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Practical implications of research into the client's experience of counselling

John McLeod

Synopsis

Although a substantial amount of research into the process and outcomes of counselling and psychotherapy has been conducted, relatively little attention has been paid to exploring the experience of the client or user of therapy. Examples of studies that have invited clients to provide accounts of their experiences in counselling are described. The advantages and limitations of different methods of inquiry in relation to this topic are briefly examined, and an outline is provided of a collaborative study being conducted in Scotland around this set of issues. Finally, the implications for counselling/psychotherapy practice of the findings of research into client experience are discussed.

Introduction

Over the last 50 years, many thousands of studies into the processes and outcomes of counselling and psychotherapy have been carried out. This sustained research productivity has been driven by a need to justify and legitimise the provision of therapy services in an era dominated by the pressures of evidence-based practice policies, and managed care systems. For the most part, the information collected in counselling and psychotherapy research studies is derived from questionnaires and rating scales completed by clients (Hill & Lambert, 2004). These self-report measures, of factors such as levels of anxiety and depression, self-esteem and user satisfaction, employ fixed-response formats through which participants indicate their answers to questions that reflect the assumptions, theories and categories of the professional therapy community – practitioners and researchers. Curiously, for an area of activity that has always espoused the values of 'client-centredness', there have been relatively few research studies that have attempted to explore what it is like to be a client in therapy, using open-ended, qualitative accounts. The actual voices and experiences of users of therapy are largely absent from the research literature. The aim of this paper is to describe some examples of research into the client's experience of counselling and psychotherapy, discuss some of the methodological difficulties and challenges associated with this type of investigation, and finally to consider the practical implications of this area of inquiry.

The client's experience of counselling: Process studies

The field of counselling/psychotherapy research can be divided into two broad (and overlapping) domains. First, there are studies of the *outcomes* of therapy, which have examined the extent to which clients benefit from therapy, and the prevalence of positive and negative effects. Second, there are studies of therapy *process*. These investigations examine the 'ingredients' of therapy, for example the role played by such diverse factors as therapist empathy, number of sessions, interpretation of dreams, and so on. Some of the earliest studies of the client's experience of counselling attempted to explore the client's experience of the therapy process, by carrying out open-ended interviews with clients who had completed their course of therapy (Maluccio, 1979; Mayer & Timms, 1970). This approach has continued to be used in some recent studies (Lott, 1999). The key finding that has emerged from this set of studies has been that, from the point of view of the client, the quality of his or her relationship with their therapist represents the dominant theme in their experience of what it has been like to be a client.

There are, however, substantial methodological difficulties arising from this kind of research. Interviews in which a person is invited to report on an experience of therapy that might stretch back for several months, and include many different therapy sessions, tend to yield descriptions that are somewhat general and lacking in detail. It is also likely that the person may have difficulty in retrieving specific memories of what happened, and is responding on the basis of a cognitive reconstruction of their experience. As a result, it seems reasonable to conclude that, while end-of-treatment process-focused interviews may provide an understanding of broad themes within the client experience of therapy, this method is not particularly effective in retrieving fine-grained detail.

One alternative approach has been to carry out 'assisted' or 'stimulated' recall interviews on single sessions of therapy, carried out soon after the session. This technique, known as Interpersonal Process Recall (Elliott, 1986) requires making an audio recording of the therapy session, which is then played back to the client. The instruction to the

client is to stop the tape whenever he or she is reminded of what they were actually experiencing at that moment in the therapy session. The researcher then interviews the person around these recollections. It is assumed that, if the interview is conducted within a day or so of the therapy session, the person will be able directly to recall what they were experiencing, rather than reconstructing it. This research technique was used in an important series of studies carried out by Rennie (1990, 1994a, 1994b; Angus & Rennie, 1989) which found that clients were highly active in terms of selecting the aspects of therapist interventions that they made use of, were selective in what they chose to say to their therapists, and on the whole were deferent in going along with the direction taken by the therapist during the session.

A further alternative research strategy that has been used in qualitative research into the client's experience of counselling, has been to invite participants who have completed therapy to describe critical incidents in their counselling. This approach was utilised by Bedi, Davis and Williams (2005) in an investigation of the episodes that clients considered as being pivotal in the development of their relationship with their therapist. Bedi *et al.* (2005) found that, while some of the critical incidents described by clients referred to activities that were consistent with the professional role and intentions of counsellors, such as the effective use of specific interventions, or skilful and sensitive listening, many of the incidents referred to what might appear to be incidental aspects of the therapy, such as the way the therapist decorated their room, the way that they were dressed, and their willingness to engage in acts of kindness (such as offering a cup of tea or a snack).

The significance of the research carried out by Rennie (1990) and Bedi *et al.* (2005) is not that it has revealed anything that is dramatically new. It is not as though they have invented a kind of therapy electron microscope that suddenly brings into view a whole underlying structure of the phenomenon being investigated. Far from it – the processes that they describe are familiar to anyone who has been a client in therapy. They are capturing the ordinary. What is significant here is that these studies are observing phenomena that are, for the most part, not addressed or incorporated within the theories of therapy used within the profession to guide training and practice. It is as though the theories of therapy that are in textbooks represent one perspective on therapy – that of the therapist. Moreover, the main themes that emerge from these micro-analyses of the client's experience of the process of counselling take us into the territory of power and control. In large part, Rennie's (1990) work has provided an account of how clients seek to maintain agency, and resist the professional control moves made by their therapist, while the study by Bedi *et al.* (2005) allows a glimpse of the positive value placed by clients on everyday human characteristics of therapists.

The client's experience of counselling: Outcome studies

Research into the effectiveness, or outcomes, of counselling and psychotherapy has comprised a major area of research activity. Governments and other health providers in industrialised, advanced economies have increasingly used outcome studies to inform decision-making around the type of therapy that is provided to patients. As a result, a great deal of research has been funded. Overwhelmingly, this research has used quantitative questionnaire and observational methods to measure and categorise aspects of change arising from therapy – for example, whether a client has become less depressed or anxious. Very few – probably fewer than 10 – studies have ever been carried out that have asked clients to talk about what they have gained (or otherwise) from the therapy they have received, in their own terms. This is a curious situation. Not even in the early years of psychotherapy research, when relatively few standardised and validated change measures were available, did researchers think to simply ask clients what they thought.

Almost all of the (few) studies that have been made of the client's experience of outcome have used follow-up interviews to collect information. The results of these interview studies are complex, but may be considered as converging on two main themes. First, the categories that clients use to evaluate the effectiveness of therapy are quite different from the categories used by therapists. There are two studies that have explored client constructions of the meaning of outcome. Kuhnlein (1999) interviewed clients who had completed a course of cognitive-behavioural therapy (CBT). These clients made sense of how much they had been helped in terms of four contrasting schemas:

- *overburdened* – I have been overwhelmed by events, and therapy provides a private area for recovery and regeneration – therapy is successful if it reduces the pressure on me;
- *inexplicable malfunction* – something happened that disturbed my normal life – therapy is successful if the counsellor tells me what to do to make things go back to normal;
- *deficit* – my problems arise through faulty learning over a lifetime – therapy is effective if I acquire new coping skills;
- *developmental disturbance* – my problems are a

complex interaction between personal characteristics, individual life events, family life, and social conditions – therapy is effective if I gain insights that I can use in everyday life.

Kuhnlein (1999) points out that only the final one of these schemas (developmental disturbance), and to some extent the deficit schema, corresponded to the beliefs and working models of the therapists delivering treatment to these clients. Kuhnlein found that these schemas were highly stable over lengthy periods of time – therapy clients tended not to shift their ways of understanding their problems, or the meaning of therapy, even after extended treatment episodes. The implication for Kuhnlein was that many clients are looking for something that is different from what their therapists provide, and evaluate what they are offered in terms that are quite different from the categories embodied in the measurement scales used by therapists to assess outcomes. A further study that explored the ways in which therapy clients evaluate outcome was carried out by McKenna and Todd (1997). In this study, clients were recruited who had undergone multiple therapy episodes over the course of their lives. These participants identified five types of therapy involvement:

- exposure – 'breaking the ice'
- discrimination – 'shopping around'
- formation – 'breakthrough'
- consolidation – reinforcement of previous changes
- holding – 'keeping things from getting worse'

Formation and consolidation episodes were the least common type of therapy encounter that were described. However, most therapy outcome research is based on an assumption that clients are entering therapy with the goal of achieving significant alleviation of symptoms (i.e., a 'formation' episode). There have been no outcome studies that have sought to evaluate the effectiveness of therapy when what clients are looking for is exposure, shopping around, consolidation or keeping things from getting worse.

The second main group of studies that have explored client experiences of outcome is a set of studies that have asked clients to talk about how much they have been helped by therapy (Dale, Allen, & Measor, 1998; Howe, 1989, 1996). These studies have found that clients are quite willing to talk about the impact of therapy on their lives, and have a lot to say. In contrast to quantitative studies of therapy outcome, these qualitative investigations provide a somewhat more differentiated picture. When allowed to discuss outcome, the majority of clients are ambivalent about the therapy they have received. Even those who regard their therapy as having been generally helpful overall, describe a sense of disappointment with aspects of it (Lilliengren & Werbart, 2005; Lott, 1999). An additional point of contrast with traditional quantitative studies is that qualitative studies of client experience of outcome tend to yield a wider range of outcomes – from extremely positive at the one end, to abusive at the other. Qualitative studies are thus probably more sensitive to variations in outcome, and are particularly attuned to detecting poor outcomes.

There are perhaps two fundamental methodological problems in research into client experience of outcome, when clients are interviewed at follow-up. One problem is that the changes that clients report may not be attributable to therapy, but may have resulted from other life events. The other problem is that clients may nor remember what they were like at the point when they entered therapy. Indeed, a study by Safer and Keuler (2002), in which clients were asked, after terminating psychotherapy, to complete a measure of symptomatic distress exactly as they had in their pre-therapy assessment, found that most clients overestimated their pre-therapy distress. In response to these methodological challenges, a study being carried out at the Tayside Centre for Counselling by Mick Cooper (Strathclyde University), Alison Shoemark (University of Aberdeen) and myself, has developed an inquiry approach that assists clients to build a comprehensive account of the change they have experienced in counselling, by collecting information from the clients at the start of therapy, and then at each session, and inviting the client to reflect on this material, in a dialogical follow-up interview (McLeod, Cooper, Shoemark *et al.*, 2006). The focus of the information that we are collecting from clients, in relation to understanding the ways that therapy has impacted on them, is to ask them to talk about what they have learned from counselling (Burnett, 1999) and how they have applied this learning in their everyday lives. Our assumption is that questions about learning position the informant as an active participant in therapy, whereas questions about change run the danger of positioning them as merely an objective recipient of external interventions. We are intending to use the data we collect to articulate a model of *user-constructed outcomes*. The concept of user-constructed outcome in counselling reflects the view that the client/user is far from being a passive recipient of care, but instead is an active participant who selects and shapes the interventions that are provided in the light of his/her personal assumptions about what is helpful. The working model of user-constructed outcome that is employed

in this study identifies five key stages at which the preferences and assumptions of a user of counselling can have a significant impact on eventual outcome:

1. At the point of referral to counselling, the ideas that the person has about the causes of their problems and the value of different ways of dealing with them, and the concordance between these ideas and the therapy approach espoused by the counsellor, can play a significant role in engagement in treatment.
2. Users of psychological therapy select and adapt, from the interventions employed by their therapist, the concepts and strategies that are most consistent with their personal ideas about what is helpful.
3. At the same time as receiving counselling, users of therapy tend to seek out and activate social and community resources that may provide social support, alternative social roles, and behavioural solutions, for example complementary therapies.
4. On completion of counselling, users may evaluate the helpfulness of the treatment they have received, using criteria that may be quite different from those applied by mental health professionals.
5. Following counselling, users who maintain gains continue to apply, in their everyday lives, the strategies and knowledge that they acquired during therapy.

The aim of this research is to work with counselling clients to build narrative accounts, based in their individual experience, that incorporate aspects of these stages that are relevant to them.

Implications of research into client's experience

What are the practical implications of research into the client's experience of counselling? Is this an area of research that is merely of academic or theoretical interest, or does it have practical implications? Within the scope of the present paper, it is only possible to introduce a few studies of client experiences of counselling. Nevertheless, even this limited research base can be seen to have some important practical aspects. One of the areas in which this knowledge has been applied is in the training of counsellors. The reformulation of counselling theory and practice carried out by Bohart (2006; Bohart & Tallmann, 1999) has incorporated research on client experiences into a set of guidelines for practice, using what he has described as an 'active client' model. Essentially, Bohart suggests that the starting point for any counselling should be an appreciation of the client's own active problem-solving efforts, and that the counsellor should be curious about these initiatives and resources, and seek to build on them. This approach has been increasingly influential within the counselling professional community.

A second area in which this research knowledge can be applied is within the design of counselling services, in relation to giving people what they want, and evaluating services in relation to their capacity to respond to what people want. For example, the implication of the McKenna and Todd (1997) study is that only a minority of clients may be entering counselling in the expectation or intention of working through and resolving significant life problems. Some of them are entering counselling to try it out (could this be helpful for me?), while others are returning for on-going support. It may be that different approaches may be required, or may be most effective, for these different sub-groups of clients. For instance, first exposure or 'shopping around' clients may benefit from receiving information about the counsellor's model or approach, while those returning for maintenance sessions may benefit from seeing the same counsellor again, or at least seeing a counsellor who is well briefed about how that particular client was helped before.

A third aspect of practice that might be enhanced by the use of research findings into client experiences is the whole area of preparing clients for entry into counselling. At the moment, there is a lack of good preparatory or self-help material that can be offered to clients who are contemplating seeing a counsellor for the first time. The material that does exist is usually written from the world-view of the counsellor, and typically frames counselling in terms of the principles of CBT. These books and leaflets do not start from where the client is, for instance by acknowledging that different people may, as Kuhnlein (1999) found, espouse very different ideas about the nature of their problems and their cure. Nor do they deal with the question of what it is like to be a client – for instance, how to respond to the power, control and influence exerted by the counsellor.

A fourth answer to the question 'what are the practical implications of this area of inquiry?' is that 'we don't know yet'. There has been remarkably little research into client experiences of counselling, research that has genuinely tried to give clients a voice. As more research of this kind is carried out, practitioners and researchers will find new and more effective methods for eliciting clients' views. In turn, these methodological improvements should lead to the accumulation of a more substantial research literature on the topic, which will be better able to sustain and justify innovations in policy and practice.

Finally, I believe that a research programme currently being conducted in Denmark has the potential to radically transform the practice of counselling and psychotherapy. Dreier (2000) and his colleagues have been interviewing clients not from the standpoint of therapy but from the standpoint of their everyday lives. For instance, they have been interested in the ways in which people incorporate the therapist into the cast of characters in their lives, and how they balance what their therapist has said to them against other sources of information and understanding. This type of research fundamentally de-centres therapy, and asks searching questions about how people use therapy, rather than how therapy impacts on them.

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