Appendix 4: School and therapist effects on outcome

Introduction

Throughout the research we have tried to isolate components of therapy that may be helpful as opposed to those that may be redundant. We outlined in Chapter 1 the differences between direct and indirect therapies, behaviourist and dynamic approaches, and the possible effects of differences among the children, such as diagnosis and sex. However, there are other possible differences that we have not yet examined and two of these merit very special examination.

The first is the effect of school characteristics on the educational progress and behaviour of the child. It is now well established that schools vary greatly in their levels of truancy, delinquency, behaviour problems, and poor attainment and there is evidence that, in addition to a child's background characteristics the school itself has a very important impact on a child's development. As we have mentioned in Chapter 1, Rutter and his colleagues (1979) measured the characteristics of groups of children before they entered various secondary schools and were then able to chart the changes that occurred through a follow-up in the schools. In subsequent studies Rutter's group was able to identify characteristics of the school that were associated with good progress.

The most successful schools were those where the teachers set good standards of behaviour and where good work was acknowledged and praised in a variety of ways. It seemed more important that lessons were well prepared and conducted than that there was a good system of pastoral care.

In the present study there were similar differences in the progress of the children in different schools. Measures were made of school characteristics (Mullin 1979) and these will be reported elsewhere. For the present, we need to be aware that the school itself was likely to have had an important effect on the children's progress, independent of the treatment regimes.

The second set of differences were in the therapeutic qualities of the therapists. In a previous publication (Nicol *et al.* 1977) we have reported and examined a variety of measures we used to estimate therapeutic qualities. These included direct observations (made during the senior group therapy sessions) of therapists' accurate empathy, non-possessive warmth and genuineness, and of group qualities of group cohesiveness and openness of discussion. In addition, the supervisors of the project rated the therapists on a series of characteristics it was thought may be important in their effectiveness. A third source of data was the therapists' reports on their subjective reactions to the children and the reports of the children on their subjective reactions to the groups.

A large number of the supervisor-rated therapist qualities, including warmth, empathy, clinical and social judgement, good relations with colleagues and with those in authority, and a positive attitude to therapy, showed a strong positive correlation (i.e. 0.65 to 0.90) with direct ratings of warmth and empathy. Only supervisor-rated neuroticism correlated negatively with these directly rated qualities. There were also correlations between supervisor ratings of assertiveness, positive attitude to therapy, and openness and the direct rating of openness of discussion in the groups. All these intercorrelations seemed to suggest that the ratings were measuring important variables that could be measured in a variety of different ways.

In this section we compare the progress of the children treated by the different therapists. Each therapist was involved in four different treatments, i.e. junior parent counselling-teacher consultation, senior parent counselling-teacher consultation, playgroups, and senior group therapy. For the two junior regimes each therapist worked within one school; the same applied for the two senior regimes. This meant that the school characteristics constituted a confounding variable. In order to try to partial out the effect of the school and get an estimate of which were the effective therapists, we correlated the mean outcome score for each therapist in the different regimes, both in the junior and senior schools. We postulated that if correlations between senior and junior regimes were high then there was justification for thinking that the differences were due to therapist rather

than school qualities. If the correlations were low, this would tend to indicate that school characteristics were more important than those of the therapist.

Method

The mean outcome scores for each therapist for every regime were calculated for baseline to first follow-up (eighteen months) and baseline to second follow-up (three years). The six therapists were then ranked according to their relative effectiveness in each regime in each of these follow-ups. These ranks were then intercorrelated using Spearman's rank correlation method between pairs of regimes. The resulting correlations are shown in *Table A4(1)*.

The table shows that at first follow-up three of the six intercorrelations were very high. Two of these three high correlations were between junior and senior regimes, suggesting that the same therapists were effective in junior and senior schools, at least as regards parent counselling-teacher consultation and playgroups. Senior group therapy appeared to be relatively independent.

At the second follow-up the only high correlation was between the two senior regimes so that effects could have been due to school differences as well as therapist differences.

These data are consistent, at least, with the possibility that in the early post-treatment phase therapist effects were strong enough to outweigh school effects, whereas at the three-year follow-up school effects were the most powerful determinants of outcome.

Table A4(1) *Correlations of six therapists' effectiveness in four different treatment regimes*

	base to midline follow-up			
treatment regime	1. *junior parent counselling-teacher consultation*	2. *playgroups*	3. *senior parent counselling-teacher consultation*	4. *senior group therapy*
regime 2	0.94			
regime 3	0.89	0.77		
regime 4	0.26	0.43	0.43	
	base to final follow-up			
	1.	2.	3.	4.
regime 2	−0.14			
regime 3	0.31	−0.14		
regime 4	0.09	−0.20	0.88	

THERAPEUTIC QUALITIES OF THERAPIST AND OUTCOME

Having established that characteristics of individual therapists may have some importance, at least in the early post-treatment stage, we can go on to ask what the important qualities of the effective therapist are. To examine this the therapeutic quality scores of the therapists, based on supervisor ratings, were ranked and correlated with the ranked outcomes from the different therapists on each of the various treatment regimes. The result was a large number of correlations, and we now give an overview of the findings.

Strong positive correlations occurred between outcome measures and the therapeutic qualities of extroversion, treatment assertiveness, and openness.

Strong negative correlations occurred between some outcome measures and the qualities of empathy, warmth and genuineness, neuroticism, charm, and good relationships.

Apart from neuroticism, these negative correlations were the opposite to what was expected (Truax and Carkhuff 1967). Empathy and warmth, in particular, have been found to correlate positively with outcome in other clinic- and hospital-based outcome studies. We suggest that different therapeutic qualities are required in school intervention than in clinic or inpatient intervention. It seems logical that in the hurly-burly of the school, which, after all, is not primarily designed to provide therapy, a greater degree of assertiveness and extroversion is needed than in the clinic and that the sensitive, empathic therapist may well be overwhelmed in a school setting.

Finally, it should be added that we regard these findings as indicators as to what may be important therapeutic qualities in the school. This is a most important topic which merits further research.