Update: the Cardiff Model

What has become known locally as the Cardiff Model was an approach born out of necessity, a creative response to lengthy waiting lists. **John Cowley** reports on the results one year on

In September 2008 the counselling service at Cardiff University embarked on a radically different approach to delivering counselling services. The Cardiff team is very diverse consisting of integrative, person-centred, Gestalt, CBT and psychodynamic practitioners. When the model was conceived we regarded it as a stepped-care model but in many respects it would be better described as managed care since the counsellor has responsibility for the client at the various stages of their progression through the service.

Briefly the process is as follows:

- client completes an online self-referral
- student is seen, normally within two weeks, for a 90-minute therapeutic consultation
- a 15-minute follow up is arranged for four weeks later
- if it is felt appropriate ongoing brief therapy of up to four sessions is agreed
- case management is used to decide upon further sessions up to a total of 10
- a drop-in session, Space 4 You, is used as a support for students for advice.

As a manager I believed that the model had been constructed as carefully as possible taking into account clients, staff and systems. We modelled various scenarios and the fall-back positions available to us should the model grind to a halt.

It was widely consulted upon both internally and with external stakeholders. The potential for the whole thing descending into chaos was always there but in the end the risks seemed smaller than the greater risk of doing nothing.

No waiting list

The headline news is that we have seen approximately the same number of students as last year, and for the first time in the last 10 years we have no waiting list at all and 95 per cent of clients surveyed would recommend the service to a friend. To that end it has been an unqualified success.

Giving more detail on each step of the process will assist in gaining a fuller appreciation of the model as it worked and the challenges worked through.

As previously outlined[1] the peg the model hangs on is a shift in thinking about our purpose towards being a provider of an educational service and not an adjunct to primary care. The primary task of any university counselling service is to provide only as much support as the student needs to be free enough from psychological difficulties to be able to achieve their academic potential.

Interestingly colleagues tell me that the quality and interest of their work has been enhanced rather than diminished with this focus. We also contacted a random sample of 120 students who used the service and asked them for feedback anonymously using the Bristol Online Survey[2] and received a 33 per cent response rate (see below).

Online referral

Students gain access to the counselling service by completing an online self-referral form. The referral gathers information such as contact details and difficulties. The student can enter as much information as they like, however many fields are compulsory. The referral invites narrative responses to many questions and the questions posed use solution-focused brief therapy terminology to begin the therapeutic process from the start.

The most significant negative response came from a small number of students who had used the counselling service before and were accustomed to the previous structure. The feedback survey stated that 77 per cent found it easy to complete and 73 per cent had found the form itself helpful, indicating that in most instances our aim that the therapeutic process begin as part of the self-referral had been achieved.

Comments on the online referral include the following:

I think because students can come with such a wide range of problems it is difficult to find a brief questionnaire that would cover them all. Therefore I believe it does serve its purpose, although it involves the person knowing how they are feeling and to put it in words, which could be difficult if they were in crisis for instance.

It helped me to articulate what the problems were, which is part of the process of dealing with things.

Some of the questions are quite personal but putting them down on paper is much easier than telling a stranger and I felt that going into my session with the counsellor already knowing why I was there was really helpful.

Submitted forms are downloaded daily and key risk questions looked at by a manager. Students who appear to pose concern are contacted using standard letters reminding them to access their GP or the mental health advisor. All the forms are looked at by the allocation team once a week. Students are then prioritised and most are seen for a therapeutic consultation within two week of their first contact with the service.

Therapeutic consultation

(*The term therapeutic consultation is deliberate to differentiate from what might be regarded as traditional counselling.*)

The therapeutic consultation (TC) is a 90-minute solution-focused brief therapy session. All staff have had some training in this approach and report integrating elements of their core modality. All have expressed amazement at the positive work that can be achieved in 90 minutes.

While the counsellors like working with clients for 90 minutes it is a relief to learn from students that 85 per cent also feel that this consultation was helpful, echoing the progress that can be made quite quickly with clients.

Comments from students on the TC were similar to the feedback obtained under the old model, praising the service or counsellor, although one student did comment:

90 mins really roused massive emotions and memories and feelings inside me and then to be told I could only come back for 15 minutes next time made me feel even worse.

Clearly the student concerned had not heard or appreciated that the follow-up session of 15 minutes is to see how the client is doing and, if further help is needed, to arrange that. Counsellors need to be consistent about the information they provide. However, if strong emotions are generated perhaps the student may not always be able to absorb the information.

Follow up

The TC concludes with some agreed tasks or things to experiment with and try out. (Tasks might include bibliotherapy; experiments might be to try new behaviour.) A short follow up is arranged so that process can be gauged and future needs assessed. Talmon[3] claims that for 78 per cent one session is often sufficient. Our experience is as follows:

Only the 90-minute TC	27.5%
The 90-minute TC and follow up	35%
90-minute TC, follow up, and up to four counselling sessions	27.5%
90-minute TC, follow up, and more than four counselling sessions	10%

Although not as high as Talmon's hypothesis, 62.5 per cent found a single session with or without a follow up was sufficient. This raises the question of whether the 62 per cent were satisfied. Given the high satisfaction ratings for the TC and the number of students who would positively recommend to a friend, the inference is that most experiences were positive.

Students not attending the follow up pose some problems with the data collection for CORE, so we will have to work even harder to get the second outcome measure returned.

Ongoing 'brief therapy'

There are students for whom brief interventions are not enough. We are geared towards providing short-term therapy, up to a maximum of 10 sessions in total. If clients might benefit from work with fewer constraints eg bereavement, identity or sexuality issues, the counsellor can refer to an associate counsellor on a training placement who has no time constraints. This generally works well but the potential for a strong therapeutic alliance to be generated in the TC can make moving to another counsellor for more open-ended work a wrench, and requires careful handling.

Case management

In the traditional model, waiting lists are held centrally. Another key departure from this has been that the model in effect creates waiting lists for individual counsellors who have the responsibility to manage their caseload. Decisions have to be taken such as: 'If I see this client for 10 sessions, what does that mean to my waiting list?'

Under the previous system, heavy waiting list files were lodged in reception where staff felt powerless to reduce the numbers. In effect they were stuck between counsellors with no time constraints, long waiting lists and frustrated clients. Counsellors have all managed their waiting times and in case management report only one or two clients waiting to be seen, giving additional clinical responsibility to the counsellor where it belongs.

Case management has been a 'light touch' approach. It is different from supervision in that the focus is on caseloads, clients they feel should be seen for additional sessions and how many. It is not an onerous activity, rather it provides an opportunity to talk to a manager about the work, any pressures or caseload.

Space 4 U

This is a drop-in session for an hour every afternoon and is used primarily as an information session. It is not as heavily used as we feared and exists as a safety net for those who need it. These sessions are also brief, usually about 15 minutes.

How have the team found it

There were concerns when we started as we were working in a new way and starting to use Core PC to measure outcomes. It is fair to say we began with a sense of excitement and anxiety, knowing that we would all initially feel deskilled. This rapidly evaporated as staff found they enjoyed working this way and shared on occasions with me a sense of wonder at the rapid progress made by their interventions in the TC.

Comments recently gathered for a presentation on the Cardiff Model include:

A year on and I am pleasantly surprised at how comfortable I am

with this way of working. I have found a way to integrate the philosophy of person-centred counselling with the model and get possibly more effective results than during the previous year. I have been stunned by the amount of clients who have returned to the follow-up appointments and moved significantly and adequately to carry on with their lives with no need for further therapy.

I now ask clients how often they want to meet and am surprised at the level of autonomy they desire, many are happy to see me monthly; fortnightly and weekly is actually quite rare.

Initially I felt some resistance... I feared that the theory would contradict my person-centred approach and that I would no longer be able to practise in line with my own philosophical standpoint.

My anxiety was that this would threaten my congruence and ability to be a part of bringing about therapeutic change and I would be left redundant and incompetent. On the other hand I was aware of the waiting list constantly lurking in the background and a sense of letting some students down by not being able to offer them any therapeutic intervention when others were getting long-term therapy.

The model has challenged my own assumptions around what clients want and expect in a university counselling service and made me re-think my own suppositions around therapy and how it might be structured.

I am also amazed by the amount of work clients can accomplish through brief counselling (four sessions). *Of course I have had some this year that clearly needed longer-term therapy and we have worked on holding and coping strategies while they await their appointment elsewhere.*

LEAN

Cardiff University has a LEAN unit[4] whose purpose is to assist in designing systems that are efficient and streamlined but also fit for purpose. We invited the LEAN unit to look at the systems we had established. Their comments were extremely positive. 'This process has been a joy to observe, it is simple, effective and delivers exactly what the student requires.' There were many elements of the administration process that in LEAN terms 'did not add value'. In the main these were problems exacerbated by instability in the university IT network system which resulted in resorting to an Excel spreadsheet. Next year we are determined to reinstate our ability to use INFORM as a database.

So as we are beginning to plan for next year what will we do differently as a result of our experience? The list is very short really. There are a couple of questions on BOS that need tweaking related to data collection rather than anything significant to the process. We need a Welsh version to fulfil the requirements of the Welsh language act. We have decided that we need to be proactive around exam times, running timetabled workshops on stress management as this will support both students and academics in their personal tutor roles.

There are no major changes to make to the model and we will just observe how it progresses in the second year.

Finally

Things we did not know before about our service that we have discovered through this process using the online self-referral from the 649 clients seen this year:

- 12.6 per cent of clients have attempted suicide in the past
- 27.6 per cent of clients have felt suicidal in the month prior to contacting us
- 35 per cent have seen their GP about their difficulty
- of those students who had experienced counselling in the past, only 14 per cent felt it had not been successful at all
- nine per cent were referred by their GP (so we are still supporting the NHS)
- 11 students are experiencing violence in a relationship. (A small but worrying number that we feel able to prioritise for their safety.)
- 12 students would like to be counselled in their first language, Welsh
- A four per cent DNA/cancellation rate.

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And for those interested in CORE, our score for clinical and/or reliable change is 74 per cent (the national average is 70 per cent). ■

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References

1 Cowley J The Cardiff Model. AUCC journal. December 2007. See also www.cf.ac.uk/cllng/resources/Stepped%20Care%20Cardiff.pdf

2 The Bristol Online Survey (BOS) was used by the counselling service for the self-referral and for the feedback survey. BOS has been adopted by the university as a survey tool because it meets requirements for compliance with Data Protection etc.

3 Talmon M. Single session therapy. San Francisco, CA: Jossey-Bass; 1990.

4 www.cardiff.ac.uk/lean/info/index.html Although we accept that people are not Toyota cars we believe that resources are finite and we have a responsibility to use them to provide maximum access within available constraints.