

# The Norwich Centre



**I like to be heard:  
A person-centred retrospective comparison of the  
effectiveness of counselling in adult clients using  
PSYCHLOPS data**

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## **Abstract**

Personalised outcome measures allow clients in therapy to describe their problems and difficulties in their own words, with these descriptions then contributing to the measurement tool. To date, little is known about how data from these measures can vary between various categories of presenting issues. In this study, we consider data from 61 clients who undertook person-centred counselling at the Norwich Centre. The clients completed a personalised outcome measure (PSYCHLOPS<sup>ii</sup>) at the start, throughout and at the end of their counselling. We have evaluated the presenting issue qualitatively, placing each into one of seven categories, and explored potential statistical patterns between the data from each category. Our data show a range of different effect sizes, from *anxiety* (2.62) to *existential issues* (0.23). However, statistically the mean differences between total outcome scores in each category were not significantly different.

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*I like to be heard...When I have been listened to and when I have been heard, I am able to re-perceive my world in a new way and to go on. It is astonishing how elements which seem insoluble become soluble when someone listens. How confusions which seem irremediable turn into relatively clear flowing streams when one is heard.*

*Carl Rogers, founder of the Person-Centred Approach (1980)<sup>j</sup>*

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## **The Norwich Centre and the Person-Centred Approach**

The Norwich Centre is a charity established in 1979. Dedicated to the Person-Centred Approach (PCA), its founders include Professor Brian Thorne. The charity provides a counselling service in the local community, and employee counselling through its limited company, both of which are BACP Accredited services. We also run person-centred training courses, including a Post-Graduate Diploma in Counselling, a BACP Accredited course. These activities have enabled us to remain independent from the NHS, local and government agencies and the requirements of major funding bodies. Our mission also includes promoting research into the PCA.

Ten years ago we introduced PSYCHLOPS as a means of evaluating the outcomes of our counselling services. We chose PSYCHLOPS because it allows us to hear the voice of client. The client conceptualises their issues, expressing this in their own words and evaluating their own process.

Outcome research for Person-Centred Therapy and other humanistic approaches is sometimes perceived as lacking, especially compared with behavioural and cognitive-based therapies. Counsellors can find themselves encountering the myth that 'there's no evidence that person-centred therapy works' (Cooper 2004<sup>iii</sup>), when there is actually a large body of research evidence supporting the effectiveness of this approach (e.g., Elliot 2016<sup>iv</sup>). Along with an emphasis on randomised controlled trials, this has contributed to reduced funding for, and availability of, humanistic counselling in the UK in recent years. There is a growing body of more recent evidence, although some of this has involved approaches strongly influenced by the PCA but not fully embodying the PCA per se.



## Study design and methods

Using evidence gathered from person-centred client work spanning over three years, we have collated and analysed data using quantitative and qualitative methodologies to evaluate potential patterns and trends in a variety of presenting issues.



PSYCHLOPS data were collected and collated for charity clients attending the Norwich Centre in the period January 2015 to January 2019. Eleven counsellors saw 98 Norwich Centre charity clients with duration of therapy ranging from 21 to 640 days per client. Two counsellors were qualified and experienced, the remaining nine were trainees, seven of whom qualified during the period covered by this study.

Clients complete a PSYCHLOPS questionnaire prior to therapy\* and then at six session intervals throughout their therapy with a final questionnaire at the end. The data were evaluated and reviewed by three members of the research team and incomplete sets of data (those that did not have a completed pre- and post-therapy questionnaire) were removed. This left 61 sets of complete client data (N=61). Statistically this resulted in a mean of 4.39 and mode of 3 in terms of completed number of PSYCHLOPS questionnaires per client.

\* At the start of therapy Norwich Centre clients consent to data gained from completion of PSYCHLOPS to be used anonymously for research and evaluation

## Data

The 61 data sets were compiled into a database from which thematic analysis was carried out on the qualitative data (which was then triangulated by the research team) to eliminate bias and draw out categories in terms of therapy purpose. The categorisation was performed for PSYCHLOPS question 1a, the primary presenting issue, as well as the second issue (question 2a) and the 'hard to do' things. We calculated the effect size for the change from pre- to post-therapy total PSYCHLOPS scores, for data from each category separately as well as for the entire sample. We also examined whether the means of the change in score for each category were significantly different or not, using a one-way ANOVA.

## Results and Discussion

A higher PSYCHLOPS score indicates that the client has felt more severely affected by their issues in the week prior to completing the questionnaire. Total scores can range from 0 to 20. The pre-therapy score minus the post-therapy score gives a measure of change over the course of counselling. The mean changes in score and related effect sizes are shown in Tables 1 and 2 for our data from different client groups as well as for our whole sample.

**Table 1:** Clients grouped by category of answer to Q1a

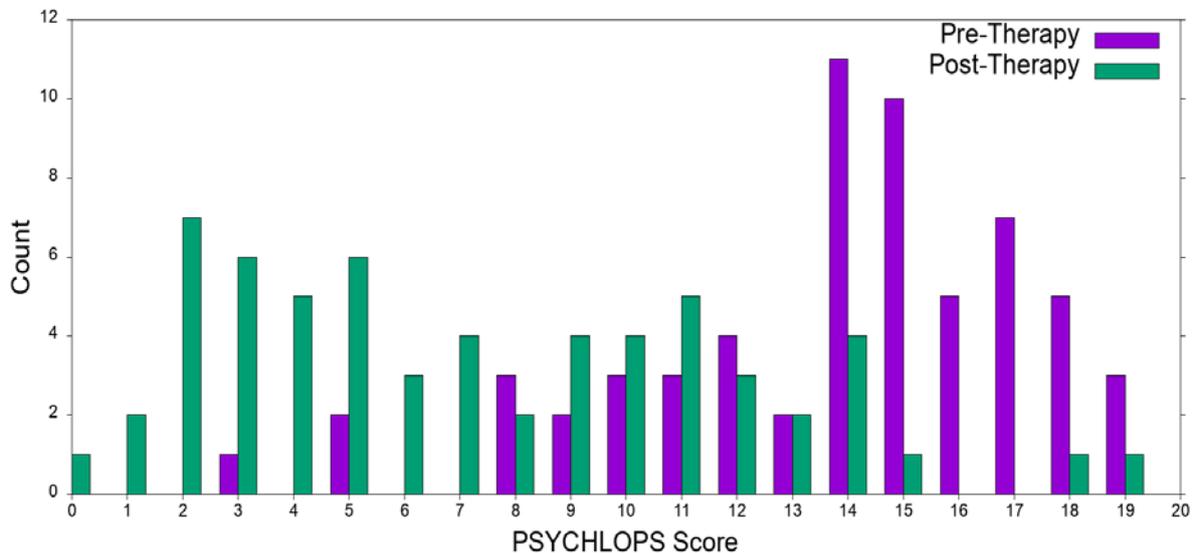
Primary Presenting Issue	Sample Size	Mean reduction in Score	Effect Size
Anxiety	20	8.05	2.62
Depression	11	5.45	1.26
Existential Issues	2	0.50	0.23
Grief/Loss/Change	9	7.00	1.98
Relationship Issues	11	6.55	2.39
Self Esteem	7	5.71	1.17
Trauma	1	-2.00	N/A
Entire sample	61	6.48	1.80

**Table 2 :** Clients grouped by category of answer to Q2a. One client had no second presenting issue.

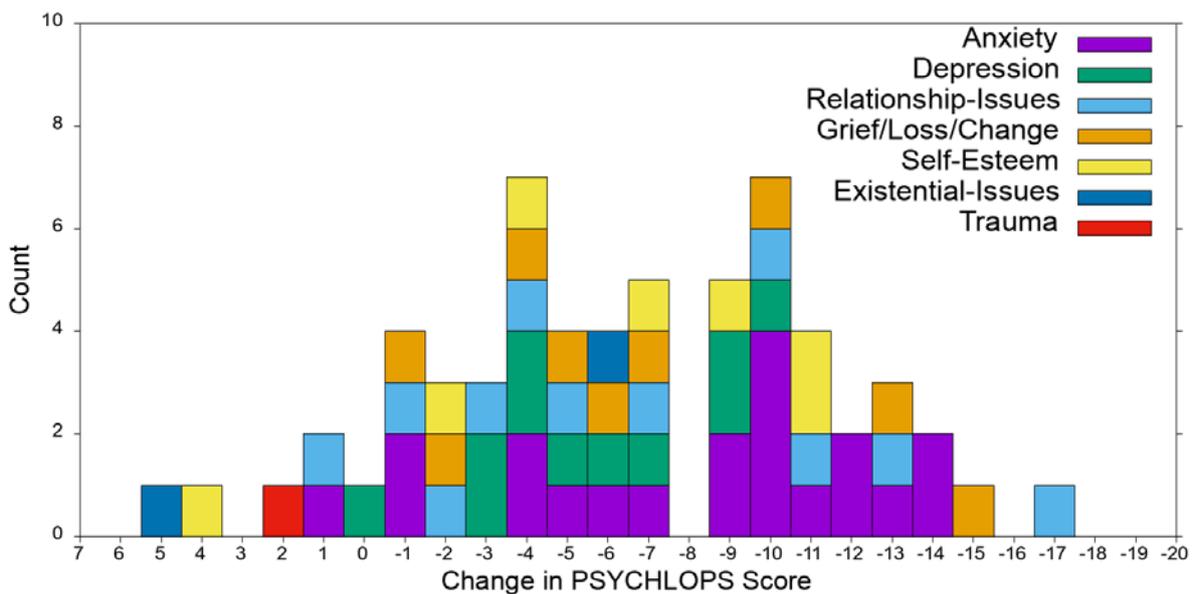
Second Presenting Issue	Sample Size	Mean reduction in Score	Effect Size
Anxiety	22	7.14	2.10
Depression	10	6.20	2.12
Loss	3	6.33	1.58
Trauma	1	9.00	N/A
Relationship Issues	9	4.89	1.56
Self Esteem	9	5.22	0.98
Work Issues	5	9.20	2.20
Other	1	1.00	N/A
Entire sample	60	6.42	1.77

The overall effect size for all 61 clients in our study is 1.80, which is similar to that found in previous studies using PSYCHLOPS data, which showed effect sizes of 1.53 (Ashworth 2005<sup>v</sup>) and 1.61 (Ashworth *et al.* 2009<sup>vi</sup>).

The effect size for the 'existential issues' primary issue category is small compared with the other primary categories. However, there were only 2 clients in this group, and for the mean changes in score there were no significant differences between any of the seven categories (one-way ANOVA,  $F_{6,54}=1.566$ ,  $P=0.175$ ). For the second presenting issues, again the mean score changes are not significantly heterogeneous (one-way ANOVA,  $F_{7,52}=0.694$ ,  $P=0.677$ ).



**Fig. 1:** Distribution of pre-therapy and post-therapy PSYCHLOPS scores used in our study. The post-therapy scores have a higher variance, and a lower mean, than the pre-therapy scores.



**Fig. 2:** Stacked histogram showing the change in PSYCHLOPS score, defined here as post-therapy score minus the pre-therapy score, for the categories of primary presenting issue.

## Conclusion and future directions

Clients on average perceive themselves to have improved against their own original assessment of themselves in all presentations. In our data the largest effect size is seen for clients with primary presenting issues categorised by us as *anxiety*. The smallest effect size is with the group of clients with primary issues categorised by us as *existential issues*. However, the mean changes in score are not significantly different between all groups.

We recognise sample size, lack of control group, subjectivity in categorisations, geographic and demographic restrictions to our research and therefore future studies would aim to address these limitations. A power calculation would provide context to our sample and group sizes.

The word clouds generated for the poster depict the way clients talk about themselves and their issues and would merit further study, to examine whether this has been 'influenced' by therapy (it may be not only the nature of what they say but also the linguistic changes too). Measures would need to be developed to capture this.

The Norwich Centre is committed to person centred research and moving forward would welcome collaboration with other researchers in this field. We also intend to expand our training through establishing a Masters Programme with a focus on Person Centred Research in the near future and welcome interest in this.

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<sup>i</sup> Rogers, C. R. (1980) *A Way of Being*. New York, Houghton Mifflin.

<sup>ii</sup> Ashworth M., Shepherd M., Christey J., Matthews V., Wright K., Parmentier H., Robinson S., Godfrey E. (2004) A patient-centred psychometric instrument: The development of 'PSYCHLOPS' ('Psychological Outcome Profiles'). *Counselling and Psychotherapy Research* 2004; 4: 27–31

<sup>iii</sup> Cooper, M. (2004) Person-centred Therapy: Myth and Reality  
[https://strathprints.strath.ac.uk/42358/1/2004\\_myths\\_of\\_PCA.pdf](https://strathprints.strath.ac.uk/42358/1/2004_myths_of_PCA.pdf) [6/5/19]

<sup>iv</sup> Elliot, R. (2016) Research on person-centred/experiential psychotherapy and counselling: Summary of the main findings. In LAGO, C. & CHARURA, D. (Eds.), *The person-centred counselling and psychotherapy handbook: Origins, developments and current applications*. Maidenhead: Open University Press.

<sup>v</sup> Sales C, Neves I, Alves P, Ashworth M. *Capturing and missing the patient's story through outcome measures: a thematic comparison of patient-generated items in PSYCHLOPS with CORE-OM and PHQ-9*. *Health Expect*. 2018 Jun; 21(3): 615–619

<sup>vi</sup> Ashworth M., Robinson S. I., Godfrey E., Shepherd M., Evans, C., Seed, P., Parmentier, H., Tylee, A. *Measuring mental health outcomes in primary care: the psychometric properties of a new patient-generated outcome measure, 'PSYCHLOPS' ('psychological outcome profiles')*. *Primary Care Mental Health*, Volume 3, Number 4, December 2005, pp. 261-270(10)

<sup>vii</sup> Ashworth M, Evans C, Clement S. *Measuring psychological outcomes after cognitive behaviour therapy in primary care: a comparison between a new patient-generated measure, 'PSYCHLOPS' (Psychological Outcome Profiles) and 'HADS' (Hospital Anxiety Depression Scale)*. *Journal of Mental Health* 2009;18:169-177

**Rhianna Broadway** has a degree in Geography with Development Studies and a MA in Migration Studies. Her background consists of research and development work in the third sector, NHS and academia and she has carried out research within migrant communities. Rhianna qualified as a counsellor in 2017 and currently practices as a Resilience Therapist in the NHS, she has her own private practice and tutors at the Norwich Centre on the Post Graduate Diploma in Counselling.

**Dr Richard Doyle** has a background in the physical sciences and research administration. A keen runner and cook, Richard first encountered the person-centred approach in 2016. He is currently training on the Post-Graduate Diploma in Counselling at the Norwich Centre.

**Nellie Ford** has a degree and 20 years' experience in Archaeology, but decided to change career and work with the living, and completed a MA in Counselling at UEA in 2018. She works as a Young Peoples' Counsellor for a local charity, as well as in her private practice. She is also a trainer at the Norwich Centre.

**Dr Caroline Kitcatt** has been Centre Director of the Norwich Centre for 20 years. Her role includes counselling, training and supervision as well as the financial management of the Centre. Her leisure interests include dance, yoga, walking and creating textile art.

### ***Find out more***

You can find out more about the Norwich Centre and this research study by visiting our website at [www.norwichcentre.org](http://www.norwichcentre.org)



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