

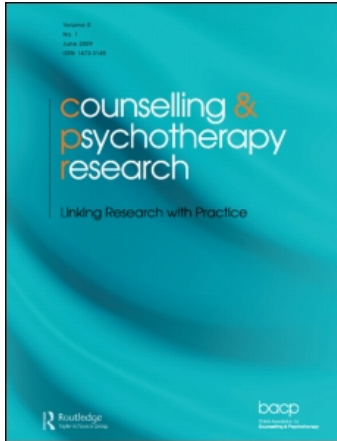
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Mick Cooper ^a

^a Counselling Unit, University of Strathclyde, Glasgow, UK

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Counselling in UK secondary schools: A comprehensive review of audit and evaluation data

MICK COOPER*

Counselling Unit, University of Strathclyde, Glasgow, UK

Abstract

Aims: The purpose of this study was to develop a comprehensive picture of the nature and outcomes of counselling in secondary schools in the UK. *Method:* Audit and evaluation studies of schools counselling were identified using a systematic literature search. Thirty studies were found and analysed using a variety of methods. Typically, counselling services provided purely person-centred, or person-centred-based, forms of therapy. *Results:* Averaged across all studies, clients had a mean age of 13.86 and attended for 6.35 sessions of counselling. The average percentage of female clients per study was 56.31%. Most frequently, clients presented with family issues, with anger issues particularly prevalent in males. Around 60% of clients began counselling with 'abnormal' or borderline levels of psychological distress. Counselling was associated with large improvements in mental health (mean weighted effect size = 0.81), with around 50% of clinically distressed clients demonstrating clinical improvement. On average, just over 80% of respondents rated counselling as moderately or very helpful, with teachers giving it a mean rating of 8.22 on a 10-point scale of helpfulness. For clients, the most helpful aspect of counselling was the opportunity to talk and be listened to, while pastoral care staff emphasised the counsellor's independence, expertise and confidentiality. There were some indications that counselling may indirectly benefit students' capacities to study and learn. *Discussion:* School-based counselling appears to be of considerable benefit to young people in the UK, but there is a need for this finding to be verified through controlled trials.

Keywords: *Counselling in schools, children and young people, effectiveness, systematic review, meta-analysis*

Introduction

Despite a 'significant revival' of counselling services in UK secondary schools in recent years (Jenkins & Polat, 2005, p. 3), with almost three-quarters of secondary schools in England and Wales in 2003–4 claiming to provide 'therapeutic individual counselling' (Jenkins & Polat, 2005), little empirical evidence is available on the kinds of clients that attend these services, their outcomes, or how they experience the counselling. In recent years, a growing number of UK-based evaluation studies *have* been published (e.g. Adamson et al., 2006; Fox & Butler, 2003), but these reports tend to focus on single services or studies, with little attempt to provide a more comprehensive national picture. Evidence on the effectiveness of school-based counselling and psychotherapy is also available from the United States (e.g. Gerler Jr., Kinney, & Anderson, 1985), with findings of a large effect against controls (e.g. Prout & Prout, 1998). However, as Jenkins (2009, this issue) points out, school-based counselling in the US (as with much school-based counselling across the globe, e.g. Hui, 2002) tends to be of a more structured and directive nature than its UK counterpart, with a particular emphasis on the facilitation of educational success (Dimmitt, Carey, & Hatch, 2007). School-based mental health

interventions in the US also tend to adopt a primarily cognitive-behavioural stance (Prout & Prout, 1998), in contrast to the more person-centred and humanistic orientation of much UK-work (see below).

In 2006, Cooper (2006b) provided a preliminary review of the evidence regarding counselling in UK secondary schools (revised and reprinted as Cooper, 2008a). However, the data reviewed for this study came from just five evaluation studies; no systematic method was used to identify, locate and retrieve research reports; and methods of analysis were relatively basic. The aim of the present analysis, therefore, is to expand this previous review: systematically and exhaustively searching for, and analysing, data from audit and evaluation studies of counselling services in UK secondary schools. In doing so, the review aims to provide interested individuals – such as school counsellors, pastoral care staff, headteachers, researchers, parents, funding authorities and students – with a comprehensive picture of the outcomes, processes, and nature of counselling in secondary schools in the UK, as well as information about the kind of young people who attend these services. It also aims to provide benchmarks for practitioners and managers delivering or evaluating these services, and a platform on which subsequent research can be built.

*Email: mick.cooper@strath.ac.uk

Method

Search strategy

The following eligibility criteria were set for inclusion of audit/evaluation data in the review:

- The audit/evaluation was conducted within ten years of the search date (i.e. 1998 onwards).
- The service was based within the United Kingdom.
- The service was located within a school setting.
- The service was delivered to secondary school students.
- The counselling was primarily one-to-one.
- There was some collection of quantitative data.

Data from published journal articles and reports, unpublished audit/evaluation findings, and raw data were all considered eligible for inclusion; as was data from self-, teacher-, or parent-based evaluations.

To identify eligible studies, the following search strategies were used:

- A search for journal articles was conducted on Web of Science and PsycINFO (counsel*+school+(evaluation or research) - counseling).
- Published, unpublished, and online, evaluation reports were searched for using Google Search (counsel*+school+(evaluation or research) - counseling).
- A notice was placed in *Therapy Today* (monthly magazine of the British Association of Counselling and Psychotherapy [BACP]), asking anyone who had conducted relevant audit/evaluation studies to contact the author.
- A short article was published in the journal of the Counselling Children and Young People (CCYP) division of the BACP, inviting auditors, evaluators or practitioners to make contact.
- All of the author's contacts in the counselling in schools field were individually contacted by email.

In addition, the author accessed all eligible evaluation/audit projects that he had authored, co-authored, co-designed, analysed, or been aware of.

Where published reports included data from primary schools, groups or community settings, only data meeting the above criteria were included in the analysis.

Reflexive statement

Since 2003, I have been involved in the evaluation of counselling in secondary schools, having conducted two multi-method evaluations of the Glasgow Counselling in Schools Project (Cooper, 2004, 2006b), and analysed data from a range of other services (e.g. Cooper, 2006a; Cooper & Freire, 2007). In total, I have authored, or co-authored, six of the evaluation reports reviewed in this paper; have been involved in the design of a further five; and analysed the data

from a further eight studies. In recent years, I have become a passionate advocate of school counselling, seeing it as a non-stigmatising, accessible and effective form of early intervention, which ensures that every young person has someone to talk to in times of trouble. However, I also believe that school counselling need to demonstrate its worth, and that it can draw on research findings to improve the quality of services offered to young people.

Data analysis

The data for this review has been analysed using a number of different quantitative and qualitative methods. The overall approach however, can be described as a 'meta-analysis,' where data from a number of studies is brought together to estimate overall effects.

In most instances, this process has involved identifying the percentages of individuals per study who have a certain characteristics (e.g. present with anger issues) or who give a certain response (e.g. rate counselling as 'very helpful'), and then calculating the 'mean' percentage across these studies (the mean is the mathematical average, calculated by summing across the studies and dividing by the number of studies).

In several parts of this review (Sources of referral, Presenting/developing issues, Helpfulness and Helpful/unhelpful factors), a complication to this meta-analytic process is that different studies have used different systems of coding. For instance, one study may use the categories 'stress,' 'panic' and 'anxiety' as categories for presenting issues, while another may just use just 'anxiety'. For this reason, before being able to calculate averages across the studies, it has been necessary, in some instances, to first establish common categories. This was done by the author, and inevitably means that there is some loss of accuracy in what is being presented in these parts of the review. In instances where an identical questionnaire item/response format has been used across a small number of studies, data has been pooled into a single analysis.

To assess the overall effectiveness of counselling in schools, a pre- to post-counselling 'effect size' was calculated for each evaluation study. This effect size ('Cohen's d ') is calculated by dividing the amount of change from pre- to post-counselling by the pooled 'standard deviation' ('SD,' a measure of the spread of the data, see Cooper, 2008b). These effect sizes can then be averaged across studies. However, to provide the most accurate assessment of the effectiveness of counselling in schools, a 'weighted' mean effect size can also be calculated, which takes into account the sample sizes of different studies, such that larger studies (and hence more precise predictors of the population mean) are weighted more heavily. This was undertaken using the formula provided by Lipsey and Wilson (2001).

Studies

In total, 30 eligible studies were identified, coming from 19 separate counselling in schools projects (see Table I). This represents the experiences of approximately 10,830 clients. (This figure is approximate rather than exact, as some clients who returned to counselling after an extended break, within the same time period, may have been counted a second time. In addition, clients attending counselling across more than one time period (within the same project) may have been included in the numbers for both studies). Thirteen of the studies (43%) were from Scotland; six (20%) wholly, or partly, from Northern Ireland, and the remainder from England. Ten of the studies (33.33%) were from projects offering person-centred/non-directive counselling, while the remaining studies (66.66%) were from projects offering a more integrative mixture of humanistic (and, in some instances, psychodynamic) practices, based around a person-centred core. The 'median' (i.e., middle, if all the scores were arranged in order) number of clients per dataset was 198.5, with a median of 6.5 schools and 3.5 counsellors. Length of counselling sessions varied from 40 to 60 minutes; though two services indicated that they offered shorter, 30 minute sessions to some younger clients.

Results

Clients

Sources of referral. Information on referral source was available from 18 (60%) of the studies. This indicates that, on average, clients were almost three times more likely to be referred by pastoral care teachers than by any other source (the term 'pastoral care teachers' is used throughout this paper to refer to all teachers with a formal pastoral, guidance, 'link,' or student support role). Across the 12 studies in which pastoral care teachers were coded as a referral source, they were involved in a mean of 65.27% of all referrals ($SD = 16.61$). This compares with means of 26.87% for referral sources coded as 'other teachers' or 'teachers' in general (the latter of which is likely to have included a large proportion of pastoral care teachers) ($N = 16$ studies, $SD = 24.97$). For self-referrals, the figure was 19.86% ($N = 18$ studies, $SD = 14.73$); and 5.10% for parents/family ($N = 16$ studies, $SD = 5.53$). (Note, percentages total more than 100% as more than one referral source may have been involved per client).

Number of sessions and attendance rates. The mean number of sessions attended by clients, across the 13 studies in which this data was available, was 6.35 ($SD = 1.25$). However, this mean is not particularly representative of the average client, as it is skewed upwards by a small number of young people attending 10 or more sessions. In fact, across the ten studies in which data was available, the median number of sessions attended ranged from three to eight, with a

mean across these medians of 4.5 sessions. In 20% of the studies where data was available ($N = 15$), the 'modal' number of sessions attended (i.e. the most common) was just one, with 20% having a mode of two sessions.

The mean attendance rate across the 14 studies for which data was available was 81.18% ($SD = 4.48$).

Gender. Across all 30 studies, the mean ratio of female to male clients was 56.31% to 43.69% ($SD = 15.00$), with a median percentage of 57.11% female clients. In 87% of the studies, more females attended the service than males.

Age and school year. Across the 16 studies in which data was available, the mean age of clients was 13.86 ($SD = 0.60$). The most common modal age for clients across these studies was 14. In terms of school year, the most common modal school year for the Scottish schools was S3 and Year 9 for the other UK schools.

Ethnicity. Data on the ethnic background of clients was available from just 4 of the 30 studies. This indicated that, on average, 3.02% of clients were from black or minority ethnic (BME) backgrounds ($SD = 1.43$). In the one study where this was compared against percentages of BME young people across the schools as a whole, it was found that BME young people were somewhat under-represented in those attending counselling, particularly those from a Pakistani background.

Presenting and developing issues. Data on clients' presenting issues, or reasons for referral, were available for 23 of the 30 studies (see Table II). As can be seen here, the most frequent presenting issue, by a factor of almost two, was 'family' issues, followed by anger, school/academic issues, 'behaviour' (including crime), and relationships in general/non-family relational issues.

In 12 of the studies, presenting issues could be analysed by gender. Paired-sample t-tests found two significant differences between males and females ('Bonferroni-corrected' $\alpha = 0.0036$). Males were significantly more likely to present with anger issues ($t [10] = 4.98$, $p = 0.0006$) and females were significantly more likely to present with self-harm ($t [8] = -7.73$, $p < 0.0001$).

Data on the actual issues that emerged as the counselling developed were available from nine studies (see Table I). Here, again, family issues were by far the most common theme. Paired-sample t-tests (Bonferroni corrected $\alpha = 0.0036$) found no significant differences in the extent to which issues were discussed during counselling, as compared with initial presentation (unsurprising, given the low number of studies). However, there were some indications that behavioural issues – such as bullying, anger, school/academia and 'behaviour' – as well as depression become less salient as the young person moved from

Table I. Eligible studies identified.

Project title	Start date	End date	Publication	Orientation	Schools	Counsellors	Clients	Length of sessions	Audit/evaluation	Respondents
Aberdeen	2000	2002	Loynd (2002)	PCA/Int	1	1	298	40	A	S&T
Airdrie	2004	2006	Bondi et al. (2006)	PCA/Int	1	1	44	N/A	A	S&T
Ashton	2007	2008	Data only	PCA	1	1	31	SP	A&E	S
Cabrini Children's Society	2006	2007	CCS (2007)	PCA/Int	6	N/A	34	50	A	S
Clydebank	2006	2008	Data only	PCA	1	1	22	SP	A&E	S
Contact Youth BELB	2005	2006	Contact Youth (2006)	PCA/Int	15	N/A	275	60	A	S
Contact Youth Southern Board	2005	2006	Contact Youth (2006)	PCA/Int	N/A	N/A	169	60	A	S
Contact Youth	2006	2007	Contact Youth (2007)	PCA/Int	80	60	287	60	A	S
Contact Youth	2007	2008	Contact Youth (2008)	PCA/Int	218	60	2715	60	A	S
Darlington	2002	2003	Walker (2003)	PCA	N/A	N/A	200	SP	A	S
Darlington	2007	2008	Walker (2008)	PCA	6	4	329	60	A&E	S
Dudley	1998	1999	Sherry (1999)	PCA/Int	16	N/A	459	40	A	S
Dudley	2002	2008	Data only	PCA/Int	N/A	N/A	2371	40	A	S
Durham	2002	2006	Data only	PCA/Int	13	12	99	SP	A&E	S
East Dunbartonshire I	2005	2007	Hough and Freire (2007)	PCA	9	7	309	SP	A&E	S
East Dunbartonshire II	2007	2008	Hough and Freire (2008)	PCA	6	7	160	SP	A&E	S
East Renfrewshire I	2003	2005	Cooper (2006a)	PCA/Int	7	5	115	N/A	A&E	S
East Renfrewshire II	2005	2006	Cooper and Freire (2007)	PCA/Int	7	4	168	N/A	A&E	S&T
Glasgow I	2002	2004	Cooper (2004)	PCA	3	2	197	SP	A&E	S&T
Glasgow II	2005	2006	Cooper (2006b)	PCA	10	7	331	SP	A&E	S&T
Glasgow III	2006	2007	Freire and Cooper (2008)	PCA	10	N/A	441	SP	A&E	S
Glasgow IV	2007	2008	Data only	PCA	12	N/A	455	SP	A&E	S
Hampshire	2003	2004	Hampshire County Council (2007)	PCA/Int	17	6	21	SP	A	S&T
NSPCC	2001	2003	Fox and Butler (2009)	PCA/Int	N/A	N/A	219	N/A	A&E	S&T
Oban	2005	2006	Hough (2006)	PCA	2	1	42	SP	A&E	S
Pilton (Edinburgh)	2005	2008	Cooper and Freire (2009)	PCA/Int	2	3	35	SP	A&E	S&T
Staunton Park	2003	2004	Data only	PCA/Int	1	1	124	SP	A	S
Torbay I	2006	2007	Data only	PCA/Int	1	1	28	SP	A	S
Torbay II	2007	2008	Data only	PCA/Int	1	1	32	SP	A	S
Ulster	2004	2005	Adamson et al. (2006)	PCA/Int	49	N/A	512	N/A	A&E	S

Note. PCA = person-centred; PCA/Int = integrative/humanistic around a person-centred core. N/A = data not available. SP = school period. A = audit only; A&E = audit and evaluation (using established pre-and post-counselling outcome measures). S = self-responses only or service audit; S&T = self- and teacher- (normally pastoral care/guidance/student support teacher-) responses.

Table II. Presenting and developing issues.

Issue	Presenting issues									Developing issues		
	Overall			Male			Female			Overall		
	Mean %	Rank	<i>N</i>	Mean %	Rank	<i>N</i>	Mean %	Rank	<i>N</i>	Mean %	Rank	<i>N</i>
Family	27.82	1	23	23.14	2	12	29.43	1	12	22.08	1	9
Anger	15.96	2	19	26.08	1	11	8.73	8	11	8.85	4	8
School 'Behaviour'	15.94	3	19	15.45	4	12	11.52	3	12	4.22	9	7
Relationships (gen.)	12.81	4	11	18.54	3	8	10.60	4	8	4.34	8	6
Self/self-esteem	11.86	5	24	12.45	5	12	9.43	6	12	8.20	6	8
Depression	9.76	6	18	5.30	11	11	8.85	7	11	8.95	3	9
Bereavement	9.59	7	18	8.57	7	12	7.40	10	12	2.53	13	7
Anxiety	9.32	8	21	8.26	8	12	12.22	2	12	8.70	5	7
Bullying	9.31	9	19	8.79	6	11	9.80	5	11	3.29	12	6
Stress	8.53	10	19	6.90	10	11	6.80	12	11	3.85	10	9
Relationships (par.)	7.76	11	7	7.36	9	6	8.49	9	6	7.94	7	5
Abuse	5.98	12	8	4.05	12	6	6.58	13	6	10.30	2	7
Self-harm	4.38	13	11	1.51	13	8	6.77	11	8	1.45	14	6
	4.14	14	11	0.78	14	10	6.25	14	10	3.67	11	7

Note. relationships (gen.) = relationships in general/peer/non-family relationships. Relationships (par.) = relationships with parents. *N* = number of studies in which category was used. Where a particular category was not used, it is generally not possible to establish whether this was because no clients presented with this issue, or because clients with this issue were coded under different categories. Means, above, are based on the latter assumption: averaging only across those studies where the category was used. However if, in some instances, the absence of a category means that no clients presented with/developed those issues, then actual means for categories with smaller *Ns* will be lower.

presentation to actual counselling; while relational issues (particularly with parents) and self/self-esteem become more salient.

Parental awareness. Data on whether clients' parents/carers were aware that they were attending counselling – as rated, in most instances, by the counsellor – were available from 11 studies. On average, parents were coded as being aware in 48.39% instances ($SD=17.47$) and unaware in 14.92% instances ($SD=7.65$), with counsellors unsure for the remaining clients. This indicates that, at a very minimum, around half of parents/carers were aware that their young person was attending counselling, with the actual figure probably closer to two-thirds (if 'unsure' cases are divided 50/50).

Severity and duration of problems. In seven studies, pre-counselling scores on the Strengths and Difficulties Questionnaire (one of the best-validated measures of psychological wellbeing in children and young people, Goodman, Meltzer, & Bailey, 1998) were available for young people who participated in the counselling service evaluation. This gave a mean Total Difficulties score of 16.87 ($SD=1.83$). This compares with a mean of 10.3 for a non-clinical population (SDQ, 2009); and a mean for a clinical population (from a child and adolescent mental health [CAMHS] clinic near London) of 18.6 (Goodman et al., 1998). In terms of clinical categories (for which data was available from six studies), an average of 32.69% of clients came within the 'abnormal' range, with 26.39% coming within the borderline range. This compares with the 10% in a community sample that would normally score within the abnormal range, and the 10% that would normally score within the borderline range (SDQ, 2009).

In five studies, young people indicated on the SDQ impact supplement how long their difficulties had been present prior to counselling. On average, 4.6% of respondents said that their problems had been

present for less than a month ($SD=3.43$), 19.72% indicated 1–5 months ($SD=7.76$), 19.9% indicated 6–12 months ($SD=4.50$), and 37.68% indicated over a year ($SD=12.87$).

Outcomes

Pre-counselling to post-counselling change. Data on changes in levels of mental distress from pre- to post-counselling were available from 16 studies (pre-counselling measures were typically completed at the beginning of the first session, and post-counselling measures at the beginning of the final session). In seven instances, the measure used was the SDQ Total Difficulties score (Goodman et al., 1998); two used Teen-Core, seven used the YP-CORE v.1 (18 item, including risk item), and one used the YP-CORE (10 item version, including risk item) (see Twigg et al., 2009, this volume). (Note, in one study, both the SDQ and YP-CORE v.1. were used and, here, just the larger YP-CORE dataset was used for the overall meta-analysis (as suggested in Lipsey & Wilson, 2001). However, the SDQ data were used when comparing and calculating effect sizes for the different measures).

Numbers of clients in these studies ranged from 7 to 407, with a mean of 135.25. This represents, on average, 59.25% of clients who were seen within these services. Mean number of sessions attended was 7.79, mean percentage of female clients was 60.9%, and mean age was 13.75.

In each of the studies, counselling was associated with significant reductions in levels of psychological distress ($p<0.05$) (see Figure 1). In terms of how much change took place, the mean 'effect size' was 1.00 ($SD=0.64$) (see Figure 1). Within the social sciences, this is generally considered a 'large' effect (0.2 = small, 0.5 = medium, 0.8 = large, J. Cohen, 1988). The 'weighted' mean effect size (which gives more weighting to larger samples, and thus a more accurate prediction of the overall mean for a

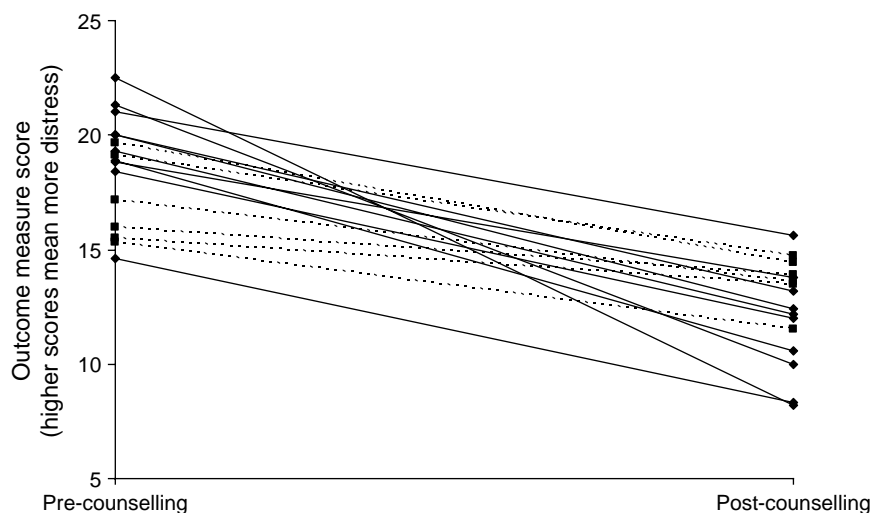


Figure 1. Pre- and post-counselling means of levels of psychological distress for 16 studies.

Note. Solid lines = studies using CORE measure, dashed lines = studies using SDQ

population) could be calculated from 15 of the studies (Lipsey & Wilson, 2001), and was 0.81 (95% confidence interval: 0.76–0.86).

To see whether the magnitude of these 15 different effect sizes varied to a significant extent, a 'homogeneity analysis' was carried out (Lipsey & Wilson, 2001). This did find significant variations ($Q=131.68$, $df=14$, $p<0.05$), which seemed to be accounted for by two factors. First studies in which a CORE measure was used showed a significantly greater amount of change than studies in which the SDQ was used ($Beta=-0.55$, $p=0.022$) (this is evident in Figure 1, in the generally steeper slope of the solid lines). For all studies using CORE measures ($n=10$), the mean weighted effect size was 1.02 (95% CI=0.95–1.09); while for those studies using the SDQ ($n=7$), the mean weighted effect size was 0.56 (95% CI=0.49–0.63) – exactly half of the mean CORE effect size. Second, the magnitude of the effect size was related to the response rate, with higher rates of response associated with lower effect sizes ($Beta=-0.55$, $p=0.041$). A re-analysis of the data using studies in which response rates were 50% or higher, however, actually gave a slightly increased weighted mean effect size of 0.87.

There was no evidence that effect sizes were moderated by the orientation of a counselling service, mean age of participants, mean number of sessions offered/attended, or percentage of male/female participants. In addition, a paired samples t-test on 14 studies (in which separate effect sizes for males and females could be calculated) found no significant differences across the genders. However, there was a 'trend' (i.e. a difference that was approaching significance) for female clients to have better outcomes than males (mean male effect size = .95, mean female effect size = 1.16, $p=0.16$).

Follow-up. Just one study measured levels of psychological distress at follow up (three months post-counselling), as well as at end of counselling (Fox & Butler, 2009). This found that gains from pre- to post-counselling had been almost entirely maintained, with only a slight difference between the means after counselling and at three-month follow-up.

Clinical change. Across the six studies in which data was available, SDQ clinical thresholds indicate that,

from pre- to post-counselling, an average of 45.67% of clients moved from abnormal or borderline levels of Total Difficulties to normal levels ($SD=7.68$). By contrast, a mean of 10.57% of clients who were in the normal range at pre-counselling moved into the borderline or abnormal range ($SD=6.60$). If only the Emotional Symptoms subscale is used, an average of 61.16% of clients in the abnormal/borderline range moved into the normal range ($SD=9.42$), with an average of 7.35% of clients in the normal range moving in the opposite direction ($SD=6.45$).

Types of change. For six of the studies in which the SDQ was used, data was available to compare effect sizes across the five SDQ subscale. On average, the largest change was on the Emotional Symptoms subscale (mean $ES=0.59$, $SD=0.14$); with small to moderate improvements on the Conduct Problems subscale (mean $ES=0.34$, $SD=0.12$), the Hyperactivity subscale (mean $ES=0.36$, $SD=0.18$), and the Peer Problems subscales (mean $ES=0.34$, $SD=0.13$). On average, clients also showed a small improvement on the Prosocial Behaviour subscale (mean $ES=0.16$, $SD=0.16$).

Domains of change. For five of the studies in which the SDQ was used, data was available from the impact supplement which could be used to compare changes across four areas of social functioning. On average, improvements were largest in the area of friendships (mean $ES=0.47$, $SD=0.14$) and home life (mean $ES=0.41$, $SD=0.22$), with somewhat smaller mean changes in the domains of classroom learning (mean $ES=0.26$, $SD=0.24$) and leisure activities (mean $ES=0.19$, $SD=0.22$).

Clients' perspectives on change

Improvements. Clients' ratings of how their problems had changed since coming to counselling (much worse/a bit worse/about the same/a bit better/much better) were available from the post-counselling SDQ 'Impact Supplement' in five studies (mean response rate = 62.42%). In four of these studies, the modal response was that the problems were 'much better' since starting counselling, with an average of 55.02% of clients rating themselves in this way ($SD=7.50$) (see Figure 2). A further 35.58% of clients, on

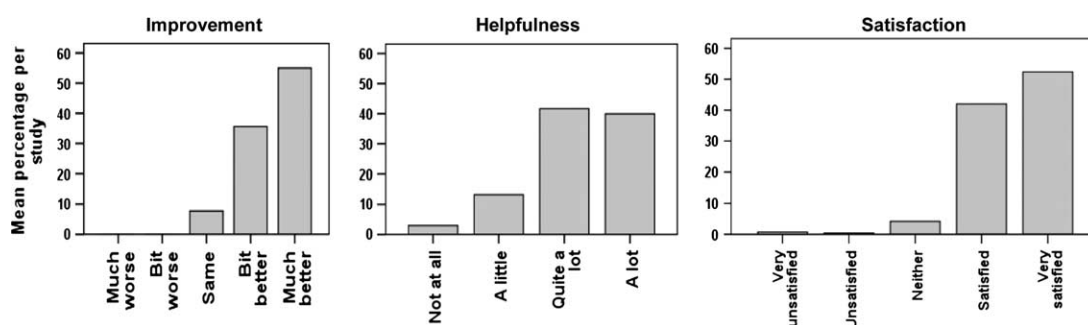


Figure 2. Mean ratings of problem improvement, helpfulness of counselling and satisfaction with counselling per study.

average, said that their problems were a bit better ($SD=6.49$). This means that, on average, around 9 out of 10 clients per study who completed the post-counselling SDQ form reported some improvement since coming to counselling. No clients across the five studies rated themselves as worse – either ‘a bit’ or ‘much’ – since starting counselling, though an average of 7.68% of clients ($SD=2.12$) rated their problems as about the same.

Helpfulness

Quantitative responses. In ten studies, clients were asked to rate the helpfulness of counselling using a four-point scale (1 = *Not at all*, 2 = *A little*, 3 = *Quite a lot*, 4 = *A lot*, or a slight variant thereof). This rating was typically made at the end of the final session of counselling (using a ‘post-counselling questionnaire’) although in several instances, clients were also asked to make this rating at the end of each term, to enhance the response rate. (In all but two studies, end of term forms were discarded if a student had also completed an end of counselling form to ensure that there was only one response per student). Average response rate across these studies (not including the two studies where there may have been duplicate responses) was 53.27%.

As can be seen in Figure 2, the most common response was that counselling was quite, or moderately, helpful ($M=41.69\%$, $SD=9.13$), with a further 39.92% of clients ($SD=12.90$), on average, saying that it helped a lot or was very helpful. This means that around 8 out of 10 respondents per study found counselling moderately or very helpful. Just 2.95% of respondents ($SD=3.98$), on average, said that the counselling was not at all helpful.

The East Renfrewshire I study, which asked clients ($N=88$, 76.52% response rate) to rate the helpfulness of counselling on a 7-point scale (1 = *Not at all helpful*, 7 = *Very helpful*), produced similar results, with a mean of 5.83 ($SD=1.21$), a median of 6, and a modal score of 7 (34% of all clients giving it this highest rating).

Qualitative responses. In eleven of the studies, qualitative comments on the helpfulness of the counselling were available from post-counselling questionnaires, with qualitative interview data also available in four studies. In general, these confirmed the quantitative responses above, with a large proportion of clients in each study describing the counselling as helpful or very helpful. For instance:

Service is brilliant. I am glad I accepted the counselling. It has been a great help. (Aberdeen).

It really helped me. It’s... it’s really the best thing I’ve ever done. (Airdrie)

Personally, I think that if it hadn’t have been there, then I wouldn’t be here now. (NSPCC)

However, there was also evidence from the qualitative responses that a small number of clients had found the counselling of little, or no, help. For instance:

It was all right: it wasn’t that helpful and didn’t change much. (Dudley)

Satisfaction. Ratings of satisfaction with the counselling service were available from post-counselling questionnaires in eight studies. In six of these studies, an identical response format had been used ($-2 = \text{Very dissatisfied}$, $-1 = \text{Dissatisfied}$, $0 = \text{Neither satisfied or dissatisfied}$, $1 = \text{Satisfied}$, $2 = \text{Very satisfied}$). Mean response rate across these studies (excluding the one dataset in which there may have been more than one response per client, see above) was 69.34%. On average, 52.35% of respondents said that they were ‘very satisfied’ with the counselling they received ($SD=12.39$); and a further 41.98%, on average, said that they were ‘satisfied’ ($SD=12.98$) (see Figure 2). This means that, on average, over 94% of clients who completed the post-counselling questionnaire were satisfied with their counselling; with just 1.2%, on average, indicating that they were dissatisfied or very dissatisfied.

Consistent with these results, clients in the East Renfrewshire I study gave their counselling a mean rating of 6.52 ($SD=0.80$) on a 7-point satisfaction scale (1 = *Not at all satisfied*, 7 = *Very satisfied*, $N=88$, 76.52% response rate).

Helpful factors

Ratings. In four of the studies, clients were asked to rate seven factors in terms of how much they contributed to the helpfulness of the counselling. Data from these 371 episodes of counselling were pooled (mean response rate [where data was available]=63.17%), and the overall results can be seen in Figure 3. This indicates that, overall, the factor rated as contributing most to the helpfulness of counselling was ‘Talking to someone who would listen’, with a mean rating of 2.56 ($SD=0.72$) on a 4-point scale (0 = *Not at all*, 1 = *A little*, 2 = *Quite a lot*, 3 = *A lot*). This was followed by ‘Getting things off your chest’ ($M=2.39$, $SD=0.72$) and confidentiality ($M=2.38$, $SD=0.79$); with suggestion and advice also rated, on average, as quite helpful ($M=2.02$, $SD=0.84$).

In terms of differences across gender, t-tests (using a Bonferroni-corrected level of significance of $p < 0.007$) found just one significant contrast: females rated ‘Getting things off your chest’ as significantly more helpful than males (female $M=2.50$, $SD=0.66$; male $M=2.24$, $SD=0.81$; $p=0.002$).

With respect to differences across school years, just one significant Pearson’s correlation was found: younger clients were more likely to endorse ‘Working out new, and better, ways to behave,’ as contributing to the helpfulness of their counselling, as compared with older clients ($r=-0.15$, $p=0.006$).

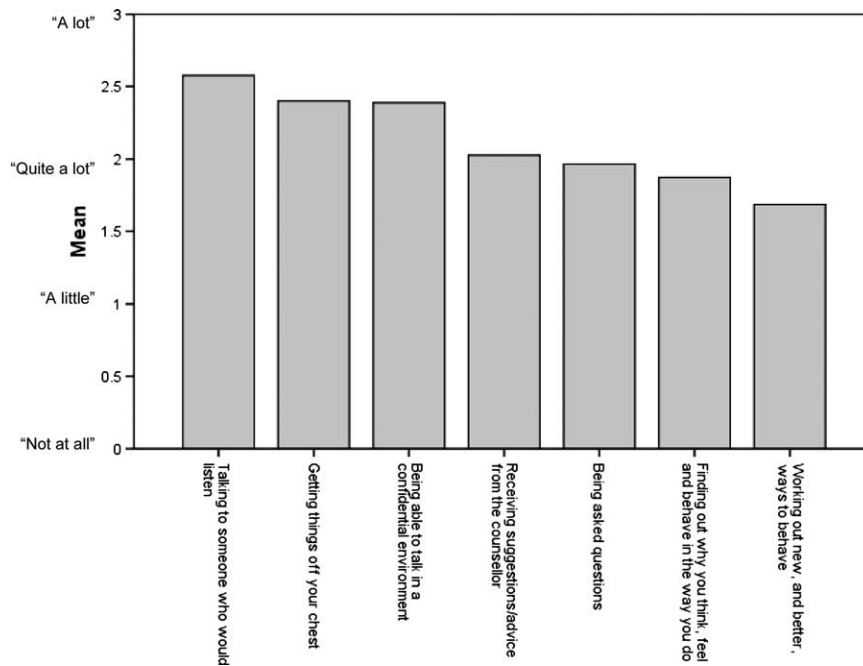


Figure 3. Pooled ratings of helpfulness of different factors.

Ratings on each of these scales were highly correlated ($r=0.28$ to 0.65), indicating that clients tended to rate *all* factors as either helpful or unhelpful, rather than distinguishing between different kinds of helpful factors.

Qualitative responses – helpful factors. In 13 studies, clients were given the opportunity – through post-counselling questionnaires and/or interviews – to provide open-ended responses to the question: *Why do you think counselling was helpful?* In seven of these studies, sufficient data was available from the post-counselling questionnaires to be able to organise – and quantify – these responses into common categories. As with the quantitative ratings, the most frequently cited helpful factor was ‘talking to someone and being listened to,’ with 18.99% of respondents, on average, giving this response ($SD = 13.69$). This is over three times more frequent than any other helpful factor, the most common of which are given below (in descending order of mean percentage per study):

- *Getting things off one’s chest:* an opportunity to get one’s feelings out ($M=5.71\%$, $SD=5.79$, $N=5$ studies).
- *Problem-solving:* an opportunity to work out one’s difficulties ($M=4.40\%$, $SD=1.36$, $N=4$ studies).
- *Guidance:* the advice and suggestions that the counsellor was experienced as giving ($M=4.22\%$, $SD=4.42$, $N=5$ studies).
- *Insight:* developing more awareness and understanding of self and others ($M=4.20\%$, $SD=4.49$, $N=6$ studies).
- *Confidentiality:* the privacy of the counselling work ($M=3.13\%$, $SD=2.94$, $N=7$ studies).

- *Independence:* The fact that the counsellor was not a family member or teacher ($M=3.08\%$, $SD=1.37$, $N=4$ studies).
- *Understood:* Feeling empathised with by the therapist ($M=2.56\%$, $SD=1.80$, $N=6$ studies).
- *Accepted:* Feeling valued by the counsellor ($M=1.73\%$, $SD=1.14$, $N=3$ studies).

Other factors endorsed by some of the young people in at least two of these studies were the personal qualities of the counsellor (such as his/her friendliness), and the fact that talking to the counsellor had helped them to talk more to others in their lives.

These themes were generally repeated in the remaining post-counselling questionnaires responses, and also in the four in-depth interview studies. For instance, 95% of participants in the Glasgow I interviews said that what had been valuable was an opportunity to talk, and 42% stressed the helpfulness of getting things off their chests. However, in three of these interview studies, a substantial number of participants also emphasised the helpfulness of the counsellor’s active interventions, such as asking questions; offering guidance, advice and strategies for dealing with problems; and teaching the clients particular techniques, such as relaxation exercises.

Qualitative responses – Unhelpful factors/Areas for improvement. What do clients find unhelpful in counselling in schools services or would like to see improved? No rating data was available to answer this question, but open-ended qualitative responses to post-counselling questionnaires and/or interviews was available from nine studies.

In general, participants gave few responses to the question ‘What was unhelpful about your counselling?’ and, where they did, tended to say that there was nothing unhelpful. In the East Renfrewshire I

study, for instance, only three out of 90 respondents identified particularly areas of dissatisfaction/for improvement (3.33%), with just six out of 381 participants (1.57%) giving a similar response for Glasgow III. However, across the eight studies, five factors did emerge in more than one dataset. These were as follows, in descending order of prevalence:

- *Availability*: The counsellor should be around for longer/more available ($N=7$ studies).
- *More active*: The counsellor should give more advice and input/do more than just listen ($N=3$ studies).
- *Promotion*: The counselling service should be better publicised in the school ($N=2$ studies).
- *Maintain privacy*: Confidentiality should not be broken ($N=2$ studies).
- *Difficult process*: It was too painful to open up ($N=2$ studies).

Teachers' perspectives on change

Helpfulness.

Quantitative responses. In four studies, pastoral care/student support teachers were asked to rate the helpfulness of the counselling service to the pupils of theirs who had used this service on a 10-point scale (1 = *Extremely unhelpful*, 5–6 = *Neither helpful or unhelpful*, 10 = *Extremely helpful*). Pooled results from 125 teachers (average response rate = 82.5%) are presented in Figure 4. The overall mean rating was 8.22 ($SD=1.49$), with a mode and a median rating of 8.

Qualitative responses. Consistent with the above finding, teachers' qualitative responses in in-depth interviews and/or open response questionnaire items ($N=5$ studies) also tended to be positive about the helpfulness of counselling. For instance:

I was sceptical to begin with . . . but it's been great, excellent, superb. (Aberdeen)

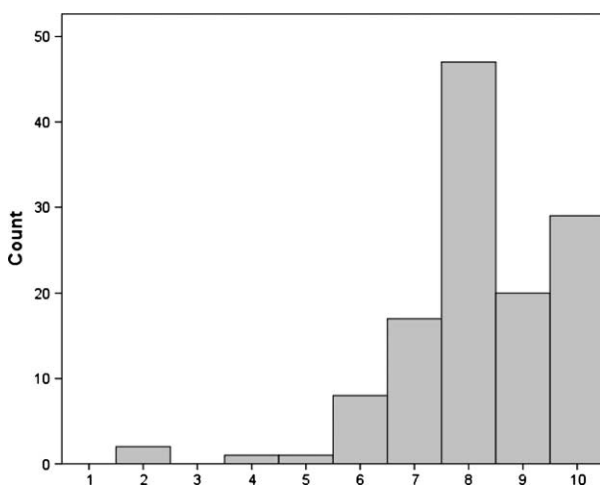


Figure 4. Teachers' ratings of helpfulness of counselling for their pupils.
Note. 1 = *Extremely unhelpful*, 5–6 = *Neither helpful or unhelpful*, 10 = *Extremely helpful*

This is an excellent service which has been of huge benefit to pupils on a short/long term basis. (East Renfrewshire I)

Excellent resource which pupils find very valuable. (Glasgow II).

Helpful factors. Teachers were not asked to provide quantitative ratings of the helpfulness of specific factors in any of the studies. However, in seven studies, teachers had provided qualitative responses (through open-ended questionnaire items and/or interviews) indicating why they thought counselling was helpful to pupils and what they saw as the added value of counselling to a school's pastoral care provisions. Five factors were cited by school staff as helpful in two or more studies, and these are presented below, in descending order of frequency:

- *Independence*: the neutrality of the counsellor – someone other than teachers or parents that a young person could talk to ($N=5$ studies).
- *Confidentiality*: the private nature of the counselling service ($N=4$ studies).
- *Accessibility*: that young people could be referred to the counselling service easily, and without long delays before being seen by the counsellor ($N=4$ studies).
- *Expertise*: the counsellor's specialised training in counselling (over and above that of pastoral care staff) ($N=3$ studies).
- *Time*: that the counsellor, in contrast to a pastoral care teacher, can spend extended amounts of time with a young person ($N=2$ studies).

Other factors that teaching staff cited as helpful were that counselling was non-stigmatising (cf. psychological services), that counselling was non-directive, and that it was a particularly valuable resource for 'troubled' young people.

Unhelpful factors/Areas for improvement. In seven of the studies, teaching staff had provided qualitative comments (again, either through open-ended questionnaire items and/or interviews) on what they thought was unhelpful about the counselling service, or ways in which it could be improved. Four of these factors were cited by school staff in two or more studies, and these are presented below, in descending order of frequency:

- *Greater availability*: counselling service should be extended, with more counsellors and/or for more hours per week ($N=7$ studies).
- *Greater promotion*: profile, and awareness, of counselling service in school should be raised ($N=4$ studies).
- *Better communication*: counsellors should communicate more openly and effectively with pastoral care staff: for instance, more feedback on how clients are doing ($N=3$ studies).

- *Greater range of activities:* counsellors should establish other therapeutic activities as well as one-to-one counselling with young people: for instance, anger management groups and counselling for parents ($N=2$ studies).

Other factors that teaching staff cited as areas for improvement were the need for more time to establish protocols for the counselling service, and more advice giving.

Impact on education

External indicators. In only one study were 'objective' indicators (e.g. attainment in exams) used to assess the impact of counselling on educational factors (Glasgow II). This found no statistically significant differences in attendance rates and numbers of exclusions from pre- to post-counselling ($N=54$ clients) although, in both instances, change was in a positive direction.

Subjective ratings. In one study, clients ($N=264$) were asked in the post-counselling questionnaire to rate the effect of counselling on four educational variables – motivation to attend school, ability to concentrate in class, motivation to study and learn and willingness to participate in class – on a 9-point scale (1 = *Much less*, 5 = *No difference*, 9 = *Much more*). In three studies, pastoral care staff ($N=51$) were also asked to undertake this rating. For each of the educational variables, around 60–70% of clients said that counselling had led to improvements in these areas, 25–35% said that it made no difference, and 5–10% said that it made things worse. For members of teaching staff, the respective figures were 75–90%, 5–20%, and 2–3%.

Qualitative responses. In one study, in-depth qualitative interviews were conducted with 17 clients to examine the impact of counselling on capacity to study and learn. Consistent with the quantitative findings above, over 80% of clients said that counselling had had a positive impact on their capacity to study and learn. Most pervasively, counselling was experienced as reducing the clients' focus on their problems and concerns, thus allowing them to concentrate more fully on their class work. Some clients also reported that the counselling increased their desire to attend school, the amount of work that they were doing, and improved their relationships with their teachers. As a consequence of these changes, some clients reported that the counselling had improved their academic attainment.

In the same study, pastoral care teachers from 10 schools were also asked to evaluate the impact of counselling on the pupils' capacities to study and learn. Here, respondents from 7 of the 10 schools said that it was difficult to evaluate, but teachers from 90% of the schools thought that the counselling could have had an indirect positive impact for

some pupils. Two improvements, in particular, were highlighted by pastoral care teachers: increased ability to concentrate in class, and increased attendance at school.

Discussion

The picture emerging of the 'typical' young person coming to a school-based counselling service is as follows: They are likely to be around 14 years old, experiencing psychological difficulties that have been present for six months or more and at a level close to those attending CAMHS units, and somewhat more likely to be female. Most often, they will be referred to the counsellor through their school's pastoral care system, and attend – on a fairly regular basis – for around four to five sessions. If female, they are most likely to present with, and discuss, family and relationship issues; and, if male, family and/or anger issues. By the end of counselling, they are likely to be feeling significantly better, and are likely to attribute a large part of this improvement to counselling. Most often, they will indicate that this was because it gave them a chance to talk through their problems and get things off their chests. As a consequence of this improvement, they may also feel more able to concentrate in class and learn.

As this picture indicates, one of the key findings of this research is that a large proportion of clients – as well as teachers – perceive school-based counselling to be of positive benefit. On average, over 90% of respondents say that there has been some improvement, more than 80% say it has been moderately or very helpful, more than 94% are satisfied with it, and pastoral care teachers give it a mean rating of 8.22 on a 10-point scale. And even though such self-report question do tend to generate highly positive responses, the present findings are still relatively impressive: for instance, a school-based early intervention group therapy programme for adolescent depression was rated as somewhat to very helpful by 71% of participants (Kowalenko et al., 2005) – around 10% less than in the present review.

However, a more rigorous analysis of these findings raises some important concerns. First, such self-report data tends to represent the view of only those who attended a final counselling session (in this instance, around 60% of clients); with clients who dropped out, or found the counselling unhelpful, less likely to complete post-counselling questionnaires (Anderson, Rivera, & Kutash, 1998). It may be, then, that rates of helpfulness or satisfaction would be much lower if all clients had provided a response. A counterpoint to this argument, however, is that pastoral care teachers were also very positive about the counselling, and they would be likely to have an overview of *all* clients participating in the counselling, not just those who had a planned completion. Moreover, in two studies, clients' views of the counselling process were also taken mid-therapy (which would be more likely to include the views of those who subsequently dropped

out) and these were no less positive than those from the end of counselling.

Another serious concern with this self-report data, however, is its reliability. As well as the question of whether or not the clients and teachers actually *know* how helpful the counselling has been; there is also the question of whether they may be more likely to rate it highly out of a desire to be positively evaluated by the counsellor or researcher.

For this reason, within the psychotherapy and counselling research field, a much more trusted indicator of the effectiveness of a particular intervention is change from pre- to post-therapy on some demonstrably reliable measure of psychological well-being. Here, too, school-based counselling would appear to stand up well, with a large mean pre- to post-treatment effect size and a 'remission rate' of just under 50%. This is roughly similar to those found from pre- to post-treatment for other psychological interventions (e.g. cognitive behavioural therapy (CBT), Brent et al., 1997; J. A. Cohen & Mannarino, 1998; Kowalenko et al., 2005). It is also consistent with the evidence that a non-directive therapeutic intervention can be as effective as CBT for children and young people experiencing mild to moderate depression (Birmaher et al., 2000; Vostanis, Feehan, Grattan, & Bickerton, 1996). In addition, the weighted mean effect size of 0.81 in the present study is comparable to the mean effect size of 0.91 for school-based psychological interventions in the US (which are mainly of a cognitive-behavioural nature, Prout & Prout, 1998), as well as to the effectiveness for other interventions for child and adolescent psychological disorders (Fonagy, Target, Cottrell, Phillips, & Kurtz, 2002; Kazdin, 2004; Weisz, Doss, & Hawley, 2005).

A critical difference between the present effect size and those above, however, is that it is 'uncontrolled.' This means that it is only an indicator of the amount of change from pre- to post-counselling, and not an indicator of how much change happens *as compared with* changes in a similar group of young people who do not have counselling (i.e. a 'control' group). Making this comparison is essential in establishing the 'efficacy' of counselling (i.e., its potential to bring about change). Without it, it is not possible to know whether the improvements associated with counselling are *due to* the counselling, or whether they are due to other changes that take place over the passage of time, such as 'spontaneous remission' (i.e. recovery without a known cause). So far, research suggests that young people with emotional problems do not tend to spontaneously remit (e.g. Adamson et al., 2006; Kowalenko et al., 2005; Lewinsohn, Clarke, Hops, & Andrews, 1990), and the evidence from the present review suggest that many of the problems that young people bring to counselling have been long-standing. However, without a direct comparison of changes in young people attending counselling with changes in a similar group of young people not attending counselling (for instance, on a waiting list or

receiving pastoral care as usual), the efficacy of counselling in schools can not be established beyond doubt.

In terms of future research, therefore, probably the greatest need is to conduct randomised controlled trials (RCTs) that can evaluate the efficacy of UK-based school counselling. Such studies raise considerable ethical, practical and philosophical challenges (Cooper et al., 2009; Westen, Novotny, & Thompson-Brenner, 2004), but these are not insurmountable and, from a pragmatic position, such RCT evidence – with an accompanying cost-effectiveness analysis – is likely to become increasingly important in an evidence-based future.

Studies which can track changes in young people prior to counselling (for instance, from allocation to first counselling session), as well as from first to final session, would also go some way to establishing the efficacy of school-based counselling, over and above baseline changes. More in-depth case studies, more regular assessment of psychological wellbeing (e.g. weekly YP-CORE forms) and more evidence from parent- and teacher-perspectives would also make valuable contributions to the strength and depth of the current evidence base.

Conclusions

A limitation of the present evidence is that it comes from a small proportion of counselling in schools projects, with the possibility that these projects may not be representative of the national norms. Nevertheless, for the first time, the outcomes, processes, and nature of counselling in secondary schools in the UK has been comprehensively reviewed, and it is hoped that this can serve as a basis for further study. In the current political climate in the UK, there is a need for counselling in schools to rest on firm empirical foundations: the evidence base, so far, looks promising, but there is much still to be done for school counselling to be confident of its place for the future.

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Biographical note

Mick Cooper is a Professor of Counselling at the University of Strathclyde and a practising therapist. He is author of *Essential Research Findings in Counselling and Psychotherapy* (Sage, 2008), *Existential Therapies*

(Sage, 2003) and several other books, chapters and journal articles on person-centred, existential and relational approaches to counselling and psychotherapy. Since 2003, Mick's principal research interest has been counselling in schools, and in 2005 he received BACP's Recognised Achievement in Counselling and Psychotherapy award in the Established Researcher category for his evaluation of the Glasgow Counselling in Schools Project.

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