Counselling in the workplace: how time-limited counselling can effect change in wellbeing

Jill Collins, **Colin Dyer** and **Diana Shave** reflect on their research study

The scale of the impact of work-related ill health resulting from stress, depression and anxiety can be seen in the figures released annually by the Health and Safety Executive. One of its regular annual surveys[1] indicates that these illnesses accounted for the second largest group of illnesses in 2008, with an estimated 415,000 people who 'believed that they were suffering from stress, depression or anxiety caused or made worse by their current or past work'[1]. Against this background the Health and Safety Executive has developed Management Standards for tackling work-related stress[2]. These identify six components of work/life – demands, control, support, relationships at work, role and managing change – that need to be properly managed in order to prevent ill health, poor wellbeing, lower levels of performance and increased sickness absence.

There has been widespread recognition of the issue of mental health in the workplace at government level, with a shift to considering the promotion of wellbeing, rather than a concentration on conditions such as stress and depression. A number of research initiatives have been undertaken to investigate the relationship between an individual's wellbeing and their employment[2-6]. As workplace counsellors, we know through feedback from our clients and their managers, and from departments of human resources and occupational health, that counselling can be a significant factor in improving the wellbeing, performance, and engagement of staff. However, counsellors are very aware of the need for evidence-based practice to confirm the effectiveness of their work, and this is particularly true for those of us working in workplace counselling services or EAP providers. Employers want to know if there is a business case for the investment they are making in supporting their workforce in this particular way, and counselling teams can only answer this if they can provide objective evidence of how their work with staff contributes to improved performance.

I (Jill Collins) work in a staff counselling service in a large university, providing time-limited counselling for 9,000 staff, and am part of a team of four counsellors (2.5fte) with two trainee counsellors on placement, offering a mix of therapeutic approaches: cognitive analytic therapy, integrative, person-centred and psychodynamic. In 2008, aware of the potential vulnerability of our service in a climate of financial cuts, we decided to undertake a piece of practice-based research to evaluate our service during a 12-month period, starting with a very basic question: 'Does what we do make a difference and, if it does, does this effect last?' We planned to answer this by assessing clients at their first and last session, and at three and six months afterwards. We also decided to enrol a comparison group of randomly selected university employees who would complete the same questionnaire at the same intervals.

Previous studies into workplace counselling have often considered particular issues such as stress[7-10] or depression[11-12] or attitudes to work[9] and measured how effective counselling might be in leading to positive change in these areas. Others have looked at treatment methods, comparing the effectiveness of psychodynamic and cognitive behavioural therapy[12-15] or the number of sessions offered[12-17]. What emerges from these and other previous studies is that therapy delivered in the workplace 'is generally effective in alleviating symptoms of anxiety, stress and depression in the majority of workplace clients'[18]. For example, the key study by Reynolds[10] concluded that organisational interventions, such as training courses and meetings, had no change effect on

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psychological or physical wellbeing, whereas individual counselling interventions were effective in improving psychological wellbeing, both for clients and non-client employees in the same work area.

When our clients self-refer, their whole lives are usually being affected by what is troubling them, whether a work issue, or a difficulty in their past or present private life. We wanted to evaluate whether counselling enabled them to feel better in a general way, whether their sense of wellbeing – 'a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community'[4] – had improved. In tune with the increasing emphasis on wellbeing, we had already developed a series of Wellbeing At Work workshops for staff, and at a meeting with the director of the university's Wellbeing Institute, had been introduced to a recently developed scale to assess wellbeing, the Warwick and Edinburgh Mental WellBeing Scale (WEMWBS)[19]. As a state (as opposed to trait) evaluation outcome measure, this scale is 'a measure of mental wellbeing, focusing entirely on positive aspects of mental health'[19]. It has 13 statements for clients to rate on a five-point scale, is easy to administer, and its format and language are accessible to the whole range of our clients.

Method

We began the project on 1 August 2009 and continued until 31 July 2010. All clients who applied for counselling during this period were informed about the study in the email that offered their first appointment, explaining that their counsellor would discuss the project at their first session and invite them to participate. If they agreed, they were given an information sheet outlining the project and the complaints procedure, and asked to sign a consent form. At this point they were asked to complete the first WEMWBS questionnaire. A second questionnaire was completed at the end of their last session, and then three and six months after this they were sent a link to the SurveyMonkey™ website[20] to complete the questionnaire online.

To recruit a comparison group, the payroll department of the university was asked to provide a sample of 100 employees from the university human resources system that would approximately reflect the gender and staff grade profile of all university employees. These individuals were sent an email inviting participation and, on agreement, were sent a second email containing a link to the SurveyMonkey™ website[20] and their client ID number. This was repeated seven weeks later, to replicate the average number of sessions per client, and then at three and six months later.

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The development of the research project and its protocol was a very useful exercise for the team, involving lengthy discussions from different theoretical positions on ethical and practical issues concerning enrolling clients, administering questionnaires, collecting and recording the data, complaints procedure etc. It was important that all of us felt comfortable with the project, and that it could fit with each therapeutic approach, but also that we were all consistent in its application. We considered whether to focus on how counselling might help with particular conditions, such as stress, or whether to offer a uniform number of sessions to each client. After discussion we decided that we wanted to research our usual practice, which, although we do not have to work with a fixed number of permitted sessions, is to work with the wide range of often multi-layered difficulties clients bring, for about eight sessions, and working from the different theoretical orientations in the team: cognitive-analytic, integrative, person-centred and psychodynamic.

The data was recorded on our usual data system, Inform[i]. We were fortunate that this database, widely used in HE and FE counselling services, was written by our head of service, who wrote a new section to collect our research data, and provided support throughout the project. One of our reception team took on the task of data entry and email generation for the project.

Services considering undertaking a piece of practice-based research need to give some thought to how the analysis of the collected data will be undertaken. With hindsight, we realise that we embarked on this quite naively, in a state of 'unconscious incompetence'! We were very fortunate to be awarded a seedcorn research grant through BACP Workplace, which enabled us to employ someone with training in statistics to analyse the data. Practice-based evidence is very valuable to

i Inform is a custom database used by many counselling services in FE and HE. For information, contact Mark Phippen: mp222@cam.ac.uk

the counselling profession, but teams like ours, unfamiliar with research protocol and statistical analysis, could lose much potentially useful and significant evidence if it is not filtered through the appropriate tests.

Services also need to be aware of the time cost of undertaking a piece of work such as this, both in the important development stage, but also in the ongoing administration of the assessment tool by counsellors and administrative staff, involving data entry, filing of hard copies, sending emails at each online collection point, and then the period of data analysis and the writing of a report.

Results

One hundred and eighty-two clients expressed a willingness to participate and were included in the study. We are in a research-intensive university, so found that our client base was very supportive of our project. Two clients did decline to participate and both had counselling sessions scheduled in the usual way. A small number of clients were too distressed at their first meeting for it to be therapeutically appropriate to invite them to participate.

Table 1 shows the means and standard deviations for both the treatment and comparison groups at each stage of the study[ii].

Our first task was to determine the reliability of the data – whether it represented the results of a measurement process that was relatively free of error. This question is addressed by Cronbach's alpha statistic[iii], which measures the internal consistency of a scale such as WEMWBS. The closer to 1 the value of this statistic, the less measurement error there is likely to be. We obtained values for alpha of 0.89 and 0.92 for pre- and post-counselling scores respectively. These are both sufficiently close to 1 to indicate that the variation between individual scores was due to differences in wellbeing between clients rather than to measurement error arising from the scale itself or from its administration.

Secondly, we wanted to find whether our sampling procedure had produced data that was representative of pre-counselled and post-counselled employees within the whole of UK higher education. To do this we computed their Confidence Intervals, which estimated the position of the population means in relation to the sample means. This showed, in both cases, that in 99 samples out of 100 the population mean would lie within two score units either side of the sample mean. This indicates that we can be confident that our sample is representative of the population of counselling clients presenting from within HE employment.

Having established these essentials, we turned to the key questions of the research, namely:

- Do clients show improved wellbeing after a course of counselling?
- If so, do they return to similar levels of wellbeing as their non-counselled colleagues?
- Is the improvement (if shown) sustained over a period of six months?

Paired comparison	N	Mean	Standard deviation
T1	134	38.90	7.73
T2	134	49.51	7.87
T2	64	49.14	7.75
T3	64	47.28	8.11
T3	46	47.61	7.43
T4	46	46.17	7.40
C1	18	52.94	6.05
C2	18	48.83	6.25
C2	15	50.33	5.79
C3	15	48.73	6.56
C3	16	47.88	6.17
C4	16	48.13	5.00

Table 1. Central tendency and dispersion of WEMWBS scores

We used a Wilcoxon Test to see whether pre- and post-counselling scores were significantly different and found that this was the case, with a probability that they were drawn from the same population of less than one in 10,000. We therefore concluded that they were drawn from different populations differentiated only by the experience of counselling. The same result was found when we compared pre-counselling and three- and six-month follow-up scores, indicating the longevity of the effect of counselling.

These analyses told us that we had produced a significant upward shift in scores within the group between pre- and post-counselling and that this had been maintained throughout the six months following, thus showing that the counselling had

ii T denotes the time of completion of the WEMWBS questionnaire. T1 at beginning of counselling, T2 at the end, T3 and T4 the two follow-ups. C denotes the same intervals for the comparison group.

iii When Cronbach invented the statistic he intended to develop a whole series, so he started to name them from the beginning of the alphabet. It's conventional to use the Greek alphabet to name statistics.

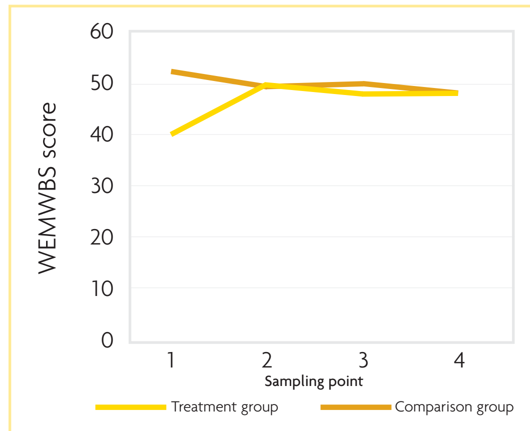


Figure 1. Median WEMWBS scores of treatment and comparison groups

made a positive and sustained difference to a client's wellbeing. The graph of the median scores of the treatment and comparison groups, moreover, shows that the average scores of clients after counselling are indistinguishable from those of un-counselled employees (see figure 1).

Finally, as well as finding a difference between pre- and post-counselling groups, we also wished to check that this was because a majority of clients showed a significant degree of improvement. We looked at three indices of change: Effect Size[21], Reliable Change Index (RCI)[22], and the Index of Clinically Significant Change (ICSC)[23]. All three confirmed that we had succeeded in producing a notable degree of change in counselled clients. The Effect Size was 1.0, (anything greater than 1.0 is regarded as indicative of a significant effect); the RCI showed that 69 per cent of clients showed statistically significant positive change of seven or more scale points; and the ICSC indicated that the post-counselling WEMWBS scores had moved significantly closer to the average of the un-counselled group in 71 per cent of cases.

The results thus show clearly that treatment group clients benefited from their experience of counselling and that their improvement persisted during the six months following.

Discussion

Our project set out to evaluate counselling in one particular workplace – the University of Cambridge. Using the Warwick-Edinburgh Mental WellBeing Scale[19], it asked whether counselling is effective in bringing about improvement in employees experiencing low levels of psychological wellbeing; it looked for evidence regarding the longevity, or otherwise, of any such improvement, and it compared the wellbeing of a similar group of employees who had not received counselling. This work was undertaken as practice-based research to validate our perceptions, and our clients' reporting, of the value of counselling, and conducted as part of the work of a counselling service in an HE setting, with unscreened clients, using the counsellors and other staff to administer the process. Clients received an average of seven sessions each.

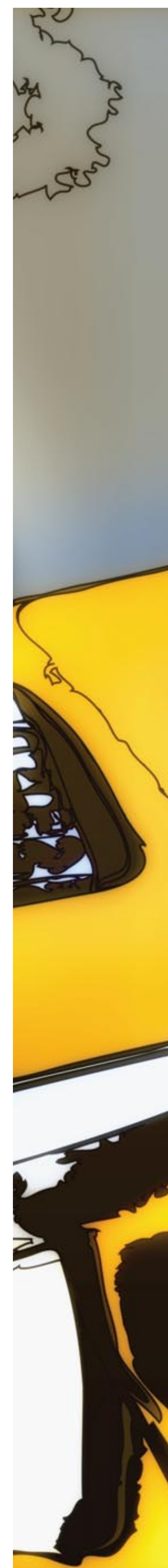
Our research shows clearly that counselling can enable distressed clients to acquire an increased sense of wellbeing in that there was:

- significant statistical difference between pre- and post-counselling treatment group scores on the WEMWBS with consistently higher scores found at post-counselling
- an effect size above the recognised threshold for significant change in counselling-related measures[21]
- a magnitude of change above a statistically significant threshold in almost 70 per cent of clients in the treatment group
- clinically significant change against the Jacobson-Truax criterion[23] found in just over 70 per cent of clients. This criterion is a moderate index of treatment effects[24].

A comparison of the client group's WEMWBS scores with those of the small un-counselled group also shows the former group to be much less 'well' than the latter before counselling occurs, but that once counselling sessions have ended, the difference between them has virtually disappeared. As Barkham and Shapiro[13] put it, 'employees undertaking such programmes need, at the end of the intervention, to be identified as belonging to a qualitatively different population'. The positive changes brought about by counselling mean that clients become indistinguishable from non-clients in terms of their self-perceived mental wellbeing.

Moreover, the benefits of counselling appear to be maintained for at least six months after counselling ends. The comparisons of treatment group scores at pre-counselling with those at the three- and six-month follow-up points, also show statistically significant differences, thus confirming the existence of long-term improvement. The further comparison of the immediate post-counselling scores from this group with data at the two later points did not achieve significance, indicating that the improvement is stable over the time period in question.

Our data also confirms that the WEMWBS is as sensitive to counselling-induced change as the older measures, such as the Beck Depression Inventory[25], used by previous studies. On the basis of our data, we are able to provide evidence that the scale has a good ability to 'detect changes in mental wellbeing … after a significant life event or intervention'[19].



We have therefore obtained evidence that personal change induced through counselling is robust, and that after counselling, clients are considerably more able to cope with the various demands of the workplace.

Our finding that counselling is effective at producing positive change is not an isolated or unexpected result, as it matches the results of other studies. McLeod[21], in his review of research into the effectiveness of workplace counselling, found it to be 'highly effective' in 11 of the 16 studies rated 'best evidence', while only two found counselling to have a 'neutral' effect. Studies such as those conducted by the Sheffield Psychotherapy Project[9,12,13,15,19] were consistent in reporting the benefits of counselling. Among studies looking at workplace counselling are several that took place in large organisations employing a mixture of managerial and administrative staff that are broadly comparable to the present study, such as local authorities[26,27], the NHS[28,29], a city council[10] and the Post Office[7,8].

about sustained change and that no one treatment modality is more effective than others.

It is inevitable that a piece of practice-based research, carried out under 'live' counselling conditions, suffers from limitations. The very strengths of the project, being an evaluation of normal working, also contribute weaknesses. We underestimated the difficulty of acquiring and maintaining the comparison group, and should have recruited from a larger group than 100. More data was lost than we had anticipated; clients missed their last session, or lost contact with the service; or counsellors forgot to issue the second questionnaire. Data at each follow-up point reduced, sometimes because clients had left the university. We found that practice-based research also requires great discipline from the counsellors involved, to maintain the detailed protocol alongside their usual practice. However, we do not believe that the validity of our main conclusions has been compromised, although we hope that other researchers may be able to learn from our experiences.

'A useful extension of our research would be to explore how a positive outcome might show itself in the workplace after counselling has ended'

Despite their differences in procedure, different measures of change and somewhat different client populations, these studies returned findings similar to our own. A recent study by Davis et al[16] was, like ours, carried out by a team of practising therapists, but working in NHS primary care. The therapy offered was 'adapted in accordance with the participants' individual requirements' as ours was; their clients were in a similar age span of 18-70, the counselling offered was in several different modalities, delivered in assessment and six sessions, which compares to our average of seven sessions for each client. Their subjects were followed up after 30 months, when the post-counselling change had been maintained, and there had been a reduction in visits to their GP.

The overlap between our results and those of earlier researchers strongly suggests that although the present data comes from research in one setting, the fact that it replicates the results of a number of other studies confirms that the effect is one that can be validly generalised to workplace counselling outside higher education. A general conclusion from our study, and our reading of others, is that a brief time-limited counselling contract (average seven to eight sessions) is effective in bringing

This study carries two main implications for other workplaces. The first is that it provides clear evidence that workplace counselling represents an effective way of improving functioning within a workforce by reducing distress, dysfunction and underperformance. Secondly, it demonstrates how practice-based research within the workplace can contribute to the counselling evidence base. The work of data collection and logging was achieved within existing staffing resources, although the significant time cost involved should not be underestimated.

Of particular interest to the wider world in this study, in addition to the fundamental finding itself, is (a) the use of the WEMWBS as a positively oriented scale able to pick up changes to mental wellbeing across a significant span of time, and (b) the confirmation that the subjective impressions of counsellors correlate very highly with what the WEMWBS tells us before and after counselling. A useful extension of our research, despite the obvious practical difficulties, would be to explore longitudinally how a positive outcome of counselling might show itself in the workplace after counselling sessions have ended. While the specific variables indexed by WEMWBS all suggest avenues through which improved work performance and better social

relationships at work may be achieved, these effects still need to be demonstrated empirically through research that follows the client into the workplace.

The study provides confirmation that counselling has the effect of changing a client's sense of self-worth and agency in a way that can enable them to engage more fully in relationships and in work. It affirms the efficacy of time-limited counselling as a workplace resource which supports staff with a variety of work or personal issues that are compromising their ability to work effectively. ■

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