Title: A qualitative analysis of young people's experiences of receiving a novel, client-led, psychological therapy in school

The Version of Record of this manuscript has been published and is available in

<Counselling and Psychotherapy Research > <26.08.19>

https://onlinelibrary.wiley.com/doi/full/10.1002/capr.12259

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Abstract

Mental health problems often arise in adolescence. Schools have been recognised as a potential hub for support. However, delivering targeted interventions in schools can be difficult due to impracticalities. Subsequently, students have little or no say in the process. Given the importance of control in well-being the current study explored how adolescents experienced Method of Levels, a therapy that allowed them to choose if and when to attend therapy. Interviews with 14 adolescents were conducted and then analysed using thematic analysis. Three main themes were identified: therapy style, therapy experience and exploring problems. An additional overarching theme was generated, regarding choice and control. Findings indicate that adolescents value having choice and control. This made the therapy style accessible, enhanced the therapeutic experience and ultimately facilitated the process of exploring problems.

1.1 Introduction

Mental health difficulties are considered one of the greatest problems affecting today's youth, with findings suggesting that 10 -20% of young people worldwide are suffering from a mental disorder (Kieling et al., 2011). Despite the overwhelming evidence, access to appropriate and effective mental health services for this age group is very poor (McGorry et al., 2013).

Research suggests that schools are the first place where adolescents seek help (L. A. Barker & Adelman, 1994) and more importantly access support (Rones & Hoagwood, 2000). Interventions available in school settings vary in their approach across the world (Cooper et al., 2010), yet effectiveness has been reported to be similar (Fedewa et al., 2016). Researchers argue that certain aspects within an intervention can increase treatment effectiveness. It has been reported that by accommodating client preferences in therapy, psychological outcomes can be positively impacted (Swift, Callahan, & Vollmer, 2011). Moreover, research argues that this is valid across interventions and clients (Swift, Callahan, Ivanovic, & Kominiak, 2013).

Adolescence is typically seen as a period of change as well as consolidation for young people. Alongside physical changes, young people also experience a number of intellectual changes that affect and shape their sense of self (Coleman, 2011). During this phase, young people strive to become more autonomous and independent while all the while still needing support from their

parents/carers (Shearman, 2008). Offering suitable services that empower and support young people to express their views during this transitional period is recommended in order to engage young people in therapy (Bury et al, 2007).Hanley et al., (2017) put forward that when working with young people therapeutically, it is essential to offer a friendly and accessible service, whilst considering the source of referral and monitoring the therapeutic relationship (Hanley, Frzina, et al., 2017).

At present, there are limited studies exploring young peoples' experiences and perceptions of counselling, and of those that have been conducted, many remain unpublished (Binder et al., 2011; Bury, Raval, & Lyon, 2007; Fox & Butler, 2007; Lynass, Pykhtina, & Cooper, 2012). Of those available, a number of studies have reported similar, and to some extent, conflicting findings. Studies agree that the most helpful aspects of school counselling, as reported by young people, included the ability to talk and be listened to (Bury et al., 2007; Cooper, 2009, 2013). In addition to being listened to and feeling understood and accepted, young people also valued the ability to consider their difficulties and also gain greater awareness and understanding of self and others (Cooper, 2009).

Other elements that young people considered helpful but wished were different, directly related to the counsellor. Firstly, young people reported valuing counsellors' non-judgmental and supportive approach and feeling accepted by them (Binder et al., 2011; Cooper, 2013). Secondly, mixed feedback was collected with regards to the strategies and techniques used by counsellors, as well as their advice and guidance.

Previous studies based on adult populations, using a variety of therapeutic approaches (psychodynamic, cognitive- behavioural, experiential), recorded similar findings. Helpful aspects of therapy included 'awareness/insight/self-understanding, behavioural change/problem solution, empowerment, relief, exploring feelings/ emotional experiencing, feeling understood, client involvement, reassurance/support/safety and personal contact' (Timulak, 2007, p. 309).

These helpful aspects although similar, were found across therapeutic interventions, despite being used with a diverse population presenting with various difficulties. Carey *et al.,* (2015) argue that the processes responsible for therapeutic effectiveness have a number of fundamental principles at their core (Carey et al., 2015). Moreover, they can be explained by the principles of Perceptual Control Theory (PCT) (W. T. Powers, Clark, Mcfarland, et al., 1960). PCT is a robust, empirical and functional theory that can explain why clients have recognised similar therapeutic helpful aspects across interventions and age groups. PCT explains why control or having things according to our preferences is essential and beneficial in all aspects of life - but even more so in a therapeutic environment. According to PCT, the effective component of any therapy is the ability to direct a client's awareness to important areas of their lives where they experience reduced control (Mansell et al., 2012).

PCT is based on three principles; control, conflict and reorganisation (W. T. Powers, Clark, Mcfarland, et al., 1960). Control is essential for healthy functioning and all living things strive to maintain control in all aspects of life. Control is achieved by perceiving (how things are), comparing (to how they want things to be) and ultimately acting (to reduce discrepancy between how things are and the way they want them to be). All individuals have numerous preferred states - 'just rights' - or goals that are continuously maintained. According to PCT, goals are organised hierarchically, with lower goals relating to 'how' we want things, while higher level goals relate to 'why' we want things in a certain way. When individuals simultaneously control two or more incompatible goals, conflict arises. When conflict remains unresolved the consequence is loss of control. This can lead to psychological distress (Carey et al., 2015). But conflict can be resolved and control restored through a process called reorganisation. Reorganisation is a mechanism through which random change is continuously generated until control is restored. Reorganisation is more likely to restore control when individuals can sustain their awareness on what is driving their goal conflict. Awareness increases opportunities for individuals to resolve potential conflict through developing new and novel solutions (Tai, 2016).

The above three principles are encapsulated and practically applied therapeutically in Method of Levels therapy (MOL) (Carey, 2006). It has been suggested that MOL strives only to target the active ingredients responsible for psychological change (Carey et al., 2015). During MOL therapy, the therapist has only two very specific goals. One is to encourage the client to keep talking about the problem. The second is to notice and ask about any disruptions the client might be experiencing. Disruptions indicate emergence of background thoughts and can take various forms; obvious ones (laughing, pausing, emphasising certain words, changing tone) to more subtle ones (looking away, moving suddenly, rolling eyes).

MOL therapy has been defined as a 'way of treating people that fits with how they're designed' (Carey, 2008). MOL allows clients to decide whether they want to attend therapy, how often they want to come and when to end treatment (Carey et al., 2013). Moreover, during MOL sessions, clients decide what to talk about, for how long and when to stop. Client's wishes, needs, and perspectives are fully considered, and acted upon. In other terms, clients are in control of many aspects of the therapy sessions. As a result, MOL presents a number of potential advantages when compared to traditional therapies because of its 'client-directed' focus.

MOL has been successfully used with adults experiencing psychological distress in a variety of settings (Carey & Mullan, 2007, 2008; Carey & Spratt, 2009). A recent qualitative study exploring how individuals with first-episode psychosis experience MOL found that therapy was perceived most helpful when individuals had control over the therapeutic process which gave them the opportunity to explore difficulties and generate new solutions (R. Griffiths, Mansell, Edge, et al., 2019). However, no studies with young people have been conducted.

The current report forms part of a larger study that sought to establish the feasibility and acceptability of Method of Levels among young people. The study took the form of case-series study followed by semi-structured interviews. Allowing for an estimated attrition rate of around 40% (Kazdin, 1996), a total of 16 young people were recruited in order to gather data from a target of 8-10 participants. The results were divided in three papers. One paper discussed the feasibility and acceptability as well as provided an estimated effect size. A second paper provided a detailed account of case-by-case clinical data.

The current paper reports on young peoples' experiences of MOL therapy. More specifically, their experience of being able to choose whether to attend therapy, book their own appointments, as well as choose the topics discussed.

1.2 Method

1.2.1 Study design

The current study reports on the findings from 14 semi-structured interviews. The interviews were audio recorded and then transcribed verbatim. The data was analysed using Braun and Clarke's (2006) approach to thematic analysis. The emerging themes were identified using a deductive approach and coding was conducted by two researchers (see data analysis section below).

1.2.2 Setting and participants

All participants were recruited from a local secondary school in North West, Manchester where MOL was piloted prior to the study commencing. The identification of students eligible to take part in the study followed the same procedure that is being used in school to refer students for additional support. Currently, any students experiencing psychological distress that cannot be supported by the pastoral team are being referred to see a professional within or outside the school. As a result, the recruitment procedure involved close liaison with the pastoral team. The students were informed that they can take part in the study or they could go and see the school's counsellor. In both cases, the same therapy style was being delivered.

Ethical approval was received from the University of Manchester prior to the study commencing. Written consent was sought from both students and their parents. In order to take part in the study, young people needed to be aged 11-16 years old, attend school, be able to speak and understand English and be willing to talk about problems causing them distress. Any students who were classed as having severe learning difficulties were excluded from the study.

A total of 16 young people were given the opportunity to access MOL for up to six months prior to interviews taking place. The current paper contains feedback from 14 students (nine boys and

five girls), although only 12 students completed the study. One student dropped out of the study after four weeks because he felt victimised by his peers for attending therapy. Another dropped out after four months after reporting that the therapy worked and he no longer needed support. Despite this, both students agreed to be interviewed. Their data has been included and analysed alongside the participants who completed the study.

Most students involved in the study were White British with the exception of two students who identified as mixed background and as Black British-African. The mean age recorded was 13.14. (SD=1.29).

1.2.3 Intervention

1.2.3.1 Materials

A topic guide was developed in which target questions covered all aspects of participant's experience. Whilst these provided a provisional structure, questions could also be removed, and additional ones included in response to participant's answers. Thus, the target questions served as a guide for the interviews but were also flexible and did not control the direction of the interview, or the resultant themes. The target questions are shown in Table 3.

No incentive or reward was offered to participants taking part in the study. Young people were invited to choose when and for how long to come. The therapy sessions lasted between 20-45 minutes depending on young people's preferences. Young people attended 7.62 sessions on average, with some students attending only one session, and others attending between 16-18 sessions. A detailed account of participants' access and attendance has been reported in a separate paper (Churchman, Mansell, & Tai, 2019b)

A sample of the sessions (approximately 5%) were rated by the second and last authors independently using the MOL Evaluation form (Carey & Tai, 2012) in order to assess fidelity. The rated sessions obtained a mean score of 6.37 out of 10. In a previous study with adult patients in primary care, two newly trained therapists obtained a mean score of 6.18 and 5.80 respectively (Bird, Mansell, Hamilton & Tai, 2019). A commonly used video of best practice by Tim Carey, the developer of MOL, scored 9.12.

1.2.4 Interview procedure

The interviews took place on school premises in the room where the therapy was delivered. Participants were interviewed only after they had the opportunity to access MOL for six months. To avoid conflict of interest, the interviews were conducted by independent researchers. Interviewers

were trained by the supervisors and attended ongoing supervision at the University of Manchester. The training was carried out over a number of weeks and covered basic interviewing skills as well as familiarisation with the project and the interview schedule. Only after they were considered proficient by the trainers they proceeded to conduct the interviews. Most interviews lasted between 20-45 minutes.

Table 1: Topic Guide

1. The therapy
What was it like?
- How did you find the questions?
- You had to talk about something that was bothering you; What was that like?
- What would have made it better?
2. Therapist style
What was the therapist like?
- Anything the therapist said/did that you found useful
- Anything you found less useful?
- How would you have liked it to be?
3. Booking your own appointments
What was it like?
- Did you like it/dislike it?
-How would you have liked to book appointments?
4. Deciding whether to attend therapy or not-
What was it like?
- Did you choose to come to therapy?
- Were you able to say whether you didn't want to come anymore?
5. Suggestions
- How can we make MOL better for young people?
- What did you like/prefer less about it?
6. Alternative support- while you were seeing the therapist did you get any other support from anywhere else, in school or outside school?
7. Research study
What was it like?
- Anything you found uncomfortable?
- What about the questionnaires you filled in?

1.2.5 Data Analysis

The transcribing of the interviews was split between the therapist, one of the interviewers and the third author. The word count ranged from 2,000 words to 10,000 words per interview. Transcripts were then coded using the NVivo 11 software. The steps taken to develop a coding scheme followed the process advised by Braun and Clarke (Braun & Clarke, 2006). The first author spent time reading the transcripts and getting familiar with the data. Then, a first version of the coding scheme was generated. Following this, the codes were grouped into relevant themes. The generated themes were then checked against the data to ensure they were consistent with all the data set. A provisional thematic map was generated. These initial themes and their definitions were presented to and discussed with the rest of the authors. Following this, a final version of the themes and their sub-themes and definitions was created.

Using the agreed themes and sub-themes, an interview was selected and coded separately by the first and third author. Results were then compared and discrepancies discussed. At this stage, the third author felt that additional codes were emerging and new themes were being proposed. The research team met to discuss this and changes were made. Following agreement on the coding schemes and definitions of these, three other interviews were selected and coded separately by the first and third author in order to assess inter-coder reliability. This generated a high percentage of agreement (over 90%) but only a fair to good kappa score (0.40). When exploring the reasons for this, it became apparent that while both researchers were agreeing on the codes and what portions of the interviews should be coded in each code, the coders would use the text differently. One coder used more portions of the interview in order to give context while the other just selected the relevant sections of the text. Consequently, as suggested by Campbell *et al.,* (2016) the problem was resolved by adopting a unitization strategy (Campbell, Quincy, Osserman, & Pedersen, 2016). The first author selected the portions of text that needed to be coded and then both coders placed this in the codes they felt was appropriate. A subsequent inter-coder reliability test revealed a kappa score of 0.84. A score over 0.75 is classed as excellent agreement. The percentage agreement exceeded 90% on all agreed codes (Landis & Koch, 1977).

1.3 Results

All 14 participants who were interviewed provided positive comments about MOL. The most common words used to describe the therapy included: good, helpful, chilled out, freeing.

All young people were asked to provide feedback on helpful as well as less helpful aspects of the therapy and offer suggestions that might have improved their experiences. Young people talked about the practical aspects of the intervention, their experiences of accessing MOL, as well as the way in which these aspects increased their ability to explore difficulties. Lastly, some participants recognised that the whole process was facilitated by having choice and control over all aspects of the

therapy process. Young people did not report any unhelpful aspects of the therapy but provided some suggestions that could have improved their experiences.

An overview of the findings can be found in Figure 3. Young people's feedback was divided into three main themes which were then encompassed by a running theme.

1.3.1 Therapy Style

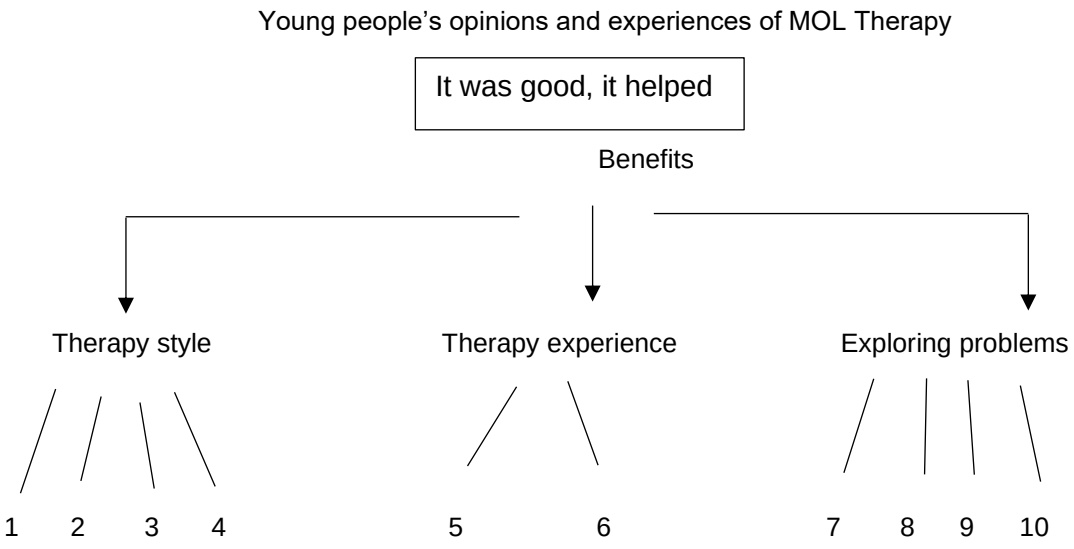
One of the reasons why young people found MOL helpful was because of the ability to book their own appointments as well as the style used during the sessions. The theme contained four sub-themes: *freedom to book sessions*, *questioning style, breaking things down,* and *suggestions*.

1. Freedom to book sessions

Most young people reported that they enjoyed booking their own appointments and appreciated that adults entrusted them with this task: *'I like the way we were trusted to book our own appointments'* (Participant 12). Moreover, it helped young people take responsibility for addressing their difficulties.

2. Questioning style

Another aspect of the therapy that young people provided feedback on, was the questioning style used during the sessions. Young people reported that the questions were helpful because they were not 'personal' (Participant 5, 13) 'invasive' (Participant 8) or 'private' (Participant 7). Despite this, the questions were still able to help young people find solutions to their problems, '*they wouldn't go really deep but they would find a way to solve what is up and all that'* (Participant 9).



1. Freedom to book sessions
5. Feeling listened to
7. Talk

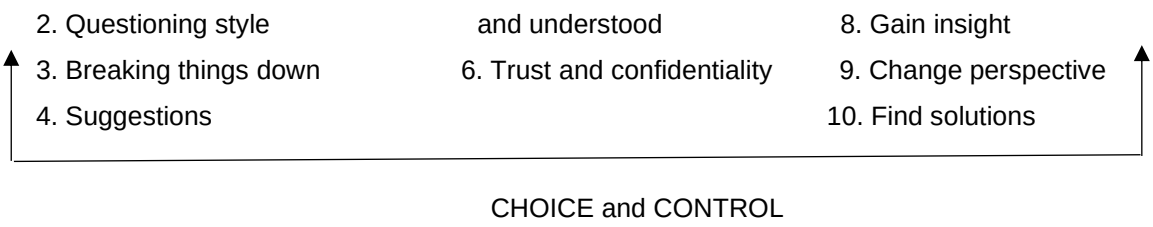


Figure 1: Overview of themes

Most young people found MOL questions easy to answer, '*She made them simple, and concise*' (Participant 14). However, a small number of students (3) initially struggled, '*It was hard answering all the questions she was asking*' (Participant 1). Yet, the therapist collected regular feedback from young people and adapted questions to match young people's understanding, which was reflected in young people's feedback '*but if she put it in a different way it would be like 'oh yeah, I understand'* (Participant 6).

3. Breaking things down

Breaking things down in sessions helped young people better navigate and understand their problems. Practically, this worked in conjunction with the questioning style used by the therapist, '*she used to just like, build the questions down a bit and then, like, build them up, as I like I was speaking'.* (Participant 11). All but one participant commented on the benefits of exploring difficulties in a manageable and client-directed way. Participant 9 reports: *'she wasn't like asking, d'ya know, asking loads of questions constantly. She was listening and, solving was round what the problem was, and then like dividing it up into different sections and then focusing on different points and then eventually sorting everything out.'*

4. Suggestions

When asked what would have made their therapeutic experience better, many young people reported that they enjoyed the current format: '*I was just happy with the therapy in general'* (Participant 8) and did not feel that anything in particular would have improved their experiences: '*I liked it how it was'.* (Participant 6)

A small number of students made specific suggestions that included: having the sessions in a more relaxed environment/room (although they acknowledged that this might not be practical at school), having more diverse questions during sessions and being able to write things down for the therapist to read.

1.3.2 Therapy experience

Another reason why young people found MOL sessions helpful was because of the way they felt in the sessions while exploring their difficulties. The theme incorporates two sub-themes. The first one is *feeling listened to and understood* and the second is *trust and confidentiality*.

5. Feeling listened to and understood

Participants frequently mentioned feeling listened to and understood during therapy. This gave young people a sense of reassurance and confidence when sharing their difficulties while also encouraging them to communicate freely which positively impacted the therapeutic experience. For some participants (5) feeling understood was conditioned by feeling listened to and the two concepts were used concurrently. Participant 12 recalls their experiences with the therapist: *'She's, she never really seems busy do you know like caught up when you're talking to her because she looks at you, like you do but, she listens… Cause if you're getting listened, you feel you're getting understood, but if they're typing for example, you don't, you just feel like they're carrying on with their, everyday business, instead of listening'* (Participant 12).

6. Trust and confidentiality

Developing trust within the therapeutic relationship as well as knowing that the conversations were confidential was of great importance for a few participants. On one hand it gave them confidence to speak about their difficulties openly, '*it feels more like comforting because you're like freaking out about it, like… If you just tell like, your therapist or something, it's like, (therapist's name)'s going to keep it to herself.'* (Participant 6). On the other hand, it also meant that they regarded the therapist as a friend, '*It made me feel good cause, in a way, I felt like she was more of a-a friend, than an adult like she was someone, who was understanding, and talking to me like a friend would talk'.* (Participant 12).

1.3.3 Exploring problems

The therapy style as well as the therapy experience provided young people with the right environment to explore their difficulties. All participants regarded this as one of the most helpful aspects of therapy. Young people recognised that by talking about their problems, they got to understand them better, which changed their perspective about them and ultimately helped them find solutions.

7. Talk

Participants valued the ability to express their difficulties and explore things that were bothering them during the therapy sessions. Some participants used various metaphors to describe this process: ‘getting things off chest, not having much baggage or not bottling it up’. The report found over 170 references regarding ‘talking’ as a beneficial aspect of therapy.

8. Gain insight

While the process of talking about their problems proved helpful for all participants, a few students recognised that by talking they gained greater understanding about their difficulties, ‘*I feel like more comfortable now and I understand them [problems] more’* (Participant 7).

9. Change in perspective

Most participants reported experiencing a shift in their perspective as they verbalised their difficulties, ‘*like when you verbal-, verbally say something about a problem it helps to like have a different look about it’* (Participant 8).

More importantly, the shift in perspective was aided by the questions used by the therapist. Participant 4 reported: ‘*I find that in the session…she asks me like questions that make me look at it from a different angle’.*

10. Find solutions

The last subtheme in this section bridges all previous sub-themes explored. A total of 12 participants clearly specified that during the therapeutic process, being able to verbalise and explore their problems, helped them understand them better, which in turn led to a shift in perspective and ultimately enabled them to find solutions to their problems. The remaining two participants indirectly implied this.

Participants 12 summarised their therapeutic experience by stating the following: ‘*And I think that having that conversation with [therapist’s name]* (exploring problems), *has helped me understand* (understand the problem) *and develop* (change in perspective)*, how to get over the low mood’ (*generating solutions)*.*

Rather than receiving direct instructions from the therapist, the participants appreciated how the therapist implemented a collaborative approach during the sessions, *‘I find it good coz she can listen and then she kind of gives you solutions and always helps and stuff but she doesn’t like tell you what to do she just helps you, like, figure out what to do.* (Participant 4). They recognised that unlike other adults (parents, teachers), the therapist allowed them to explore and find their own solutions,

'it's like solving it for yourself, but like, in a good way, so you're not going to like, make anything worse' (Participant 6).

1.3.4 Choice and control

Choice and control were found to be central to young people's experience of MOL, because as Participant 2 reported, '*Choices are easier than being given demands. Cause I correspond with a choice, something I want to do, more than getting told, to do something.'* Choice and control have been identified throughout all themes and sub-themes discussed above and as a result, defined as a running theme which encompasses all aspects of the therapy. A total of 178 references to 'choice and control' have been identified. The references covered all aspects of the research study including deciding to attend therapy, booking and accessing sessions, choosing when to stop therapy and topics discussed in sessions.

Choice and control recognised within the *therapy style*.

The nature of MOL therapy is to allow individuals control over the therapeutic process. Young people highly valued the freedom to make decisions regarding attendance and booking sessions. More than just enjoying it, young people recognised how control empowered them to take responsibility and address their difficulties: '*Because then we can decide when, we want to and then, when we're ready. Because like, it's not like getting an appointment slip. We're deciding, we're choosing we're making sure that we get it done'* (Participant 12).

Additionally, young people understood that they had full control of the topics discussed in sessions and made statements such as: '*if it's something what I don't want to say, I don't have to'. Furthermore,* they treated the therapist's questions in the same manner, '*I didn't have to answer them if I didn't want to'* (Participant 5).

Choice and control during the *therapy experience*.

The ability to control the content and length of the sessions helped young people feel listened to and understood. Participant 4 compared her experience of accessing MOL to previous encounters with adults and concluded the following:

'*I find it good coz she can listen and then she kind of gives you solutions and always helps and stuff but she doesn't like tell you what to do she just helps you, like, figure out what to do… it's good because I feel like with adults, they are not really concerned with what you actually want… they don't seem to listen they just give you a solution, they tell you to go away and do it… Even if it's not right for you. And she doesn't do that and I think that's good…I just feel like adults don't actually listen to me. It's nice just to have a change-'* (Participant 4).

Choice and control were also identified as central in the process of *exploring problems*.

Young people acknowledged that having choice and control during the therapy sessions offered them the right platform to explore their problems, '*when I come, sometimes, she doesn't like push me--, she doesn't make me say anything… I think that's good because I don't actually have to say anything if I don't want to… I think it's nice because I don't like it when people push it. It just annoys me, it makes me more---, it makes me lock up more'* (Participant 4).

1.4 Discussion

The current study sought to understand how young people experience MOL therapy when used in a school environment to address psychological distress. Most students reported that the therapy was good, helpful and that they like it. The most helpful aspects of the therapy included: the therapy style, the therapy experience and the opportunity to explore problems. Additionally, young people emphasised how having choice and control positively impacted their therapeutic experience.

Despite evaluating young people's opinions of MOL therapy, a previously untested intervention with young people, the current study found similarities to other therapeutic approaches. Similar themes recorded in other studies include: being able to talk, gaining insight, changing perspective, finding solutions, feeling listened to and understood, trust and confidentiality (Bury et al., 2007; Cooper, 2009, 2013; Fox & Butler, 2009; Lynass et al., 2012). Nonetheless, a small number of themes identified in the current study are novel. The concept of having a self-booking system, things broken down during sessions and the style of questioning as an outlet to help generate solutions have not been previously discussed. Indeed, earlier studies tended not to have themes that specified what it was that the therapist did to elicit the effects that clients had noticed; yet this is key if we are to identify the active ingredients of a psychological intervention. Additionally, choice and control despite being identified as paramount to young people's experiences in the current study, has only been briefly mentioned in previous research (Bondi, Forbat, Gallagher, Plows, & Prior, 2006).

The ability to talk has been identified as one of the most important aspects of therapy by the majority of young people in the current study. The ability to talk allowed young people to understand their problems better, gain new perspectives and ultimately find solutions. Cooper (2013) after considering both qualitative and quantitative research concluded that 'the opportunity to talk to someone who is listening' was recorded as the most helpful aspect of school counselling (Cooper, 2013). The current study found that talking was helpful for young people because it allowed them to gain greater understanding (insight) into their difficulties. This shifted their perspective on the problems, (gain perspective) and ultimately allowed them to find new solutions (problem-solving). Therefore, it can be argued that although listening to young people is beneficial, it might not be enough, unless the talking helps them understand their problems, changes their perspective and ultimately helps them find solutions.

This concept is supported by previous studies who reported that in addition to being available and listening, young people also expected counsellors to answer questions, provide advice, help and support (Bondi et al., 2006). However, it is not clear whether young people valued direct advice from the counsellor, or just support to help them think things through (Cooper, 2013).

In the current study, findings suggest that the therapist supported young people to find their own solutions to their problems. This process was facilitated by a number of things. First of all, young people were given full control over the topics discussed. Secondly, things were broken down to allow young people to effectively deal with difficulties. Lastly, the questions used, while not private or intrusive, were still able to help young people understand their problems better, gain new insight and find solutions.

During MOL therapy, young people reported feeling listened to and understood. Additionally, they felt they could trust the therapist and knew the information shared during sessions will be kept confidential. Feeling listened to and understood as well as trust summarised young people's experience during MOL therapy. These findings mirror results obtained in previous studies that have used the humanistic, person-centred approach. When asked what was helpful about counselling, young people responded: the ability to talk and feel listened to, the opportunity to get things off chest as well as knowing that things will be kept confidential (Cooper, 2004, 2006; Fox & Butler, 2009). However, in addition, the current study found that young people's sense of feeling listened to and understood was enhanced as a result of having control over the topics discussed in sessions. This provided young people with a unique therapeutic experience where their needs, wishes and desires have been taken into consideration. Allowing young people to make practical decisions about accessing therapy while taking their needs into consideration have been recently identified as contributing to a successful therapeutic encounter (Hanley, Frzina, et al., 2017). Although practitioners are encouraged to use such principles in their practices, there is little explanation as to why they are helpful.

In the current study, choice and control were reported as paramount in providing young people with the right setting and experience to explore their difficulties and find solutions. Young people reported that by being given choices they felt 'more in control'. These findings are not exclusive to this study. Previously, Bondi et. al. (2006) reported that young people were able to make changes to address their difficulties as a result of feeling more in control of their emotions (Bondi et al., 2006).

Students in the current study also benefited from being able to choose whether to attend therapy and receive support and they regarded choice and control as one of the key features of the counselling service. But, implementing services that offer young people choice and control could be challenging due to busy and structured timetables that operate in most schools (Stallard & Buck, 2013). Furthermore, the hierarchical, rule-oriented environment might reduce staff's capacity to facilitate the process (Reinke, Stormont, Herman, & Puri, 2011). Nevertheless, practical ways to

support successful implementations of services that best support the needs of young people should be considered (Reinke et al., 2011). Hanley et. al. (2017) state that in order to establish a successful therapeutic encounter, practitioners must carefully consider and incorporate young people's needs and desires in their work. They argue that counsellors need to ensure that they are 'promoting client's agency' in order to provide young people with a 'meaningful encounter' (Hanley, Frzina, et al., 2017). As a result, it is important to consider whether the procedures (self-booking system, choosing the topics discussed in therapy) reported as helpful by young people in the current study can be adapted and implemented on a wider scale in schools.

Despite using a different therapeutic approach to those employed previously, the current study recorded a number of overlapping themes. PCT, the theoretical foundation for MOL, may provide a platform for understanding why such concepts have been defined as helpful and beneficial in therapy.

PCT argues that control is central to optimal living. Consequently, when individuals experience psychological distress, helping them to regain control over important life goals is essential. Young people reported that talking was helpful because it offered them the opportunity to understand their problems better, look at them differently and figure out what they can do about them. PCT states that when individuals are able to explore aspects of their lives that are bothering them, their awareness is directed towards conflicting goals and thus psychological distress. By exploring the conflict (talking about the problem), individuals become aware of things they haven't previously considered (change in perspective) which allows them to achieve reorganisation (find solutions). The content of the themes described above (as guided by the participants) encapsulates the core aims of MOL. As part of MOL therapy, the therapist is tasked with asking curious questions that encourage the client to explore their problems. Young people reported that these curious, non-intrusive questions allowed them to successfully explore and understand their difficulties better. Furthermore, the therapist is trained to notice and ask about disruptions (changes in speech, body language) which might indicate that individuals are becoming aware of things that they have not considered before. This style of questioning drew young people's attention to things they haven't previously considered and allowed them to generate new solutions to their problems. In addition, as PCT proposes, all individuals strive to control important areas of their lives. Consequently, offering young people choice and control in therapy facilitated young people's positive experiences.

Although young people were completely unacquainted with the theoretical framework used in MOL therapy, they were able to articulate the process proposed by PCT. Although not all participants were able to evidently communicate the process by which they felt therapy had helped them, to some extent all participants recognised some aspects of it.

The current study although positive and rich in nature poses a number of limitations. The majority of young people taking part in the current study were White British and attended the same

school, thus limiting socio-demographic diversity. Future studies might wish to include data from a more varied sample. Furthermore, the study was conducted in a school where MOL was piloted prior to the study commencing. As a result, teachers fully embraced the unconventional self-booking system and allowed young people to decide if and when to attend MOL sessions. It is not clear to what extent this has disrupted the timetable for other students and teachers.

Moreover, due to the variation in the number of sessions attended by young people, future studies might wish to examine if/how MOL is experienced differently by those who attend a small/larger number of sessions. Lastly, all participants providing feedback were aware that the therapist will transcribe and analyse the interviews. It is hoped that by having independent researchers conducting the interviews, young people felt able to provide honest and open feedback on their experiences.

1.5 Conclusion

In conclusion, PCT is a robust theory based on a functional model that is able to explain how psychological distress occurs but also how this can be alleviated. It can be argued that PCT can offer a potential framework in which to determine what could be done to support young people in schools. So, as opposed to introducing new therapies (McArthur et al., 2013) or use a combination of approaches (Bondi et al., 2006; Cooper & McLeod, 2007, 2011), the current study proposes the use of MOL which contains only the elements believed to work in any psychotherapy.

Although small, the current study is innovative and seeks to address a gap currently present in literature. The study helped expand the knowledge available regarding young people's experiences of school-based counselling. It was able to evidence the importance of giving young people control over the therapeutic process and used the principles of PCT to explain why this might be beneficial. Its findings showed parallels between previous studies exploring young people's experiences of counselling. This is encouraging and motivating for researchers who are keen to understand how school-based counselling is working. Currently, such a framework is not available (Cooper, 2013).

Given the current findings alongside the latest suggestions proposed by Hanley et al (2017), school counselling should consider adopting a new ethos which promotes student choice and control over the timing, nature, and content of the psychological support (Hanley, Frzina, et al., 2017).

Acknowledgments

The authors would like to put on record their thanks to Susan McCormack, founder and director of MODE Rehabilitation who formed the initial relationship with the School where the study took place. Susan also provided ongoing support throughout the life of the project. The authors are also grateful to the research assistants who conducted the interviews with young people; Amanda Boland, Vanessa Macintyre and Joelyn N'Danga-Koroma. Further thanks are given to all participants that took part in this study and the school staff (particularly Mr Pete Whitehead and the pastoral team) that supported the project. Finally, they would like to thank Prof Tim Carey for his support with the study.

The study (Ref: 2016-0163-442) received ethical approval from the University of Manchester Ethics Committee 2 on 16/12/2016.

Declaration of interest statement

The authors declare that they have no competing interests.

Funding

The project did not receive any internal or external funding. The PhD student self-funded the research project.

Availability of Data

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request

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