

Weighing up the evidence....

Weighing up the evidence: a qualitative analysis of how person-centred counsellors evaluate the effectiveness of their practice

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4393 words

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Abstract

Research into the effectiveness of counselling and psychotherapy has great practical significance, as a means of collecting evidence that may potentially enhance the quality of services delivered to users. In recent years, the evidence base for counselling and psychotherapy has increasingly relied on data derived from self-report questionnaires completed by clients, with relatively little attention being paid to therapists' evaluations of outcomes. To make full use of therapist estimates of outcome, it is important to develop an understanding of the processes and criteria that therapists employ when making such judgements. However, little is known about the evaluation strategies used by therapists in their everyday practice. The aim of the present study was to explore the implicit and informal construction of outcome evaluation by experienced practitioners. Person-centred therapists were interviewed about their approach to evaluation. The interview data were analysed using a grounded theory approach. These practitioners reported that they engaged in a process of evaluation based on a range of different sources of evidence, which was then "weighed up". Evaluation was a continuous activity that was embedded in the counselling process itself rather than arising from discrete measurements carried out at particular times. The findings of this study suggest that practitioners may possess a sensitivity to the complexity of outcome that is missing in much current research. Implications for training, research and practice are discussed.

Keywords: counsellors, evaluation, outcome, person-centred

Outcome research has concentrated on demonstrating to society that therapy works, in order to validate therapy as a valuable professional activity, and inform health care policy decisions. In the context of the development of research into counselling and psychotherapy, many hundreds of outcome studies have been carried out. In addition, evaluation of outcome has become an essential element of good practice in many areas of service provision. It is essential, therefore, that the instruments that are used to evaluate outcomes adequately reflect the complex and multidimensional nature of what "comes out" of the process of engaging as a client in therapy. However, despite the recommendations of leading figures in psychotherapy research that outcomes should be assessed in terms from as wide a range of perspectives as possible (Elliott, 1992; Lambert, Ogles and Masters, 1992; Strupp and Hadley, 1977), there has been an increasing

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trend for outcome research to focus largely on client self-reports of symptomatic states (mainly anxiety and depression), elicited by fixed-choice questionnaires (Froyd, Lambert and Froyd, 1996). In particular, there has been an absence of research which has made use of the practitioner's perspective on outcome. Although Newman (1983) explored in detail the strengths and weaknesses of therapist ratings of outcome, and specified a number of strategies for overcoming potential sources of bias, in recent years few outcome studies have used therapist ratings as a key source of evidence. A survey of 133 outcome studies, published between 1996 and 2000 in a leading research journal, found that only 23% utilised therapist-derived data (Hill and Lambert (2004).

The present study arose from an interest in the potential value of the clinical wisdom of practitioners as a framework for evaluating the effectiveness of therapy. We were aware that many therapists are sceptical about the findings of outcome studies, believing that they are based on an over-simplified view of what can happen in therapy (Morrow-Bradley and Elliott, 1986). We became curious to find out more about how practitioners themselves make sense of outcome, in relation to their everyday work. The aim of the study reported below, therefore, was to explore the evaluation strategies and methods used by person-centred counsellors in Scotland. This group of counsellors is particularly interesting in relation to the issue of evaluation, because their training emphasises an awareness of process factors, with relatively little attention given to evaluation of outcome. On the other hand, many of these counsellors worked in settings in which formal assessment tools, such as client satisfaction scales or the CORE outcome measure (Evans, Mellor-Clark et al, 2000) have been widely adopted.

Method

Participants

The six participants were all person-centred counsellors with from 5 to 15 years experience and aged between 40 and 60. They all defined themselves as person centred in orientation, basing their work on the theories of Rogers (1961) and Mearns and Thorne (1999). All of the research participants had been trained to accreditation level in the person centred approach. The participants were all known to the interviewer (TD) and it was anticipated that this would help

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them be more open in the interview. Four participants were female and two were male. Their experience of different settings included work with students, in schools, private work, in community projects, EAPs, work in voluntary agencies, in primary care and marriage guidance.

Interviews

Two weeks before the interview each participant was given a letter describing the subject of the interview, explaining confidentiality safeguards and seeking informed consent. In order to allow some time for reflection the letter included a list of the main research questions being asked:

1. What feelings does the word 'evaluation' evoke for you?
2. Think of a case that you felt had a good outcome. What made you decide it was a good outcome?
3. Think of a case that you were not so happy about. What was it that made you unhappy?
4. How do you go about evaluating your own counselling work in general?
5. Ideally how do you think counselling practice should be evaluated?

Interviews lasted between 70 and 90 minutes and were recorded on audio tapes, which were then transcribed. Ethical permission for the study was obtained from the relevant University Research Ethics Committee.

The researchers

The primary researcher (TD) was an experienced person-centred counsellor with a prior career in IT. His interest in the topic stemmed from his need to know whether counselling worked - both whether it worked in general and also whether his particular practice worked. More specifically, 'how did I know it whether it worked?' Coming from a scientific background, TD had a desire for a yes/no answer to this question. The uncertainty of not knowing was uncomfortable. He also doubted the possibility of knowing the outcome of a single case because of the subjective and extremely complex nature of the activity. The co-author (JMcL) had a background in social science and person-centred counselling, and experience as a counselling researcher. His interest in this topic reflected his belief that contemporary outcome research was failing to provide

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information that was be useful in terms of informing policy and practice. The study was carried out as part of a Masters dissertation, in which JMcL was supervisor.

Analysis

The interviews were analysed using grounded theory methodology. The intention in this methodology is to identify recurring meaning categories across interviews, using a method of open coding and constant comparison. The aim is to create a description or model from the data itself rather than fitting the data into some external model: the theory generated is thus grounded in the data (Strauss and Corbin,1998). The primary analysis was conducted by TD. Segments of the analysis were audited by JMcL, with differences in emphasis resolved through discussion. A further validity check involved inviting practitioners to comment on the emerging model.

Results

Three main categories emerged from the data:

- ◆ *Obtaining information:* participants described a range of sources and strategies for collecting information that they regarded as relevant to their understanding of outcome in individual cases;
- ◆ *Weighing up the evidence:* having collected information about outcomes, participants then engaged in a complex process of comparing and contrasting the import of different items, and exploring their conclusions with others, before arriving at a final position;
- ◆ *Awareness of other concepts of outcome:* these counsellors were aware of the different uses that external stakeholders might make of outcome evaluations, the implications of these external constructions on their practice, and the tensions between practitioner and ‘objective’ estimates of outcome.

Overall, evaluation for the interviewees seemed to be governed by what they were trying to achieve as person-centred counsellors, and was an integral part of their counselling activity. These counsellors employed a highly sophisticated repertoire of evaluation activities. They took note of a large amount of sometimes conflicting and imprecise data and assessed it against a number of different and sometimes conflicting criteria. In most cases the result of the evaluation

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at the end of a case was not a simple good/poor outcome answer, but was framed in terms of aspects of counselling that worked well, in contrast to another aspects which did not work so well. Evaluation was embedded in the process of counselling itself, rather than comprising a separate activity. A more detailed exploration of these themes is presented below.

Obtaining information

Interviewees talked about four different types of information that they regard as relevant to their understanding of success:

Client satisfaction. Informants reported that they paid attention to what clients said in relation to what they wanted from therapy, and how satisfied they were with what they had received through their engagement in therapy. One counsellor explained this factor in the following terms: ‘to me the more important side of it is the client’s evaluation. You know, are they getting what they want? Is it working for them? Is it helping them?’ (Participant 2). Several counsellors mentioned that they used review sessions to elicit information about client satisfaction: ‘[I would ask] how is this impacting on what was the initial thing that brought you to counseling? ... if we’re talking about my reviews ... I would certainly want to take a reading from where we’d traveled to where the issue was at that review’ (Participant 4).

Evidence of change. It was important that the client changed in some respect: counsellors looked for evidence of change in the client. Two distinct dimensions of change were identified: *inner world* and *outer world*. Examples of positive change in a client’s inner world were: ‘they are able to understand themselves more ...for me that’s kind of ... that’s good, that’s a successful outcome’ (Participant 3), and ‘a good outcome means the client becomes more self-accepting ... she was hugely more self-accepting’ (Participant 5). A typical example of change in a client’s outer world was: ‘she had made some very positive contact with neighbours that previously had been difficult for her. And she’d done quite a lot about sorting out her relationship with her mother’ (Participant 6). Evidence of change can be reported by the client, or it may be directly observed by the counsellor during therapy sessions: ‘I check out, is the process going on ... [is the client] starting talking in the I - "I feel this" rather than "you feel this". Those kinds of things that I watch and listen for’ (Participant 5).

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The counselling relationship. Evidence for success was related to the quality of the counselling relationship. One counsellor used the metaphor of a shared journey in evaluating the effectiveness of their work with a client: ‘...we both learned together ... It was a joint thing, a joint process or journey’ (Participant 3). Another counsellor indicated that a breakdown in the relationship, or misunderstanding, was evidence of less than optimal outcome: ‘I suddenly discovered that she still thought that I should be giving her advice ... I was really quite shattered when I got this realisation that she still thinks I should be giving her advice. So for however many years I’ve been seeing her we’ve been at cross-purposes’ (Participant 6). A further informant observed that a relationship that became stronger over time was an indicator of good outcome: ‘I know it [the relationship] has developed...I think she’s been much more open with me to tell the truth of things she’s been ashamed of ... I think there’s more trust in her, and in me from her point of view. (Participant 2).

Personal satisfaction with the work. It was important that the counsellor practiced their craft well, and got something out of the process for him/herself. Evidence for a good outcome case was one in which the therapist felt that they had functioned at a high level: ‘how do I know? Often all I know is how I am functioning as a counsellor. How do I really know how effective the relationships are except by hearing from the client and what I perceive? But the one that I know most about is how I’m functioning as a counsellor’ (Participant 1). By contrast, in cases where the counsellor felt that they had been unable to ‘do their best’, the counsellor wondered about the overall effectiveness of therapy for the client: ‘what is not a good outcome for me is when I know ... when I say that my client hasn’t got the best out of me...if I’m genuinely struggling with a client and maybe I’m not being very effective but I’m doing everything I know I can do then that’s OK’ (Participant 3). Personal satisfaction could also be a source of evidence, in respect of the occurrence of ‘special moments’ within the therapy: ‘I almost burst into tears when he told me that. But with him he wasn’t so much like that so when he said things like that it was ... I found it very moving ... It just about blew me away, I found that profoundly moving’ (Participant 2).

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All of the counsellors interviewed in the study referred to each of these four sources of information, suggesting that these factors may be generally significant for person-centred counsellors. Although respondents used a variety of sources of data for their evaluations, they did not use any source that was independent of the participants: the methods and tools developed for outcome research (e.g. questionnaires) appeared to be of little use to, or at least little used by, these practicing counsellors.

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These practitioners took note of what the client said about what was going on in their life outside the counselling room, what was going on for the client inside the counselling room and also what was going on for the client inside themselves; and how they felt about themselves. Counsellors monitored their experience of what happened in the counselling room, as well as what they noticed about the client. They observed how the client may have changed in his or her behaviour during sessions: for example, in how they are or how they speak or how they acted towards the counsellor. Counsellors also took careful note of their own feelings when evaluating their practice, for instance how they felt about the client, how they felt in relation to what went on in the counselling room and how they felt about their own performance as a counsellor. At the same time as collecting this information, participants reported that they engaged in a multi-faceted process of 'weighing-up' the evidence that they had gathered. They made use of activities such as reviews with the client, supervision, and discussion with colleagues, to think through the significance of evaluation data that they had gathered. These activities were used to make sense of the information that they had received. Supervision and discussion with colleagues were used to help clarify confusing feelings they may have had in relation to the effectiveness of their work with a client. Reviews with the client helped to clarify what the client's experience of the counselling had been, providing more information with regard to the client's evaluation of the counselling. Often, counsellors reported being aware that different items of evaluative information that were in conflict with each other. For instance the counsellor may have felt that he or she had not been working very well, or doing as well in their role of a counsellor as they know they can, yet the client was changing and was happy with what they had gained from counselling. These conflicts were explored through individual reflection, and in discussions with supervisors and colleagues.

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Informants generated a number of examples of engagement in a process of balancing different types of information:

‘one or two clients I’ve worked with, who have, I suppose, they’ve questioned whether or not it’s helpful. Sometimes that’s because they are actually getting deeper and deeper into difficult stuff’ (Participant 2)

‘was she flying to health or something like that? But actually, when I reviewed it, looked over it, it felt fine, it was a very truthful decision for her, that she could, that she was absolutely exhausted ‘cause of the journey she had been on, she needed some resting time’ (Participant 3)

‘I have twice asked this person, you know, what do you get from counseling, because I can’t see what we’re doing here that’s making any difference to you? And said “no this is helping”’ (Participant 5).

In considering the validity of different items of outcome evidence, and arriving at a final position in relation to the effectiveness of their work with clients, these counsellors consistently referred to the value for them of their theoretical orientation. It was almost as though the model provided by person-centred theory acted as a template against which outcome could be assessed: a good outcome case was one in which the client’s process, the quality of the relationship, and the therapist’s personal experience, matched the pattern predicted by theory. One informant expressed this view particularly vividly in saying that: ‘it is essential to have a really stable concept to really think about the client's process.....that is, more than anything, what the person-centred approach has given me. A framework for understanding disturbance, development, integration, movement forward, stuckness. So that’s ... fundamental, absolutely fundamental (Participant 3).

Awareness of other concepts of outcome

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The counsellors interviewed in this study reported that they were aware of societal expectations in regard to evaluation; there was a feeling that it is necessary to prove that counselling is effective in order to promote counselling as a worthwhile activity. Some interviewees thought that formal evaluation (e.g., using questionnaire measures) was a good thing while others did not. Formal evaluation was seen as a scientific and quantitative activity involving data collection and analysis, which was regarded as a difficult thing to do because of what some informants characterised as the 'subjective' nature of counselling. There was also concern that formal evaluation could conflict with their approach to counselling. Most of the participants talked about their previous experience with using client end of therapy satisfaction questionnaires. On the whole, they argued that the results of these instruments did not seem to add much to their assessment - their personal experience of the client was valued much more highly. Participant 4 summed up the feelings of most of the informants in relation to client satisfaction data: 'I think that the satisfaction [questionnaire] ... simply documents what I would know anyway. If there is anything there that I did not know I would be absolutely astounded'.

Discussion

It is important to acknowledge the limitations of this study. A small sample of counsellors was used, drawn from one approach to therapy. Practitioners trained in other approaches may use quite different sets of criteria and procedures to evaluate the outcomes of their work. Further research is certainly required in order to assess the generalisability of the present study.

Nevertheless, the counsellors who participated in the study were able to draw on experience in a wide range of settings, and shared their views on evaluation openly, and at length. The existence of a previous relationship between the interviewer and individual participants created a context of mutual trust that appeared to allow informants to talk candidly about the judgements they made around the success or otherwise of their work with clients.

The findings of this study suggest that, for these practitioners, evaluation of outcome was a continuous activity that was embedded in the counselling process itself. Respondents used a variety of sources of data about a wide variety of different aspects of the client's life for their evaluations, as recommended by Lambert, Ogles et al. (1992), but in an intuitive rather than

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structured or formalised fashion. Although the broad categories of outcome criteria used by these counsellors appeared to parallel the range of outcome factors reported by clients in a study by Connolly and Strupp (1996), the category system employed practitioners in the present study was more complex, incorporating a wider range of factors, and was more relational, in the sense that the therapists placed a strong emphasis on their perceptions of how the client interacted with them.

There were similarities between the approach to evaluation taken by these counsellors, and the method of single case assessment described by Elliott (2002), in which information is obtained from different sources, including the client's evaluation of benefit, and conflicting evidence is compared. However, in contrast to the method described by Elliott (2002), the counsellors interviewed in this study made no specific attempt to look for non-therapy events to account for any change, and used a 'weighing-up' process that was intuitive rather than systematic.

The results of the present study support the findings of Zeira and Rosen (1999) who found that practitioners are highly sensitised to a wide range of 'intermediate' outcomes, arising from moment-by-moment interactions at any stage in therapy, which they can use to inform their work with clients. Much of the evaluation data collected by the counsellors interviewed in the present study could be understood as comprising different forms of 'intermediate' outcome. The results of this investigation are also consistent with the study of occupational therapists carried out by Mattingly (1998), which suggested that practitioners possess an implicit therapeutic narrative (or "plot") of what typically happens to clients receiving therapy, and judge the client's progress on a moment-to-moment basis against where they have reached in their "narrative of recovery". This type of therapeutic narrative allows the practitioner to anticipate what might happen in therapy, and to make connections between small shifts, and longer-term objectives.

This study has important implications for outcome research. The findings of this study provide a starting point for the further development of strategies for evaluating practice that reflect and respect the complexity of outcome, rather than attempting to reducing it to a one-dimensional measurement scale. It would be valuable to know more about the range and structure of intermediate outcomes, and to understand how long-term outcomes (e.g., as assessed at follow-up) are linked to intermediate outcomes that occur much earlier in therapy. Compared to most

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researchers, the practitioners interviewed in this study made use of a somewhat wider range of sources and types of evaluation information, and also possessed more sophisticated strategies for resolving contradictions between different data points. Future research might examine more closely the strategies that practitioners employ in resolving evaluation ambiguities, and seek to apply these strategies within systematic outcome studies. Typically, outcome studies take data from one scale, such as CORE or the Beck Depression Inventory, as their primary outcome measure. What practitioners seem to be saying is that, from their perspective, there is no reason to have confidence in any single item of outcome assessment – to achieve a balanced, valid and comprehensive evaluation, multiple sources of information need to be used, and weighed up against each other in a manner that takes into account the context of each individual case.

The findings of this study may also have significant implications for the practice of person-centred counselling and psychotherapy. It seems likely that expert practitioners (such as the ones interviewed in the present study) possess a cognitive schema for obtaining and assimilating intermediate outcome observations, and weighing up these data, that is at the same time more differentiated, and also more conceptually abstract, than the schema used by novices. A fuller understanding of how expert practitioners operate in relation to these processes has the potential to make a worthwhile contribution to training and supervision. At the same time, the resistance that these person-centred counsellors exhibit in relation to the use of evaluation tools such as questionnaires may merit further exploration. At least some of the time, such questionnaires allow clients to express views that may be hard to convey within face-to-face interaction, and may serve as a valuable source of information about what is 'unsaid' within the therapeutic relationship. It may be that additional training, or the development of questionnaires that are more attuned to person-centred theory, may assist such practitioners to make more use of this kind of resource.

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