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Note: This is the authors' pre-print version. The final published version is:

McKenzie, K., Murray, K.R., Murray, A.L., & Richelieu, M. (2015). The effectiveness of university counselling for students with academic issues. Counselling and Psychotherapy Research. Early view DOI: 10.1002/capr.12034

The final version is available at:
http://onlinelibrary.wiley.com/doi/10.1002/capr.12034/abstract

The effectiveness of university counselling for students with academic issues

Abstract

Background: The demands of academic life are considered to be increasingly stressful for students in higher education, but there is limited research about the extent to which those attending student counselling services experience difficulties relating to academic issues and how effective counselling is for them.

Aim: The study aimed to evaluate the reliable and clinically significant change for students with self-reported academic issues Reliable change occurs when a change in the outcome being measured is not attributable to error, while clinically significant change occurs when a person moves from a clinical population to a healthy population after an intervention, in this case counselling,

Methodology: Pre-existing data from 129 university students who had attended a student counselling service were analysed in order to determine levels of reliable change and clinically significant change. These data related to: psychological status before and after counselling, based on CORE-OM total scores; self-report of the impact of counselling on academic issues and demographic variables.

Findings: In total 117 (92%) of students reported experiencing academic issues to some extent. Counselling was found to result in reliable change for 67% and clinically significant change for 40% of those students reporting academic issues.

Implications: The results of the study suggest that, even where academic reasons are not the primary cause of referral to student counselling services, that a significant number of students will also experience difficulties in these areas. Counselling was, however, shown to result in

reliable and clinically significant change in a high percentage of those experiencing these additional difficulties.

Keywords: student counselling; academic; effectiveness; clinically significant change

Word count: 2920

It is argued that academic life is becoming more stressful for students within higher education, with external pressures such as financial difficulties, and academic issues such as assessment and increased expectations and aspirations contributing (Allan, McKenna, & Dominey, 2013; Härkäpää, Junttila, Lindfors, & Järvikoski, 2014). Research suggests that higher education students are experiencing levels of mental health difficulties that are consistent with those experienced by individuals in the general population (Connell, Barkham, & Mellor-Clark, 2007; Macaskill, 2013). These difficulties can obviously impact on the ability of the students to successfully complete their programme of study (Andrews & Wilding, 2004), particularly because psychological resilience i.e. the ability to cope adaptively in the face of adversity, has been found to be lower in students in the UK compared to the general population (Allan et al., 2013).

Thompson (2014) argues that counselling not only has a role in supporting students with psychological difficulties, but can also contribute to academic outcomes, helping the student to become a more fully rounded individual. There is evidence that counselling is effective in reducing psychological distress, leading to reliable and clinically significant change in general student counselling populations (e.g. Connell, Barkham, & Mellor-Clark, 2008). There is, however, only limited research that has examined the impact of counselling on students who are experiencing academic issues.

The effectiveness of counselling in this group can be considered in a number of ways, including reduced psychological distress, increased psychological resilience, and positive impact on academic issues, such as retention and academic performance. These are commonly measured by subjective reports from students or counsellors or the completion of standardised outcome measures (Wallace, 2014). In relation to the former, a small qualitative study of 14 students in Finland by Härkäpää and colleagues (2014) reported a number of

positive changes following psychotherapy which were perceived as being beneficial for the students' ability to study. Wallace (2012) reports on a large sector wide self-report study in the UK that found overall, that over three quarters of the participating students who completed counselling reported that it helped them remain at university and improved their academic work. The extent to which counselling resulted in clinically significant change in the psychological distress of these students, was not, however, reported.

To the authors' knowledge, only one UK study to date has used standardised outcome measures to examine the effectiveness of counselling on students with academic issues. Connell et al. (2008) found that 38.3% of their sample of university students experienced work/academic related difficulties and that, based on practitioner rated outcome, this was one of the areas for which counselling was most effective. Unfortunately work and academic problems were not differentiated and so the specific impact of counselling on those students with academic issues cannot be determined.

Counselling may be experienced as effective by students, even if their outcome measure scores are static, or do not change from clinical to non-clinical levels following counselling. However, given the drive to evidence that all higher education services, including counselling, make a positive and effective contribution (Wallace, 2012), there has been a recognition of the need for methods to determine if changes in psychological status following intervention are reliable and clinically significant. Reliable change assesses whether a change in the outcome being measured has occurred that is not attributable to measurement or systematic error (Hinton-Bayre, 2010). Reliable change, does not however, equate to clinically significant change. This concept is described by Jacobson and Traux (1991) as when an individual moves from a clinical population to a healthy population after some intervention, in this case counselling,

The aims of the present study were, therefore, to: determine the extent to which academic issues were identified by those attending a higher education student counselling service and examine the impact of counselling on the problem severity and psychological distress of this student group.

Method

Ethics and ethical considerations

Ethical approval was provided by the third author's educational establishment**.** The data used in the study were gathered as part of the routine evaluation of the service. These data were anonymised and it was not, therefore, possible for the researchers to obtain individual consent from students to include their data. The ethical implications of this were discussed within the research team. It was felt that, as no individual would be identifiable from the research and that the aim of the study was to examine whether counselling was effective for students with self-reported academic issues, that the potential benefits of the study outweighed the issue of being unable to obtain individual consent to use the data. Within the NHS the Caldicott Guardian serves the function of ensuring that pre-existing data are used appropriately in situations where it is not possible to obtain individual consent. As no similar body exists in relation to student counselling data, the authors sought and received ethical approval from the university where the study took place. The study did not involve any student contact and there were, therefore, no ethical issues related to direct student involvement in the research.

Methodology

The study utilised a within and between participant design, comparing levels of reliable and clinically significant change and differences in outcome measure scores before

and after counselling between those with and without self-reported academic issues. The study design and analyses were discussed and agreed by the research team. The study used pre-existing data that were collected routinely by the participating counselling service (see 'measures' for a description of these data). These data were made available in anonymised format to the research team and were collated and entered into an SPSS data file for analysis (by KM and KMcK). This retrospective methodology restricted the analyses to the available pre-existing data, however, these data were appropriate for the research questions being addressed. The member of the research team who was employed by the participating counselling service was not involved in the data analyses to ensure impartiality of the results.

Participants

Anonymised, pre-existing data were utilised from 129 students (aged 18-46; mean = 22.5, SD = 4.3) who had attended a UK university counselling service in the 24 months prior to the study being undertaken. Thirty seven were male, and 91 were female, (missing data for 1 person). The data related to the measures below.

Measures

*Outcome measure***:** Participant status before and after counselling was measured using the Clinical Outcomes in Routine Evaluation- Outcome Measure (CORE-OM: Evans et al., 2002). This is a self-report measure, with 34 questions which map onto the domains of subjective well-being, symptoms, function and risk, with the total score giving an indication of overall psychological distress. It has good psychometric properties, including as applied in counselling settings (Evans et al. 2002; Connell, et al., 2007; Murray, McKenzie, Murray, & Richelieu, 2014). Individuals are asked to rate their experience of particular symptoms over the past week on a five point scale, with higher scores indicating greater severity. The

clinical score, utilised in this and other studies is the average score across the 34 questions multiplied by 10.

Counselling impact on academic outcomes (CIAO): This student rating scale was developed by Wallace (2012) to obtain client views about the helpfulness of counselling on academic issues. Three questions from the scale were utilised in the study (see Table 1). Participants were asked to rate these on a scale with the anchor points of 1 = *not at all* to 5 = *the most important factor for me*. A rating of 6 indicated that the item was not an issue for the student. Those students who chose rating 6 on all three questions from the CIAO were classed as not having self-reported academic issues. Students who chose a rating other than 6 were classed as having a self-reported academic issue to some extent.

Demographic data relating to the age, and gender of the student, and the waiting time to be seen were also collected.

Effectiveness of counselling

This was evaluated by examining: a. mean ratings provided by the students about the extent to which they felt counselling had helped them in relation to academic issues; and b. whether reliable and clinically significant change, based on total CORE-OM scores, had occurred for students with identified academic issues. Students who showed an improvement in CORE-OM score of greater than 4.8 were classified as having shown a reliable improvement based on Jacobson and Traux (1991) and Connell et al. (2008).

Clinically significant change (Jacobson & Traux, 1991) i.e. the extent to which the student moved from a clinical population to a healthy population after counselling, was also calculated. We utilised the CORE-OM cut-off score of 10 suggested by Connell et al. (2007) to differentiate clinical from non-clinical populations and combined information about

changes from above to below this cut-off point with reliable change to give clinically significant change. Individuals were classified as showing clinically significant change if they showed reliable change and their scores moved from >10 at baseline to <10 at follow-up.

Results

Academic difficulties

Of the students, 117 (91%) rated academic work as being an issue to some extent. Table 1 illustrates the student scores for those with and without academic issues.

Reliable and Clinically Significant Change

Of those with identified academic issues, 67% showed reliable change compared with 50% of those without such identified issues. The number of individuals showing clinically significant change in both groups was 40%.

Insert table 1 about here

Student ratings of the counselling service

Table 2 illustrates the ratings of those individuals who identified themselves as having an academic issue to some extent in relation to three academic areas.

Insert table 2 about here

Discussion

The present study had two aims. Firstly, to determine the extent to which academic issues were identified by both the students and counsellors. A large percentage (91%) of students identified having academic issues to some extent. This is higher than that found by Connell et al. (2008) of 38.3% in a large sample of university students, despite this latter figure combining academic and work related problems.

Given the high percentage of students who self-reported having academic issues, it seems likely that while academic issues may not be the main reason for referral to student counselling services, they are likely to be an issue to some extent for most students. Further work is required to determine the exact nature of the relationship between academic difficulties, adverse life events and psychological problems, in terms of causality, interaction and impact, although previous research suggests that both financial adversity and depression are risk factors for poor academic performance (Andrews & Wilding, 2004). The current figures suggest, however, that a large proportion of students who are attending university counselling services are likely to be experiencing academic difficulties to some extent.

The second aim was to examine the effectiveness of counselling for students with identified academic issues based on a. student ratings of the impact of counselling on three academic areas and, b. the extent to which this group experienced clinically significant change. In respect of the former, the mean student ratings of around 3.4 indicated that counselling had been a factor in helping them do better with their academic work, in staying at university and improving their university experience. This view of counselling as helpful was also borne out by the results in relation to clinically significant change. It was found that, those with identified academic issues had greater problem severity and higher CORE-OM scores at baseline and a higher percentage showed reliable change compared with those with no identified academic issues. In addition, the percentage showing clinically significant change was the same in both groups. To the authors' knowledge this is the first study to examine the impact of counselling on those with self-reported academic issues in this way.

The study did, however, have a number of limitations. Students were not asked to directly rate the extent to which they experienced academic issues as problematic. Information was only available about the extent to which they felt counselling had helped with these issues. In addition, the extent to which the results can be generalised is unknown

as the sample was drawn from only one university. The results were, however, higher than the percentage of students experiencing work and academic issues combined reported by Connell et al. (2008).

In conclusion, the study found that a high percentage of students attending a university counselling service had self-rated academic issues to some extent. For students with self-reported academic issues, the mean ratings on the CIAO indicated that counselling had been as a factor in dealing with those issues. Finally, counselling was found to result in reliable change for 67% of this group and an equivalent level of clinically significant change to those without identified academic issues.

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Table 1

Student scores for those with and without academic issues

Score	Those with academic issues		Those without academic issues	
	Mean	**SD**	**Mean**	**SD**
AUCC severity rating (baseline)	4.8	.89	4.2	.92
AUCC severity rating (follow-up)	2.9	1.1	3.0	.47
CORE-OM Total score (baseline)	1.8	.59	1.2	.55
CORE-OM Total score minus risk (baseline)	2.1	.65	1.4	.64
CORE-OM Total score (follow-up)	1.0	.56	.72	.42
CORE-OM Total score minus risk (follow-up)	1.2	.65	.87	.50
Waiting time (days)	7.6	10.7	8.1	7.4
Number of sessions	4.9	1.7	5.0	1.5
Duration of Treatment (days)	77.1	36.9	86.4	26.2

Table 2

The ratings of those individuals who identified themselves as having an academic issue to some extent in relation to the three academic areas (questions from Wallace, 2012)

The extent to which counselling helped…	**Range**	**Mean**	**SD**
You stay at university	1- 5	3.35	1.02
You do better with your academic work	1-5	3.39	.95
Improve the university experience for you	1-5	3.46	.78