WIDENING AND INCREASING ACCESS TO PSYCHOLOGICAL THERAPIES

PROPOSED INTERVENTION:

PERSON-CENTRED/EXPERIENTIAL PSYCHOTHERAPY AND COUNSELLING

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Executive Summary

- Person-centred/experiential (PC/E) counselling and psychotherapy is a family of psychological therapies that can help clients develop more satisfying and fulfilling lives through the provision of an empathic, non-judgmental and empowering therapeutic relationship.

- Person-centred/experiential therapy enables clients to take responsibility for their psychological wellbeing and development, and is closely aligned to a patient centred healthcare agenda.

- Person-centred/experiential practice is an empirically-supported approach to therapy which is demonstrably effective for a range of psychological difficulties, including depression and mixed anxiety and depression, substance abuse, post-traumatic stress disorder and adjustment to life events.

- Meta-analyses indicate that person-centred/experiential therapy is equivalent in overall effectiveness to other therapeutic approaches, including CBT.

- Person-centred counselling is most obviously appropriate for delivery at Tiers 2 and 3, with some current and potentially efficacious application at Tier 4. More focused PC/E interventions are particularly suited to Tiers 3 and 4 and the use of person-centred counselling skills suited for widespread delivery at Tier 1.

- Person-centred counselling is well established both in the NHS and across a variety of settings in Scotland. Over the past 11 years, more than 25,000 patients have made use of this service in Lanarkshire alone.

- A large and skilled workforce of PC/E practitioners exists in Scotland, with over a thousand graduates of Scottish person-centred diploma courses in the past decade.

- Professional standards for counselling require all PC/E therapists to have regular clinical supervision and to demonstrate a commitment to continuing professional development and ethical practice.

- Person-centred/experiential therapies can make a significant and valuable contribution to the diversity and effectiveness of mental healthcare provision in Scotland.

Content

Executive Summary 2

1. Introduction 4

2. For what populations of patients does this intervention have evidence of effective outcomes? 5

3. Has it been reviewed against other interventions? 8

4. At what tier would this intervention be best delivered and why? 9

5. Who currently delivers this intervention? Could others do it? 10

6. What training is involved? How long does the training take? Where is it delivered and how often and how much does it cost? 11

7. What is the level of training i.e. cert, diploma, degree? 13

8. Who accredits courses and is there supervision required during and after completing the training? Can we measure the impact of these interventions? 14

9. What capacity and financial resource implications arise? 15

10. Summary 15

11. References 16

1. Introduction

Person-centred/experiential (PC/E) counselling and psychotherapy is a family of therapeutic practices in which clients are supported to find more satisfying and fulfilling ways of living through having an opportunity to explore their difficulties, strengths and resources in an empathic, non-judgmental therapeutic relationship with a therapist who is skilled in helping them develop a deeper awareness of their experiences and emotions. Person-centred/experiential practice is an empirically-supported approach to therapy, demonstrably effective for a range of psychological difficulties (see Elliott, Greenberg, & Lietaer, 2004) and strongly supported by a wealth of data from five complementary lines of converging evidence:

- Randomized comparative clinical trials and comparative outcome studies
- Controlled studies against untreated controls
- Naturalistic open clinical trials, showing large client pre-post gains
- Predictive process-outcome research showing that person-centred relationship qualities (empathy, acceptance, collaboration) are among the best predictors of positive clinical outcome
- Patient preference research.

Rooted in a progressive, humanistic ethic, PC/E practice encourages clients to think of themselves as the experts in their lives, and to take responsibility for their own development and change. In this respect, it is closely aligned to a patient centred healthcare agenda (Stewart, 2001) with an emphasis on a collaborative relationship between therapist and client, an integrated understanding of the patient's world, and the enhancement of prevention and health promotion.

Although originally developed in the United States in the 1950s (see, for instance, Rogers, 1951, 1959), Scotland is now recognised internationally as a major centre for the development of person-centred and experiential practice, theory and research (see http://www.strath.ac.uk/Departments/counsunit/research/index.html). Person-centred and experiential therapies are currently practiced on all continents and in a wide range of contexts, including healthcare, education and psychiatric settings.

As with all schools of psychological therapy, several different forms of person-centred/experiential counselling and psychotherapy exist. Within Scotland and the UK, the most prevalent form of PC/E practice can be termed 'person-centred counselling' (also called 'client-centred' or 'nondirective' counselling/psychotherapy). Here, particular emphasis is placed on creating an empathic, non-judgemental and empowering therapeutic relationship in which the client is supported to address his or her issues in whatever way he or she chooses. Within healthcare and psychiatric settings (e.g.,

Department of Health, 2001, p.8), such a form of psychological therapy is often referred to simply as 'counselling.' More recent developments within the person-centred and experiential field, such as process-experiential therapy and motivational interviewing, take a somewhat more directive, 'process-guiding' stance, combining a basic person-centred attitude with methods such as role-plays, which invite clients to explore more directly their emotions and dilemmas. Many other professionals such as nurses, social workers and teachers use counselling skills to enhance their work and this can be considered a basic form of person-centred practice, in which individuals are provided with a space to talk through their problems in living (McLeod, 2007).

2. For what populations of patients does this intervention have evidence of effective outcomes?

Person-centred counselling in Scotland has been applied across the broad range of psychological difficulties that present in primary health care. In just one service, the Lanarkshire Therapeutic Counselling Service, 75 general medical practices offer such a practice-based counselling service to their patients. This service alone has worked with 25,000 patients over the past eleven years, with a wide range of presenting issues:

- Depression, Anxiety/Stress (37.5%)
- Interpersonal/Relationships (14%)
- Self Esteem (14%)
- Loss/bereavement (9%)
- Work/Academic (8%)
- Physical problems (5.5%)
- Trauma/abuse (5%)

Systematic evaluation of this work using the Clinical Outcomes in Routine Evaluation system (CORE, see http://www.coreims.co.uk) shows significant improvements across all diagnostic categories (as well as across all tiers/levels of stepped care), with 77% of patients showing clinical and reliable improvement on their presenting issues.

The evidence base for PC/E counselling and psychotherapy is continually growing. The absence of empirical support in some areas indicates only that the therapy is untested with those client populations, and is not evidence of ineffectiveness.

Depression and mixed anxiety and depression

Across a one week period, approximately 25 out of 1000 Scottish individuals will be experiencing a depressive episode, with rates of 68 per 1000 individuals for mixed anxiety and depression (Singleton, Bumpstead, O'Brien, Lee, & Meltzer, 2000). Given an approximate Scottish population of 5.1 million (General Register Office for Scotland, 2007), this means that, in any one

week, around 127,500 Scottish adults will be experiencing a depressive episode and 346,800 experiencing mixed anxiety and depression.

Meta-analyses of experimental studies show a large pre- to post-therapy effect size for person-centred/experiential therapy in the treatment of depression (Elliott et al., 2004). In a recent large scale randomized clinical trial, for instance, King et al. (2000) found that person-centred counselling brought about significant improvements in depressive symptoms for clients in primary care with depression and mixed anxiety and depression, as compared with GP treatment as usual.

Within the family of person-centred/experiential therapies, evidence is particularly strong for the efficacy of process-experiential therapy with depression, meeting the American Psychological Association's criteria for a 'specific and efficacious' psychological treatment (Elliott et al., 2004).

Anxiety disorders

Across a one week period, approximately 36 out of 1000 Scottish individuals will meet criteria for a diagnosis of generalized anxiety disorder, 14 will have experienced some form of phobia, 8 will meet the diagnostic criteria for obsessive-compulsive disorder, and 12 will meet the criteria for panic disorder (Singleton et al., 2000). Across Scotland, this gives the approximate numbers of individuals experiencing these anxiety disorders in any one week period as 183,600, 71,400, 40,800 and 61,200, respectively.

In addition to the evidence of the efficacy of person-centred/experiential counselling with mixed anxiety and depression (see above), meta-analyses indicate a large pre- to post-therapy effect size for PC/E with anxiety disorders (Elliott et al., 2004). Based on such evidence, Elliott et al. conclude that PC/E counselling and psychotherapy is 'possibly efficacious' for individuals with these psychological difficulties.

Substance abuse

Over a six month period, approximately 76 out of 1000 Scottish adults show a mild dependence on alcohol (387,600 Scottish individuals), 7 show a moderate dependence (35,700 Scottish individuals) and one shows a severe dependence (5,100 Scottish individuals) (Singleton et al., 2000). Across the UK, approximately 37 out of 1000 individuals experience some form of drug dependence (excluding alcohol dependence) in any one year (approximately 188,700 Scottish individuals) (Singleton et al., 2000), with 12% of Scottish adults reporting some form of illicit drug use in the past year (612,000 individuals).

Motivational interviewing is a relatively new form of brief treatment for alcohol and substance abuse problems that combines the relational and motivational emphasis of person-centred/experiential therapy with information and feedback strategies. Meta-analysis of controlled clinical trials indicates that Motivational interviewing (including feedback from standardized assessment

measures) is efficacious in the treatment of problems related to alcohol and drugs, with an effect size against no treatment/placebo controls in the medium range, and overall improvement rates of about 51% (Burke, Arkowitz, & Menchola, 2003).

Posttraumatic Stress Disorder (PTSD)

Lifetime prevalence rates for PTSD are around 1% (Roth & Fonagy, 2005), indicating that approximately 510,000 individuals in Scotland will experience posttraumatic stress disorder at some point in their lives.

Controlled studies indicate that process-experiential therapy is an 'efficacious and specific' treatment for trauma and abuse, with large effect sizes against no treatment controls (Elliott et al., 2004) (see also comparative findings, below). A study by Paivio and Nieuwenhuis (2001), for instance, found clinically significant change on at least one dimension in 100% of clients abused as children who participated in process-experiential therapy, compared with 36% of individuals in the no treatment control group.

Difficulties adjusting to life events

Based on an analysis of the available evidence, Department of Health guidelines for talking therapies conclude that counselling (defined in nondirective person-centred terms) 'can help people who are adjusting to life events, such as bereavement, post-natal depression, illness, disability or loss' (Department of Health, 2001, p.8). Recently, Altenhoefer et al. (2007) reported the results of a controlled study of brief person-centred therapy for adjustment disorder, showing large benefits for treated clients over untreated controls.

Miscellaneous psychological problems

In their meta-analysis of the efficacy of PC/E counselling and psychotherapy, Elliott et al. (2004) cite preliminary evidence that PC/E therapy may also be effective in the treatment of anger and aggression, severe personality disorder and health-related problems. Research on an application of PC/E known as pre-therapy shows promise as an effective treatment for schizophrenia and other psychotic conditions (see review by Dekeyser, Prouty & Elliott, in press).

Children and young people

Research indicates that person-centred counselling is an efficacious treatment for children and young people experiencing mild depression (National Institute for Health and Clinical Excellence, 2005). In addition, an emerging body of evaluation data from Scotland demonstrates that school-based person-centred counselling can bring about significant changes in psychological wellbeing for children and young people with a range of psychological issues and concerns (primarily family, relationship and educational issues) and can also have a positive impact on their capacity to engage with learning (Cooper, 2004, 2006a, 2006b).

3. Has it been reviewed against other interventions?

Extensive reviews have been conducted of the effectiveness of person-centred/experiential therapies against other psychological interventions, in particular cognitive-behaviour therapy (see Elliott, 2007; Elliott et al., 2004). Consistent with the well-established 'dodo bird verdict' (that different *bona fide*[1] therapies are about equivalent in their efficacy and effectiveness, e.g., Luborsky et al., 2002), person-centred/experiential therapies have been shown to be of equal effectiveness when compared to other forms of psychological treatment, including CBT. In two of the largest studies of the outcomes of psychological therapies (using 1309 and 5613 patients respectively), for instance, Stiles and colleagues (Stiles, Barkham, Mellor-Clark, & Connell, In press; Stiles, Barkham, Twigg, Mellor-Clark, & Cooper, 2006) found that person-centred therapy was equivalent in effectiveness to cognitive-behavioural and psychodynamic therapies for clients with a range of mild, medium and severe psychological difficulties. In their meta-analysis of 55 comparative outcome studies, most of them randomised clinical trials (RCTs), Elliott et al. (2004) reported statistically equivalent effectiveness.

With respect to the issue of patient choice, King et al.'s (2000) study of counselling and CBT in primary care found that around 40% of clients who expressed a preference for one of the two treatments opted for the nondirective therapy, while around 60% opted for CBT. This indicates that clients have different preferences for psychological treatments, with a sizeable number of potential clients expressing a preference for a person-centred/experiential approach. Furthermore, those clients who opted for nondirective counselling were more satisfied with their treatment than those who specifically opted for CBT.

Depression and mixed anxiety and depression

Meta-analysis of findings from 16 studies that compare person-centred/experiential therapies against other therapeutic approaches support a conclusion of equivalence (Elliott et al., 2004). In one of the most rigorous trials to date, King et al (2000, see above) found no significant differences between the efficacy of nondirective counselling and CBT for the treatment of depression and mixed anxiety and depression, the one significant difference being that patients who specifically opted for nondirective counselling were more satisfied with their treatment than those who specifically opted for CBT. Comparative studies are particularly supportive of the efficacy of process-

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[1] The use of the term 'bona fide' is of critical importance here. Cognitive-behavioural studies which compare CBT against a 'straw man' supportive or 'nondirective' therapy (usually designed, delivered and supervised by trained CBT practitioners who have a commitment to CBT) do generally find the cognitive-behavioural therapy to be slightly more effective, that is, amounting to a small effect size (e.g., Boelen, de Keijser, van den Hout, & van den Bout, 2007; Foa, Rothbaum, Riggs, & Murdock, 1991). However, when allegiance effects (Luborsky et al., 1999) are controlled for, these differences disappear (Elliott et al., 2004).

experiential therapy for patients with depression (Elliott et al., 2004), with RCTs reported by Greenberg and Watson (1998) and Watson et al. (2003).

Anxiety disorders

A meta-analysis of nine controlled comparative trials found that nondirective-supportive therapies were slightly less effective than cognitive-behavioural practices in the treatment of anxiety disorders (Elliott et al., 2004). However, all but two of these studies were conducted by adherents to cognitive-behavioural therapy, which means that these results may be attributable to allegiance effects. Research on the use of *bona fide* person-centred/experiential approaches to anxiety disorders is only now beginning.

Substance abuse

A meta-analysis of seven studies that compared motivational interviewing (including information and feedback) to other *bona fide* treatments (primarily cognitive-behavioural and 12-step facilitation) found no significant differences in outcomes, with the motivational interviewing programmes briefer than the alternative treatments by an average of 180 minutes (Burke et al., 2003). The clearest and most rigorous example of this is the Project MATCH Research Group study (1997), one of the largest psychotherapy research trials ever conducted, which found that four sessions of Motivational Interviewing was equivalent in effectiveness to 12 sessions of CBT or 12-step facilitation.

Posttraumatic stress disorder

A meta-analysis of three studies comparing process-experiential therapy against an alternative active treatment (cognitive and psycho-educational interventions) found the PC/E therapy to be significantly more effective (Elliott et al., 2004) although, as with the anxiety disorder findings, such differences may be attributable to allegiance effects.

4. At what tier would this intervention be best delivered and why?

Evidence suggests that person-centred/experiential counselling and psychotherapy has the potential to be an effective intervention at all tiers, as specified within the *Framework for Mental Health Services in Scotland* (see http://www.show.scot.nhs.uk/publications/mental_health_services/mhs). Indeed, at the present time in Scotland, it is being delivered up to Tiers 3 and 4 within specialist mental health services. Given the evidence base, training, and the setting of current practitioners (see below), however, person-centred/experiential counselling and psychotherapy is most obviously appropriate for delivery at Tiers 2 and 3, with some current and potentially efficacious application at Tier 4; with more focused PC/E interventions, such as process-experiential therapy, particularly suited to Tiers 3 and 4. Motivational interviewing, as a specific substance abuse treatment, would be appropriate for delivery in a range of settings across Tiers 1 to 4. Person-centred/nondirective counselling skills practice may be most appropriate for

delivery at Tier 1, with the potential for delivery at Tier 2 when combined with additional mental health training.

5. Who currently delivers this intervention? Could others do it?

Person-centred/experiential counselling and psychotherapy

The precise numbers of professional practitioners currently delivering PC/E interventions in Scotland is unknown. However, over the past decade, person-centred diploma courses in Scotland have trained around 1000 PC/E practitioners, many of whom will continue to be actively practicing PC/E counselling and psychotherapy. In addition, the Association for Person-Centred Therapy Scotland (PCT Scotland, see http://www.pctscotland.co.uk), a membership organisation for person-centred/experiential counsellors and psychotherapists in Scotland, has currently around 250 members. Taken together, these figures suggest that between about 250 and 1000 professionally qualified individuals in Scotland are currently delivering PC/E counselling and psychotherapy.

Findings from a survey carried out by PCT Scotland in November 2006 (PCT Scotland, 2007) indicate that PC/E practitioners are spread widely across Scotland. Survey respondents reported practising as counsellors in 28 out of the 32 local authority areas, with the largest cluster (25.7%) based in Glasgow. Sixty-seven percent of respondents declared that they had been working as person-centred practitioners for over 6 years, and 33% for over 11 years. Approximately one-quarter of respondents worked within GP practices or other primary care settings.

Around 60 person-centred counsellors have completed at least the initial stages of training in process-experiential therapy. As a specialised form of person-centred/experiential practice, training in process-experiential therapy is most appropriate for counsellors who already have diplomas in person-centred therapy. Training in specialised process-experiential methods builds on previous person-centred training by offering focused approaches to working with depression and trauma/PTSD.

Approximately one year (full-time) or two year (part-time) formal training is required to deliver person-centred/experiential counselling and psychotherapy as a *bona fide* form of psychological therapy in addition to prior relevant experience and/or training (see below). Further training is required to deliver more specialised forms of PC/E counselling and psychotherapy, such as process-experiential therapy.

Person-centred counselling skills

Over 11,000 people in Scotland have now completed one or more of the four modules that constitute the COSCA (Counselling and Psychotherapy in Scotland) Counselling Skills Certificate course. Within the voluntary sector, there are also approximately 2,100 counsellors in Scotland (Bondi, Fewell,

Kirkwood, & Árnason, 2003), the majority of whom will be delivering person-centred counselling. A number of voluntary agencies receive referrals from GP practices for therapy which is either unavailable locally in the NHS or is of a specialised nature where the voluntary sector have developed specialised skills (Bondi et al, 2003). These services are audited and evaluated using recognised outcome measures (Moore, 2006).

Person-centred/non-directive counselling skills may be, and are, practiced by a wide variety of professionals who are not fully qualified PC/E therapists, including nurses, health visitors, psychologists and addiction workers. A formal certificate in counselling skills requires 120 hours of taught input (see below), but shorter foundation and introductory courses are also potential sources of training in basic skills practice.

6. What training is involved? How long does the training take? Where is it delivered and how often and how much does it cost?

Person-centred/experiential counselling and psychotherapy

Professional training in person-centred/experiential counselling and psychotherapy typically requires individuals to complete a diploma in counselling accredited by COSCA or BACP (the British Association for Counselling and Psychotherapy). To gain entry to a diploma course, applicants are required to have prior training (such as a relevant degree, a COSCA accredited counselling skills certificate, a relevant postgraduate counselling skills certificate, or an HNC/D in counselling skills) and/or significant prior experience (such as voluntary work or professional experience in a related field). The diploma itself may be delivered in several formats, including one year full-time, or two or more years part-time, with postgraduate diplomas having the option of an additional one or two years' research study to a full master's award. Training is usually delivered at universities, with some courses also at colleges of higher and further education and a smaller number in private training organisations, often with courses validated by a university. Courses are generally delivered in line with the usual academic year. Currently, the following Scottish institutes deliver COSCA- or BACP-validated diploma programmes that are wholly, or substantially, person-centred/experiential in orientation:

- Counselling Unit, University of Strathclyde
- Persona, University of Stirling
- School of Education, University of Aberdeen
- Shetland College, Lerwick
- Moray College, Elgin
- Tayside Institute of Health Studies, Abertay
- Counselling Studies, University of Edinburgh

The number of students graduating from each of the above centres ranges from approximately 15 to 60 per year.

Fees for a professional diploma training currently range from £3,000 - £7,000, with some of the variation due to the nature and cost of prior requirements, the format of course delivery and the cost elements excluded and included from the fees. Students also incur costs associated with the individual supervision required by BACP or COSCA accredited courses, books, equipment, travel, recording equipment and, where needed, personal therapy.

In addition to these counselling training programmes, 2007 sees the launch of a three year full-time doctorate (D. Psych.) in counselling psychology taking the person-centred/experiential approach as its core training model (supplemented by a range of secondary models, such as CBT, in accordance with the counselling psychology philosophy). This programme is delivered jointly by the University of Strathclyde and Glasgow Caledonian University and costs approximately £15,000 over three years.

Post-diploma training programmes in process-experiential therapy are offered at the University of Strathclyde. These currently feature a yearly 4-day intensive short course for initial training, followed by up to two years of additional part-time study, at 3 - 4 week intervals, including didactic and experiential training, plus supervision of client work.

In addition to the above training pathways, both BACP and COSCA require professionally qualified therapists to demonstrate a commitment to continuing professional development (minimum hours per year required: 18 (COSCA), 30 (BACP)). To meet this need, there currently exists in Scotland an ongoing programme of open-access training for person-centred practitioners provided by universities, colleges and independent agencies. At the time of writing, the PCT Scotland website features 31 different short courses with subjects ranging from increasing awareness of different therapeutic methods to gaining a better understanding of research within the field.

Person-centred counselling skills

At the counselling skills level, COSCA has a Counselling Skills Certificate course that can be accessed across Scotland via COSCA's expanding network of around 35 validated providers. These providers are located in different parts of Scotland as follows: Strathclyde (20); Lothian (7); Aberdeen (1); Borders (2); Central Region (1); Fife (1); Inverness (1); Islands (1); and Tayside (1). COSCA also validates a number of additional providers to deliver their own counselling skills courses in hospitals and hospices, prison settings, and in the universities of Abertay, Caledonian, Edinburgh, and Strathclyde. Organisations, including the NHS and NHS Health Boards, can apply to COSCA for validation to use the above course material.

The COSCA Certificate course has recently been mapped onto the Scottish Credit and Qualifications framework and is widely used to meet the evidence of previous training required to enter many of the COSCA and other validated diploma courses. The cost of a COSCA Counselling Skills Certificate is

around £1200. However, costs vary depending on the provider with FE colleges offering the most reduced rates.

The COSCA Counselling Skills Certificate provides a 120 hour training programme in counselling skills, normally delivered over four modules of 30 hours each. It contains four strands: skills, knowledge, self-awareness and ethics. In terms of teaching and learning style, courses are primarily experiential – for instance, students practise skills in groups of three – and are mainly designed for people in helping or caring professions. The course helps the individuals who complete it to develop and apply counselling skills to non-counselling settings. It gives a professionally recognised qualification in counselling skills and provides an excellent starting point for those who wish to train as a counsellor or psychotherapist.

Within the voluntary sector, most counselling agencies in Scotland also offer specialist or generic counselling training (Bondi et al., 2003), much of it orientated around a core person-centred model of practice. Funding of voluntary organisations to provide the above training and counselling services is generally short-term e.g. between one to three years. Long-term sources of additional funding would be required to increase training places offered by voluntary counselling agencies.

The level of training for counsellors and psychotherapists working as volunteers is on the increase year by year. Many organisations, especially the national counselling agencies, are aiming to put in place levels of training which meet the requirements of practitioner membership of COSCA: 300 cumulative hours of training in counselling including at least 3 blocks of 75 hours, over a 5 year period, with a cumulative practice base of 200 hours at a supervision ratio of 1:12, and the achievement of 54 cumulative hours of continuous professional development.

7. What is the level of training i.e. cert, diploma, degree?

Person-centred/experiential psychotherapy and counselling

Professional practice, as stated above, requires the completion of a diploma in PC/E counselling or psychotherapy, generally at postgraduate diploma level (SCQF Level 11) (University of Strathclyde, University of Aberdeen, University of Edinburgh, Abertay University, Persona), though diploma programmes are also offered at Dip. HE level (SCQF Level 8) and non-HE level. Most diplomas carry validation by a recognised professional body in the field of counselling and psychotherapy e.g. COSCA or BACP.

Recognition as a Chartered Counselling Psychologist by the British Psychological Society requires completion of training to the doctoral level (SCQF Level 12).

Person-centred counselling skills

Levels of counselling skills training vary widely, from postgraduate courses (SCQF Level 11) and Cert. HE courses (SCQF Level 7) to a range of non-credited programmes.

8. Who accredits courses and is there supervision required during and after completing the training? Can we measure the impact of these interventions?

Person-centred/experiential psychotherapy and counselling

Professional diploma training programmes are accredited by COSCA and BACP. Extensive clinical supervision is required during the training period with, typically, group supervision being provided on the course and individual supervision of at least one hour per fortnight (BACP) or one hour for every five hours of counselling (COSCA) being required from an independent and appropriately qualified supervisor external to the course. In addition, some counselling placement providers will require students to attend their own in-house supervision or casework management sessions. Members of BACP are required to continue having a minimum of one and a half hours of supervision per month while in practice, regardless of their level of experience. COSCA recommends that the proportion of time spent by practitioners on counselling supervision to that spent on client-work should be 1:12, regardless of their level of experience. Standards and guidelines for the training, accreditation, supervision, management and professional development of counsellors within primary care settings are given in the *Standards Framework for Counsellors and Counselling Services* (NHS Greater Glasgow, 2005).

Research about the impact of counselling training upon practitioners is currently underway, with the University of Strathclyde and University of Leicester collaborating on a project examining the effectiveness of counsellor training. In addition, counselling training throughout the UK is moving toward a greater emphasis on teaching relevant research methods, including teaching counsellors how to monitor their effectiveness with clients, for example, by regular tracking of client progress using the CORE-Outcome Measure. As evident in the earlier sections of this submission, PC/E practice is a therapeutic intervention which lends itself easily to evaluation and monitoring procedures.

Training in process-experiential therapy is offered at the post-diploma level, during which time therapists are in regular ongoing supervision; in addition, in order to complete the sequence of process-experiential therapy training, a period of supervised practice in required.

Person-centred counselling skills

Research by the University of Glasgow into the impact of the COSCA Counselling Skills Certificate Course has very recently been published in two research journals (e.g., Hamilton and McKenzie, 2007). Previous research

papers by Strathcarron Hospice (Johnston and Smith, 2005) and Forth Valley College (Brown and Uttenthal, 2006) into the effectiveness of the above counselling training have also been published within the last two years. All of these studies confirm that the course has an impact. In addition, research into the course by the University of Stirling has just started.

9. What capacity and financial resource implications arise?

As allied health professionals, Agenda for Change *National Profiles for Clinical Psychologists, Counsellors & Psychotherapists* (see http://www.nhsemployers.org/pay-conditions/pay-conditions-1988.cfm) stipulate the following bands for PC/E counsellors, consultants and service managers:

- Counsellor (entry level) — Band 5
- Counsellor — Band 6
- Counsellor Specialist — Band 7
- Counsellor Professional Manager — Band 8a-b-c
- Counsellor Consultant — Band 8a-b-c

In addition, PC/E counselling and psychotherapy may be practiced by clinical and counselling psychologists, as well as other allied health professionals, within their respective pay bands.

The fees of counsellors/psychotherapists working independently range from around £25-£60 per one hour session. COSCA and BACP are in discussions about how to map the numbers of counsellors/psychotherapists across sectors and contexts.

Counselling/psychotherapy organisations in the for-profit and voluntary sectors provide person-centred counselling. The costs involved in this provision include the management and support of the counsellors, premises, counsellors' salaries and/or expenses, training, and other overheads required to run an organisation.

10. Summary

Person-centred/experiential counselling and psychotherapy is an empirically-validated form of psychological therapy with a set of values and principles that are highly compatible with a contemporary Scottish healthcare agenda. Research indicates that, overall, PC/E counselling and psychotherapy is as effective as other *bona fide* psychological treatments for a range of psychological problems, and is the treatment of choice for a significant group of clients. Person-centred/experiential therapy can be delivered at a range of levels and tiers, and has the capacity to make a valuable contribution to the diversity of mental healthcare provisions in Scotland.

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