

E NEW MAORI MUSLIMS / GLENN TURNER ON THE CRISIS IN NZ CRICKET

NORTH & SOUTH

COUNSELLING

CURE OR CON?

Does therapy work... and how
can we tell if it's not helping?

Donna Chisholm reports.



COUNSELLING ...

CURE OR CON?

Tens of thousands of us do it every year – but does counselling really work and how do we know if it's not helping? Donna Chisholm reports.

The first time Lisa went to counselling, she says she "sobbed and cried and got absolutely nothing back. Not a thing. Not a bean. Except tissues."

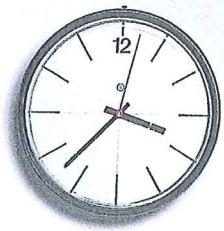
Distraught after a bad sexual experience following an episode of binge drinking, Lisa says she went to a counsellor recommended by a friend, "expecting to have some sort of conversation about what had gone on and some kind of feedback". Instead, she says, she was given nothing even remotely enlightening.

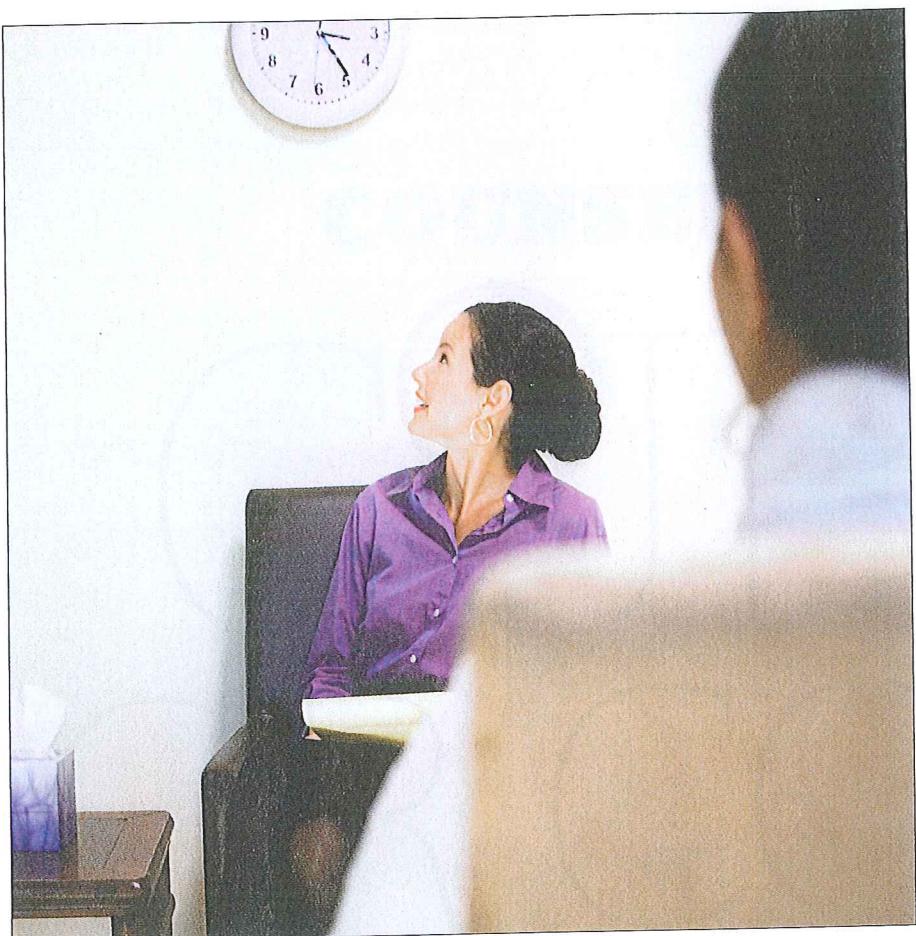
The experience put her off counsellors for eight years. "I was really disappointed. It was like, stuff that, I'm not paying \$150 to get tissues handed to me for an hour."

She says a few more attempts to get help also failed when therapists appeared to get fixated on her religious upbringing and the idea "I must be sexually repressed."

Despite a number of sessions in recent years to address problems in her marriage, she says she's no further ahead. "They're overpriced and underperforming. I think there are so many counsellors and therapists out there that for the average person to find someone who's going to add value at the price they're charging is really difficult... almost impossible."

Counselling is big business in New Zealand. In the past 25 years, its growth has been exponential – from 300 counsellors in the late 1980s to more than 3000 today. And that's excluding vast numbers of psychologists, psychotherapists, social workers and family therapists who all, in one way





At the first consultation, says American behavioural health professor Scott Miller, if you feel rushed, not taken care of or understood, or think the therapist isn't really listening to you, "You should probably say, 'Well, I'm going to cut my losses.'"

or another, provide counselling as part of their therapeutic arsenal to help keep us on a mentally even keel.

We're thought to be the only country in the world which provides state-paid counselling for victims of sex abuse – a policy that, despite crackdowns limiting access to services, still costs more than \$14 million a year and sends industry critics into a lather of rage.

Gone is the stigma of years past, when admitting to seeing any sort of shrink was akin to being branded a nutjob. Indeed, in an informal survey of more than 1600 female readers of this company's magazines, 55 per cent said they'd seen a counsellor – for an average time of nearly two years.

And yet international research shows that if you're going to be helped by counselling, you'll get those benefits in just four to six weeks. If our survey is any guide, it means thousands of us are shelling out for sessions that may be doing little if any good.

As pressure builds on their budgets, state funders, including the courts and ACC, are demanding more evidence that the counse-

ling they're paying for actually works – and, often, that simply doesn't exist. Last year, for example, a review of the Family Court led to a move to replace free counselling sessions with a subsidised dispute resolution service. Justice Ministry attempts to get online feedback on the usefulness of Family Court counselling elicited just 121 responses, with 84 per cent saying the service wasn't helpful.

Relationships Aotearoa, whose counsellors see 30,000 people a year, is one of a number of agencies that have recently introduced formal client feedback to measure the effectiveness of their counsellors and the outcomes of their work. Relationships Aotearoa uses an American model gaining traction globally, the Miller-Duncan session and outcome rating scale, which uses client feedback and has shown that some therapists are twice as effective as others.

The move towards measuring outcomes is highly charged. Some counsellors are nervous the statistics might be used to manoeuvre them out of a job or a practice, and question whether their work is too intangible to be

assessed by a basic questionnaire and even whether clients are qualified to rate their professional practice.

But as the counselling industry reaches middle age in New Zealand, critics say it's time to put the business itself on the therapist's couch. It seems that in a profession whose practitioners spend their days analysing others, it's about time they started examining themselves.

American-trained Cantabrian Bob Manthei, a researcher who has published most of the papers on the effectiveness of counselling in New Zealand, says while he reckons the counselling industry is doing a good job in general, it's poor at looking at its own results.

He says many counsellors and clients seem to think therapy will take time, yet 70 to 85 per cent of patients improve substantially in just three to eight sessions. "If things aren't working, you've got to do something different. Mistakes are made by not recognising when things aren't improving, and continuing to do more of the same."

Manthei is a retired former professor of education who trained counsellors at Canterbury University, and co-wrote *Good Counselling: A Guide to Finding a Counsellor* in 2002. He says his research shows most people will have tried four or five different ways to solve their problem before seeking professional help, including changing their friends and their behaviour. "People don't just get a problem and say, 'Oooh, I've got to go to counselling.' It's common sense to try to work through it."

He says his research has also provided evidence of how differently counsellors and clients assess what works or doesn't work in therapy. "When clients are asked the three most critical events that happened in counselling that made them change, and the counsellor was asked the same thing, they agreed about a third of the time. As a counsellor, it tells me I don't fully understand what's going on here, and that I should be putting more faith and trust in the clients to make good decisions for themselves."

Clients should be wary of counsellors who dictate to them what they should do without asking for their input. "I'm not particularly happy with therapists who tend to think they know best and tell clients what they should do, how they should live, the kinds of routines they should engage in. It should be a collaborative affair."

Brent Gardiner, who co-ordinates Massey

University's master of counselling programme, says while the course teaches students the Miller-Duncan scale, "I think there are still a lot of people who don't use these kinds of measures. It's still haphazard. There's general resistance in the field to measuring your performance [objectively]."

Many counsellors didn't like hearing negative feedback and the system "establishes a track record of who is helping clients progress more and who is less effective".

He believes many clients are still in therapy with older-school counsellors "who think people need to get worse before they get better. But research doesn't back that up at all. If people get worse, they tend to get worse worse."

Solution-focused brief therapy (taught in Canterbury and Massey universities' master's course in counselling) does not assume there are historical causes to current distress – the basis of Freudian therapy, for example. "While there's a good argument that we bring the responses we learned in childhood into our adult lives and keep using them, even though they're no longer useful, there's no assumption that that is the case."

Despite new moves towards briefer periods of treatment, Gardiner says he is aware of clients – including those in ACC-funded counselling – who've had a hundred or more sessions with some therapists and felt they'd made little progress.

While most agency-funded counselling is finite, some patients we spoke to who paid for their own treatment suggested there was no incentive for their counsellors to get them well because it cut off a source of income. The Association of Counsellors says that would breach their code of ethics, and it's unlikely clients would keep shelling out hundreds of dollars a month for therapy that wasn't helpful.

Indeed, the expense of treatment is undoubtedly a barrier to many people getting the help they need.

Increasing numbers of health boards are using the Miller-Duncan scale to more effectively manage their mental health patients, who receive publicly funded therapy.

Tina Earl, psychology professional leader at Waitemata District Health board in Auckland, says a lack of such measures in the past probably led to longer periods of therapy – many clients had been in treatment for nine to 12 months when most gains came in fewer than three.

Shorter periods of therapy and better



What Therapy?

While research has found your therapist is more important than what type of practice they follow – and that many therapists offer different approaches for different clients – here's a quick guide to the most popular behavioural styles:

• Cognitive behavioural therapy:

Recognising and changing your reactions to negative thoughts to reduce their impact on your moods. Catching damaging and repetitive thoughts such as "I'm useless at my job", "Things will never get better" and "I'm always wrong", and learning how to change your way of thinking can alleviate depression.

• Solution-based brief therapy: As the name implies, focuses not on the problems, but solutions – how you're already coping with the challenges in your life and building on those strategies. Seldom involves more than eight sessions and usually shows benefits after only one or two.

• Humanistic or client-centred counselling: Focuses on your innate potential and goodness and helping you

meet that potential. Said to be a more optimistic type of counselling that tries to develop your own sense of worth and desire for self-improvement.

• Acceptance and commitment therapy:

Shit happens. Accept what is out of your personal control, commit to taking action, based on your personal values, that enriches your life. ACT teaches psychological skills to handle painful thoughts and feelings effectively, so they have much less impact and influence while helping to clarify what's really important to us and using that knowledge to set goals.

• Narrative therapy: Where the therapist acts as a kind of investigative reporter to help you rewrite the narrative story of your life to reclaim it from the problems you're currently facing.

"They get into looking for signs that the person has a disturbance of personality structure, and unwittingly begin to unpick bits of that which might have been quite stable."

monitoring of results had enabled the board to increase the number of patients it treated, and to target more intense therapy for the more seriously ill. She agreed it was relatively common for clients to be going to ineffective therapy week in and week out without knowing how to get out of it. "Sometimes clients are nervous about saying how they really feel."

She says assessing the competence of therapists is "a real hornets' nest" and clinicians can be anxious about being rated but the solution was creating a culture of "evaluation and progress".

The Miller-Duncan scales are also integral to the Procare Psychological Service which treats about 5000 clients a year referred by GPs and paid for by Auckland and Counties-Manukau district health boards. The DHBs pay for four to six sessions and about 10 per cent of patients will get extra appointments if they need them. Most patients will be referred to psychologists, who have seven years' training, although some will see counsellors.

Use of the feedback rating scales had nearly halved the rate of clients failing to turn up for appointments from an average of 20 per cent to 11 to 12 per cent.

Clinical leader Julian Reeves says clients often seek help after a "tipping point" event or cluster of incidents "which means their coping has tumbled".

Not coping, he says, "is probably the gap between what that person thinks they should be able to attain, and what they are attaining, and their observation of that leads to distress."

He says while it's important to relieve that distress, underlying issues can remain. "We want the best interventions by having staff who can read between the lines and put in place things that are going to help in the longer term."

That's often what sets trained psychologists apart from counsellors. "The problem

with people who haven't got that comprehensive training is they think that seeing pathology means they're a more serious practitioner. They get into looking for signs that the person has a disturbance of personality structure, and unwittingly begin to unpick bits of that which might have been quite stable and it's not necessary to do that and does more harm. What's important is to help the person become contained again, and then support them while they do that unpicking."

A psychologist, Reeves says he does "a fair bit of patch-up work". In a recent case, an experienced and well-intended counsellor had "probably not helped a situation one jot" by getting a client to talk about feelings and to be fearful of symptoms which were actually normal reactions.

If you're looking for private help for a problem, the question of whether to choose a counsellor or psychotherapist or psychologist can be overwhelming for the uninitiated. Counselling alone includes a bewildering profusion of therapeutic approaches.

In New Zealand, there are nearly 90 different NZQA-registered courses which culminate in counselling qualifications but there is little consistency in what is taught. Take the four university-based masters courses in counselling at Waikato, Massey, Auckland and Canterbury: Canterbury teaches solution-focused brief therapy, Waikato narrative therapy, Massey combines solutions-focused and the beginnings of cognitive behaviour therapy and Auckland prefers a "humanistic, person-centred" approach.

But the good news is that while adherents may trenchantly argue why their way is the only way, research shows therapeutic approach doesn't actually matter much at all (although, as noted earlier, it's important for a practitioner to hand a client on to someone more experienced if he or she is out of their depth). What does matter is how self-aware and professionally aware the practitioner is.

American behavioural health professor Scott Miller, whose name is synonymous internationally with the move towards improving outcomes through client feedback, says although therapeutic styles have been extensively studied, that's not what needs to change. "It's the attitudes and skills of individual practitioners that need to change."

Miller regularly visits New Zealand to train local practitioners – both counsellors and other kinds of therapists – in the outcome measures he developed with colleague Barry

Stress Buster

Jenna Wiggill found cognitive behavioural therapy helped ease her crippling social anxiety.



Twenty-year-old Auckland web copywriter Jenna Wiggill sought counselling when she couldn't sit her university exams because of her crippling social anxiety. After years of seeing paediatricians and gastroenterologists for what she thought were physical symptoms, she finally saw a psychologist in 2011 when she realised her mental reaction to stressful situations was making her sick. "I felt completely overwhelmed," she says.

Over eight fortnightly sessions, a psychologist to whom her GP referred her used cognitive behavioural therapy to teach her how to react differently to stressful situations. "I was dwelling on it and it would get worse and worse and worse in my head. I was taught to acknowledge I was nervous and accept I would always be nervous about some things and not let it escalate in my head."

Wiggill says more than a year later, she still gets stressed and takes anti-anxiety medication, but she would have been unable to cope without the psychologist's help.

Before she saw the psychologist, she tried a counsellor who didn't help at all. "She just sort of listened to what I said and sympathised with me and complimented me. She was like a well-educated friend, but he [the cognitive behavioural therapist] felt more like a doctor for my brain. He knew what I was talking about and diagnosed what was going on. The counsellor was really lovely but I chose not to see her again after one session."

Her parents paid the \$1000 fees but Wiggill says money would have been a big barrier if she'd had to find the money herself. "I could only have gone once or twice."

Wiggill says she's been able to sit her final exams with no problems. "They were a lot easier. I was as stressed as normal people are stressed."

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KEN DOWNE

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Duncan. He told *North & South* that who a patient sees is the most important predictor of successful therapy. "Therapists are not interchangeable cogs in a machine." His studies of the top-performing therapists show they are constantly analysing their own performance and looking for errors, while average performers "are constantly shoring up a view of themselves by focusing on what worked".

So how should you decide which therapist or counsellor to see and when should you ditch them if it's not working?

An obvious starting point is referrals from a trusted friend or family member, or your doctor. Miller suggests ringing a few and vetting them by phone, asking how long they generally thought it took to see an improvement, and whether they used any formal way of getting client feedback. If the therapist suggested the client came in to talk about it, or asked what problem they wanted to address, it would raise red flags "because they're not directly addressing the questions. There is a kind of blind-date experience with all of this."

At the first consultation, he says, if you feel rushed, not taken care of or understood, or think the therapist isn't really listening to you, "You should probably say, 'Well, I'm going to cut my losses.'"

While most people whose counselling is paid for by a third party won't get a choice of provider, if you're paying privately your choice may be guided by what help you think you need.

Do you want a way of coping with the sort of crises life will always dish up, such as relationship breakups, bereavements or the stresses of errant children? Or do you need to understand more about yourself and the issues in your own life which have brought you to breaking point?

A counsellor may provide all you need with a brief, strategy-based intervention

over a few weeks, while deeper issues may need the services of a psychotherapist or psychologist for a longer period.

"You need someone you can quickly form a trusting relationship with. There's absolutely no way you'll be able to work well with somebody if they remind you of the primary school teacher you never liked," says Nelson-based psychotherapist and counsellor Kirsty Robertson, chair of the Association of Psychotherapists public issues committee.

But trying to identify the differences between a counsellor and psychotherapist is more difficult. "There are counsellors who are also trained to do psychotherapy and psychotherapists who are also counsellors so it's a matter of where you put the emphasis," she says. "If you want help with problem-solving, decision-making and sorting out some of the issues in your life that you know are resolvable, I would go to a counsellor.

"I would go to a psychotherapist if you were puzzled: 'How come I'm not happy? How come I keep choosing the wrong partners?' Or if you feel there are things you don't understand about yourself but that you could uncover by working with someone skilled in dealing with unconscious issues where you know it may be quite a long process and a bit painful."

To become a registered psychotherapist requires post-graduate training involving a degree in psychotherapy. Various institutions have different ways of describing those qualifications. Auckland University of Technology, for example, offers a degree in psychotherapy, while other institutions may call it a degree in social work majoring in psychotherapy. Counsellors, on the other hand, can become members of the Association of Counsellors with a minimum two-year, or diploma-level qualification, although this is under review and may be increased.

(Psychiatrists – qualified medical doctors who have specialised in mental illness – also use psychotherapy as part of their treatment regime but, unlike psychologists, are able to prescribe medication.)

The Association of Psychotherapists insists its members spend a significant number of hours in psychotherapy themselves, says Robertson. "It's to have the experience of being a client and also to have spent some time understanding themselves and their own biases, prejudices and blind spots so they are alert to what may be going on from their side of the relationship."

All you need to set up in business as a counsellor in New Zealand is a sign with your name on it. While it's unlikely many would

Light in the Tunnel

Counselling made breaking up less hard to do for Yvonne Campion.

Office administrator Yvonne Campion, 49, says two years of counselling has helped her through the breakup of her 24-year marriage. "A few years ago I would have pooh-poohed counselling, and I didn't think very highly of counsellors," she says, "but now I would encourage it."

Her GP recommended North Shore psychotherapist Sandra Russell and Campion says she found the sessions beneficial "from day one".

"She just gave me suggestions about where I could possibly improve things with my husband, putting a line in the sand and not getting upset when things happened."

The therapy has also helped her explore issues from her childhood and upbringing – including the loss of her mother to breast cancer when she was only 15 – and how that may have impacted on her marriage. "We discussed not just my marriage, but why I am like I am. She's very easy to talk to and non-judgmental."

Campion says she hadn't sought help earlier because "back then people didn't like talking about their problems". This year she says she'll probably further reduce the frequency of her sessions – in the first year she went weekly and last year fortnightly. "I can see light at the end of the tunnel. The divorce is like the full stop at the end of the sentence and I'm looking forward to a new life."

do that – or make much money if they did – this reflects the fact the profession is not yet registered under the Health Practitioners Competence Act despite 10 years of attempts by the New Zealand Association of Counsellors. Association president Jonathan Loan says Health Ministry reviews of the act under which registration would happen – the Health Practitioners Competence Assurance Act – have hindered the process. One is currently under way.

Membership of a professional association offers a client some proof that a counsellor has attained a minimum level of qualification, and that a disciplinary structure exists through which complaints can be taken. But it doesn't prove they're any better at getting results.

Lisa, the troubled young woman we met at the start of this story, says she "definitely"



Yvonne Campion: "I can see light at the end of the tunnel. The divorce is like the full stop at the end of the sentence and I'm looking forward to a new life."

Counselling Concerns

- A North & South survey of more than 1600 women readers found 55 per cent had had counselling and, of those, nearly 70 per cent thought their therapy had been effective.
- The average therapy time was seven months, with 11 per cent having spent more than a year in counselling. Of those currently in therapy, however, a surprising 17 per cent had been seeing a counsellor for four or more years.
- Relationship issues and depression were by far the biggest reasons women sought counselling (39 and 37 per cent respectively), followed by anxiety (28 per cent), family problems (22 per cent), grief (18 per cent) and abuse issues (12 per cent).
- Of those who'd had counselling, half had been in more than one period of therapy.
- Forty per cent of our cohort paid for their counselling themselves.
- Nearly half the group said they'd had concerns about aspects of their treatment which they'd expressed to their counsellor.
- About one in five women said they'd tried more than one counsellor before finding one that suited them. Of these, nearly 30 per cent said they'd been to three or more.

still needs counselling but now regards it as too expensive and too time-consuming. The therapists she tried have all had different approaches, from offering a sympathetic ear or practical solutions through to trying to explain her situation with whiteboard diagrams.

She says she has never been asked to give formal feedback on her sessions so it's likely none of her therapists were even aware of her dissatisfaction.

"Sometimes it just got so complicated it didn't work at all. It was terrible. I know I haven't sustained a whole programme of therapy but a couple of my friends have, and they've learnt and grown. I just think I haven't found the right person."



KEN DOWNE

Brutal but effective

When long-term chit-chat therapy doesn't work.

Nicole Humphries has had two periods of counselling but says the first – two years of weekly sessions – was a waste of time and money.

Humphries, 43, says she hit a rough patch after her marriage ended in 2001 and was referred to a counsellor by an Auckland women's centre.

"They didn't say what her area of expertise actually was. The times I've gone for counselling have been when I've been in a bit of a mess, so you don't tend to ask those kinds of logical questions that you might ask when you're well.

"It was a relief to have someone to offload to. You get to a point with your friends when you think you might be becoming boring and I didn't want to lean on my friends that heavily. But in retrospect, I think, 'Jeepers.'

"I started to think as I came through the fog that it wasn't in her interests for me to be well. I'd go every week and she'd get \$70 to \$80 off me, so why would she promote me to get well? I was a steady income stream."

She says that counsellor gave her a sympathetic ear but little in the way of coping strategies. "As a rule it was me pouring out my stuff."

Humphries says the counsellor acted more like a supportive friend than a counsellor. "I remember saying I felt I was doing better and she'd be very supportive of that but said there was always 'further to

go' and that 'I wasn't as strong as I would be'; that it was a slow, long journey."

She says the relationship eventually "just petered out".

At the beginning of 2008, however, her doctor diagnosed post-natal depression after the birth of her son, and referred her to a counsellor. "This time it was with a cognitive behavioural therapist and the experience was so totally different, it was worlds apart. She said, 'I'm not interested in your sob story,' which was a bit harsh, but she got me to fill in some questionnaires to get an idea of where my struggle was and then she tailored her counselling accordingly."

She says the lessons of the counselling, which lasted just six or seven sessions, have stuck with her.

"I was beating myself up for how badly the birth went. But what it's taught me is that with any thought you have, the first thing you say is, 'Is it true?' and 'Is it helpful?' More often than not, when we judge ourselves in our head, it's neither."

She says the second counsellor's approach suited her because "I'm quite analytical and it was an analytical approach."

She says the second therapist asked for feedback on the week and what strategies had worked, and initiated the end of the therapy.

"She felt I was okay to go out into the world. I'm not 100 per cent well but I have the tools now to cope and I also know this will pass."