The Effectiveness and Cost-Effectiveness of Person-Centred Counselling in Secondary Schools

Findings from the Largest Study to Date

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Zusammenfassung: Die ETHOS-Studie ('The Effectiveness and Cost-effectiveness Trial of School-based Humanistic Counselling') in Großbritannien war die bisher größte randomisierte kontrollierte Studie zur personzentrierten Beratung junger Menschen im Alter von 13-16 Jahren. Es stellte sich heraus, dass die personzentrierte Beratung am Ende kleine bis mäßige Effekte zeigte, die auch nach drei Monaten Nachbeobachtung noch aufrechterhalten wurden. Die Daten aus den Interviews deuten darauf hin, dass die personzentrierte Beratung im Allgemeinen gut angenommen wurde, aber eine signifikante Minderheit der Klienten wünschte sich mehr aktiven Input in den Sitzungen und weniger Schweigen. Der folgende englischsprachige Artikel stellt die wesentlichen Inhalte und Erkenntnisse aus der Studie noch einmal genauer dar.

Person-centred therapy is one of the most common approaches to counselling in secondary schools. But does it actually help? Of course, most person-centred counsellors would say it does, but we are probably not the fairest of judges! Studies which evaluate counselling from beginning to end also show large reductions in psychological distress, but without a 'control group' to compare these changes against (i.e., people who do not get the therapy), it may be that these adolescents would have just improved anyway.

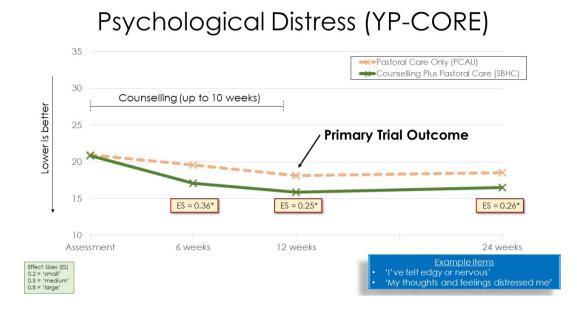
Over the last ten years or so, preliminary data from four small controlled 'trials' has shown that person-centred counselling, based on humanistic competences, does bring about change over and above a no-counselling control. What has been missing, however, is a really large-scale controlled trial of person-centred counselling in schools, which looks at a range of mental health and educational outcomes, follow-up effects, and economic costs; and also the experiences and perceptions of large groups of clients, parents/carers, and teachers.

In 2016, a team led by the Centre for Research in Social and Psychological Transformation (CREST) at the University of Roehampton won funding from the Economic and Social Research Council (ESRC) to conduct such a trial, with collaborators at the universities of Manchester and Sheffield; the London School of Economics; Metanoia Institute (London); the British Association for Counselling and Psychotherapy; and the National Children's Bureau. The study was the largest trial yet of school counselling in the UK (if not the world), and also one of the most robust evaluations to date of person-centred therapy. We named the study 'ETHOS': The Effectiveness and Cost-effectiveness Trial of School-based Humanistic Counselling. ETHOS was conducted in 18 state-funded secondary schools in London. Recruitment was through the schools' pastoral care teams who were asked to identify potentially eligible young people (aged 13–16 years old). If parental/carer consent was given, young people were then assessed by a member of the research team to see if they wanted to participate, and to check that they had at least moderate levels of emotional symptoms. Eligible young people were then randomly assigned to one of two conditions: school-based humanistic counselling (along with access to the school's usual pastoral care provision) (167 young people), or access to usual pastoral care alone (162 young people). Counselling sessions were delivered on an individual, face-to-face basis, and lasted about 45 minutes. They were scheduled weekly over a period of up to 10 school weeks. The counselling was delivered by a team of 19 counsellors, all of whom were qualified to diploma level (at least two years, part time training). The counsellors received clinical supervision throughout the trial, and recordings of their practice was 'audited' to make sure they adhered to personcentred/humanistic counselling competences - which they all did.

Our main finding was that, 12 weeks from assessment (so after the end of counselling), those who had participated in the person-centred counselling reported significantly less psychological distress than those who had not (see figure 1). We also showed, for the first time, that these differences were still present 12 weeks after the end of counselling. However, the differences between the two groups was relatively modest: about two points on the 'Young Person's CORE (YP-CORE)' measure of psychological distress, which ranges from 0 to 40.

We also found that counselling brought about medium to large improvements on clients' self-esteem and individual goals (for instance, feeling more confident, or controlling their anger), across all time points; and small improvements in wellbeing and psychological difficulties at 12 weeks. However, the counselling had no significant effect on symptoms of anxiety and depression. It also had no effect on the young people's willingness to engage with school; or on other educational outcomes, such as attendance and exclusion rates, number of disciplinary proceedings, and predicted grades. In addition, we found that the counselling did not bring about reductions in the use of other services, such as pastoral care support or GPs. Economically, then, the cost of the counselling was not offset by other service savings – at least not over the 24 week period.

Figure 1:



young people didn't like being listened to and having space to talk: overall, that was rated as the most helpful elements of the counselling. But for some of the young people, a bit more direction and guidance was seen as having the potential to boost the utility of the work. Of course, from a person-centred standpoint, you could say that that is because these young people have 'externalised locus of an evaluation', and don't trust their own 'actualising' tendency. But, for me, it does not feel particularly personcentred to dismiss or pathologise these young people's own expressed preferences. I

To be honest, at a personal level, I was a bit disappointed that we had not found bigger effects. With studies like these, it is essential to carry them out in an unbiased way but, at some level, I was hoping that we would find large changes for the counselling, along with large savings on costs. But that's research for you—it challenges your preconceptions and biases and tells you what's 'out there', even if it not what you want to see! And, being person-centred, I guess I am mindful of Carl Rogers's statement that 'the facts are always friendly'. He writes: 'Every bit of evidence one can acquire, in any area, leads one that much closer to what is true. And being closer to the truth can never be a harmful or dangerous or unsatisfying thing.'

And, indeed, there is an enormous amount to learn from ETHOS. It shows, for instance, that person-centred school-based counselling isn't right for all young people. It definitely helps some but, for others, there may be other kinds of interventions - across universal, indicated, and targeted levels - that may be of greater value. It also suggests that person-centred counselling may be most helpful in improving young people's self-esteem and helping them achieve their own individual goals; and of lesser value if the aim is to reduce symptoms of anxiety and depression, or improve performance or behaviour at school. Preliminary analyses of our qualitative data also suggest specific factors that may make the person-centred counselling less helpful. One was the silences: around 10-20% of the young people said that there was too much of it, and it made them feel 'awkward' or 'uncomfortable'. Closely related, a number of the young people said they wished the counsellors had been more active: with more strategies, techniques, and methods. That's not that the think far better that we listen, learn, and look at how we might develop our practices.

Finding effective ways of addressing mental health problems in young people remains a key priority for policy makers and fund holders. Our study shows that school-based person-centred counselling is a viable option, but it is not a 'magic bullet'. Rather, it is likely to help some young people some of the time, and should be offered to young people as one out of a range of possible interventions. What is most important now is to carry out equally rigorous evaluations of alternative interventions in the UK and, perhaps more importantly, to develop some understanding of which interventions are most likely to be helpful for whom.

The main outcome findings of our ETHOS study have now been published in The Lancet Child & Adolescent Health and you can access them via the reference. You can also find out about all aspects of the ETHOS study via our dedicated website at:

https://www.roehampton.ac.uk/research-centres/centre-for-research-in-social-and-psychological-transformation/ethos/

Note, anonymised data from the ETHOS study – both quantitative and qualitative – are available for analysis, and we invite all people interested in research (including students on Master's and doctoral programmes) to consider applying for use of this data. That way, we can work together to build up the best understanding possible of how counselling might contribute to the betterment of mental wellbeing in young people.

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EAH Weiterbildungsreihe: Heilpädagogische Spieltherapie

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table and Co; 1961.

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Der Heilpädagogischen Spieltherapie liegt das Konzept der non-direktiven,
personzentrierten Spieltherapie nach Carl Rogers und Virginia Axline zugrunde.



Bestandteile der Weiterbildung:

- Auseinandersetzung mit fachspezifischen Theorien
- Praktische und methodische Übungen zum spieltherapeutischen Vorgehen
- Anleitung zur Durchführung eigener personzentrierter Spieleinheiten
- Supervisionsartige Rückmeldungen
- Selbsterfahrung und Selbstreflexion

Voraussetzungen:

Abschluss als Heilpädagogin/Heilpädagoge oder eine gleichwertige Qualifikation

Referentin:	Stephanie Jofer-Ernstberger
Termine:	8 Blöcke (Sa/So) zu je 12 Unterrichtseinheiten
	19. Februar 2022 bis 08. Januar 2023
Umfang:	98 Einheiten
Format:	Digital via Zoom und Präsenz in München
Die Weiterbildung "Heilpädagogische Spieltherapie" wird für die V	

Die Weiterbildung "Heilpädagogische Spieltherapie" wird für die Weiterbildung "Personzentrierte Beratung mit Kindern und Jugendlichen" (GwG) angerechnet.

Für weitere Informationen wenden Sie sich bitte an die EAH:

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