The impact of in-school counselling upon adolescents psychological well-being.

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Research Report:
The impact of school based counselling upon adolescents’ psychological well being

April 2010

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1. Overview

This section provides a brief overview of this small scale evaluation project. The background to the project is outlined, the research strategy adopted described and the findings that arose are presented. Finally, a summary of the conclusions and recommendations that can be elicited from the work is presented.

Background

Presently there is little rigorous evidence to support school-based counselling young people in the UK. This project therefore intended to develop upon existing research by examining the work of a small number of Relate counsellors. Funding for the project was put forward by the University of Manchester and Relate central office.

The research strategy

Six schools in South Manchester took part in this work. All young people referred to the services between the ages 13-15 during a five month period were invited to take part. Additionally, the referring teaching staff were also invited to take part. Once enrolled into the project, outcome measures (the YP-CORE and the Strengths and Difficulties Questionnaire [SDQ]) were completed at five key points. These were:

1. the point of referral from teacher – referring teacher completes SDQ and young person completes CORE-YP and SDQ,
2. the onset of counselling – referring teacher completes SDQ and young person completes CORE-YP and SDQ – the SDQ was only completed at this stage if this proved more than two weeks after the point of referral,
3. at the beginning of every session – young person completes CORE-YP,
4. the final counselling session - referring teacher completes SDQ and young person completes CORE-YP and SDQ,
5. two months after the final counselling session - referring teacher completes SDQ and young person completes CORE-YP and SDQ.

In addition all the young people involved were invited to attend an interview about their experiences.

The work was approved by the University of Manchester Research Ethics Committee.

The findings

This study recruited nine young clients and four referring teachers in total. One of the young people withdrew mid way through the project and two agreed to take part in semi structured interviews.

In brief the following findings were obtained:

The YP-CORE indicated:
- 6 out of 8 young people showed signs of improvement during the waiting list period
- 5 out of 6 young people who completed counselling showed signs of improvement during counselling. 1 indicated no movement
- 3 out of 5 young people showed a sustained improvement in well being at a two month follow up.
- the session-by-session YP-CORE forms displayed the complexity of the attempting to measure client progress in this way.

The self report SDQ indicated:
- 5 out of 7 young people who completed counselling showed signs of improvement during counselling – 1 showed no movement
- 3 out of 5 young people showed a sustained improvement in well being at a two month follow up. 2 increased by 1 point, thus indicating a slight deterioration.

The teacher SDQ indicated:
- 1 out of 5 young people who completed counselling showed signs of improvement during counselling. 4 showed small increases, thus indicating a slight deterioration.
- 1 out of 3 young people showed an improvement in well being at a two month follow up. 2 showed small increases, thus showing a slight deterioration.

A simple cross comparison between the two self report questionnaires (YP-CORE and SDQ) displays very little connection between the two sets of data.

Conclusions and recommendations

This study indicates that the young people involved generally reported positive improvement whilst waiting for counselling and whilst attending counselling. It also displays the complexity of attempting to evaluate such work in a rigorous way. With this in mind the recommendation is made that procedures and protocols are reviewed throughout Relate youth counselling services with a view to standardising elements. This may include:

- Standardising the referral systems that are used,
- Providing an overarching conceptualisation of the therapeutic approach adopted,
- Standardising the method of evaluation across services.
2. Introduction

This project examined the therapeutic impact of school based counselling upon a small number of young people (13 to 15 year olds). It was a partnership project funded by the University of Manchester and Relate central office. Such an endeavour reflected the University's expertise in conducting research into counselling and the growth in school based counselling that Relate presently undertake – throughout the UK Relate are in approximately 625 schools in the UK. Despite such work being increasingly common, it remains an under researched topic, and the research that has been conducted has numerous limitations. This project therefore adds to the general knowledge about such practice and is hoped to be of use to service managers, counsellors and the young people served by Relate.

In the sections that follow the general background to the work is presented before discussing the research methods that have been adopted. The findings of the work are then presented in way which aims to succinctly summarise the key findings and, at the same time, remain full enough for individuals to scrutinise the research evaluation.

- Brief Review of Literature

The mental well-being of young people in the UK has received a great deal of attention in recent years. The Mental Health Foundation claims that up to one in five children and young people experience some form of psychological problem (MHF, 1999). Furthermore one in ten are thought to have at least one DSM-IV disorder, involving a level of distress or social impairment likely to warrant treatment (Ford, Goodman, Meltzer, 2003).

The heightened awareness to the difficulties that adolescents face has led high profile politicians (e.g. Hodge, 2004) ‘think-tanks’ (Sodha and Margo 2008) and organisations (e.g. NSPCC, 2004) to call for all young people to have access to professional counselling. Such voices have led to the development of therapeutic services for young people outside of traditional clinical settings. Developments in community settings (e.g. Hanley & Morrison, 2003), on the Internet (e.g. Hanley, 2004) and in secondary schools (e.g. Bor, Ebner-Landy et al, 2002) have therefore emerged. With regard to the latter, the acknowledgement of the need to cater for young peoples’ emotional well being has moved up the agenda in recent years. Within England, Government projects such as the Social and Emotional Aspects of Learning (SEAL: see Department for Education and Skills [DfES: 2005] for an overview of this initiative and Humphrey et al. [2008] for an evaluation document) and, to a lesser degree, the Target Mental Health in Schools initiative (TaMHS: see Department for Children, Schools and Families [2008] for an overview of this initiative), have begun to be rolled out across schools in England. More specifically related to counselling provision, approximately 75% of schools now report having a counsellor available for students to access (Jenkins & Polat, 2005). Outside of England, it is also noteworthy that counsellors are being introduced in all secondary schools in Wales (Welsh Assembly Government, 2008) and Northern Ireland (Northern Ireland Office, 2006), and Scottish schools plan to follow suit by 2015 (Public Health Institute of Scotland, 2003).

The qualitative research (e.g. research using richer data such as that elicited through interviews) exploring young clients’ experiences of the helpful aspects of school-based counselling is relatively limited. A number of projects have looked at individuals’ experiences of counselling (e.g. Cooper, 2006a; Pattison, Rowland et al, 2007) however these have predominantly focused upon input variables (e.g. the sex of the counsellor) rather than the
inner workings of the counselling relationship and outcomes. Cooper (2009) has conducted a comprehensive review of this latter type of work, the detailed analysis of which indicates that both young people and teachers often report counselling to have been of benefit.

Despite the growing number of schools that provide access to counselling, little outcome research has been conducted into the effectiveness of such work. Cooper’s (2009) review, noted above, also examines such work. It summarised the findings from thirty audit and evaluation studies conducted in the UK. Each of these indicated that counselling is linked to reductions in psychological distress, however there were numerous limitations to the methodologies of the work reported. In particular, one of the major criticisms was that none of the studies utilised a comparison group to reflect how individuals may have coped without an intervention. Questions can therefore be raised such as:

- how do we know that improvement is due to the therapeutic intervention? (and not other life events)
- how many people have not completed the questionnaires? (it may be that these are likely to be those with more negative opinions)
- how do we know that the change sustained will last beyond the final session? And,
- how do we know that the findings are not a reflection of the specific questionnaires being used?

This project examines these areas in more detail and the following research questions (RQ) were posed at the outset of the work.

RQ1. ‘Will pupil self report outcome measures indicate reductions in psychological distress following a period of counselling?’
Embedded in this question are the following sub questions:
‘How does any change reported compare to (a) the findings of other studies? (b) the period of time from teacher referral to the onset of counselling? (c) the standardised reports of the referring teacher?’

RQ2. What helpful and unhelpful aspects to the counselling relationship will adolescent clients identify?

The first of these questions reflects the outcome study being undertaken here. The second relates to interviews with young people that have been conducted. These questions are returned to in the conclusion to this report.
3. Methodology

This project utilised outcome questions at various stages throughout the project. These were complemented by interviews with young people. Below, the design used is presented in more detail.

- **Participants: Schools, counsellors and adolescents**

Six secondary schools in the North West of England, within which Relate already provide in-school counselling services, took part in this project. Each counsellor opted into the study and the schools were supportive to it. Involvement by teaching staff proved was encouraged but proved voluntary (with consent being obtained).

The four counsellors who presently worked in each of the schools will be offering the counselling service referred to. These were experienced Relate counsellors and worked in an integrative way (some variation in descriptions was noted – e.g. one reported to work from a systemic base). Additionally, they and had undertaken additional training to work with this age group. And each counsellor also attended a half day workshop about how to integrate outcome measures into their practice offered by the University of Manchester.

All clients referred to the respective services within years 9 and 10 (aged 13-15) were recruited into the study. Each young person was provided with information about the different elements of the research project (see Appendix 1 and 2 for these information sheets). Only those who consented to take part were recruited into the study.

- **Data Collection: standardised questionnaires and semi-structured interviews**

Outcome data was generated using the CORE-YP and SDQ (Strengths and Difficulties Questionnaire) outcome measures. Both of these questionnaires have been devised for work with adolescents and utilised successfully to assess youth counselling in the past (e.g. Cooper, 2007; Cooper, 2006b). The SDQ also has a version for teachers to complete which will be used in this study. More information about the YP-CORE can be found at [http://www.coreims.co.uk](http://www.coreims.co.uk) and a copy can be found in Appendix 3). Information about the SDQ can be found at [http://www.sdqinfo.com](http://www.sdqinfo.com) (this includes copies of the questionnaires).

Semi structured interviews with young people who have ended counselling were conducted. These focused upon the helpful and unhelpful aspects of the relationship they were involved in. A copy of the questions asked can be found in Appendix 4. This information is only briefly summarised at the end of this report.

- **Procedure**

Initially the respective counsellors and referring teachers were introduced to the project and their role in collecting data clarified. The project then included the following five questionnaire data collection points which are situated around the counselling relationships:

1. **the point of referral from teacher** – referring teacher completes SDQ and young person completes CORE-YP and SDQ,
2. **the onset of counselling** – referring teacher completes SDQ and young person
completes CORE-YP and SDQ – the SDQ was only completed at this stage if this proved more than two weeks after the point of referral,
(3) at the beginning of every session – young person completes CORE-YP,
(4) the final counselling session - referring teacher completes SDQ and young person completes CORE-YP and SDQ,
(5) two months after the final counselling session - referring teacher completes SDQ and young person completes CORE-YP and SDQ.

Concurrent to the collection of the quantitative data, interviews were organised with consenting individuals who had ended counselling. These were conducted by one of the project researchers and young people.

- Data Analysis

The outcome data was reflected upon in relation to the guidance provided by those who have developed the questionnaires. In relation to the YP-CORE the following guidance is provided summarised in Table 1 (see YP-CORE [2009] and Twigg et al, [2009] for more information). The scores reflect the cumulative total of the scores noted on the questionnaire.

Table 1. Interpreting the YP-CORE

<table>
<thead>
<tr>
<th>Level of Distress</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe</td>
<td>26-40</td>
</tr>
<tr>
<td>Moderate Severe</td>
<td>21-25</td>
</tr>
<tr>
<td>Moderate</td>
<td>16-20</td>
</tr>
<tr>
<td>Mild</td>
<td>11-15</td>
</tr>
<tr>
<td>Low Level</td>
<td>10 and below (Clinical Cut Off)</td>
</tr>
</tbody>
</table>

Both SDQ questionnaires (self report and teacher version) have been analysed using the scoring frame provided on the SDQ information website (www.sdqinfo.com). The total scores are then interpreted as indicated in table 2.

Table 2. Interpreting the SDQ

<table>
<thead>
<tr>
<th>Scale</th>
<th>Normal</th>
<th>Borderline</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Difficulties Score (self report)</td>
<td>0-15</td>
<td>16-19</td>
<td>20-40</td>
</tr>
<tr>
<td>Total Difficulties Score (teacher)</td>
<td>0-11</td>
<td>12-15</td>
<td>16-40</td>
</tr>
</tbody>
</table>

With regard to each of the questionnaires, the distance travelled between the key data collection points is reflected upon. Finally the interview data was utilised to complement the information generated by the questionnaires.

- Ethical Considerations

As this work involved direct contact with potentially vulnerable young people, care was to taken to ensure the well being of those involved. The work adhered to the Health Professions Council’s ‘Standards of conduct, performance and ethics’ (2009), the British Psychological Society’s code of ethics (BPS, 2006) and was further informed by the latter organisation’s
statement regarding conducting research with human participants (BPS, 2004). Additionally, the work was assessed by the University of Manchester’s ethics committee.
4. Findings

5.1 Recruitment

The project recruited nine young people in total. One young person left the study and requested that their information was removed from the study. This left eight young people: seven young female clients and one young male client. Such recruitment proved lower than initially hoped however it did reflect 89% of all of the possible participants. Such a full set of data proves useful when considering the question – how many individuals did not complete the questionnaires? In addition to the students input four members of teaching staff contributed to the study.

5.1 YP-CORE

Key Findings:

Implementation: This was a short questionnaire (10 questions) that was utilised at throughout the project (including every session). Although it is unlikely that counsellors would use it at each session, this strategy generated a useful set of information (in particular it ensured the presence of a final session report). Anecdotally, counsellors did not feel it was overly intrusive (with some ‘getting it out of the way’ before counselling and other using it as part of the counselling process). Both young people who were interviewed reported the questionnaires used to be OK to complete, with one reporting it to be useful in thinking about the period between sessions.

Analysis: The YP-CORE indicated:
- 6 out of 8 young people showed signs of improvement during the waiting list period
- 5 out of 6 young people who completed counselling showed signs of improvement during counselling. 1 indicated no movement
- 3 out of 5 young people showed a sustained improvement in well being at a two month follow up.
- the session-by-session YP-CORE forms displayed the complexity of the attempting to measure client progress in this way.

This section now summarises in more detail the YP-CORE data that has been generated during the project. Initially the overall scores are reflected upon before moving on to present the session-by-session data.

- Overall Scores

In reflecting upon the data set as a whole, Table 3 summarises the data at the key intervals. This provides a summary of the number of people who have taken part in this particular element of the study, the minimum and maximum YP-CORE score, the mean score and the standard deviation (a score reflecting the spread of scores).
Table 3. Table outlining the Mean Values and Standard Deviations for the YP-CORE data

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>8</td>
<td>12.00</td>
<td>40.00</td>
<td>23.1250</td>
<td>10.17613</td>
</tr>
<tr>
<td>Onset</td>
<td>8</td>
<td>8.00</td>
<td>37.00</td>
<td>17.3750</td>
<td>10.15505</td>
</tr>
<tr>
<td>End</td>
<td>6</td>
<td>6.00</td>
<td>22.00</td>
<td>10.8333</td>
<td>5.87934</td>
</tr>
<tr>
<td>Follow Up</td>
<td>5</td>
<td>7.00</td>
<td>21.00</td>
<td>12.4000</td>
<td>6.58027</td>
</tr>
</tbody>
</table>

From the data presented here it is notable that there is a steady decrease in the mean YP-CORE scores (thus indicating an increase in well being) during both the period waiting for counselling (YP-CORE scores moving from 23 to 17) and the period in counselling (YP-CORE scores moving from 17 to 11).

With the hope of unpicking these findings further Table 4 outlines the self reported YP-CORE scores for each of the eight clients who agreed for their information to be used in this project. This data is also summarised graphically in Graph 1. Please note that, unlike many reports of outcomes, line graphs were not utilised to present this data. This choice was made so as not to suggest a linear process between the key data collection points. In Graph 1 each client’s YP-CORE scores at key intervals are summarised in turn.

Table 4. Summary of the YP-CORE Scores at key data collection points

<table>
<thead>
<tr>
<th>Client</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>14</td>
<td>21</td>
<td>29</td>
<td>20</td>
<td>34</td>
<td>40</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Onset</td>
<td>8</td>
<td>10</td>
<td>29</td>
<td>15</td>
<td>13</td>
<td>37</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>End</td>
<td>7</td>
<td>10</td>
<td>8</td>
<td>12</td>
<td>w</td>
<td>22</td>
<td>w</td>
<td>6</td>
</tr>
<tr>
<td>Follow Up</td>
<td>7</td>
<td>18</td>
<td>8</td>
<td>8</td>
<td>w</td>
<td>w</td>
<td>w</td>
<td>21</td>
</tr>
</tbody>
</table>

Key:
w = Ongoing
In considering the impact of the intervention period, the 'distance travelled' (ie difference between YP-CORE collected at key intervals scores) is possible to calculate. These are presented in Table 5 and generally indicate that positive change occurs whilst waiting for counselling (six out of eight individuals showing some improvement) and whilst in counselling (five out of six individuals showing some improvement). Only five individuals from the initial sample have completed follow up questionnaires. These indicate that two clients have showed no change in YP-CORE scores following counselling, one decreased slightly and two increased.

Table 5. The distance travelled during a period of waiting, counselling and follow up.

<table>
<thead>
<tr>
<th>Client</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>ref-onset</td>
<td>-6</td>
<td>-11</td>
<td>0</td>
<td>-5</td>
<td>-21</td>
<td>-3</td>
<td>3</td>
<td>-3</td>
</tr>
<tr>
<td>onset-end</td>
<td>-1</td>
<td>0</td>
<td>-21</td>
<td>-3</td>
<td>w</td>
<td>-15</td>
<td>w</td>
<td>-6</td>
</tr>
<tr>
<td>end-follow up</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>-4</td>
<td>w</td>
<td>w</td>
<td>w</td>
<td>15</td>
</tr>
</tbody>
</table>

- **Session-by-session data**

During therapy it is possible to examine the trajectory of therapeutic impact by plotting the YP-CORE scores. Graphs 2-9 plot the session-by-session YP-CORE scores as indicated by each individual client. As is evident in the scores the progress through counselling has varied greatly for these clients.
* Please note clients 5 & 7 were still attending counselling at the point data collection ended.
The SDQ

Key Findings:

Implementation: This was a longer questionnaire (25 questions) than the YP-CORE. It was utilised only at the key point in the project (referral, onset, at the end of counselling, and at a two month follow up). Both the young person and teacher completed the appropriate version of the questionnaire. Anecdotally, as with the YP-CORE, the counsellors did not feel it was overly intrusive although the combination of questionnaires was noted to take some of the counselling time away. Both young people who were interviewed reported the questionnaires used to be OK to compete, with one young person questioning some of the relevance of the questions posed. It was noted that getting teaching staff to complete the questionnaires at the exact intervals proved difficult in some instances.

Analysis:
The self report SDQ indicated:
- 5 out of 7 young people who completed counselling showed signs of improvement during counselling – 1 showed no movement
- 3 out of 5 young people showed a sustained improvement in well being at a two month follow up. 2 increased by 1 point, thus indicating a slight deterioration.

The teacher SDQ indicated:
- 1 out of 5 young people who completed counselling showed signs of improvement during counselling. 4 showed small increases, thus indicating a slight deterioration.
- 1 out of 3 young people showed an improvement in well being at a two month follow up. 2 showed small increases, thus showing a slight deterioration.

A simple cross comparison between the two self report questionnaires (YP-CORE and SDQ) displays very little connection between the two sets of data.

This section now summarises in more detail the SDQ data that has been generated during the project. The SDQ is the second quantitative measure being used in this project. This was requested at four major intervals (1) the point of referral, (2) the onset of counselling, (3) the end of counselling, and (4) after a two month follow. Where less than a two week period occurred from the point of referral to the onset of counselling only one measure was taken. In addition to the pupil self report version, the informant-report was also completed by key teaching staff at the same intervals.

- Overall Scores

In reflecting upon the data set as a whole, Table 6 summarises the information collected at the key intervals. This provides a summary of the number of people who have taken part in this particular element of the study, the minimum and maximum SDQ score, the mean score and the standard deviation (a score reflecting the spread of scores). The same table also summarises the information provided by the teaching staff.
Table 6. Table outlining the Mean Values and Standard Deviations

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDQ referral/onset</td>
<td>8</td>
<td>8.00</td>
<td>25.00</td>
<td>16.2500</td>
<td>5.23041</td>
</tr>
<tr>
<td>SDQ end</td>
<td>7</td>
<td>9.00</td>
<td>25.00</td>
<td>15.8571</td>
<td>5.72796</td>
</tr>
<tr>
<td>SDQ follow up</td>
<td>5</td>
<td>7.00</td>
<td>26.00</td>
<td>14.4000</td>
<td>7.30068</td>
</tr>
<tr>
<td>SDQ teacher referral/onset</td>
<td>7</td>
<td>2.00</td>
<td>23.00</td>
<td>10.4286</td>
<td>7.16140</td>
</tr>
<tr>
<td>SDQ teacher end</td>
<td>5</td>
<td>4.00</td>
<td>25.00</td>
<td>13.0000</td>
<td>8.68907</td>
</tr>
<tr>
<td>SDQ teacher follow up</td>
<td>4</td>
<td>5.00</td>
<td>26.00</td>
<td>13.5000</td>
<td>8.96289</td>
</tr>
</tbody>
</table>

From the data presented here it is notable that the student questionnaires display there to be no reduction in mean scores at the beginning of counselling and the end of counselling (the mean score remaining at 16). The follow up shows a slight decrease (SDQ scores moving from 16 to 14). The reports from teaching staff display an increase in scores between the onset and end of counselling (SDQ scores moving from 10 to 13). The score however remains relatively static between the end of counselling and follow up (SDQ scores moving from 13 to 14).

Table 7 outlines the self reported and teacher report SDQ scores for each of the 8 clients who agreed for their information to be used in this project.

Table 7. Table outlining the SDQ scores at key data collection points

<table>
<thead>
<tr>
<th>Client</th>
<th>1 p</th>
<th>2 p</th>
<th>3 p</th>
<th>4 p</th>
<th>5 p</th>
<th>6 t</th>
<th>7 p</th>
<th>8 p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>14</td>
<td>23</td>
<td>15</td>
<td>3</td>
<td>14</td>
<td>11</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>Onset</td>
<td>n/c</td>
<td>n/c</td>
<td>n/c</td>
<td>n/c</td>
<td>n/c</td>
<td>n/c</td>
<td>n/c</td>
<td>n/c</td>
</tr>
<tr>
<td>End</td>
<td>9</td>
<td>25</td>
<td>25</td>
<td>9</td>
<td>9</td>
<td>n/c</td>
<td>17</td>
<td>8</td>
</tr>
<tr>
<td>Follow Up</td>
<td>7</td>
<td>26</td>
<td>26</td>
<td>13</td>
<td>10</td>
<td>13</td>
<td>5</td>
<td>w</td>
</tr>
</tbody>
</table>

Key:
p = pupil self report
t = informant-report (teacher)
n/c = not completed
w = waiting

In reviewing this data graphically, the following image is created (see Graph 10). This displays the total SDQ Scores reported by the clients and teachers side by side – the reader should be mindful that the two scales need to be interpreted using different scales noted in the methodology section (Table 2).
In considering the impact of the intervention period the ‘distance travelled’ (ie difference between SDQs collected at key intervals scores) is possible to calculate. These are presented in Table 8. The student self report version indicated that most clients showed signs of improvement during counselling (five out of seven young people who completed counselling showed signs of improvement during counselling – one showed no improvement). They also indicated that that three out of five young people showed a sustained improvement in well being at a two month follow up (two increased by one point, thus indicating a slight deterioration). The questionnaires completed by the referring teachers generally reported the young peoples’ well being to worsen (one out of five young people who completed counselling showed signs of improvement during counselling and four showed small increases, thus indicating a slight deterioration). In respect to the follow up data one out of three showed a sustained improvement in well being at a two month follow up and two showed small increases.

Table 8. The distance travelled from the beginning of therapy to end and follow up.

<table>
<thead>
<tr>
<th>Client</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>p</td>
<td>t</td>
<td>p</td>
<td>t</td>
<td>p</td>
<td>t</td>
<td>p</td>
<td>t</td>
</tr>
<tr>
<td>Referral/onset-End</td>
<td>-5</td>
<td>2</td>
<td>-10</td>
<td>6</td>
<td>5</td>
<td>n/c</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>End-Follow Up</td>
<td>-2</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>n/c</td>
<td>-4</td>
<td>n/c</td>
<td>n/c</td>
</tr>
</tbody>
</table>

Key:
n/c = not completed
• Trends between the self report YP-CORE and SDQ

It is possible to consider both the self report YP-CORE and the SDQ together. Both of these questionnaires work with a scale of 0-40 so they can also be plot on the same graph easily. Table 9 summarises the different questionnaires scores at the key data collection points.

Table 9. Table summarising the YP-CORE and SDQ scores at key data collection points

<table>
<thead>
<tr>
<th>Client</th>
<th>1 sdq</th>
<th>core</th>
<th>2 sdq</th>
<th>core</th>
<th>3 sdq</th>
<th>core</th>
<th>4 sdq</th>
<th>core</th>
<th>5 sdq</th>
<th>core</th>
<th>6 sdq</th>
<th>core</th>
<th>7 sdq</th>
<th>core</th>
<th>8 sdq</th>
<th>core</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral/onset</td>
<td>14</td>
<td>8</td>
<td>15</td>
<td>10</td>
<td>14</td>
<td>29</td>
<td>17</td>
<td>15</td>
<td>25</td>
<td>13</td>
<td>22</td>
<td>37</td>
<td>14</td>
<td>15</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>End</td>
<td>9</td>
<td>7</td>
<td>25</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>17</td>
<td>12</td>
<td>19</td>
<td>22</td>
<td>18</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Follow Up</td>
<td>7</td>
<td>7</td>
<td>26</td>
<td>18</td>
<td>10</td>
<td>8</td>
<td>13</td>
<td>8</td>
<td>16</td>
<td>21</td>
<td>18</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

Graph 11 plots the SDQ self report scores and CORE-YP scores together. This graph provides a visual summary of the data. As is evident in looking at this graph it is difficult to see any simple trends in the data collected.

Graph 11.
5. Conclusion

This project set out to reflect upon two research questions. These are outlined below and brief answers are provided.

RQ1. ‘Will pupil self report outcome measures indicate reductions in psychological distress following a period of counselling?’

On the whole, the self report questionnaires suggested that psychological distress did reduce for a majority of the clients following a period of counselling. Six out of the eight of the young people completing the YP-CORE showed improvement and five out of the seven completing the SDQ also.

How does any change reported compare to (a) the findings of other studies?

When reflecting upon the scores in relation to other studies the change appears modest. An increase in psychological well being was clearly reported for some young people, with their scores reducing below clinical cut offs. However, for others, this is less clear cut and scores fluctuated during their contact with the counsellor.

(b) the period of time from teacher referral to the onset of counselling?

The referral information collected proved very interesting. Importantly it highlights that clients do not remain static at the point of referral. Specifically it displays that many show signs of improvement during this period of time, and that in some instances the reported change is larger than that occurring during counselling.

(c) the standardised reports of the referring teacher?’

The change reported from the referring teacher differed greatly to that of the young person. Interestingly the teachers were less likely to report improvement in the young persons well being.

RQ2. What helpful and unhelpful aspects to the counselling relationship will adolescent clients identify?

This second question proved difficult to assess given the small number of interviewees. Two young people from the nine recruited into the project agreed to take part in interviews about their experiences of accessing and attending the Relate counselling services (these had met with 2 different counsellors).

Key themes within the interviews include:

- Both clients were incredibly positive about the counsellors they worked with and service in general.
- One client reported that they would have liked to have been able to use the service more often.
- Both clients reported that they found the research project personally useful.

Discussion and recommendations
It is important to consider the methodological limitations to this work before making any recommendations. As is evident, this reflects the therapeutic work with a small number of clients by a small number of counsellors. Such an issue raises questions about the ability to generalise the findings to the work with others. The work does however raise some important areas for those entering into this arena to consider:

- **The complexity of the counselling environment.** Services offer different types of intervention in different settings. Evaluating services such as this becomes a messy business as it proves difficult to know what is being evaluated. For instance, what are the presenting issues being worked with? What is the intervention on offer? (approach, timescale etc), and What does the referral system look like? This is not an attempt to advocate a medical model approach, but a potential challenge to be mindful of.

- **The culture of routine evaluation.** Counsellors are having to become more savvy about evaluating their work. Whether it be using the YP-CORE, the SDQ or other tools, the complexity of using such tools in every day settings needs to be acknowledged. Additionally, realistic perceptions about what these tools gather need to fostered – e.g. a negative score does not necessarily indicate poor counselling.

- **Size of the study.** The work reflected a small research grant. To conduct something of a larger scale would need financial commitment. Previous reports have suggested that organisations set aside 10% of their funding towards conducting rigorous research.

In each of these areas Relate is well placed to develop, however it would be recommended that standardised procedures and protocols are developed. For instance, Is there a standard Relate youth counselling service? Does this advocate a specific way of working and have standardised systems in place? Does it utilise the same evaluation method? Obviously, the answer at present is no, but these would be areas for the future of the service to consider.
6. References

Mental Health Foundation. (1999). Bright Futures: promoting children and young people’s mental health. London: Mental Health Foundation
NSPCC. (2004). Someone to Turn to. London: NSPCC
7. Appendices

Appendix 1

A note about the Researchers

Terry Hanley is a Lecturer in Counselling at the University of Manchester.

Clare Lennie is a Lecturer in Education and Counselling Psychology at the University of Manchester.

To contact either of the researchers with any questions you may have about the project please email:

Terry.Hanley@manchester.ac.uk

0161 275 6615

Relate: In School Counselling Research Project

Information Sheet 1: Overview

A partnership project between the University of Manchester and Relate

MANCHESTER

Research Information Sheet

Relate have been offering counselling in schools for approximately 10 years. Despite their experience it is still important to keep checking that what they offer is as good as it can be. Relate therefore asked us, from the University of Manchester, to do some research into the counselling services that they offer in 5 schools in the North West.

With this in mind we would like to invite you to take part in a research project evaluating the counselling that you are being offered. In the sections below we will briefly outline what we will need from you to take part.

What will you have to do?

It is common for counselling organizations to use questionnaires to evaluate whether they are helping the people who use them. During this study we will ask you to complete two relatively brief questionnaires (the CORE-YP and SSD). It is likely that you have already completed these once when a teacher asked if you would like to see a counsellor.

We would like you to complete the questionnaires at the following points in time:

1. When you have been referred to counselling (2 questionnaires)
2. During the first session with a counsellor (2 questionnaires)
3. At the beginning of every session with your counsellor (1 questionnaire)
4. During the last session with a counsellor (2 questionnaires)
5. Two months after you have ended counselling (2 questionnaires)

In addition to the questionnaires that you complete we would also like to ask the person who referred you to the service to complete a questionnaire too (a teacher version of the SSD). This information will help us to see if they feel things are improving in your life as well.

When this study has finished we hope to interview 5 people about their experiences of using the Relate counselling service. We are particularly interested in finding out what people found helpful and unhelpful about the service and if you feel it had an impact upon your school life. If you agree to take part in this study, we may contact you via your counsellor to ask you if you would like to take part in a brief interview about your experiences (more information will be provided at a later date).

What information will we need from you?

Other than the questionnaires that you complete, we will not ask for any more information. We will not take any contact information such as phone numbers or addresses as this is not needed for the study.

What will happen to the information that is gathered?

All of the information you put on the questionnaires will be kept securely and only used for this research project. It will be used in written reports about the project but you will not be identifiable in this work. The information will not be shared with teachers in the school. You may choose to share your completed questionnaires with your counsellor but this is not expected.

Will this impact upon the counselling?

The counsellor will ask you to complete the questionnaires at the beginning of each counselling session. This should take no more than 5 minutes and you will be asked to put it in an envelope which you can then seal. If you want to talk about your answers with the counsellor then feel free to do so.

What will happen if I don’t want to take part?

If you would rather not take part in the study then that’s perfectly fine. Your decision will not have any impact upon whether you can see the counsellor or not. Also, if you do not want to take part in certain bits of the study then feel free to say so.

What if I have any questions?

If you have any questions regarding the project please feel free to ask your counsellor or email either researcher on the contact on this sheet.

Many thanks for reading this information.

Terry & Clare
(University of Manchester)
Appendix 2

Relate: In School Counselling Research Project

Information Sheet 2: Interviews

A partnership project between the University of Manchester and Relate

Research Information Sheet

As we mentioned during your first meeting with your Counsellor, Relate have joined forces with the University of Manchester to research the in-school counselling service. This Information Sheet provides an overview of what we plan to do next and how you can help out.

Finally, THANK YOU very much for taking part this far. The information you have provided is really important to us!

Secondly, we would like to invite you to take part in the second phase of the project. During this phase we would like to interview a number of people who have used the counselling service. In particular, we would like to find out what you thought was helpful and unhelpful about it. So as to provide you with more information about the interviews, below we answer some of the questions you may have.

Why are we doing the study?

To find out:
- If counselling makes any difference to schoollife and schoolwork
- If the counselling service is useful
- How to make the counselling service better

What will you be asked?
- To think about the aspects of counselling that you found helpful and unhelpful
- To think about the impact that counselling has had upon your school life

What will you be asked? (continued)
- You will not be asked to talk about the problems you discussed with your counsellor

What will the interview be like?
- Firstly, it will be with Terry (a researcher from Manchester University) at your school
- It will last up to half an hour
- It will be a relaxed chat
- Our chat will be recorded (see the next section)
- You can stop the chat at any point and you do not have to say why you want to stop
- If you get upset I will check if you want to speak to your personal care teacher or counsellor

What happens to the recording?
- What you say is confidential. No one else will hear our chat or see my notes.
- Terry will listen to the recording and write down the main points.
- The main points will be used in reports summarising the work.
- Your name will not be written on any of the reports that come from the work.
- No one will know who said what

If you are happy to take part:
- Please tick ‘Yes’ on the Interview Response Form (the form is on the next page)
- Sign the form and return it to your counsellor
- If you do not want to take part, please tick ‘No’, and return it to your counsellor

Interview Response Form

(To be completed by the pupil)

I have read and understand the contents of this Information Sheet:
- Yes
- No

I understand the purpose of the study and how it will be carried out:
- Yes
- No

I would like to take part in this study:
- Yes
- No

If you have agreed to take part in this study then your counsellor will be in touch within the next few weeks to organise a meeting with Terry.

Terry & Clare
(University of Manchester)
OVER THE LAST WEEK...

1. I've felt edgy or nervous
2. I haven't felt like talking to anyone
3. I've felt able to cope when things go wrong
4. I've thought of hurting myself
5. There's been someone I felt able to ask for help
6. My thoughts and feelings distressed me
7. My problems have felt too much for me
8. It's been hard to go to sleep or stay asleep
9. I've felt unhappy
10. I've done all the things I wanted to

Thank you for answering these questions.

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Appendix 4

Relate Project: Interviewing Young People

Interview Schedule

Clarifying Informed Consent

Begin by going over a few things:
- Introduce who I am
- Aim of the interview & have you taken part in research before?
- Outline practicalities of the interview
  - It will last approximately ½ an hour
  - It is not about the issues that you took to counselling, but about your view of the impact, if any, of counselling on your studies
  - I will ask a series of questions.
    - There are no right or wrong answers so please feel free to say what you like (including that you didn’t like counselling).
    - You are free not to answer any questions. You don’t need to say why – just say ‘pass’
    - You can also get up and leave at any time – again you don’t need to say why
  - The whole meeting is being recorded – as noted in the information sheet
    - After transcribing and analysing, some of what you said may be used in research reports
    - Your anonymity is absolutely guaranteed in these reports – I will never use your name
    - You can ask me to stop recording, or destroy the recording, and you don’t need to give a reason for doing so
  - Everything you say in the interview will be treated as completely confidential
    - Nothing you say will be told to your teachers, parents or counsellor
    - The only exception, which is requirement, is if you tell me about experiences of abuse that you haven’t told anyone about before, in which case we’ll need to talk about passing this information on
    - BUT, given that we will not be talking about specific issues, that will be unlikely to happen
  - If, at any point during the interview, you feel upset or any discomfort, let me know, and we can talk about that.
    - Your head of year or counsellor will be available if you want to talk anything through with them
    - Again, given that we won’t be talking about specific personal issues, it is very unlikely that this will arise
  - Finally, the fact that you have turned up now doesn’t mean you have to take part, you can still decide not to take part now and leave, without giving any reason.
  - Are you OK to continue?
  - Complete Consent Form

Questions
[General]
- What year are you in?

  - What did you find most helpful in the counselling sessions that you had? This could relate to the counsellor, the room used, the appointment times etc

  - What did you find least helpful in the counselling sessions that you had? This could relate to the counsellor, the room used, the appointment times etc

  - How would you suggest the service can be improved?

[impact upon education]
- When you first came to counselling, were things that brought you to counselling having an impact on school and your school work?

- In what way were things that were bothering you affecting school and your school work?

- Did counselling make a difference to your school work or how you were at school? In what way?
Do you have anything further you would like to add about the impact of counselling on your school life?

[impact upon relationships]
- When you first came to counselling, were things that brought you to counselling having an impact on your relationships with others?
- In what way were things that were bothering you affecting your relationships with others?
- Did counselling make a difference to your relationships with others? In what way?

[additional impact]
- Do you have anything further you would like to add about the impact of counselling on your school life or relationships with others?

Debrief
- Do you have any questions or comments about the interview?
- How did it feel taking part in the research?
- Do you have any questions about what happens next?