

# Counselling Efficacy between Professions

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A comparison between Counsellors, Psychologists and  
Social Workers delivering Employment Assistance Programs

A White Paper from Converge International

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## AUTHOR

Cate Page, BSW Melbourne University, is the Director of People Assist of Converge International Ltd. Level 16, 180 Lonsdale Street, Melbourne, Victoria 3000

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# Introduction

## The Goal and Purpose of this Paper

This paper explores the data, perceived similarities, differences and overall efficacy of different groups of mental health professionals delivering counselling support to employees through their organisation's employee assistance program (EAP). Specifically, this paper explores 12 months of data captured which enables a comparison of satisfaction, conversion rates and complaints for psychologists, social workers and counsellors over a full year. Statistically significant differences were found in key metrics that were tested.

## Overview and Recap about Converge International

Converge International is one of Australia's largest providers of employer funded counselling, critical incident services, psychometric risk assessment, consulting and training services. Today, Converge supports over 1,200 organisations, covering in excess of 1 million individual employees as well as their families under each organisation's EAP. Each year, Converge consultants deliver support to over 64,000 employees through the EAP service alone.

## EAP and Short-Term Solution Focused Therapy

An EAP is a confidential counselling service for employees, paid for by their employer. The primary support intervention consists of short, solution-oriented counselling and coaching interventions<sup>1</sup>. These are delivered by consultants with skills and qualifications in counselling, coaching, social work, psychology, conflict resolution and career management.

The diversity of skills of EAP Consultants allows most 'discrete' presenting issues to be considered, managed and addressed within the funded intervention period, 3-5 hours typically. An external referral to a community-based GP or mental health practitioner may be required where presenting or underlying issues need longer term or specialist intervention.

### CONSULTANTS AND COUNSELLORS DELIVERING THE EAP COUNSELLING SERVICE TAILOR THEIR INTERVENTION TO INCLUDE<sup>2</sup>:

- **Psychological support**
- **Psycho-education**
- **Solution-oriented (evidence based) interventions** such as – Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT), mindfulness, motivational interviewing
- **Debriefing**
- **Coaching** – skill development
- **Referral resources and initiation** where needed
- **Risk assessment** - psychosocial risk generally
- **Case management** in the context of linking clients appropriately (i.e. to their General Practitioner or other specialist services in the community)



## Which Mental Health Professionals?

Organisations that seek an EAP program often specify a preference for specific mental health professionals to provide the services they wish to contract. This typically falls into one of three key options: (i) psychologists only, (ii) psychologists and social workers, or (iii) psychologists, social workers and counsellors. More recently, Converge has found some organisations expressing a more generic preference, effectively becoming a fourth category, where they may specify 'mental health professionals' which could include a broader group of professionals, including Mental Health Nurses. For the purpose of this paper though, we will focus on the three traditional mental health professions – psychologists, social workers and counsellors – that typically deliver EAP services.

Occasionally, a company may seek advice about Converge's recommended professional mix of mental health professionals to deliver an EAP service. Usually however, organisations have a pre-conceived notion and plan of which mental health professions they wish to see deliver their contracted EAP Service. It is often a non-negotiable factor in a specification and therefore it becomes a compliance requirement from the outset.

## Who decides?

The preferred professionals and ultimate decision tends to reflect a number of factors and considerations including<sup>3</sup>:

### EXPERT INTERNAL ADVICE.

The organisation's own employed psychologists, social workers or counsellors may have a history of providing EAP-related services over a period of time which shapes their view on what is desirable or 'best'. Some organisations offer in-house counselling or psychological support. This team may be consulted on their recommended professional mix to deliver a contracted EAP service. Sometimes it is an individual who is charged with managing the EAP contract on behalf of the organisation who internally recommends the professional mix being sought from the external EAP provider.

### HISTORY OF THE ORGANISATION'S EAP.

Some organisations may have a history, sometimes a very long one, of a particular mental health profession or groups of professionals delivering their EAP service. When the contract comes up for renewal, they sometimes favour continuing with their traditional choice of professionals delivering their EAP. Our experience is that it is more typically "the psychologist only contracts" and where this occurs, organisations give greater weight to delivery by registered psychologists.

### EXPERIENCE OF THE ORGANISATION'S EAP.

Throughout the term of any contracted EAP service, there are positive and negative moments and experiences which may be attributed to particular professionals doing a better or worse than expected job delivering the service. Sometimes perceptions of the professional background of those individuals may shape decisions about whether the profession is favoured or not when contracts are renewed, and organisations have a chance to recast their expectations of the service and who delivers it.

To date, the decision about which mental health professionals are deployed has largely been made without empirical evidence or any reference to data on quality or outcome measures. Organisations have frequently based their decisions on their perceptions of a hierarchy of respective professional qualifications and their perceived correlation with successful treatment outcomes<sup>4</sup>.

Based on our review of the literature, there is no evidence base to support this perception of favouring one professional group over another in the efficacious delivery of EAP services. Nonetheless pre-conceived biases and perceptions powerfully influence preferences and even specifications when seeking EAP services from providers.

There are no shortage of studies evaluating the effectiveness of EAP outcomes. However, the majority of these studies are case studies conducted by the EAP service provider<sup>4</sup>. There is a lack of evidence that comparatively evaluates the differences in EAP treatment outcomes and the specific qualifications or experience base of the mental health professionals delivering them, whether they be counsellors, psychologists or social workers.

## Supply and Demand Drift into Crisis?

Organisations and governments at all levels invest significant money into EAP programs to achieve concrete therapeutic outcomes that benefit individuals, teams and organisations. The efficacy of the investment in EAP as an intervention has been evidenced by return on investment (ROI) research<sup>5</sup>.

Meanwhile, decisions about the relative efficacy of choice and deployment of particular professions or professional groups that deliver EAP services continues to be made without the same level of rigour or objectivity.

On a broader front, adequate resourcing to meet increased demand for psychological services is at a tipping point as higher demand for services lags behind supply as well as university placements for counselling professions<sup>6</sup>.

If organisations continue to specifically demand certain types of mental health professionals to deliver EAP services based on a traditional or hierarchical bias, the current disequilibrium of supply and demand will worsen.

## Literature Review

In clinical trials as well as in practice, some counsellors consistently achieve better outcomes than other professions regardless of the treatment approach used<sup>7,8</sup>. Many studies have been conducted to evaluate the reason for this, namely Asay and Lambert (1999) who distilled “14 Qualities and Actions of the Effective Therapist”.

### ASAY AND LAMBERT FOUND THAT THE “PSYCHOTHERAPY OUTCOME VARIANCE” IS ATTRIBUTABLE TO THE FOLLOWING FACTORS IN DISCERNIBLE PROPORTIONS:

- 40% client and extra-therapeutic factors (e.g. ego strength, social support etc)
- 30% therapeutic relationship (e.g. empathy, warmth and encouragement of risk-taking)
- 15% expectancy and placebo effects
- 15% techniques unique to specific therapies.

Asay and Lambert therefore concluded that “the bulk of client improvement” is attributable to common factors found within all types of therapy including counselling and psychotherapy.

Similarly, Brown, Dreis and Nace’s (1999) work showed that outcomes were “better served by focusing on how well providers facilitate client change, rather than on managing or dictating the treatment approaches they use”. This means shifting the emphasis in management of behavioural health care away from identifying the correct treatment, and toward the personal attributes and abilities of the individual provider, with the overall focus on ‘how’ services are delivered to individuals more than the ‘what’ or style of approach.

The authors, Okiishi, J., Lambert, M. J., Nielsen, S. L., & Ogles, B. M. (2003) found the length of professional training had little to do with the outcomes of psychotherapy and counselling. Those with considerably less training were just as effective or even more so, when compared with advanced specialised degrees in clinical psychology or social work.

In summary, to date the literature review concluded that a number of variables determined counselling efficacy. These include: the counsellor’s personal qualities, attributes and actions, as well as the client’s ability to self-direct and change. The implication here being that the contributing factors leading to successful treatment outcomes tend to occur regardless of the counsellor’s professional qualifications, Tallman and Bohart (2010); Brown, Dreis and Nace’s (1999).

## Research Methodology?

This study interrogated 60,000 hours of counselling provided through contracted EAP services to over 1,000 companies during the period 1 January 2019 – 31 December 2019. The intent was to compare outcome data between the professions of counsellors, psychologists and social workers based on three areas.

- **Conversion rate:** Refers to the number of sessions the counsellor/consultant sees the client. The conversion rate is a recognised proxy for perceived quality of the professional and value gained by attendance for ongoing counselling. It reflects the willingness of the client to rebook counselling sessions within their funded allocation of sessions available to them.
- **Complaints:** Compares the number of complaints received for each profession over a 12-month period.
- **Satisfaction:** The Net Promotor Score (NPS) was used as an effective and increasingly popular indicator of satisfaction with a service. We explored responses of 5,000 clients over 12 months. We then used hypothesis testing in relation to known drivers of value in a therapeutic relationship and compared the differences between results for the three professional groups.

Nonetheless, to what extent (if any) can we attribute therapeutic qualities, behaviours, outcomes and perceptions of satisfaction to specific professions and their associated qualifications?

4. Kirk & Brown (2003). 5. Attridge et al., (2009).

6. Baker, McCutcheon & Keilin (2007). 7. Wampold (2006).

8. Lutz, Leon, Martinovich, Lyons & Stiles (2007).

## Results

Following is an outline of the data comparing and contrasting the similarities and differences between the professions on a number of key metrics for a full 12 month period, 1 January 2019 – 31 December 2019.

The results where statistically significant differences between psychologists, social workers and counsellors are evident have been identified and noted.

### AVERAGE SESSIONS PER JOB

	Psychologists	Social Workers	Counsellors/ Others	All Quals
<b>Total</b>	<b>2.3</b>	<b>2.3</b>	<b>2.3</b>	<b>2.3</b>

### AVERAGE COMPLAINTS PER THOUSAND HOURS OF SERVICE

	Psychologists	Social Workers	Counsellors/ Others	All Quals
Associates	3.16	3.15	1.36	2.51
CVI Partners	1.26	0.00	0.82	0.66
Contractors	1.57	0.69	0.00	0.97
Employees	0.90	1.40	0.43	0.78
<b>Total</b>	<b>1.79</b>	<b>1.75</b>	<b>0.74</b>	<b>1.40</b>

### AVERAGE COMPLAINTS PER THOUSAND CLIENTS SEEN

	Psychologists	Social Workers	Counsellors/ Others	All Quals
Associates	7.58	6.62	3.13	5.78
CVI Partners	2.90	0.00	2.05	1.58
Contractors	3.13	1.51	0.00	1.93
Employees	2.06	3.35	0.95	1.80
<b>Total</b>	<b>4.12</b>	<b>4.02</b>	<b>1.71</b>	<b>3.22</b>

## Complaints

### COMPLAINTS DATA FOR HYPOTHESIS TESTING

	Psychologists	Social Workers	Counsellors/ Others
Proportion of Clients who Complain	3.16	3.15	1.36
Sample Size	1.26	0.00	0.82

Counsellors had fewer complaints than either psychologists or social workers. (i.e. there were 4 complaints for every 1,000 clients for psychologists and social workers, and only 2 complaints for every 1000 clients for counsellors).

There was no statistical significance between psychologists and social workers. i.e. psychologists and social workers had a similar complaint rate.

### SATISFACTION

	Psychologists		Social Workers		Counsellors/ Others	
	Average	% Giving 4 or 5	Average	% Giving 4 or 5	Average	% Giving 4 or 5
Overall NPS	37%		39%		43%	
Rapport	4.2835	83.4%	4.351	85.7%	4.419	87.6%
Understanding	4.2825	83.5%	4.345	85.7%	4.3925	87.3%
Help with issue	4.065	75.2%	4.173	81.5%	4.22	80.9%
Sample size for Rapport and Understanding	1730		720		15,133	
Sample size for Help	666		301		522	

# Satisfaction and Therapeutic Relationship:

Hypothesis testing was conducted on the differences between results for the three professional qualifications and the results below were found to be statistically significant.

## HYPOTHESIS TESTING WITH SATISFACTION DATA (USING THE % OF PEOPLE WHO GAVE 4 OR 5)

### For Rapport:

The difference between Psychologists and Social Workers is not statistically significant at the 0.05 level  
The difference between Social Workers and Counsellors is not statistically significant at the 0.05 level  
The difference between Psychologists and Counsellors **IS STATISTICALLY** significant at the 0.001 level

### For Understanding:

The difference between Psychologists and Social Workers is not statistically significant at the 0.05 level  
The difference between Social Workers and Counsellors is not statistically significant at the 0.05 level  
The difference between Psychologists and Counsellors **IS STATISTICALLY** significant at the 0.01 level

### For Help with Issue:

The difference between Psychologists and Social Workers **IS STATISTICALLY** significant at the 0.05 level  
The difference between Social Workers and Counsellors is not statistically significant at the 0.05 level  
The difference between Psychologists and Counsellors **IS STATISTICALLY** significant at the 0.05 level

0.001 level significance

0.01 level significance

0.05 level significance

### RAPPORT:

Counsellors were seen to be significantly better at establishing rapport than psychologists. There was no statistical significance between social workers and counsellors or between psychologists and social workers.

### UNDERSTANDING OF ISSUE:

Counsellors were seen to be significantly better at understanding the issue than were psychologists. There was no statistical significance between social workers and counsellor or between psychologists and social workers.

### HELP WITH ISSUE:

Counsellors and social workers were both found to be significantly better at helping with an issue than psychologists when this measure was tested at the final session.

# Summary

In the study, counsellors performed better than psychologists with fewer complaints, better rapport building and in understanding and helping with the issue.

Social workers performed better than Psychologists in helping with issues.

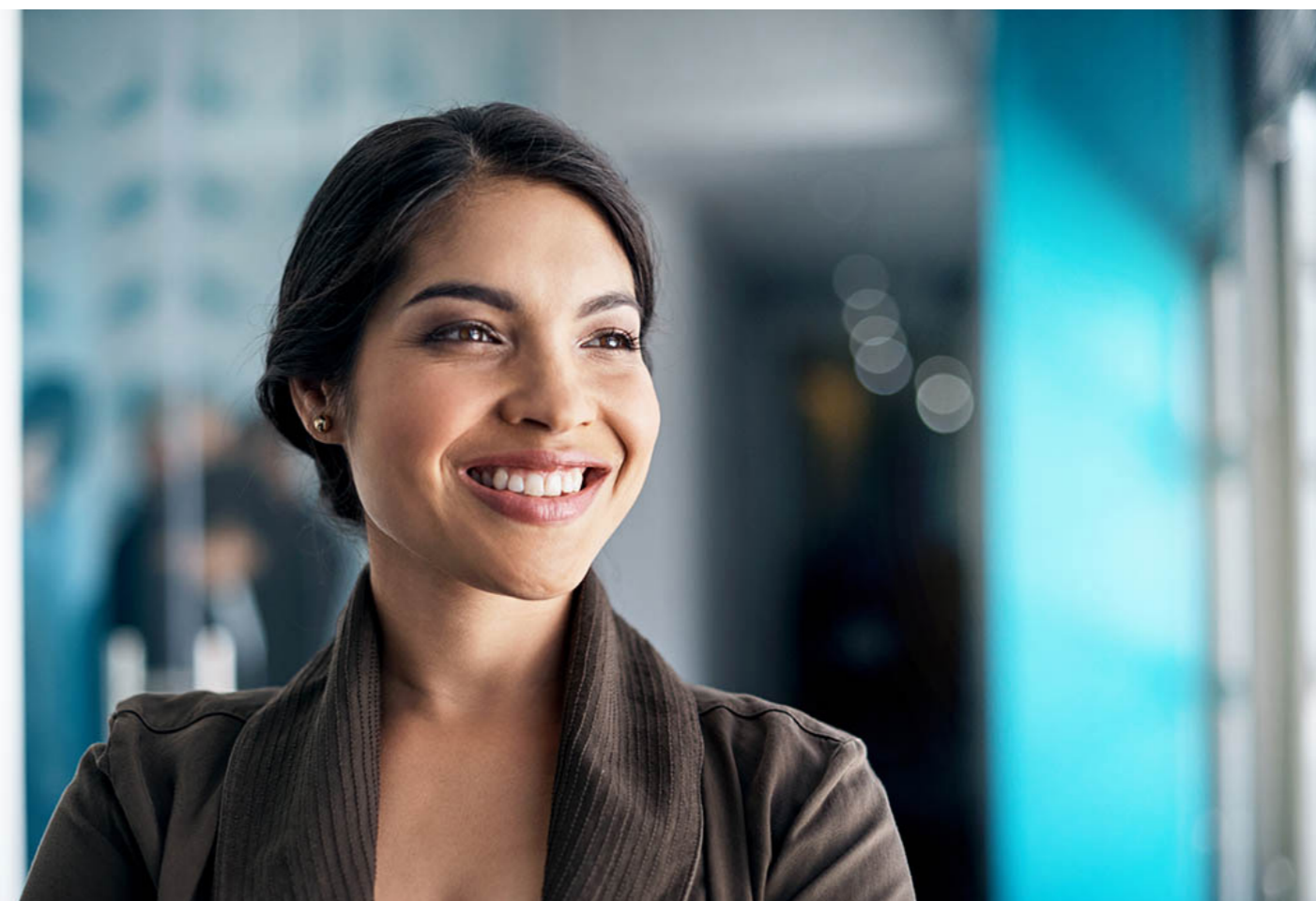
Overall, psychologists scored lower in all categories and metrics tested, whilst counsellors performed best.

# Discussion

## HOW WE USE THE EVIDENCE AT CONVERGE TO GUIDE OUR RECRUITMENT PLANNING

At Converge, and wherever possible, we seek to mirror the heterogeneity of our client population with a similarly diverse pool of consultants.

Based on the evidence from our internal research, Converge will continue to actively recruit a mix of social workers, counsellors and psychologists but, over time, build our professional mix based on presenting organic skills and competency that reflects the efficacy data. This suggests a model which steers away from a psychology-only contracts towards one where all professions are included and counsellors are strongly represented.



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## Maintaining a focus on the therapeutic relationship:

In the recruitment and professional supervision we undertake as a business, there is a strong focus on the importance of the therapeutic relationship and the known key drivers to client satisfaction and perceived value from the counselling experience.

As Bachelor & Horvath (1999) found, "About 44% of clients valued a cognitive-type of empathetic response, another 30% valued an affective-toned communication, and the remaining clients viewed empathy to be optimally a sharing of personal information or a nurturant-like therapist response" irrespective of the professional context in which this was experienced. Again, the 'how' of the experience perception was seemingly more important than the 'what' or therapeutic framework.

In other words, there is no single formula for success. While some clients benefit from a formal or professional manner others respond to someone who is casual and displays a higher degree of warmth. The salient point here is that the adoption of a one-size fits all strategy will not suit all clients and will potentially undermine the necessary alliance formation between the mental health professional and client.

**A team with more counsellors does help with the growing supply and demand problem we are all trying to overcome.**

There is the issue of supply and demand for professionals with different types of mental health and counselling expertise.

There are a range of reasons for this inequity of supply. Although this is largely beyond the scope of this paper, it is clear there are certain key drivers and factors contributing to this dynamic. Some of the key reasons include the marked increase in demand for government rebatable psychological assessment and treatment services over the past decade. Today, the federal government is underwriting a growing number of national mental health care plans and associated support that is being delivered primarily from private psychology practices (and to a lesser degree social work practices) in the community. This has absorbed a large proportion of the historic availability of psychologists seeking to work for EAP providers. This, coupled with a lack of supply of graduate psychologists to meet this growing demand, only exacerbates the problem. By contrast, the number of tertiary institutions offering counselling courses and the relatively less complex path to becoming a registered counsellor has resulted in a far higher number of counsellors in the community actively seeking work in the EAP industry.

Given these powerful and likely ongoing supply demand challenges for psychologists and social workers, along with the evidence we can now confidently demonstrate that counsellors achieve better quality and therapeutic outcomes, Converge has included the recruiting counsellors. In addition we know, through the research evidence we have outlined in this paper, the importance of personal factors and characteristics such as empathy, warmth and encouragement of risk-taking so we will continue to actively recruit for these qualities in prospective candidates as they greatly shape 'how' the support interventions are experienced.

All recruitment endeavours are backed up by a thorough onboarding and induction process and ongoing provision of professional supervision – both at an individual and group level. This has proved to be more effective at ensuring good clinical outcomes than recruiting on the basis of specific professional qualifications alone.

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## Challenging Unconscious Bias and Prejudices when choosing Mental Health Professionals

While we will always respect the choices employers make in determining which mental health professionals are contracted to deliver service, we will increasingly be providing evidence to support our preferred resourcing solution.

By embracing a flexible combination of psychologists, social workers and counsellors, while also seeking to reflect a balance of gender, cultural background, age and experience, we believe we can maximise the quality, efficiency and effectiveness of counselling and related support interventions whenever the need arises. Based on the evidence we now have, we will be strongly encouraging an emphasis on recruitment of relatively high proportion of counsellors across our consultant platform in the frontline service delivery team for EAP services.

We will provide advice to an employer against prescribing any single professional discipline or minimum years of experience

as a prerequisite to service delivery, as there is minimal if any evidence that this drives superior clinical or therapeutic outcomes. Indeed, we are clear that a 'psychologist only' contract may amplify the challenge of resource allocation as well as hinder the ability to deliver services in a timely way.

We welcome the opportunity to have a conversation with all employers or purchasers of our services about the optimal resourcing mix to align with your needs. We share a mutual goal of ensuring timely and optimal clinical outcomes for your employees and are committed to working with you to achieve this.

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## Following up with you Directly

Converge International is happy to offer you a free consultation with one of our trained and experienced team to help you plan and decide your service delivery requirements and broader support needs. Please contact our Director of People Assist, Cate Page, or Executive Director, People, Culture and Learning, Petrina Astbury, for more information on **(03) 8681 2444**.

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CONTACT OR MORE INFORMATION

**1300 687 327** (Aus) | **0800 666 367** (NZ) | **+613 8620 5300** (Intl)

[convergeinternational.com.au](http://convergeinternational.com.au) | [eap@convergeintl.com.au](mailto:eap@convergeintl.com.au)

