvements*, suggesting that far from the effects of counselling diminishing over time, things tended to get slightly better for clients.

All the profiles showed the relative caution of counsellors in comparison with their clients, none having their highest tally at the extreme end of any scale[4]. This may be because counsellors misinterpreted the severity of their clients problems, but it is equally likely that their interpretations of terms such as 'very distressing' versus 'not at all distressing' placed different values on such extremes, being based on the limits suggested by their cumulative experience with many, sometimes highly disturbed clients. Clients, on the other hand, may be thought to have interpreted the scale in the context of their own lives.

It was also apparent that at the end of counselling a significant of clients were still reported to be above the 'not at all' levels of distress or difficulty for particular issues. The later interviews with counsellors and clients suggested that, at least for those individuals, this was largely because even when counselling deliberately sets out to solve problems, complete 'cures' are rarely achievable. Furthermore, many of the situations noted in the free response questions were ones which would not be expected to simply go away and thus can be expected to be partially outwith the scope of the best possible

[4] Counsellors were, however, more consistent in responses than clients as reflected in the lower standard deviations reported as an effect of their generally narrower use of the scale as a whole.

counselling to resolve. Harassment at work may be difficult to stop, a bereavement will always have happened. Nonetheless, reference to the qualitative data for such clients, purposively selected for further investigation, it would appear that even in cases such as these clients tended to have become better able to deal with them than they had been prior to counselling.

Very few clients showed any deterioration, or even no change. Once again, responses from such clients were subjected to closer scrutiny. Even if the service were to be offering insufficient help, it could be seen as failing in its goals. However, all those clients who indicated no change recorded very high satisfaction rates (never dropping below 6 out of 7). In those few cases where things appeared to have got worse over the counselling period, most clients recorded only a one point increase in only one of the two subscales following the description of either secondary or presenting issues (but rarely both). These same clients all tended to report small improvements on the other scales of at least an equivalent degree. Furthermore, most of these same clients showed improvement on the Rosenberg Self Esteem Scales and either an improvement or no change at all in the Self/Ideal-Self Discrepancy scores from before to after counselling. In qualitative questionnaire responses, none of these clients reported *any* unhelpful aspects, or suggested ways in which the counselling could have been improved, or that there had been issues they had been unable to discuss. Their stated reasons for finishing the counselling gave further reassurance. One stated that they 'had been helped to reach conclusions', while

another replied, 'I felt I was back on track'. For one of the clients, their counsellor commented: 'problems not resolved, but views changed and [the client] talked about how much it had helped to have had the two sessions'. Indications of negative, or even lack of, change were thus mitigated by pluralist reference to other sources and types of data, at least in the results shown by this section of the evaluation.

In the absence of more robust methods of identifying absolutely definite causal links between counselling and recorded change during the counselling period (as has been noted, a randomised controlled trial would not have been either possible or appropriate in this setting) snap shots of counsellor and client *perception* of both the degree of change for each issue and its relevance to counselling were gained at the end of counselling and at follow up[5].

The more general question of whether the particular issue had improved also recorded positive results, 65% of clients indicated that they had, while 5% reported deterioration. At follow up they were even more enthusiastic with over 77% reporting improvement, although responses for secondary issues at both reporting stages were slightly less positive.

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[5] It should be noted that while questions such as that referring to degree of improvement (e.g. question C23) can show actual deterioration (scores below the mid point of the scale), the scales relating to the degree of relevance of counselling to the change that occurred (e.g. question C24) could only show differing degrees of relevance, beginning at none. To have been truly parallel, the latter type of question would have had to have one end of the scale indicating that the counselling had actively obstructed any change recorded. However, by showing only the degree of relevance counselling had had, it was anticipated that the scale would be more sensitive and useful.

While counsellors once again appeared to have been more conservative than their clients in their assessment of the extent to which problems had improved, they appeared more optimistic about the importance of their role. Although only 2 counsellor responses for presenting issues (just 1 for secondary ones) used the very top end of the scale at 'very relevant', just once a counsellor reported that their influence had not been at all important. In contrast 5 clients indicated that counselling had been 'not at all relevant' to change in presenting issues (4 for secondary problems). Counsellors' responses tended to concentrate at or just above the middle of the scale and did not associate well with client's scores (χ^2p 0.001). At follow up, the pattern for clients was similar but responses were concentrated slightly more at just above the midpoint of the scale, becoming slightly more similar to the counsellors' reports.

Dual measures of self esteem

Given the limitations of any measure that cannot be adapted to the needs of different contexts (an essential element of evaluation in pluralist terms) it was considered likely that the Rosenberg Self Esteem Scale would not be a sufficiently sensitive guide to changes in self esteem. It did, however, have the advantages of being a widely used, well established and rigorously developed test. It stood in contrast, therefore, to the second measure of self esteem, the

relatively new Self/Ideal-Self Discrepancy[6], which, although lengthy and undoubtedly more complex for respondents to complete, had been developed specifically for evaluating counselling and was sufficiently sophisticated to allow more detailed analysis in the event of equivocal results. Unlike the Rosenberg scale, length and complexity precluded its inclusion in the questionnaires at the start of counselling and the two methods supported each other by compensating for the deficiencies of the alternative exposed in this setting. In this evaluation, the results of each measure were both positive and fairly consistent.

In interpreting the Rosenberg Self Esteem Scale, a score of at least 25 is considered an indication of a reasonably good, 'normal' level of self esteem. After one session, the average score was only just above this level, with several clients well below it (the lowest was 15, only 5 points above the minimum possible score). At the end of counselling, most scores showed some improvement, although as with the alternative measure the amount of change varied a great deal. The highest score at the end of counselling was 37 (of a possible 40). Significantly, the number of scores over 30 (an indication of high self esteem) increased from less than a quarter of responses, to over half.

Before counselling, the mean scores for the Self/Ideal-Self Discrepancy of 3.74 were distinctly higher than those previously established for women 'without

[6] At the time of writing, the measure is still undergoing some further development and during the evaluation reported in this section even the baseline data available in Chapter 12 of the main thesis text was not available.

emotional problems' (1.36; Davis *et al.*, 1989) and those of 'mothers of children with emotional difficulties' (2.04; Davis & Rushton, 1991). Average discrepancies dropped to 2.11 at the end of counselling.

These figures compare quite favourably to the scores of 3.8 prior to counselling and 2.5 post counselling recorded by clients of the service in the following evaluation study, also set in an employee counselling service, and with a study of counselling in 28 general medical practices in Scotland not reported in this thesis which recorded scores of 3.5 pre-counselling falling to 2.2[7] several weeks post counselling (Goss, 1996).

Change in the sample for this study was calculated as 44% of the starting score, and a quarter of the entire possible theoretical range, further demonstrating the very real positive changes that, apparently, tended to occur for clients when considered as a group.

In statistical terms, the mean improvements registered on both the Rosenberg Self Esteem Scale and the Self/Ideal-Self Discrepancy measure were highly significant during the counselling period ($\chi^2 p < 0.001$). Very few clients showed any decline in self-esteem, and where it existed it was very slight, although there was wide variation in starting scores and in the degree of change within the sample.

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[7] This figure was slightly revised to 2.14 in a later report from the same study using a rather larger sample (Goss, 1997)

An interesting additional note to all the quantitative questionnaire measures was the small but consistent gain shown between the end of counselling and follow-up. That the finding was confirmed in interview responses gives further assurance of this trend. At the very least, the consistency of this finding contradicts the supposition that the positive effects of counselling dissipate or begin to wane following termination. Further investigation might usefully focus on these small post-intervention gains, not only to test their significance but also to explore causality. It is possible to speculate that they simply reflect continuing post-intervention dissonance reduction, but it has been suggested that they may mark something of more significance to counselling theory:

> *'Within the humanist counselling tradition, from which most of the counsellors under study originate, the central aim is client 'empowerment': that effective counselling helps to strengthen the person rather than simply solve a problem and that this strengthening is a process which continues even beyond the influence of the counsellor. The present data suggest that this aim was achieved in this instance, but the hypothesis requires cross-validation.'*
>
> Mearns in Goss & Mearns, (1997b) pp. 335 - 336

Qualitative Questionnaire Results

Following detailed grounded content analyses, a summation of the most representative and illuminative responses was prepared, although in order to keep this presentation of results to a manageable length, and within the word limit restrictions placed on this thesis, relatively few examples can be given here.

For the sake of increased rigour, cases where the quantitative measures (such as scores for distress and difficulty or self-esteem) showed negative change were purposively selected for inclusion, in accordance with the accepted principles of naturalistic inquiry (Erlandson *et al.*, 1993), as elsewhere in the study.

The vast majority of comments were very positive indeed. Many clients commented that the service had been 'extremely useful', with typical sentiments being 'I found the counselling sessions helpful and don't think they could have been improved' and 'It's marvellous to have someone to talk to'.

Several comments given at the start of counselling further underlined the desperate state many clients felt themselves to be in, emphasising the initial severity of problems in more vivid and specific terms than could be derived from any of the data noted above, sometimes in addition to indicating the effect of the first session. Examples included:

'I felt unable to continue working and felt ready to hand my notice in, but having seeked help from the counsellor ... after 1 session I feel more positive and can see an end to the way I have been feeling for so long';

'my family has been hit by H.I.V. infection and other illnesses, I feel unable to cope';

'I felt extremely positive after the first session ... that the counselling would be beneficial to me.'

At each data collection phase, clients made a point of emphasising the positive steps the Department was seen to be taking, as well as the continuing great need for the provision:

'It is a good thing [the department] is a pioneer in attempting to work with the real problem of stress and related physical and mental illness ... in the long term this could save the Region a lot of money paid out for absence at work. Also ... it makes for better work output if one is happier within the workplace.'

'... I sincerely hope that the Region will hear a bell ringing somewhere and not put such stress on their employees.'

Some responses directly confirmed the hypothesis made at the project's launch that investment in counselling can reduce the costs of long-term absenteeism:

'Thank goodness the facility existed. I couldn't have coped without the support. I was off work for 6 months but I feel it would have been longer (or possibly never!) before I managed to return.'

Clearly, such responses supported similar findings elsewhere in the study.

Particularly helpful aspects of the counselling were reported to include that the counsellor had been in an objective, uninvolved position and that they had been able to discuss things 'in a non-judgmental way' and in a 'non-threatening environment'. The frequency and detail of positive comments about the counsellors from other questions added to this opportunity for greater insight into their experience still further:

'I was surprised at how helpful the session was - the counsellor was utterly calming reasonable and reassuring. What a star!';

'It's marvellous to have someone to talk to';

'Excellent common-sense from an extremely supportive professional';

'I found the help given excellent - one hour of companionship in which I talked more about myself than for many years. I know there are no solutions but the comfort given was enormous ...'

One client wrote:

'The counselling service has obviously been set up to reduce the cost to the employer of illness, early retirement etc. It would be nice to know that the employer actually cared for the well-being of staff as people not pay packets.'

An argument in favour of Employee Assistance Programmes is that reductions in precisely these kinds of things will offset, if not exceed, the cost of the service, and that the employer will benefit from increased employee commitment because of the enhancement of their image as a 'caring company'. Comments such as this made it crystal clear that there is little point establishing a token service, or one that is concerned too rigidly with cost implications, and that it is necessary for employers to follow through on commitments to helping their staff.

Counsellors were also asked open ended questions. There were a number of responses similar to: 'It [the counselling] met their [the clients] needs.' Some responses linked the effects of counselling to the workplace: 'This client was largely suffering from unreasonable workload and expectations due to the way her job changed. During this time she is off work.' Or, more optimistically, 'Client kept functioning at work. She is more effective and more assertive.'

Analysis of interviews with clients and counsellors

Interviews with clients

Participants for this part of the study were selected in two distinct phases. The first was a process of self selection. Form C included an invitation to participate in in-depth interviews with the researcher (see Appendix A.1). It had been expected, especially by the counsellors, that very few people would put themselves forward. Participation in both the follow up stage and the interviews entailed waiving the complete anonymity clients had hitherto enjoyed in regard to the researcher. Furthermore, being interviewed involved a far greater degree of intrusion into their lives in terms of their time, commitment to the research endeavour and, possibly, the expectation that they would be asked to reveal something of the highly personal content of their counselling. However, in the event 73% of clients who responded to form C offered to take part in the interviews.

All the interviews were carried out during a four week period towards the end of the data collection phase to provide the greatest possible variety of periods elapsed since the end of counselling. Follow up forms had been issued prior to this and all those clients who had given their permission for interviews in form C at the end of counselling were sent an additional form providing an opportunity to indicate that they no longer wished to be interviewed. Only one client used the form to indicate that option, although two others were also

excluded from the sample on the ethical ground of maintaining clear boundaries between therapeutic, research and personal relationships and they were known to the researcher in other contexts.

Clients were also given a choice of meeting the researcher face to face (at their place of work, their home, consulting rooms provided by Napier University Counselling Unit, or the offices of A.S.C.U.) or of being interviewed by telephone. The majority indicated a preference for being interviewed by telephone, only 4 eventually being interviewed face to face[8].

Of the resulting pool of 38 potential interviewees 22 were then purposively selected in such a way as to give equal, rather than proportional, weighting to those who had given either negative or equivocal responses in the questionnaires. Two secondary criteria for selecting clients were used:

> a) that clients of each counsellor should be represented, in proportion to number of clients that counsellor had seen. In practice, the very wide range of numbers of clients between counsellors (7 to 117) meant that this was only approximately achievable, although at least one client from each counsellor was included;

and

[8] The main difference noted between the interview techniques was, firstly, the much greater length of the face to face meetings (lasting up to 1_ hours) and, partly due to that additional length, the greater degree of self disclosure and affective response. The telephone interviews kept much more closely to the format laid out in the schedule provided in Appendix C, and despite their relative brevity (averaging approximately 35 minutes) they lacked very little in terms of evaluative content in comparison with the longer interviews.

b) that this sample of clients should be as representative of the whole population as possible by the number of sessions received and the length of time since counselling ended as well as by age, employment setting (primary, secondary, etc.), grade of post and length of service in current position.

The use of a prepared schedule notwithstanding (see Appendix A.1), the interviews were not strictly governed either by pre-set questions or by the researcher's intentions in a semi-structured approach not uncommon in qualitative research (Patton, 1982 & 1987; McLeod, 1994b).

All the interviews were tape recorded and transcribed to facilitate analysis. The categories described briefly below were derived from a content analysis of the tape recorded interviews carried out broadly in accordance with the established principles of grounded theory (after Strauss and Corbin, 1990). That is, some emerged directly from the data, and can be considered to be firmly 'grounded' in the information clients, while some are the result of the particular focus of the current research needs. As a result, the headings are related to, but by no means the same as, the headings suggested by the questions laid out in the schedule provided in Appendix A.1.

A full description of the notation used in rendering the quoted segments of speech in a form which appears to the eye as close as possible to the way it

sounds to the ear (Jefferson, 1978) is provided in appendix A.1. The conversational tone and idiosyncrasies of speech have been retained.

A: Introductory and closing comments:

All the interviews began with similar information being given to clients regarding the purpose of the interview, its confidentiality and what was expected of them. No clients objected to being tape recorded, given equivalent confidentiality to that of the counselling setting, and all expressed their strong willingness to take part.

Each interview ended with thanks for taking part and an invitation to add to what had already been said either then or by post via A.S.C.U. or directly to the researcher's private address.

B: 'Ice breaker' questions:

These were intended to give respondents time to relax and 'get into the swing' of the interview, alongside providing useful background information on the sample being studied. Occasionally, clients launched straight into talking about their experiences of counselling and these kinds of questions were dispensed with, or asked at a later stage.

Deliberately selected to cover a wide range, the shortest counselling contract in this sample was 2 sessions, while the longest was 12, spread over more than a six month period. Similarly, the length of time since counselling had ended

varied from a few weeks to clients who had been among the first to become part of the main evaluation almost two years previously. Most had been seen between 3 and 9 months prior to the interviews.

Although, of course, 22 clients cannot represent of A.S.C.U.'s whole client population but most categories of client were present. The small numbers render statistical analysis unreliable, but it is worth noting that none of the variables applied, including time elapsed since counselling finished, appeared to make any significant difference to either the types of responses given or the strength of feeling expressed on any issue. The views expressed were, of course, very personal. They may be best considered as examples of what is possible, rather than being representative of a (non-existent) 'normal' experience of counselling.

C: First reactions to A.S.C.U. and making contact:

Comments on publicity, although unsolicited, were very positive making it clear that the service had become seen as 'very accessible' and approachable. The most effective means of communication seemed to have been the small, credit card sized cards distributed via payslips to the entire work force and leaflets and posters in staff rooms. Word of mouth was also an important factor; such things as 'having known someone [who] had gone and found it effective' was often important in deciding to contact the service.

Views of the service prior to that first contact varied from enthusiastic confidence that this was a good service, its provision possibly being long overdue, to the more diffident (and common) position that it was all very well, but probably only really intended for other people.

Typical examples included:

> *'Well, I thought, (sigh), em, it's a good idea for people that need it (chuckle) but I don't think I'm the, I, you know, it won't do me any good because I've got plenty of friends and plenty of supporting people and you know, you've just got to work through your own problems.'*

No respondents reported that they had been inclined to see themselves as potential clients until their need became sufficiently extreme to overcome the ''there's nothing wrong with me' sort of thing', sometimes having to redefine their self image to do so:

> *'I'm basically - quite a strong person and I was appalled at my own, you know, ability to go to pieces, - you know, to be tearful, not to be able to cope';*

Most respondents also said that before getting in touch they had been 'probably slightly afraid of it', once contact had been made clients generally agreed that they had been extremely relieved at the response:

'I felt, in a way I was opening up in a way I wouldn't normally open up to a stranger. There was that element to it. There was also the relief that someone was taking the time and trouble to take me on board and listen to all my woes ... because at that time I don't think I could really cope'

and

'I felt very very impressed by [the counsellor] herself, by the service and by the kind of, the warmth that was handed out to me as a stranger, you know - that somebody was prepared to listen and say - - you know, come back next week, I have time for you, when I knew she was more than duly busy',

despite this client also having reported that he,

'was prepared not to accept the counsellor, whoever it might be ... all through my working career I tended, I have tended to be a little bit anti female.'

Another example also indicated, concurring with earlier data, the degree of distress suffered before sufficient head of steam was built up to overcome the barriers to making the first phone call:

Researcher: *'When you came to feel that you might want to use the service, ... What was it like to approach the service? How did that feel.'*

Client: *'Yeah, great actually. I mean I was, I was really in a bad way, em, I'd stopped thinking, I think really (laugh). Em, you know, and it was, it was several days after I'd, you know, things had happened that I'd stopped work and - I went to see my doctor ... and then I remembered the service ... and - - I had to pluck up courage a wee bit, you know, em, but I phoned Peter Roberts and it was an immediate - warm, friendly welcome and - it wasn't like, oh, you know, well you'll have to wait we've got umpteen appointments and all the rest of it, it was yes please come and see me and, you know, let's make a date as soon as possible that suits you and it was quite a feeling of relief to have made that initial contact and to have it done in such a friendly and positive way ... because I really was very fragile.'*

D: Details of problems and personal / professional life:

Some clients gave little or no information about matters not strictly related to the evaluation. Others very readily offered vivid illustrations of their reasons for seeking counselling. These expanded on the questionnaire responses and

again underlined the severity of presenting issues. A dramatic example was the client who said:

> *'I'm just very grateful the counselling was there, because at one point I was suicidal ... at that point in time I was almost at the end of my tether and this was a life line really that helped me get through it'.*

The vast majority of responses in this category in some way or other referred to the problems associated with having 'an illness that is not obviously an illness - stress'. The client who used that phrase went on to say:

> Client: *'I've worked all my life and I felt intensely guilty at being off. And while the doctor wrote certificates and was very supportive, the counsellor said 'you are not well enough to go back' and that somehow was somebody on my side reassuring me that - - I was ill in effect because you know unless you have a broken leg or something (laugh) you don't see anything, you know?'*
>
> Researcher: *'Right, so it was a recognition of the seriousness of, of='*

Client: *'= of my condition. Which I knew probably within myself I wasn't coping anything like the way I had coped all my life. ... but I would have gone on.'*

Others pointed out the connection between their problems and the workplace:

> *'I thought it would be a good idea to use the service to try to - sort of get a handle on things to avoid the - depression becoming worse and effecting my work more than it was, you know the sort of thing was being being unable to, unable to concentrate and also being unable to get certain things done, you know, you keep sort of thinking oh, I'll do that and then you - - almost find subliminal ways or unconscious ways of avoiding it, and I knew the signs. - And I thought it would be useful to contact the service as a way of maybe, em - - stopping that slide.'*

Some had been completely unable to work because of their emotional state and, allied to this, mentioned the impressive effect counselling had in simply helping them get to the stage where they could contemplate returning:

> *'I had reached a point where I couldn't walk through the school doors ever again - I thought. Which is a terrible situation to be in because for all we grump about our jobs. I love my job (laugh). You know, and it was a, it was earth shattering, you know, and for him to help me to get back to the stage where I could start to*

think of ways of maybe achieving it even was quite something. ...

I was off school for nearly six months - But I might never have gone back.'

Towards the end of counselling, this client returned to work and confirmed that, some 14 months later, at the time of the interview, they were still coping well.

That A.S.C.U. was fulfilling a very strongly felt need not supplied by other provision in the Department was also made very clear:

> *'I originally contacted A.S.C.U. when my wife died very suddenly on holiday about two years ago ... and nobody would listen to me basically, at Lothian Region. They kept saying to me, you know, I wasn't thinking straight, I didn't, I shouldn't be [changing my job] ... They felt they knew exactly what I should be doing'.*

One client specifically mentioned that having had 'a bad time for, probably about 3 years' he had sought counselling because he

> Client: *'felt the Region had been treating us very badly and I thought if we don't use this service nobody will know that we are suffering'*
>
> Researcher: *'Right, so partly it was to let the Region know?'*
>
> Client: *'To let the Region know that we were being treated intolerably'*

Clients in this sample made it very clear that suitable and sufficient support was not always available from outwith the workplace either[9]:

> *'... although there were close friends and family they were too close, there was this personal thing that - I mean there are, there are some things that you need to say, but that you don't want anybody close to you remembering that you've said them. Because, em - I don't know, I can only speak personally, round about a bereavement you, you, you are very raw and even people close to you, em sort of hurt and ... if you were actually voicing how you felt at the time to them.- The relationships could never - - be the same, 'cos you can't unsay things you say to people, em, and yet there are times where you need to be totally honest with yourself.'*

and

> *'I didn't want to become a burden on [other members of close family] at this particular point in their lives ... we had just a pact to sort ourselves out because (laugh) at that point, you know we really weren't any any use to anyone else.'*

---

[9] It is sometimes suggested that counselling is a mere second rate substitute for talking to friends and family, in that it 'acts as a barrier to people negotiating and developing relationships in their own lives, which would then be therapeutic' (Persaud, 1996, page 200), or even that it is better described as a 'leisure pursuit' than a form of health care (*op. cit.*, page 201). Such arguments are sometimes extended to imply that it should not be the employer's role to provide this kind of support but would appear to be disconfirmed by the data presented here.

E: The experience of counselling and of the counsellor:

Responses in this section became perhaps the most important in terms of the value judgements made or implied about the service as it was received by clients. Although the emphasis has been on outcomes, the following comments also illustrated, to some degree, what the interior of the client's private relationship with their counsellor was like, some of the ways in which the counselling process had helped and why.

The vast majority of comments were positive in the extreme. Only a selection of the most typical, descriptive or revealing have been reproduced here; many others could have been included:

> Client: *'It was very easy. You know, to just to talk. It was just what I needed ... I just sort of went in and sat and I talked and talked for about an hour and got all the help I needed.'*
>
> Researcher: *'So it was the chance to talk that you were looking for.'*
>
> Client: *'Yeah, yeah. I think just to get things off my chest you know Em, and not be, ... judged. You know, just to be able to say this is what's going on, this is how I feel, you know, and swear a lot (laugh). And sort of get practical advice where it was needed. ... I got exactly what I needed from it basically.'*

Another example was:

> *'It is such a sort of safety net because it's kind of, em - it's a place of sanity, a small place of sanity where things can be worked out without, more rationally, without the, the sort of angst and the emotion and everything else that surrounds you, you know outside of there, and I think it's one of the best [the Education Department] have done.'*

and in another interview:

> Researcher: *'Can you identify looking back at it now, ... what it was that made it so good?'*
>
> Client: *'(sigh) right, [the counsellor] herself. - The kind of personality of the woman, em - regardless of her expertise, I mean, she as a person, she is a gentle and warm - kind of person that makes you feel comfortable. Em, - I don't know what kind of skills you have in counselling, but whatever they were, they were there (laugh) ... She actually enable me - sometimes at the counselling to kind of start to find pathways and think of what choices ... and I was able to start thinking in certain directions ...I wasn't able to do that, before I came.'*

And one final example:

'I have another friend who saw [the counsellor] a tremendous amount of times, and you know, and together we discussed it, you know, what it had done for us and we both you know, could not have improved on it one iota.'

Especially singled out for mention by several clients was the warm 'non-judgmental' way in which counsellors facilitated the exploration of their problems without imposing solutions 'in a very *free* relationship' in which they could express themselves to the extent that they wished, and in the way they wished:

Client: *'Things just kind of flowed and, I mean, he was quite flexible and you know went I went on some days I was very low. Other days - - I think I had a bit more, you know - (sigh) a wee bit more ability to think through a problem, sometimes I'd just go round in circles and he kind of went with the flow, you know. And, and it, it felt a safe place to be - to talk about things.'*

Researcher: *'It sounds like it was a safety to - explore in different ways, depending on how you felt at the time ... to have the freedom to work in the way that you needed to ... tracking you and your way of going through things rather than imposing a* 'Counsellor' *structure on you?'* [

Client: *'which varied, from you know, depending on where I was at, you know. Which was good ... he was very sensitive of what I was needing'*

Also very apparent, and related to the non-judgmental approach, was the strong sense clients had that A.S.C.U. was 'a safe place to talk about things' and 'the kind of feeling of worth [the counsellor] gave me', despite the difficulties inherent in facing one's situation:

Client: *'I found it at one point quite hard to go to the counselling sessions. I don't mean that I didn't want to do them, but I found awfully hard to go, to sort of think, oh gosh! I've got to face this, I've got to talk about this. Because I think the medication was putting me in happy land, you know (giggle) - - but I knew somehow that I needed to kind of open the can of worms somewhere.'*

Researcher: *'Even though it was an unpleasant can of worms.'*

Client: *'Yeah. - It was, - it was sort of safe to do it and look at the problem and recognise that the problem was still there and I still had thinking to do, you know.'*

Five clients indicated that they had either had previous experience of counselling, and thus felt they had a benchmark against which comparisons

could be made, or even had had some limited counselling training, providing a particularly informed perspective from which to comment:

> *'I had done a special education course, which included a sort of module on counselling - not a lot - - but enough to sort of tell me two things. One that I would never make a counsellor in a million years and secondly to recognise when - you know, - - good counselling from not such good counselling. - And [a different counselling agency was specified] really really bothered me. Not only was it not for me but I felt I was being left when I shouldn't be left, you know, em, issues were being brought to the fore and then just left, they weren't being resolved, I wasn't - - I knew I couldn't go on with [that agency] ... I honestly don't think people realise the dangers of it if it's not done properly... [but at A.S.C.U.] it was very, very helpful - and, and was done so well, I mean I cannot speak highly enough of it.'*

Another example was:

> *'to be fair to [the counsellor] he had, he did just as much and was just as perceptive as the - psychiatrist I was seeing ... [the counsellor] was a very good listener.'*

Also mentioned (as above) were the lasting benefits that had been derived: 'the counselling in a sense never ends because he's always there.'

F: Criticisms, negative comments and suggested improvements:

As noted in Appendix C.6, although most interviewees indicated complete satisfaction with the service a few indicated, sometimes obliquely, that the service could have been improved in response to the researcher particularly focusing on such issues. Given that in selecting this sample, priority had been given to clients who had either shown negative or equivocal change in the questionnaires, it is, perhaps, significant that there were so few criticisms. Those that were made tended to be more or less heavily qualified, or were balanced by positive aspects of counselling experience, that they were generally mildly expressed (*all* the most vehement are quoted here) and furthermore, very few criticised the counsellors themselves in any way at all.

Consistently with the questionnaire responses, the six session limit was mentioned as the most common problem with the service. There was general understanding that funding a service like A.S.C.U. can be problematic, but there remained a clear sense that '[the counsellors] deserve to [be] allowed to be flexible' because of the value of their work for the individual.

The next most frequently raised negative point was the fairly mild criticism that that 'obviously, where they're housed isn't very good', (already discussed in the qualitative questionnaire responses, see above) e.g.:

> *'The only criticism of the whole thing I've got is the lousy premises (laugh) - on the top floor ... I mean, if there's people*

with mobility problems, forget it ... [and] to be in a converted cloakroom is not exactly wonderful'

and

'I mean, you could go into that building and you could meet people that you know ... and maybe have to explain yourself'

There was also some feeling that, although the non-judgmental approach was vital, a few of the clients would have preferred a slightly more interventionist style of counselling:

'I'd never been for anything like that before, so I was completely new to it ... I felt it quite unnerving because you had to sit and, you felt you had to I felt I had to talk for the time that I was there. I mean the person that counselled me was extremely nice, very very kind and, em, obviously that was their job to listen, but for me, I prefer somebody who actually responds (giggle) ... you know, more like a conversation more than - my soliloquising (laugh) ... but then, I don't think any counsellor's going to come forward with - - 'let me suggest this'.'

Nonetheless, the same client also stated that counselling

'did make me think about how I was, em, feeling very stressed and uptight and very worried and it did, it made me look back at

myself and realise perhaps I should do something about, say calming down or slowing down ... I did feel somebody was helping.'

Interviewees were also asked about the views their colleagues had of the service. Reactions were said to be somewhat mixed. While some reported that 'it's amazing how many people have been, once you start talking about it', others found that colleagues had been slightly more suspicious, feeling that perhaps if they sought help from a service run by the Education Department 'it might be on my file somewhere', suggesting some doubts over the trust non-users might have placed in the confidentiality of the service.

G: Comments regarding the evaluation itself:

Without exception, the major motivation for participating in this much more intrusive element of the evaluation was 'to be able to give something back' for the help that they had received, 'to be able to say a big thank you that it is there', or to help to promote the possibilities of counselling for the sake of others who might be able to benefit from it. Typical examples were:

'I felt very strongly that I had been helped through a very difficult patch of my working career and I felt that in a sense I almost had a moral obligation, if you like to follow it on and if it was going to help other people in different situations in the job, well it was

worthwhile. In a way it was repaying (chuckle) if you like, what had been given to me.'

and

'It helped me, and you researching it, in the asking people how they - found it on them, it will hopefully help other people that go through the same thing.'

Some interviewees indicated that an additional reason for wanting to take part was to feed back to the Education Department a sense, already mentioned above, that they and their colleagues were under an awful lot of pressure, and that A.S.C.U. was an appropriate resource for such difficulties.

Several clients specifically mentioned that they wanted to help the Unit survive, both because they saw it as valuable and on the assumption that it was under financial strain and therefore a possible target for cut backs:

'I suspect it's quite an expensive service to run and I just hope the money's going to be there to keep it going because I do think it's - well, from my point of view it's been more than valuable.'

Where such sentiments were offered, clients were asked whether they felt they would have been any more reluctant to take part if their experience of A.S.C.U. had not been so positive as a very limited method of assessing the degree of

influence selection effects might have introduced if only those with a positive message to send put themselves forward for interview.

Only one of the 22 clients interviewed said that they might have been less inclined to participate. All the others reported that they would have been just as willing to complain as to praise. One indicated that indeed they had already given very negative feedback to an entirely different counselling service when it was warranted. The following extract gives a good indication of the kind of responses given:

> Researcher: *'If for some reason you had had a bad experience of counselling ... would you still have returned the forms and even offered to do the interview?...'*
>
> Client: *'I think I would yes. I would because I'm happy to, you know, I like to think I would be able to give an objective view about that and say well, that bit was good, that bit was lousy, em, I would like to see that improved, em yeah, I think I would have been just as inclined to fill up the forms, even if I was blazing mad and think it was disgusting & terrible (laugh)'*
>
> [
>
> Researcher: *'It might have been written very angrily, (laugh) but it would have been written?'*

[

Client: *'Yes (laugh), Uhuh, no I, I don't think it would have made any difference in my attitude to being involved ... even including the interview as well.'*

Clients were also asked whether the evaluation had had any impact on them, their problems or the counselling process itself. Most said that, in addition to having been very willing to take part, 'it really didn't make any difference'.

One client mentioned a very salient point for pluralist evaluative methodology, well known to the critics of psychometric tests, that

> *'I mean I know the evaluation sheets have to be as they are ... I just hate these boxes because things - never really fit in. It's like doing these box report cards. Nobody ever fits into a box.'*

It was precisely because the quantitative sections of this study only recorded an extremely narrow segment of any person's experience of counselling, let alone the enormous variety of 332 experiences, that the qualitative sections, including these interviews, were included in this study.

Four clients said that, far from being damaging or overly intrusive, the evaluation process had actually added to the help they derived from counselling. For example,

> *'going over what the counsellor had, and what I had said, and I could think - yeah, I have managed to do this, I have been able to move on and this is how. - and perhaps that helps me move on again, you know, see how to move again in the situation I'm in - as it is now.'*

As far as could be ascertained from this small number of clients, the evaluation did not appear to have had the deleterious effects predicted by some counsellors at the outset. Confirming the results of the pilot study, clients appeared to have been either very willing to participate, or able to choose not to as they preferred, although little data was available on the latter group, of course.

Overview

All the results in this section, confirmed the less precise, but 'broad brush' indications from the preceding information from the questionnaires. Clients were very pleased with the level of service provided, and derived great benefit from seeing their counsellor. Criticisms were generally related to details of service provision, as opposed to the quality or effectiveness of the counselling itself. It was also notable that all the clients who expressed any kind of reservations also mentioned clear benefits derived from their use of the service.

All seven counsellors were interviewed in much the same semi-structured style as those for clients. Counsellors' responses contrasted with those of clients in several ways, although there was a surprising degree of agreement between the two groups on matters regarding evaluative judgements.

The diversity of counsellors' comments rendered the development of discrete categories problematic and, possibly, misleading. Consequently, comments have been placed in approximate groupings which do not necessarily represent the most frequently made comments, for which different labels would have been developed, but are those which appeared to have the greatest significance for the evaluative task.

A: Positive Points

The vast majority of data generated by these interviews fell into this category. Included in it are positive descriptive comments of some of A.S.C.U.'s systems and general approach, what counsellors saw as beneficial about the service, what clients got from seeing a counsellor and its effects in the workplace.

Most counsellors in some way or another alluded to the severity of the difficulties with which clients presented, reflecting the importance of the function A.S.C.U. aimed to fulfil, and the very great need for the service the counsellors perceived. One general example was,

'obviously it's an extremely needed service, you know, that, that's immediately apparent. People are coming along really at the end of their tether.'

The way A.S.C.U. was run was spoken of highly in several ways: that clients were seen rapidly, avoiding 'the shuffling round of long waiting lists', could change from one counsellor to another if appropriate and could define the way in which they used the service were all mentioned.

The importance of flexibility was most evident with regard to the six session limit:

'The first six sessions - he was off work at the time, - and a few extra ones got him back to work. A year later he came back and had another six, and that actually helped him, eh, take early retirement. He was somebody who found it hard to come for help ... but a year later was much more, saying Right. I want some counselling and I want some support. ... instead of continuing with another batch of ill health and screwing up the whole set up behind him'

Descriptions of perceived benefits for clients were among the most vivid (and frequent) of all the comments made. Many examples could be cited, but only a selection of the most typical or illuminative are reproduced here:

Researcher: '*What do you see clients getting from A.S.C.U.?*'

Counsellor: '*Support and empowerment I think. Getting a chance to take time out of the crisis and, and look at what they want to do about it ... [and] personal growth ... I think that the benefit was from a straight relationship... somebody that's not involved in the system and who is perfectly straight about things is a relief ... I think it leads up to their, em - choices and attitudes. So, em, while they might come wishing the system would change, they go away saying, well I don't have to do that after all, I'm not putting up with it. Or they decide, well because I want this job and I want the money, then I'm going to have to get down to a b and c.... they've started taking responsibility instead of feeling battered by things ... I think they always have the power, it just puts them back in touch with it.*'

and in another interview:

Researcher: '*What have you seen clients getting, and what does A.S.C.U. counselling achieve?*'

Counsellor: '*to put it incredibly simply, sometimes people have never really been listened to and that can have a wonderfully, you know, almost magical effect... the people who really benefit from short term [counselling] kind of take off like a rocket, because all*

these thoughts have been there and somehow helping to quantify them and to rearrange them,... really gives them an impetus that's incredibly useful. ...I mean people are noticeably much more efficient and less stressed (sigh) I mean it enhances the quality of their lives in a wider way, so it's going to enhance the quality of their teaching, I think. And their availability to people in turn, you know, their availability to - kids.'

A final example:

'I think there's a feeling of, of people being able to understand a bit more clearly what's affecting what. Whether its work affecting home or home affecting work and sometimes not getting bogged down with taking the responsibility that 'It's all my fault as a bad person'.'

Changes in clients self- image and self- esteem were particularly noted:

'People get to be more able to receive praise as well as blame, more balanced I suppose in their interactions, and you know, hopefully not always problem focused ... one client in particular all the time went on about the different difficulties that happened in the classroom and misbehaving kids and this and that, - and then you discover clearly she was really a good teacher who's really popular (laugh). You know, and, and obviously

> *communicated very well and a a sort of reassessment that there was good as well as bad was tremendously useful. ... this woman was actually off work and when she came back there was a spontaneous cheer raised in the playground.'*

Several comments stressed the benefits to the Education Department, even from work on the most personal of issues, especially for '*clients who've been off [work] or* nearly *off and the, the work they've done with [the counsellor] has enabled them to go back again much faster'*. Furthermore, clients were seen as becoming more *'committed to work, rather than buried in it.'* It was a particular interest of the researcher whether counsellors saw the Department as getting value for money from the service. It is perhaps unsurprising that the counsellors unanimously expressed the firm conviction that *'without a doubt'* it did, even when clients came to realise that they were going to leave the teaching profession altogether.

> *'We actually save [the Department] money and so it's not a case of them having a priority about how they spend their money ... this will be saving them money but they've got to make an investment ... But I can see politically ... how do you invest money, or 'spend money', in quotes, on something which, there is no quantifiable good, except - that people return to work or take early retirement on medical grounds, both of which saves, saves*

the Region considerable amounts of money, but its the quality of what the Region is providing which is foremost.'

A less financially oriented view was:

Counsellor: *'I think its money well spent and I don't think any of it is wasted and I don't think for the service they are getting that they'll get it any cheaper.'*

Researcher: *'Uhuh - and it's a service worth paying for?'*

Counsellor: *'... Yes. I do think so because ... it has ensured that certain people do go back to work and are spending less time off work. Less time off teaching and I think that is important both for their own self-esteem and the satisfaction of the staff with whom they work, that this person is not a lame duck, that they're carrying along. Somebody is making his own contribution from the point of view of* students *who are going to have a greater consistency because this person is going to be more available ... Just thinking from a head Teacher's point of view, he doesn't have the headache of this [person] always being away ... It's a kind of antidote to the lack of morale at the moment ... and the teachers concerned see that the Lothian region has a humane interest in their well being.'*

A valuable role A.S.C.U. was seen to fulfil was in being 'a caring part of a fairly harsh system'. The Working Party report that recommended establishing A.S.C.U. (Lothian Region Education Department, 1993) had predicted that the service would serve to enhance the Department's image as a 'caring employer', and these hopes have at least partially been fulfilled:

> *'It's a kind of halo effect of, you know, some sort of caring. ... you often experience a* great *relief that people feel 'Oh, they're prepared to let me have counselling, how wonderful!''*

B: Negative Points, Criticisms and Limitations

There were noticeably fewer negative points, and they were consistently expressed in less strong terms. Furthermore, such issues were predominantly relatively minor. Nonetheless, consistent with the questionnaire results, counsellors did appear to be genuinely willing to reflect on less desirable aspects of both the service and their own work.

A few minor teething troubles were mentioned such as difficulties arranging suitable times for appointments. It was made very clear that many of these difficulties were a matter of unfamiliarity with the systems that had been developed and that 'when I was taking quite a lot of A.S.C.U. clients it worked quite well.'

The questionnaire returns showed that pressure on the co-ordinator was high, he having seen far more clients than any other counsellor, and the speculated

negative effect on administrative and development activities was confirmed, to some degree. It was widely felt that, at the very least 'it needs the acknowledgement that the demands on the resource at A.S.C.U. are growing.'

Linked to inadequate resourcing was the view, expressed repeatedly by clients, that Darroch Education Centre was not an entirely appropriate venue:

> *'I think clients have, you know, there has been a degree of unease from clients about being around Darroch and being seen coming into the building. Particularly when there's in-service courses or colleagues they don't want to meet in corridors. I think that's a big factor for some people and I guess it would put people off coming to Darroch.'*

It was also pointed out that the educational setting raised potentially counter therapeutic associations for some clients.

As might be expected from the preceding sections, the issue of the six session limit was raised by several counsellors, although perhaps more surprisingly, it was another issue over which conflicting views were expressed.

The negative view was summed up neatly by the counsellor who pointed out that 'some clients just don't engage in the six sessions ... and I think those are usually clients who ... very often drop out or stop coming.'

Nonetheless, the same person pointed out that although they had 'thought it might be a big restriction', their experience had led them to believe that,

> *'the contrary has, em, in most cases shown up in that, em I've been really interested and amazed and enjoyed how some clients will, not all of them, but some of them will just come in and say, okay, I've got six, and this is the bit of work I want to do and like, head down and get on with it. It's just been amazing ... it kind of really cheered me up.'*

Another counsellor reported that,

> Counsellor: *'I totally believe and have had experience of, short term bits of work which are completed in the service ... one example way back at the beginning was on where I nearly fell for going in at a deeper level, cos I could sense the chaos. I could sense and she admitted the chaos, but in fact she ... was very clearly asking for boundaries ...'*
>
> Researcher: *'So, in a sense the short term work was almost making it more - user friendly?'*
>
> Counsellor: *'Yes, eh, certainly it was helping her hold, hold the chaos and work with it within ... boundaries. It was like the value of holding it in six sessions and the value of holding it rigid in*

time, and the value of only looking at where she was and what she wanted to in this minute. ... I would really support the six session boundary with some flexibility for specific situations.'

Although A.S.C.U. had already gone to great lengths to emphasise the absolutely confidential nature of the service, three counsellors referred clients who had clearly delayed coming to counselling because of fears over confidentiality:

> *'If it is something to do with the work situation, [a few clients] don't trust the confidentiality of the service, therefore they won't share it until it becomes a crisis, because if they do then [they fear that] it'll come back in some way through their career structures and all the rest of it.'*

C: Non-Evaluative Illustrative Comments

Many descriptive responses could fall under one or more of the other headings (being examples of good practice, limitations etc.), but some were worthy of note for the greater understanding they offered of the experiences with A.S.C.U.'s counselling and its context in the modern Scottish educational world.

Cultural influences and 'how teachers respond to counselling' was sometimes commented on:

> *'they are -* normally *in their jobs having to be in charge of the situation, having to be the* expert *in the situation and having to be able to sort it all out for other people because they have all the answers and all the subject knowledge, therefore it's very difficult for them to act, I think, to refer themselves and ask for help, even more than the cultural norm of a Calvinistic society. ... There's something about their environment and their culture that makes them need to have some kind of solid, visible output.'*

This counsellor also reported that even when they present for counselling, teachers often tended to be 'wanting solutions' and be 'looking for strategies, rather than personal change'.

One problem in approaching counselling in this context, helping to explain why so many clients appeared to wait until they were in crisis before making contact, was the difficulty in recognising (and gaining recognition of) emotional difficulties:

> 'numerous *[clients] have said that 'If only I had a stookie, or a broken arm, so you could actually see why I'm off ill then it would be okay ... rather than the mental incapacity, which may not be so obvious, but is still there.'*

The additional cumulative stress on promoted staff has already been mentioned and this counsellor also felt that such problems increased with seniority.

> *'Teachers in, in, in senior positions in schools, heads, Deputies and heads of Departments ... have kept going far longer than they 'should have done' in quotes because they have always been able to cope until then and they haven't recognised the signs. - And its only when they have been unable to, to continue that their world has just fallen in. ... Head teachers have said to me, 'If only I'd come a year ago, or two years ago', and my thought is, what is the cost them soldiering on valiantly for the last two years?'*

Such problems were seen as being exacerbated by the recognised problems of relative isolation in many teaching situations: 'It's this phenomena of going into a classroom and closing the door ... nobody knows what's happening, so why go to a counsellor to tell them, people, what is happening.'

Other contextual data was provided by responses such as:

> *'What clients are uncovering is* <u>enormously</u> *difficult and damaging situations going on in schools and also in departments, which nobody is addressing because nobody knows how to address it, or they haven't got the time to turn their minds to addressing what are very difficult but not intractable situations. So they tend, these situations go by default until we get to a total crisis and so an awful lot could be done, prior to these*

situations actually coming to a head, which end up in most cases being disciplinary or grievance situations which are very damaging to work place relationships [and costly to the Department] no matter what the outcome.'

Both client and counsellor descriptions of presenting issues pointed to a perception that the source of some problems lay further up the chain of command than the person who was suffering sufficiently to come to counselling. Although this was not actively pursued by the researcher, being only indirectly related to evaluating the counselling service, it was mentioned as part of the culture within which it operates by several counsellors.

A need for managers to receive communication skills training was perceived, possibly even compulsorily to target those with the least awareness. One example mentioned most of the points raised on this subject:

'Frequently a number of situations from the work place are because of poor, inadequate communication. But also that the... Head of Department, or Assistant head or whatever, further up ... haven't been able to bring to bear on the problem sufficient skills to resolve it before it escalates ... There is - as far as I'm concerned, a clear identified need for people in management positions to learn how to handle the change and the change that is affecting their staff. So that the irritants which must come with

change don't just get blown out of all proportion ...the line manager [sometimes] has no way of dealing with that in a sympathetic and effective way in management terms. So it's left to fester - until it gets to a higher proportion of difficulty ... There's a big preventive issue I think.'

A.S.C.U. was perceived to be in a position to 'to respond very effectively' by providing in service training and other services in precisely this kind of preventive role.

It was widely anticipated that 'being more proactive and going into schools' would have direct benefits for the Department in terms of reducing the demands on the counselling provision, as well as improving services and reducing the overall level of stress experienced by its staff.

D: Specific Difficulties

As with the negative comments and minor criticisms noted above counsellors appeared to be commendably open about difficulties they had had in their work with A.S.C.U. It should be stressed that this category has been included not because such comments were common or typical.

A few had found counselling in a short term limited service a challenging new way in which to work. One example of this also illustrated the need for excellent assessment, and the ability to empathise accurately and at an early stage with clients from this particular employment group:

'I wasn't very good at the start at filtering out the ones that were certainly not going to cope in their, in the length of time available ... with the A.S.C.U. em, lot, I think its because they're an intelligent lot, so they're very able to talk and that, er, made me misjudge how long they'd be using a counsellor. ... It's like they're, they're good at responding to people and so one could think that they'd made a connection when actually all they are doing is being responsive. ... It took me a while to realise that the good communication skills can mask the ability to use counselling.... for, em, two clients I think I should have seen it much earlier that it was going to take much longer ... I would have been more active earlier on.'

This counsellor stressed the importance having well developed systems for referring people on to long term services.

Other specific difficulties related directly to (identifiable) work with individual clients, the vast majority of which were satisfactorily resolved. Some counsellors reported more difficulties than others.

E: Comments Regarding the Evaluation

Counsellor's views on the evaluation process were particularly sought, given that they were the only group available who might be privy to feelings of discontent or evidence of harm that had been caused to clients who did not

return the questionnaires. Furthermore, it was important to be able to assess the accuracy and utility of all the evaluative data.

Most counsellors reiterated that they had had reservations before the development phase of the evaluation. Almost all added that with a little experience of the procedures in practice, and given the consultation process and alterations that had been made, they had become much more satisfied that it was a useful, even necessary, part of providing an adequate service, and that there was little or no risk of harm to clients in any way whatsoever.

Examples included the following:

> *'It felt like* - oh God*!, not only am I going to have tell people they're only having six sessions ... but I'm also going to have give them this form. Hello, come in, sit down, you're only getting six sessions and fill this in first! ... I didn't feel that was a, a way I particularly wanted to work ... but I stuck with it, and partly because of what I could hear was happening was, okay, we'll review the evaluation ... [now] I'm really glad somebody's evaluating counselling (laugh) ... having a go at measuring it, I think is really important.'*

And from a different counsellor:

'I suppose now that its stopped I'm saying okay how am I going to know whether what I've been doing is effective, appropriate or anything else. To know that we were going to give them an evaluation form, was knowing that if there's anything major wrong, it'll be picked up. ... Filling in the sheets - has allowed - I think to have to think in concrete form about what are presenting problems and how do I view them ... it's been good to have the evaluation as a check back ... Effectiveness is a long word, I suppose but at least data which people can look at and, em, yes, so I didn't make a very good job of five, ten, fifteen, twenty percent, or fifty percent, or sixty percent and you know, if I didn't make a very good job of sixty percent, then should I be in the job? ... There is such a lot of abuse potential, in a counselling situation that I think it's very important to have some sort of way of ensuring that abuse is not taking place.'

The few reservations about the evaluation that remained related to the sense that 'for a some clients , there's been a kind of 'Oh, another Lothian Region form', feeling about it ... so there has been some resistance that I've known of'. It should, perhaps, be emphasised that, in common with the other responses, this counsellor went to stress that 'I have no sense of it actually getting in the way of the counselling work.'

The relative unreliability of completing the construct dyad rating grid on behalf of clients was noted:

> *'The one I find really difficult is, is this great long list of whether people are depressed to not depressed, happy or sad, ... I found myself skimming down it and trying not to put too many circles round the one in the middle and, you know, I'm not sure how - accurate - it is.'*

Although other counsellors felt that, once they were familiar with the questionnaires, 'if you do it quickly your first impression will be the right one', it was for precisely these kinds of reasons that these grids contributed less to the overall evaluation than had originally been anticipated; an example of the continual interaction of data derived from differing enquiry styles maintaining constant influence over their application in practice.

Similarly, two counsellors had reservations about identifying presenting and secondary issues 'because you're abstracting from how the client presents themselves to actually writing down a definition of what's wrong with them' on the grounds that 'people don't have these discrete problems' although they went on to say '... but on the other hand people don't get into the wider interconnected problems.'

Some doubt was also expressed about the reliability of client's reports at the end of counselling:

> *'I'm thinking of myself as the client and getting the kind of final evaluation form and thinking, six sessions, that was no bloody good (muttering), filling in the form and maybe two months later thinking,* Oh I remember when I was in counselling! ... *or the reverse happening, thinking* Oh this is wonderful, *most fantastic sessions I've ever had! and then six months later thinking,* Well actually, was it any good? *But then I guess you, you're picking up some of that, aren't you, because you're seeing people retrospectively are you?'*

Recognised in this excerpt, the follow up questionnaire and interviews with clients were deliberately designed to investigate this type of problem. The fact that the results at the end of counselling tended to be maintained so well at follow up seems to confirm that the questionnaires were a good deal more than the mere 'happy sheets' one of the counsellors suggested were frequently used in evaluations they had known previously (so called because of the apparent tendency for everyone to say that they were satisfied if they are not given any opportunity to reflect).

Some counsellors wondered whether the most distressed clients would be able to complete the questionnaires:

> *'many of the clients who come initially are so stretched that I would be surprised that they could actually fill in the form and*

send it back, some, some of them are so dysfunctional that they won't do it'

A little concern was also expressed that clients may see the form filling as part of the authoritarian structure alluded to above possibly including a certain level of felt guilt over unreturned forms (e.g. 'If they haven't sent the first one in, then they'll feel so guilty they won't send the second one in').

The most frequently reported difficulty with the evaluation was the counsellor's own hesitance in giving clients questionnaires to fill in, exemplified in the first quotation under this heading. Another counsellor said that although they had felt hesitant about issuing the questionnaires, in practice they had found it far more straightforward than they had expected:

Counsellor: *'I think teachers must come from a grouping which is so used to filling in forms or evaluating things, so they all said they would do this. Whether they did or not is another thing'*

Researcher: *'Did they all seem happy to do it?'*

[

Counsellor: *'yes - [and] I had no problem introducing it, no problem - giving it to them. I didn't find that difficult at all.'*

Researcher: *'Right. And are you aware of any negative effects at all for clients? ...'*

Counsellor: *'No, I don't think so. ... No, the evaluation was far bigger in my head than it was in reality.'*

No counsellors reported that the counselling process had been adversely effected by any of the evaluation procedures, or that any clients had been harmed in any way, other than the feelings of boredom with (yet more) form filling, and possible guilt noted above. Some felt it could even be useful for clients with therapeutic benefits in its own right. In addition to proper consultation and contextualisation of all the techniques used, the role of the counsellors themselves was felt to be crucial:

> *'I mean the tone of voice and the, the, eh, the whole choice of words and the whole body language that accompanies them,... There's an* enormous *bit there which, - can tie into their guilt and make it a damaging situation, or minimise that ... so it doesn't become a big issue for them.'*

Overview

While some counsellors did have a few reservations there seemed to be general agreement that damaging effects from the evaluation had either been minimised or had not arisen, and there was virtually no evidence from clients themselves that any harm had been done. The cautious tone of much of the preceding discussion has been precisely because of the problems of reliability in subjective self-report protocols.

Overall, however, assessment of the effectiveness of A.S.C.U. from the interviews with counsellors was entirely consistent with all the other parts of the study. They were willing to criticise their work, and openly discuss the limitations of the service, and on some occasions themselves as counsellors, but remained in complete agreement that the service provided an extremely valuable level of service in a context which has great need of this kind of support.

Analysis of changes in absenteeism

52 (59%) of the 88 clients who returned the end of counselling questionnaire gave the ethically requisite permission to abstract absenteeism information from their records in such a way that there would be no risk of their being identified to any third party as clients of the counselling service[10]. Data was collected for both three and six month periods prior to, and after, the date of the end of counselling, which was assumed to coincide with return of form C. In practice a very small number of clients delayed return of that form by several weeks, but it should be noted that this would only serve to mitigate any change associated with counselling, never to increase it. Furthermore, two clients in this group had attended counselling twice during the evaluation period and in those cases data was collected for the three and six month periods prior to the end of the first

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[10] Of course, the Personnel Section had an equivalent duty to absolutely guarantee to all staff that information is not disclosed where no authorisation has been given and could not allow the researcher to access their entire database directly. Neither could they be given the list of A.S.C.U. clients. In order to maintain the confidentiality of both sets of records, the data for this part of the study was collected, on the researcher's behalf, by the Project Co-ordinator, he being the only person who already knew the names of all A.S.C.U. clients, and was considered a sufficiently senior member of the Department's staff to allow him access to the personnel records system.

counselling period and after the end of the second. Records could not be traced for 5 clients, giving a final sample size of 47.

The numbers of days of absence from before and after counselling for both the three- and six-month periods showed dramatic changes. Days of absence during the three months after counselling showed a mean reduction of 55% compared with the preceding three months. Mean change over the six-month period increased to 62%, once again repeating the trend for development to continue post-counselling.

These figures did not take into account the effects of the small number of employees in this sample who retired during the follow-up periods. Further caution is necessary because of the small sample size and the possible selection effects alluded to above. The impracticability of using a control group[11] also rendered it impossible to *rely* upon a direct causal relationship between counselling and reduced absenteeism, although the association appeared to be strong.

Despite the lack of information absenteeism data provided regarding the *experience* of counselling, they did offer the possibility of calculating generalised costs to changes associated with counselling. Although cost-benefit, -effectiveness or -utility analyses were attempted here[12], an approximate figure

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[11] Even use of a waiting list control group was prevented by A.S.C.U.'s rapid response to requests for counselling.
[12] The Education Department was unable to provide figures for costs of absence from work, either for specific grades or as an approximate average across the Department. Although collecting such information would have been theoretically feasible, and certainly desirable (cf.

of £2,000 additional cost for every ten days of absence in a local authority educational setting (Kirkman, 1995) was used as an indicator of the scale of the financial implications.

On this very approximate basis, change in absenteeism over just a three-month period before counselling, compared with the same period after it, suggested a saving of £2,000 per employee counselled. Over six months, the figure rose to £4,000. Given the stability of both quantitative and qualitative methods at follow-up, it is possible that a longer time-scale would give even higher figures.

Despite the difficulties in using these figures as accurate measures, and even allowing as much as a 25% margin of error, we might estimate that a reduction in revenue spending of over £450,000 per year was achieved, although only 2.7% of the workforce attended counselling. Even without relying on these approximate calculations, the predicted reduction in absenteeism of 50% (which was expected to create a commensurate saving of £100,000 per 177 employees counselled (Cooper, 1990)) was exceeded.

Tolley and Rowland, 1995), the time and resource constraints on the study precluded such steps.

Appendix D.1.b Recommendations to Lothian Regional Council's Education Department regarding the A.S.C.U. service

Recommendation 1: The primary recommendation was that A.S.C.U. receive the full support of the Education Department and that steps be taken to establish it as a permanent service. This should include allocation of sufficient funds to allow for the current level of services, and the points noted below.

Recommendation 2: a) Funding for the service should allow for an expansion in the number of counselling hours provided on a sessional basis. b) Funding should also be identified for additional members of staff. Administrative support is clearly essential. Given the recommendations which follow, it may also be necessary to provide an Assistant Co-ordinator / Development Officer

Recommendation 3: Ideally, all counsellors with the service should have recent experience of the Scottish education system. Counsellors should be provided with detailed information on the structures and procedures in the Department in order to be able to advise clients of their options in a wide variety of situations. At the very least, excellent assessment and referral systems must be available to ensure that clients can be directed to the best sources of advice outwith the Unit when appropriate.

Recommendation 4: A.S.C.U. should continue to develop the training and group work already undertaken in schools and consider the option of developing

specific support groups. Particular consideration should be given to providing such services to staff in promoted posts. The costs of such activities will need to be reflected in the budgets allocated.

Recommendation 5: Consideration should be given as to whether implementing clear procedures for including conciliation / mediation work in the remit of the Unit is desirable. If it is to be included, this should be clearly presented in the Unit's literature, and counsellors with the requisite skills and experience should be identified in order to facilitate easy cross referral and to allow all the counsellors to maintain clear boundaries in their relationships with clients.

Recommendation 6: High quality, sensitively designed promotional materials should continue to be produced by the Unit and the associated costs should be reflected in the budgets allocated. Written materials on suitable topics may also be produced and distributed as appropriate.

Recommendation 7: The six session limit should be retained for the sake of the guarantee of efficient use of resources, but it should be applied with a clear degree of flexibility, extending counselling contracts whenever this is clearly necessary, and in consultation with the Project Co-ordinator. These arrangements should be unambiguously communicated to clients and be allowed for in the funds to be provided.

Recommendation 8: The service should only employ experienced counsellors capable of working with these restrictions, and of making the accurate, rapid assessments required.

Recommendation 9: The options for improving accommodation in the medium to long term should be examined, preferably with a view to identifying premises not used by the Department for any other purposes. This is clearly a lower priority than some of the other recommendations, but should not be lost altogether.

Recommendation 10: The indications of continuing high levels of stress indicate an urgent need for the Department to continue exploration of ways to tackle the undesirable effects of stress on staff at all levels.

Recommendation 11: A continuing evaluation should be established to ensure that standards of effectiveness are maintained and to provide feedback to counsellors and the service providers, and to act as a safeguard against instances of poor practice. One area of particular interest might be a detailed cost-effectiveness study, combined with simplified before and after counselling questionnaires for clients and counsellors. It is important that the requirements of such further investigation be included in the budget allocated to the service.

Appendix D.2.a Data reported to the financial services company regarding their Employee Assistance Programme

Overview of results

General survey of the target population eligible to use the service

Quantitative questions

This part of the evaluation was introduced to investigate attitudes to the service of all staff eligible to use it, and to investigate the anecdotal evidence regarding their experience of high levels of stress in the workplace.

Issued to all 1515 members of staff who could use the service in its pilot phase, 1078 (>71%) of the anonymous questionnaires were returned directly to the researcher, via a Freepost address which had no connection with the company, as with the later questionnaires used in evaluating the face to face counselling discussed later.

The first questions dealt with basic demographic details, which could be compared with information on the whole population, to ensure the representativeness of the returns. Age and sex categories matched moderately well ($\chi^2 p = 0.5$). Responses to grade of post were somewhat skewed away

from senior management towards more junior ranks (χ^2 p >0.1). Given the good response rate, it was therefore possible to be moderately confident that all the following results matched the whole target population well, with the exception that management views were moderately under represented. This quantitative data thus related directly to the analysis of both qualitative and quantitative data in this and the other sections of the study as anticipated.

81% of respondents reported that they did experience stressful conditions at work. Further research would be required to establish the degree of stress, it's source and level of impact on staff.

Despite this high incidence of work stress, only 11% of respondents admitted to taking days off as a result in the last year. However, the *number* of days off due to stress varied greatly (from 0.5 to 240). While the mean figure was 14 days lost, the standard deviation of 35.53 emphasises the wide spread of responses.

Perhaps the most important figures derived from this part of the general questionnaire were that the 104 respondents who had taken days off in the last year due to stress had meant a total of 1457 working days had been lost. Precise calculation of the costs associated with this level of stress related absenteeism lay outwith the remit of this study, but it was expected that they would inevitably be quite considerable.

While 60% of staff reported that they did talk to someone about their most serious problems, 40% reported that they did not, which might be thought of as indicating that a significant number of staff were left in need of an opportunity to discuss their worries. 232 respondents (31% of the sample; *n.* = 1066) said they both suffered stress, *and* did not talk to anyone about serious problems.

Furthermore, 68% said they either never or only occasionally practised stress managing activities, such as deliberate relaxation, regular exercise, etc. Of these, 592 (55% of the whole sample; *n.* = 1070) said they also suffered stress at work. Only 8% said they frequently practised stress management (by far the least common response). Frequency of use of positive stress management practices did not correlate with experience of stress at work.

The proportions of people who reported use of damaging coping strategies for stress (such as reliance on alcohol, tobacco, barbiturates, tranquillisers etc.) followed a similar pattern, although noticeably less skewed away from the 'very frequently' end of the scale.

Nonetheless, 46% still reported using such negative solutions at least 'occasionally' and 16% used such harmful ways of controlling stress frequently or very frequently. This correlated with experience of stress at 0.111.

A clear majority of staff (65%) said that they would consider using the counselling service. This compares to a figure of only 30% of staff indicating that they would use the similar service studied in the previous evaluation

study, prior to its very successful launch, (Roberts, 1991). It may indicate that advertising produced by the service prior to the survey had had a positive effect, or that there was particularly great felt need for the service. In either case, this was possibly the most encouraging result from the survey.

Most people in the sample (70%) indicated that they felt they were fully informed about the services on offer, although that left a significant minority who clearly did not which was confirmed by the qualitative responses at the end of the questionnaire.

With the exception of more senior staff, who felt better informed than their more junior colleagues, those who considered themselves not to have enough information about the service were spread approximately evenly across the responses by age, grade, gender and length of service. The only other indications were that younger staff, especially in the 21 - 25 age group, felt slightly less well informed which matched the more detailed information given in the qualitative responses (below), which mentioned new staff as a category who had missed out on the initial publicity drive immediately after the launch of the service.

Responses to a question regarding the degree to which the respondent would recommend the service to 'a close friend who was having difficulties' were distinctly skewed towards the positive end of the scale. That the most common

responses were not, however, at the extreme positive end demonstrated the residual hesitance surrounding the service noted later.

Significantly, use of the extreme positive end of the scale correlated very closely with actual experience of the service when it was spontaneously indicated in the qualitative sections: those that had used the service in some way had a much higher opinion of it. Those who felt they were fully informed were also more likely to give it a higher recommendation than others.

The same was true for the extent to which respondents felt able to rely on the confidentiality of the service. The degree of skewing of responses towards the positive end of the scale was rather more pronounced. 81% of responses were at or above the equivocal mid point of the scale.

The 19% that remained below it were frequently among those who expressed concerns in the final two questions, which offered opportunities for respondents to comment more freely. This is possibly best interpreted as suggesting that the significant minority of potential clients who felt they could not entirely trust the confidentiality of the service felt strongly about it.

Qualitative questions

Although the first free response question ('Can you suggest ways in which the counselling could have been improved so as to be more helpful to you?') was primarily intended to gain responses from those who had used the service but had not returned their evaluation questionnaires, a large number of people who

had not used the service at all took the opportunity to respond in different ways. The final question simply asked, 'Do you have any other comments?' and was intended to capture the widest possible range of comments. There was a significant degree of overlap in the responses to each of these questions, and they are considered together for ease of interpretation.

Thirteen categories of response were identified, which were then grouped into four main types listed in the appropriate table given in Chapter 10 of the main thesis text.

524 comments were recorded (from 30% of returns, representing 21% of the total eligible population).

Type A) Evaluative comments

A relatively small number of comments were specifically evaluative in nature. To qualify for inclusion in this group, responses had to express a clear positive or negative view of the value of the service itself.

A.1) Positive comment re. the service (n. = 48)

This category excluded those respondents who explicitly stated they had experience of counselling with the service, although it is, of course, possible that some had done so, but chose not to identify themselves.

Comments in this section out numbered those in all but two other single categories, and typically indicated that this initiative was seen as a 'very

worthwhile service' and 'a positive step' in tackling some of the problems faced by staff. 10 of the 48 comments were along the lines of 'It is nice to know [the service] is there if needed', and 'its availability is a comfort' illustrating the 'ripple effect' associated with provision of this type: its benefit is felt by many more people than those who use it. Responses indicated a clear sense of relief that 'there are people out there to help you when you need them'.

The service was widely seen as 'a really good fringe benefit'. Furthermore, it was clear that the credit for providing the service went directly to the employer, and enhanced staff commitment by giving it a perceived edge over other employers:

> *'I have never worked for a company who offer this type of help [and] I think it would be useful in many organisations';*
>
> *'I am very pleased to see the corporation's concern about stress';*
>
> *'[This service] is a good idea on the part of [the company].';*
>
> *'I regard the availability of such a service as a very responsible step forward by the company'*
>
> *(emphases added)*

These attitudes were in stark contrast with several responses listed under the heading of 'comments regarding the company or management' (see D.1 below)

and it may be that, regardless of any criticisms or suspicions about the service, a clear act of managerial concern such as the provision of an employee assistance programme directly contributes to a shift in organisational culture.

Other comments indicated willingness to use the service (n. = 14) and in two instances asserted belief in its confidentiality. One respondent also emphasised that 'most problems at home will have some impact on your working life' illustrating the importance of offering a service not perceived to focus exclusively on work matters.

A.2) Have used the service - positive comment (*n.* = 10)

Although the number of comments in this section was expected to be small, the strength with which they were made added to their significance:

> *'It was extremely useful and beneficial'*
>
> *'Very impressed by their helpfulness'*
>
> *'I have contacted [the service] on one occasion and was entirely satisfied with service received'.*

They were also representative of the full range of services the initiative offered from the purely practical referral through to more extreme cases:

'I did contact [the service] once to obtain advice ... they were very helpful and told me to contact [the company's] legal helpline'

'I have used [the service] on one occasion when I had serious mental problems. I found this service very helpful and was put in touch with a counsellor who I found of great help. I found help when I did not know where else to turn to. Thank you! And please keep running the service. I have strongly recommended the helpline to others at work who had problems either work-related or personal.'

A.3) Have used the service - negative comment (*n.* = 0)

This 'false' category[13], indicating no negative experiences of the service whatsoever, added weight to the suggestion that the expressed doubts about it may sometimes be based partly on received impressions of counselling, the company or personal reluctance to test what is on offer, in the light of this evidence that *all* respondents who indicated actual experience of the service, whether for counselling or advice, expressed complete, and often enthusiastic, satisfaction.

[13] It is 'false' in the sense that it was not developed from the content analysis of responses, but is included here purely to provide a balance to the preceding category.

Type B) Practical improvements to the service

This section focused primarily on responses which indicated a preference for the service to operate differently in some way. While it included problems associated with a low profile (B.1 and, to some extent, B.5) it excluded problems associated with a clearly negative image (given under C.1 and C.2), although the link between these issues is noted below.

B.1) Better advertising / promotion needed (*n.* = 70)

The desire to know more about the service, the need for detailed publicity, and for more of it, were possibly the most striking points to come out of the qualitative survey responses and they provided the largest single category of response. Several brief comments were indicative of a widespread perception:

> *'Profile too low'*
>
> *'Provide more information'*
>
> *'More publicity or talks'*
>
> *'It would help to know what it is all about'*
>
> *'Don't know enough about it'*

Some comments simply indicated a lack of knowledge, for example, 'can we contact you at weekends?' A number of responses were more specific and suggested particular areas to concentrate on. Several people asked for 'examples

- test cases' or 'case study type details of what [the service] can do'. The request for a newsletter and 'some cartoons to get peoples attention' emphasised the importance of carefully developing a positive, memorable impression. It was evident that some existing staff had been unable to attend meetings held to raise awareness of the service and felt they knew very little about it, reinforcing the point that constant renewal of publicity is a prerequisite for effective service delivery. Six respondents identified new staff as a particular category who had missed out on earlier promotional activities. These details greatly added to the relatively simplistic quantitative question regarding whether or not the respondent felt fully informed about the service. If that more direct approach had been removed, however, there would have been no guarantee that this element, crucial to one of the stake holders, the service providers, would have been revealed at all.

One very practical suggestion was that the service produce 'a decent card ... The [service'] card resembles a sales / estate agent's card so I found myself throwing it away'. This respondent enclosed a plastic credit card style sample, which would certainly have had the advantages of durability and a good quality image, although it must be accepted that the costs involved in producing this kind of promotional material would be greater.

It was also felt that 'Details of qualifications [of counsellors] would be reassuring' along with examples of help given to address what this person reported as a 'lack of confidence in the experience, capabilities and expertise of

the counsellors used'. Such a view was in stark contrast with the carefully selected, well qualified counsellors actually contracted by the service.

The link between too low a profile and distrust of the service or poor image was further demonstrated by the following:

> *'Other than the [service'] telephone number I knew nothing about this facility. I still do not know how the service operates but find it difficult to believe that persons using the facility are not reported to the relevant managerial departments / persons.'*

A greater understanding of the ways in which such boundaries were kept in practice, might have allayed fears of breaches of confidentiality, as well as casting managers in a favourable light for having already implemented a water tight system.

There may have been several reasons for the stated need for greater advertising of the service, although they can only be speculated on from the data available here. It was undoubtedly difficult to create a high profile among a select target group for this pilot project without provoking a negative response from staff ineligible to use it. Also; some costs would inevitably have increased with greater publicity, as mentioned above, although economies of scale would develop if the pilot were to be extended.

B.2) Need for extended hours (*n.* = 26)

This category was created not only because of the number of responses that could fall into it, but because of the clarity of the suggestions and the strength of arguments behind them. Several respondents made it very clear that the service was inaccessible to them during normal office hours because,

> *'our 'modern' offices have no facilities for any confidential calls of any nature ... Unless the office has a facility for a private phone call then this service is a virtual non-starter'.*

Similar sentiments were expressed by a number of people, one of whom eloquently wrote:

> *'When people are at their lowest, it is usually ... when they are unable to contact you. Nothing ever seems so bad during the light of day when there are other people around and you're carrying out your daily routines ... there is nothing worse for a lonely desperate person who just wants to talk to someone to be faced with an answering machine.'*

The most common suggestion for extended hours was for the phone lines to be staffed each evening between 4.00 p.m. and 8.00 p.m. 'when staff are at home and feel comfortable to talk'. Some respondents suggested providing cover at weekends as well. Rearranging the hours the service could respond would, obviously, be limited by circumstance and resources available, but it was clear

from these comments that minimising the amount of time an answerphone was in operation was important. Given the experience of little use being made of the Thursday evening cover that had been provided in the early stages of the development of the service, which led to this arrangement being withdrawn (only one call being received in over a year) if out of office hours cover were to have been reinstated, it would clearly have been essential for such a facility to be emphasised in all promotional material.

B.3) Separate the service from the employer (*n.* = 14)

This more dramatic suggestion had more complex implications, and related to some of the feelings expressed later. Fears regarding confidentiality, and expectations of company care, might be seen to suggest that others would also find such a move reassuring: the sense that 'despite assurances there is always a fear it would 'get back' to your employer, or appear as an obscure code on your personnel file, to the permanent and continuing detriment of your career' might be more widespread than the responses noted from this survey.

Most of the comments in this section made the respondent's feelings absolutely clear. While for one person it was simply that 'everyone knows everyone', the majority saw the close connection with the company as a definite threat to confidentiality:

> *'As this is a joint venture with [the company], I think many people don't like the idea of admitting they have problems coping*

with their work in case they are 'judged' by their employer as unfit to cope with their responsibilities.'

'No one I have talked to has any confidence in the confidentiality of the service knowing that [the company] are involved'

'when you are ill with depression you do not wish to let your employer know and therefore [the service] should appear to distance itself as far as possible from [the company] (Delete the [the company] logo from the information card). Possibly use another address other than [head office location]'

The impression that senior staff would know who had sought counselling, and even why, could be at least partially counteracted by better promotion of the service, especially if a strong emphasis were to be given to the fact that the counsellors are highly qualified, completely independent, *and* that it is possible to be referred to them without having to give your name. Anonymity of users was a high priority from the outset, but this very real concern did not appear to have been universally recognised or accepted by potential clients.

This may be only a partial solution, at least in the short or medium term. Publicly demonstrating confidentiality is difficult, and word of mouth recommendations from users may be the only way to build a strong reputation for reliability in the long term (i.e. 'It may be that the actions of staff in using the facility since its launch could confirm or dispel this fear [that confidentiality

might be broken]'). The take up rate has been increasing since the preliminary report, but it is also possible that the perception of direct company involvement and control could prevent a sufficient proportion of employees from using the service for positive recommendations to replace negative assumptions. If the relatively modest take up rate could not be effectively counteracted by further publicity, separation of the service provision from the company would still be an option worth careful consideration. Such detailed feedback for the service and its purchaser would have been impossible without the qualitative sections of the survey.

B.4) Additional services (*n.* = 28)

Diverse suggestions for additional services were made. Some were more practicable than others, but all were useful in that they offered further illumination of the way the service is perceived by potential users.

One of the most common (and practicable) requests was that handouts or 'guidelines on ways of relieving stress' be issued; it may be possible to develop this beyond the broad heading of 'stress' to a series of handouts covering a range of suitable issues. The next most popular suggestion was for a regular newsletter to be produced[14], which could well incorporate the previous point. The very real desire for more information was again demonstrated, with an

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[14]Since the survey was carried out, a newsletter had been produced and circulated.

emphasis on detailed descriptions of how the service operates, consistent with findings of the other sections A to D.

Six respondents suggested that a 'local face-to-face rep' should be available at the various branches around the country to provide 'a more personal connection', making it easier to approach the service. Others noted that 'an actual face to face chat would be more beneficial' than relying on a telephone service, although it was unclear whether these respondents understood that, if referred to a counsellor, a face to face meeting was just what they would get. (possibly raising another point for future promotional activities).

Also requested was training in counselling skills and stress management for staff at various levels, as was altering work practices to relieve stress. More detail is given in categories D.1 and D.2.

There were several calls for the service to be more proactive. Some such comments were followed by the suggestions noted above, although others were less specific. The constant theme, however, was that the service must deliberately reach out to those it intends to help, 'rather than waiting for people with problems to phone up [because] some people don't know how to recognise stress or how to handle it. Prevention is better than cure.'

<u>B.5) Cannot comment (not used service or insufficient information) (*n.* = 64)</u>

Although, at first glance, this might be thought of as a relatively uninformative category, the sheer number of such responses gives further weight to what was

explicitly commented on in B.1. While 46 respondents gave the fact that they had not used the service as their reason for not commenting, 28 cited 'insufficient information'. Perhaps the most revealing comment, typical of the tone of many others, was:

> *'To be quite honest I have never heard of this service so cannot comment on either question ... although I would be very interested in details of service provided.'*

Type C) Issues associated with the perception of counselling in the work place

This category has been separated from that of issues connected with too low a profile, to distinguish between a lack of knowledge and actual negative perceptions on the part of potential users of the service.

C.1) Service image (*n.* = 8)

Interestingly, there were very few negative images associated explicitly with the service as distinct from the general image of counselling (C.2 below). The most strongly critical of these pointed to advertising allowing a picture of a 'cheap organisation' to develop. (It was this respondent who had suggested use of a higher quality plastic card to distinguish it from 'a sales / estate agent's card' which was too readily discarded). It may well be that for staff the quality of the service will be judged according to the level of perceived commitment offered by the company, and investments in the public image of the service will inevitably play a crucial role.

Other comments pointed out what has already been hinted at in the previous sections, e.g.:

> *'It may be necessary to convince some staff that [the service] is not just a trendy gimmick but is seriously there to provide support to people'.*

It should be stressed that all negative comments about the service itself criticised its image, not its practice.

C.2) Poor image of counselling (*n.* = 24)

Rather more staff were sceptical of the efficacy or approachability of counselling in general, e.g.:

> *'I do not really see how counselling could solve most people's problems - i.e. money, bills, illness, family troubles - what can they do?'*

> *'I do feel stress is a problem but don't think talking about it will help'.*

> *'how can you actually resolve the problem issue, e.g. say my boss was a poor manager, difficult to get on with, did not listen ... how could you resolve this if it was giving the problems?'*

A few respondents even suggested that counselling was generally neither helpful or necessary:

'Any problems at work should be addressed locally with the people involved etc.'

'Any problem would be discussed with family and if need be with G.P.'

Several respondents reported that they, and others, would only be likely to consider counselling as 'a safety net' or 'the step before ' breakdown' as opposed to providing help when problems arise'. It is arguable that counselling is most cost-effective when applied 'at the pinch rather than at the crunch' (L.R.E.D., 1993), preventing more serious problems from developing.

Some people also questioned the ability of counsellors to be of help 'knowing nothing about the job we do' and a few doubted 'the experience, capabilities and expertise of the counsellors used'. Once again, this may point to a need for the service to educate its target client group further about the possibilities counselling can offer and that the counsellors employed were all well qualified: some of whom were highly respected members of the profession.

C.3) Fears regarding confidentiality (*n.* = 18)

Already alluded to above, the fear that the service might not be absolutely confidential may be the most difficult obstacle for the service to overcome.

Despite the rigorous safeguards already in place, and assurances in publicity materials, there remained a suspicion that there could still be a 'risk of being 'found out' by work mates and / or superiors' despite the assurances given:

> *'Although seriously considering it - I did not contact [the service] as I was afraid that my employers would be informed. Even though the service is confidential - [the company] would still have that info about me'.*

The very great efforts to maintain complete confidentiality, and even anonymity, do not appear to have entirely dispelled these fears to date. This is perhaps the strongest argument in favour of considering the suggestion that the service be made entirely separate from the company. It also added further weight to the need for better and more detailed information being made available.

Type D) Other cultural and work related factors

A number of respondents used the survey as an opportunity to comment on issues not directly to do with the service. They are considered briefly here. and may be most helpful for the present study in providing further insight into the general culture within which the service operates.

D.1) Comments regarding company or management ($n. = 26$)

Some employees appeared to feel that there was a lack of concern. or understanding, of their positions and personal circumstances:

> *'my company was aware of [identifiable personal issues] and no help or compassion was offered ... no concern was given to me.'*

Six respondents in this section identified 'lack of manpower' as a significant problem, with the corollary that the root cause of their difficulties would be 'beyond help of [counselling]' and there was some feeling that 'if work practices were better we wouldn't need a counselling service'.

There was also unsolicited criticism of some management practices:

> *'Current conditions are far too task oriented and not staff oriented managers have forgotten that the staff are their key asset, not premium or policy counts'*

> *'managers should be more sympathetic and approachable, and not seen as 'the person who could halt career prospects' but ' the person who can assist career prospects'.'*

Of all the comments in this category, only two were not openly critical.

Whether management practices are actually as portrayed is, perhaps, less important here than that such perceptions undermine the usefulness of the

service. One respondent even wrote of the 'threat of counselling' which 'does not help the timid / conscientious to recover'. It may also go some way to explaining the lack of faith in the clearly stated confidentiality of the service and begs the question of what happens to those people who are put off using the service when in need, and the effects of coping without such support on their work capabilities, especially in the long term.

D.2) Work environment is stressful (*n.* = 30)

A number of comments in this section repeated the point that lack of staff and 'cascading responsibility down to front-line people' was felt to be a major problem resulting in heavy workloads, with little control over the situation:

> *'stress that is work induced is the problem created by employers - if cutbacks were not as severe counselling would not be necessary'*

> *'for the amount I get paid, my level of responsibility / accountability is very great ... I feel stuck where I am'.*

The following quotation sums up much of the feeling expressed in this category, and hints at some of its results:

> *'From its early days of being a paternal employer, where salary was not great but security of employment was the ' trade off', this has been changed around in the last few years, the paternalism*

has gone in favour of a far more ruthless environment ... [which is] an insidious source of pressure which inevitably affects your domestic life and family etc. All this for a relatively modest salary. The 'reward' appears just to be a job without future certainty.'

There was also 'concern about the continuing increased workloads ... imposed on senior staff, especially managers' recognising that stress levels could be a problem at any point in the hierarchy.

D.3) Difficulties talking about problems (*n.* = 8)

Following on from this, the comment that 'ALL levels experience stressful circumstances, the problem is admitting to those worries' is entirely consistent with the trends evident in earlier sections. Other respondents noted that:

'Very few people want to admit that they have a problem until they have their first serious stress-related incident'

'it is not a subject which is openly aired with management as there is a definite perception that it is only the weak who are unable to cope and none of us wish to be branded as failures.'

Such reluctance to admit to even very real problems (and the need for confidentiality to be demonstrably and absolutely maintained) appeared to be justified by the atypical comment that 'anyone signing up for this service

would not be fit to carry on with his or her job'. It was clearly a factor in this corporate culture that seeking counselling is not universally seen as a positive step, again raising the question of what unseen effects remain from unaired and unresolved problems.

The high levels of chronic stress experienced by at least some employees would suggest that there was very real unmet need for the service, but that these cultural factors would need to be overcome for its full potential to be realisable.

Records of telephone contacts

The vast majority of clients initially contacted the service via a Freephone telephone number. Records were kept of all calls received from eligible members of staff enquiring about any issue, whether they were referred for counselling or not.

As it was not appropriate for a confidential support service to ask detailed personal questions in these circumstances, the details were, by necessity, very brief and general. Most of the data was designed to be gathered by the person receiving the call during the conversation. On those unusual occasions when it was appropriate and possible to do so without unwarranted intrusion, further questions could be asked.

Over the 28 months covered by this study, 110 calls were recorded. 51% of these resulted in a referral to a counsellor, although only 25% of calls actually resulted in the opportunity being taken up as just mentioned. 39% were for

information only, and since the expanded recording instrument was introduced, which included the option of 'telephone counselling', 17% fell into this category. That there was significant need for telephone counselling may have indicated that a significant number of callers not only felt the need for the support afforded by an opportunity to discuss their problems confidentially, but that they were then less willing to take the more involving step of taking up the possibility of face to face counselling. The 26 people who received face to face counselling from the service were just 51% of the 51 who were referred.

A non attendance rate of 49% in the final data set was less than reported at an earlier reporting stage, suggesting a downward trend, but was still probably significant. Possible reasons are explored in the cultural factors revealed in the survey of the general population discussed above. Reluctance to talk about problems, fear that individuals might be penalised for showing any kind of difficulty, or that management might discover who had sought counselling may go a long way towards explaining some of this non attendance. However, the steady reduction in non-attendance suggests once again that a certain amount of momentum has been developing since the service was launched, and that these barriers are being steadily overcome.

Women callers slightly outnumbered men (forming 57% of callers), as would be expected from the proportions present in the whole eligible population, although to a slightly greater extent (χ^2 p = 0.4). This makes the contrast with

the much greater percentage of male clients actually attending counselling even more striking, and might suggest some greater difficulties for women in taking up counselling, although this would not be typical of experience in other counselling agencies (e.g. Bennett, 1995). The sample did not match the population well by age profile or grade (χ^2 p <0.01). Those aged over 46 and under 25 were under represented, as were staff below grade 10 - 14.

For all enquiries, presenting and secondary issues were recorded under the same predetermined categories as used in the service's own monitoring statistics. Some differences in the % tally of issues would be expected from inconsistencies in recording between staff responding to calls and individual counsellors, and the general trend followed a very approximately similar pattern for each set of data (χ^2 p = 0.5). The major exception was the greater proportion of problems recorded for telephone contacts related to the category of 'employment problems'. It is perhaps inevitable that callers will first reveal relatively 'acceptable' problems such as work related matters, rather than more personal issues, especially in a workplace based service. In psychodynamic terms, those that proceed to face to face counselling enter a much more secure 'therapeutic frame', in which it is possible to explore more embarrassing or intractable issues, such as problems in a personal relationship.

This kind of progression of opening up different issues in the different contexts was, perhaps, confirmed by the 81% of callers logged as having other issues to

talk about which they were unable or unwilling to discuss at the time. In contrast, counsellors reported 7% of clients having problems they did not (or could not) talk about (and indicated that they were uncertain in a further 50% of cases).

The revised telephone records also asked the person taking the call to estimate the extent of improvement in presenting and secondary problems in all cases where more was involved than basic information giving (i.e. if the call fell into the telephone counselling category, or resulted in a referral to a counsellor). The most commonly recorded result was no definite change, at least that became apparent during the call, but 37% of responses were above this, and only 1 below it.

Such a degree of positive change is to be expected from a well functioning telephone support service. It is unreasonable to expect any single telephone call to result in transformations of difficult issues and, further, that change would always be evident before a call had come to a close. The general trend was encouraging, especially given that counsellors have been shown to underestimate their effectiveness on these kinds of measures in the preceding study of A.S.C.U.

Overall helpfulness of these calls was also recorded. In this instance, this more general measure may be a more reliable guide to the actual usefulness of the calls, as change in specific issues is less likely to be apparent during a call, but

there may be a clear sense that the caller will be able to go on to make beneficial changes themselves, possibly without further contact with the service.

Limited qualitative data was also collected, under three headings. The first was the question 'How could the help offered have been improved?' Greater use of face to face counselling sessions was indicated, as was a more rapid response to need for counselling was indicated, especially if it could be provided on site, or as close to the point of need as possible.

As the study progressed, the expected value of word of mouth recommendations of the service became increasingly apparent. Inevitably, this meant that some people outwith the intended target population heard about what was on offer. Particularly during the latter stages of the investigation, several calls came from people not eligible to use the service. Although frustrating to all concerned, this was undoubtedly an excellent indicator of the positive reputation the service increasingly developed among employees:

> *'This person is not in pilot area - advised by previous user.'*

> *'[the service] is not operating in this location at the moment.'*

> *'Another client outwith the 'pilot' area. Word of mouth recommendations are increasing; a good sign and highlighting the efficacy of extending the service to all employees.'*

A few comments also referred to problems being outwith the remit of the service, or to appropriate referral to other sources of help. e.g.:

> *'[This service] is 'stand alone' as far as employment is concerned, and therefore has no jurisdiction in this area'*
>
> *'He was very distraught. On site support of some kind would have been less of a blow'*
>
> *'The client was also referred to our legal helpline. She wanted more information around her rights (legal) re her divorce.'*

The second free response question on the revised telephone records sheets asked what, if anything, the caller seemed to have found most helpful. There were rather more comments than there had been in response to the previous question. Perhaps the most common factor was the very great need perceived among callers to express their feelings freely and in a safe, confidential situation in which they could be sure they would be heard, and that what they said would not rebound to have a negative effect on their prospects at work.

> *'Having somewhere to off-load. Feels everyone at work is too busy and needed to express her frustration.'*
>
> *'It would seem she has had no one to listen to her problems, or at least she feels no one really understands how enormous the*

burden has been for her. I sense she was relieved to have real sympathy.'

'A safe place to explain what's happening and what effect that is having on her life / health.'

'Probably that he could discuss his situation with the knowledge that it need go no further.'

'Being able to speak about how bad things really are for him. He is fed up with people saying platitudes.'

'Someone to 'listen'. She felt isolated and didn't know which way to go next. Helped her confusion by realising she could have someone to discuss [the problems] with.'

'To be able to disclose that his personal life was 'falling apart'.'

That the service was seen as a source of this kind of help provided further evidence of its steadily improving image among the staff group as a whole and suggested that the promotion to date had been having an effect, and that its intended user group were increasingly willing to use it.

Other items in response to this category were very varied and included:

'The service is free and confidential'

'He was greatly relieved that he didn't have to give a name'

'Simple referral procedure.'

'She could receive 'instant' help. i.e. listening and practical problems discussed.'

Finally, the person taking the call was given the opportunity to record any other comments, and was especially encouraged to include any remarks made by callers regarding the value of the call. One example was the comment that the caller had said they had 'thought it would help if I talked to someone ... [it] seems like a step forward.' The member of staff taking this call also recorded that they were 'hopeful that counselling will be a benefit to this person.' A more emotionally charged example was the following:

'As this man parted he said, 'I wish you were my sister'. ... I knew from our talk that he felt isolated completely and relieved to know he was, for the moment at least, supported.'

A number of other responses noted that callers had explicitly indicated that the call had been 'very helpful' or had helped them 'gain some strength', suggesting that their coping skills would be improved. A direct impact on work performance was expected to be very likely to follow, as their stress levels, and the sources of their stress, would subsequently be likely to be somewhat more effectively managed. An excellent example is the following extract:

'Client has worked for [this company] for [> 20] years. She is feeling let down and victimised by her manager. [She was] getting to a point where [she] cannot stop thinking about work. Really relieved to have some positive direction to help her cope.'

It was increasingly evident as the study progressed that callers were noticed to be 'very positive about using counselling as a helping process', again suggesting that the detailed publicity materials regarding just what can be expected of the service are having the intended educating, as well as promotional, effects.

Several instances were recorded of clients being given the Freephone telephone number by a friend or their manager, underlining the importance of verbal recommendation of the service. As might be expected from responses to the previous question, it was evident that callers were often 'relieved to be able to express [their] anger and frustration in a safe environment'. In contrast, also recorded was one caller's fear that the work situation might 'exploit his weakness' if their difficulties were revealed.

Questionnaire returns from counsellors and counselling clients

The results given in this section are from data given by clients and counsellors. As in the previous study, the questions are referred to in groups of topic, rather than in strict sequential order. The precise wording can be seen in Appendix A.1. The first questionnaire completed by counsellors (after the first session) is referred to as Form A with questions labelled A1, A2 etc. Form B was the

counsellors end of counselling questionnaire and Form C was the client's rather longer questionnaire, issued to them by the counsellor at the end of their last session. In a few cases questionnaire C may have been posted to clients who had not arrived for the last session they had booked. The version of this questionnaire used at follow up is referred to as Form D.

Monitoring Statistics

Counsellors were also required to return a brief form regarding their work directly to the service's office. Although primarily intended for invoicing purposes, some monitoring statistics were also recorded. They have been compiled for this report and are presented below.

Data was recorded by 19 counsellors for 22 clients. Slightly under 64% of clients were male, disproportionate to the gender balance in the eligible population as a whole (which was only 47.9% male). This was less than at an earlier reporting stage, and was possible largely due to effects introduced by the small numbers of clients and the client population may continue to become increasingly similar to the eligible one as time goes on. 13.6% were under 26 years old; 31.8% were between 25 and 36; 40.9% were between 35 and 46, and 13.6% were over 45. Staff in the 36 to 45 age group were over represented and, as above, it is possible that with increasing numbers of clients the figures would have balanced out to match the eligible population fairly well. At the very least, the data presented here did not suggest that any groups were particularly

excluded from counselling, and that the service is therefore available to, and used by all, sections of the staff group. Counsellors were also asked to indicate which problem(s) had been presented from ten pre-defined categories.

Quantitative Questionnaire Results

Details were recorded for 26 clients to 31st August 1996. This was 4 more than recorded in the preceding section concerning the monitoring statistics as a few clients had not yet finished counselling at the time of writing (or had ended it within a few weeks of the data collection period coming to a close). Consequently, some monitoring forms from counsellors were still to be received by the service.

It is also worth noting that the rate of referral to counsellors increased during the evaluation period. During the 21 months over which data was collected in preparation for the first reporting stage, an average of 0.8 clients per month were referred for face to face sessions. In the 7 months between then and the end of data collection the rate rose to 1.4 referrals per month. If that trend continued beyond then, it may have indicated a general reduction in the kinds of issues raised in the general eligible population survey, such as fears regarding confidentiality. It seems likely that a certain degree of momentum was developed as the initiative became increasingly accepted by those it has been targeting.

As in the A.S.C.U. study, the length of the second two questionnaires for clients, and the different methods of distribution meant that response rates could be expected to vary a great deal, and were close to or above the levels expected:

Form A (completed by counsellors after the first session)	96.2%
Form B (completed by counsellors after the last session)	73.1%
Form C (issued to clients after the last session)	57.7%
Form D (issued to clients at the follow up stage)	26.9%.

The lower response rate at follow up was probably an inevitable result of the method of distribution (by post from the counsellor involved with that case) and the time elapsed since counselling had ended. Some counselling may still have been in progress, or have been completed less than six weeks before data collection ended and consequently the percentages above are only apparent response rates. Also, they also do not take account of instances when forms were, quite properly, not issued because the client attended for only 1 session (meaning that Form A was ignored) or were too distressed for the counsellor to consider it appropriate to issue Form C, and so on.

While 26% of clients used all 8 free sessions available to them (less than at the preliminary reporting stage), the average remained below 6 per person, possibly confirming the premise that regardless of the number of sessions available, people tend to use what they need and little more, at least as far as counselling

is concerned (suggested by the results from the A.S.C.U. study). Only two clients received more than 8 sessions. Not only is it ethically important that clients are not left dealing with unresolved (or insufficiently resolved) issues which have been brought into the open through counselling, the cost effectiveness of the service might have been expected to be seriously impaired if they were not allowed to do so, when there was particularly great need.

In keeping with the pluralist approach taken to this study, the questionnaires included a wide range of measures, the results from each of which are considered below. They included:

- demographic information;
- the expected and actual (perceived) overall helpfulness of counselling;
- multiple outcome measures for presenting and secondary issues (including degrees of distress, difficulty, improvement and the relatedness of that improvement to the counselling);
- characteristics of the counsellor;
- client satisfaction;
- client self esteem;
- qualitative data

Demographic information

Details of gender, age and employment category were sought at the end of counselling and at follow up.

Most categories of age were represented. All categories of grade were present, with 'other staff' (i.e. not managerial or grades 10 - 14) being the most common, as expected from the company profile.

Only 40% of clients were female. This was lower than expected, especially as men usually present less often for counselling than women (Bennett, 1995), but such imbalances are virtually inevitable when dealing with small numbers of clients and the proportions became closer to the population norm as the study progressed. Consequently, all the results demonstrating trends, such as much of the quantitative evidence, must be interpreted with care, and with full reference to the illuminative details given by the qualitative responses.

Expected and actual (perceived) overall helpfulness of counselling

The levels of hopefulness of the potential for help as reported by counsellors at the outset of counselling, were skewed greatly towards the positive. 78% scored above the midpoint on the 1-7 scale (7 = very hopeful; 1 = not at all hopeful), and none scored less than 3.

At the end of counselling, perceived helpfulness reported by counsellors was only very slightly more equivocal, and was still clearly dominated by the 83% of responses in the top 3 possible options.

Responses from clients were even more positive with 76% using the top *two* options at the end of counselling for perceived helpfulness (84% used the top three). This very positive picture was, broadly speaking, maintained at follow up, when responses were concentrated even more towards the top end of the scale.

Outcome measures for presenting and secondary issues

As might be expected with such a small number of clients, the types of presenting and secondary issues reported were very varied. An illustrative flavour of the kinds of reported reasons for seeking counselling can be gained from the following examples:

> *'Frequent depressive episodes and anxiety following illness';*
>
> *'Occupational stress';*
>
> *'Multiple bereavements (including by suicide)';*
>
> *'Marital problems leading to separation';*
>
> *'Post traumatic stress disorder';*
>
> *'Sexual harassment at work';*

'Cycle of anxiety and depression which have kept her off work for many months';

'Depression, poor self esteem and difficulties with peer relationships'.

The extreme nature of many of the problems described (many of which were too identifiable to be reproduced here), demonstrated the acute need of some clients. Predetermined categories were deliberately avoided at this stage to enhance the quality of responses. Nevertheless, descriptions of problems by both clients and counsellors could be grouped into categories approximately similar to those used to record the data for the service's own monitoring statistics.

The levels of distress and difficulty caused by clients problems consistently showed improvement during counselling in both presenting and secondary issues, as reported by counsellors.

Change in the reported degree of distress and difficulty caused by most major and secondary problems for each client gave an indication of the amount of help received, in a simple test - retest format (as opposed to *overall* help, seen in only retrospect). Counsellors consistently indicated improvement in both scales (a median change of 2 points of the 7 point scale).

Perceived improvement at the end of counselling was greater with >82% of counsellors reporting improvement in presenting issues (47% using the top two ratings of the 1-7 scale, in which 1 = much worse, and 7 = much improved). Responses for secondary issues were even more positive, with improvement being reported in 100% of cases where any indication was made, and 80% of counsellors using the top two ratings.

At the end of counselling and at follow up, clients were asked to rate the degree of difficulty caused by their problems before counselling had begun and at the time of completing the form. This less satisfactory method was the nearest available analogue to the test - retest method used with counsellors because of the inappropriateness of asking clients to fill in questionnaires before counselling began. Once again, significant improvements were consistently reported, and to a greater degree than from counsellors' responses (mean change >2.9 points, slightly better than at the preliminary reporting stage). At follow up, clients reported a slightly greater degree of improvement on these scales (mean change >3 points).

Clients also reported that their problems had affected their work to a considerable extent, and the degree of change can be expected to reflect a significant improvement in work performance. Interestingly, the degree to which problems affected the client's work did not appear to change when they were explicitly personal (rather than being related directly to factors within the workplace), although the sample size was too small for detailed analysis.

Clients were also asked to what extent each problem had improved in general terms. At the end of counselling, the lowest response was at the equivocal midpoint of the scale (indicating no change), and all the others showed improvement (mean response was 5.7 for presenting issues and 5.3 for secondary ones on identical scales to that used with counsellors, i.e. 7 = much improved and 1 = much worse). At follow up, while the range of response was maintained, the mean improved slightly to >6.2 overall, indicating once again that matters may have continued to become slightly *better* for clients, rather than the effects of counselling diminishing over time.

The final question in this section referred to the degree to which respondents (counsellors *and* clients) saw change in the reported problems as being related to the counselling provided. A similar 7 point scale was used (7 = change was completely related to counselling; 1 = not at all).

Counsellors were relatively modest, giving a mean response of 4.75 as opposed to clients' mean score of 5.2 at the end of counselling. At follow up, clients' scores rose to an average of 6. Very few clients changed their score in the intervening period, however. Consequently, it is likely that the increase in clients' responses were the result of a selection effect, in that clients who had found counselling to be more important to them were more likely to return the questionnaire.

Nonetheless, the responses overall did not appear to show this effect. Not only was the response rate at the end of counselling quite high, the average figures quoted above included one client who used the extreme lowest end of the scale. Throughout this report, returns regarding clients who appeared to show negative, or even equivocal, results whether recorded in quantitative or qualitative terms, were purposively selected (Erlandson *et al.*, 1993) to be subjected to closer scrutiny. The client in question reported that counselling had been inappropriate for them because of the severity of their mental disorder, which was independently confirmed by their counsellor. The client reported that they had actually required psychiatric inpatient treatment, and a change in medication, but stressed that 'this does not mean that counselling could not be of benefit to others'.

Characteristics of the counsellor

As in the preceding study, clients were asked to rate their counsellor on a series of continua between diametrically opposing poles (with randomised positions of the positive and negative ends of the scales), similar to construct grid methodology.

Once again, the results were very favourable. Both at the end of counselling and at follow up virtually all clients rated their counsellors at well above the neutral mid point of all the scales. Most outstanding were the items indicating that

clients found the counsellors to be 'good listeners', 'respectful', 'good counsellors', 'trustworthy' and 'helpful'.

The scores were remarkably stable over the follow up period. What change did occur tended to be towards the positive end of the scale, reflected in the mean scores (mean at end of counselling = 6.22; mean at follow up = 6.42). Once again, it is likely that this reflects the greater willingness of clients who had had positive experiences of counselling being more willing to return the follow up forms.

An extremely small proportion of responses were at the negative end of the scales (even including the equivocal midpoint). As it was, the least positive responses (forming only 0.36% at the end of counselling) were for the 'Non-directive - Directive' construct dyad. This was consistent with the other studies presented here and was assumed to indicate that there are times when counsellors can, and should, be directive as before.

Significant numbers of clients reporting undesirable characteristics of any individual counsellor might have been cause for concern, but this did not happen. Demonstrable variations between counsellors would be as likely to reveal differences in clients' understanding of what the extreme ends of each scale meant to them (inter-rater reliability has not yet been established for these scales), but variation was, in fact, very slight.

Overall client satisfaction

As already noted (above) simple general satisfaction scores taken at the end of counselling almost always show high ratings from clients, counsellors and referrers alike (Corney and Jenkins, 1993), and consequently may not be the best measures of outcome if used in isolation. Here, a sequence of satisfaction questions was used to look at various specific elements of service delivery.

Satisfaction with the overall quality of counselling was also measured by two questions (C6, and C7) the first directly asked for simple satisfaction, but the second enquired about the extent to which the respondent would recommend their counsellor to 'a close friend who was having difficulties similar to [their] own'. Related to these, a further question asked about the extent to which the respondent felt able to rely on the confidentiality of the service. This more sophisticated method of using satisfaction measures provided a far better quality of data, although it must still be interpreted with reference to the variety of other information available.

The broad picture was overwhelmingly positive on all points, despite the notable exception of satisfaction with the number of sessions available. A combination of all the satisfaction scores indicated 73% of clients as being either very satisfied or only one point (of 7) below that at the end of counselling. The mean response for all satisfaction scores was at the equivalent to the second highest possible rating. These responses were either maintained

or improved at follow up on all the satisfaction related scales, with the exception noted below.

When the scores were analysed in more detail, some important differences emerged between the various scales used. The two general satisfaction questions noted above (which were also the only ones related directly to the experienced quality of the counselling itself) remained consistently favourable. Details of service delivery were also rated highly, such as waiting times before counselling could begin (on average, first appointments were arranged within a week of initial contact with the service) and, to a lesser extent, the length of the sessions themselves, .

Particularly worthy of mention were the responses to the question regarding the extent to which clients felt they could rely on the confidentiality of the service (which were not considered along with the more directly satisfaction related questions above). Among the most strongly positive of all the results from the questionnaires, 86% used the top possible rating at the end of counselling (85% at follow up). This was in stark contrast to the suspicions that the management of the company might somehow find out if (or even why) one had attended counselling among those eligible to use the service but who had not actually done so.

The one really notable exception to this picture was the lower levels of satisfaction recorded for the number of sessions available. A significant

minority of clients (33.3%) were at or below the middle of the scale at the end of counselling (this deteriorated further on follow up, 43% of the very small number of respondents actually using the lowest two possible ratings) indicating that while most clients may receive the help they need in a small number of sessions, for some the 'guillotine' the service is forced to impose on the counselling process after eight sessions may be an important issue. The issues associated with this have already been noted, and this data underlines the importance of the point that some flexibility can be important and cost effective.

Client self esteem

The results of the Self/Ideal-Self Discrepancy measure completed by counsellors regarding each client showed highly significant mean improvement during the counselling period. Of a theoretical range of 0 to 6, the mean discrepancy at the start of counselling was calculated as 3.8. At the end of counselling this was reduced to 2.5, clients showing an average change of 1.2 (>31% of the average starting score). An improvement of almost a quarter of the entire possible theoretical range suggests very real changes for clients when considered as a group.

Although the figures used to describe this measure are, necessarily, small, the significance of this degree of change should not be underestimated. Also, very few counsellors' reports showed a deterioration on any of the individual scales

or in any client's overall self esteem, although there was wide variation in starting and final scores and in the degree of change. What decline in self esteem there was, was extremely small (-0.7). The biggest change recorded was 3.9 (representing 60% of that client's original discrepancy score).

Qualitative Questionnaire Results

Counsellors gave open ended comments at the end of counselling, in response to two questions. The first asked for suggestions as to how the counselling could have been made more helpful; the second simply offered the opportunity to make further comments if the counsellor wished.

Four of the twelve comments in response to the first of these questions suggested that a greater number of sessions might have been useful. The examples below confirm the data presented regarding this issue in preceding sections:

> *'Not within constraints of 8 sessions. There may have been other deeper issues.'*

> *'This client's main problem was deep rooted and longer therapy would be required. The immediate social problem has been resolved.'*

'Could have been more open ended, e.g. with client making decision regarding the number of sessions required. With this client I believe more sessions would have been helpful.'

Two other responses were related to the limitations of counselling in general. In one case, already mentioned, it was stated that there had been an 'inappropriate referral due to [the client's] psychiatric state'. The other included the comment, that the counselling could have been improved 'only if the client could have been reassured she wasn't mad, and had been able to believe it'.

It is often held that counselling is best suited to those with certain ('normally' very common) characteristics in order to be able to make use of it. Therapist and client must be able to make some kind of psychological contact, and if the client's psychological state is such that this cannot be achieved, other methods may be more appropriate. These comments do not, therefore, reveal any significant weakness of this service in particular. Nevertheless, while the first client quoted above was quite correctly referred to an inpatient psychiatric facility, it is worth noting that the second reported significant change in both their main and secondary problems.

The second question elicited a variety of responses. The comment that, 'The feedback from the client at the end of the final session was extremely positive ... She initially suggested she had felt sceptical about consulting a counsellor but acknowledged she had benefited greatly from the experience' added weight to

the suggestion that the scepticism recorded in the survey of those eligible to use the service might be counteracted by experience, if sufficient numbers of people make contact for such good reports to circulate widely enough.

One counsellor wrote that

> *'a big step [for the client] was to acknowledge the need for help - this in itself was more helpful than the counselling'.*

Another comment that a client 'was very fearful of being seen to be 'ill'', and the apparent difficulties in encouraging staff to self refer for counselling in the company, may have indicated that there was scope for the service to proactively provide training or written materials, or engage in other activities, which help people recognise the legitimate need for counselling. These, and reducing the stigma associated with counselling, were also recognised to be tasks that could be undertaken by the company on a wider basis[15], by sending clear signals to its staff that seeking support is more likely to be a sign of the ability to ensure one's personal and professional abilities are maximised, rather than a weakness.

[15] This kind of feedback from E.A.P. to company is increasingly viewed as an essential aspect of such initiatives (Caroll, 1996). That it was facilitated by so many sections of this evaluation, offers further evidence of the richness of pluralist inquiry. With confirmatory findings from so many points in the study, the evidence to support the proposition that the company would benefit from taking steps to alter employee perceptions of corporate care for their well-being were extremely clear.

Clients were asked several free response questions in the end of counselling questionnaire, all of which were repeated at the follow up stage. Reasons for ending were generally along the lines of:

> *'no longer suffering from depression',*
>
> *'felt a lot happier'*
>
> *'I felt I was over my difficult period, but would go back if I thought it was needed.'*

These were very nearly the only comments to be repeated at follow up. Five of the fourteen comments under this heading referred to the 8 sessions limit, some of which included the suggestion that more would have been useful, although still stressing that even a limited service was worthwhile:

> *'Would have liked another couple of visits, but feel I really did benefit'*

The question that asked what, if anything, clients had found particularly useful elicited several interesting responses, and demonstrated some of the things the service had been able to achieve:

> *'At the outset I was so confused - in a complete and overwhelming sea of depression. I needed someone to break down my problems and explain them. I have learned how to recognise situations and have tools I can use to help me through*

difficult times. I have learned methods of communicating my needs without getting angry or emotional and how to recognise the needs of others.'

'It has been invaluable in helping me come through a very difficult time and in understanding myself more than I did.'

'Talking to someone outside the family was very useful. Especially as I had to deal with funeral arrangements, breaking news to relatives and making sure close family were okay.'

Two questions explicitly invited criticisms. One asked what, if anything, had been particularly unhelpful; the next asked for suggestions for improvements. The first of these elicited eleven responses (one, as might be expected, from the client who was referred to other services noted above). One other referred to the amount of travelling involved in seeing the counsellor, followed by the suggestion that the service should try to use counsellors 'nearer home or nearer work'. Most remarkably of all, however, nine clients (82%) indicated that there were no particularly unhelpful aspects.

The service had already recruited a network of counsellors across the country to cater for all the branches involved in the pilot scheme, and it was virtually impossible to provide absolutely complete cover that would always be perfectly convenient. The emphasis had been on selecting counsellors who were well qualified and experienced, and some gaps had, perhaps, developed.

Nevertheless, the client quoted above still rated the service very highly (and is quoted among the positive responses to the general 'further comments' question), and made it clear that it was only the excessive travelling time (up to 2 hours round trip) that had been any problem at all.

There were only four suggestions for improvements. One, was from one of the two clients referred to above. The other three all asked for 'an open time limit' or simply for 'more sessions under scheme', as might be expected from the satisfaction related data already discussed and the comments already noted above. Negative comments of any kind, however, were conspicuously rare. Eight clients explicitly stated that they could not suggest any ways in which the service could be improved at all.

Responses to the two questions asking for further comments were most typically in a similar vein to the question regarding helpful aspects already referred to. Many offered outstanding, vivid affirmations of the effectiveness of the service in their lives allowing all the stake holder groups to gain an insight into what it could achieve in a way that would not have been possible from quantitative data at all:

> *'It is impossible to say the extent of the benefit I received. When a person transforms your life from total fog and complete confusion to clarity and daylight and gives you back the strength*

and control which had disappeared you cannot rate it highly enough.'

'I welcomed the chance to go to an independent counsellor.'

'[the counsellor] couldn't have been more helpful and understanding and a good listener than she was. I am eternally grateful.'

'I am much happier, and expect it to continue'.

'I think the helpline is an excellent idea. The lady I spoke to on the first occasion was very helpful and understanding. I was feeling very low and depressed when I first made contact. There is no doubt this was effecting my work ... The counselling has helped me pull myself together and get on with it. Thank you.'

'An excellent service. I'm very glad I took advantage of the [counselling] scheme. It really has helped me.'

'The warmth and understanding I received from my counsellor was monumental.'

'I am happy to have had the opportunity to have had counselling. I wouldn't have thought about it myself and I wouldn't have approached my Doctor. I feel I am more positive about myself and my future.'

Perhaps the most remarkable feature of these comments, apart from the absence of criticism, was the strength with which the positive statements were made.

Appendix D.2.b Recommendations to the financial services company regarding their Employee Assistance Programme

Recommendation 1. The main recommendation of the preliminary report was confirmed by the greater quantity of data available at this final reporting stage: the continuation of [the service] is clearly warranted beyond its current highly successful pilot phase.

Recommendation 2. Furthermore, it is recommended that the service be expanded to include all [company] staff in the U.K. The numbers of clients and associated cost benefits could be expected to increase proportionally. Stronger promotion of the service would also be facilitated, allowing a higher profile to be more easily achieved throughout the company. [The company] would be seen to be offering a further clear demonstration of its commitment to staff welfare and development.

Recommendation 3. Consideration should be given to establishing [the service] as a distinct entity, completely independent of [the company]. If this suggestion were to be put into practice, it would be important that the service remain managed by staff familiar with the company, its culture and structures, and that the current excellent systems already developed for this specific context were retained. Clear reporting protocols would also need to be established.

Recommendation 4. Promotion of the service must be continued and extended to improve awareness of its services and the assurance of absolute confidentiality. Constant reminders and development of the image of the service, and of counselling in general, are clearly essential to maintain and build on the advances already made.

Recommendation 5. The service might be further enhanced by developing a proactive, educational role within the company: simultaneously promoting its existence, and providing stress coping information to staff. Written materials, training sessions and other activities might usefully focus on preventive measures such as 'stress proofing' strategies and assertiveness training etc.

Appendix D.3.a Report of data to Renfrewshire Association for Mental Health (RAMH) regarding their counselling service

The following text is a reproduction of the main data reporting section of the final report provided to R.A.M.H.

From May 1995 to December 1997 details were recorded for a total of 478 clients. Although not all entered each stage of the study, this is nearly four times the numbers in the preliminary report. However, due to various problems with the coding system (which predated the evaluation) a proportion of data (9%; n. = 42) had to be excluded. In addition to the occasions noted below when a client and / or counsellor might not return one of the questionnaires at all, there were also a large number of cases in which clients failed to attend any sessions or did not enter the study following an inappropriate referral. 104 clients (21.8%) fell into this category. In such circumstances, counsellors were instructed to complete an 'end of counselling' form (form B) to indicate the end (or more accurately 'non-start') of the counselling contract that had been offered. Once both groups of clients were disregarded, usable data was available regarding 332 clients.

As outlined in the preceding section, the questionnaires included a wide range of measures, in keeping with the pluralist approach taken to the study. These included:

- *demographic and general monitoring information;*
- *the expected and actual (perceived) overall helpfulness of counselling;*
- *multiple outcome measures for presenting and secondary issues (including descriptive accounts, degrees of distress, difficulty, improvement and the relatedness of that improvement to counselling);*
- *client satisfaction;*

- *three sub-scales drawn from the "SF-36' (an established psychometric test) in order to record general mental health (via the 'M.H.I.-5'), role limitations and social functioning;*
- *qualitative data*

The results referred to here are not in alphanumeric sequence of the questions from which they are derived but are in groups of related topics. Similarly, the qualitative data from counsellors provided at the end of the evaluation period is not dealt with in a separate section but is referred to as the various issues arise throughout the text.

It should be noted that all quotations from clients and counsellors in this report have been anonymised with identifying details, including gender, have been changed so as to prevent identification of either clients or counsellors at any point. Quotations are presented as written in the original with no changes made to grammar, spelling or emphasis, except as indicated.

♦ *Quantitative Questionnaire Results*

Response rates

Previous survey research suggests that postal returns on sensitive issues can be as low as 30%, while remaining statistically useful (Nunnally, 1978; Devellis, 1991). Given the length of the second two questionnaires for clients, and the different methods of distribution, response rates could be expected to vary a great deal, and were as follows:

Form A (completed by counsellors after the first session) 98.7%

Form B (completed by counsellors after the last session) 76.3%

Form C (issued to clients before the first session) 67.6%

Form D (issued to clients after the last session) 15.7%

Form E (issued to clients six weeks after the last session) 11.4%

It should be stressed that these figures represent *apparent* response rates which assume that all questionnaires should have been returned regarding all clients at all stages. True response rates will be somewhat higher. Furthermore, although it was attempted to disregard all clients who did not start counselling, there may have been some instances in which this was not made clear in reporting and the total number of forms to be expected should have been correspondingly lower, further suggesting that the response rates quoted are under-estimates. Specific factors often account for a proportion of non-returns but there are a number of circumstances in which it is clearly appropriate for a counsellor to refrain from even issuing a form, such as when the client is too distressed, prefers not to participate or indicates that they are unable or unwilling to complete it.

Nonetheless, despite a distinct improvement in response rates since the preliminary report, those for clients post counselling remain too low to render much of the quantitative data statistically representative of the whole client population. In theory, up to 100% of non-returns *could* be from clients whose

responses would have been negative in the extreme. While this is unlikely in practice, of course, problems of limited generalisability and the opportunities for selection effects are sufficiently great as to render them virtually useless in the sense of 'traditional' reductionist methodologies. However, pluralism advocates the concurrent application of reductionist *and* phenomenological methods and the use of data from more than one source and at more than one point in a study.

The use of small numbers of responses to reveal non-generalisable information is commonplace in qualitative studies and the same principle can be applied to all the measures used here, so long as it is borne in mind that the figures certainly do not indicate trends throughout the whole client population. They do, however, allow detailed measurable and comparable findings for the individuals who did respond. Consequently, much of the quantitative evidence must be interpreted with care and with full reference to the illuminative details given by the qualitative responses.

For example, the proportion of clients not taking up the offer of counselling may indicate a need to improve referral practices, reduce waiting times or to target the service more accurately on clients for whom it is most appropriate. The service has already taken steps to address the issue of long waiting times, highlighted in the previous report, and the positive effect of this is confirmed by the numeric data given below in comparison with the earlier figures. Furthermore, issues regarding referral practices and the categories of clients the

service focused upon were also raised by the counsellors in their free response comments provided at the end of the evaluation period. For example:

- *'[I] wonder about ... issues concerning the target client population of the service. For example, are we more effective with particular client groups and why? If so should we ... be more specific about referral criteria ...'*

It is also worth noting that, at least in part, the lower response rate at follow up is probably an inevitable result of the method of distribution (by post from the counsellor involved with that case) and the time elapsed since counselling had ended.

The post counselling response rates from counsellors were also lower than expected, partly due to the apparent high rate of clients who did not attend for their first session, but possibly also indicating some difficulties in administering the questionnaires, or in the selection of clients for induction into the various stages of the study. Other studies in this research program have indicated that response rates from counsellors are rarely 100%, the deficit usually being accounted for by clients who are still in counselling at the end of the data collection period, or those who stop seeing their counsellor without a clear end to the counselling contract, with administrative errors accounting for only a very small number of non returns (Goss, 1995 & 1996a).

Demographic and general monitoring information

Details of clients' gender, age, and marital and employment status were sought from counsellors at the end of counselling and calculated with an *n.* of 228. All categories of age were represented with 65% of clients being aged between 21 and 40.

71% of clients were female, outnumbering men in the sample by slightly over two to one. This is approximately as expected from the preliminary report and studies of other counselling services (e.g. Bennet, 1995).

All categories of employment status were represented, with those in employment or self-employed forming approximately one third of the sample. 65% were married or cohabiting.

Data for the population of the area is sufficiently similar to the expected frequencies for each category to give some *prima facie* evidence that the service does not appear to present any significant barriers to any of the specific groups wishing to use its services that were recorded.

If the entire evaluation period is taken as a whole, the average waiting time prior to initial consultation was 12.5 weeks, only fractionally shorter than at the time of the preliminary report. The identical standard deviation of 9 once again indicates wide variation in waiting times. The maximum waiting time was recorded as 32 weeks. The preliminary report noted that long waiting times would have had an important influence on the numbers of clients who did not attend and this has been addressed by the service in the intervening period with

some very encouraging results. The median waiting time during 1997, for example, was 7 weeks. Difficulties associated with long waiting times continue to be a factor in the evaluation, especially in the light of some of the qualitative responses quoted below. However, it may be that further steps to reduce waiting times are possible or even have already been taken and are yet to have their full impact. Consequently, the picture may be one of continuing improvement as much as it shows residual problems in this area.

The maximum number of sessions received was 16. The mean number of sessions received rose from less than 2 recorded in the preliminary report to 2.6, still indicating a very rapid turnover of clients and once again suggesting that, whatever benefits are indicated in the following results, they are achieved in a very short space of time indeed. The standard deviation of 2.6 sessions suggests some significant variation in that average and the highest number of sessions received by any one person was 16. The increased length of counselling per client reflected, at least in part, actions taken in response to the preliminary findings that some of the techniques used to focus exclusively on solutions to issues in favour of building a strong therapeutic alliance were not always seen as effective by counsellors or clients despite producing very brief therapy.

The only directly evaluative data under this heading were responses to the questions regarding whether the client had been unable to discuss certain issues with their counsellor. Counsellors reported that they did not know in 55% of cases, and indicated that clients had been unable to raise particular issues in

only four instances. 2 clients (4%) reported being unable to discuss any issues with their counsellor at the end of counselling, and 6 (17%) at follow up. Furthermore, it should be remembered that a possible selection effect may have been that those that did face this type of difficulty may have been less likely to return the questionnaires and thus not appear in the closing phases of the study. Furthermore, these numbers are probably sufficiently low to give no cause for general concern. Examination of the qualitative data for these clients gave no indication that their responses were other than isolated cases.

Expected and actual (perceived) overall helpfulness of counselling

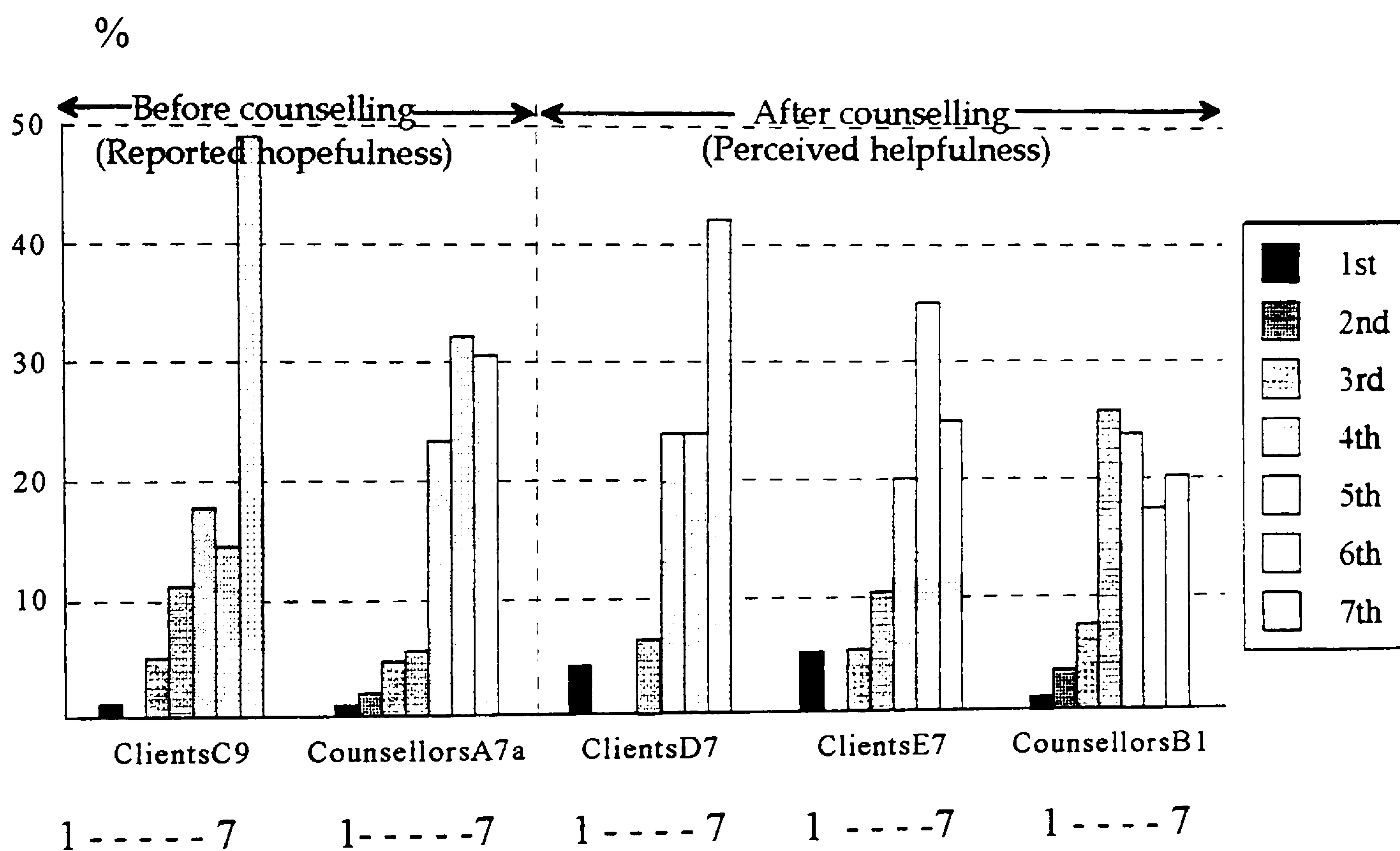
The levels of hopefulness of the potential for help reported by counsellors and clients at the outset of counselling were distinctly skewed towards the positive. 64% of clients and 63% of counsellors used the highest 2 possible ratings.

At the end of counselling, perceived helpfulness reported by counsellors was slightly more modest, but remained clearly very positive with >61% of responses in the top *3* possible options). 26% were at the equivocal midpoint of the scale, leaving only 13% of cases reported as not having been helped.

Clients were even more positive than counsellors, as expected (e.g. Goss, 1995), confirming and slightly improving on the results given in the preliminary report. 89% of clients used the top 3 options at the end of counselling, and 80% at follow up. The mean response from clients remained reasonably constant from the end of counselling to follow up ($p = 0.5$).

At the outset of counselling, counsellors and clients gave different ratings for hopefulness of its efficacy (p. = <0.001). The change in responses from counsellors and clients from the start to the end of counselling was also very highly significant (p. = <0.001) although, of course, hopefulness of expected help, and reported perceived helpfulness cannot be considered entirely comparable.

Diagram I - Overall counselling helpfulness (% tally of responses)



(N.B. In each Likert scale 7 = most positive while 1 = most negative. The precise wording for each question is provided in the appendices.)

In the diagram above, the further responses for each of the 5 questions are towards the right (indicating a higher score), the more positive is the description of counselling being offered. The wording for each of the questions is given in Appendix A.

Both clients and counsellors generally appear to have had a very positive view of the amount of help provided by the counselling. Some studies (e.g. Sloboda et al, 1993; Broadbent, 1996) have considered such general measures to be the primary indicators of success and if this was applied here, the service could already be counted a success. For present purposes, these results will be considered as part of the mass of data which follows, to corroborate these encouraging results.

Outcome measures for presenting and secondary issues

As might be expected, the types of presenting and secondary issues reported were very varied. Predetermined categories were deliberately avoided at this stage to enhance the quality of responses. A 'grounded' content analysis (after Strauss and Corbin, 1990 and McLeod, 1994) was carried out to produce discrete emergent categories of presenting and secondary issues.

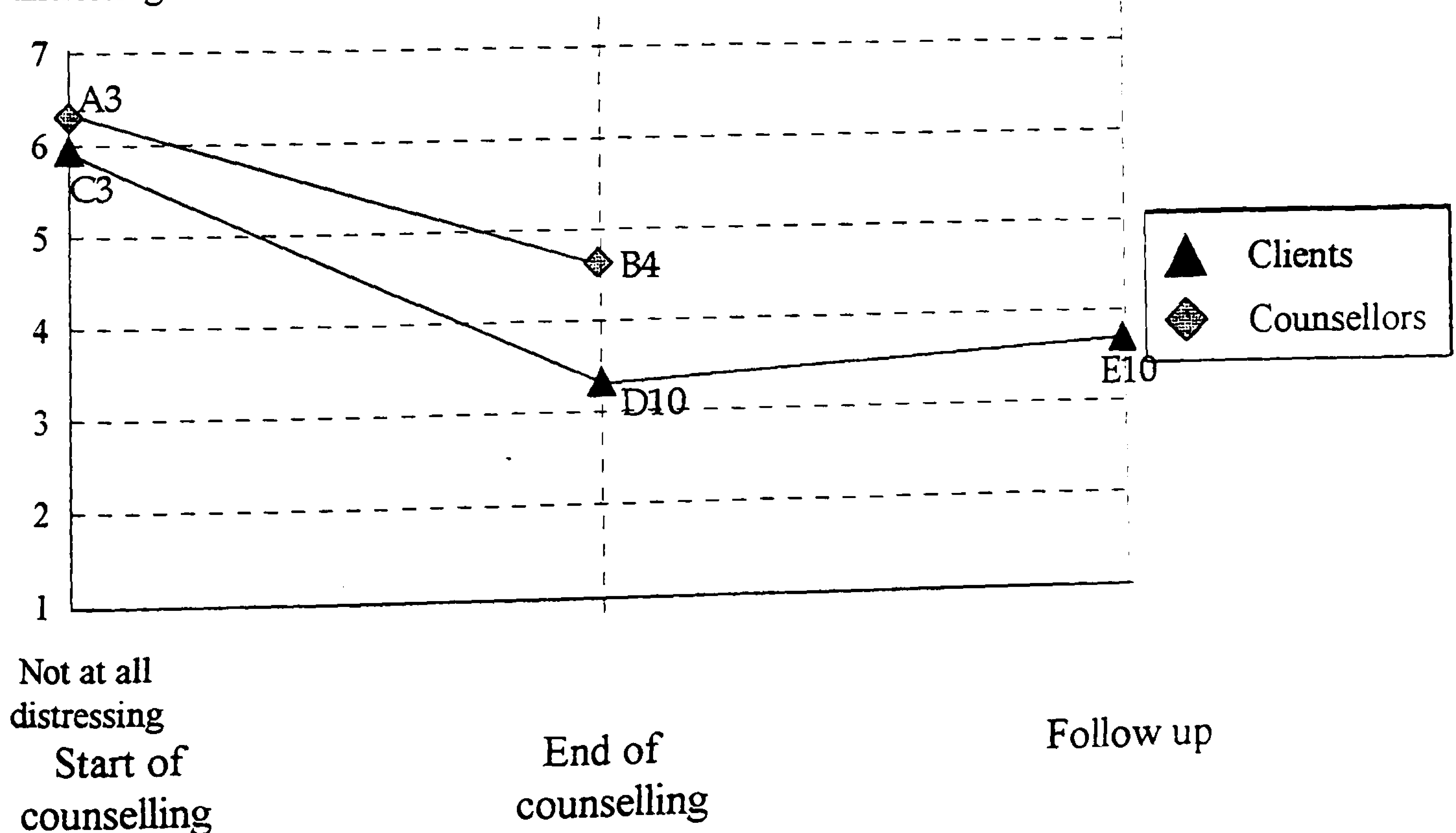
The analysis confirmed the findings of the preliminary report that the most common presenting problem was depression, followed by anxiety, stress, bereavement and relationship difficulties. About one third of clients had relationship difficulties in addition to their main presenting issue.

As before, no list of general headings can do justice to the descriptive merits of the responses to these questions and throughout the evaluation period many of the problems descriptions offered continued to refer to very serious situations, including bereavement through murder, violent childhood sexual abuse and terminal illness. The extreme nature of many of the problems (especially as

described by clients, albeit frequently in ways that were too identifiable to be reproduced here), vividly represented the acute need of some clients who contacted the service.

Clients often reported that they had been suffering from both their main and secondary issues for long periods (mean = 3.5 years; S.D. = 5.3; maximum = 40 years). Long term problems may be expected to be more intractable than sudden crises, which may resolve themselves with time. Not only does this demonstrate the typically chronic nature of the problems presented in the counselling, it also suggests that change indicated by these results is more likely to be due to the counselling intervention.

Diagram II - Change in mean response for difficulty for presenting issues



The levels of distress and difficulty caused by clients problems consistently showed improvement during counselling in both presenting and secondary issues, as reported by both counsellors and clients. Counsellors rated change more modestly than clients (consistent with the other studies in this research program already referred to). All the responses to these questions followed a similar pattern, exemplified in the diagram below. Reduced scores indicate improvement.

The results showed consistent improvements among those clients who responded. The degree of change varied widely, however, which is reflected in the moderately high standard deviations. At follow up client responses showed that change was more or less maintained.

Clients and counsellors were also asked to what extent they perceived each problem to have improved in general terms. At the end of counselling, 62% of clients used one of the top two ratings of the 7 point likert scale (1 = much worse; 7 = much improved). At follow up, this decreased slightly to 56%. Responses from counsellors were also distinctly skewed towards the positive end of the scale, with over 50% using the top 2 ratings.

The final question in this section referred to the degree to which respondents saw reported change in their presenting and secondary problems as being related to the counselling. A similar 7 point scale was used (7 = change was completely related to counselling; 1 = not at all). Responses were again reasonably positive. Counsellors tended to use the middle of the scale, or above

it, except in a very small number of cases. Client responses were also skewed towards the positive (related to counselling) end, but tended to be somewhat more polarised.

Client satisfaction

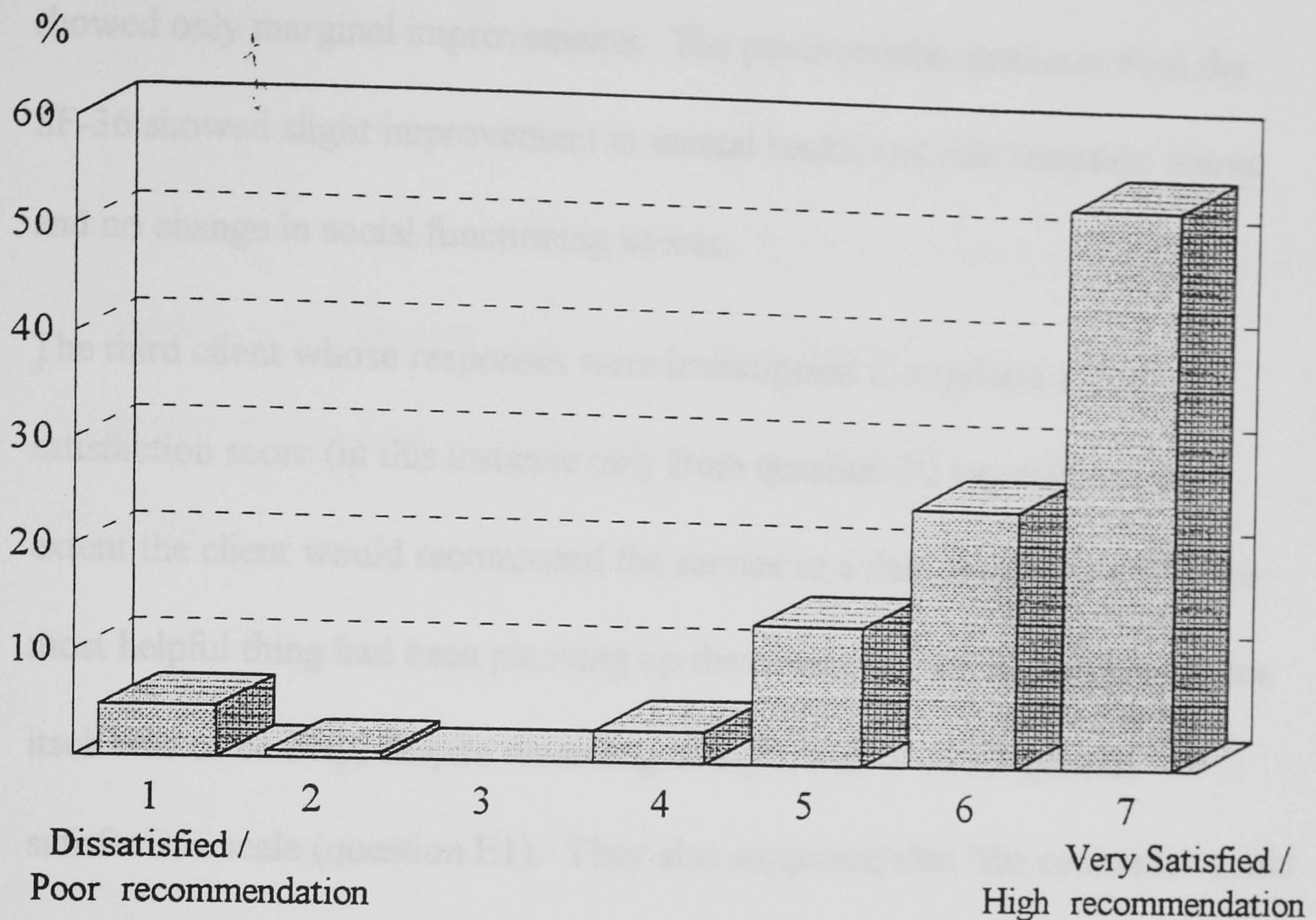
Simple general satisfaction scores taken at the end of counselling almost always show high ratings from clients, counsellors and referrers alike (e.g. Corney and Jenkins, 1993), and consequently may not be the best measures of outcome if used in isolation. As noted in the preceding section, different dimensions of satisfaction were looked at in two related questions. The first directly asked for simple satisfaction with the counsellor, but the second enquired about the extent to which the respondent would recommend their counsellor to 'a close friend who was having difficulties similar to [their] own'. As a method of using satisfaction measures the combination of these questions can be expected to provide data of somewhat better quality, although it must still be interpreted with reference to the variety of other information presented.

The picture presented by responses to these questions was positive on both points. A combination of all the satisfaction scores indicated 78% of clients as being either very satisfied or only one point (of 7) below that (Diagram III). These very encouraging responses were generally maintained on both satisfaction related scales. At follow up the percentage of responses at the very top of the scale fell somewhat but scores remained consistently very positive, giving a mean score over all the satisfaction related items of 5.78.

Applying a procedure developed in phenomenological research to these quantitative data, the 3 clients who gave low satisfaction ratings at any point were purposively selected for closer examination of all their responses.

The preliminary report mentioned one of these, who presented with severe depression, reported that they had found nothing either particularly helpful or unhelpful about the counselling, but commented that 'The counsellor should ... speak about the real world and not miracles' and gave the worst possible ratings on all the measures used. This comment was one of the qualitative responses that led to changes in the working practices of the counsellors. The solution focused model is being actively adapted by the staff of the R.A.M.H. service, including allowing some methods to take a less central role such as the technique of asking clients to focus on how their situation would be different if some miracle could let them alter anything in any way (cf. Saunders, 1998 and others). Such change is underlined by the data from counsellors at the end of counselling listed among their perceived strengths an ability to be 'self critical, willing to change practice in light of evaluation / research about good practice ... not ideologically bound. Becoming more interested in 'what works' across therapies (at least ... in recent months).' These subjective opinions are supported by the absence of such comments from clients attending after the preliminary report was submitted.

Diagram III - Overall satisfaction scores (% tally of responses)



Of the other two clients who gave low satisfaction scores one considered "the counselling [to be] an absolute waste of time' and reported that there had been no helpful aspects of the experience. They did suggest, however, that an older and more experienced counsellor would have been able to help. This client ended their comments by asking, 'who is it [the service] benefiting? Do you have statistics of satisfied clients? It would be interesting to find out if this service justified its existence. In theory it is an excellent service but in practice, in my experience, a big disappointment.' Perhaps the generally very positive findings reported here would offer this client some reassurance but it is clear that they personally received no benefit. The counsellor's responses (not quoted to avoid the client becoming identifiable) were frank in admitting an error in the way the possibility of therapeutic change had been presented. Other quantitative

data from likert scales elsewhere in the questionnaires returned by this client showed only marginal improvements. The psychometric measures from the SF-36 showed slight improvement in mental health and role limitation scores and no change in social functioning scores.

The third client whose responses were investigated to explicate a low satisfaction score (in this instance only from question E2 regarding to what extent the client would recommend the service to a friend) suggested that the most helpful thing had been plucking up the courage to go but that the service itself was of no help, despite recording an equivocal '4' on the general satisfaction scale (question E1). They also suggested that "the counsellor could have spent more time finding out why I [suffer from my problems] ... instead after one and a half sessions I felt I was wasting [their] and my time.' Quantitatively recorded data regarding this client was equivocal.

Elements of the SF-36 including the M.H.I.-5, role limitations and social functioning

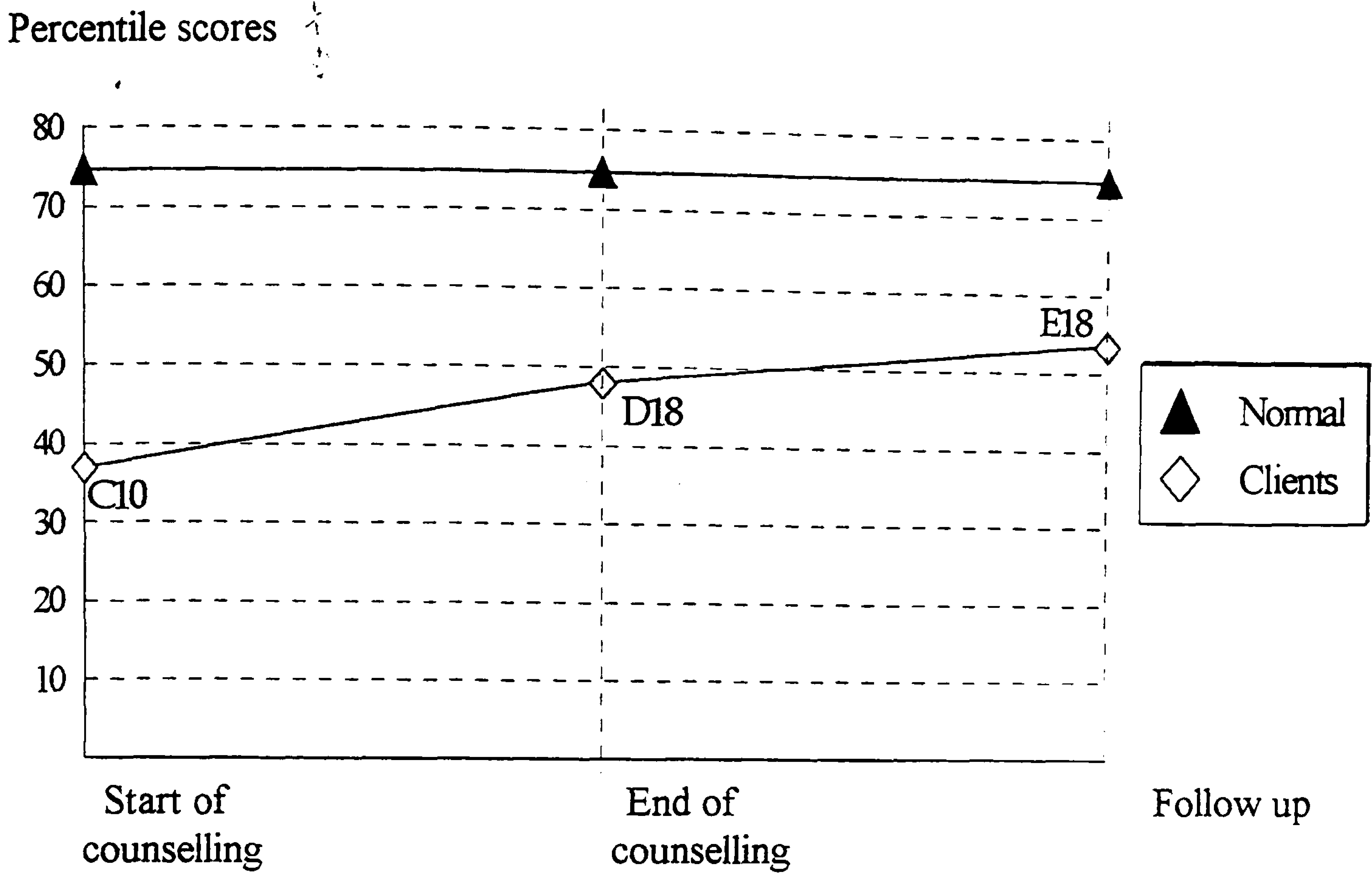
Three sections of the SF-36 were applied consecutively. Data for each of these was recorded for all clients who responded before and after counselling, and again at follow up, in a basic test - retest format. An advantage of using these psychometric tests, all of which are well validated (Ware *et al*, 1993), was the possibility of drawing comparisons with normal responses taken from U.K. populations (Jenkinson *et al*, 1993). These scores are shown in the following 3 diagrams as horizontal (i.e. constant scores) near the top of each chart.

All three sub-scales used referred to how the respondent had been feeling over the four weeks prior to completing the form. Given the low average number of sessions received, it is possible that the scores at the end of counselling are partly due to the beginning of this period at the end of counselling predating the first session, with the effect of reducing the amount of change in the scores. The further improvement reported on 2 of the sub-scales at follow up may reflect this.

The results of the five item measure of general mental health (M.H.I.-5) are given in the Diagram IV. This measure looked at the degrees of nervousness vs. calmness, and happiness vs. sadness felt by the respondent.

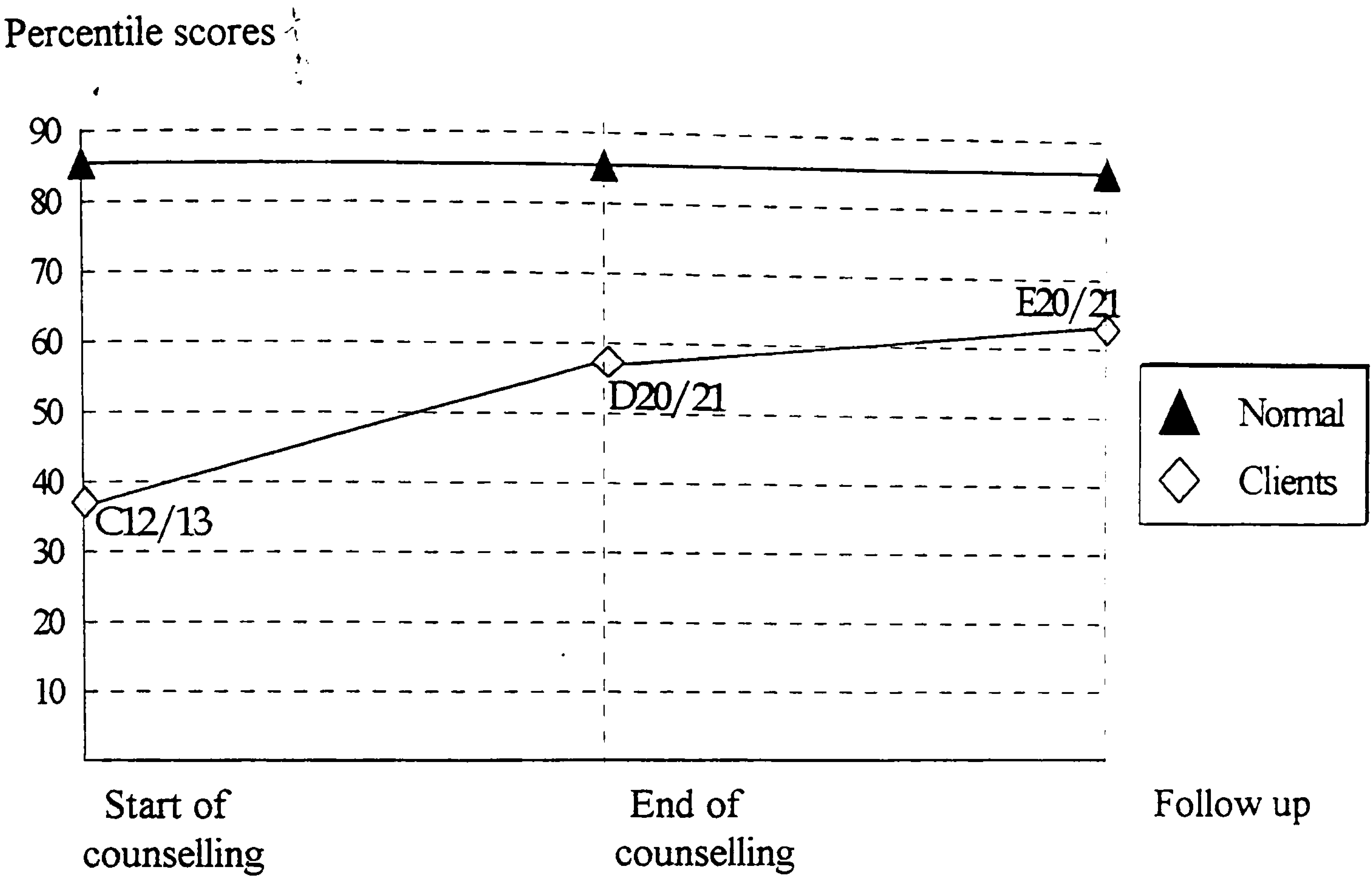
As at the preliminary reporting stage, clients' mean responses at the start of counselling were half the expected norm and rose to almost ¾ of it by follow up. The change is undoubtedly significant among this group of clients, and re-enforces the general picture from the preceding results of positive change over the counselling period reported by people initially suffering the effects of severe difficulties. In all three diagrams that follow, the steeper the line, the greater the degree of change. Rising scores indicate improvement.

Diagram IV - Mean percentile responses to the M.H.I. - 5



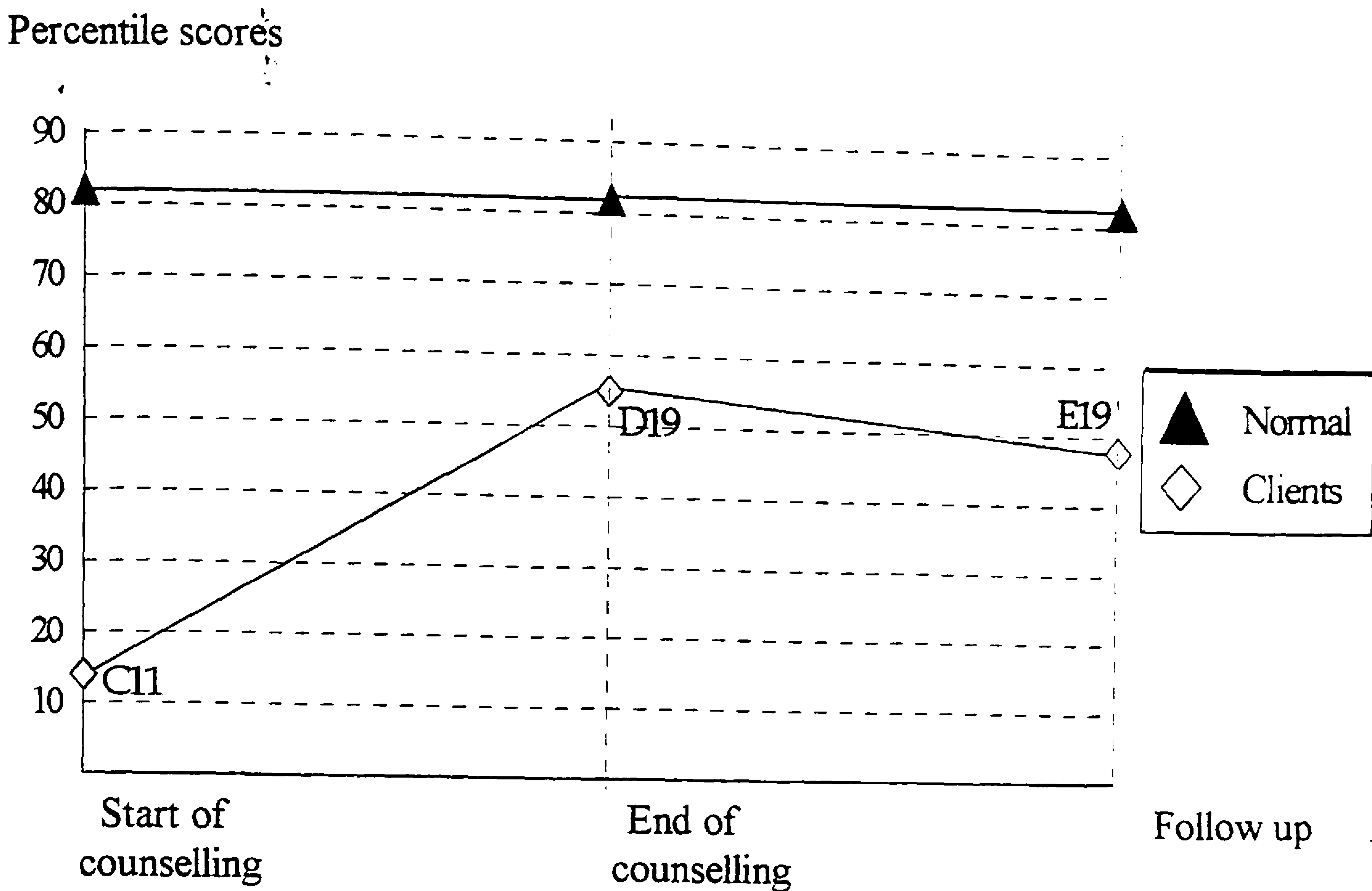
Social functioning (Diagram V) was measured by two items which looked at the degree of impact of any emotional problems on 'normal' social activities, and the frequency of that interference. On this scale, the change was even greater with clients' starting scores being 43% of the norm, and progressing steadily through to the follow up period to over 73% of it.

Diagram V - Mean percentile responses to the social functioning scales



A further three items formed a third sub-scale (Diagram VI) which looked at the limits that "emotional problems' put on the range and extent of all types of work or 'other regular daily activities'. On this sub-scale, clients starting scores were extremely low at only 18% of the norm, but rose to 67% of it at the end of counselling before falling back slightly to 59% at follow up.

Diagram VI - Mean percentile responses to the role limitation scales



Seen in conjunction, the SF-36 sub-scales confirm the qualitatively derived conclusion that many clients were suffering acute difficulties at the start of counselling. Furthermore, they confirm that, on average, significant progress was made and that. In general, this positive change appears to have been either continued or sustained at follow up.

◆ *Qualitative Questionnaire Results*

Exhaustive analysis of the comments made by clients and counsellors to the various free response questionnaire sections was not considered either necessary or relevant for evaluation purposes. Furthermore, resources did not permit very detailed content analyses. However, the data was subjected to a brief grounded theory analysis and a reasonably accurate summation of the responses that seemed to the researcher to be most representative and

illuminative is given below. In order to retain the possibility of clearly stating the proportion of responses of any given category at each reporting stage, the results are presented here roughly in alphanumeric order of questions, with references made between questions as appropriate. When particular themes have emerged at more than one reporting point these do, of course, warrant particular attention. Where appropriate, such themes are further discussed in the following section.

Comments already referred to in the preceding discussion have generally been excluded, notably the descriptions of presenting and secondary issues. For the sake of increased rigour, special note continued to be taken of answers in cases where the quantitative measures (such as scores for distress and difficulty or self esteem) showed negative change. Similarly, those qualitative responses that were negative, equivocal or unclear were frequently cross-referenced to the numeric, quantitative data as exemplified above. This continual purposive interaction of data types, and research styles, is typical of the approach taken throughout this study.

Counsellors' Comments Post-Session 1

Question A7: 'Are there other comments or issues you would like to record at this stage?'

Counsellors were asked to add 'further comments' to form A, completed after their first session with each client. 85 Comments were recorded. As in the

preliminary report, the majority of these were diagnostic comments giving further details of the counsellor's perception of the client's predicament, such as

- *'client referred due to depression / anxiety which is reported to have persisted since his wife's sudden death 20 yrs. ago ';*
- *'client has had major life changes due to work related accident - and is struggling to cope with these' ;*
- *'Client's problems appear to stem from being out of work'.*

Confirming a possible indication derived from the large numbers of clients who did not take up the offer of a first appointment, and as noted in the previous report, a number of comments suggested that the referral to counselling may not have been appropriate. In one case it was even suggested that inpatient psychiatric care would have been more suitable. Descriptions of problematic referrals varied, but included

- *'Client stated she was unsure about the value of attending for counselling, but attended because referrer suggested it. Decided not to return';*
- *'Client has attended because social worker suggested. Has tried 'talking' about problems before, doesn't see how it will help. Unsure how willing she is to engage in counselling';*
- *'lack of [client] motivation?';*
- *'unclear whether person needed counselling just now' ;*
- *'client not sure if wants to attend counselling, this was gp's idea.'*
- *'Not appropriate referral - seen once - referred on'.*

It was noted in the preliminary report that a remarkable degree of 'pre-sessional' change could occur. Despite the improvement in waiting times since the earlier report, the effects of long delays between referral and the offer of a first session appear to have persisted. Examples include:

- *'client reporting, upon questioning, pre-session change. Not sure if he needs to return';*
- *'client already beginning to initiate change and used this session to amplify this and clarify future goals. Not sure client needs many sessions as she appears to be well on the 'right track.'*

To use qualitative data from one source to confirm data of the same type, but from a different source, such perceptions were sometimes confirmed by client responses at the end of counselling, e.g.:

- *'I find it very distressing that I waited a good bit of time for an appointment only to find that I have done more to help myself in that time than the counsellor did. I needed just a little extra 'push' to make the [symptoms] stop but I was told to carry on the way I was going. I felt I had wasted my time and the counsellors.'*

Perhaps indicating the difficulty of finding a positive outcome for such situations, and some irritation with both the situation and the counsellor, this client concluded by commenting 'I know there are people with more severe problems than me that require counselling but I felt I was politely shown the door.'

Given the limitations of the received solution focused model (suggested by client responses in the preliminary report) it is worth noting that it was reported that there were circumstances in which it seemed clearly very useful: 'talking about 'miracles' fitted well with her personal beliefs.' Their openness to critique of their work and their commendable willingness to adapt their practice, especially when faced with cases of serious mental illness was also indicated with comments such as:

- *'client diagnosed 'schizophrenic' expressing ideas which seem 'bizarre' but it is possible to communicate / discuss well enough to 'do' counselling - a little unclear what client wants from counselling and whether he knows exactly yet.* ***I need to adjust my angle and slow down'*** *(emphasis added).*

In accordance with other studies in this research program the counsellors proved to be consistently open, even critical, about their work, despite reporting to an evaluator who will make recommendations based partly on their evidence. It is not surprising, therefore, that there were a few negative comments, including

- *'Michael's expectations of counselling were that I would take a more behavioural approach and change his way of thinking. ... I am not sure how helpful I can be';*
- *'I got the impression counselling hadn't been that helpful.'*
- *'James said at the end of the session he'd come for answers which he never got.'*

- '... *some doubts as to whether I can engage this client'.*

No counsellor or one model of counselling suits every client, and while demonstrating that counsellors recognised that a number of clients may not have received the help they sought, it is reassuring that counsellors were willing to reflect critically on both negative and positive aspects of their work.

Other comments referred to characteristics of the counselling session (e.g. 'Client cried a lot ...'), including unusual aspects of it such as the client's partner also attending the sessions.

Counsellors' Comments Post-Counselling

Question B12: ***'Are there other issues you want to comment on?'***

At the end of counselling, counsellors were asked three further free response questions. The first, B12, simply asked if there were issues they wished to comment upon other than the presenting and secondary issues for which likert rating scale scores had been provided. 84 comments were recorded and in addition to further descriptions of clients' difficulties several responses referred to outcome and process issues, some of which confirmed the indications already noted above e.g.:

- *'client had already reported significant change in our first sessions and reported that although things had stayed the same that she felt things were good enough and that at her age she was happy to accept this!'*
- *'client reporting 60/70% in first session. Perhaps this is why she did not return i.e. she got all she needed at the time';*

- *'Mary phoned to say she no longer wished to continue and that she was fine.'*

32 comments (38%) noted non-starts or unplanned / unclear endings to the counselling reflecting, in part, the high number of clients who did not start their counselling at all:

- *'Client never attended any sessions';*
- *'client extremely distressed at first sessions, not sure if counselling would help. was hospitalised before second session. No further contact following this';*
- *'client unsure of how counselling could help and did not make a follow up appointment. therefore do not know to what extent if at all her situation has improved';*
- *'client cancelled and failed to attend first appointment, attended third and didn't attend next one or respond to correspondence."*

Far less common were comments giving the opposite, more positive, indication such as:

- *'this client has been very committed to counselling and has spent time thinking through his feelings.'*

Question B16: 'Can you suggest ways in which the counselling could have been improved so as to be more helpful?'

The next free response question (B16) requested suggestions for improvements to the counselling offered. 88 comments were recorded. 22 responses (25%)

indicated that the counsellor had no suggestions for improvements. In the remaining comments the need for shorter waiting times was frequently highlighted as was non-attendance or other unclear endings to the counselling. More rapid action to follow up either non attendance or an unplanned end to counselling was recommended although it was also noted that this suggestion was already being acted upon. Further comments implied desirable improvements to the counsellors' practice in some more or less specific way:

- *'Progress was made when I was more directive with Mary and this happened more towards the end of the session instead of earlier';*
- *'More structure in earlier contacts';*
- *'I think I worked too hard to try and provide solutions for the client. I wonder whether I spent enough time listening to her story and clarifying what she wanted as opposed to what I thought she wanted and needed';*
- *'perhaps more clarity with referrers regarding the most suitable clients for counselling. I say perhaps because I am aware that someone else may have worked differently with this woman and been able to help her';*
- *'Spent more time building relationship'.*

One comment explicitly highlighted the positive bias that clients' reports of counselling are sometimes assumed to suffer from:

- *'useful case experience insofar that **clients can feel they have to report positive changes and make counsellor happy** unless enough time is devoted to acknowledging clients distress' (emphasis added).*

It should be noted that the emphasis given to negatively framed questions here and in the client questionnaires was intended to balance this. Despite being a qualitatively oriented aspect of the study this is primarily derived from the empiricist inspired need to attain reliable data. In the absence of fully tested psychometric measures capable of producing data as vivid and informative as the comment above, the need to account for bias has been acted upon in the spirit of open investigative (phenomenological) enquiry. This single response cannot be considered generalisable beyond the experience of this one client but it does confirm the theoretically reasonable suggestion that such difficulties in relying on evaluative comments from clients *can* occur, especially when given directly to the counsellor they refer to confirming the need for objectivity. In this instance induction is being used to corroborate deduction in addition to the developmental interaction of phenomenological approaches and the principles preferred by critical theory.

Question B17: 'Have you any further comments?'

The final free response question for counsellors (B17) asked for further comments. 163 responses were given. Once again, counsellors reported that the client had not attended in a number of cases, confirming (sometimes explicitly, as below) the suggestion from responses reported above that referral practices, contact prior to counselling and waiting times may need to be improved further.

Other comments varied too widely to be neatly categorised, but the following selection not only offers a vivid impression of the overall flavour of responses in an impressionistic manner but also represents their range and typical content:

- *'Joan was really willing to do whatever it took to change this situation and worked hard at it. She was also seen within 3 weeks and her 2nd appointment 3 weeks later, which perhaps made a difference';*
- *'client stated when phoned by counsellor that he did not want to attend for counselling. gp suggested, but he did not feel it was necessary - I suspect this kind of inappropriate referral occurs frequently';*
- *'client never attended and did not contact service despite written invitations to do so to clarify if she wanted appointment. This happens a lot (it seems anyway) with referrals from this particular gp (i.e. clients never attending)';*
- *'now that her original goal was met (panic attacks) our last session was spent talking of her father and she realised that we could talk of him for months and perhaps no change would be made. So she was happy for discharge';*
- *'Edward really related to scaling questions';*
- *'I sensed when I took a 'break' and left the room she was uncomfortable';*
- *'I was not totally comfortable with this case - felt client wanted more of a socially supportive relationship rather than a "counselling one';*

- 'I suspect that this persons social circumstances (i.e. improvements in) were a more important factor in resolving her difficulties, or at least improving her situation, than counselling';
- 'client never attended - don't know why';
- 'client felt positive after session 1';
- 'I suspected that the first session may have served to validate clients action, so that further counselling may not have seemed necessary from her perspective';
- 'perhaps counselling could have been tailored more to her search for meaning regarding her experience and thus allow her to invent her own personal understanding and insight';
- 'client reported 70% improvement in last 6 weeks which she attributes to her decision to stop attending treatments / self help groups for overweight people. During this session I emphasised the change and explored how she will maintain it';
- 'waiting time is long - important to note that only one counsellor operating in this area at the time';
- 'screened out of wait list - client did not respond to written invitation to contact service re arranging appointment (this was part of our strategy to address our wait list)';
- 'client reported being able to cope with the fact she had been raped. Her main issue concerned setting boundaries with her husband about what kind of relationship she wanted and having zero tolerance for any kind

of abuse, verbal or physical. She appears to be more assertive and confident and reports that her relationship was improving';

- *'after 2nd session client reported that she was coping much better and did not feel counselling was needed any more.'*

Clients' Comments Pre-Counselling

Question C14: 'Do you have any further comments?'

Clients were given several opportunities to comment freely on their experiences. Before counselling, (C14) 34 comments were recorded. Several gave further details of their reasons for seeking counselling, often stressing in particular their acute nature, e.g.:

- *'there is a vicious circle where I feel depressed and have no motivation to get better, ... then I attempt to go out on my own and then I take panic attacks which puts me back into depression';*
- *'I would like to get the bad thought out of my mind. ... I tend to feel sad and if someone has upset me these bad thoughts come back and I have thought about ending my life ... I am scared I might get into a state and really do it';*
- *'for most of my life I could conceal how I was feeling most of the time, but inside I was screaming for help, now it has seeped through, and I don't know where I am or what to do';*
- *'I was raped by my ex boyfriend, and I feel so worried that I may be pregnant to him. If I am, I do not want to have the baby, as I do not feel*

fit enough at the moment to look after myself, let alone a baby, my ex boyfriend also used to ... be violent towards me';

- *'I feel completely washed out ... I find it hard to cope with every day life and have had hardly been to [work]. I feel suicidal quite a lot as well as isolated, lonely and desperate';*
- *'I was assaulted by 3 boys';*
- *'I want my baby back. I understand that cannot happen. What I don't understand is why she got taken away from me? Will I ever have a happy life? am I being punished? ... I am at breaking point';*

Other comments related to service delivery issues such as referral issues and waiting times, e.g.:

- *'... I feel to bring up my past marriage would be a big mistake for me, and may affect my present happiness. I only agreed to counselling as my doctor insisted I should try it. I really don't believe I need counselling, as I have friends whom I can talk to if necessary';*
- *'I am sorry that the counselling service could not help me earlier, as I feel perhaps it would have helped me get back to normal more quickly. I understand it is oversubscribed.*
- *'the length of time I have to wait for my appointment (it was March that I first requested this form of help and it is ... September when my first appointment is) is not helping me at all, ... I have become more uptight and nervous (visibly) to a worrying degree recently';*

- *'I am at present very well, but at the time of referral for counselling I was at a very low point';*
- *'unfortunately had to wait 6 months for counselling when I could have appreciated it more, sooner, after the marital separation'.*

Not all these comments were from clients referred prior to the preliminary report perhaps indicating some residual problems with waiting times.

One client also noted that completing the questionnaire itself had been distressing which is a possibility with any evaluative tool requiring any degree of introspection:

- *'I found it very difficult to complete the form. After reading the questionnaire I felt very distressed and waited a week to complete it. I believe what upset me so much was having to face up to the reasons for my depression, and having to evaluate how it affected me.'*

Clients' Comments Post-Counselling

Questions D4 and E4: 'What was there, if anything, about the counselling that you found particularly helpful?'

At the end of counselling, and at follow up, clients were asked a series of qualitatively oriented questions. The first (D4; E4) asked them to comment on any particularly useful aspects of the counselling.

31 comments were recorded at the end of counselling. Clients frequently indicated that the 'overall counselling effect was beneficial' sometimes giving reasons such as 'being able to talk to someone outwith the situation that gave

me the problems', 'being able to let off steam' and 'She let me speak freely and I did not feel judged'. Confidentiality, the space to talk freely and the respectful quality of non-judgemental listening was mentioned by several clients.

- *'They took you seriously and listened but also helped you to fully understand your problem and although advice was given you worked your problem out for yourself.'*
- *'she ... didn't judge me, she seems to understand me. I felt I could tell her anything.'*

Although only highlighted on one occasion, a client did mention that the most useful aspect for them had been the 'use of imaginary number scales to chart your progress' demonstrating again that this and similar solution focused techniques could indeed be suitable for some clients despite the criticisms levelled at them in the earlier report (and added to below). The only conclusion that can be drawn might be thought to be that these techniques should be applied only to the extent that they are appropriate for an individual client.

At follow up, 27 comments were recorded, generally tending to confirm the responses just indicated.

- *'Counsellor was prepared to listen. I could tell the counsellor things that I wouldn't tell anyone else';*
- *'just being able to talk to someone who I felt understood me.*
- *'someone totally unbiased to talk to about my problems';*
- *'friendly atmosphere - friendly counsellor and so compassionate."*

Questions D5 and E5: 'What aspects, if any, of counselling were particularly unhelpful?'

The next questions (D5; E5) looked at unhelpful aspects of the counselling. Immediately after counselling, 21 of the 27 comments indicated that there had been no unhelpful aspects at all. One other comment referred to problems of having only 'so much time'. This client also requested 'more time' in response to the following question looking at possible improvements in the service. Other comments included:

- *'Waiting for an appointment. Obviously a very long waiting list';*
- *'the counsellor didn't seem to really understand my problem';*
- *'found difficulty at the beginning in self assessment for next appointment';*
- *'found it disconcerting initially to get my questions re-diverted back to myself - but got used to this technique after 1st visit.'*

At the follow up stage, 17 comments were recorded regarding unhelpful attributes of the service. 8 repeated the pattern of suggesting that there had been none, while others cited the following:

- *'Time factor';*
- *'The scale of 1 - 10 questioning';*
- *'Always looking for positives, not interested in negatives'*
- *'I found that having a question always answered by another question, asking my opinion, quite irritating';*

- *'In retrospect, I may have been on my best behaviour! I wanted to please my counsellor with the progress I had made. After counselling I realised that I had sometimes been deceiving both of us.'*

Already mentioned in the preliminary report, one comment suggesting that the counsellor could have explained their methods in more detail was followed by the suggestion that experience would have been improved further by the counsellor seeking more background information and explaining 'who, what and how they were trying to help'. This client also questioned the qualifications gained by the counsellor.

Questions D6 and E6: 'Can you suggest ways in which the counselling could have been improved so as to be more helpful to you?'

Suggestions for improvements (D6; E6) varied widely but were, generally, fully in accord with the preceding indications of general high levels of satisfaction and reported change tempered by atypical reports of poor experience of helpfulness in general, the problems of long waiting times and specific techniques being inappropriately applied. Also mentioned was the need for some clients to have a greater amount of counselling time available, not only in individual sessions but with regard to the number of sessions overall:

- *'Not enough time spent counselling [for] any improvement at all';*
- *'What counselling I had was so brief I'd have got more comfort from a fortune teller';*

- *'While accepting that there must be a waiting list due to demand - the period prior to 1st meeting was so long I through circumstances had almost sorted out my own problem';*
- *'more information about exactly what a counsellor was before visits (not trained in psychiatry?).'*

Questions D22 and E22: 'Do you have any further comments?'

Finally, clients were asked to make further comments at the end of both the post-counselling and the follow up questionnaires (D22; E22). At the end of counselling 20 comments were made with a further 15 at follow up. Although some were slightly ambivalent and some strongly negative responses have already been referred to above, the vast majority were very positive in their tone:

- *'I was very pleased with my counselling it helped me a lot';*
- *'The counselling I received was of great help in pulling me out of a deep hole I had dug for myself. Although I often feel as bad as I did before the counselling, I now find that I am able to rationalise my thoughts and stop them from taking over. I hope that in the future my problems will continue to lessen their grip on me, and it is comforting to know that should I fail to cope then it only takes a phone call to seek help';*
- *'On several occasions since stopping counselling I have recalled things [the counsellor] said to help me cope with a particular situation. She was very relaxed and genuinely enthusiastic when I showed obvious signs of improving';*

- *'being able to talk to someone, was more helpful than anything else could be';*
- *'I can't express adequately how counselling has helped me. I feel I came to a critical point in my life ... and even wondered if life was worth living, but talking to my counsellor then helped enormously, it made me put the good things in my life to the forefront, and not the bad. ... counselling was nothing like what I thought it would be, and I feel people in general have the wrong impression. It is a bit embarrassing at the beginning as all your emotions are raw, but as you go on it is amazing how everything fits into place';*
- *'although I am going through a depression and just coming out of it now, this is a 'normal' part of my illness and manageable. I believe I would have experienced my depression more severely had I not dealt with some issues at counselling."*

It should be noted that throughout all the comments quoted in anonymised form above, and not least in the positive evaluative statements given in response to these last questions, both counsellors currently employed by the service were mentioned by name and singled out for particular praise.

Seen in isolation, the qualitative responses gathered from the questionnaires are inadequate as a basis from which to make clear evaluative judgements. The quality of the data would certainly have been improved by interviewing key stakeholders in the service, including a representative sample of clients, the counsellors and, possibly, referrers involved.

As with all qualitative data, it is not possible to generalise from these results to the whole client population. They do not provide evidence of the typical experience of clients and counsellors with the service. They do, however, show what has happened on the occasions referred to, and are useful in demonstrating what that experience *can* be like. Cross referencing between clients' responses to one kind of question and another has helped to create a web of data types which, when seen as a whole, creates the broadest possible evidential basis from which to make evaluative decisions regarding the effectiveness of the service.

This would almost certainly have been impossible if each type of data were to be interpreted separately and their independently derived findings merely compared in retrospect. From the principles of utilitarian pluralism, which advocates interpretation of each item of evidence in conjunction with all the others, by looking at all the evidence for each individual, and from each item in the questionnaires, in the light of the whole body of evidence a much clearer picture can emerge than would be possible with the standard methods of either psychometrics (e.g. Cronbach, 1970) or phenomenological research (e.g. Reason & Rowan, 1981; Lincoln and Guba, 1985) alone.

It should noted, nonetheless, that the selection effects that have applied to all the data in this report may be expected to be especially evident in the qualitative sections, as responding to open questions is more time consuming and demanding than ticking boxes or circling an item in a scale. Some, largely unidentifiable, categories of client will therefore be less likely to respond.

Previous research in this field (e.g. Goss, 1995) has suggested that clients may tend to participate in evaluation studies partly in order to be able to reward good practice, and a positive bias is often assumed to operate: clients less willing to put themselves forward to complain, than they are to praise. While some clients have clearly been very willing to criticise the service in this study, adequately explicating all the selection and other effects influencing the data lies outwith the resources available.

Overall, however, it is possible to use the preceding data to produce some useful indications of the degree of effectiveness achieved by the project. This process has led to the development of the conclusions and recommendations in the following section.

Appendix D.3.b Recommendations to Renfrewshire Association for Mental Health regarding their counselling service

Recommendation 1: First and foremost, the negative indications noted above, and the recommendations for improvements to the service which follow, should not be allowed to overshadow the main finding that the service was found to help the majority of clients regarding whom evidence was available. Consequently, the primary recommendation of this report must be that the service continue to be funded and developed for the time being, with reference to the secondary points noted below.

Recommendation 2: It would appear to be essential to improve both the quantity and quality of contacts with clients prior to counselling, and most of the following recommendations are intended to address this. Regular contact by mail with waiting list clients might be considered, along with detailed leaflets which should include information regarding alternative sources of help, for those who would choose to avoid the long waiting list at this service or wish to find some means of support to prevent their condition deteriorating in the meantime. Information must give clients clear, comprehensible advice especially regarding waiting times, what can be expected from therapy and the type and style of intervention used.

Recommendation 3: Urgent action appears to be required to reduce waiting times. It is not uncommon for counselling services to have long waiting lists, and methods of tackling this difficulty have been developed in several organisations. One obvious way forward is to increase the number of hours of counselling available by increasing the resources available. It is to be expected that the service providers themselves will probably be best placed to develop the most effective strategies for this particular context, although some of the measures suggested here may also have some impact. It is likely that long waiting times correlate closely with clients who do not take up the possibility of counselling, and the waste of resources from such a high non - attendance rate for sessions which have been booked is probably significant. If other strategies cannot be implemented to effectively reduce waiting times it may be necessary to close the waiting list when likely waiting periods exceed a certain specified number of weeks which should be set as a matter of standing policy.

Recommendation 4: Early intervention during the waiting time itself may also be possible. Waiting list management has increasingly become a preoccupation in the this age of Patient's Charters and N.H.S. targets. An increasingly common method is the use of 'rapid response' interventions. In counselling and psychotherapy these typically take the form of offering brief therapy as an alternative to waiting longer for longer term work. Given the extremely short term and focused nature of much of the counselling already on offer at this project such an option may not be as appropriate, but two alternatives are

presented here, and it is anticipated that the service providers will be able to develop further possibilities.

Recommendation 5: One option might be to consider offering clients an early assessment interview. This would not only be of some limited help for a minority of clients in itself, but would also create an opportunity for greater accuracy in selection for treatment by both clients and counsellors. Clients could also be given a clear indication of what to expect from counselling, and what will be involved, offered by a well informed practitioner, who could also ensure that clients, and their difficulties, were well matched with the therapist they would eventually see, and the therapeutic style used. A corollary of this, of course, would be that a range of therapeutic types would need to be available, ensuring that each is delivered by a counsellor sufficiently expert in that model. Longer term therapeutic interventions would almost certainly have to be included to meet the needs of all clients referred.

Recommendation 6: Nonetheless, recent developments in brief therapy, have provided excellent evidence for the effectiveness of certain models and specific working practices. An example is the 2 + 1 model (Barkham *et al*, 1996) which has recently shown good results for a pattern of assessment, followed by two intensive counselling sessions one week apart followed by one further session several weeks later. No significant change in outcome was then found with various (larger) 'dose' sizes. This research carried the caveat that the practitioners are required to be experts in the model of counselling used, and

that only certain theoretical therapeutic orientations are applied (i.e. psychodynamic - interpersonal or cognitive - behavioural).

Recommendation 7: In order to minimise inappropriate referrals, there may be scope for providing referrers with more information about both the nature and limitations of the kind of counselling on offer, and possibly offering training opportunities regarding such issues and the requirements for making sensitive referrals. In any instance, if clients attend at some one else's suggestion, it is unlikely that they will make a great deal of progress unless they have a minimum of motivation and commitment to the therapeutic endeavour. Effective therapy of all types is reliant on the development of an effective working alliance, and outcomes are likely to be closely related to client motivation (e.g. Rollnick *et al*, 1992; Miller *et al*, 1993), as well as compatibility with the counsellors' style, as noted above.

Recommendation 8: Consideration could also be given to the possibility of producing written materials and references for both referrers and clients to support the very brief style of work undertaken. With reference to the earlier recommendations regarding the need to reduce the waiting time, it may be especially suitable to prepare these for clients who are waiting for counselling to begin, as well as for use between sessions on a self-help basis, when this is suitable for the individual concerned.

Recommendation 9: Finally, from a research point of view, the quality of data presented at the final reporting stage will be greatly enhanced by increasing the response rates to all the questionnaires, especially those from clients. Full commitment to, and enlistment as partners in, their therapy will undoubtedly help. Improved response rates would especially increase the representativeness of interpretations drawn from the qualitative sections of the questionnaires. It is likely that the influence of negative views, based on a small number of individual responses, on these conclusions and recommendation would be proportionately reduced. Investigation of other aspects of service delivery and impact, and extending the research design to include the addition of interviews with clients, and possibly counsellors and referrers as well, would further improve interpretation of all the data, but all of these are currently outwith budgetary restraints.