

The Work of a Christchurch Community Counselling Centre: *How Successful Has It Been with Clients?*

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Abstract

In an earlier report it was shown that five consecutive years of client demographic data collected at an affordable, walk-in counselling agency demonstrated that the agency was meeting its original aims (Manthei & Duthie, 2003). However, missing from that analysis were actual data on counselling outcomes that might lend support to those results by showing that the agency had also been successful in providing effective counselling services to its targeted clientele. This study fills that gap by reporting the self-reported counselling outcomes of 31 clients who were seen at the agency and their reactions to the service they received. The results provide further evidence of the agency's effectiveness, and when combined with data from the 2003 report, give a fuller picture of a well-functioning counselling service.

Introduction

Manthei¹ and Duthie (2003) reported on the planning for, setting up and operation of a community-based counselling service. The aims of the agency were described and client utilisation data spanning the agency's first five continuous years of operation were used to evaluate the extent to which those aims had been met. Based on the intake data available they concluded that the aims of the agency had been met for the most part. Areas in which it had fallen short of its goals, e.g. in providing service to all clients irrespective of gender, ethnicity or age, were areas in which counselling agencies in New Zealand and overseas (see, for example, Vessey & Howard, 1993) have reported similar imbalances.

At the time their data were being collected, and currently, published information on this topic and clients' utilisation of such services was neither extensive nor systematic in New Zealand. The few New Zealand studies that had reported data on the actual

1. The author was a member of the group that planned and initiated the counselling service and thereafter was a member of the agency's Board of Trustees. At the time this research was conducted, he was a member of the agency's Counselling Advisory Committee.

utilisation of mental health services tended to use small samples gathered over a short time period (e.g., Bridgman, 1994; Hornblow et al., 1990; Parkin, 1991; Wivell & Webb, 1995) or data from specific client groups such as gamblers (Sullivan et al., 1997), women reporting child sexual abuse (Morris et al., 1998), adult women (Romans-Clarkson et al., 1990), or war veterans' families (Deane et al., 1998). Obvious limitations of much of this data were that so little of it had been collected from the same agency and almost none of it had been collected over several years or reported counselling or therapy outcome or client satisfaction data. The latter was a shortcoming in Manthei and Duthie's study (2003) as well. In general, these limitations have restricted the utility of these reports to providing mere snapshots of client usage at a given point in time.

The present study was conducted at the same agency and involved collecting information directly from 31 consenting clients after they had completed their counselling. This information included client estimates of their progress in counselling, what had helped or hindered their progress, and their overall satisfaction with the service they received. There is considerable research evidence that "demonstrates that client perceptions of the relationship [with a counsellor] are the most consistent predictor of improvement", more so even than therapists' perceptions (see Metcalf et al., 1996, p. 335). Thus, to better understand the meaning of events that occur in the counselling process in the present study it seemed "... appropriate that counsellors and researchers should seek to understand clients' views and experiences of the counselling process and its outcome. This shift in research perspective parallels moves by many counsellors away from a positivistic scientific outlook towards a more humanistic orientation" (Howe, 1996, p. 368). By collecting such data one of the main limitations of the earlier study was redressed, and it enabled a more comprehensive evaluation of the agency's effectiveness in terms of its mission, which was to provide affordable counselling to anyone who sought it.

Method

The agency

This report is based on data gathered from a larger study, the results of which will be reported separately. The study was conducted at a small, suburban counselling agency that had originally been set up as a Christian-based counselling centre to provide mental health services to the socially and economically disadvantaged in a five-parish catchment area. The agency grew out of the perception of four Christian parishes (Anglican, Methodist, Roman Catholic and Presbyterian) that their pastoral ministry was not effectively reaching beyond the needs of their own committed churchgoers. Thus, in an attempt to revitalise their traditional helping role among their congregations and to

provide an affordable helping service for anyone in need, the participating churches established and supported a community-based counselling agency, one with a clearly and carefully organised structure and profile.

The agency first opened in 1996 and has always been staffed by counsellors who are, in the main, volunteer counsellors in the internship stage of their training at the three counsellor education courses in the city. All of the counsellors are regularly supervised by independent, experienced clinical supervisors.

Instrument

When the agency was being planned in 1996, a decision was made to gather systematic data on all clients who contacted the agency as part of its regular intake procedure. A summary of that information collected during the agency's first five years of operation and the trends it contained were reported in Manthei and Duthie (2003). In this study, self-report data were gathered using a questionnaire that was devised for surveying clients at the completion of their counselling. The Client's View of Counselling Project Questionnaire (CVCPQ) consisted of three parts, which included both fixed-choice and open-ended questions. The first part of the questionnaire asked clients if they had been in counselling previously and, if so, with how many different counsellors. Part two asked several questions about seeking counselling, what efforts they had already made to solve their problems, and why they had chosen this particular agency. Part three asked them to indicate how well they were managing their difficulties at several different times: before seeking counselling; at their first counselling session; at the end of their counselling; and at the time they completed their questionnaire. Clients were also asked to indicate what percentage of their improvement they thought was due to counselling and how much was due to "other" things. Questions about the number of sessions they had, whether this number was adequate, how the decision to terminate was made, the reasons for terminating and how well they thought they got along with their counsellor were also included. Finally, clients were asked to indicate those things in their counselling that they found particularly helpful and unhelpful, and to comment on the effect that participating in the study had on them.

Participants

Over a period of about four months all clients deemed capable of participating in the research process at their first counselling interview were asked if they would be willing to take part. A total of 70 clients indicated that they were and signed consent forms. Completed questionnaires were eventually obtained from 31, or 44% of the clients, who initially said they would be happy to participate. Although the number who

participated is less than half of those who originally consented to do so, there was often a three- to six-month gap between them first agreeing to participate and their receiving a questionnaire following the termination of their counselling. Realistically, that amount of time would conceivably have resulted in some people changing their minds, forgetting that they had made such a commitment many months previously, or experiencing diminished motivation for wanting to participate. Nevertheless, the level of participation was thought to be acceptable and the results, if interpreted with caution, would still provide useful information given the "real" conditions under which the study was conducted. However, the loss of subjects must be kept in mind when considering the implications of the findings.

All 31 participants were European, and they consisted of 26 females (86%) and 5 males. This is a greater proportion of females when compared with the agency's overall rate of 66% females (Manthei & Duthie, 2003). Twenty-one, or 68%, had been in counselling previously, with the number of previous counsellors ranging from 0 to 5. This compares with 56% of clients who had previous counselling in Manthei and Duthie's data (2003). Thus, this data has been gathered from a sample of clients that contained more females and one that had more clients with previous counselling experience. It is not known how these two differences might have affected the results or biased them in any way. In fact, their greater experience with counselling may have made the clients able to comment more knowledgeably on the quality of the counselling service they received, which was, after all, the aim of this study. All six of the counsellors involved with these clients were European and only one was male. Two of the counsellors had several years of counselling experience (including the male) while the other four were interns with up to two years' counselling experience.

Procedure

The questionnaire and the procedure used were approved by the agency's Board of Trustees, the counselling staff working there, and the author's university human ethics committee. A key part of this procedure was allowing clients to voluntarily consent to participating in the data collection process at the beginning of their counselling and then to confirm their participation following the completion of their counselling when they received the CVCPQ. As new clients came in for counselling their counsellors made a determination about their emotional state in deciding whether to inform them about the study procedure. Reasons for not informing them included clients being in an extremely emotional state that would have made participation impossible, clients being under the influence of drugs or medications and not able to understand the procedure description, or some other reason as determined by the counsellor. This

step was instituted in order to protect clients who were unable, in the counsellor's opinion, to sufficiently attend to and understand the procedure in order to make an informed decision about participating. The number of clients who were excluded for these reasons numbered less than five.

For all other clients, their counsellors, at some appropriate time during the first interview, described the study and what would be required of participants and asked if they would be willing to take part. If clients indicated an interest, they were given an explanation of the study supplemented by a written, one-page explanation of the procedure, what would be required of them, and a consent form to sign that asked them if they would be willing to complete a questionnaire at the end of their counselling. They were assured that their identity would be kept confidential and that individual participants would not be able to be identified in any report or write-up of the results.

All clients who agreed to participate were assigned a coded identification number by a person independent of the research. After clients' counselling had terminated they were sent a copy of the CVCPQ and a postage-paid return envelope to expedite the return of the completed questionnaires. Completed questionnaires were posted to the independent person for coding before being returned to the researcher. When counselling was terminated jointly, that is, formally agreed to by both counsellor and client, a questionnaire was sent to the client immediately. However, in cases where clients terminated unilaterally, that is, they failed to continue attending without formally discussing it with their counsellor, a period of four weeks of non-attendance was allowed before sending out the CVCPQ. If a client had not returned a questionnaire after three weeks, a reminder letter and another questionnaire was posted. After that there were no further reminders since it was assumed the client was no longer willing or interested in participating and should not be bothered any further.

When they received the questionnaire, the clients were also asked if they would be willing to be interviewed about their counselling experience at the agency. If they were happy to be interviewed, they indicated that by writing their name, phone number and the best time to be contacted. Twenty-five clients consented and in the end 20 could be contacted and spoken to, either in person or by phone. The conversations were recorded and transcribed. The material from those interviews that directly related to the counselling agency was included in the results of this study.

Results

Questionnaire answers were coded and entered into a database. Wherever appropriate, the quantitative data were analysed using Statview 5.0. Missing data were replaced with that variable's mean score to minimise data loss due to missing data. The answers to the

open questions were recorded verbatim and summarised by grouping responses into categories representing various themes.

The delay in seeking counselling: trying other options

Having once thought of seeking counselling, only a minority of the clients, 35%, went immediately to the agency to get it and another 13% waited for a week. The rest (52%) thought about counselling for a month or more before actually seeking it. This tendency by many to delay seeking counselling is not unusual and previous research has indicated that most clients delay seeking counselling for a while (Monroe et al., 1991; Saunders, 1993). During this delay, that is, the time between thinking about seeking counselling and actually getting it, these clients typically tried to resolve their problems in various ways (see Table 1). In fact, clients tried an average of five strategies each. Again, this problem-solving behaviour is typical of most clients as reported in other studies (Howard et al., 1996; Wills & Depaulo, 1991; Wivell & Webb, 1995).

Table 1: Activities clients tried before seeking counselling

Activities	No.
Talking to others (family, friends)	30
Tried working it out myself	25
Denied or ignored the problem	16
Hoped things would improve	16
Saw another professional (doctor, social worker)	14
Just kept busy	14
Read useful material	11
Tried to change my thinking	8
Prayed	8
Tried using alcohol or drugs	6
Other things (various)	7
Total (ave = 5 per client)	155

Finally deciding to get counselling

Although the factors or events (an average of 1.6 per client) that finally convinced these clients to seek counselling were usually unique in their detail, they also fit into certain broad categories (see Table 2). The reasons given, in order of frequency mentioned,

were: “a specific event”; “advice from someone else”; “a crisis” or “a slow deterioration of things”; “no other options/last resort” or “a thought I had”. For a number of clients it seemed that having close friends or family members who suggested they get counselling was a very helpful thing. A written response to this question that illustrated the unique circumstances most clients faced when trying to decide whether to get counselling was the following:

I had been thinking of getting counselling to sort out all my old “baggage”, then I had a crisis – I lost my job in very unpleasant circumstances – and my doctor suggested counselling. I thought about it for a bit longer and decided it was a good time to get things sorted out. I had been teaching and was also very stressed and burnt out.

Table 2: What convinced clients to get counselling?

Events	No.
A specific event	14
Advice from someone	14
A crisis	8
Slow deterioration of things	8
A thought I had	2
No other options/last resort	2
Other	2
Total (ave = 1.6 per client)	50

Choosing this particular agency

Once they decided to seek counselling, clients had various reasons (an average of 2.1 reasons per client) for choosing this particular agency (see Table 3). For example, 24 (or 77% of 31 who completed a questionnaire) said they had been “referred by someone”. This compares with the just over half (51%) of all new clients who were referred by other counsellors, doctors or social welfare agencies over five years (Manthei & Duthie, 2003). It is assumed that this high rate of referrals would only happen if the general practitioners and other professionals were confident about the quality of service the agency was providing to their patients. Eighteen clients (58%) said they chose the agency because it was “affordable”. This reason fits very closely with the fact that, previously, 65% of all new clients had reported earnings less than

\$20,000 per annum (Manthei & Duthie, 2003). Nine liked its “convenient location”, a reason which fits with data from the agency’s first five years of operation which showed that 63% of all new clients came from the agency’s intended catchment area. Finally, eight mentioned its “good reputation” and six mentioned its “Christian connection”. The typical written reasons given by clients in their questionnaires also tended to support these aims:

My doctor said it was the most helpful place.

... it doesn't cost very much because certainly I would never have been able to afford the correct fees at the time and that's what puts a lot of people off.

It was just handy that it was [close to] my home as well so I could feel comfortable and just duck out.

I'd heard it had a very good name and that a friend of mine had been here and she said that she found it to be very understanding and helpful.

The doctor suggested it and after I talked to my classmate, they are a Christian based thing as well, which is what I sort of wanted as well.

Table 3: Why did clients choose this agency?

Reasons	No.
Referred by someone	24
Affordable	18
Convenient location	9
Good reputation	8
Its Christian connection	6
I don't know	0
Total (ave = 2.1 per client)	65

Satisfaction with their choice of agency

When asked if they were happy with their choice of agency, almost all of the clients were satisfied and said so in a variety of ways:

Yes; they are an organisation that has so much to offer consumers as well as staff. They're multi-cultural. Awesome organisation.

I felt that it was the best choice I'd ever made.

In addition, many of them were happy enough about their choice to recommend the agency to others:

And I would – I've recommended that other people go there ...

... I think [the agency] was very professional; yeah, I'd recommend it to anyone.

... if you think counselling is going to help try [the agency] because you know, these reasons: it's good, it's affordable, it's effective, they don't stand any nonsense, there are no frills but it's highly effective.

Further evidence of the agency's success in meeting its aims and in delivering an effective counselling service to its clients can be found in the clients' responses to a series of questions that asked them to comment on and quantify their satisfaction with and progress in counselling. This data is summarised below.

Length of counselling and type of termination

The evidence suggests most clients were satisfied with the number of sessions they received and how the termination of their counselling came about. For example, clients received an average of 9.4 counselling sessions, with a range of 3 to 20. Twenty-six clients (84%) said that the number of sessions they received was "about right"; one thought there had been too many, and only four thought they had not received enough counselling. Twenty clients (65%) said the decision to terminate was made jointly with their counsellor and 10 (32%) said they had terminated on their own. The reasons they gave for terminating were mainly positive and included being able to cope on their own (mentioned by 12 clients, 39%), having learned new skills or ways of thinking that were proving to be effective (6 clients, or 19%) and feeling stronger and more in control of themselves (5 clients). Typical of their comments were the following:

I felt better able to cope and that I should try and "just get on with things".

I felt I was able to continue growing as a stronger person with the tools I had developed with my counsellor.

Felt stronger, more in control of what I wanted, needed and deserved.

Only a small number were reluctant to continue because they were not happy with some aspect of their counselling:

Had enough emotionally. Feeling quite drained after the sessions.

Not agreeing with the counsellor and going against my faith.

Estimated improvement

Based on their self-estimates of improvement over time, it was found that most clients improved significantly after receiving counselling. The questionnaire asked clients to rate how “well they were managing overall” using a 10-point scale (with 1 being “extremely poorly” and 10 being “extremely well”) on four different occasions: (1) at the time they decided to seek counselling; (2) at the time of their first counselling session; (3) on the day of their last counselling session; (4) at the time they were completing the CVCPQ, which was usually three to six months after they had completed their counselling (see Table 4). The increases in scores from their first counselling session (rating 2) to both of the post-counselling scores (ratings 3 and 4) were statistically significant: $t=12.3$, $p<.0001$ and $t=9.6$, $p<.0001$, respectively. Twenty-nine of the 31 clients (94%) reported an improvement in how well they were managing between their first counselling session and their last, and two had scores that were the same for both occasions.

Table 4: Client ratings of how well they were managing on a 10-point scale

Time of rating	Ave
1. At the time they decided to seek counselling	3.3
2. At the time of their first counselling session	3.4
3. On the day of their last counselling session	7.6
4. At the time they completed the CVCPQ	7.4

These figures indicate that most clients regarded their counselling as being effective and, interestingly, at time four, or some months after their counselling had terminated, they had maintained their improved state. The following written comments lend further credence to these improvement scores:

At first I thought it was a “shame” going to counselling. But now I am so pleased that I did.

... when I needed counselling I went to [the agency] and I found that the counselling I received there was highly effective and I feel that I gained a great deal from it ...

All the pills [the doctor] gave me did not help, the counselling did. The pills made me worse.

I was treated as a human being who was entitled to my own memories, opinions and life.

It was a positive experience for me. I'm stronger – I was probably always a strong person, but I know more about my strengths and weaknesses now.

The one negative comment reiterated what was said earlier by the client who had felt “pushed” to talk about her experience of being molested:

[Counselling] made me even more untrusting and dubious of any further counselling.

Relationship with their counsellor

The counselling relationship is widely considered to be an important contributor to successful counselling, possibly the most important (e.g., Metcalf et al., 1996). In this study, this factor was assessed by asking clients to indicate how well they felt they and their counsellor got along, that is, “to what extent did you feel that your personalities ‘clicked’?” using a 10-point scale (where 1 was “did not get along at all” to 10 being “got along very well”). The average score for the 31 clients was 8.6, with a range of 2–10. Twenty-nine of the clients (94%) were clearly satisfied and had no suggestions to make about how they might have got along better. Typical of their comments were:

X was honest with me.

Just listening.

Made me feel welcomed. Took away the shame of going to counselling.

My counsellor always displayed a non-judgemental attitude and safety for me.

Always assessed my well-being.

I knew X was there for me 100%.

Liked the way X took an interest in everything about you. Made it easy to be there.

At the time I really needed a kind counsellor and I believe I was very fortunate to find one.

There were only a few comments that revealed any hesitations about the relationship (“Younger might have helped”; “X cut most of the sessions short”; “I really wanted a Christian counsellor like the neat one I had [before]” and “If I’m honest, I was naturally just a little diffident of having a man and not a woman ... but apart from that everything else was fine and I just didn’t worry about that one.”) Thus, once again there appeared to be clear support for the agency’s effectiveness in its work with this sample of clients. However, these comments do raise the matter of client choice and whether and how all clients might be afforded more opportunities to make decisions about their

counselling. Recent research has determined that choice and autonomy in the conduct of their counselling is highly valued by clients (Bowman & Fine, 2000; Kremer & Gesten, 2003).

Helpful and unhelpful counselling interventions

Clients were asked to describe the things their counsellor said or did that they found particularly helpful and those things they found unhelpful. All but one client listed things they found helpful (a total of 63 items for 30 clients), while seven mentioned unhelpful actions. This imbalance could indicate that the 31 clients thought their counselling was, overall, very effective, or that they may have been reluctant to say anything negative about their counsellor, a phenomenon that has been reported in the literature previously (Farber, 2003; Rennie, 1994). In this case it would seem that the former might be a feasible explanation for this data, given the marked improvement rating already mentioned (from 3.4 to 7.6) and the fact that nine clients (29%) specifically said there was "nothing" in their counselling that they found unhelpful.

Other comments about the agency

At the end of the questionnaire clients were invited to write anything else about their experience at the agency that they thought would be useful for the researcher to know. In general, clients were very complimentary about the agency, which tends to provide further support to the conclusion drawn by Manthei and Duthie (2003) that the agency was fulfilling its stated aims. Examples of these statements included:

I feel [the agency] is a very much needed requirement. If can help in getting funding for mental health I would also do it again.

When I had to attend and had my two children, the staff made them very welcome – giving drink and biscuits, etc. Kept an eye whilst I had counselling.

Stay open. Keep the prices manageable. Well done.

Nice staff at desk.

The staff and counsellors at [the agency] were all friendly and non-discriminating in their attitudes and friendliness.

Felt welcomed (includes reception staff, offer of coffee/tea, etc.).

It should be more advertised.

There were, however, several suggestions made about the agency and things that might need to be modified to make it even more welcoming and consumer-friendly.

... but the actual waiting room, yeah it was funny, it was a bit – it wasn't that it was unfriendly, it was a bit sort of clinical I suppose.

It's a bit like a rabbit warren, yeah. That was my first impression, there weren't any wide spaces, it was all narrow. Yeah long and narrow, yeah it was a bit strange.

I did feel reasonably relaxed in the waiting room although all the pamphlets there made me feel a bit uneasy.

Reactions to participating in the study

Finally, clients were asked what effects participating in the study had on them. Twenty-three (74%) did so, and the most frequent comments (15 mentions) were those having to do with reminding them of positive counselling outcomes and the fact that being contacted after their counselling had kept them “in counselling” in some important way. Examples of these two sub-themes were:

(a) Positive outcomes:

[I] take more notice of feelings. Can now discuss issues with others that I could not do before.

Good feelings (feel better than ever!!). Yay!!

I am stronger at present and am able to say what I want and not feel like a “cork on water” being pushed, what other people think that I should do and think.

It has given me the confidence to please myself with regard to my daily living.

It has put me back on my feet.

(b) Participating kept clients “in counselling”, long after it had finished:

I was feeling very down with Christmas approaching, but what we talked about during the two counselling sessions came back to me and I thought, “It's ok to feel like this. Don't be afraid to ask for help from friends.”

It has reminded me of how far I have come and I am grateful.

It has helped me to think about my problems and to see things clearly.

The comments in these two sub-themes suggest yet again that the counselling services were effective overall and that many clients were reminded of their success by participating in the research.

Discussion

The results of this study supplement the findings in Manthei and Duthie's (2003) original analysis of the agency's client intake data and, even if interpreted with caution, demonstrate in several ways the fact that the agency was delivering effective counselling and meeting its original aims. Thus, taken together the two studies provide an encouraging picture of an agency that is providing professional and effective counselling and one that is valued by its clients for the way this is being done.

Typically, once these clients thought about getting counselling, they delayed doing so for some time, a finding that has been reported elsewhere (Monroe et al., 1991; Saunders, 1993). In the meantime they did what most other clients do; they tried to solve their problems in other ways, many of which were similar to those methods used by clients elsewhere (Bohart & Tallman, 1999; Saunders, 1993). However, once they had decided to get professional counselling, the reasons for choosing this agency were a combination of practical considerations (e.g., affordable, convenient location) and reassurance of quality services (e.g., good reputation, referred by someone they respected – usually their doctor). These reasons fit well with the agency's original aims of providing a professionally respected service that was affordable to people living in the western sector of the city (Manthei & Duthie, 2003). Six of the clients (or 19%) listed the agency's "Christian connection" as a reason for choosing it, a figure considerably higher than that reported previously by Manthei & Duthie (2003) and one closer to the agency's aim of providing a Christian perspective in counselling to a substantial number of clients.

The clients' perceptions of their counselling were generally very favourable, as illustrated in several ways. First, they reported significant improvement in how they were managing at the end of their counselling, and up to three to six months after termination. Second, the large majority reported that they were satisfied with the number of sessions they received (84% said the number was about right) and 20 out of 30 reported that the decision to terminate had been made with their counsellor, i.e., that it was a mutual decision. Third, the reasons most clients gave for terminating indicated positive changes in their thinking, behaviour or level of control in their lives and/or level of personal skill. All of these things are generally thought of as being indicators of effective counselling.

A fourth area, their relationship with their counsellor, was also very positive. Clients reported that they got along well with their counsellor, and only two out of the 31 had anything negative to say about the relationship. Given the importance accorded the relationship in counselling effectiveness (e.g., Lambert, 1992) this data lends further support to the agency's effectiveness in terms of the counselling service provided. A

fifth area was the comments clients made about the helpful and unhelpful aspects of their counselling. Thirty (97%) of the clients listed specific things that they found helpful; only seven (23%) had anything negative to say. The helpful things tended to be "active" counselling interventions such as explaining, interpreting, complimenting and the use of homework and specific in-session tasks. This finding has received support in the literature, where these sorts of "active" behaviours have been found to be helpful (Bishoff & McBride, 1996; Scheel et al., 2004; Sells et al., 1996). Interestingly, these were the same types of "active" counsellor interventions that a few clients listed as unhelpful, that is, being "forced" to do something that was not wanted or being given a faulty or erroneous (in the client's opinion) explanation of things. Both are examples of overzealous use of homework/suggestions or interpretations, at least in the clients' view. This finding suggests that counsellors need to be careful and tentative when suggesting things or providing explanations. While most of the clients in this study found these sorts of interventions to be helpful, in some cases they may have been delivered too forcefully, too prescriptively, with insufficient explanation, or with inadequate input from and participation by the client. It is an area the counsellors in the agency should discuss together and be aware of in their future counselling.

The many "helpful" points listed (63 by 30 clients) were supported by the comments in response to the question asking them if they had any other comments to make that they thought it would be useful for the researcher to know. Only one of the twenty clients who responded said anything negative. The positive comments tended to cite specific aspects of the agency's procedures, its facilities or its staff that had been helpful, or the ways in which its counselling and counsellors had made a positive impact on them.

It is possible, of course, that the reason for the fact that so few of the clients cited specific things they thought were "unhelpful" was due to their reluctance to say critical or negative things to their counsellors, a tendency that has been documented previously (Farber, 2003). However, given the clearly favourable evaluation of their overall experience at the agency, it is at least as likely that the clients in this study really were very positive about the agency, their counselling and the counsellors who worked with them.

Finally, clients valued taking part in the research procedure. While some had altruistic reasons for doing so (to help others with similar problems), others valued the chance to review their counselling and restate the gains they had made during their counselling. In effect, participating seemed to keep some clients "in counselling" in a way that was helpful and therapeutically useful. This phenomenon has been recognised before (Maione & Chenail, 1999; Wosket, 1999) and may be a good reason for agencies

to systematically use some form of client satisfaction surveys. Many of the questions in this questionnaire would be useful in such surveys.

Conclusions

Merging the data from the two studies, this one and Manthei and Duthie (2003), the results strongly suggest that the aims of this community-based, affordable counselling are being fulfilled to a satisfactory degree. Clearly there are areas in which there has been an imbalance of clients, with more Europeans, women and older people making use of the service. However, realistically, overcoming these imbalances poses problems that are beyond the scope of a single agency's efforts to be all things to all clients. For example, in the short term there is very little that one agency can do to alter entrenched male attitudes to help-seeking (e.g., Vessey & Howard, 1993), or to lessen minority groups' general hesitations about seeking mental health care from almost any agency (e.g., Swartz et al., 1998), or to convince younger people of the need for and benefits of counselling.

There were several important limitations to this study. First, the sample was entirely self-selected, relatively small and may have contained mainly those whose experience of counselling was positive, not negative. There is no way of knowing if this is true. Nevertheless, the client perceptions were resoundingly complimentary and expressed in response to several different questions about their counselling experience. Second, there was often a long delay between the time their counselling finished and the time they received a questionnaire. This delay may have resulted in some clients forgetting important details about their experience. As one client said, "... the time lapse since the sessions has not been conducive to me remembering specifics." Third, clients may not have felt free to report negative things about their counsellor or their counselling. Unfortunately, there is no way of knowing the extent to which this happened. Finally, it must be stressed again that the data are limited in that they are based solely on client self-report.

In spite of these limitations, the data from these 31 clients when added to the data reported in Manthei and Duthie (2003) suggest that the agency is well regarded and is meeting most of its original aims. The overall picture that emerges is one of a successful, self-sustaining service that has won community-wide respect for its standards, service and outcomes. There are, in addition, several areas of the practice that could be useful topics for staff training and discussion, based on what these clients reported: the timing and use of tasks, explanations, interpretations; identifying and acknowledging the client's own efforts to solve their problems before coming to counselling; ways of affording clients more choice in the conduct of their own counselling; and, of course,

altering the physical premises in ways that would make them more welcoming and comfortable.

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