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Te Roopu Kaiwhiriwhiri o Aotearoa

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The Journal's aim is to promote the development of counselling theory, practice, and research that reflects the unique cultural context of Aotearoa/New Zealand, respecting and encouraging the partnership principles of Te Tiriti o Waitangi/the Treaty of Waitangi.

The Journal is a peer reviewed forum for the sharing of ideas, information, and perspectives on matters of common concern among practitioners and those undertaking research in the field both within New Zealand and internationally. The editors wish to be inclusive of a wide range of topics, research methodologies and perspectives representing the diversity of interests across the profession.

The Editors welcome the submission of papers including commentaries on topical matters, literature reviews, research reports, practice-based articles, case studies and brief reports both from the Association's members and from others with interests relevant to the field of counselling.

Manuscripts are invited from practitioners, researchers, counsellor educators, other academics, and administrators involved in counselling or in related fields. We welcome submissions that contribute to the development of knowledge in the theory and/or practice of counselling.

All articles are reviewed by two referees in a double-blind process. The overriding criteria for selection are that the material is professionally relevant, that the content and presentation are of high quality, and that the writer has communicated effectively with readers.

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Editorial

Kia ora koutou katoa,

Ngā mihi mahana ki a koutou. It is with pleasure that we release this latest issue.

The recent journal editorial for the *Aotearoa New Zealand Journal of Social Work* (2023, 35 (3), pp. 1–4) caught the eye of one of our editorial team. Entitled "Recognition of the Role of Our Journal Aotearoa New Zealand Social Work". Professor Liz Beddoe, one of the Editorial Collective, spoke of the "honour and privilege" they felt to contribute to the profession of social work in Aotearoa, and to see their reach expanding internationally. Professor Beddoe's sentiments resonated deeply with our editorial team and capture how we feel about the role of *New Zealand Journal of Counselling (NZJC)* in our profession. This role includes being a key repository and distributor for cutting-edge research produced by our counselling community and for practice-based reflections and viewpoints, and as a platform for leading national and international commentators in our profession.

There is no doubting the value of research-informed professional activities. In our shared counselling project, we learn through study, practical training, and developing experience of clients that, on their own, theory and practice are not enough to do a satisfactory job, because theory and practice are interdependent and complementary. To be effective in our mahi we draw from both – the tested benefits of theory and the experiences of practice. Theory gives us a reliable map with which to navigate the world, while reflective and reflexive practice enable us to critically observe what we do and how we might do it better in the service of our clients and the profession. In this sense, research creates a positive nexus, or connection, between the theory and its practice and provides productive environments for the exploration of theory-informed practice and practice-informed theory to bloom. Thus, research in counselling provides an invaluable bidirectional bridge between abstract theory and the concreteness of practice that informs and refreshes the foundations of both.

We are excited, therefore, that the journal is a resource to support our members' research-informed practices. Increasingly, government funding for counselling is tied to the strategic implementation of rigorous research-informed outcome evaluation measures, which is a timely reminder of the journal's central role

of disseminating and reporting upon counselling research activities across the motu. Similarly, as a credible resource, the NZJC positions itself to support our professionals and in turn advocate for what we believe is needed for our clients and our communities.

In this editorial, in addition to bringing you a range of new research articles, we announce exciting developments in the makeup of the journal's editorial team and board and highlight the introduction of a new section, "Perspectives", which we hope will provide an opportunity for readers to add their voices positively to the kōrero.

Over the period since our last issue, we have had a number of changes to our editorial team, which is timely and worth acknowledging. We are farewelling three valued members of the editorial board – Professor Tina Besley, Irene Paton and Professor Jeannie Wright. We wish to publicly thank them for their many years of service and commitment to the journal. Additionally, we wish to acknowledge Dr Paul Flanagan, who recently left his role as a co-editor. We have enjoyed sharing editorial duties with Paul and have valued his collegiality, expertise, and insights over the past three years. With Paul's departure from the team, we have recently welcomed Dr Shanee Barraclough as a co-editor. Shanee is a well-regarded counsellor educator and currently coordinates the Master of Counselling programme at Te Whare Wānanga o Waitaha University of Canterbury, having been with the programme in various roles since 2008. Shanee's practical experience and knowledge of research will be an asset to the ongoing work of the journal in disseminating the rich counselling research that is now being contributed from across Aotearoa.

In this issue we have four articles that provide a sample of the diverse counselling research currently being conducted by practitioners and educators across the motu, in schools with our tamariki and mātātahi, and in the undergraduate sector with counsellors in training. They prompt us to practically reflect on how collaborative counselling practices can better support younger clients in intermediate schools. They report on the research findings of a problem-solving intervention for young people at risk of self-harm. They help us to acknowledge both the impact and complexity of non-death loss and grief experiences on Chinese international high

school students during the COVID-19 pandemic and consider the effectiveness for undergraduate counselling students of offering a combination of counselling skills training triads both online and in-person.

In an intermediate school setting, the first article brings together Ashita Kaul, Barbara Cloonan, Tanya Stanisich, and Caitlin Byrne to discuss the complex nature of collaboration when school leaders, counsellors, teachers, and other professionals intentionally navigate working relationships in order to find common ground in which to respond to students' needs. Highlighting both the lack of research and the complexities involved in intermediate school counsellor–teacher collaborations, the authors offer a critical, reflexive, and literature-informed account of navigating roles, boundaries, and differing professional worlds. This is an in-depth look at processes of negotiating complexities in the intermediate school counselling context. As we see an ever increasing, and much needed, growth of counselling in our intermediate and primary sectors, this article provides a timely and useful contribution, offering insights on ways to strengthen practice and collaboration in the interests of our younger tamariki.

In the second of the four research articles Joanne Blackett reports on findings from a mixed methods open trial of "RE:SOLVE – A Problem Solving Pathway" for young people at risk of self-harm. As she notes, even though this research was completed some time ago, the prevalence of self-harm in Aotearoa remains high and we continue to need innovative, local, and evidence-based interventions to support our rangatahi. With problem-solving therapy showing promise as an approach in education contexts, Joanne outlines both the components and research base of this approach before describing the research she undertook with rangatahi using the RE:SOLVE approach. Findings, which include both quantitative measures and strong participant voices, via thematic analysis, contribute to an emerging research base that will be of particular interest to counsellors in their work with young people.

Offering different foci, the next two articles share high school and tertiary student experiences during the disruptive COVID-19 pandemic.

In article three, Yan Gao, Brian Rodgers, and Margaret Agee explore the experiences of non-death loss and grief of Chinese international high school students navigating the COVID-19 pandemic. This qualitative research uses thematic analysis to demonstrate the complex nature of this form of loss and grief within the context of the global pandemic crisis. It provides new insights into the contextualisation and conceptualisation of loss and grief and, although it is

situated in the pandemic, it is equally applicable to a diverse range of experiences and contexts and extends the ever-growing knowledge base in this field.

In the final research article in this section, Lee Smith, Paul Haycock, and Paul Schreuder examine counselling student perspectives on the effectiveness and impacts of triad skills practice delivered online and in-person during COVID-19. As many of us experienced what it is like to be abruptly propelled into the online teaching and counselling space because of COVID-19, it is useful to see research emerging on this phenomenon locally in Aotearoa. The authors offer a review of the already well-documented benefits and drawbacks of online counselling before turning to their primary focus on the common use of triads for student skill development in counsellor education. Reporting findings from a small survey with undergraduate counselling students, the analysis offers insight into student enjoyment and learning from their participation in between 15 and 80 in-person and online triads. As the authors suggest, given we know of the many benefits of triads and peer work in counsellor education, it is still important that we pay attention to student voice as we translate these practices into online learning spaces.

For the first time in the *New Zealand Journal of Counselling*, we are introducing a new section to the journal that we have simply named "Perspectives". Perspectives invites counselling practitioners, therapists, and researchers to submit ongoing or completed work on topics that they believe are of immediate interest or concern to the profession. Perspectives makes a space for concise, well-informed, and scholarly discussion that succinctly shares specialist knowledge and insights on recently published articles, research, or other professional activities.

By expressing their unique viewpoint on a particular topic, contributors to Perspectives will inform our readers of exciting new developments, visit existing problems, revisit fundamental counselling concepts, methods, or practices, or propose or support new ideas. There will also be a space for authors to suggest future directions or further consider the implications of current or newly implemented processes, protocols, and practices that are likely to shape our profession and the mahi of its members.

Perspectives articles will usually include both original research data and personal opinion and will be between 2,000 and 4,000 words in length. This includes an abstract, main text, references, and figures. They should also have a concise title, an abstract of 50 words or less, no more than 35 references, and one or two figures or tables.

To kick off this new section, the editors are delighted to include Bob Manthei's provocative article interrogating NZAC's continuing professional development (CPD) process, in which he challenges the lack of explicit meaningful client feedback and/or outcome measures within members' self-reflective annual competency review. He advocates that research has demonstrated that "traditional CPD activities are not consistently related to improved client outcomes" and recommends the "rebalancing" of the current annual CPD process to ensure inclusion of client feedback on practice. This is a scholarly piece that invites readers to respond to Bob's perspective and engage in discussion in this forum. As noted above, this is a timely discussion. Increasingly, the government and the public expect public sector support services to be accountable and to provide value for money. As reflective practitioners, we owe it to our clients and to the profession to proactively respond through the regular implementation of measures that provide accurate client feedback and data that can be used to both reinforce professional accountability and guide and support our individual future professional development plans. What do you think?

Finally, in our last issue we signaled that we would be including a section that annually lists recently published peer-reviewed articles authored by counsellors and therapists from Aotearoa about counselling, therapy, and supervision. In this issue we again acknowledge recent scholarship in this area in the section entitled "New Publications in Counselling, Counselling Supervision and Counsellor Education". If you have published or know of researchers who have recently been published elsewhere, please forward to us the details and/or a link, and we will highlight them in our next issue.

As always, we hope that you find the content of this issue supportive, inspirational, and useful in your ongoing professional development and practice.

Ehara taku toa i te toa
takitahi, engari he toa
takitini.

My success is not mine
alone, but it is the
strength of many.

Nāku noa, nā Peter, mātou ko Janet, ko Shanee,
Peter Bray, Janet May, and Shanee Barraclough, Editors.

An Intermediate School Team's Collaborative Working Relationships: Reflections from a School Counsellor, Senior Leader, Senco and Teacher

Ashita Kaul, Barbara Cloonan, Tanya Stanisich, and Caitlin Byrne

Abstract

This article presents a reflective discussion of the complex space of school counsellor–teacher collaboration, in response to a gap in New Zealand-based literature and research on this topic. It draws on perspectives from literature and the authors' experiences as an intermediate school counsellor, senior leader, special education needs coordinator, and teacher. This complexity is primarily seen to be a result of paradigmatic and ethical dissimilarities between teaching and counselling. The authors contend that this complexity requires serious consideration and can be navigated by negotiating middle grounds in response to student needs, developing role clarity, working in ways that enable each party to be creative whilst remaining grounded within their own role and associated ethical and paradigmatic responsibilities, and on-going reflective conversations to strengthen collaboration.

Keywords

intermediate school counselling, teacher–counsellor collaborations, school counselling ethics

This article focuses on the collaborative working relationships developed between a school counsellor and the authors in our roles as an intermediate school teacher, a senior leader, and a special education needs co-ordinator (SENCo). The ideas discussed in this article stem from reflective conversations between the authors as well as the first author's doctoral research based on school counsellor–teacher collaborations.[1] This article is also a response to the lack of literature and research in this area, and it aims to initiate conversations on the complexities of intermediate school counsellor–teacher collaboration and how these might be negotiated.

The authors comprise a collaborative team based at an intermediate school in Auckland, New Zealand. This team consists of a school counsellor and three teachers. The first author[2] is a qualified counsellor who worked part time at the school while completing her doctoral studies. She had a background in education, learning support, and human development prior to entering the field of counselling. The second author[3] has 22 years of teaching experience and has been a senior leader at the school for several years, including in a pastoral care leader role. The third author has 27 years of teaching experience and has been the SENCo for over five years. The fourth author has nearly five years of teaching experience and has worked in classes with large proportions of students with high learning and socio-emotional needs.

We begin this article by making a case for teacher–counsellor collaborations in intermediate school settings, bringing to light the nature of collaborative interactions, identifying some of the complexities of this space and finally sharing some of our insights on how these complexities are negotiated. While this is a reflective piece, we have drawn upon literature, research, and grey papers to present a critical discussion.[4]

Making a Case for Teacher–Counsellor Collaboration

Our school team's shared objective of benefiting students has been extremely favourable for creating safety in our working relationships. This enables us to engage in reflective conversations to strengthen and better understand the value of our collaborative efforts. In this section, we build a case for teacher–counsellor collaborations by considering the current scenario of mental health issues in children and young people, the context of intermediate school counselling in New Zealand, a developmental perspective on working with young students in an intermediate school setting, and the benefits of collaboration.

Mental Health Issues in Children and Young People

Evidence points towards a decline in child and adolescent mental health, particularly in New Zealand. While there is arguably extensive research examining myriad factors contributing to mental health issues in young people, there are also several sources of evidence, including research, grey papers, and news articles, pointing to the urgent need for, and substantial lack of, mental health support for children and young people.

According to a recent UNICEF report (2020), New Zealand ranked second highest of 41 countries for our adolescent suicide rate, behind only Lithuania (UNICEF, 2020). Several New Zealand-based news articles have reported significant wait times for young people seeking mental health support and indicated the potential risks of this (Cardwell, 2021; Cooke, 2021; Witton, 2022). This situation has been further exacerbated by the ongoing impacts of the COVID-19 pandemic and lockdowns, including work overload and under-resourcing of staff within specialist youth agencies.

In our practice experience, referrals to respective specialist agencies are often met with wait times lasting several months, if picked up at all. Consistent with this, newspaper headlines stated that there were over 5000 self-harm related hospitalisations of young people aged between 10 and 24 years in the year preceding September 2021 (Spence, 2022). The lower end of this age range indicates the young age from which children are struggling with mental health difficulties.

The substantial decline in youth mental health points to an urgent need for support and interventions. However, access to mental health support services is substantially impacted by contextual aspects of intermediate school counselling, particularly funding and limited resourcing.

The Context

In New Zealand, intermediate schools typically include years 7–8. Since the following discussion makes reference to other schooling levels (as this is relevant to discussing the context), it is important to clarify school types in New Zealand. Primary schools may include years 0–8 (“full” primary) or years 0–6 (“contributing” primary). An intermediate school would usually receive students from a “contributing” primary school for years 7–8. Secondary schools generally include years 9–13, and some may include years 7–13 (“composite high school”) (Ministry of Education, 2022a).

Therefore, intermediate schools form a kind of transitory phase in the lives of young students moving from "contributing" primary schools to secondary schools.

Funding is a central issue impacting intermediate school counselling services in New Zealand. Until September 2021, there was no funding for counselling services below secondary school level. Prior to this, and in many cases even now, several primary and intermediate schools took to contracting counsellors from limited alternative funding sources in response to the emerging high needs of their students. Only recently, the Ministry of Education promised funding for counselling services at primary and intermediate schools in select regions of New Zealand through the Counselling in Schools Initiative (Ministry of Education, 2022b).

This lack of resourcing makes for quite limited availability of the counselling service in schools. Secondary schools in New Zealand are funded for counselling services and still have average ratios of one counsellor supporting 668 students, as opposed to NZAC's recommended 1:400 ratio (Manthei et al., 2020) as well as waitlists of up to seven days (Counselling Aotearoa News, 2019). Needless to say, counsellors working at underfunded schools like primary and intermediate schools struggle with similar workloads. Likewise, teachers are also overloaded with several responsibilities in their roles that often go beyond classroom engagement, with little release time to address all of these responsibilities. In fact, primary school teachers reported the stress of needing to address high socio-emotional needs in their young students, without appropriate training or time to attend to these high needs (Pūaotanga Independent Review Panel, 2021).

Our own experiences echo these perspectives. The first author worked with 60–80 students on average in her school counselling role, limited to only two days a week. This forced the need for a waitlist and constant prioritising to address students with higher needs "*in time*", thereby making it impossible to address all student needs as they arose. Likewise, the remaining authors reflected on time pressures within their roles and their impact on collaboration with the school counsellor as only a small part of their wider role. This was particularly significant for the second author, as collaborating with the counsellor was only one part of her pastoral care responsibilities, which were only a portion of her senior leadership role. The fourth author similarly reflected upon the limited space for collaboration in her busy schedule as a classroom teacher, with little release time and work to carry home on a regular basis.

She commented on the challenges of matching times within different schedules. All four of us recalled email and phone call communication beyond school hours, including on weekends.

These pragmatic aspects of workload and time constraints have significant implications for the Counselling in Schools Initiative. Through this initiative, the Ministry of Education has allocated $44 million over four years for primary and intermediate schools as well as some secondary schools in select regions to contract approved counsellors from the community (Ministry of Education, 2022b). One of the issues in this initiative is the lack of clarity about role expectations. Secondary school counsellors are expected to liaise and collaborate with teachers, senior leaders, parents, and external professionals (Ministry of Education, 2017; NZAC, 2015). It would seem remiss to not prioritise this for younger students at primary and intermediate school levels, given the abundance of research and literature emphasising the benefit of collaborative wrap-around support for children and young people's developmental and counselling outcomes (e.g. see Bronfenbrenner, 1979; 1986; 2005; Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Evans, 2002; Janson et al., 2008; Kourkoutas & Giovazolias, 2015; Li & Julian, 2012; Ministry of Education, 2017). Equally, it seems that the workload and time pressures impacting teachers' collaboration with embedded school counsellors detailed above would be even more problematic for collaboration with external professionals as per the Counselling in Schools Initiative.

Developmental Transitions

In a sense, the intermediate school level (years 7–8) is a two-year transition between childhood, at primary school, and adolescence and youth, at secondary school or college. This transitive phase thus inherently presents young students with several changes, through various shifts in their environments along with developmental shifts within themselves. Moreover, young students may present at intermediate school at varying stages of their physical maturation process and, in turn, their cognitive development (Oetzel & Scherer, 2003).

Additionally, in alignment with theorists such as Erikson (1968), recent research supports the idea that in early adolescence, young people's brains are wired towards seeking social engagement and approval (Jetha & Segalowitz, 2012; Luciana, 2009; Steinberg, 2009; Steinberg & Sheffield Morris, 2001). They tend to prioritise friendships and approval from social groups. Equally, they are still

learning to engage with and manage inevitable ups and downs or ebbs and flows in relationships. This is inescapably further complicated by influences from social media and the COVID-19 pandemic-related lockdowns.

These developmental transitions can present challenges for counselling processes, including collaborative goal setting (Shirk et al., 2011). As an example, we reflected on our awareness that young students were often focused on goals that aligned with positive social engagement and approval from their peers. This tended to contrast with our adult tendency to consider wider developmental and whole-life perspectives that we believed would be more "beneficial" for them. Two key issues arise from this contrast between the goals or objectives of young students and adult counsellors and teachers. First is the potential power dynamics that might operate, since adults tend to dominate decision-making. And second is that each adult in a young person's life likely has their own ideas about "beneficial" counselling goals based on their own standpoint and understanding of the young person. This evidences a strong need for collaboration and a balance of power in relationships and counselling processes with young people.

Li and Julian (2012) proposed that the relationship is the "key ingredient" in positive outcomes for young people across intervention settings, including counselling and teaching. This relationship is characterised by attachment, reciprocity, balance of power, and progressive complexity. Li and Julian draw on the works of seminal developmental theorists like Urie Bronfenbrenner and Lev Vygotsky to explain the value of a balance of power through collaboration and "scaffolding" for client–counsellor as well as student–teacher relationships. The first author of the current article believes that this notion is valuable for strengthening developmentally informed therapeutic relationships with young clients as well as other aspects of the counselling process, including potential external collaboration with teachers or other adult professionals.

Providing Wrap-Around Support

Bronfenbrenner writes extensively about the bi-directional influence between a young person and their environment, including, in particular, significant people in their life. These may be parents, teachers, friends, and/or other individuals close to them (Bronfenbrenner, 1979; 1986; 2005). From a very pragmatic standpoint, each of these individuals has their own unique understanding of young people and their needs. Given the tensions of time and workload pressures as well as the two-year time limitation of an intermediate school, it makes sense to reflectively develop

collaborative systems in order to better support students in the transitional space of intermediate school by making more efficacious use of this time.

A closer look at the landscape of international research and literature highlights the impact of collaboration between people from different settings on a young person's development. While some research draws on Bronfenbrenner's work to point out the importance of collaboration around a young person to benefit their developmental processes (Bronfenbrenner, 1986; Bronfenbrenner & Evans, 2002; Li & Julian, 2012; McIntosh et al., 2008), others discuss the value of an ecological model for school counselling (Crowell et al., 2015; McMahon et al., 2014). More commonly, several international publications examined experiences and impacts of collaboration between counsellors and teachers (Atici, 2014; Baker et al., 2009; Cholewa et al., 2016; Ekornes, 2015; Hayden et al., 2018; Zalaquett & Chatters, 2012) as well as between counsellors and school senior leaders (Atici, 2014; Bodenhorn, 2006; Kimber & Campbell, 2014; Lehr et al., 2007).

Since there is a dearth of research on this topic in the New Zealand context, the literature cited above includes research from a wide range of other countries. Despite the cultural, contextual and counsellor role differences in these studies, each of them speaks to the positive benefits of collaboration, including that it strengthens and facilitates communication and support systems for the young person (Armstrong, 2014; Baker et al., 2009; Cholewa et al., 2016; Cromarty & Richards, 2009; Daniels & Jenkins, 2010; Hayden et al., 2018; Kourkoutas & Giovaziolas, 2015; NZAC, 2015; Peacock, 2014), promotes overall development (Bryan & Holcomb-McCoy, 2011), strengthens responses to and prevents bullying (Banks et al., 2020), and aids problem solving (Kaul & Wilson, 2020; Lairio & Nissilä, 2002). We also believe that teacher–counsellor collaboration has the potential to progress preventative and early interventions for young people experiencing distressing or traumatic situations or even presenting with difficulties that may require specialist intervention.

What Collaboration Looks Like

Drawing on some literature and limited research, we elaborate the nature of collaborative interactions between teachers and counsellors. In some cases, these interactions may include a specific student's presence and in others they might be in a more consultative capacity.

Three-Way Meetings/Communication (Student, Teacher, Counsellor)

On a practical level, interaction often occurs in relation to keeping a teacher informed when their student is at counselling. At intermediate school level this is important since students must be safely accounted for when they are not in class. Therefore, some level of communication with the young client's teacher is necessary and already exists. In the first author's experience as school counsellor, this has also often proven beneficial as a gradual process of developing a tailored wrap-around, support system through collaboration with the young client.

When a client does begin to see the school counsellor, they are made aware of key aspects from the counsellor's ethical code, which includes client confidentiality and its limits (NZAC, 2020). Therefore, communication with any individual external to the primary therapeutic relationship between the counsellor and their client can be quite a tricky space for school counsellors to navigate. A key foundation for this is client collaboration. Collaboratively working with the client to bring a teacher into the *cone of silence* is a suitable means of empowering the student's voice in their process and upholding the counselling ethical code (Armstrong, 2014).

After gaining the young client's consent, counsellors and teachers can work collaboratively to support young students in a range of ways. Teachers can often be included in the process of developing students' strategies for self-regulation within their environment (Armstrong, 2014). During collaborative meetings, often with the student present (Armstrong, 2014), coping strategies can be designed with both student and teacher perspectives to identify those most efficient for that client within their classroom setting, as well as to establish expectations and the responsible use of boundary strategies. This kind of three-way collaborative process has the potential to empower the student's voice as well as gain access to their teacher's valuable insights for their counselling journey. Therefore, the teacher can be instrumental in supporting the student to put their coping strategies into action when they see the need arise (Armstrong, 2014). This process can be valuable in "scaffolding" the student towards developing independent self-regulation skills in the long run.

Such three-way meetings can also be a useful way to facilitate communication or mediate the relationship between a student and their teacher (Cholewa et al., 2016; Cromarty & Richards, 2009; NZAC, 2015; Peacock, 2014). Some publications outline a similar process in the school counsellor's advocacy role (Ministry of Education, 2017; NZAC, 2015; 2020), which might involve the counsellor standing up for their young client in front of the school board, or in front of senior

leadership in case of stand downs (McNaughton, 2019; Ministry of Education, 2017; NZAC, 2015). Alternatively, it might involve a more collaborative conversation or consultation with a staff member to build their awareness about student needs (Atici, 2014; Baker et al., 2009; Bostic & Rouch, 1999; Peacock, 2014).

School Counsellor Consultation

School counsellors may be consulted for several reasons in response to individual student needs, specific classroom situations, or wider school issues including traumatic incidents. In some ways each of these require their own dedicated, detailed discussions, highlighting key issues as well as recommendations for addressing them. For reasons of scope, we describe some of the key aspects relating to the focus of this article briefly.

Consultation For Individual Student Needs

Teachers may often consult with school counsellors regarding individual student needs. Where a strong relationship has been developed between a teacher and their student, sometimes teachers might even find themselves engaging in "incidental counselling" (Karan & Colbert, 2006), wherein students might seek support from their teacher. Importantly, this requires a set of knowledge and skills for suitably responding to emerging student needs (Karan & Colbert, 2006). These can often be beyond the scope of teachers' training and practice due to the increasing socio-emotional and mental health needs presenting in children and young people today (Pūaotanga Independent Review Panel, 2021). Recommendations from publications for addressing these issues largely include referring the student to a counsellor and advocating for more counselling presence in schools (Education Review Office (ERO), 2013; Ministry of Education, 2017). While this perspective is not being disputed in our article, there is something to be said about responding to student needs within that moment with their teacher.

We reflected on such conversations where students sought support from their teacher, and two important factors were identified. First, in responding to the student's needs in that moment, as teachers we generally relied on our gut intuition and sought to provide support in the form of emotional first aid and then facilitate a conversation towards seeking further help, where required. The fourth author reflects on these moments of responding to student needs, stating "sometimes we might get it right". Therefore, subsequently, we often reached out to the school counsellor to discuss the experience, a potential referral, and in some cases the

suitability of our response to the student in that moment. The third author explains that this provided her with the opportunity to share with the counsellor what had happened and how they responded and ask any questions about this response as well as suitable responses to anticipated further conversations with the student. Reflecting on this, as teachers we were aware that we did not have the expertise in responding to students' high socio-emotional needs and felt that the counsellor was equipped with the knowledge, skills, and research to guide these kinds of conversations. Therefore, it was valuable for us to have a collaborative space to discuss these aspects with the school counsellor.

This kind of collaboration often became a reciprocal learning space between the teachers and the counsellor in this writing team. The fourth author found that this kind of collaborative discussion enabled her to learn and perhaps to reinforce or further develop her skills in responding to student needs. This also enabled her to challenge her thinking in areas that required further understanding. For the third author, it was particularly a way of creating safety for students by seeking reassurance for herself that student needs were appropriately responded to in that moment. The second author found that it was a great way to pick up strategies and ideas from each other with the aim to create more efficient student support as well as to better manage staff workloads. The first and second author often referred to this as "tag teaming". For the first author, collaborations were a great way of understanding the New Zealand school system and teaching culture better, so as to develop stronger counselling practice within this context. They also facilitated a shared understanding of the wide range and diversity of students' cultural needs.

This collaboration became a space for developing an understanding of the nature of our roles and working styles to be able to make our approach in responding to student needs more effective (Walker, 2015). For instance, the first two authors often engaged in a "tag team" practice when students presented with difficulties relating to behaviour management. From her senior leadership position, the second author took on the role of placing and maintaining boundaries, while, in her counsellor role, the first author took on a more empathic and supportive position to develop a therapeutic relationship with the student and facilitate their progress. The authors found this a suitable strategy since separating the discipline role from the supportive role led to stronger engagement with the counselling process, and thus more efficient student progress.

Consultation For Wider Issues

In relation to wider issues like classroom or school-wide issues, the school counsellor might engage in a consultative role particularly with the senior leadership team (Dahir et al., 2011; Duslak & Geier, 2017; NZAC, 2015). For instance, in response to traumatic incidents, the senior leadership team and school counsellor at our school had often come together to put a plan in place. Reflecting on some of the tricky situations that we had navigated together, the second author stated that "the counsellor comes in with the cavalry."

As an example, in an attempt to spread more awareness about responsible social media use, the senior leadership team and the school counsellor engaged in a meeting to discuss some ways of communicating key messages. This enabled them to set up a clear and consistent message about responsible social media use to be communicated through the school. Similarly, in responding to news about a death in the school community, the senior leadership team and school counsellor consulted on the best means of addressing this news as well as potential issues that might arise from it at school. One solution included a classroom conversation or "circle time" with a class that included students most closely affected by the death. Further to this, the first author found that as a school counsellor, facilitating this conversation in class collaboratively with these students' teacher provided them with valuable insights from the teacher's perspective and observations of the class.

The Complexities of Teacher-Counsellor Collaboration

In New Zealand, there is a lot of encouragement, particularly from the Education Review Office and the Ministry of Education for teachers and counsellors in a school context to work collaboratively (ERO, 2013; ERO, 2016a; ERO, 2016b; Ministry of Education, 2017; NZAC, 2015). While some of these publications very briefly discuss what this collaboration might look like, there is an overall lack of literature that discusses this subject in depth. More specifically, there is a lack of publications that raise awareness about potential challenges within these collaborative processes and how they might be addressed. Collaboration between a school teacher and counsellor is quite a complex space, in that both professionals work with different ethical codes and their practices are informed by different pedagogical influences. This was a significant motivator for us to write this article.

To begin with, some practical issues that can challenge the ability of counsellors and teachers in schools to work collaboratively include pressures of time (Baker et al., 2009; Limberg et al., 2021), as well as individual differences relating to

perspectives on topics of mental health and counselling. School counsellors and teachers alike are dealing with heavy workloads, as already stated, and this seems to have multiplied following COVID-19 lockdowns. Equally, it is notable that the third author identified the collaborative process as enabling more efficient management of time in addressing the wide range of high student needs.

A major complexity previously identified is the tension between the counsellor's ethical obligation of client confidentiality (NZAC, 2020) and the teaching ethical code (Education Council, 2017) and school policies, which prioritise a collaborative approach. Teachers are committed to the teaching ethical code (Education Council, 2017), which promotes a culture of open collaboration (Armstrong, 2014) and information sharing within children's networks, since this is seen to effect meaningful change (Fuller, 2014). On the other hand, counsellors are committed to the counselling ethical code (NZAC, 2020), which privileges client confidentiality and privacy, except in cases involving an imminent risk of harm. This is quite a significant difference between teaching and counselling and points to another critical grey area about the space for privacy and confidentiality in the lives of children and young people. There are likely also differing viewpoints on this from the perspectives of different stakeholders including parents, school senior leaders, and individual teachers and counsellors. This is perhaps a topic worth investigating, but it is separate to the focus of this article and outside of its scope.

In attempts to navigate through these ethical dilemmas, counsellors may seek the young client's consent for collaborating with their teacher. While this is a suitable and imperative first step, the authors of this article contend that to tout this as a solution would be to oversimplify the range of influences complicating teacher–counsellor collaborations. These influences, beyond ethical and policy obligations, include paradigmatic differences that are believed to impact individual professional roles and responsibilities. There are likely also differences in personality and working styles as well as values and objectives that we believe impact teacher–counsellor collaboration.

We identified that the ethical complexities stem from historical roots and profound paradigmatic divergences between education and counselling. For instance, while education is rooted in ancient times, the field of counselling is much younger and first emerged in response to the needs of adult clients a little over a century ago. The specialist sub-field of counselling with children and young people emerged roughly in the middle of the 20th century (e.g. see the works of

Anna Freud). Therefore, it is conceivable that counselling services, including ethical responsibilities, are geared largely towards working with adult clients (Kaul, 2019). The first author asserts that school counselling is a relatively young and specialist area, and the ongoing work in this field is still contributing to its development. Specifically relevant to this discussion, the ethical obligation of client confidentiality and privacy does extend to children and young people as clients, too. However, there are often grey areas that are negotiated by school counsellors on an ongoing basis.

Peeling further into the layers of paradigmatic complexities in teacher–counsellor collaboration, we draw on Bronfenbrenner's theory (1979; 1986; 2005) once again. When a teacher and counsellor work together, an interweaving of their two individual bio-ecological systems occurs. In a sense, it is a bringing together of the two different worlds of teaching and counselling (Kimber & Campbell, 2014). In an open and collaborative school culture, the idea of confidentiality might seem "alien" (Armstrong, 2014) to school staff, whilst for the counsellor this is a core feature of the counselling process. Furthermore, the world of education and teaching places importance on collaborative wrap-around support (Education Council, 2017). Therefore, a counsellor's communication with an individual outside of the therapeutic relationship is somewhat uncertain, given the counsellor's ethics around client confidentiality and advocacy (NZAC, 2020) as well as the importance of collaboration within the therapeutic relationship (Norcross, 2010; Norcross & Wampold, 2018). This could make it quite challenging for counsellors to engage in collaborative efforts with individuals outside of the therapeutic relationship. The specific point being made here is that this difference between counselling and teaching at the surface appears to be rooted in ethical code and policy differences. A closer look at this space reveals that these differences are rooted within paradigmatic differences that inform practice and policy.

Importantly, each professional role is developed from respective paradigmatic roots and ethical codes as well as policy obligations. These, and likely other paradigmatic differences, inevitably affect the roles and responsibilities of the individual professionals in different ways, likely causing confusion about roles and boundaries within these roles. Relating to this, some international literature has identified the lack of clarity about the school counsellor's role as well as their ability to work collaboratively with teachers (Jansen et al., 2008; Kimber & Campbell, 2014; Lairio & Nissilä, 2002; Reavie, 2015; Walker, 2015). Echoing

this perspective, the authors of this article ascertained that teachers often know very little about the school counsellor role and feel quite unsure about whether and how they might be able to liaise with the school counsellor.

A further paradigmatic distinction is highlighted by the first author's clinical counselling supervisor, who pointed out a disparity in viewpoints. She explained that the school counsellor role tends to focus on individual student needs, in that every attempt is made to tailor therapy to client needs and preferences (McCashen, 2008; Kaul & Wilson, 2020; Cooper & McLeod, 2011; Norcross, 2010). On the other hand, the senior leader role necessitates a wider consideration of choices impacting the whole school and community. Similarly, teachers consider the young person as part of a whole classroom full of students. This points to a very clear difference in our viewpoints, roles, and goals as we collaborate with each other.

Despite the range of complexities impacting teacher–counsellor collaboration, the first author believes that there is something to be said about inserting a counsellor into a school system. This is a complex space in which the two different worlds of school systems and counselling come together. It is the authors' contention that the school system cannot be completely adapted to "fit" the counselling approach, and neither can counselling be fully moulded into the school's expectations. In fact, it would be remiss to not acknowledge a school's duty of care towards students and its related responsibility towards parents in keeping their children safe (Education Council, 2017). Therefore, we prize efforts towards developing and strengthening collaboration by negotiating these complexities.

Negotiating Complexities Between Two Different Worlds

Having identified some of these complexities from the very outset of working together, it was important for this team to develop ways of negotiating them to strengthen our work together. An initial notion that the first author worked with was that of negotiating middle grounds in order to meaningfully mitigate the differences between the two professional worlds of education and counselling.

Reflecting further, the first and second author were able to identify some middle grounds that had been negotiated early on in relation to the ethical obligation of client confidentiality. The second author had always been quite supportive of counselling for students and held the belief that young people are entitled to their confidentiality. She maintained that there is no need for other individuals to know

about personal details young students share with their counsellor. Often, this perspective of confidentiality and privacy for children was contrary to expectations of other teachers, and especially senior leaders who might believe that they need to know the details in order to protect students. However, the second author argued that this can be effectively done by creating communication where required, and not by sharing all of the student's personal details. For instance, the first author and senior leadership team at our school negotiated early on that safety-related issues would be reported to a member of senior leadership, and a call for further reporting would be made collaboratively. It is noteworthy that the fourth author had not been able to identify these ethical tensions on reporting of safety issues, which demonstrates the benefits of having negotiated middle grounds early on.

A critical feature in the process of negotiating complexities is that of developing role clarity (Bodenhorn, 2006; Duslak & Geier, 2017; Kimber & Campbell, 2014; Lairio & Nissilä, 2002; Walker, 2015). The lack of understandings about the school counsellor role and ethical responsibilities prompted the need for orienting teachers and senior leaders to these topics. We found that developing clarity about roles, responsibilities, and limits within each individual's role was critical to negotiating middle grounds. It enabled each professional to remain grounded within their own roles, responsibilities, ethical obligations, and paradigmatic loyalties, while creatively negotiating middle grounds between the two different worlds of education and counselling.

In order to work towards this kind of creative negotiation grounded in respective roles and responsibilities, it would be helpful for counsellors to signal to school senior leaders as well as teachers their readiness to work collaboratively (Janson et al., 2008). In fact, the first author asserts that the onus of initiating professional working relationships, and collaborative processes within these relationships, lies with the school counsellor. The school counsellor is well-positioned to educate and inform school staff about their role and readiness for collaboration as well as the limits of confidentiality (Janson et al., 2008). It then becomes the responsibility of all parties involved to develop and maintain these collaborative working relationships.

Importantly, even though the counsellor is well-positioned to orient teachers and senior leaders about their own role, there is a lack of clarity about the intermediate school counsellor role. As explained previously, there is a substantial gap in understanding about and expectations of this role. From our own experience, the

first author developed her intermediate school counsellor role based primarily on the NZAC and PPTA *School Guidance Counsellors Appointment Kit* (NZAC, 2015), *Te Pakiaka Tangata: Strengthening Student Wellbeing for Success* (Ministry of Education, 2017), and clinical counselling supervision. Notably, the documents cited here are based on the secondary school counsellor role and appear to differ from the expected counsellor role at primary and intermediate schools as per the Counselling in Schools Initiative (Ministry of Education, 2022b). Evidently, at the time of writing this, the intermediate school counsellor role is still "under construction" and requires further research and discussion to become clearer.

Even so, we contend that there is great value in developing a collaborative approach. For instance, Peacock (2014) suggests that working collaboratively with the teachers, school system, and family, as required, can have multiple advantages. First, their inclusion in the process of supporting the child client can address the school's anxiety about that child, while also attending to their needs. Second, working in a collaborative manner can rectify the need for the counsellor to work one-on-one with the child client in order to "solve the problem" (Peacock, 2014). In other words, it can help shift stigmas and misunderstandings that counselling services are aimed to "fix the problem". Instead, a collaborative approach can be beneficial by highlighting the roles that teachers and parents play in a child's socioemotional wellbeing.

The authors of this article found this collaborative space to be an efficient way of creatively and strategically supporting student needs from within our own specific roles and expertise. This, in turn, was appreciated by us as teachers, since it freed a little time and space to focus on aspects more central to our role and expertise, whilst remaining reassured that student needs were being addressed appropriately.

In a wider sense this collaborative standpoint seeks to develop communities of care that proficiently, resourcefully, and hopefully also efficaciously, support the development as well as socioemotional needs of children and young people. We believe that this approach also has the potential of working as a preventive or early intervention to potential mental health issues that could be amplified in later years. Thus, we believe this is one way in which we have been able to make more effective use of school counselling services within the compact two years of intermediate school.

Conclusion

In this article, we attempted to take an in-depth look at the collaborative working relationships that we had developed in our respective roles as intermediate school counsellor, senior leader, SENCo, and classroom teacher. We aimed to make a case for teacher–counsellor collaboration at intermediate school level and shed light on the nature of these collaborative interactions. Following from this, we shared some of our insights about the ethical and policy obligations as well as wider paradigmatic complexities that inevitably impact our respective roles and responsibilities. Finally, we shared some of our own experiences of negotiating these complexities including the importance of developing role clarity and working in creative ways, grounded within our respective roles and responsibilities. We see these collaborative working relationships as holding the potential for developing communities of care that provide preventative and early interventions for the socioemotional and mental health needs of intermediate-age students.

Importantly, this ability to work with complexity and flexibility in our approach had been an ongoing process as we kept working to develop and maintain our collaborative relationships. The ongoing process primarily involved reflection and communication about individual objectives and was often aligned towards better supporting student needs through collaboration. There had also been a mutual respect for each other's roles, boundaries within the roles, and professional expertise. These are perhaps the most critical aspects that strengthened these complex collaborative relationships as our different professional worlds entwined to support young people in school.

Endnotes

1. This article was included in the first author's doctoral thesis as a findings chapter.
2. The first author worked in this school and team for six years, and ended her role there as school counsellor while this article was in its writing process.
3. The second author is no longer in her senior leadership role at school, and retired from education while this article was in its writing process.
4. Literature and research selected for this article was largely international, since this topic has not been examined thus far in the New Zealand context. Importantly, a lot of these publications are based in or draw on the American School Counselling role, which is quite different to the New Zealand context. With this caution in mind, these publications were selected for the current discussion to present a holistic picture and strengthen overall discussion.

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RE:SOLVE – A Problem Solving Pathway: An Open Trial With Young People at Risk of Self-Harm

Joanne Blackett

Abstract

This article presents the results of a mixed methods open trial of "RE:SOLVE – A Problem Solving Pathway" for young people at risk of self-harm. The aims of the study were to: test the acceptability and feasibility of RE:SOLVE for the clients who took part; gather efficacy data using quantitative measures of mood, problem-solving capacity, hopelessness, suicidal thinking, and overall functioning; and understand the experiences of the participants through semi-structured interviews. Two thirds of participants completed the problem-solving therapy sessions and took part in the questionnaires and interviews. For those who completed all assessments, the results showed statistically and clinically significant reductions in levels of depression and suicidal orientation from pre- to post-intervention tests. All other measures showed consistent improvements, although they did not reach statistically significant levels. The intervention shows promise but needs to be tested in a randomised control trial.

Key words

Problem-solving, problem-solving therapy, self-harm, suicide prevention, young people

In my final year of counsellor training, my very dear friend Megan committed suicide. Megan was reaching the age her eldest sister had been when she had committed suicide, and I was reaching the age my mother had been when she had died unexpectedly of cancer. We had planned to mark these significant milestones together. Her death was a devastating experience for those who knew and survived her. They included young people and colleagues whose lives she touched as a teacher. It derailed my life to the extent that I stopped working as a counsellor for a time and questioned this career. My supervisor, Jan Treadaway, was pivotal in helping me imagine "surviving Megan's death well" and transforming my sorrow, guilt, and grief into something meaningful and purposeful.

Eventually, I applied for a job as a research therapist on a trial of problem-solving therapy for adults who presented to an emergency department following a suicide attempt. I worked on this trial for three years until the study was complete. I then undertook a trainer/supervisor role for a pilot study in which I offered problem-solving therapy training and supervision to mental health practitioners in varied settings around Aotearoa New Zealand. These included primary health organisations (PHOs), community mental health settings, a kaupapa Māori non-governmental organisation (NGO), and a youth service. The feedback from participants who worked with youth was that they liked the intervention but wanted to see it adapted for young people. With this feedback, my PhD topic was conceived.

This article presents the results of the final study of my PhD. It is a mixed methods open trial of "RE:SOLVE : A Problem Solving Pathway" for young people at risk of self-harm. A series of small qualitative studies preceded my PhD, including the development of the training and client manuals, and a training workshop for practitioners. Feedback was gained from participants in those studies to inform revision and development of the resources. The studies involved applications to Māori ethics boards specific to some of the potential research settings (e.g. Ngā Kai Tataki Māori Research Review Committee of the Waitemata District Health Board and the Māori Research Review Committee of the Counties Manukau District Health Board).

In research terms, this study may be seen as "old" since it is more than seven years old, but the prevalence of self-harm in Aotearoa New Zealand remains high (Fleming et al., 2022; Te Whatu Ora, 2022) and the evidence base of effective interventions remains limited (Bailey et al., 2023). Therefore, to ensure the current

relevance of the study, I have incorporated updated literature regarding suicidal behaviours and outcomes, searched for any recent similar studies that have been conducted, and re-examined recent reviews of interventions for young people at risk of self-harm. I find it troubling that self-harm continues to have such high prevalence, which has motivated me to submit this article.

Background

Self-harm and suicide are significant issues among young people in Aotearoa New Zealand. In 2018, 133 people in the 15–25-year-old age group died by suicide (Te Whatu Ora, 2022). Over one third were Māori, a rate 2.1 times higher than for non-Māori. This over-representation is at least in part due to intergenerational trauma from historical and ongoing colonisation contributing to a loss of belonging and cultural identity (Getz, 2018; Graham & Masters-Awatere, 2020; Hatcher, 2016). Further, over six per cent of participants in a recent Youth 2000 survey reported a suicide attempt in the previous 12 months (Fleming et al., 2020). The rates were higher for students attending lower decile schools (13%) and in areas of high deprivation (11%) (Fleming et al., 2020). In related research, Aotearoa New Zealand students attracted to the same sex, or to multiple sexes, showed heightened vulnerability to depression and suicidal behaviour (Fenaughty et al., 2021a; Lucassen et al., 2011;) and one out of five transgender and diverse gender identity students reported a suicide attempt in the previous 12 months (Clark et al., 2013; Fenaughty et al. 2021b). In fact, in a review of Youth 2000 findings since 2012, Fleming et al. (2022) commented that although there had been significant improvements in some health measures, there were also "…concerning increases in symptoms of depression, suicide thoughts and suicide attempts and declines in psychological wellbeing since 2012" (p. 441). It is important to understand that while self-harm is an indicator of distress it also reflects an effort to manage distress. However, young people who have self-harmed are still at a much greater risk of future episodes of self-harm and death by suicide than the general population (Beautrais, 2003; Fergusson et al., 2005; Fortune et al., 2021; Hargus et al., 2009; Hawton et al., 2020). In addition, there is a higher risk of self-harm contagion among young people compared to adults (Te Maro, 2019). All of these factors combined make reducing the incidence of self-harm an important focus.

Some school guidance counsellors in Aotearoa New Zealand experience uncertainty about management and intervention strategies (Te Maro et al., 2019) This makes sense given there is limited evidence about how to effectively intervene with young people at risk of self- harm (De Silva et al., 2013). Therapeutic interventions are showing promise in prevention efforts (Ougrin et al., 2015), and problem-solving therapy in particular shows potential in educational settings (Bailey et al., 2023; Robinson et al., 2018). However, there is still a need for more high-quality intervention studies for youth suicide-related behaviours (Bailey et al., 2023). Despite its small size, this study can contribute to this emerging evidence base.

Risk Factors

Risk and protective factors for self-harm among young people are complex and interact in different ways for different people (Fleming et al., 2022). They encompass demographic, social, historical, clinical, and psychiatric domains (Witt et al., 2018). Risk factors include early adversity caused by social and structural determinants such as poverty, marginalisation, racism, and colonisation (Fleming et al., 2022; Graham & Masters-Awatere, 2020). In addition, family factors, physical or sexual abuse, exposure to self-harm, low mood, alcohol and substance misuse, and bullying, including cyber bullying, are among other contributing factors. A young person’s risk of self-harm becomes heightened with a greater number and severity of adverse conditions combined with minimal protective factors. Multiple adverse childhood experiences and depressive symptoms are distinguishing features of repeat self-harm in particular (Cleare et al., 2018). Of all these risk factors, symptoms of depression remain the key modifiable risk factor (Fortune et al., 2021; Witt et al., 2018).

The association between problem solving and self-harm

Social problem-solving skills are significantly associated with the generation and maintenance of psychological distress (Mynors-Wallis, 2005) and self-harm (Beautrais, 2000; Becker-Weidman et al., 2010; Speckens & Hawton, 2005; Williams et al., 2005). Indeed, effective problem-solving skills are an important difference between those who attempt suicide and those who don’t (Williams et al., 2005). In a study examining the relationship between depression, social problem solving, and suicidality, problem orientation in particular was predictive of depression and suicidality in youth (Becker-Weidman et al., 2010). People

can become overwhelmed by hopelessness and helplessness when faced with a problem and begin to see self-harm or suicide as the only viable option (Bureau et al., 2012; Clum & Febbraro, 2004; Nezu & Nezu, 2021; Orbach et al., 2007).

Prevention should therefore focus on reducing problems that lead to self-harm, helping young people to improve their problem-solving skills and help-seeking behaviours, along with helping them to manage distressing feelings and circumstances (Boeninger et al., 2012; McMahon et al., 2013; Rodham et al., 2004). Young people themselves comment that they want to connect and talk, including with mental health professionals, and are looking for help with solving problems (Sutcliffe et al., 2023).

Why Problem-Solving Therapy?

Social problem solving is the process we use to solve problems in the real world (D'Zurilla et al., 2011), and it underpins problem-solving therapy. First articulated in 1971 by D'Zurilla and Goldfried, problem-solving therapy was refined by D'Zurilla and Nezu in 1982. Revisions have continued, with the most recent development being emotion centred problem-solving therapy (EC-PST) (Nezu & Nezu, 2021). EC-PST explicitly acknowledges the function of problem orientation as an emotional regulation component of problem-solving therapy (Nezu & Nezu, 2021).

The word "social" in this context reflects problems with daily living and functioning as opposed to lab-based or artificial problem solving (Frauenknecht & Black 2003; McGuire, 2005). This includes many of the issues arising from the risk factors noted earlier (Fortune et al., 2021; Nezu & Nezu, 2021). In other words, it encompasses any of the problems in living a client might bring to counselling.

The purpose of social problem solving is to move from a problem to a solution by following a series of explicit steps (McGuire, 2005). In a problem-solving therapy context, the practitioner collaborates with the client to learn and apply the steps so that the immediate problem can be addressed, and the client also learns to use the problem-solving process independently for future challenges. Resilience can thus be developed in young people through their response to appropriate doses of adversity in the context of a supportive therapeutic relationship (Perry & Winfrey, 2021), along with the concomitant development of self-efficacy.

A Description of Problem-Solving Therapy

Problem-solving therapy is a psycho-educational intervention that fits broadly within a Ccognitive behavioural approach (D’Zurilla & Nezu, 2007; Nezu et al., 2013). As a psycho-educative approach, it incorporates a “teaching” element along with the relational and therapeutic element. It is typically a brief intervention (4–12 sessions) with three key components: problem orientation, problem-solving skills, and solution implementation.

Problem orientation determines how people respond when they encounter a problem, leading either to avoidance/impulsivity or to facing the problem (Nezu, et al., 2006). Avoidant or impulsive responses are connected to nervous system states of perceived threat and fight or flight reactions (Nezu & Nezu, 2013). Thus, problem orientation is a tool of emotional regulation and is deeply connected to experiences of early relational adversity and attachment. Once people feel safe in therapeutic relationship, stress and distress are usually reduced, and practical steps can become more achievable (Perry & Winfrey, 2021). This is an appropriate time to identify how clients currently manage distress and to introduce supportive coping mechanisms (e.g. mindfulness, breathing, or “stop and think”) if required.

Problem-solving skills are gained in steps: how to recognise and identify problems; how to define them clearly; how to generate solutions; and how to evaluate ideas with potential to arrive at a chosen solution. Finally, solution implementation requires creating a step-by-step action plan, attempting to carry it out, and evaluating the effectiveness of the plan once it has been carried out or exploring what got in the way of implementation. Problem-solving therapy can also be used as a single-session intervention in a crisis setting and as a tool to develop safety plans or alternative options to self-harm.

The structured framework and possible brevity of the intervention should not be mistaken for a lack of depth. Similarly, use of the word “problem” does not reflect a deficit-based approach or the creation of a problem-saturated story. On the contrary, the intervention is concerned with centring the client, normalising the occurrence of problems, and placing problems in their appropriate context. The problem-solving framework can also act as a relational container that allows people to engage in ways they might not otherwise and provides a reason for them to keep coming for sessions once a perceived crisis has passed.

Problem-Solving Therapy Literature Review

Problem-solving therapy has shown effectiveness for adults who experience anxiety and depression (e.g. Mynors-Wallis, 2005; Mynors-Wallis & Lau, 2010; Nezu et al., 2019) and has also been trialled with adults who have attempted suicide. Problem-solving therapy studies consistently show significant reductions in hopelessness, depression, and anxiety for participants along with improvements in problem solving. Frustratingly, they have shown limited impact on repetition rates (Townsend et al., 2001) but this is not limited to problem-solving therapy.

This body of literature includes some Aotearoa New Zealand studies. A large-scale trial investigated the effectiveness of problem-solving therapy for adults who presented to an emergency department following deliberate self-harm. They found significant differences after one year between those receiving problem-solving therapy and those receiving usual care (Hatcher et al., 2011). Another Aotearoa New Zealand study focussed on offering problem-solving therapy within a cultural framework for Māori adults who had self-harmed. Here the problem-solving therapy group showed significant reductions in repetitions of self-harm for up to three months and a significant decrease in attendance for non-mental health problems over the year following the attempt (Hatcher et al., 2016).

Problem-solving therapy is a promising intervention for young people at risk of self- harm as well. In particular, seven previous studies included problem-solving therapy with young people who had either self-harmed or who were at risk of self-harm (Biggam & Power, 2002; Donaldson et al., 2005; Eskin et al., 2008; Hoek et al., 2012; Lerner & Clum, 1990; McLeavey et al., 1994; Salkovskis et al., 1990). These studies showed improvements in mood and problem solving and reductions in hopelessness. There were also short-term reductions in self-harm. More recently, a problem-solving therapy study for young people with suicidal risk was conducted in Brazil (Xavier et al., 2019) and showed reductions in depressive symptoms and suicidal risk both posttreatment and at follow up after six months. Interestingly, the authors noted the change in global and functional problem-solving skills mediated the reduction in suicide orientation.

RE:SOLVE – A Problem-solving Pathway

The “RE:SOLVE – A Problem-solving Pathway”(RE:SOLVE) programme is based on the model of D’Zurilla and Nezu (2007) with some features from the primary care model developed by Mynors-Wallis (2005). It was divided into seven steps and named “RE:SOLVE - A Problem-Solving Pathway”. The name RE:SOLVE captures three things. Firstly, the programme is *about* solving problems. Secondly, we use it to *resolve* current life problems. Thirdly, it helps the client *develop resolve* and this is an internal quality helpful for persevering with life challenges.

The RE:SOLVE programme is a circular rather than a linear pathway with signposts pointing the way (See Image 1). Although the pathway concept is not unique, I hoped to generate a sense of the whole self being engaged in a process of movement and change. The circularity conveys the idea of problem solving as a normal and continuous part of everyday life.

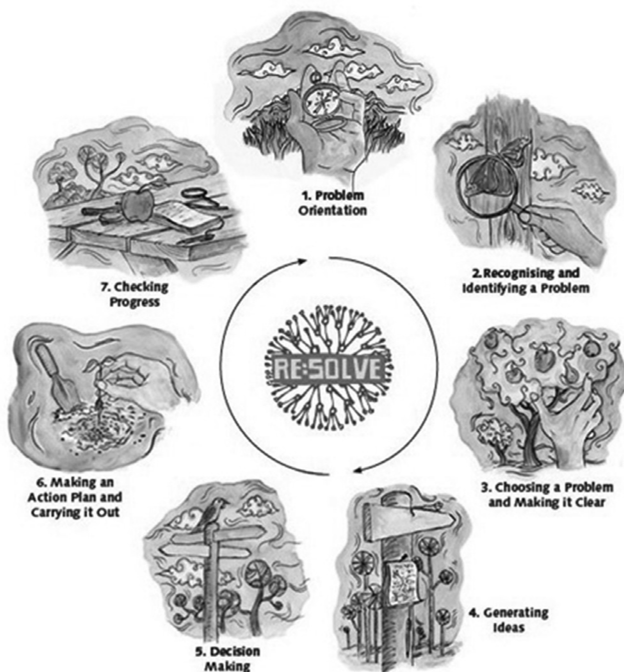

IMAGE 1: RE:SOLVE programme

I changed the problem-solving steps to signposts to match the idea of a pathway and labelled them with clear, descriptive language. I collaborated with an artist/designer to create images that went with each signpost. The client workbook was reviewed by a group of young people who provided helpful feedback (Blackett, 2014).

I created two composite characters, Lydia and Michael (see Image 2). These two imaginary young people featured throughout the workbook. Their presenting stories are shared at the beginning along with examples of each of them working through their own problems using "RE:SOLVE – A Problem-Solving Pathway".

IMAGE 2: Composite characters, Lydia and Michael

We developed a logo to represent connection (see Image 3).

IMAGE 3: Logo

Primarily, it represents the generation of ideas and their interconnection. It also reflects the seeding and subsequent proliferation of ideas. The image is aligned with the natural world and the organic process that unfolds through attention to problems in living. Finally, the logo represents a holistic approach – it shows the interrelationship of all aspects of being to one another. This is central to RE:SOLVE, in which participants are encouraged to listen to thoughts, feelings, actions, and bodily sensation that will alert them to something being awry. Equally, they are encouraged to draw on all aspects of being to help solve problems.

Inclusion criteria CAMHS and PHO

Child and adolescent mental health service (CAMHS) and Primary health organisation (PHO)

- Between the ages of 13 and 18 years inclusive
- Cognitively able to cope with therapy
- Fluent in English*

Along with one of the following criteria:

- Referral to the service occurs following a first episode of self-harm OR
- Referral to the service occurs amid concerns about self-harm with a history of at least one previous episode of self-harm OR
- Currently involved with the service and self-harms during study period

Secondary schools

- Client presents at mild to moderate risk of self-harm
- Client is not accepted by CAMHS following a referral about self-harm
- Between the ages of 13 and 18 years inclusive
- Cognitively able to cope with therapy
- Fluent in English*

Exclusion criteria

- Current psychosis
- Currently involved or participating in another study

*It was a requirement of the Ethics committee to include fluency in English as an inclusion criterion as we were unable to provide an interpreter.

FIGURE 1: Inclusion and exclusion criteria for open trial

Methodology and Research Design

This study was conceptualised as an open trial, which is an exploratory method, conducted with a view to a future larger-scale clinical trial. It was an opportunity to examine the intervention, the suitability of the data gathering measures, and the experiences of the participants. There was no control group or randomisation, which is typical for this stage and type of clinical trial (e.g. Lancaster et al., 2004). An open trial has very specific parameters due its small size, which preclude over-analysing small amounts of data, including demographics.

In this particular open trial, the aims were to:

a. test the overall acceptability and feasibility of RE:SOLVE for the clients who took part;
b. gather efficacy data using quantitative measures of mood, problem solving, hopelessness, suicidal thinking, and overall functioning; and
c. understand the experiences of the participants through semi-structured interviews.

Method

Recruitment

Potential participants were identified by practitioners who had taken part in a training workshop for RE:SOLVE. They explained the study to potential participants and gained permission for the Principal Investigator (PI) to invite them into the study. If the young person was under the age of 16, parental consent was required. Each participant received a $20 voucher for each completed set of questionnaires, in appreciation of their time and effort.

The participants were young people aged 13–18 who were identified as being at risk of self-harm (see Figure 1 for inclusion criteria). Potential recruitment sites were participating secondary schools, a primary healthcare organisation, and a child and adolescent mental health service. RE:SOLVE was provided to participants by the recruiting practitioners or by the PI.

Data Collection

Following recruitment, each participant completed a consent form and a baseline set of standardised questionnaires. Then the RE:SOLVE intervention began, comprising 4–10 sessions of RE:SOLVE with a brief risk assessment at each session. Once all sessions were finished, the second set of questionnaires was completed, and a month later, the third. At this time, participants took part in a semi-structured face-to-face interview with the PI.

Quantitative Measures

The study used six quantitative questionnaires, which were filled out at baseline, at the end of therapy, and one month later. Although this resulted in a considerable amount of data, excluding any of these measures would present only a partial picture of the study. I have tried to keep this section brief, while maintaining data integrity.

Primary Outcome Measure

Depressive symptoms are the most common modifiable risk factor associated with suicidal behaviour in young people, so the primary outcome measure was the Reynolds Adolescent Depression Scale (RADS-2). The RADS-2 is a 30-item self-report questionnaire that measures depressive symptoms in adolescents (Brooks & Kutcher, 2001). The measure has a Cronbach's alpha rating of 0.92, demonstrating excellent internal consistency (Reynolds, 2002).

Secondary Outcome Measures

There were five secondary outcome measures: the Social Problem-Solving Inventory for Adolescents (SPSI-A), the Inventory of Suicide Orientation (ISO), the Kazdin Hopelessness Scale for Children (Kazdin HPLS), the Pediatric Quality of Life Enjoyment and Satisfaction Questionnaire (PQ-LES-Q), and the Working Alliance Inventory (WAI).

The Social Problem-Solving Inventory for Adolescents.

The SPSI-A is a 30-item self- report questionnaire used to measure the social problem-solving skills of young people in personal and social contexts (Frauenknecht & Black, 2003). It was adapted and modified from the SPSI-R, a similar measure designed for adults. The SPSI-A short version has a Cronbach's alpha of 0.91–0.94, showing excellent internal consistency (Frauenknecht et al, 2003).

The SPSI-A has a total score, which is calculated from three scales: the Automatic Process Scale, the Problem Orientation Scale and the Problem-Solving Skills Scale. These scales in turn are made up of nine subscales. The Automatic Process Scale is a single measure scale that reflects the learned response a person applies to a problem situation that they have found adequate in resolving other problems. When this no longer works, a person has to undertake more active problem solving. This active problem solving is measured by the Problem Orientation Scale and Problem-Solving Skills Scale (Frauenknecht & Black, 2003).

The Kazdin Hopelessness Scale for Children.

Hopelessness was measured by the Kazdin HPLS. This measure is a 17-item self-report measure, assessing hopelessness. It has a Cronbach's alpha of 0.75, indicating acceptable internal consistency (Kazdin et al., 1983). It is important to measure hopelessness, because it is correlated with suicidal intent (Kazdin et al., 1983).

The Paediatric Quality of Life Enjoyment and Satisfaction Questionnaire.

The PQ-LES-Q is a 15-item self-report questionnaire that assesses current feelings of satisfaction and enjoyment in life (Endicott et al, 2006). The PQ-LES-Q has a Cronbach's alpha score of 0.87–0.90, indicating good internal consistency. It is important to take notice of whether quality of life improves alongside treatment (Endicott et al, 2006).

The Inventory of Suicide Orientation.

Suicidal orientation and ideation were measured by the ISO. This is a 30-item self-report questionnaire, measuring orientation towards suicidal behaviour and current suicidal ideation (King & Kowalchuk, 1988). The raw score indicates the level of suicide orientation and the critical items measure suicidal ideation specifically. The overall risk classification is based on both of these scores. It has a Cronbach's alpha of 0.90–0.92, indicating excellent internal consistency (King & Kowalchuk, 1988).

The Working Alliance Inventory.

The WAI is a 12-item self-report measure for therapists and clients that measure the alliance between them. It primarily measures the general alliance, and to a lesser degree the dimensions of goal, task, and bond. It has a Cronbach's alpha of 0.95–0.98 for the general alliance and 0.83–0.92 for task, bond, and goal, indicating good to excellent internal consistency (Tracey & Kokotovic, 1989).

Qualitative Measures

The study participants took part in a one-to-one semi-structured interview with the PI at the end of their sessions. The interviews explored the client's experience of RE:SOLVE, any life or personal changes that had occurred while taking part in RE:SOLVE, likes and dislikes about RE:SOLVE, feedback about the client workbook (Blackett, 2014) difficulties or challenges that had arose, and any recommended changes.

Treatment Fidelity

Treatment fidelity was measured by recording sessions and photocopying samples of completed worksheets from participants' workbooks. The PI offered the practitioners free supervision specific to learning and implementing the RE:SOLVE intervention for the duration of their study involvement. This was in addition to their normal clinical supervision.

Data Analysis

Quantitative Results

Rating scale results were summarised at each time point using means and standard deviations. The changes from pre- to post-intervention and from post-intervention to the one-month follow-up were statistically tested using paired t-tests, with mean differences summarised with 95% confidence intervals and effect sizes. Positive values for the changes represent improvements in the rating scales except in the cases of the SPSI-A and the PQ-LES-Q, in which case the reverse is true.

Qualitative Results

Thematic analysis was used to analyse the content of the qualitative data (Braun & Clarke, 2006).

Ethics Approval

Ethics approval for this study was gained from the Upper South A Regional Ethics Committee (Ethics ref: URA/10/08/057).

Results and Discussion

Participants

Participants were recruited from secondary schools; 20 people were referred to the study and 15 (75%) were eligible and consented to take part. Table 1 outlines the characteristics of the participants and the number of sessions they completed. Their ages ranged from 13 to 16 years old, (with a mean age of 14.3 years). Three participants had a family history of suicide, one of whom also had a personal history of self-harm. The other two with a family history experienced suicidal thoughts, with one having made a previous plan for suicide.

Overall, six participants had a personal history of self-harm. Sessions were considered complete if the participant attended four or more sessions, provided the entire RE:SOLVE process had been shared in that time.

The participants were an ethnically and culturally diverse group of people. This is likely due to the school counsellors who engaged in the study working in schools in South Auckland, where there is a high level of cultural diversity. As noted, there was no randomisation, so these were the young people who consented to take part. Given the small number of participants it is not possible to draw meaningful conclusions on the basis of culture or ethnicity.

Participant	Ethnicity	School decile	Sex	Age	Family Hx of self-harm	Personal Hx of self-harm	Risk of self-harm	Sessions completed	Took part in interview
1	NZ European	10	F	15	N	N	Suicidal thoughts	Completed sessions	Y
2	Pasifika	3	F	14	N	Y	Previous history	BPD. Therapist withdrew	N
3	NZ European	4	F	15	N	N	Depressive symptoms	Completed sessions	Y
4	Pasifika	3	F	13	N	N	Suicidal thought	Completed sessions	Y
5	Indian	10	F	15	N	N	Suicidal thoughts	Completed sessions	Y
6	Indian	10	F	15	N	Y	Previous history	Completed sessions	Y
7	Korean	3	M	14	N	N	Suicidal thoughts	Completed sessions	Y
8	Maori	3	M	13	Cousin died by suicide	N	Suicidal thoughts, previous plan made	Completed 4 sessions but only filled pre and post	N
9	Fijian Indian	3	F	16	N	N	Suicidal thoughts	Completed sessions	Y
10	Filipino	3	F	13	N	Y	Previous history	3 sessions, then sent overseas	N
11	Maori	4	F	15	Suicidal brother	Y	Previous History	Completed 4 sessions but only1stassessments	N
12	Fijian Indian	4	M	15	N	N	Depressive symptoms	Completed sessions	Y
13	Fijian Indian	4	M	15	N	Y	Previous history	Left school partway through sessions	N
14	Pasifika	3	F	13	N	Y	Previous history	2 sessions then withdrew	N
15	NZ European	10	F	13	Mother died by suicide	N	Suicidal thoughts	Completed sessions	Y

TABLE 1: Client participants in the open trial

Recruitment, Retention Rates and Completion

All 15 participants completed the baseline assessments. Of these, 10 participants (67%) completed the therapy sessions with nine completing all three assessments and one completing the first two assessments. The reasons for non-completion by the other five participants were: being sent back to their home country; an acute mental health diagnosis leading to no longer being eligible for the study; feeling better after two sessions; leaving school; and completing four sessions but not providing any further questionnaires.

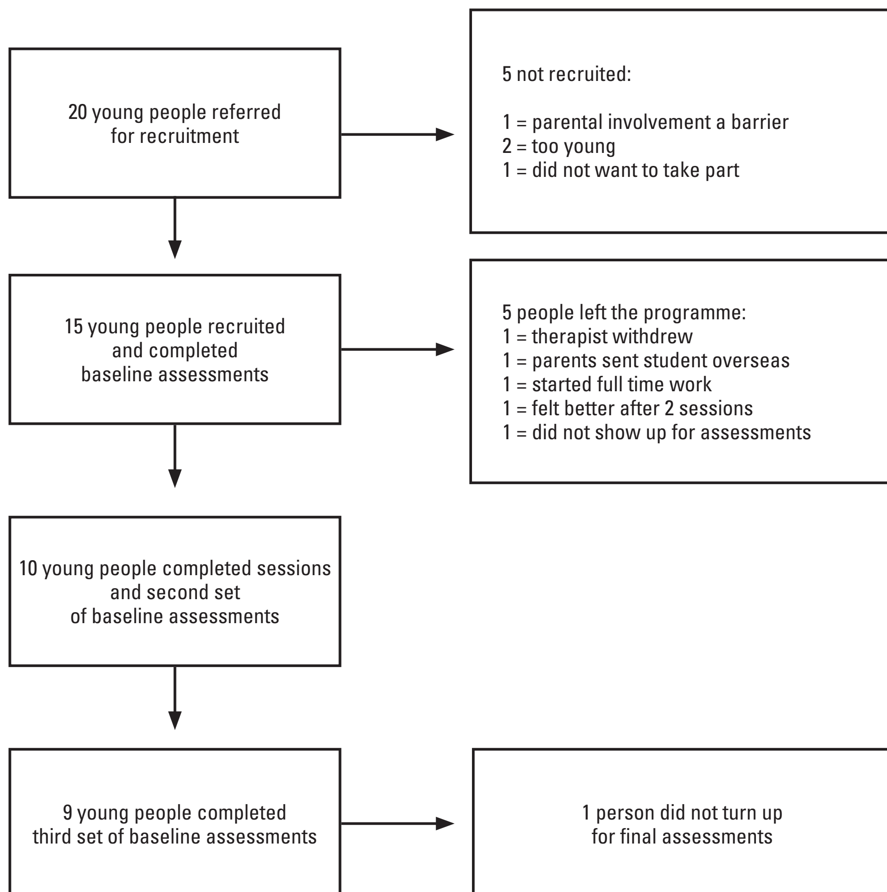

FIGURE 2: Flow chart of retention and completion

The participants who withdrew from the therapy, regardless of the reasons, had poorer average baseline scores than those who completed. The main statistical difference was that the problem-solving scores were lower in those who withdrew. However, there were participants with comparable scores who did complete the sessions and show improvements. The most notable difference was in the levels of hopelessness, which were higher among those who did not complete the sessions.

Measures	Completed all assessments	Withdrew	P values
RADS baseline means (sd)	62 (9.3)	65.8 (4.5)	P = 0.399
ISO baseline means (sd)	48.5 (13.7)	49.4 (12.2)	P = 0.920
SPSI-A baseline means (sd)	*1.94 (0.4)	*1.3 (0.6)	P = 0.49
HPLS baseline means (sd)	5.3 (4.5)	9.1 (3.4)	P = 0.124
PQ-LES-Q baseline means (sd)	*44.1 (6.96)	*37.3 (8.4)	P = 0.137

TABLE 2: Baseline mean scores for clients who completed and did not complete
*higher score desirable

Quantitative Results: Psychometric Scales

Primary Outcome Measures

There were significant reductions in the total depression scores from the pre- to post-intervention tests and these were largely maintained at follow up.

	Mean(sd) Baseline	Mean (sd) Post test	Mean (sd) Follow up
	n = 15	n = 10	n = 9
Primary outcome measure RADS	79.7 (12.5)	60.4 (10.3)	59.7 (15.3)
Secondary outcome measure ISO	48.3 (13.8)	29.9 (20.8)	25.1 (13.9)
Secondary outcome measure SPSI-A	*1.66 (.59)	*2.43 (.55)	*2.67 (.83)
Secondary outcome measure HPLS	6.9 (4.7)	3.0 (2.8)	2.1 (1.8)
Secondary outcome measure PQ-LES-Q	*41.4 (8.6)	*49.0 (8.4)	*51.4 (6.0)

TABLE 3: Mean outcome scores at pre, post and follow-up
*Higher score indicates improvement

There were also significant differences in negative self-evaluation and somatic complaints. These changes are important, given that depression is a significant risk factor for self-harm or attempted suicide (Foley et al., 2006; Hawton et. al, 2012).

	Mean difference in change, baseline to post treatment (95% CI)	P value	Effect size	Mean difference in change, post treatment to follow up (95% CI)	P value	Effect size
Primary outcome measure RADS	16.2 (1.8 – 30.6)	0.031	0.81	-.9 (-12.5 – 10.7)	0.864	0.06
Secondary outcome measure ISO	21.3 (.9 – 41.6)	0.043	0.97	4.3 (-5.9 – 14.5)	0.346	0.39
Secondary outcome measure SPSI-A	**-.4 (-1.02 – 0.1)	0.117	0.6	-.2 (-.8 - .4)	0.452	0.27
Secondary outcome measure HPLS	2.4 (-1.6 – 6.3)	0.207	0.4	0.44 (-1.9 – 2.9)	0.681	0.1
Secondary outcome measure PQ-LES-Q	**-4.6 (11.6 – 2.4)	0.170	0.47	-1.56 (-9.1 – 6.04)	0.649	-0.16

TABLE 4: Mean differences in change for pre, post and follow-up
**negative value indicates improvement

RADS subscales	Pre-test (n=15)	Post-test (n=10)	Follow-up (n=9)
Somatic complaints			
Means	20.0	16.4	17.6
Standard deviation	3.2	2.5	4.8
Mean change	-	3.3	-1.4
Standard deviation	-	4.4	3.8
Confidence interval	-	.12 – 6.5	-4.3 – 1.5
P-value	-	0.044	0.285
Effect size	-	0.7	0.37
Negative self-evaluation			
Means	22.1	14.1	16.3
Standard deviation	4.9	4.9	7.1
Mean change	-	6.2	-2.1
Standard deviation	-	7.1	8.2
Confidence interval	-	1.1 – 11.3	2.7 - -8.4
P-value	-	0.022	0.462
Effect size	-	0.887	0.26
Dysphoric mood			
Means	22.9	18.8	16.4
Standard deviation	3.7	4.4	4.0
Mean change	-	3.2	1.8
Standard deviation	-	6.6	4.7
Confidence interval	-	-1.5 – 7.9	-1.8 – 5.4
P-value	-	0.159	0.290
Effect size	-	0.5	0.4
Anhedonia			
Means	14.5	10.2	10.6
Standard deviation	3.5	2.4	3.6
Mean change	-	3.2	-0.56
Standard deviation	-	4.8	2.8
Confidence interval	-	- 0.22 – 6.6	-2.7 – 1.6
P-value	-	0.63	0.573
Effect size		0.67	-0.2

TABLE 5: RADS subscales scores

Secondary Outcome Measures

All of the scores for the SPSI-A showed adolescents improved from the pre-intervention test to the post-intervention test, and all scores continued to show improvement from the post-intervention test to follow up.

The improvements reached significance for two subscales, the emotional subscale, and the reorganisation subscale. This shows that participants experienced less distress when faced with a problem. They also evaluated the effectiveness of the solution they implemented, prior to working out their next step. This is consistent with studies that have demonstrated associations between problem orientation and depression (Becker-Weidman et al., 2010); problem solving confidence and depression and hopelessness (Yang & Clum, 1994); and problem orientation and wellbeing (Ciarrochi et al., 2009).

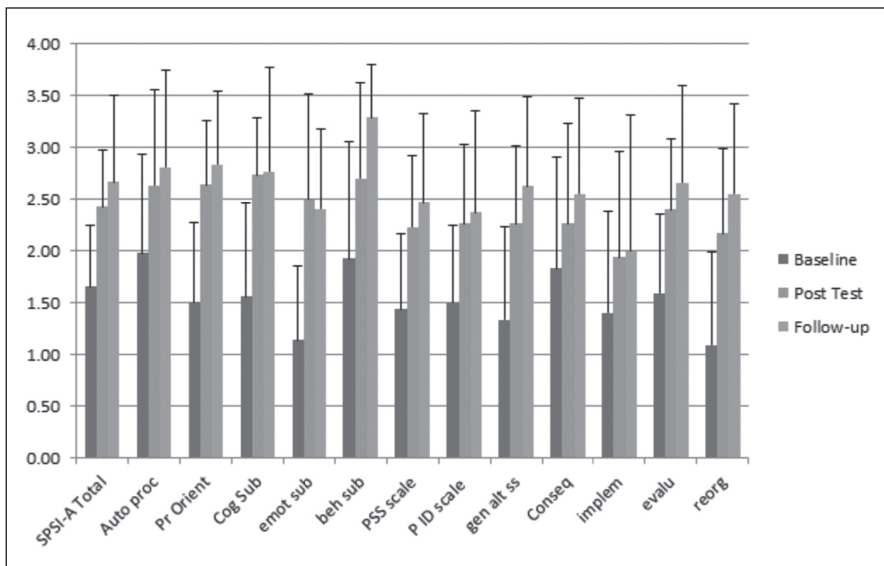

FIGURE 3: SPSI-A scores at three time points

SPSI-A scales and subscales	Pre-test (n=15)	Post-test (n=10)	Follow-up (n=9)
Automatic Processing Scale			
Means	1.98	2.63	2.81
Standard deviation	.96	.92	.93
Mean change	-	- .37	- .11
Standard deviation	-	.75	.67
Confidence interval	-	-.95 - .21	-.62 - .4
P-value	-	0.178	0.633
Effect size	-	-.49	-.16
Problem Orientation Scale			
Means	1.5	2.64	2.84
Standard deviation	.77	.61	.71
Mean change	-	-.82	-.17
Standard deviation	-	1.1	1.03
Confidence interval	-	-1.7 - .05	-.97 - .62
P-value	-	.062	.625
Effect size	-	-.75	-.17
Cognition Subscale			
Means	1.56	2.73	2.77
Standard deviation	.91	.56	1.00
Mean change	-	-.70	.004
Standard deviation	-	1.1	1.03
Confidence interval	-	-1.6 - .16	-.9 - .91
P-value	-	.097	.991
Effect size	-	-.64	.003
Emotional Subscale			
Means	1.14	2.5	2.4
Standard deviation	.71	1.02	.78
Mean change	-	-1.3	.11
Standard deviation	-	1.5	1.4
Confidence interval		-2.4 - -.13	-.96 – 1.2
P-value		.033	.813
Effect size		-.87	.1
Behaviour Subscale			
Means	1.93	2.7	3.29
Standard deviation	1.13	.92	.51
Mean change	-	-1.3	.11
Standard deviation	-	1.5	1.4
Confidence interval	-	-1.3 - .62	-1.4 - .21
P-value	-	.441	.128
Effect size		-.87	.08

SPSI-A scales and subscales	Pre-test (n=15)	Post-test (n=10)	Follow-up (n=9)
Problem Solving Skills Scale			
Means	1.44	2.23	2.47
Standard deviation	.73	.69	.87
Mean change	-	-.44	-.2
Standard deviation	-	.96	.78
Confidence interval	-	-1.18 - .3	-.8 - .66
P-value	-	.207	.476
Effect size	-	-.46	-.26
Problem Identification Subscale			
Means	1.5	2.27	2.37
Standard deviation	.75	.77	.99
Mean change	-	-37.	-.07
Standard deviation	-	.98	.96
Confidence interval	-	-1.1 - .38	-.8 - .66
P-value	-	.290	.826
Effect size	-	-.38	-.07
Generating Alternatives Subscale			
Means	1.33	2.27	2.63
Standard deviation	.90	.75	.86
Mean change	-	-.5	-.33
Standard deviation	-	1.25	.94
Confidence interval	-	-1.44 - .48	-1.06 - .39
P-value	-	.283	.321
Effect size	-	-.4	-.35
Consequences Subscale			
Means	1.83	2.26	2.55
Standard deviation	1.08	.97	.93
Mean change	-	.04	-.19
Standard deviation	-	1.09	.93
Confidence interval	-	-.80 - .88	-.90 - .53
P-value	-	.913	.562
Effect size	-	.04	-.2
Implementation Subscale			
Means	1.41	1.94	2.00
Standard deviation	.98	1.03	1.31
Mean change	-	-.03	-.48
Standard deviation	-	1.01	1.3
Confidence interval	-	-1.1 - .44	-1.02 - .96
P-value	-	.391	.940
Effect size	-	-.03	-.37

SPSI-A scales and subscales	Pre-test (n=15)	Post-test (n=10)	Follow-up (n=9)
Evaluation Subscale			
Means	1.6	2.4	2.66
Standard deviation	.75	.68	.93
Mean change	-	-.48	-.22
Standard deviation	-	1.16	.81
Confidence interval	-	-1.37 - .40	-.85 - .40
P-value	-	.247	.442
Effect size	-	-.41	-.27
Reorganisation Subscale			
Means	1.10	2.17	2.55
Standard deviation	.89	.82	.87
Mean change	-	-.78	-.37
Standard deviation	-	.94	.91
Confidence interval	-	-1.50 -.05	-1.06 - .33
P-value	-	.039	.258
Effect size	-	-.83	-.41

TABLE 6: SPSI-A scales and subscales

There were significant reductions in all of the results on the ISO from pre- to post-intervention tests. At baseline, 81% of participants scored as being at high risk of self-harm. At follow up this was reduced to 10%. These are very encouraging results, although the study is very small.

	Pre-test (n=11)	Post-test (n=8)	One month f/u (n=9)
Critical item mean score	3.7	1.1	1.1
Standard deviation	1.8	1.7	1.9

TABLE 7: Critical item scores

The Kazdin HPLS and the PQ-LES-Q both showed improvements, but these did not reach significance. However, both sets of results are still important indicators of improved wellbeing.

The WAI measures the degree of match between the client and the therapist in their assessment of the therapeutic alliance. Results were included for the seven complete sets of paired results. The mean rating of the alliance by clients was 76.9/84 (91%) and the mean rating of the alliance by therapists is 69.7/84 (83%). These results indicate a good to excellent working alliance between counsellors and clients. Given the centrality of the therapeutic relationship across all therapeutic encounters, this is highly relevant (e.g. Paul & Charura, 2014).

Qualitative Results: Participant interviews

The PI carried out one-to-one interviews with nine client participants. Overall, the responses supported RE:SOLVE as acceptable and feasible for young people to take part in. It was pleasing that all of the client participants reported that taking part in RE:SOLVE was constructive and positive for them. For example: "It's been a really positive one [experience]. It's really helped to tackle my problems and things. It's not hard either. It's really easy to follow." And "There's nothing I didn't like. I actually liked it!"

When asked about the workbooks, the characters and stories of Lydia and Michael were a strong theme for five participants. For example, two respondents identified Lydia and Michael as role models, while another mentioned she had taken ideas from Lydia's brainstorm and used them in her own, reinforcing the notion of role modelling. For example, "I thought it was good because they [Lydia and Michael] had problems and stuff and then they'd go step by step and finally reach the point where they could fix it." And "Probably liked having those people Michael and Lydia they were quite neat because they've gone through similar things and they are doing the same things I am."

Three participants commented on liking their stories, with three also suggesting that more stories and vignettes should be included in the workbook as they found this aspect particularly helpful. This would definitely be enhanced in any future study.

These results are consistent both with the findings from the young people who initially reviewed the resources and with the feedback from the cultural consultation. All the reviewers highlighted the stories as a strength because they read as if the characters were speaking to the reader. They noted the stories were easy to relate to and this kept them engaged and interested in the workbook.

There were four problem-solving signposts mentioned as part of this theme of likes and dislikes about the workbook. These were:

- generating ideas ("I quite liked the big brain storm of how to solve ideas, I think. To write different solutions was good");
- exploring the potential pros and cons of a potential solution ("I liked the advantages and the disadvantages because you could see different points of view for that one problem and then think about it.");

- the action plan ("I liked the action plan. I got worried at first, if it wouldn't work out or something, but then you never know until you tried.");
- the problem list ("I think it was quite good to outline all the different problems and concentrate on separate ones so you could work through them.").

Participants all indicated they had experienced changes in their problem solving, which is borne out by the improvements seen in the SPSI-A scores. Their comments also suggested an improved confidence and belief in their abilities: "Definitely [my problem solving has changed], because my problems aren't so big, and I know how to tackle them, it's made me a lot happier and things are a lot easier."

Knowledge of what had got in the way of previous problem-solving efforts and the steps they could take in future were also highlighted:

> I kind of let them bunch up and they would all become too much for me but I know now to have a problem, make it clear and decide what I am going to do about it and then move on to the next one without them all getting to me.

Finally, there was recognition that following the steps could lead to feeling better in oneself:

> Umm, I guess making a plan, trying to do that a bit more and so I can concentrate on what I want to do and then tick that off and then I'll feel more satisfied that I've done something.

Finally, participants reported feeling better in themselves than they had before taking part in RE:SOLVE: "Feeling good. Feeling happy"; "I guess I do feel a lot better than I was. I just made small improvements each day I guess. But compared back to then, a lot. Quite a big difference"; and:

> Long gone [thoughts about self-harm]. I'm pretty happy. It's just the decision I made that put me back into that place. Like I caused a problem and my parents got angry and then I get angry with them and it makes a problem. So it's up to my decisions. I have goals this year.

These one-to-one interviews reflected the high degree to which the RE:SOLVE problem-solving therapy was considered acceptable by participants. Their feedback highlights the inextricably linked nature of problem orientation and practical problem solving, with problem orientation helping us to reduce our sense of threat and restore connection to self.

From my own clinical experience, I can attest to the relief people feel when we talk about problem orientation and they realise that having problems does not mean something is wrong with them. Their bodies relax, their faces soften, their breaths slow. When we resolve a difficulty, even partially, this builds self-efficacy and self-confidence and makes it more likely we will find a way to face into problems and seek help in the future.

However, the feedback also needs to be viewed with caution. Firstly, those who did not complete all three assessments were not interviewed and their views may have been different from those that were expressed. Secondly, the participants knew the PI had developed the resource and also conducted the therapy with some of them. Thirdly, the PI did the thematic analysis. These factors could have introduced bias into these results.

Strengths of the Current Study

Primary and secondary outcome measures were clearly stated. The study showed significant improvements in the primary outcome of depression, along with significant reductions in suicide orientation and moderate improvements across all other measures. There were improvements across all measures that have possible clinical relevance. Participants who completed the intervention also took part in an interview. This feedback from the participants' lived experience of RE:SOLVE adds depth to the quantitative data, incorporating a more human dimension. It also provides direction for future development of the RE:SOLVE programme and resources.

Limitations of the current study

The limitations of this study are that it was a pilot study, the sample size was small, there was no randomisation, no control group, and only a short follow-up period, which hinders our ability to see whether differences were maintained for any length of time. The problem solving and suicidal risk measures used in this study were different from other studies of this kind, and this limits comparisons that can be made between them. However, this is acceptable considering the purpose of this study which was to establish the suitability of these measures for a larger scale study.

The participants who did not complete the programme were more likely to have had a history of self-harm. This limits our knowledge of the acceptability and feasibility of RE:SOLVE for them. However, given that three of the five who dropped out did not make this choice themselves, and that students with comparable baseline scores did complete the sessions, this is not a definitive issue.

Because this study was a PhD project, most of the study functions were carried out by the PI. This included conducting recruitment, most of the assessments, and the therapy with some clients. Since there was no comparison group, there was no blinding, but this was a pilot acceptability and feasibility study so this design is within acceptable parameters.

Future Research

Recommendations for future research relate firstly to study design. A definitive randomised control trial for the quantitative aspect of a study would provide more robust data to explore intervention effectiveness. This study would require a larger sample size, a longer follow-up period, and randomisation. The data collection and analysis procedures would be reviewed to reduce the risk of bias. Incorporating a mixed-methods approach to access participant experiences would remain important.

There were few Māori participants identified and recruited. This will be an important focus for future research given that young Māori people are overrepresented in self-harm and suicide statistics in Aotearoa New Zealand. The resources would be co-designed and adapted with project consultants to better connect with rangatahi and embody tikanga such as the hui process (Pitama et al., 2017), as recommended by the consultants.

Conclusion

At a time when symptoms of depression, suicidal thinking, and suicidal behaviour among young people have increased (Fleming et al., 2022), the importance of school counsellors as a source of support is crucial. When young people self-harm, they are expressing something important, and school counsellors are well-placed to listen, collaborate, and respond. RE:SOLVE is a pragmatic and accessible way of framing conversations that lends itself to contexts requiring brief interventions as well as those requiring open-ended work.

With this small study of 15 young people, administered by school counsellors and the PI, RE:SOLVE contributes to an emerging evidence base. Results show significant reductions in depressive symptoms and suicide orientation, along with reductions in hopelessness. Improvements in problem solving and life enjoyment were demonstrated for participants who completed all aspects of the study. The therapeutic alliance ratings by the clients and practitioners were high. These results indicate that those who took part in RE:SOLVE were satisfied with the programme. In addition there was a consensus that taking part in RE:SOLVE problem-solving therapy was a productive and helpful experience that led to participants feeling better about themselves and having improved problem-solving, and problem-solving confidence.

This study provides some support for problem-solving therapy as an intervention for young people at risk of self-harm. There is evidence that the chosen measures are acceptable, feasible to use, and sensitive to change. The combined results reflect that while there were a number of study issues, and difficulties in implementation, RE:SOLVE problem-solving therapy has promise as an acceptable and feasible intervention for both clients and practitioners.

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“Why Am I The Only One?”: The Experience of Non-death Loss and Grief for Chinese International High School Students in Auckland, New Zealand During COVID-19

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Abstract

This qualitative research explored the non-death loss and grief experiences of Chinese international high school students during the COVID-19 pandemic in Auckland, New Zealand. Semi-structured interviews were conducted with six Chinese international high school students. The data were analysed using a thematic analysis approach. This study demonstrates the complexity of non-death loss and grief experienced by international high school students during the pandemic. This study proposes that socio-cultural factors and the developmental characteristics of adolescence, rather than individual characteristics, played significant roles in contributing to, and complicating, these loss and grief experiences in the context of the global crisis. Implications for practice, research, and education are discussed.

Keywords

COVID-19, non-death loss and grief, Chinese international students, high school, adolescents

Since the global spread of Coronavirus disease 2019 (COVID-19), the world has experienced unprecedented changes. A multitude of losses have been, and are continuing to be, experienced by almost everyone. Alongside the loss of a loved one, there are many losses that are unrelated to the death of a significant person but occur as a consequence of other changes in our lives, such as the loss of physical contact with family and friends, the loss of job and financial security, the loss of freedom, the loss of hope for the future, and even the loss of daily routines. Such losses are particularly prevalent for international students (Hyacinth & Francis, 2022). When governments and educational institutions imposed preventive measures such as border restrictions, lockdowns, and campus or school closures, these students lost the opportunity for reunions with family and friends (Mbous et al., 2022), social connection, and access to support resources (Dhawan, 2020; Firang, 2020). Many of them, especially students from Asian countries, experienced the loss of dignity and security after becoming the victims of racial or ethnic discrimination, or even targeted attacks (Koo et al., 2023; Zhai & Du, 2020). For example, Koo et al. (2023) reported that some Asian students received anonymous emails with photos of guns threatening them to leave the country. The consequent emotional sufferings have been widely reported internationally (Lai et al., 2020; Son et al., 2020; Wang et al., 2020).

However, though international tertiary students' challenges and difficulties in the pandemic have been documented, there have been very few studies investigating international high school students' experiences. Pre-pandemic, there was considerable growth globally in the number of school-aged international students (McKeering et al, 2021). For example, since 2017 there have been more than 22,000 school-aged international students coming from different countries to New Zealand every year, of whom Chinese students account for about one third (Educationcounts, 2021). This community is often classified with their tertiary counterparts, regardless of possible differences in psychological needs, coping strategies, and support systems, owing to the discrepancy between their developmental stages.

The purpose of this small-scale study was therefore to investigate the experiences of Chinese international high school students during the COVID-19 pandemic in New Zealand. The research question was: What have the experiences of loss and grief been among Chinese international high school students in New Zealand during the COVID-19 pandemic?

Literature Review

Non-death Loss and Grief

Most theories and research on loss and grief are typically associated with bereavement (Harris, 2020). This literature on loss and grief identifies complex physical, emotional, behavioural, and cognitive components (Worden, 2009), and many theories and frameworks have been developed to understand these (e.g., Kübler-Ross & Kessler, 2007; Neimeyer et al., 2010; Stroebe & Schut et al., 2010; Worden, 2008). In comparison, there has been relatively little attention given to the area of non-death-related loss and grief (Pickover & Slowik, 2013; Zeligman & Wood, 2017), even though these experiences are likely to be much more common in society. Some authors have also identified characteristics of bereavement associated with grieving for non-death losses (Harris, 2020; Papa et al., 2014), such as similar manifestations of separation distress (Bowlby, 1969), the re-construction of the self (Papa et al., 2014), and the role of meaning making in individuals' grieving (Neimeyer et al., 2010).

Of particular interest to the present study, Smith and Delgado (2020) discuss the use of grief models with non-death losses in a counselling context. They present Worden's (2009) model of the tasks of mourning, which identifies four non-linear tasks that are actively engaged with, including accepting the reality of loss, processing the pain of grief, adjusting to the absence, and finally finding and achieving an enduring connection. Similarly, they highlight the relevance of Stroebe and Schut's (1999) dual-process model for working with clients who have experienced non-death losses. This model conceptualises the oscillation between the focus on the loss itself (*loss orientation*) and the adaptation to life needed because of the loss (*restoration orientation*). The model posits that both responses are needed, and that people will oscillate between them as they find a way to cope. People may need support to work through the emotional, psychological, and social impact of their non-death loss (the loss orientation), as well to adjust to their new life situation (the restoration orientation) (Smith & Delgado, 2020).

Two additional perspectives in the loss and grief literature appear to be significantly related to non-death loss: non-finite loss and ambiguous loss. Non-finite loss (Bruce & Schultz, 2001) stems from the discrepancy between "the commonly held and internalized expectations of what the world should be like" (Bruce & Schultz, 2001, p. 37) and the reality of the person's life experience. Ambiguous loss is characterised by a continuing uncertainty as it is difficult to define and distinguish what has been

lost, how to resolve the loss, and when the suffering will end. People may also experience a lack of recognition and validation of the significance of their losses from others (Boss, 2021). Perhaps most useful in understanding non-death loss, Doka's (1989) notion of disenfranchised grief highlights the social characteristics of grief: that certain social norms may play a part in defining which loss(es), by which griever(s), in which relationship(s), in which way, and under which circumstances may be allowed to be perceived as legitimate. Extending this, Kauffman (2002) has conceptualised that self-disenfranchisement can happen when individuals internalise social rules and then deprive themselves of their own right to grieve.

Non-death Loss and Grief in the Context of COVID-19

Compared with research focusing on bereavement-related loss and grief in the pandemic context (Carr et al., 2020; Chachar et al., 2021; Fang & Comery, 2021; Weinstock et al., 2021), few actual studies of non-death losses and grief have been conducted in relation to COVID-19 (Chew et al., 2020; Maddrell, 2020). However, a number of reviews and commentaries have been published. For example, Zhai and Du (2020) have summarised categories of both death and non-death loss and grief in the time of COVID-19 and identified the related complexities, while Walsh (2020) has identified ambiguous loss and unacknowledged loss as being significant issues. Maddrell (2020) highlighted the important meanings of daily losses for people, as the effects can be "mapped onto bodies and psyches" (p.109) and become significant, especially for vulnerable populations.

In Kumar's (2021) review, concerns were raised over multiple forms of grief such as grief for self, relational grief, collective grief, and ecological grief. Bertuccio and Runion (2020) contextualised ambiguous loss, anticipatory grief, and complicated grief in the global pandemic and stressed that grief was a normal reaction to ongoing uncertainty and dread about the future. Masiero, et al. (2020) emphasised the social and economic meanings of non-death loss, which include the loss of role and identity, the consequences of which would be exacerbated by social divisions especially between the privileged and the disadvantaged.

Of particular interest, two empirical studies (Sirrine et al., 2021; Weaver et al., 2022) of American university students both reported multiple losses experienced by students in the wake of COVID-19 and emphasised that the most salient losses caused by the pandemic were related to the developmental markers of emerging adulthood, such as education, work opportunities and social relations.

This literature indicates that non-death loss and grief during and after COVID-19 has prevalent and profound effects on individuals, communities, and societies, which may be differentiated from those of other types of loss and grief.

Experiences of International Students During COVID-19

Despite the multiple losses in different spheres of life globally in the pandemic era, little research has been undertaken into the loss and grief experiences of international students. Most existing studies involving this cohort focus on mental health issues. For example, quantitative studies have been undertaken on mental health symptoms such as anxiety, depression, and insomnia (Humphrey & Forbes-Mewett, 2021; Lai et al., 2020; Wilczewski et al., 2021), and some qualitative research has investigated what underlies these symptoms (Koo, 2021; Mbous et al., 2022; Wang, 2021). Other studies have researched the challenges and stressors faced by students, including social isolation (Humphrey & Forbes-Mewett, 2021); financial stress (Hari et al., 2021); homesickness (Mbous et al., 2022; Shoukat et al., 2021); and uncertainties related to border restrictions, quarantine policies (Hari et al., 2021; Wang, 2021) and disrupted academic and employment plans (Hari et al., 2021; Mbous et al., 2022). Discrimination, racism, and consequently, perceived threats were frequently reported as well (Koo et al., 2023; Lai et al., 2021; Wilczewski et al., 2021). Many losses—such as loss of connection, choice, safety, belonging, and hope—can be clearly recognised from these studies in relation to numerous difficulties international students experienced during COVID-19. However little research has explicitly examined these loss experiences.

The Heterogeneity of the International Student Community

International students are heterogeneous in terms of multiple factors, such as ages, identities, personalities, and values, which are influenced by developmental characteristics, nationalities, ethnicities, and cultures (Luke, 2010). Among these factors, developmental stage is an important differentiator. Adolescence involves a transitional developmental process (Bailen et al., 2019; Brechwald & Prinstein, 2011; Nickerson & Nagle, 2005), during which young people are in a process of developing a coherent and integrated identity ("who I am") through interaction with their surroundings (Erikson, 1959). They can be seen to transform from being children, dependant on their parents, to becoming more focused on relationships with peers and exploring their identities by frequently changing their ideas and plans (Duerden et al., 2018). Barriers to adjustment that are frequently reported for adolescents are rarely reported by university students (Fontana, 2015).

Therefore, it is important to distinguish young people who study abroad during their high school years from students who study abroad at a tertiary level.

Cultural differences also contribute to their diversity. For example, research prior to the pandemic has found that Chinese international students' coping and help-seeking behaviours were deeply influenced by the philosophies and religions of Confucianism, Taoism, and Buddhism, which have underpinned the development of Chinese culture (Fang, 2011; Hsu et al. 2008; Moore & Constantine, 2005; Peng & Nisbett, 1999; Spencer-Rodgers et al., 2010; Triandis 1994; Wang & Greenwood, 2015; Wei et al. 2012).

It is clear that loss and grief that arise from causes other than bereavement have begun to receive attention in the context of the pandemic. However, there is a general lack of research on non-death-related loss and grief experienced by international students. Most empirical studies involving international students concentrate on mental health or stressors and tend to pathologise emotional responses. A large portion of these studies were conducted in North America, East Asia, and Europe in 2020, particularly between March 2020 and June 2020. Furthermore, how the heterogeneity of the international student community, in terms of aspects such as their age, ethnicity, culture, host country and timeframe during the pandemic, may have played a part in their loss and grief experiences amid the COVID-19 pandemic remain unknown. Thus, the present study aims to address these gaps by focusing on the non-death loss experiences of Chinese international high school students living in New Zealand one year after the outbreak of COVID-19, how they processed their grief, and how their experiences may have been influenced by the psychosocial and cultural factors in their environment.

Methodology and Methods

This small-scale study adopted a qualitative methodology using semi-structured interviews to investigate experiences of loss and grief among Chinese international high school students in New Zealand during the COVID-19 pandemic. Reflexive thematic analysis (Braun & Clarke, 2019) was used on the data. A data-driven inductive approach guided the coding based on participants' narratives (Braun & Clarke, 2006). Likewise, an in-depth interpretation of how loss was perceived and what grief meant to the participants necessitated a latent level of theme identification, so that the underlying nuances and complexity around participants' experiences of loss and grief could be uncovered.

Ethics

This research was undertaken as part of the first author's Master of Counselling, supervised by the second author, and approval was granted by the University of Auckland Human Participants' Ethics Committee (UAHPEC 22296). Ethical considerations regarding voluntary participation, autonomy, confidentiality, and safety were addressed. Given the shared Chinese culture of the participants and the researcher (the first author), interactions were conveyed in a culturally appropriate way to show genuineness and good intentions. Particular attention was given to the unequal power relationship between the adolescent participants and adult researcher (Dixon, 2015), especially within the context of Confucian hierarchy of values in Chinese culture (Wang, 2016).

Participants and Procedures

Purposive sampling (Fossey et al, 2002) was carried out to recruit participants in May 2021. The inclusion criteria were that each participant: (1) was an international student coming from mainland China who identified racially as Chinese; (2) was over 16 years old at the time of the interview; and (3) had been enrolled in a high school in Auckland in 2020 and had been through the COVID-19 pandemic in 2020. Chinese international students who were close friends or current clients of the researcher were excluded from this project. To increase the diversity among the participants (Higginbottom, 2004), recruitment was conducted in one girls' school, one boys' school and one co-educational school in Auckland. The first six students who confirmed their participation were interviewed (see Table 1).

Pseudonym	Age	Gender	Year	School	Place of origin	Stay period (years)
Zhu	16	Female	11	Girls' school	South China	1.5
Anna	17	Female	11	Girls' school	South China	2
White	17	Female	12	Co-educational	East China	3
Kevin	17	Male	12	Co-educational	East China	3.5
ADS	18	Male	13	Boys' school	North China	3.5
Jay	19	Male	13	Boys' school	South China	4.5

TABLE 1: Demographic Characteristics of Participants

All six interviews, lasting between 60 and 90 minutes, were conducted face-to-face at the participants' schools after regular school hours between June and August in 2021. As participants and the researcher were of the same cultural background and fluent in Chinese, interviews were conducted in the Chinese language to help facilitate an in-depth exploration and to minimise any cultural gaps in understanding. Once an interview was completed, the recorded conversation was transcribed in Chinese and sent to each participant for editing before the information was analysed. The participants each chose a pseudonym to be used when they were quoted in the research report.

Data Analysis

Data were analysed according to Braun and Clarke's (2006) six-phase guide for reflexive thematic analysis. Relevant language considerations were addressed in relation to the data collected in Chinese according to Smith et al.'s (2008) research recommendations with Chinese participants. A deep immersion in the raw data helped identify initial tentative meanings and patterns. Transcripts were kept in Chinese with tones, pauses, inflections, and so on (Braun & Clarke, 2013) to prevent the loss or distortion of rich cultural information and meaning (Smith et al., 2008). At this point in the analysis, raw data were coded in Chinese by the first author, incorporating traditional sayings and idioms used by both participants and the interviewer. The codes were then translated into English by the first author along with English summaries to facilitate an effective cross-cultural collaboration with the English-speaking second author (Smith et al., 2008). Some data extracts that were difficult to capture in English were translated in full to facilitate coding discussions while avoiding misinterpretation across languages.

NVivo was used to organise the coding process and to facilitate the generation of themes, as well as to document the process through reflexive memos (Braun & Clarke, 2006). Iterative coding and re-coding continued until related codes were categorised (Braun & Clarke, 2013), and the most salient three themes were generated. A review of coded extracts for each theme was conducted (Braun & Clarke, 2006) with some codes within the existing themes identified as contributing to two new themes. Five main themes were generated, which conveyed the overall story of the data and answered the research questions (Braun et al., 2015). Finally, selected data extracts were translated into English for the report to "provide a concise, coherent, logical, non-repetitive and interesting account of the story the data tell" (Braun & Clarke, 2006, p. 93).

Findings and Discussion

Five themes were generated from the analysis: separation, mismatch, uncertainty, adjusting, and incomprehensibility. To give a sense of the personal meaning-making experience for participants, the write-up of each theme is accompanied by a question from a first-person perspective:

1. Separation: Where am I?
2. Mismatch: What might I have been?
3. Uncertainty: Where should I go?
4. Adjusting: What do I have to do?
5. Incomprehensibility: Why am I like this?

The themes are described below, illustrated by quotes from participants' narratives, along with discussion of how each theme links with existing literature.

1. Separation – Where am I?

Participants experienced a profound sense of separation. Though this experience was also noted in pre-COVID-19 studies (Smith & Khawaja, 2011;Wang et al, 2014), this theme was amplified by the pandemic and associated government health measures. This gave an overall sense of "Where am I?", as if students were disorientated and a bit lost. All participants highlighted the sense of being separated from significant people and there seemed to be an *internalised* separation developing, that was psychological as well as physical. As one participant, Anna, put it, "I'm really homesick. I haven't seen my family for two years. I haven't seen my friends for two years. And, I haven't done things I love for two years."
Another participant, Zhu, explained this weakening bond as a form of alienation: "For me, there is a sense of distance from these influences [that I had in China]. I can't synchronise with these since I've been unable to go home… [I feel] alienated as well …".

Racism and discrimination that followed the outbreak of COVID-19 also contributed to the sense of separation. Some participants who had experienced street insults had mixed senses of stigma, unfairness, and powerlessness, which led to a sense of being marginalised and a loss of connection with the environment that they had been trying to fit into. For example, Zhu stated that "If they treat us like, a rubbish or virus… it would feel uncomfortable and terrible, [because] it cannot be like in my home country that everyone is the same."

The sensed separation led to an intense desire for close bonds with their previous lifestyles, customs, and the motherland, through which they grieved their loss of connection with their pasts. For example, losing the opportunity to go home and spend the Spring Festival with family, one of the most important traditions in Chinese culture, was emphasised by all participants. Interestingly, food worked as a visceral bond with home; "the taste" of Chinese food was often referred to by participants. For example, Kevin preferred eating food in China because "they have the taste" while Jay noted that it was "the taste" evoking his memory of being with family.

2. Mismatch – What Might I Have Been?

Participants reported significant losses of expectations and dreams for their overseas life, since the pandemic spread worldwide, which incurred deep regrets about "What might I have been?". Following multiple restrictions, such as border restrictions, national lockdowns, and school closures, the mismatch between their expectations of overseas life and the perceived reality caused a strong sense of being locked up, with a mixture of helplessness, vulnerability, and frustration for all participants. Jay complained about being alone and his lack of motivation. White recalled that she had become quite down and often locked herself in her room during the first lockdown, which resonated with Anna's description of herself as being in "psychological self-isolation" and Zhu's comment: "I'm feeling [I have] been sentenced to life imprisonment. New Zealand is a big prison."

These findings parallel the assumptive worlds construct (Harris, 2020) and indicate the loss of consistency for participants between what should have been and what their reality was after their previous plans and dreams had been disrupted in the wake of COVID-19. White and Kevin were upset that they had been unable to celebrate significant milestones with parents and old friends. Zhu was so sad and frustrated that she was considering giving up her dream of being a candidate at a university in America, considering her experiences of discrimination in New Zealand and the escalating conflicts between China and the United States. ADS poignantly articulated this mismatch by describing the hope for his parents to attend his high school graduation ceremony as they had been absent from "every important moment" (ADS) in his life. This expectation had been shattered owing to the travel bans.

Along with these lost hopes and expectations, participants experienced the loss of a quality, a better version of themselves. Every participant articulated that they could have made a better choice, or performed better, and that they would have enjoyed happiness if the pandemic had not happened. For instance, White had been struggling with suicidal thoughts during the period of the first lockdown. She still felt angry, regretful, and upset when she looked back at her experience: "If there was no COVID, some unpleasant things would not have happened and I would have been better last year, in every aspect!"

Most existing literature categorises this sort of experience in relation to COVID-19-related stressors (Lai et al., 2021; Lai et al., 2020), changes in activities or behaviour (Solomou et al., 2021), or life and academic satisfaction (Wilczewski et al., 2021), and focuses on the related emotional reactions or psychological symptoms (Koo, 2021; Solomou et al., 2021; Wilczewski et al., 2021). While this is consistent with the findings of the current study, it misses the more existential sense of longing and helplessness, of being the 'wrong version' of oneself.

3. Uncertainty – Where Should I Go?

The study findings indicate that the loss of certainty for participants led to fear and confusion about their future: "Where should I go?" This is similar to findings reported among international university students facing uncertainty around the international climate, domestic policies, community hostility, institutional measures (Wang, 2021), visa renewal, legal residency (Koo, 2021), placement cancellation, and financial stress (Mbous et al., 2022). However, an overarching struggle as to whether to go home or not dominated participants' responses in the present study. Homesickness kept calling them home. But the participants' ambivalence about the choice between travelling home and continuing study in light of the travel bans by the New Zealand government hindered their further actions, because as Anna stated, "we all know that actually we can go back, but we also know that we are unable to return to New Zealand [and continue our study]". Zhu captured this disturbing sense of being in limbo: "I still want to go back to my own country, but my life in New Zealand also needs to continue in the future… I don't know which one I should choose …"

Complicating the struggle, no matter what decision was made, endless concerns and feelings of fear, vulnerability, and loss of control occurred once participants considered the consequences. ADS and Jay, two Year 13 students, were restless about their university study in the next year: "How long will I be forced to suspend

the course?" (ADS); "I'm concerned about my study quality in this remote way that I may hardly learn anything …" (Jay). The fear even evoked a sense of losing belonging, and of loneliness: "If I keep staying here, I will lose the connection with all my people in China. It feels… lonely. If I disconnect with China, I don't know where to go. I'm afraid of losing connections [with them]" (Zhu).

Interestingly, within this uncertainty can be seen aspects of the transition of adolescents from childhood to adulthood. There is a striving for the development of independence and agency (von Tetzchner, 2022), while perceiving guidance, support, and encouragement from parents as still essential for them to get through challenges (Branje et al., 2002; Lee & Lok, 2012). The participants explicitly disclosed how they had longed for bonds with their parents when their navigation between being a child and being an adult had been interrupted by the pandemic. As Anna said:

> Like university students, they are more independent. For high school students, the biggest challenge is being away home for two years. Maybe [we are] independent as well, but we are less mature, and we really miss home, and two years is too long. It's too hard for a high school student…

It is apparent here that when the unknowns and fear resulting from the pandemic magnified their vulnerability and powerlessness, these high school students may have had stronger needs to keep close bonds with parents (Lee & Lok, 2012) than their tertiary counterparts.

4. Adjusting – What Do I Have to Do?

This study highlights how participants adjusted to the ongoing changes in their situation and dealt with their loss and grief. At the same time, despite participants' resilience and strengths, these measures of adjustment seemed utterly inadequate for ending their frustration about the question of "What do I have to do?" There were two salient features present in relation to this process of adjustment. First, adjusting was a constant, shifting, and dynamic process that participants had navigated at their own pace. The second feature was the underlying cultural complexity in the way participants navigated their grieving processes.

Through compromising and adjusting to their reality, participants attempted to tolerate their losses and see good aspects out of the negative experiences. For example, ADS commented, comparing the present to the past: "At least now I have more chances to talk to my parents in a digital way." Participants also made

new meanings from what they had experienced and highlighted positive personal growth. For instance, White had deepened her understanding of who she was after she had gone through the tough time on her own: “I looked at it as a challenge and I got over it. I feel proud of myself.” Some participants paid more attention to what needed to be dealt with and what made their life more bearable. For example, using the internet was a major and pragmatic way to keep connected when they were physically distanced from family and friends. However, they could not just let go of what they had lost. Anna said: “Sometimes after a lovely conversation, it feels like, I really want to go home. I really want to see my friends in person and hang out together.”

This back-and-forth navigation seems to resonate with the oscillation process in Stroebe and Schut’s (1999) dual-process model. At times, participants showed attachment to what they had lost, while other times they focused more on what needed to be dealt with and how to deal with it, so that they could get away from the distress for a while. This moving-in-and-out exploration amidst the pandemic appears similar to findings reported by Walsh (2020) about the complexity of adapting to loss and recovering from grief for the general population during the COVID-19 pandemic.

Interestingly, the theme of “adjusting” also appears to have a cultural component. Many participants indicated that they experienced a sense of relief when they downplayed their loss and highlighted the good sides of the adversity. This is consistent with Xia and Duan’s (2020) study of Chinese international students, who reported more positive experiences after adopting the same strategy to regulate their thinking and emotions during the COVID-19 pandemic. This way of coping could be recognised as a typical self-regulation strategy rooted in traditional Chinese philosophy including Confucian belief in reframing adversity and Taoist dialectical thinking (Fang, 2011; Jing, 2006; Peng & Nisbett, 1999; Spencer-Rodgers et al., 2010). However, similar behaviour by young American adults of minimising their grief experiences during the pandemic was identified as self-disenfranchisement by Weaver et al. (2022). This suggests that a certain grief reaction might be perceived differently, even conversely, through different cultural lenses.

Moreover, findings from the present study indicate that in order to stay safe in the face of a challenging environment, participants protected themselves by minimising or avoiding various potential troubles in the context of COVID-19. For example, some participants avoided talking about “sensitive topics” (White)

related to discrimination or international situations, and some preferred not to fight back against provocations from hostile people because "the less trouble the better" (Kevin). Interestingly, this attitude of avoiding trouble may have hindered participants from seeking help from their surroundings, because some of them tended to consider it as "causing trouble for others" (Jay) and "I don't want to get them upset for me" (ADS).

Rather than being dysfunctional, these 'avoidance' actions could be related to the value of harmony in Confucianism and the importance of "pursuing a conflict-free interpersonal and social relationship" (Chen, 2001, p. 57). Adding further complexity, rather than being interpreted from a unitary classical Confucian view (Young, 2017), the findings in this study illustrate two dimensions of harmony-seeking, which is more consistent with Leung et al.'s (2002) dualistic model of harmony. That is, people may avoid conflict or trouble by maintaining harmony either to help protect themselves in a situation sensed as insecure, or as a goal in itself, in line with their cultural values. Clearly there are complex cultural nuances in how people adjust to and cope with their loss and grief.

5. Incomprehensibility - Why Am I Like This?

Findings in the current study demonstrate how the lack of acknowledgement and emotional safety from their surroundings contributed to the participants' difficulty in making sense of their loss and grief. More and more confusion and powerlessness resulted in wondering "Why am I like this?". Participants reported that their losses had been ignored or discounted, or their grieving was not seen as legitimate. For example, all participants stressed the impact of the travel ban on "people like me" (Anna) and that "the most helpful thing [for international students] is to open the border" (Kevin). Some participants sensed a loss of justice, respect, and equality as a member of their ethnicity group in relation to the so-called "Chinese virus" (White). Zhu felt upset about receiving few responses when she shared her experience of street insults in a class, as if voicing her feelings was unwanted: "I don't think local people have any empathy [for us] … [I feel] they won't put themselves in our shoes."

Some could not figure out what had happened and occasionally struggled with self-loathing: "[Compared to the local students], we're all in the same age. Why do I suddenly become down? Why am I the only one who looks withdrawn?" (Anna). Some "didn't talk [about this topic] with others" (Kevin), while others had only started to think about this since the interview.

> I haven't thought about this so much before, and I don't know why I need to think about this, but all of a sudden, I'm thinking of a lot of questions… Usually I won't talk about this topic with my friends … If [I have more opportunities to talk to them], I may not be so reluctant and think so hard. (Jay)

Although some previous studies have reported international university students' sense of insecurity (Koo et al., 2023), and their experience of being overlooked or dismissed (Eliot, 2021) during the pandemic, there are few articles recognising potential connections to underlying disenfranchised grief or ambiguous loss. According to Doka (2002), losses, whether death or non-death-related, are disenfranchised socially if they are unrecognised, underestimated, or hidden due to certain social norms. In this study, the disenfranchisement of participants' loss occurred due to a number of factors. International students' state of being in-between their own culture and the host culture played an important part, as different rules govern 'normal' cognition, behaviour, and emotion in each society (Harris, 2020). Further, being part of a minority amid a mainstream culture meant participants' losses were not accommodated or supported in the host country in the same way they might be in their home country (Menculini et al., 2021). Participants thus reported feeling their grief was not accepted socially and their right to grieve "differently" was marginalised.

An added complexity here is the cultural emphasis on harmony and relationships (Wei & Li, 2013) mentioned in relation to the previous theme of "adjusting". This may have contributed to the concealment of participants' emotional needs to avoid imposing a burden on others (Martin-Matthews et al., 2013). Similarly, in the context of the significant global hardships and loss of life during the pandemic, grieving for non-bereavement losses may have seemed unacceptable when others had lost their loved ones and livelihoods (Kaur-Aujla et al., 2022).

Likewise, many ambiguous losses have been brought up by the COVID-19 pandemic (Bertuccio & Runion, 2020; Boss, 2021). Participants remained restless about how long the situation would last and confused about the changes associated with the world and themselves. Along with these, participants were faced with the ambiguity of significant people in their lives being psychologically present but physically absent, such as parents or friends in their home country only being contactable online (Bertuccio & Runion, 2020). Moreover, a lack of developmental maturity to accommodate and process complex loss and grief experiences (Rowling, 2002) may have contributed to participants' sense of

ambiguous loss. In this study, all participants experienced difficulties in linking their emotional distress to loss and grief in the context of the pandemic, which may play a part in the reinforcement of ambiguous loss.

Embedded within these narratives, there also appeared to be indications of self-disenfranchisement of grief (Kauffman, 2002) when the participants minimised and supressed their feelings or did not allow themselves to grieve. For example, Zhu commented on her distress in relation to the difficulties: “It’s probably not a big deal. Probably because I didn’t experience it before.” White believed, regarding her suicidal ideation: “I took things too hard.” This is particularly interesting as it seems to contradict some aspects of the findings indicated in the previous theme of “adjusting” and may reveal additional layers of cultural complexity around participants understanding their own and others’ grieving processes.

Summary of Key Findings

This research offers new insights that contextualise loss and grief experiences of international students during and after the outbreak of COVID -19 for those working with them. A key finding is the need to expand common, possibly limited, understandings of loss and grief in the age of the global pandemic (Albuquerque et al., 2021; Walsh, 2020), given the unprecedented nature of what everyone has experienced since the outbreak of COVID-19. Another significant finding is that international students experienced pandemic-related loss and grief in complex ways specific to their cultural context. This study indicates that there were many layers of overlapping losses related to the pandemic, with multiple levels and forms, which incorporated personal, relational, social, political, and cultural dimensions. Considering the very few studies on non-death-related loss and grief during COVID-19, this study contributes to existing knowledge as well as presenting a need for more research examining how people are influenced by the ongoing impacts of COVID-19, both within and beyond the educational sector. Given the prevalence of non-death loss events and the potential for individuals’ grief being disenfranchised, it could be helpful to have a course focused on these forms of grief available to counsellors and others training in relevant fields, incorporating in-depth knowledge of these common phenomena and diverse exercises in working in culturally sensitive ways with those affected by such losses.

This research also identifies the considerable role that psychosocial factors played in international students' grief experiences in the face of the pandemic. Apart from the disenfranchisement of ambiguous loss and non-finite loss, due to the ambiguity of their nature (Harris, 2020), many more direct and tangible losses these international students who participated in this study had experienced were disenfranchised by the different social norms in New Zealand. Further research is needed on how psychosocial factors in the environment may influence how international students evolve, process, and cope with their grief experiences.

This study also underscores the heterogeneity within the international student community for those working with non-death loss and grief amidst international high school students. Particularly, the developmental differences between tertiary students and high school students should not be underestimated or overlooked. Scholars have indicated that maturity can play a significant role in the ability to accommodate and process loss and grief experiences, especially in relation to ambiguous loss (Harris, 2020; Rowling, 2002). More research needs to be conducted with adolescent international students rather than simply applying what has been learned from international university students.

In addition, cultural complexity calls for more attention as every culture has its unique ways of perceiving, processing, and coping with grief. Assumptions from western constructions of human emotion, behaviour, and cognition may lead to intercultural misunderstandings and undermine cultural strengths. For example, considering that Chinese international students in this study may have regarded help-seeking behaviour as "causing trouble to others", the complexity of how the Confucian value of harmony affects coping with loss and grief needs to be further investigated. Similarly, there would seem to be cultural complexities around understanding the dynamics of self-disenfranchisement. Within the theme of "adjusting", reactions that appear to fit the definition of self-disenfranchisement may actually act as helpful cultural tools to self-regulate and successfully aid people to cope with their situation. While considering the complexity of Chinese culture, which mainly integrates Buddhism, Taoism, and Confucianism, the seemingly self-disenfranchised thoughts and behaviours in the theme of "incomprehensibility" are very likely the embodiment of the cultural values of self-enlightenment, transcendence from the self and secularity, and forbearance when facing suffering (Moore et al., 2005; Tyson & Pongruengphant, 2007; Yip, 2004).

Given this perspective, rather than attempting to distinguish between self-disenfranchisement and self-regulation, it probably makes more sense to look at them as two sides of the same coin.

To avoid marginalising different cultural ways of being and meaning-making around loss and grief, these types of cultural dynamics need more attention in all aspects of counselling, including practice, theory, and research. It is also advantageous to pay increased attention to multicultural perspectives in loss and grief education to avoid applying culturally inappropriate interpretations of international clients' experiences.

Implications for Counselling Practice

The study highlights the complex nature of multiple non-death losses that Chinese international high school students may bring into the counselling room. It may be helpful for counsellors to understand certain "symptoms" of loss and grief in the context of a culturally adaptive, client-centred and supportive grieving process, rather than problematising these reactions and labelling them as "maladaptive". This could include increasing awareness of the cultural complexities and nuances around disenfranchised grief and ambiguous loss, and how psychosocial factors in the environment may influence the coping processes of Chinese or other international high school students. This is particularly important in order to mitigate the potential for disenfranchisement to be enacted in the counselling room due to a counsellor misunderstanding or misinterpreting a client's grief and loss process. Helping grievers to name their losses and to normalise their grief experiences in a culturally appropriate way could assist them to shift from disenfranchisement to enfranchisement. This could involve working with Chinese clients to support their use of cultural resources such as the adaptive nature of Confucian harmony, as well as drawing on cultural wisdoms from Buddhism and Taoism.

Strengths and Limitations of the Study

Differing from previous research that mainly studied external stressors and pathological symptoms regarding the effects of the COVID -19 pandemic on international students, this study focused on their lived experiences of non-death loss, even though the findings might be limited by the research period and location. Apart from relevant individual factors involved in the grieving process, this study also provides new insights into how social and cultural factors may have complicated grieving processes in the era of COVID-19. In retrospect, some

culture-specific characteristics could have been more deeply explored during the interviews, such as how talking about loss and grief may have felt for Chinese adolescents and how they may have interpreted the role of traditional cultural values in their experiences.

This research highlights the unique characteristics of adolescent international students that differentiate them from international students at tertiary level and has helped them give voice to their plights during and after the COVID-19 pandemic. However, the small-scale nature of the project may have hindered some relevant factors from being explored, such as the relationship between the experience of loss and grief and the development of adolescent identity in the context of COVID-19.

There is a close relationship between the first author, who was an international student while working with international students, and the research phenomena. This was a strength that enabled the first author to contribute her knowledge, experience, and understanding of their world to the interpretation of the data but every effort was made to avoid this becoming a limitation, as her personal perspectives had the potential to narrow the interpretation of the data.

Conclusion

This study focused on the lived experience of non-death loss in multiple levels and forms related to the pandemic. Apart from relevant individual factors involved in grieving processes, this study provides new insights into how developmental as well as socio-cultural factors may have complicated the grieving of Chinese international high school students in the era of COVID-19. It also shines a light on the potential for cultural ways of responding to crises being marginalised and misinterpreted. We hope this study helps the voices and plights of vulnerable young people, specifically adolescent international students, to be more clearly heard not only in the context of the global pandemic but also in a post- COVID-19 era.

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Effectiveness of Online Triads for Developing Counselling Students' Clinical Skills, Competency, and Practice: Student Perspectives Following COVID-19

Lee Smith, Paul Haycock, and Paul Schreuder

Abstract

Undergraduate counselling students usually participate in triads as part of their counsellor education. This study aimed to explore how a cohort of undergraduate counselling and addiction practice students rated the effectiveness of the online triad component of their course. A survey containing Likert-scale and open field response options was completed by nine third- and thus, final-year students. Likert data is presented using descriptive statistics, while an inductive thematic analysis of the open field responses was undertaken. The study found that online triads were rated equally as effective as in-person triads in helping to develop students' clinical skills, competency, and practice, while also improving students' confidence prior to placements. The students valued the learning accrued from participating in triads and called for more triads to be added to the curriculum. Given many counsellors now engage in a mix of in-person and online counselling, training that involves both methods of delivery will likely be beneficial to undergraduate counselling and addiction practice courses.

Keywords:

Triads, undergraduate students, online counselling, addiction practice

The popularity of online counselling (OC) increased exponentially as a result of COVID-19, when it was the only counselling support available during lockdowns (Ioane et al., 2021; Chen et al., 2023). Many counsellors transitioned to OC during the pandemic despite having minimal training in this method of delivery. Nowadays, many counsellors offer OC as part of their practice because it is convenient and less expensive than in-person counselling (given an office and counselling rooms are not required) (Ioane et al. 2021; Nagarajan & Yuvaraj, 2019).

The benefits and drawbacks of OC are extensively documented in the literature. The benefits include a greater level of anonymity and privacy for the client (Hanley, 2020; Ierardi et al., 2022; King et al., 2006), a greater willingness to discuss sensitive topics in the online space (the so-called disinhibition effect of the online environment) and a reduction in perceived stigma attached to seeking mental health support (Kura, 2021; Sweeney et al., 2019). OC is also more accessible for people with physical disabilities and mental health concerns that make in-person meetings and travel difficult (e.g., social anxiety and agoraphobia) as well as clients residing in remote locations (Hanley, 2020; Ierardi et al., 2022; Kura, 2021; King et al., 2006; Mallen et al., 2011; Reimer-Reiss, 2000; Smith & Gillion, 2021). The drawbacks of OC include internet access issues, time lags, equipment failures, and the potential for security breaches (Chester & Glass, 2006; Hanley, 2020; Najagaran & Yuvaraj, 2019). Some researchers have maintained that counsellors are unable to "pick up on" clients' subtle behaviour cues and therefore the therapeutic relationship is negatively impacted (Hanley, 2020; Najagaran & Yuvaraj, 2019; Suler, 2004); however, others have reported that there are fewer distractions in OC, which enhances the therapeutic relationship (Najagaran & Yuvaraj, 2019; Robson & Robson, 1998). There is also a debate around the effectiveness of OC in a crisis. For example, on one hand, some question how effective OC is for a client in distress at a distance, while on the other, several researchers have stated that the ease of accessibility of OC is beneficial for those needing support in a crisis (Najagaran & Yuvaraj, 2019; Wan-Chen et al., 2023). Despite these debates, OC is popular, readily accessible and is "here to stay" (Hanley, 2020).

Counsellor Education

Undergraduate counsellor education aims to produce highly effective, competent, confident and professional counsellors (Folkes-Skinner et al., 2010). Most undergraduate counselling programmes require students to undertake several placements throughout their training, which are where many students have reported their most significant learning occurs (Folkes-Skinner et al., 2010; Hogan & Smith, under submission; Kurtyilmaz, 2015; Rabees et al., 2020; Saki & Sahin, 2021; Shauaib et al., 2019). Students must be safe to practice with real clients prior to these work placements and thus, many counselling courses include triads and student group work in the curriculum. In these groups, students practise and develop their counselling skills, competencies, and emerging counselling identities (Rabees et al., 2022; Ruiz Rodrigues, et al., 2018; Slovak et al., 2015).

Counselling students have to develop the interpersonal and professional skills needed for effective counselling practice. Such skills and qualities are usually developed in the social context of a course and when students participate in role-playing pairs, triads, or small groups (Smith, 2015). In triads, students will have the opportunity to act in the role of client, counsellor, and observer, thus, obtaining insight into counselling from these three perspectives (Smith, 2015). Students also receive constructive feedback from their peers and lecturers, who monitor and sometimes participate in these sessions (Osborn & Costas, 2013; Smith, 2015; Walter & Thanasiu, 2011). In triads, students develop skills such as rapport building, empathy, listening, paraphrasing, reflection, self-awareness, respect, patience, acceptance, open-ended questioning, the use of silence, and numerous others depending on the therapeutic modality being taught (Murphy & Schofield, 2024; Rabes et al., 2022; Ruiz Rodrigues, et al., 2018; Slovak et al., 2015). Through the triad work they also integrate classroom learning and counselling theory with practice skills, forge their emerging counselling identities, and experiment with different counselling modalities (Smith, 2015). Participating in triads and other student group work can also aid the development of group conflict resolution skills and greater sensitivity to others' needs (Murphy & Schofield, 2024).

Although the majority of students have reported that they gain confidence from participating in triads and peer group work, some may experience anxiety (Osborn & Costas; 2020; Rabess et al., 2020; Smith, 2015; Truell, 2001). Often this is because they are too self-critical or feel they have shared too much personal information (Folkes-Skinner et al., 2010; Osborn & Costas, 2013; Smith, 2015; Truell, 2001). Some students may also "overshare" in the client role, which may heighten stress for other group members who are not yet trained in responding to this information and may leave the discloser feeling uncomfortable, vulnerable, or traumatised (Smith, 2015). Students may also experience challenges with the unique integration of personal and professional aspects that are required in the counselling process. This may be heightened for those with unattended to trauma or mental health concerns (Manson, 2019).

Despite the prevalence of triads in undergraduate counsellor training, few research studies have been conducted on students' experiences of these groups (Smith, 2015). We were unable to locate any studies on online triads from a student perspective. Relatedly, students' perspectives on OC itself are also limited, with one notable exception. Patterson et al. (2017) conducted research with 28 Scottish and Finnish university students (enrolled in post-graduate guidance counselling courses), regarding their perceptions of OC and its use in their practice. The participants listed the same benefits and drawbacks as previously mentioned in this article, but with one exception. Some stated that the flexibility of the OC meant they could work with their clients outside of school hours, which was good for accessing students disenfranchised within the education system. Other participants were hesitant to engage with OC because they thought counselling should be done in person or because they lacked the technological competence and confidence to do so.

The Bachelor of Counselling and Addiction Practice

The recent restructuring of vocational education in Aotearoa New Zealand has resulted in 16 former schools of technology and polytechnics becoming separate business divisions of Te Pūkenga, the nation's largest tertiary education institution. One of these business divisions divisions combines Whitireia and the Wellington Institute of Technology (WelTec). Since 2018 WelTec has offered the nation's only tertiary degree qualification focused equally on counselling and addiction practice. An addiction practitioner is not an addiction counsellor per se but is similar to a caseworker and works personally with clients on their presenting addiction issues, but also on related concerns, such as housing or health advocacy. The Bachelor

of Counselling and Addiction Practice (BCAP) is a blended course with online and on campus lectures. Since 2021, approximately 25 students have graduated annually, which in part, serves to address the national shortage of counsellors and addiction practitioners in Aotearoa New Zealand (Hogan & Smith, under submission). BCAP graduates possess the necessary knowledge, skills, and capacity to respond to ongoing change in the addiction and counselling fields (Hogan & Smith, under submission).

On 25 March 2020, Aotearoa New Zealand entered the first of two government-mandated national lockdowns as an emergency response to COVID-19. Educational campuses were closed and many courses, including the BCAP, were delivered online (Choe et al., 2022). The triad component of the BCAP was transferred to online breakout rooms on Zoom (a video conferencing tool). Although such a step was necessary, some members of the research team were sceptical about how this shift would impact students' learning, which motivated this research study.

The aim of this research was to explore a sample of final-year BCAP students' perceptions on how effective online triads were for developing their counselling skills, competencies, and practice. A second aim was to inform change in the use of online triads, if students deemed it necessary. The research question was "How effective do third year BCAP students consider online triads for the development of their clinical skills, practice, and competencies?"

Methods

A small survey containing closed Likert-scale items (see Table 1) and open-ended qualitative response options was designed. Likert-scales were selected for the study as they are frequently used to collect student feedback in educational research (Sullivan & Artino, 2013). Open-ended questions were also chosen in order to gather more detailed data on the participants' experiences of online triads (Table 1). As hard copy surveys tend to have higher participation rates than online surveys, we also selected them for the study (Ebert et al., 2018). The open-ended questions included:

What have you learned through being involved in an online simulated counselling session?

What skills and techniques have you been able to practice through participating in an online simulated counselling session?

What things will you take into practice post-graduation that have resulted from participating in an online simulated counselling session?

In your opinion, what are the benefits of participating in online simulated counselling triads compared to face-to-face simulated counselling triads?

In your opinion what are the drawbacks of participating in online simulated counselling session compared to face-to-face simulated counselling session?

Do you have anything you wish to say about online simulated counselling triads that we have not asked you about?

Given that third-year students had experienced both in person (prior to lockdown), and online (during lockdown and post-lockdown) triads, they were chosen as the participant cohort. After ethics approval was obtained from the Whitireia and WelTec Te Pūkenga Ethics and Research Committee (March 2023, RP359-2023), the project was briefly mentioned to final year BCAP students. In order to avoid any potential conflict of interest, the third researcher, who is not a lecturer in the BCAP programme (unlike the other two researchers) discussed the project in detail in one class session, where student questions were invited and answered. Students were informed that their participation was entirely voluntary, with two leaving after this statement. Information sheets and surveys (with the informed consent information attached) were distributed to the remaining students. The completed surveys were collected after 15 to 20 minutes.

Approximately one third of the 25 BCAP students enrolled in year three attended this class. Consequently, a second class visit was arranged where surveys were distributed to those who were absent during the first visit. Students were encouraged to complete the surveys at home and return them to the research team; however, no completed surveys were returned. This was disappointing and we can only speculate on the reasons for this, but it also highlights how students were aware that participation was entirely voluntary. Given the relatively small sample size and the fact that the programme and year group is named we do not report the demographic as there is a heightened potential for participant identification.

Nine (approximately 36% of the final year BCAP cohort) students completed the surveys. Although a relatively small sample size, studies have been published with survey response rates ranging from 16–91% (Carley-Baxter et al., 2009). As this study is not reporting weighted survey data and does not involve a complex statistical analysis, nine participants were considered sufficient. The Likert-scale data is simply presented in table format for ease of interpretation (Sullivan & Artino, 2013); a joint analysis of the open-ended qualitative response data was undertaken by two members of the research team. These researchers have backgrounds in counselling and addiction practice and educational research, respectively. Their differences in background, age and gender were thought to add richness to the data analysis.

The analysis of the open field response data was primarily based on the qualitative descriptive approach, where data is summarised in relationship to the research questions with little interpretation (Sandelowski, 2000; 2010). However, an element of the constant comparative thematic data analysis approach was also used to identify specific themes in the data that did not relate to the questions (e.g., the notion that many expected to engage in online counselling post-graduation). The participants' responses to individual survey questions were typed into Word documents under each question heading, where they were read through independently. Commonalities or patterns in the data were then jointly discussed, refined, and written in a list. After this process was completed for individual questions, the researchers discussed commonalities in patterns across responses, which led to themes being identified. When a participant's response was at odds with the most common responses, these incidents were also noted as we wished to report the full range of participants' responses.

It should be noted that rather than discussing the online BCAP triads per se, numerous participants discussed the strengths and drawbacks of OC. Although this is slightly outside the research aims, we do include this material, since online triads are situated within the domain of OC.

Findings

All participants had performed all three roles in a triad. They reported that they had participated in approximately 15 to 80 triads. Table 1 reports the Likert response data.

Statement	Strongly agree n (%)	Agree n (%)	Neither disagree nor agree n (%)	Disagree n (%)	Strongly disagree
I enjoy participating in online triads	2(22)	3(33)	3(33)	-	1(11)
Participating in online triads has helped me develop my practice skills.	4 (44)	3 (33)	2 (22)	-	-
I will take the skills I have learned from participating in online triads through to my future practice post-graduation.	6 (67)	2 (22)	1 (11)	-	-
I enjoy participating in online triads more than face-to-face triads.	2(22)	-	6 (67)	1 (11)	-
I think I can practise my counselling skills very effectively in online triads.	4 (44)	3 (33)	2 (22)	-	-
I think we should have more in-person triads in our course.	5 (56)	2 (22)	2 (22)	-	-
I feel I can integrate the theory and classroom learning I have acquired into online triads.	4 (44)	5 (56)	-	-	-

TABLE 1: Likert Data

The Open-ended Response Data

The status of online counselling

The participants' open-ended responses show how likely it was that they would engage in online counselling delivery post-graduation. For example, "Online practice is good for Zoom consultation practice after I qualify" (P8), "[It] gives a better idea of how to deal with clients over Zoom, which is becoming more and more common" (P4) and "I am open and willing to do online sessions post-graduation" (P2). Participant 5 also said that they wanted "a mixture and a lot about what modalities I [prefer] to use myself" (P5). Participant 3 stated, "I could take the experience to online counselling sessions with clients during placement last year".

Learning From Simulated Online Counselling Sessions

The participants reported learning many things from online simulated counselling sessions, which ranged from "I don't like them" (P1) through to "I've learned different approaches and ideas for using in a client setting. I've learned a lot about what modalities I [prefer] to use myself" (P2). Participant 3 again explained that simulated online counselling sessions were useful for their work with clients on placement. For example, "I could take the experience to online counselling sessions with clients during placement last year". One participant stressed the role of learning from classmates in simulated counselling sessions, and another the importance of feedback from a professional. These comments included "Learned from watching others too [and] help[ed] me w[ith] my issues if I take [the] client role" (P4) and "I have learned that we need professional feedback to ensure we are not doing the wrong thing!" (P7).

The overwhelming majority of participants reported that they learned about specific modalities in the online simulated counselling sessions, such as "CBT [Cognitive Behavioural Therapy], MI [Motivational Interviewing], CCP [Child-Parent Psychotherapy], DBT [Dialectical Behaviour Therapy] technique[s]" (P3), or "CT [Cognitive Therapy], CCP [Child-Parent Psychotherapy], MI [Motivational Interviewing], SBT [Strengths Based Therapy]" (P4), or simply mentioned "modalities and ethics" (P6). Slightly more detailed comments included "I have been able to practise the initial session and the contracting process – because this is [...] such a grey area [and I have been] able to practice techniques from modalities such as MI/BT [Motivational Interviewing / Behavioural therapy]" (P7) and "with my peers [I] am able to practice the relevant skills and techniques required for that session. For example, if we have been told to focus on Roger's approach, I have done that" (P1). Participant 2 commented in more depth:

Grounding questions. Being more comfortable with the use of silence between questions. Learn[ed] a lot about how we use open-ended questions effectively. Learnt a lot about the use of MI, but not so much about CBT. I continued CBT learning on another online course. Learnt about solution focused techniques.

Participant 5 explained how they learned about "general counselling", while Participant 9 said they learned "the same stuff ([as] in person counselling [sessions]) as face-to-face".

Two participants made comments that were inconsistent with the most common responses. For instance, Participant 3 reported learning around "being more considerate about how culture can be important in my practice...has a useful rule in how I adapt my practice with others [and] around different drug reactions". Participant 8 said that they learned about the "general adminstration set up of online simulation", but went on to state, "Being put in breakout rooms is quite isolating. Being assigned groups that are not safe for me to be in, is quite anxiety provoking".

The Advantages and Disadvantages of Online Triads and Counselling

Some participants also compared the benefits of simulated online counselling sessions with face-to-face counselling simulations. For example, Participant 8 said "I believe I learn just as much [in] online simulated counselling practice as I do face-to-face simulated counselling". Participant 1 stressed that there were no differences between online and face-to-face simulated counselling sessions as both were educational approaches, rather than varying counselling methods.
For example:

I don't think there is any particular thing resulting from these online sessions that I'd take into practice. I see the session as a way to learn/practice what we have been learning in face-to-face class. The online sessions are simply an extension of what [we] covered in person in class. It's done online, as online classes were required due to space or whatever reason. (P1)

Two participants also mentioned how the online simulated counselling sessions made them feel "comfortable engaging with [real] clients because of experience of online practice sessions" (P4), and "practicing consultation [in] break out rooms [has] made me comfortable" (P9).

Other participants made positive comments about simulated counselling sessions regardless of whether they were online or face-to-face. For instance, "[They are a] great way to test skills and try new things" (P8) and "Solid feedback in triads (e.g. constructive) has helped me [to] be a better practitioner" (P5).

All participants listed at least one disadvantage of online simulated counselling sessions. For instance, "[face-to-face] can assist me with more understanding on a deeper empathetic level" (P3). Participant 4 stated that "[I] cannot read body language. [In the] future with clients, it will be difficult to manage complex clients over Zoom/online". The following excerpt from Participant 1 is similar:

"You can't pick up on any slight body language due to the fact that [clients are] not face-to-face. It feels very artificial. I don't see any benefits over face-to-face other than it is convienient". However, of interest is Participant 7's comment that online counselling impacted "rapport building" but was also impacted by "socio-economic [status as], not everyone has access to internet and [a] laptop/computer".

Participant 1 listed a disadvantage of online simulated counselling sessions as "technical issues [and] I don't think there's a lot that can be done as such issues will always occur when using a computer". Participant 2 also stated that online counselling led to "headaches of screen and auditory stimulants". Participant 3 reported that they found "shar[ing] notes in person [was] more useful", while Participant 9 stated that "I like to work with a whiteboard when working with clients, different modalities, this is more difficult online".

Final suggestions

The participants were asked if there was anything that they would like to discuss about online triads that they had not been asked about. Participant 6 thought that more triads were needed "in last year [practicum skills]. We did absolutely none with the tutor, he said we should practise out of class". Other suggestions for improving online triads included "having designated time for triads so it helps people who are working and study[ing] to schedule time" (P3) and to "give us the option in modalities week at [the] end of lectures, as an opportunity to grow" (P4). Others simply wanted more triads. For instance, "The more practice the better, online OR face to face" (P9), and "Just have more opportunities for us to practice" (P3).

Discussion

Online Triads

Of the participants who specifically mentioned online triads, one stated that they were prone to technical issues, a second that they led to headaches, and another maintained that they learned the same material in class as online. Given technological issues are commonly cited as a drawback of online counselling, it is not surprising that they were also mentioned in relation to online triads. There is also a proven causative link between excessive screen time and headaches, though taking regular breaks, blinking, maintaining good bodily posture and not sitting too close to the screen can prevent these headaches (Healthline, 2021; Kim et al., 2017; Lund et al., 2022). Nevertheless, given many tasks that were originally done in person are now being undertaken online, such as entertainment, reading, and education,

amongst others, we contend that such headaches are not solely due to participating in online triads; however, counsellor educators need to be aware that participating in online classes and online triads may impact some students' wellbeing.

One participant also went on to explain that online triads were utilised because of in-person classroom space restrictions. As reported previously, the BCAP is a blended course where students participate in block courses on campus as well as online classes and triads. The two participants who mentioned how what they learned in online triads was either an extension of class learning or gave them a chance to practise various modalities learned in class are correct, as this was the way the course was designed.

Nevertheless, Participant 9's comment that "I like to work with a whiteboard when working with clients, with different modalities, this is more difficult online" was an insightful one that invited further consideration, as some modalities and techniques are more easily transferred to the online environment than others. For instance, cognitive behavioural therapy (CBT) appears to be the most common modality employed in OC, so much so that an online variant, computerised cognitive behaviour therapy (cCBT) has been created and trialled, and some counsellors recommend it to clients experiencing depression and anxiety (Kaltenthaler et al., 2010; Wickersham et al., 2010). Other techniques, such as two-chair work, sand trays, specific forms of art, and whiteboard use may be harder to implement online. Nevertheless, advancements in technology and OC are happening rapidly, with some counsellors offering virtual sand tray and art therapy and utilising virtual whiteboards in applications such as Zoom (Hanley, 2020; Havlik et al., 2023; Korman-Hacohen et al., 2022). The effectiveness of these virtual tools and approaches may not yet have been evaluated, given we were unable to locate any such studies.

The participants reported that they developed their skills in motivational interviewing, cognitive behavioural therapy, community therapy, client-centred practice, dialectal behavioural therapy, solution-focused therapy and Rogerian therapy in online triads. One participant also stated that they learned which modalities they preferred and would implement these in their future practice. Nevertheless, a counsellor has to adapt their approach to fit with their client's presenting issue, counselling goals, resistance to, or readiness for, change, and so on (Ko et al., 2023). In order to do so, counsellors will draw from a variety of approaches and techniques (McLeod, 2018).

Having a solid grounding in several modalities as well as perfecting their counselling techniques in online triads (e.g., the effective use of silence) is a step in the journey towards professional competency.

Interestingly, Wong et al. (2018) assert that in-person counselling is the preferred method of delivery for most counsellors. However, in respect to online triad practice, the Likert responses of this study showed that over half of the participants strongly agreed or agreed with the statement that they "enjoyed participating in online simulations". Only one participant disagreed with the statement "I enjoy participating in online simulated counselling sessions more than face-to-face simulated triads". However, seven of the nine participants also strongly agreed or agreed with the statement that "I think we should have more in person triads in our course". Although the data could be seen as limited due to the small sample size, it suggests that Wong et al.'s (2018) blanket assertion about most counsellors preferring in-person mediums needs further investigation. At the same time, Wong et al.'s (2018) study was conducted prior to the global COVID-19 pandemic. Many counsellors' negative attitudes to OC have potentially changed as they utilised this method of delivery and became more familiar, competent, and confident with it (Bray, 2021).

Counsellors can misread clients' responses if they are from another culture different to their own (Chester, 2006). BCAP students learn about Te Tiriti o Waitangi responsibilities, as well as aspects of tikanga and indigenous knowledge, while Puawānanga Kaitiakitanga (formerly cultural supervision) is built into year two and three of the programme. Under the New Zealand Association of Counsellors' (NZAC) Code of Ethics (2020), counsellors must act with respect and care when working with cultural diversity. The code of ethics for the Addiction Practitioners' Association Aotearoa New Zealand (Ddapaanz, 2021) also states that addiction practitioners must acknowledge the mana whenua status of Māori and the principles of Te Tiriti o Waitangi in their work. Given that BCAP graduates are eligible for registration in both of these professional bodies, becoming "more considerate about how culture can be important in my practice", as reported by Participant 3, is very useful learning resulting from online triads. At the same time, such learning should not be limited to undergraduate study, but should be an ongoing process in which counsellors reflect on their own cultural positioning and how this impacts their work with clients (NZAC, 2020).

One participant made a further comment that was inconsistent with their peers, which is that online triads were "… not safe for me to be in, is quite anxiety provoking" There are several possible interpretations of this comment, which we acknowledge are purely speculative as we did not talk to the participant concerned. Firstly, the participant could be experiencing social anxiety, which may manifest in the online environment, despite OC being framed as advantageous for such clients (Ierardi et al., 2022; Kura, 2021; King et al., 2006; Reimer-Reiss, 2000). Moreover, despite BCAP students being given scenarios to enact in the triads, the participant might have shared too much personal information with the group, which, as previously stated, can lead to feelings of anxiety and stress (Smith, 2015; Storrie et al., 2010). It should be noted that another participant stated that triads helped them with their own issues if they took on the client role. Such comment suggest that the students may be sharing personal information outside of the triad scripts, which appears to be common when counselling students engage in group work (Osborn & Costas; 2020; Rabess et al., 2020; Smith, 2015). Nevertheless, it is also possible that the participant has had previous negative experiences with their classmates, which may have left them feeling anxious in breakout rooms. Whatever the reasons for the participant's response, the comment highlights how lecturers should not assume that everyone feels safe engaging in triads generally, and particularly in Zoom breakout rooms (Smith, 2015).

Two participants also stated that taking part in triads gave them confidence in their counselling skills and in working with clients prior to their placements. Such findings support Smith's (2015) assertion that triads provide a rich source of learning for counselling students. Many counselling students enter training with self-doubt and trepidation, which is considered to dissipate as they participate in work placements with real clients (Al-Darmaki, 2004). In this case, the participants' confidence increased through participation in online triads, which in turn, prepared them for their placements.

The participants also desired more experience of triads, whether online or in person because they provided an "opportunity to grow" (P4). Such comments show the participants viewed triads as effective for their personal and professional development.

Online Counselling

In the post-COVID-19 era, numerous counsellors have returned to only providing in-person counselling, while many others provide a mixture of online and in-person counselling (Gangamma et al., 2022). The participants' comments suggesting that they expected to engage in a blend of online and in-person counselling post-graduation highlight the current demand for OC (Hanley, 2020; Skinner & Zack, 2004). However, despite this, training in online delivery is not a compulsory component of counsellor training, with some researchers arguing that it should be (Ioane et al., 2020; Situmorang, 2020).

The participants also made comments detailing the benefits and drawbacks of OC, which were primarily consistent with the literature (Hanley, 2020; King et al., 2006; Kotera et al., 2001; Mallen et al., 2011; Smith & Gillion, 2021; Stoll, Muller & Trachsel, 2020). The benefits were that OC is convenient, easy to access, poses fewer distractions, and provides comfort for clients who can access counselling from their homes. The drawbacks were technological issues, that OC negatively impacted rapport building and that it was harder to read body language online. However, there were two notable exceptions, with one participant maintaining that OC could provide consistency in mental health care if another COVID-19 lockdown were to occur and a second participant stating that not everyone has access to the internet or a laptop.

The New Zealand Government has removed all COVID-19-related restrictions, with another national lockdown being unlikely. Nevertheless, other pandemics, natural disasters, or extreme weather events (such as Tropical Cyclone Gabrielle, which devastated parts of the North Island of Aotearoa New Zealand in early 2023) highlight how OC can be a useful tool for managing mental health in such disasters (Choe et al, 2022).

The relationship between poverty stress and its negative impacts on mental health has also generally been overlooked in research (Ballo & Tribe, 2003). However, due to poverty stress, the financially disadvantaged often have poorer mental health than their more financially advantaged counterparts (Knifton & Inglis, 2020). Those residing in low socio-economic areas are also less likely to have the internet and to access counselling due to its cost (Ballo & Tribe, 2003). The participant who stated that some people do not have access to the internet or computers/laptops is aware of how OC is likely out of reach of the financially disadvantaged. It is interesting that despite many studies mentioning the same

drawbacks of OC found in this study, we were unable to locate any studies mentioning a client's financial status as a barrier to, or enabler for accessing OC. However, in stating this, a participant in one study reporting nine counsellors' experiences of OC during lockdown commented that his clients needed iPads or other digital devices during COVID-19 lockdowns, which his clients possessed (Bray, 2021). Counsellors need to be aware of their clients' socio-economic status and how this affects their mental health and access to counselling support (Niemeyer & Knaevelsrud, 2022).

Evaluating the Study

Given this study is small in scope, the findings cannot be generalised; however, students' perspectives on triads are relatively rare and on online triads, even more absent. This study provides further information on an under-researched, yet pervasive component of undergraduate counselling education. More studies reporting students' perspectives on OC are needed, as students are future members of our mental health workforce. Future studies on students' perspectives of online or in-person triads should also aim to gather a larger number of participants. Although nine participants is a relatively small number, the sample is approximately one third of the final-year BCAP student cohort. Future research studies are being planned that will explore BCAP graduates' perspectives on how the BCAP programme prepared them for their career.

Conclusion

Counselling students develop their clinical skills, competencies, emerging counselling identities, and future practice in triads and other peer group work. Whether online or in person, triads provide students with the opportunity to meld their classroom and practical learning, while simultaneously boosting their confidence and self-efficacy (Smith, 2015). Given the many benefits of triads, they should be employed in the undergraduate counselling curriculum; however, lecturers need to carefully monitor these sessions to ensure that students feel safe, secure, and supported in their learning.

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Perspectives

Recommendations for Improving NZAC's Continuing Professional Development Process

Robert Manthei

Abstract

NZAC's *Continuing Professional Development Record and Plan* (CPDR+P) is a member's annual listing of continuing professional development (CPD) activities and self-reflection on those activities, and a yearly plan that targets areas for further development. The focus of the process is a self-reflective practice of reviewing and reflecting on new learning. Surprisingly, demonstrating one's effectiveness with clients does not feature. Since research has shown that traditional CPD activities are not consistently related to improved client outcomes, a more meaningful process of CPDR+P should have as one of its major aims the counsellor's "…steady improvement over time to achieve superior performance on some meaningful [outcome] measure" (Goodyear et al., p. 54). This article suggests a rebalancing of the current self-reflection focus in NZAC's CPDR+P to include counsellors' collecting and analysing information about their client caseload and progress in counselling in order to answer three questions: (1) Who am I dealing with? (2) How well am I dealing with them? and (3) How effectively am I dealing with them? Recommended changes to the CPDR+P process are discussed.

Key words:

CPD, counsellor competence, counselling expertise, effectiveness, self-reflection

I recently read the New Zealand Association of Counsellor's (NZAC's) Continuing Professional Development Record and Plan (referred to as CPDR+P) (NZAC, 2020b, and NZAC, 2021). The CPDR+P procedures have been operating since 2017 and were placed online in 2020 (Flanagan et al., 2021). Together, the record and plan are the means by which members are meant to demonstrate their ongoing commitment to developing and improving their capacity to practise effectively and safely with their clients, and, importantly, to show "…how your practice has improved or been updated" (NZAC, 2021, p. 1).

The record part of the CPDR+P is a member's annual account of the professional development activities undertaken, their self-reflection on what they learned and the potential or actual application of that learning to their counselling practice. The accompanying plan requires counsellors to target areas for future development and further self-reflection, with the purpose being to maintain and broaden their clinical skills and competence (NZAC, 2021). As the CPDR+P guidelines are currently written, the emphasis of the process is "…less on the content but more on further development of self-reflective practice in reviewing and reflecting on the new learning, especially how the learning is or could be applied in practice to benefit your clients" (NZAC, 2021, p. 1). Surprisingly, demonstration of the impact of the counsellor's new learning on their work with clients does not feature.

CPD—in some form—is commonly mandated in the counselling and psychology professions as an ethical obligation, both in New Zealand (NZAC 2020a, Section 5.9.b; Flanagan et al., 2021, p. 29) and overseas (BACP, 2022; Counselling Tutor, 2022; Horn, et al., 2019; IACP, 2017). Regular reports from counsellors are required in most CPD schemes as a means of ensuring their clients' safety and to qualify for continuing professional accreditation. In addition, counsellors are typically required to develop an annual plan that identifies their professional and clinical learning needs and then to undergo relevant educational experiences to fulfil those needs—all in consultation with their supervisor. For members of the NZAC, this annual planning process is circumscribed by the requirement that they focus on two areas from a list of 10 broadly construed areas of competence (Pritchard, 2015). The list was initially developed in 2015 by the Co-ordinator of CPD for NZAC at the time, Rhonda Pritchard. Her original list still forms the basis of the current list of competencies, although they have been updated and altered slightly since then.

They now read as follows (NZAC, 2021):

1. Conceptual foundation, e.g. theories of human development, cultural concepts, personality, mental unwellness, psychological distress, process of change, therapeutic models
2. Puawānanga Kaitiakitanga, formerly called cultural supervision
3. Self-awareness and self-examination
4. Relationship building and maintaining a therapeutic alliance
5. Assessment and report writing. Assessment, risk assessment, report writing, referral process and professional written communication
6. Collaborative goal setting/negotiating contracts and evaluation of client processes and outcomes
7. Facilitation of change – interventions and change process
8. Ethical principles and practice
9. Areas of specialist knowledge, experience and practice, which may include diverse cultures
10. Other forms of professional practice e.g. supervision, group facilitation, education, training, teaching, management, research, service development, course design
11. Climate change, and te taiao, the natural environment. What climate change means for the counselling profession: impacts, effects and responses

In NZAC's CPDR+P procedures "competence [not necessarily the same as expertise according to Goodyear et al., 2017] is defined as: awareness, knowledge, skills and application" (NZAC 2021, p. 2). All four terms clearly refer to the counsellor's state of being, not the client's mind-set or situation. In accordance with that definition of competence, the list of 11 areas and the instructions for completing the online record of CPD activities and learning focus almost exclusively on the counsellor's experiences and prioritise the counsellor's development of *self-reflective practice in reviewing and reflecting on the new learning, especially how the learning is or could be applied in practice to benefit your clients* (italics added are mine), (NZAC, 2021, p. 1). Again, I was surprised

to see that NZAC's CPDR+P process is practically devoid of any requirement for counsellors to assess or critique actual data related to their practice, their case load, or the outcomes of counselling for their clients. Notably, only two of the 11 areas of competence even mention *counselling outcome or research:* items 6 ("evaluation of client processes and outcomes") and 10 ("research"—which comes seventh in a list of nine "other" activities). Given this imbalance in the CPDR+P list of areas of competence, the purpose of this article is to suggest: (a) why this over-focus on self-reflection and self-assessment is inadequate as an indicator of a counsellor's effectiveness with clients, and (b) a way to introduce a greater focus on counselling outcomes into the current CPDR+P process.

The Limitations of Traditional Forms of Continuing Education

According to Horn et al., (2019), traditional forms of continuing education—typically activities based on single-session, classroom-based learning—are of limited use in ensuring that psychologists' knowledge and competence are current and up to date. I am sure the same would apply to other mental health workers, including counsellors. Thus, while practitioners usually report that such activities are valuable, there are few studies showing that such activities lead to actual changes in practice with clients (Horn et al., 2019, p. 121). In addition, there is little evidence that psychologists select learning experiences that contribute to the maintenance of their professional competence throughout their careers (Horn et al., 2019), and it seems likely that this would apply to counsellors, too.

Kahneman (2011) found over many years of cognitive psychology research that relying on casual self-observation of one's skills and knowledge is highly subject to distortion or self-delusion. This finding has been echoed by others in relation to counsellors' assessments about their own work. Relying on self-assessment within a largely self-reflection-based CPD process may be dubious given that counsellors have been found "… to be poor judges of how well their clients are doing in therapy" (Goodyear et al., 2017, p. 60). For example, counsellors failed to identify over 90% of their clients who left counselling reported they were 'worse' than when they began, and they hugely overestimated the percentage who achieved positive outcomes (estimating 91% of clients whereas only 40% of clients reported this) (Hannan et al., 2005); they failed to note client deterioration at the session in which it happened (Hatfield et al., 2010); and their diagnostic accuracy did not increase with experience, nor did it match the accuracy of

their clients' own self-ratings (Samuel, 2015). According to Duncan (2010, p.43), "… we [counsellors] are quite self-delusional about our effectiveness". In summarising a study by Sapyta, et al. (2005) in which 143 therapists were asked to rate their performance from A+ to F, Duncan reported that "two-thirds considered themselves A or better, and 90% considered themselves in the top 25%! Not one therapist rated him or herself as below average" (2010, p. 43).

These findings seriously challenge the NZAC's current system of CPDR+P, which relies predominantly on counsellor self-reflection to ensure client safety and enhance counsellor expertise. Duncan's assessment of the value of traditional continuing education for counsellors (2010, p. 43) was unambiguous: "As for continuing professional education there is not one solitary study to support that it improves effectiveness in any way.".

In light of these findings—that counsellors who are (a) not particularly accurate when judging their own performance and yet are (b) required to focus almost exclusively on self-reflection and self-assessment of their skills and work while (c) using criteria that are largely irrelevant to actual expertise (namely, improved client outcomes)—can a more balanced suite of CPD activities be constructed to address these three criticisms?

Should CPD be Aiming for Counsellor Competence or Expertise?

Every now and then I come across an article that is so arresting that it causes me to immediately "sit up and take notice". Such was the Goodyear et al. (2017) article titled "Psychotherapy expertise should mean superior outcomes and demonstrable improvement over time"[1].

In the article, the authors state that competence as a counsellor involves "…ratings of beauty or aesthetics as judged by particular groups of 'experts'" (p. 58), and in counselling there is no consensus about which standards of beauty across all of the modalities should be adopted. In addition, the "beauty of the performance" (i.e., rated competence) is poorly related to counselling outcomes.

Instead, they argued that "…the most meaningful definition of [counsellor] expertise must involve steady improvement over time to achieve superior performance on some meaningful measure, which typically is client outcome" (Goodyear et al. 2017, p. 54). They rejected, as inadequate and unsupported

by evidence, all other definitions of expertise that are based on things such as performance, experience as a counsellor, counsellor self-assessment, competence ratings, personal therapy, and supervision (Goodyear et al., 2017; see also Duncan, 2010 and Horn et al., 2019). Similarly, Miller et al. (2015) cited research showing there was little evidence that undertaking supervision, continuing education, or personal therapy helped counsellors to be better (more effective) therapists. Thus, apart from a lack of evidence that consistently and convincingly relates any of the above factors to improved client outcomes, if any one or some of them are used as an indicator of counsellor expertise, it would mean that nearly all counsellors would be able to claim expertise based on one criterion or another (Goodyear et al., 2017). This would be highly unrealistic.

Horn et al.'s solution (2019, p. 124) was to broaden continuing education to encompass more than new learning. Their list of proposed continuing professional development activities was differentiated from traditional CE by including things such as

> …regular attendance at professional conferences, engagement in professional activities like peer supervision or regularly scheduled peer consultation groups, practice outcome monitoring [my emphasis; variously called "feedback informed treatment", "routine outcome monitoring", "measurement-based care", or "progress feedback" (Better Outcomes Now, 2022)], externally validated self-directed learning, taking or teaching academic courses, writing scholarly publications, and pursuing advanced training.

Most NZAC counsellors engage in some of these activities as part of their CPDR+P already. However, gathering session-by-session feedback from clients on their progress, which can aid the counsellor in evaluating and improving client outcomes (and counsellor practice) by altering treatment as necessary (see, for example, Miller et al., 2015; Better Outcomes Now, 2022), is not commonly done. Nor is it required.

There is strong research evidence that shows that some counsellors are more effective than others (Castonquay, 2013; Duncan, 2010; Saxonet al., 2017; Miller et al, 2015; Wompold, 2015). Commentators assert "Some therapists appear to be unusually effective, while others may not even help the majority of patients who seek their services" (Lambert & Ogles, 2004; p. 181). Similarly, even when counsellors are using similar skills within similar models some "…will do so more skilfully and therefore achieve better outcomes than other therapists delivering the same treatment." (Wompold, 2015, p. 274). These "therapist effects" (i.e., the partial dependence of a client's progress on which counsellor they see [Better Outcomes Now, 2022]) "…dwarf the contribution [to client outcome] made by the perennially popular treatment models and techniques, accounting for 59 times more variance in outcome" (Wampold & Imel, 2015). Miller et al. (2013, p. 452) identified three essential activities contributing to superior performance: (a) determining a baseline level of effectiveness; (b) obtaining systematic, ongoing feedback; and (c) engaging in deliberate practice. The first two of these activities could readily be made a part of a more balanced NZCA CPDR+P process.

Including Evidence of "Expertise" (Success with Clients) into the CPDR+P Process

I am not suggesting that the entire CPDR+P process—as it stands—should be scrapped. Self-reflection is so integral to most counsellor education courses and post-education supervision, and counsellors are encouraged—almost required—to engage in self-reflection and self-assessment during their initial education and thereafter, that it would be unnecessary and counter-productive to abandon it entirely. However, I think it needs to be balanced by the gathering and analysis of counsellor-generated data related to their casework and to client progress and outcomes. This will be difficult for at least two reasons. First, since the current strongly self-assessment focused CPDR+P process is constrained and reinforced by the three exemplars of "acceptable" CPDR+P reports that supplement the guidelines in *Continuing Professional Development Information and Guidelines (NZAC,* 2021). By not presenting, discussing, or analysing actual data from the counsellors' work with their clients, the exemplars effectively serve as roadmaps to what counts as a "passing" CPDR+P report. I suspect that for most members, exemplars that highlight educational CPD activities written in an acceptable style and format have served to constrain and channel their CPRR+Ps into a safe, "easiest-pathway" approach. Second, some counsellors may be reluctant to use

client feedback data in their work. Their reasons could include practical matters (e.g., cost, time, lack of training, or client turnover) and philosophical objections (e.g., clinical validity, relevance, or professional and ethical concerns) (Hatfield & Ogles, 2004; Boswell et al., 2015).

What is needed, I think, is a re-balancing of the current CPDR+P process so that counsellors spend as much time and effort on presenting and analysing actual data gathered from their counselling work as they do reflecting on learnings, readings, new experiences, techniques, and self-care. Although I do not have access to all of the CPDR+P reports that have accumulated since 2017, I would guess that there have been almost none that have reported and analysed clients' systematic progress in counselling or profiles of client caseloads and how those profiles might have evolved over time. My assumption might be wrong, of course, but unless counsellors are required to focus on caseload trends and counselling outcomes in their CPD/R+Ps at least as frequently as they do other educational activities, there is the risk, according to Duncan (2010, p. 42), that the process will be a waste of time in terms of increasing counsellors' effectiveness. Re-balancing the process would involve NZAC rewriting the list of areas of competence by differentiating the *requisite* CPDR+P activities that focus on a counsellor's actual work with clients from additional *optional* educational activities. The annual plan would then be expected to address the counsellor's identified needs and gaps in both areas.

Mandatory Information for Counsellors to Record and Analyse

I suggest that counsellors collect information about their work that can be used to answer three questions:

1. Who am I dealing with?
2. How well am I dealing with them?
3. How effectively am I dealing with them?

To answer these questions, there are three types of counselling practice information that counsellors could collect and analyse in their CPDR+P reports. They are: (a) counts of various counselling activities; (b) results of a clinical audit of counselling structures and processes; and (c) records of client progress based on a standardised outcome measure. Some types of information can be compared with standards that represent "best practice", such as note taking

and record storage. A standard is simply a statement of what good counselling practice looks like, an agreed level of optimum practice (Thomas, 1996). For other types of information, best practice standards may not exist. Nevertheless, counsellors might still usefully compare their activity data with similar results reported in research studies. There are several articles in the *New Zealand Journal of Counselling* [2]containing information that will enable many such comparisons. These include (a) agency data (Manthei, 2016, 2017, and 2021; Manthei & Nourse, 2012), (b) private practice data (Paton, 1999 and 2005; Manthei, 2017 and 2021), and (c) school data (Hughes et al., 2019; Manthei 1999 and 2021; Manthei et al., 2020).

I will discuss each information category and provide examples of what data could be gathered.

A. Monitoring Counselling Activity

Although monitoring activity is not the same as having a clinical audit, simply recording aspects of counselling can provide counsellors with insights into their work. This is done by counting the number of times something occurs or a particular type of client is seen. If such information is displayed in a spreadsheet format for several consecutive years, the aggregated results can generate a year-to-year profile of a counsellor's clientele and indicate trends, changes, or excesses, all of which will allow counsellors to consider why those results have occurred and what the trends might mean. In addition, simple summary statistics such as averages and percentages for specific groups of clients can be calculated and graphs drawn to further clarify the data. Typical information in this category can include:

- client genders, ages, and ethnicities
- types of counselling: individual, couple, family, or group
- referral sources, presenting problems, and severity of presenting problems
- the total number of clients seen in a year
- the total number of sessions delivered in a year
- fees received (if appropriate)
- the number of appointments made and the number kept
- the frequency of supervision
- for school counsellors: time spent counselling versus other guidance work, year level of clients, and other school-specific variables

B. Carrying Out a Clinical Audit of Your Counselling Structures and Processes

A clinical audit of counselling structures and processes is a method of ensuring that counsellors are delivering standards of care that are deemed appropriate in the profession, whether they work in agencies, schools, or private practice (Esposito & Dal Canton, 2014; Thomas, 1996). Such audits are a systematic way of (a) checking that the structures and processes being followed are of a high professional standard (Thomas, 1996), and (b) highlighting discrepancies between actual practice and accepted practice (Esposito & Dal Canton, 2014). In effect, an audit encourages counsellors to ask "Am I doing what research says is best?", or "Am I delivering the best service I can given current knowledge?" (Thomas, 1996). It does not necessarily monitoring or analysing client progress, which is listed as a separate category of information in point C, below. Activities that could be included in counsellors' self-audits include structures and processes:

1. Structures, or the conditions under which counselling is delivered:
   - accessibility of the service, including wait-list time
   - safety provisions for vulnerable clients, e.g., suicidal clients
   - the counselling space/room
   - pre-counselling information, such as the counsellor's qualifications and areas of expertise, policy regarding confidentiality and its limits, client records and their security (see Thomas, 1996, for more detail), cost of counselling, and the missed sessions policy
2. Processes:
   - appropriateness of referrals
   - appropriateness of therapy types
   - counselling session notes and how they are documented
   - counselling plans for each client
   - the volume of work compared to others in the same field of work

C. Recording Client Progress Using a Standardised Outcome Measure

The most important estimate of counselling effectiveness and, therefore, of counsellor expertise, is by regularly measuring counselling outcome using a suitable outcome measure, a process called *routine outcome measuring* (ROM). Gathering and analysing this sort of data is a more direct and effective means of

advancing the counselling profession than any amount of mandatory counsellor self-reflection and continuing education. According to Duncan and Miller (2008, p. 66), “Collecting data on standardized measures and using what we call ‘practice based evidence’ can improve your effectiveness substantially”, and this can accelerate counsellors’ development (Duncan, 2010).

There are several ROM systems that provide client self-report data, are relatively brief, and have adequate reliability and validity, for example: the Clinical Outcomes in Routine Evaluation (CORE) system (Barkham et al., 2015); the Outcome Rating Scale (ORS) and Session Rating Scale (SRS) (Duncan, 2010); and the *outcome questionnaire* system (Lambert, 2015). Using an outcome monitoring system is by now quite pervasive (Wompold, 2015) and is helping counsellors to answer the question “Are we any good?”. According to Wompold (2015, p. 461), “the potential to improve the quality of mental health services, as well as be accountable for the services we provide, is the exciting (and necessary) aspect of this [ROM] movement.”

The recently announced agreement between Te Roopu Kaiwhiriwhiri o Aotearoa (NZAC) and Health New Zealand that accredited counsellors could now apply for contracts or employment funded by Te Whatu Ora (Counselling Today/Nga Korero Awhina, 2022) provides another compelling reason for New Zealand counsellors to adopt a system of monitoring outcomes with their clients. The data from such a process would provide further evidence of their suitability and effectiveness and would surely bolster their applications for providing counselling in health settings. I suspect every funding agency would want such evidence if it were available.

The ROM system I would recommend at this time is the ORS (the SRS, which measures the quality of the counselling relationship, can also be used with the ORS) (see Duncan, 2010). The measures were co-developed by Duncan and Scott D. Miller [3] and contrary to what many counsellors might think, outcome measures do not have to be intrusive, judgemental, lengthy or complex:

> …these measures [the ORS and SRS] …involve clients collaboratively in monitoring progress toward their goals and the fit of the services they are receiving, and amplify their voices in any decisions about their care… finding out who is and isn’t responding to therapy need not be cumbersome. In fact, it only takes a minute. (Duncan & Miller, 2008, p. 66)

Using data gained in this way enables counsellors to estimate their effectiveness and, over time, track their development. ORS information that could be easily recorded in a spreadsheet file like Excel includes:

- intake ORS scores for each client
- average intake scores for all clients
- final session scores for each client
- average final session scores for all clients and various groups of clients (e.g., by sex, age, ethnicity, etc)
- number of sessions for each client
- average number of sessions for all clients and groups of clients
- dropout rate for all clients and client groups
- appointments scheduled or missed for each client and groups of clients
- change scores for each client (the difference between intake scores and final session scores)
- average change scores for all clients and groups of clients

How Might NZAC Incorporate This Information in a Re-balanced CPDR+P Process?

NZAC would need to commission a committee consisting of a small number of counsellors and counsellor educators to review the current policy. The committee's goal would be to create a new set of guidelines that focused at least as much on the presentation and analysis of *actual client and counselling outcome data* as it currently does on *self-reflection and educational activities.* The result would be a more balanced set of guidelines that would better serve counsellors, clients, the profession, and the public.

An example of what a new set of requirements could look like follows:

1. Briefer CPD reports and plans overall.

The current exemplars seem to encourage lengthier self-analysis and description than is necessary. Since supervision is a requisite part of the CPDR+P process, in-depth discussion and self-analysis could take place in that setting and be "signed off" by supervisors. The current exemplars could be replaced with more focussed and shorter ones, each simply listing the information required and how it might be presented. One exemplar should be a sample spreadsheet of how client data might

be displayed. The actual analysis and explanation of that information should be left to each counsellor to present in the way they think is most useful.

2. Two areas of competence targeted per year.

The choice of areas would be guided by the counsellor's previous year's CPDR+P and client data. The areas chosen should be different each year to ensure coverage of all areas over a period of, say, 5–7 years.

3. A partial audit of the counsellor's work procedures and processes each year.

Roughly half of the items in Section B, above, should be audited each year.

4. A spreadsheet of client data each year.

Such information is listed in Section A, above. Spreadsheets could include any additional information an individual counsellor might be interested in collecting from their own practice, and each year's information should be added to previous data so that over-time trends can be revealed and commented on.

5. Counselling outcome data for all clients each year.

This may be the most problematic and contested part of a new CPD scheme. Although it cannot be assumed that all counsellors will be capable of gathering and analysing this data, nevertheless, it is widely accepted by now that counsellors have a professional and ethical obligation to demonstrate their effectiveness and to work to improve their performance over time. Requiring them to gather outcome data may change the way in which some counselling education courses are structured, for example, to take account of current research on effectiveness and methods of measuring outcomes. Workshops and conference presentations on this topic may need to be offered to those who might need help in making decisions and getting started.

6. Targeted plans for addressing gaps in a counsellor's practice.

Annual CPDR+P Plans are meant to do this already. The only change would be that each plan would also need to address development needs identified in each counsellor's accumulating (and trending) client profile and outcome results from year to year. In this way, performance benchmarks can be established, and improvement activities can be more focused and relevant for each counsellor.

Final Comments

This article presents a challenge to the NZAC and counsellors. Altering the current CPDR+P process would require careful thought, debate, planning, and ongoing education for most of the profession and some counsellor educators. For example, some may be philosophically opposed to assessing effectiveness, full stop, no matter what system of ROM is suggested. However, in order for counsellors to improve—and that is one of the primary aims of any CPD scheme—they need to know how they are doing, and that involves gathering outcome data and then using that information to guide their efforts. Although not all of the suggestions in this article need to be implemented at once, it does seem clear to me that based on the current evidence indicating the general irrelevance of most professional development activities, it is incumbent on the NZAC to shift away from a "self-reflection"-centred CPDR+P process to one that requires its members to present actual data that profiles their own clients and how those clients progress in counselling.

Endnotes

1 It is not necessary for readers to have access to a library-funded database to access it.

Anyone can download it free from Google: https://clinica.ispa.pt/ficheiros/areas_utilizador/user11/19_-_goodyear2017.pdf.

2 freely accessible at NZAC's website: https://nzac.org.nz

3 see Duncan's website: https://betteroutcomesnow.com/, and Miller's website: https://centerforclinicalexcellence.com/ for details and research on the two scales

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Article

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The editors welcome submission of papers, including commentaries, research reports, practice-based articles, and brief reports from the Association's members and applicants, as well as from others outside the Association with interests relevant to the field of counselling. The overriding criteria for selection are that the material is professionally relevant, the presentation is of high quality, and the writer has communicated effectively with readers.

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