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## **COSCA 7<sup>th</sup> Counselling Research Dialogue**

*Working with Paradox: How Counselling Research can Dialogue with Politics, Policy and Practice*

Tuesday 23 November 2010 – 10 am to 4 pm  
Terraces Hotel, Melville Terrace, Stirling FK8 2ND

# PORTFOLIO OF ABSTRACTS

# KEYNOTE PRESENTER

**Professor John McLeod, University of Abertay Dundee**

## ***Building research networks: working together to create an evidence base for counselling and psychotherapy***

The failure of counselling to be included as a recommended treatment for depression, in the recent SIGN and NICE guidelines, represents a crisis and challenge for the counselling profession in Scotland.

The aim of this presentation is to explore the factors that have contributed to the lack of an externally-credible evidence base for counselling, and to suggest some possible ways forward.

A brief account will be offered of the rationale and decision-making process of the SIGN/NICE system, and the implications of their verdict on counselling.

The presentation will then focus on two potential strategies for building an evidence base for counselling in Scotland. The first is to create more support for counselling outside of local and national government structures, for example through marketing and public awareness initiatives. The second strategy involves generating more research evidence around the effectiveness of counselling, using a range of methodologies (randomised trials, practice-based studies, case studies).

The most reliable approach to achieve this second goal is for the profession to make a commitment to supporting a number of practitioner research networks (PRNs). Examples of PRNs will be offered. If either of these strategies is to be effective, two key issues need to be addressed: (a) agreement around a unified definition or image of counselling; and (b) agreement around the distinctive outcomes of counselling, defined in terms of client/user categories.

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**Joe Armstrong**

**Professional Role:** Lecturer in Counselling  
**Institution/Affiliation/Workplace:** Tayside Institute for Health Studies,  
University of Abertay Dundee

**Abstract:** Paper

**Characteristics of more and less effective minimally trained volunteer counsellors:  
A preliminary investigation**

**Background:**

Influenced by economic and political changes, counselling research has tended to focus on investigating the efficacy of particular interventions and theoretical models. However, a growing body of evidence indicates that some counsellors produce consistently better outcomes while others consistently produce negative outcomes regardless of theoretical orientation. Little research has been conducted on the differential effectiveness of minimally trained volunteer counsellors. Research in this area has the potential to influence policy in relation to the selection, training, support and supervision of volunteer counsellors.

**Aim:**

To determine if individual differences existed among a group of minimally trained volunteer counsellors in terms of their effectiveness, personal philosophies, and counselling practice.

**Methods:**

Data were collected over a one year period on 118 clients referred to a voluntary sector counselling agency. The CORE-OM was used to measure client levels of distress pre/post counselling. Clients and counsellors also completed self-report measures regarding their perceptions and experiences of counselling. Counsellors were interviewed after one year of practice to explore their experience of entering practice and client work. Participants were 12 minimally trained/experienced volunteer counsellors working within a community-based mental health agency.

**Results:**

Counsellors varied in their effectiveness, personal philosophies and counselling approach, especially among the extremes of the three more effective and the three less effective counsellors. The three more effective counsellors achieved large effect sizes of .96, .94, and .89 compared to the less effective counsellors, who achieved relatively modest effect sizes of 0.21, .36, and .37. More effective counsellors were more relationally oriented, flexible in responding to client needs, structured and goal-focused, and had a high degree of 'fit' between their personal values and the preferred model of counselling used within the agency where the research was conducted.

**Conclusions/Implications:**

From a practical point of view, these findings highlight the importance of the careful selection of volunteer counsellors and suggest possible factors that may be associated with the effectiveness of minimally trained volunteer counsellors, which in turn has implications for training and supervision. Politically, the findings draw attention to the need for further research to enhance understanding of the theoretical basis for counselling provided by minimally trained volunteer counsellors and the scope of their therapeutic effectiveness. Such research is necessary in order to ensure the ongoing relevance of this group of practitioners to voluntary counselling, and also to militate against the erosion of this area of practice.

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**Walter Baxter**

**Professional Role:** MSc Student  
**Institution/Affiliation/Workplace:** University of Abertay Dundee

**Abstract** Paper

## **Learning to live with low mood, a task analysis**

### **Background**

Depression is a major social and health problem. The evidence base is informed by studies of randomised controlled trials of CBT. However, there is a lack of evidence about how people use the experiences and relationships in their everyday lives when living with and overcoming depression.

### **Aim**

The aim of this study was to establish a set of tasks drawn from the personal, cultural and social context of people's lives that are used when overcoming self-defined persistent period of low mood (PPLM).

### **Method**

Interview transcripts of 6 participants who self-identified as having overcome a persistent period of low mood were analysed using IPA (interpretative phenomenological analysis).

### **Results**

The results of the study have provided a set of task that include the following:

- Understand the source of PPLM in their own lives
- Accept responsibility for your well-being
  - *Be determined and willing to put in the hard work required for resolution*
  - *Reclaim control of your life*
- Acknowledge emotions and feelings and managing the response
- Move from withdrawal to social connection
- Talking collaboratively with others about the PPLM
- Engage in comforting rituals and spiritual practices

### **Implications**

People are able to overcome PPLM without professional help. People are aware of what works for them personally. Their ideas are flexible and holistic drawing on the range of their experiences and relationships. Their ideas are not locked into one therapeutic method or discipline but instead can include pieces of all therapeutic methods.

Implications for policy: This study challenges the Scottish Government to consider a wider range of research evidence when formulating policy.

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**Liz Bondi**

**Professional Role:** Professor  
**Institution/Affiliation/Workplace:** The University of Edinburgh

**Abstract:** Paper

**Secular and religious: an exploration of the influence of religion in the development of counselling and psychotherapy in Scotland**

Counselling and psychotherapy are widely perceived as secular activities. During their training, counsellors and psychotherapists are expected to reflect on their personal beliefs and values, and to learn how to “hold” them in relation to clients whose beliefs and values may be very different their own. This paper argues that despite this outward secularism and respect for difference, counselling and psychotherapy are, nevertheless deeply marked and shaped by specific religious concepts and experiences. In the context of a wider study of the interplay between Christianity, spirituality and psychotherapy in Scotland, this paper draws on interviews with people who have played influential roles in the development of counselling and psychotherapy in Scotland to offer a preliminary exploration of the personal influence of religion on their work.

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**Mick Cooper**

**Professional Role:** Professor  
**Institution/Affiliation/Workplace:** University of Strathclyde

**Abstract:** Paper

## **Synchrony in clients' and therapists' experiences of relational depth: An analogue study**

### **Background**

The phenomenon of relational depth -- the experience of close connectedness between therapist and client -- is a key contribution that humanistic therapies may be able to make to the wider field of psychotherapeutic policies and practices. However, in assessing the validity of this concept, a key question is whether relational depth is a synchronous phenomenon: i.e., something that both therapist and client experience it at the same time.

### **Aims**

1. To examine the degree of synchrony between clients' and therapists' experience of depth of relatedness;
2. To examine moderators of the degrees of synchrony;
3. To examine other factors that may predict the depth of relatedness.

### **Method**

An analogue design was used. Pairs of trainee and practising counsellors, predominantly of a humanistic orientation, were asked to conduct a brief therapy session, and to rate the degree of connectedness at one minute intervals. Multi-level modelling was used to identify the overall degree of synchrony across pairs of participants, and to assess moderating variables and other predictors of level of depth.

### **Results**

Therapists' and clients' ratings of the degree of connectedness showed a high level of association, even when the general deepening of the relationship over time was partialled out.

### **Conclusions/Implications**

This study suggests that the experiencing of a depth of connection is, as hypothesised, an intersubjective phenomenon, and therefore a real experiencing within the therapeutic relationship. Limitations of the study are its analogue design, ceiling effects, the brevity of the session, and possible demand characteristics on both clients and therapists

**Mick Cooper**

**Professional Role:** Professor  
**Institution/Affiliation/Workplace:** University of Strathclyde

**Akvile Daniunaite**  
**Institution/Affiliation/Workplace:** Student  
University of Strathclyde/  
Glasgow Caledonian University

**Pooja Rupani**  
**Institution/Affiliation/Workplace:** Student  
University of Strathclyde/  
Glasgow Caledonian University

**Abstract:** Panel

## **Effectiveness of school counselling and moderators of outcomes: Evaluation using weekly outcome measures**

### **Background**

School counselling is one of the principal domains in which counselling is delivered in Scotland and the UK. However, evidence for its effectiveness is limited, and this could have severe implications for its future in an increasingly evidence-based policy context. Recent research does suggest school counselling is associated with large improvements in wellbeing, but response rates in many of these datasets are unacceptably low, making the evidence of effectiveness unreliable.

### **Aims**

The aim of the present study, therefore, was to evaluate pre- and post-counselling outcomes for *all* young people who attended school counselling -- including those that may subsequently go on to drop out of counselling.

### **Method**

To obtain this maximum response rate, young people who attended the Glasgow school counselling services during the 2009-10 academic year were invited to complete Young People's CORE forms (YP-CORE, a measure of general psychological distress) on a *weekly* basis. This was to ensure that an 'end of therapy' form was available for every client who consented to participate in the evaluation.

### **Results**

Pre- and post-counselling data was available on 259 young people, 86% of all young people who had attended one or more session of counselling. The overall effect size from pre- to post-counselling was 1.35 -- substantially greater than previous effect sizes obtained.

### **Conclusions/Implications**

These findings suggest that the large pre- to post-therapy effect size for school counselling is robust, and representative of the full cohort of young people attending the service. Limitations of the study and moderators of outcome are also discussed.



**Akvile Daniunaite**  
**Institution/Affiliation/Workplace:**

**Student**  
**University of Strathclyde/  
Glasgow Caledonian University**

**Abstract:**

**Panel**

**Psychological changes in distressed young people who do not attend counselling:  
A study of self-healing processes**

**Background**

The evidence of the effectiveness of school counselling is limited and also can be challenged on the grounds that improvement is a naturally occurring 'remission'. This study aims to explore the process of self-healing: a positive psychological change without any professional intervention. This process is fairly well established in the adult literature, but has received little attention in the research on children and young people. Understanding the degree of self-healing that takes place is critical for interpreting the findings of counselling effectiveness evaluations and, consequently, is crucial for informing the policy makers.

**Aims**

1. To identify psychological changes that take place in distressed young people who do not receive a psychological intervention;
2. To explore the reasons for change.

**Method**

Semi-structured interviews, based on an adapted version of Elliott's Change Interview, were carried out with fourteen young people who had been randomised in an RCT of school counselling to a waiting list, to explore their experience of change during the waiting period. The data was then analyzed using a phenomenologically-informed method.

**Results**

Young people who did not receive counselling experienced substantial levels of positive change. They attributed this to their own capacity to self-heal, the support they received from family and friends to facilitate it, and to the effects of being part of a research study. They reported positive changes in the following areas: interpersonal, behavioural, emotional, confidence, physical, academic, attitudinal and circumstantial.

**Conclusions/Implications**

As with adults, this study suggests that the young person's self is central to the healing process. It also indicates that healing processes with, and without counselling, have a high degree of commonality. This raises important questions regarding the effectiveness and impact of school counselling.

**Pooja Rupani**  
**Institution/Affiliation/Workplace:**

**Student**  
**University of Strathclyde/  
Glasgow Caledonian University**

**Abstract:**

**Panel**

**The impact of counselling in schools on young people's capacity to study and learn.**

### **Background**

To date, school counselling services in the UK have developed in an ad hoc fashion and are often not evaluated. Thus there is an inadequate evidence base for planning the delivery and funding of efficient and integrated services. Previous research has indicated that counselling in schools has an indirect positive impact on pupils' capacity to study and learn, especially in increasing pupils' concentration in class.

### **Aims**

This paper is concerned with counselling in schools and whether counselling has had any impact on young people's capacity to study and learn. This is an important question because although counselling in schools is an emerging area in the UK, there is insufficient background evidence to support its impact.

### **Method**

Semi structured qualitative interviews were carried out with twenty-one young people who have been recipients of counselling in schools. The data was analysed using thematic analysis.

### **Results**

The following themes emerged from the data: Increased concentration, improved relationships with teachers, increased motivation to attend school and/or lessons/ increased attendance, increased motivation to do school work / increased amount of school work done, better performance in tests and exams, increased participation in class, better behaviour in class and increased confidence.

### **Conclusions/Implications**

It would seem that counselling has a positive albeit indirect effect on pupils' capacity to study and learn as per previous findings. Limitations of the study are also discussed.

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**Robert Elliott**

**Professional Role:** Professor  
**Institution/Affiliation/Workplace:** University of Strathclyde

**Elizabeth Freire**  
**Institution/Affiliation/Workplace:** University of Strathclyde

**Abstract:** Paper

### **An Analysis of the Evidence Base for Person-Centred/Experiential (PCE) Psychotherapy/Counselling for Depression**

#### **Background:**

It is not surprising that SIGN eliminated counselling from its list of recommended treatments for depression: counselling is a generic term that includes a disparate range of psychosocial treatments. What is strange, however, is its failure to seriously review the body of evidence supporting a specific form of treatment, Person-Centred-Experiential (PCE) psychotherapy/counselling.

#### **Aims/Method:**

In this presentation, we summarize the evidence base supporting the use of PCE approaches with depression, based on our ongoing meta-analysis of 33 quantitative outcome studies.

#### **Results:**

We found (a) general meta-analytic support for PCE therapies for depression, (b) strong RCT evidence for a particular form of PCE (Process-Experiential) to general clinical depression, and (c) strong RCT evidence for Person-centred therapy for a specific form of depression (perinatal).

#### **Conclusions/Implications:**

It is our view that this body of evidence warrants modification of the SIGN and NICE Guidelines for treatment of depression. We conclude with some observations on the politics of evidence in policy-focused research reviews, using the King et al study as a case example, and make some recommendations for addressing these.

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**Isobel Gibson**

**Professional Role:** Counsellor

**Institution/Affiliation/Workplace:**

**Abstract:** Workshop

**‘Local community participation – a powerful ‘3<sup>rd</sup> Way’ of bringing about change in policy and practice’.**

**Format:**

Workshop (this format fundamentally underpins the ethos of the subject matter – an ethos of participation and stimulating action/change).

**Background:**

‘Efficacy’ and ‘effectiveness’ research evidence appear to be the two cornerstones on which practitioners must rely to ensure any place for counselling in Scotland’s health service. However, Scottish health service providers must also respond to what people need and are looking for. The voice of ordinary people, community-based action research, and various policy drivers comprise a powerful ‘3<sup>rd</sup>’ type of evidence. It also provides evidence that resonates with politicians - elected as they are by local people.

**Aims of the workshop:**

- To explore the opportunities for influencing policy and practice through targeted service user research evidence.
- To stimulate thought and action: by individual participants, and at community and national levels.

**Programme:**

Part A. 15 minutes.

An interactive presentation that highlights:

- The existing body of service user research evidence relating to counselling and psychological therapies in Scotland.
- How key policies can be utilised to bring about change – with particular reference to the ‘health inequalities’ agenda.
- Key ‘targets’ to bring about change – with particular reference to Community Health Partnerships.
- An example of a small piece of community research that led to a change of NHS policy and practice.

Part B. 20 minutes.

Sharing responses to the presentation - and agreeing key questions that arise from it.

These might include:

- What other sources of ‘3<sup>rd</sup> Way’ evidence exist?
- How can we take things further + what help do we need to do so?

Part C. 30 minutes.

Small group work - exploring questions raised in Part B.

Part D. 25 minutes.

Sharing of responses; prioritising; and agreeing 'Next steps'.

Evaluation.

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**Lynsey McMillan**  
**Professional Role:**

**MSc Student**

**Institution/Affiliation/Workplace:**

**University of Abertay Dundee**

**Abstract**

**Paper**

## **The Effectiveness of a Psycho-Educational Intervention for Emotional Eating Problems**

### **Background**

“Emotional eating” refers to the act of frequently eating for psychological reasons such as boredom, anxiety, loneliness, sadness and anger rather than physical hunger. According to Buckroyd and Rother (2008) *“there are psychological uses of food that maintain psychic equilibrium for a substantial minority of obese people”*.

The use of food for affect regulation frequently results in weight gain and obesity. Conventional weight loss programs and drug and surgical innovations fail to address any underlying issues. There is a growing argument that there needs to be a place for psychotherapeutic approaches to obesity within the wider debate of tackling this “epidemic” and more research on psychological approaches in this area is required (Brown, 2009)

### **Aims**

The aim of this study was to research the outcome of a number of psycho-educational groups for “emotional” eaters, from a client-focused perspective, to determine the efficacy of a psycho-therapeutic approach to emotional eating problems and examine how participants utilize this learning experience in addressing their eating problems.

### **Method**

A mixed methods study of 8 participants who took part in a 5 week “Understanding your Eating” psycho-educational course. Quantative data were taken using 3 self administered questionnaires, and qualitative data were recorded via semi-structured interviews post intervention, these interview transcripts were then analysed using a grounded theory approach.

### **Results**

The research is ongoing, initial findings show that post-intervention the participants noted a number of key changes including;

- An increase in insight in terms of eating behaviours
- A greater awareness of negative internal dialogues
- A reduction in binge eating and an increase in alternative self-soothing strategies
- Greater openness with others about food/eating issues
- Less of a dichotomous “all or nothing” mindset
- And an increase in self accepting attitudes.

In addition, the research methodology enhanced the efficacy of these counsellor-led groups with the opportunity to “sandwich” the treatment between one-to-one sessions (pre and post intervention) the benefits of this approach will be discussed in my presentation.

### **Implications**

According to the “Foresight Report” (2008) Psychological factors such as levels of self esteem, play a role in causing or maintaining obesity, however currently government funded initiatives which target obesity are overwhelmingly focused on behavioural factors, e.g. health information programmes focusing on healthy eating and increased physical activity. Despite government initiatives such as the “Change-for-life” programme, it can be argued that many overweight people know what they should be eating but the problem is doing it and continuing to do it (Buckroyd 2008). Psychological treatments which address underlying emotional barriers to weight loss have an important role to play and initial findings of my research support the use of a counsellor-led psycho-educational approach to help address the emotional causes of obesity. Increases in self-awareness and self-acceptance along with the alternative coping strategies identified during the course could be useful as a springboard into long-term behavioural change and weight loss and may increase the effectiveness of other methods such as dieting and exercise. Further studies which utilise more long-term follow up would be necessary to ascertain whether this is the case.

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**Denis O'Hara**

**Professional Role:** Lecturer in Counselling  
**Institution/Affiliation/Workplace:** University of Abertay Dundee

**Abstract:** Paper

## **Reconciling Technical and Practical Knowledge in Psychotherapy**

### **Background:**

One of the longstanding and continuing debates in the field of psychotherapy is the relative importance and usefulness of two different types of knowledge, research-based knowledge and practice-based knowledge. Unfortunately, the two sources of professional knowledge have been cast as either being at odds or, with one knowledge base claiming superiority over the other. The outcomes from these tensions have not been insignificant with striking implications for a range of issues especially the direction and scope of the research agenda, the content and structure of curricula, national credentialing, the impacts on governments' health agenda, health insurance remuneration, and, of course, the practise of psychotherapy itself. In this paper, I propose a rapprochement between these often competing views of knowledge. Instead of debates about which knowledge form is most valuable, a focus on how both sources of knowledge inform psychotherapy practice will be highlighted.

### **Aims:**

1. To review different types of knowledge and how these influence and shape our view of psychotherapy research and practice.
2. To highlight the complementarity of research-based knowledge and practice-based knowledge.
3. To explore ways of promoting the importance of practice-based knowledge.

### **Method:**

This is a commentary and review and not a research report.

### **Conclusions:**

A balance between research-based knowledge and practice-based knowledge is well supported in current research literature especially the significance of therapist and clients factors in psychotherapy outcomes. Given the significance of these variables much greater focus should be given to exploring and promoting the therapist as the site through which research and practice based knowledge is integrated rather than through theories or therapeutic techniques. Implications for research, practice, and promotion will be highlighted.



**Mhairi Thurson**

**Professional Role:** Lecturer in Counselling  
**Institution/Affiliation/Workplace:** University of Abertay Dundee

Second Author: Allen Thurston, University of York

**Abstract:** Paper

### **The impact of inaccessible health care services on the lives of blind and partially sighted clients and the implications of this for counselling practitioners**

This research dialogues with politics. It was called as evidence for the Patient's Right's Bill Scotland in September 2010. Although not specifically designed as a piece of counselling research, the findings have implications for counselling policy regarding the provision of accessible counselling practice for blind and partially sighted clients as part of broader health care services.

#### **Background**

One in twelve people over 60 are blind or partially sighted (one in six people over 75) (Vale, 2002). It is reported that sight loss can lead to depression and other difficulties in emotional functioning (Burmedi et al., 2002; Brody et al., 2001; Horowitz and Reinhardt, 2000 Thurston 2010), and relationship problems (Carabellese et al., 1993; Davis et al, 1985). Difficulties are compounded by inaccessibility to health care services (Thurston & Thurston, 2010). The UK Vision Strategy seeks to improve access to emotional support for blind and partially sighted clients, but how accessible is our counselling practice? This research gives voice to blind and partially sighted people about the experience inaccessible health care services and of the impact this has on their lives.

#### **Method**

RNIB Scotland members were sent a questionnaire by post or email. They were invited to complete and return it to RNIB Scotland. Questionnaires were returned from 228 subjects, from fifteen health authorities.

#### **Results**

Data indicated that participants had difficulty accessing and experiencing effective health care. They relied on others to access health care information. They reported loss of autonomy, privacy and confidentiality accessing health care information.

#### **Conclusions / Implications**

This paper will encourage counsellors to reflect on how accessible their counselling practice is to blind and partially sighted clients, particularly in light of data suggesting that inaccessibility of health care information is a systemic problem throughout NHS Scotland. Recommendations for ensuring non discriminatory professional practice are discussed and suggestions for more accessible and inclusive practice are made.

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**Graham Westwell**

**Professional Role:** Student  
**Institution/Affiliation/Workplace:** University of Strathclyde

**Beth Freire**  
**Institution/Affiliation/Workplace:** University of Strathclyde

**Robert Elliott**  
**Institution/Affiliation/Workplace:** University of Strathclyde

**Abstract:** Workshop

**An invitation to experience the ‘Person Centred and Experiential Psychotherapy Scale’ (PCEPS).**

**The aims of the workshop:**

There are 3 main aims:

- To explain the purpose of the PCEPS.
- To invite the audience to experience the PCEPS by rating a 10-minute video of a therapy session and then to discuss their scoring process.
- To facilitate open discussion and dialogue on individual experiences of using the PCEPS; including reflections around personal learning and feedback relating to the measure.

**General Background to the workshop:**

We have been working on the development of an 'adherence/competence' measure for person-centred and experiential therapies. This measure is called the 'Person Centred and Experiential Psychotherapies Scale' (PCEPS). This workshop is an invitation for participants to experience using the PCEPS to rate a 10-minute video segment of a therapy session. As such, we are very interested to hear the experiences of the workshop participants.

The assessment of 'treatment integrity' is an essential component of psychotherapy trials (Waltz, Addis, Coerner, & Jacobson, 1993) and is concerned with adherence and competence.

Currently, there is an absence of an appropriate adherence/competence measure of person-centred and experiential therapies. Given the fundamental importance of this kind of measure in the development of efficacy trials of person-centred/experiential therapies,

we have developed the PCEPS to fill that gap and to aid in carrying out the systematic research needed to influence policy.

The PCEPS consists of 15 items from within two subscales corresponding to (a) Person Centred Process, and (b) Experiential Process. The scale is designed to assess how well (competence) the therapist is 'doing' person-centred or experiential therapy and how 'person-centred' or 'experiential' (adherence) the therapy is.

There is the potential for the PCEPS to be used as an instrument across networked research programmes, in order to assess 'treatment integrity' as the evidence base of person-centred and experiential psychotherapy increases. The measure may therefore be of use in the process of 'increasing cohesion' within such programmes (McLeod, 2002)

What we anticipate will be of additional value and interest to practitioners are the envisaged additional uses of the PCEPS. It is an instrument that can clarify and specify therapeutic processes for practitioners. The measure may be useful for training in person-centred/experiential approaches. Initial field-testing of the measure with Advanced Diploma in Counselling students has been welcomed with enthusiasm. The PCEPS can also be used as an aid to self-reflection and in the supervision of clinical practice.

The reliability and validity of this new measure will be tested using one hundred and twenty audio-recorded segments of therapy sessions systematically selected from the archive of taped therapy sessions of the Strathclyde Therapy Research Centre.

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