

Counselling Effectiveness at a City Counselling Centre

Robert Manthei

Abstract

An evaluation of a Christchurch counselling centre's services was completed and then compared with the results of earlier studies conducted at the same agency. The results enabled (a) a comparison of earlier client demographic data with similar, more recent data, and (b) a comparison of earlier data with more recent data relating to client and counsellor estimates of counselling outcome and satisfaction with counselling. Findings showed that there was remarkable similarity between clients using the service now and those doing so several years earlier; that the counselling being offered to clients was effective in meeting their needs; and that over 90% of clients were receiving brief counselling, i.e., fewer than five sessions. The implications of these findings are discussed in relation to agency policy and counsellor choice of therapy.

Keywords: counselling outcome, counselling sessions, demographic, counselling satisfaction, brief counselling

The most positive experience I have ever had for just myself. I was listened to and understood.—Counselling client

An evaluation of the services being delivered at Petersgate Counselling Centre in Christchurch was undertaken at the request of its trust board (Manthei, 2010). The year 2010 marked the fifteenth year of the Centre's operation, and for this reason it was decided that it was an opportune time to review the effectiveness of its work. The evaluation was conducted during the months of August through November, 2010, and was designed to:

- review and update previous statistical and research information in relation to the goals and aims of the Centre;

- review current administrative and decision-making procedures and policies;
- assess the current functioning of the Centre's volunteer administrative staff;
- obtain feedback from the agencies and health professionals that refer clients to the Centre;
- assess the effectiveness of the counselling service.

Several types of evidence were collected to fulfil these aims, including historical and current statistical and policy documents; ratings of "best practice" guidelines; feedback on the Centre's services from questionnaires and interviews with referral agencies; counselling outcome and satisfaction scales completed by both clients and their counsellors; and interviews with people currently or previously working at the Centre.

However, this article focuses on only two of the evaluation's aims: (a) comparing historical client statistical data with similar, more recent data, and (b) comparing earlier data with more current data relating to client and counsellor estimates of counselling outcome and satisfaction with counselling. These comparisons were made possible by referring to earlier research conducted at the same agency. Although incidental to the study, this replication of method and information also adds to the limited literature indigenous to New Zealand on client use of counselling and estimates of counselling effectiveness.

Aim (a): Client use of the service. In 2003, Manthei and Duthie compared international data on who tended to use counselling/therapy services with similar data from Petersgate. At the time they noted that such data in New Zealand were neither extensive nor systematic. There had been several investigations in New Zealand of people's attitudes to counselling (or therapy) (Deane, 1991; Deane & Chamberlain, 1994; Deane & Todd, 1996; Surgenor, 1985) and a few studies reporting the actual utilisation of mental health services using small samples of clients gathered over short time periods (Bridgman, 1994; Hornblow, Bushnell, Wells, Joyce, & Oakley-Browne, 1990; Parkin, 1991; Wivell & Webb, 1995). However, Manthei and Duthie's (2003a, 2003b) report went considerably further by summarising extensive data gathered from 1,987 clients from the same agency over a five-year time span (an average of 397 new clients per year).

Aim (b): Counselling outcome and satisfaction. A few years later, data gathered from Petersgate (Manthei, 2005, 2006, 2007a, 2007b) assessed the clients' experiences of counselling, both the clients' and counsellors' perceptions of counselling effectiveness, and the degree to which both parties agreed on critical aspects of their shared experience.

The Centre

Petersgate Counselling Centre began in 1996 as a church-sponsored counselling agency located in the underserved western sector of Christchurch. It was to be ecumenical (five parishes representing four different denominations actively supported the Centre), affordable, readily available to a wide spectrum of client groups, and fully professional in the services it offered. The Centre was immediately successful and its work expanded steadily over the years (Manthei, 2005; Manthei & Duthie, 2003a, 2003b). It is now probably the busiest agency of its type in Christchurch (Petersgate Counselling Centre, 2009). Counsellors see approximately 1,500 new clients each year and conduct over 7,500 counselling sessions per annum. The number of counselling and support staff has also grown over the years, so that by 2010 there were 27 counsellors (including a full-time director/counsellor), 25 volunteer office staff, a manager, and an administrative manager.

Methodology and procedure

In carrying out this evaluation the following procedures were used to collect the data.

Updated client demographic data

Similar to information collected earlier (Manthei & Duthie, 2003a, 2003b), a summary table of client intake demographic data for the four years 2006–2009 was produced. From Table 1, it can be seen that there were 3,312 new clients during this period, or an average of 828 new clients per year.

Counselling sessions

The number of sessions for each client whose counselling concluded in 2009 (some had begun counselling in 2008) was recorded. This enabled an average number of sessions for the clients of all counsellors to be calculated. In all 957 clients were found to have concluded their counselling in 2009, though there may have been some missing cases due to recording and/or filing errors. However, the number of missing cases would not have been large enough to substantially affect the calculations. In addition, information about the total number of counselling sessions delivered, the number of client “no shows,” and late cancellations was obtained.

Clients' views of counselling

A brief questionnaire was constructed, similar to the earlier one used by Manthei (2007a), asking clients to assess their counselling experience. The questionnaire was

Table 1. Comparison of client intake information for the years 1997–2001 and 2006–2009

A. Category	B. 1997–2001		C. Ave/yr	D. Alternate terms
New clients	1,987		397	
Gender				
Male	666	34%	133	
Female	1,321	66%	264	
Area of city:				
Northwest	478	24%	96	Chch North
Northeast	358	18%	72	Chch South
Southwest	766	39%	153	Chch East
Southeast	131	6.5%	26	Chch West
Outside city	254	12.5%	51	Outside city
Age group:				
<20	191	10%	38	
20 to 29	522	26%	104	
30 to 39	565	28%	113	
40 to 49	427	21%	85	
50 or more	282	15%	56	
Income level:				
<\$10,000	644	32%	129	
\$10,000 to \$15,000	388	19%	78	
\$15,000 to \$20,000	286	14%	57	Less than \$20,000
\$20,000 to \$30,000	348	17%	70	\$20,000–\$59,999
\$30,000 to \$40,000	185	9%	37	Over \$60,000
\$40,000 to \$50,000	79	4%	16	
>\$50,000	107	5%	21	
Ethnic group:				
European	1,800	91%	360	Pākehā
Māori	74	3.5%	15	Māori
Asian	8	.5%	1.6	Asian
Other	105	5%	21	Other Pacific Islander
Couns provided:				
Individual	1,562	78.5%	312	
Couple	352	18%	70	
Family	68	3.5%	14	
Other	1	0%	0	

E. 2006–2009		F. Ave/yr	G. Comments
3,312		828	109% increase in new clients each year
1,236	37%	309	Slightly more males being seen
2,076	63%	519	
635	20%		A more even spread of clients across the city
691	22%		
660	21%		
812	25%		
411	12%		
303	9%	76	Seeing slightly more people aged 50+ and fewer in the 30–39 years category
922	28%	230	
738	23%	185	
696	21%	174	
640	19%	160	
			Substantial number reporting a very low income (46% vs 65% report annual income less than \$20,000)
1,466	46%	367	
1,308	41%	327	
429	13%	107	
2,747	83%	687	Seeing fewer Pākehā (could also be a coding problem)
171	5%	43	
59	2%	15	
305	9%	76	
29	1%	7	
2,887	91%	721	Individual counselling has increased
230	7%	58	
61	2%	15	
0		0	

contd page 42

Table 1. Comparison of client intake ... *contd from page 42*

A. Category	B. 1997–2001		C. Ave/yr	D. Alternate terms
Had previous counselling	1,108	56%	222	
Referral from:				
Personal contact	617	31.5%	123	
Other couns/agency	383	19%	77	Other couns/agency
Doctor	621	31.5%	124	Doctor
Church	75	4%	15	
Promotional matter	262	13%	52	Brochure
Not known	27	1%	5	
				Self
				Family/friend
				Yellow Pages
				Website
Employment status (can be more than one category)				
Beneficiary	594	30%	119	
Student	250	13%	50	
Self-employed	8	.5%	2	
Employed full-time	644	32%	129	
Employed part-time	341	17%	68	
Unemployed	71	3.5%	14	
Homemaker	133	7%	27	
				Comm Service card
				Eligible for D/Z
Reason(s) for seeking counselling (can be multiple diagnoses)				
Personality disorder	61	2%	12	
Anger/abuse	297	9%	59	Anger/sexual abuse
Personal growth	520	15%	104	
Depression	553	16%	111	
Anxiety	393	12%	79	
Relationships/family	1,201	35%	240	
Grief	308	9%	62	
Motivation	12	.4%	2	
Spiritual direction	10	.4%	2	
Supervision	2	0%	0	
Other	36	1.2%	7	

E. 2006–2009		F. Ave/yr	G. Comments	
			No comparison data for 2006–09	
413	12%	103	Different categories; more referrals from GPs and fewer from other counsellors + agencies	
1,258	38%	314		
50	2%	13		
790	24%	198		
681	20%	170		
93	3%	23		
38	1%	10		
807	20%	202		Additional categories, fewer beneficiaries and students
401	10%	100		
1244	31%	311		
577	14%	144		
170	4%	43		
206	5%	52		
308	8%	77		
321	8%	80		
82	1%	21	Depression up and relationships/family The rest about the same	
680	10%	170		
895	13%	224		
1,482	22%	371		
908	13%	227		
1,670	25%	418		
706	10%	177		
24	.4%	6		
7	02			
279	4%	68		

given to the clients at the end of their counselling. In it they were asked if they had undergone counselling previously, how well they were managing at their first and last sessions, how satisfied they were with their experience overall, and what aspects of their counselling experience could be improved. Complete or partial data were received from 62 clients.

Counsellors' rating of counselling

A parallel questionnaire to the one used with clients was constructed for their counsellors (again, similar to the one used in Manthei, 2007a). Counsellors were asked to rate how well they thought their clients were managing at the first and last counselling sessions, and how satisfied they thought their clients were with the experience. The form was to be completed for each client they worked with. Key questions in both this form and the client form were identical, thus allowing for a comparison of grouped, and where available, paired client and counsellor responses. Complete or partial data on 76 clients were received from 19 counsellors.

Additional data collected for the evaluation but not reported in this article

A range of additional data were collected as part of the overall evaluation of the Centre's services:

- i. A critical review of the Centre's procedure and policy documents;
- ii. Development of "best practice" guidelines which were then commented on/rated by the Centre's volunteer office staff and counsellors;
- iii. A questionnaire asking counsellors about their experience of working at the Centre;
- iv. A questionnaire asking referring agencies for their views of the Centre;
- v. Interviews with administrative staff, counsellors, volunteer office staff, and referring agencies' personnel.

Limitations

There were several limitations to this evaluation that may have affected the results.

1. The author was involved in establishing the Centre and has had professional contact with it for many years. Although he had had no formal ties with the Centre for over three years at the time he was asked to conduct the evaluation, he still knew many of the staff and current counsellors. This familiarity may have affected some participants' responses.
2. Although an effort was made to obtain full and complete counselling effectiveness

data from all counsellors working at the Centre and all clients whose counselling concluded during the data collection period, the participation of both groups was strictly voluntary. Unfortunately, this goal was not achieved in the following ways:

- a) counselling outcome data were received from 19 of the 27 counsellors (70%);
- b) some of the participating counsellors may have chosen not to provide data for some of their terminating clients;
- c) not all clients who said they would provide end-of-counselling data actually did so;
- d) not all of the forms received from clients and counsellors contained complete data.

3. The number of clients whose counselling concluded, as reported by each of the 19 counsellors, varied substantially (from 1 to 22). This was primarily because most of the counsellors volunteered their time at the Centre on a part-time basis, often for a day a week or less. The numbers therefore varied according to the number of clients each practitioner saw in that period of time.

Results and discussion

Comparing historical and recent client use of the Centre

When the agency was first established, it was decided to gather data on all clients as part of the Centre's regular intake procedure. The collected data included information about client gender, age, ethnicity, marital status, reason(s) for seeking counselling, income level, employment status, eligibility for government financial aid, residential area, presenting problem, whether they had received previous counselling, referral source, and the type of service provided. This intake data were then aggregated for each year covering the first five years of operation. The resulting summary was one of the most extensive that could be found in the international literature at the time, that is, data gathered from one agency spanning several years of its operation (Manthei & Duthie, 2003b). Figures for each variable in frequencies and percentages, as well as the yearly averages, are shown in Table 1 (based on Table 1 in Manthei & Duthie, 2003b).

At the time it was clear from this summary that the aims of the counselling service were being met (Manthei & Duthie, 2003a, 2003b). In addition, when compared with similar international data, remarkable consistency was evident between the data in Table 1 and overseas data relating to the clients who utilised mental health services (Manthei & Duthie, 2003b). Furthermore, it seemed clear that during its first five years of operation, the Centre had won community-wide respect for its professional standards and positive outcomes (Manthei & Duthie, 2003a).

Table 1 also includes comparison client intake information for the years 2006–2009. Since the length of the two periods in question was unequal (five years versus four), yearly averages were used for comparison. As determined from the information in Table 1, the original aims of the Centre were still being met during the more recent period, 2006–2009. In general, there were few significant variations in client demographics from the first data collection period to the second one. Although there were some changes in the way some categories of data were recorded or described during the second collection period, and some modest changes in yearly averages (see the “Comments” column in Table 1), on the whole the Centre was seeing generally the same pattern of clientele during 2006–2009 as it had ten years previously. The most significant change was the huge increase in the amount of counselling being done (e.g., a 109% increase in the number of new clients seen each year). This could mean there was a notable upsurge in the need for counselling in Christchurch over time, and/or it could mean that the Centre’s reputation had grown over the years so that now it was a preferred provider of counselling services.

Counselling sessions

The number of counselling sessions for the 957 clients whose counselling concluded in 2009 (the most recent year for which there was complete data) was accessible from the client record cards. This information indicated that the number of sessions per client varied from 1 to 149, a vast range. However, 95.7% had fewer than 21 sessions. Therefore, in keeping with standard data analysis practice (Simmons, Nelson, & Simonsohn, 2011), the “outliers” (those seen for more than 20 sessions) were excluded before calculating the average number of sessions per client. The cut-off of 20 sessions was chosen because it included almost all of the cases (95.7%). There were only 41 outlier clients, or 4.3% of the total number of clients whose counselling concluded. For these 41 clients the average number of sessions was 39.8.

For the remaining 916 clients, the average number of sessions was 4.8. In order to see how much variation there was among individual counsellors, the average number of sessions per client for each of the 29 counsellors for whom there was data was calculated. This yielded a range from 1.3 sessions to 10. The number of clients who ended counselling per counsellor varied considerably due to the fact that some counsellors worked only a few hours per week and for only part of the year. Thus, when the seven counsellors who had completed counselling with fewer than 10 clients were removed from the calculation to see if their data had a biasing effect, the range was only

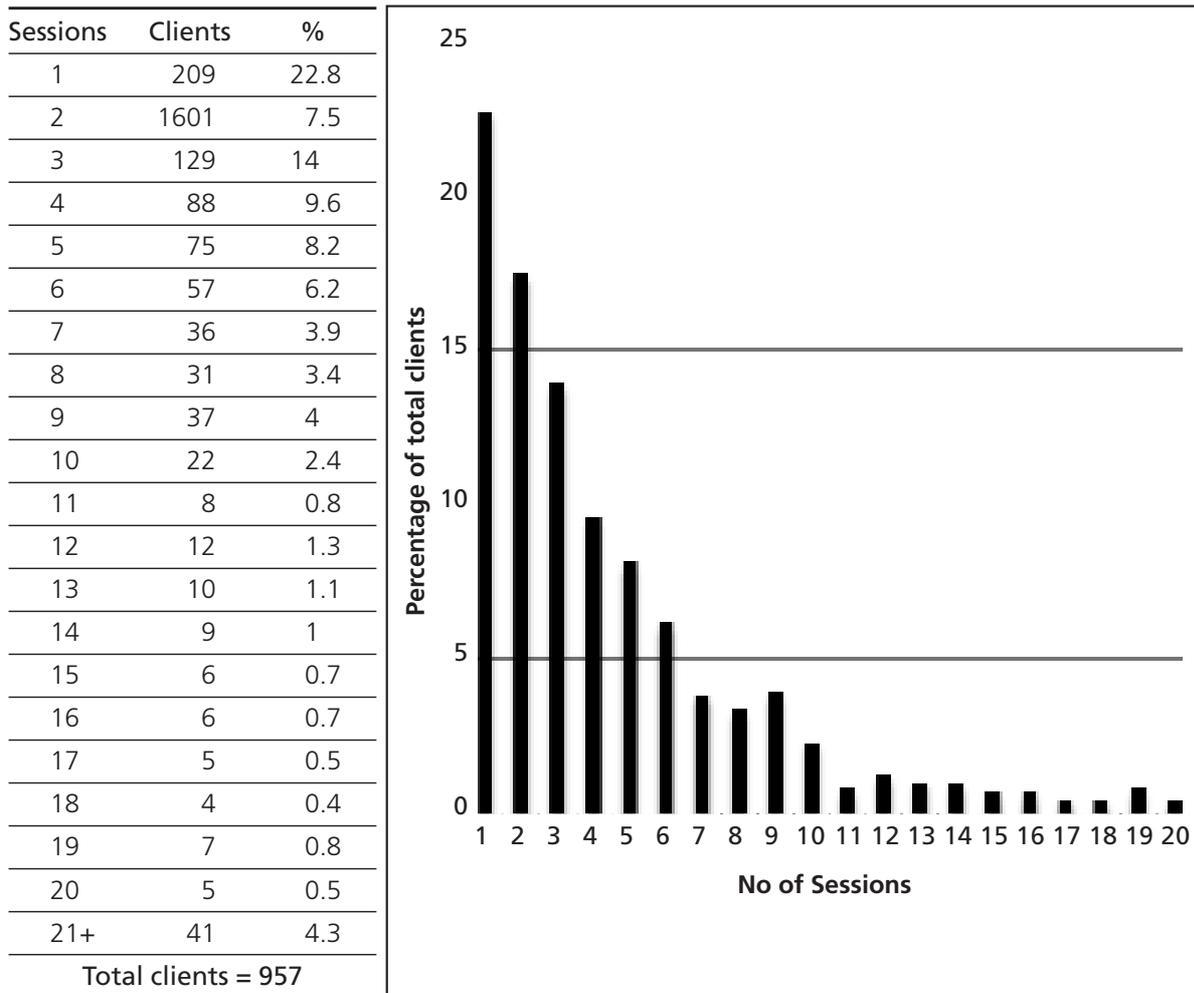
slightly narrower, from 3.1 to 7.9 sessions. These simple calculations indicate that most clients attending the Centre could expect a relatively brief counselling experience. This should not be surprising in light of other research that has reported similarly low numbers of sessions: an average of 5.6 for Gallagher's (2010) survey of 320 American university counselling centres (this average has remained quite consistent over several years); 3.1 sessions in Lambert, Okiishi, Finch, and Johnson (1998); and 2–4 sessions in Reimer and Chatwin (2006).

Figure 1 shows the frequency of sessions (up to 20) and a graphical representation of those frequencies in percentages. The modal (occurring most frequently) number of sessions was one, with the second modal number two, the third modal number three, and so on. This finding was independent of the model of therapy a counsellor might purport to use (from brief counselling to long-term therapy), and the problem(s) that brought clients to the Centre (clients were typically assigned to the first counsellor available on the day and time that suited the client). For 96% of the clients and their presenting problems, the average number of sessions was about five. These calculations confirm that independent of which counsellor each client saw, the vast majority were engaged in counselling for a relatively brief period of time, with 72% participating in fewer than six sessions and 90% receiving fewer than 10 sessions. This outcome is compelling and has implications for how counselling is conceived, structured, and delivered; how it is promoted to potential clients, referring agencies, and other health professionals; and how it is taught in counsellor education courses.

The 2009 data indicated that 7,491 counselling sessions were conducted at the Centre, with 520 client "no shows" and 1,828 "late cancellations." Thus, the percentage of "lost" sessions among all scheduled sessions was 24% ($520 + 1,828 / 9,839$). The failure of almost a quarter of all scheduled clients to attend resulted in a potential loss of \$91,000 in income to the Centre (based on the average 2009 session fee of \$38.98). This is a substantial loss of income and it is obvious that the Centre needs to try to minimise these "lost" sessions. In comparison with overseas studies, where dropout rates in counselling and therapy (and it needs to be pointed out that "dropout rates" may be variously defined) can be as high as 47–50% (Hatchett, 2004; Hubble, Duncan, & Miller, 1999; Wierzbicki & Pekarik, 1993), the Centre's rate of 24% is relatively low. In New Zealand, another large counselling service has reported a "no show" rate of 15% (personal communication from the agency's chief executive officer). Thus, the Centre's rate, although modest by international standards, is still resulting in a considerable loss of income and could be improved. The Centre has tried to minimise this loss by

having the office staff text or phone a reminder to clients the day before their appointment. This procedure has been shown elsewhere to be effective in reducing the rate of missed appointments (Haskin, Franks, & Fiscella, 2001).

Figure 1. The frequencies and percentages of counselling sessions per client



The clients' and counsellors' ratings of counselling

Missing from the 1997–2001 analysis (Manthei, 2003a, 2003b) were data on actual counselling effectiveness. In 2003 such data were gathered as part of another investigation that looked at a sample of 31 pairs of clients and their counsellors who provided detailed information on how the clients chose to seek counselling, what they experienced during their counselling sessions, and how effective they judged their counselling to be. Overall, the clients were very positive about every aspect of their

counselling experience. The results, which were reported in several articles, are included in Table 2 (Manthei, 2005, 2007a, 2007b). Although the sample was comparatively small, the findings provided evidence of the ways in which the Centre was meeting the counselling needs of its clients (Manthei, 2005):

- Clients chose the Centre for largely positive reasons: because it was recommended to them, was affordable, was conveniently located, and had a good reputation.
- Once having experienced counselling at the Centre, almost all of the clients expressed satisfaction with their choice and most said they would recommend the service to others.
- Based on their self-estimates of how “well they were managing” before and after receiving counselling, most clients had improved significantly ($t = 12.3, p < .0001$).
- Even several months after their counselling had ended, clients had maintained their improved state ($t = 9.6, p < .0001$).
- 29 of the 31 clients were clearly satisfied with the relationship with their counsellor and had no suggestions about how they might have related better.

Table 2. Client and counsellor ratings of counselling outcome and client’s satisfaction

	1st session “How well managing?”	“End of counselling “How well managing?”	Ave diff.	Estimated client satisfaction with experience at Petersgate	Ave # sessions	Previous counselling?
2010						
A. Pairs (n = 54)						
Client rating	3.5	8.2	4.8	9.2		58%
Counsellor rating	3.7	7.2	3.6	7.9	5.8**	
B. All usable data (n = 82)*						
Client rating	3.6	8.2	4.7	9.2		57% (Ave # of previous counsellors = 2)
Counsellor rating	3.9	6.9	3.2	7.5	5.2**	
2005						
(n = 31 pairs)						
Client rating	3.4	7.6	4.2			68%
Counsellor rating	3.6	7.5	3.9		9.1	
1997-2001						
						56%

Table 3. Tests of mean differences in management scores and satisfaction levels for 54 pairs of clients and counsellors

A "How well are you managing overall?"	Means	t	p
1 Client rating of 1st session vs last session	3.5 v 8.2	-14.8	< .001
2 Counsellor rating of 1st session vs last session	3.7 v 7.2	-13.7	< .001
3 Client rating of last session vs counsellor rating of last session	8.2 v 7.2	-4.3	< .001
4 Client average gain vs counsellor's estimated average gain	4.8 v 3.6	-3.7	< .001
B "Client satisfaction with experience at the Centre"			
5 Client's satisfaction vs counsellor's estimate of client's satisfaction	9.2 v 7.9	-7.1	< .001

Counsellors' ratings of client improvement also indicated that their clients had improved significantly from first session to last (see Table 2; Manthei, 2007a).

In this more recent evaluation of the Centre, parallel questionnaires similar to those used in 2003 (see Manthei, 2007a) were employed to assess both the clients' counselling experience and their counsellors' estimates of each client's experience of counselling, including the client's level of satisfaction with the experience. A summary of this data appears in Table 2 under the heading "2010." Table 3 contains t-tests of key mean differences in "how well clients were managing" scores (pre- and post-counselling) and "satisfaction with their experience at the Centre" ratings (gathered at the end of counselling).

There were 54 client and counsellor pairs (see Table 2, 2010, Section A). The clients in these pairs reported an average gain of 4.8 points on a 10-point scale from first counselling session to last. In A1, Table 3, it can be seen that this gain was significant ($p < .001$) and, interestingly, it exceeded the 4.2 average gain from similar data gathered from the 31 clients in 2003 (see Table 2). This gain was also very similar to the 4.7 point gain by clients in Table 2, 2010B, which included the 54 paired clients *plus* data from additional unpaired clients. Thus, in the clients' estimation, their counselling was successful and resulted in a significant improvement in how well they felt they were managing after counselling. It is also worth noting that only three of the 54 "paired" clients (5.5%) reported that their "how well they were managing" scores were the same at the first and final ratings, and not one reported a worsening in how well they were managing at the end of their counselling. In contrast, counsellors estimated that six clients (11%) had the same "management" scores at the first and final ratings, but again, no clients were judged to have become worse over the course of counselling.

This rate of success is similar to or slightly better than the rate found in most studies of counselling effectiveness, which report that up to 10% of clients do not improve, or deteriorate while in counselling (Lambert & Ogles, 2004).

Counsellors' ratings ($n = 54$) of client improvement also showed a significant gain from first session to last (3.6 points; A, Table 2), and this was the same for "All" (see Section B) counsellors' ratings (an average gain of 3.2 points). The gain for the paired clients was significant ($p < .001$). The gain for "All" clients was also statistically significant ($p < .0001$). These counsellor-estimated gains are slightly less than the average gain of 3.9 reported in 2005 (Table 2). Nevertheless, in the 2005 results and again in 2010, it is clear that both clients and their counsellors reported substantial, and similar, gains in how well clients were managing at the end of counselling.

Clients reported greater gains over the course of counselling than their counsellors thought they had achieved (an average of 4.8 vs 3.6 for pairs; and 4.7 vs 3.2 for "All" data; see Table 2, the 2010 section). The difference for pairs was significant ($p < .001$, A4, Table 3). The difference for "All" was also significant ($p < .0003$). When the average client and counsellor ratings at the completion of counselling were compared, the higher client rating was significantly different from the counsellor rating (8.2 vs 7.2; A3, Table 3). These results showed that although both clients and counsellors thought that significant change had taken place during counselling, clients' estimates of improvement were higher, and significantly so, than their counsellors' estimates of their clients' improvement. This difference is interesting and is an example of the many ways in which client and counsellor estimates of their shared counselling experience can vary (Manthei, 2007a).

Supporting this very positive view of counselling outcome was the clients' high level of satisfaction with their experience of counselling at the Centre, a rating of 9.2 on a 10-point scale (Table 2). Just as they underrated their clients' perceived degree of improvement, so also the counsellors underestimated their clients' degree of satisfaction (7.9). The difference between the clients' estimate and the counsellors' more conservative one was significant ($p < .001$; B5, Table 3).

The counsellors' indication of number of sessions, an average of 5.8 (Table 2), was about one session higher than the average for all clients ending counselling in 2009 (4.8). Why this is so is not known, but the difference is relatively small. What is worth noting is that, again, for the large majority of clients the substantial improvements they made in counselling happened after a relatively brief counselling experience. Finally, Table 2 shows that over half the clients came to counselling having had previous

counselling experience. This percentage has varied over the years, but not substantially. How that experience impacted on their current counselling is not known, but one could surmise that, assuming their earlier experience(s) were positive, a previous experience of counselling made clients more willing to seek help again, and to use counselling more efficiently and effectively. However, there is no way of testing this from the present data.

Conclusions and implications

Both in New Zealand and overseas, it is rare to find published client demographic data collected from one agency over many years, making long-term service planning difficult. This research indicates that, over the 15-year life of the Centre, the type of clients it has served, their backgrounds, and their demographic characteristics have changed relatively little. This information should be useful to this—and any other—agency in “finding ways to control costs, planning more effective emergency services and critiquing existing policies and political decisions regarding service provisions” (Manthei & Duthie, 2003b, p. 50). For example, marked imbalances in the gender, ethnicity, and age groups of those seeking counselling must be of concern to service planners and providers, but there are no easy answers to remedying these trends. It should be noted that the most recent client usage data was from 2009, the year before Christchurch’s September 2010 earthquake. It is possible that client usage of the Centre’s services changed markedly after that event, the massive aftershock of 22 February 2011 and the two significant aftershocks that occurred in mid-June 2011.

The counselling effectiveness data from two time periods show an agency that is delivering effective counselling to its clients, whether rated by the clients themselves or their counsellors. Again, data of this kind originating in New Zealand is almost non-existent. While there are serious limitations to the data (e.g., relatively small samples, and uneven numbers of clients from all counsellors), the consistency of results between the two studies (see Table 2) is striking and should be reassuring to the Petersgate Centre’s staff and the board of trustees.

For many years it has been known that for a large proportion of clients, counselling and therapy is, typically, relatively brief in nature (e.g., Bloom, 1992; Garfield, 1989; Koss, 1979; Langsley, 1978; Steenbarger, 1992). Recognising this, there have been numerous efforts to develop planned approaches to intentional “brief therapy” (Steenbarger, 1992). Although the definitions of “brief” in the literature are variable, most researchers now accept that up to 10 sessions in duration can be designated brief counselling. The data from this research indicated just how brief counselling can be and

still be rated as successful by a sample of both clients and their counsellors. In this study counsellors from several different training backgrounds and considerably different amounts of experience all averaged fewer than 11 sessions per client. Apart from the less than 5% of clients (“outliers”) who were seen for an average of 39.8 sessions, over half of the remaining clients were seen for three sessions or fewer. This degree of brevity suggests that counsellors were responding more to their clients’ estimates of “how much counselling was enough” rather than adhering to a more conservative and lengthier approach that might be suggested by their preferred theory.

This finding, in concert with other research showing the prevalence of brief therapeutic interventions, suggests that agencies, individual counsellors, and funders of mental health services should plan for and deliver intentional brief therapy and that such approaches should be a central part of any counsellor education programme. Perhaps it should be the approach of choice, not an optional extra. Steenbarger’s (1992) major review of brief therapy indicated that almost all of the major schools of therapy, including psychodynamic, cognitive-behavioural and tactical, have time-limited streams within them. Quite simply, what counsellors practise in counselling should acknowledge and work with the reality of the usually brief nature of the relationship.

Research on client usage of counselling services and counselling effectiveness has seldom, if ever, been reported in New Zealand. For many years it has been thought that filling this gap in the counselling literature was an important step for the profession, both to give some factual basis to the long-held assumption that New Zealand clients behaved similarly to overseas clients, and to provide credible evidence of counselling effectiveness to the public and, particularly, to outside funding bodies. The data presented in this article at least begin to fill that gap. In addition, it is often thought that researching counselling is too difficult, that it is a conceptual and ethical minefield. As this study shows, that does not have to be the case. The measures used were ethical (the entire research protocol was approved by the University of Canterbury Human Ethics Committee and the Centre’s board of trustees), simple, quick to complete, and, importantly, reported data from two points of view: clients’ and counsellors’. It is hoped that others will be motivated to continue and extend this line of research.

References

- Bloom, B. L. (1992). Planned short-term psychotherapy: Current status and future challenges. *Applied & Preventative Psychology, 1*, 157–164.

- Bridgman, G. (1994). Two surveys of the prevalence of mental ill health in the community. *Mental Health Foundation News*, Winter, 8–9.
- Deane, F. P. (1991). Attendance and drop-out from outpatient psychotherapy in New Zealand. *Community Mental Health in New Zealand*, 6(1), 34–51.
- Deane, F. P., & Chamberlain, K. (1994). Treatment fearfulness and distress as predictors of professional psychological help-seeking. *British Journal of Guidance and Counselling*, 22(2), 207–217.
- Deane, F. P., & Todd, D. M. (1996). Attitudes and intentions to seek professional psychological help for personal problems or suicidal thinking. *Journal of College Student Psychotherapy*, 10(4), 45–59.
- Gallagher, R. P. (2010). *National survey of counseling center directors*. School of Education, University of Pittsburgh. The International Association of Counseling Services, Inc. Monograph Series Number 85. Downloaded from <http://www.lasinc.org/NSCCD%2010.pdf> on January 11, 2012.
- Garfield, S. L. (1989). *The practice of brief psychotherapy*. New York, NY: Pergamon.
- Haskin, M. J., Franks, P., & Fiscella, K. (2001). Effectiveness of telephone reminders in improving the rate of appointments kept at an outpatient clinic: A randomised controlled trial. *Journal of the American Board of Family Medicine*, 14(3), 193–196.
- Hatchett, G. T. (2004). Reducing premature termination in university counseling centers. *Journal of College Student Psychotherapy*, 19(2), 13–27.
- Hornblow, A. R., Bushnell, J., Wells, J. E., Joyce, P. R., & Oakley-Browne, M. A. (1990). Christchurch psychiatric epidemiology study: Use of mental health services. *New Zealand Medical Journal*, 103(897), 415–417.
- Hubble, M. A., Duncan, B. L., & Miller, S. D. (1999). *The heart and soul of change: What works in therapy*. Washington, D.C.: American Psychological Association.
- Koss, M. P. (1979). Length of psychotherapy for clients seen in private practice. *Journal of Consulting and Clinical Psychology*, 47, 210–212.
- Lambert, M. J., & Ogles, B. M. (2004). The efficacy and effectiveness of psychotherapy. In M. M. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed.; pp. 139–193). New York, NY: Wiley.
- Lambert, M. J., Okiishi, J. C., Finch, A. E., & Johnson, L. D. (1998). Outcome assessment: From conceptualization to implementation. *Professional Psychology: Research and Practice*, 29, 63–70.
- Langsley, D. G. (1978). Comparing clinic and private practice of psychiatry. *American Journal of Psychiatry*, 135, 792–706.
- Manthei, R. J. (2005). The work of a Christchurch community counselling centre: How successful has it been with clients? *New Zealand Journal of Counselling*, 26(2), 70–87.
- Manthei, R. J. (2006). Clients talk about their experience of seeking counselling. *British Journal of Guidance and Counselling*, 34(4), 519–538.

- Manthei, R. J. (2007a). Client–counsellor agreement on what happens in counselling. *British Journal of Guidance and Counselling*, 35(3), 261–281.
- Manthei, R. J. (2007b). Clients talk about their experience of the process of counselling. *Counselling Psychology Quarterly*, 20(1), 1–26.
- Manthei, R. (2010). “A life changing experience”: An evaluation of the Petersgate Counselling Centre. Unpublished manuscript.
- Manthei, R., & Duthie, S. (2003a). An overview of a Christchurch community counselling centre: Has it fulfilled its aims? *New Zealand Journal of Counselling*, 24(1), 83–98.
- Manthei, R. J., & Duthie, S. (2003b). Who uses counselling services in New Zealand? *International Journal of Mental Health*, 32(2), 49–62.
- Parkin, F. (1991). A profile of clients using Presbyterian Support Services during June/July, 1990. *New Zealand Journal of Counselling*, 13(1), 18–29.
- Petersgate Counselling Centre. (2009). *Induction information for new counsellors commencing at Petersgate*. Christchurch: Author.
- Reimer, W. L., & Chatwin, A. (2006). Effectiveness of solution focused therapy for affective and relationship problems in a private practice context. *Journal of Systemic Therapies*, 25(1), 52–67.
- Simmons, J. P., Nelson, L. D., & Simonsohn, U. (2011). False-positive psychology: Undisclosed flexibility in data collection and analysis allows presenting anything as significant. *Psychological Science*, 22(11), 1359–1366.
- Steenbarger, B. N. (1992). Toward science-practice integration in brief counselling and therapy. *The Counseling Psychologist*, 20(3), 403–430.
- Surgenor, L. J. (1985). Attitudes toward seeking professional psychological help. *New Zealand Journal of Psychology*, 14(1), 27–33.
- Wierzbicki, M., & Pekarik, G. (1993). A meta-analysis of psychotherapy dropout. *Professional Psychology: Research and Practice*, 24, 190–195.
- Wivell, R., & Webb, S. (1995). Choosing a counsellor: An exploratory case study. *New Zealand Journal of Counselling*, 17(2), 35–44.