ORIGINAL ARTICLE ON SOCIAL INEQUALITIES

When life gets in the way: Systematic review of life events, socioeconomic deprivation, and their impact on counselling and psychotherapy with children and adolescents

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Abstract

Background: Life events are recognised to link low socio-economic status (SES) with impaired mental health. Despite attention to patients' historical environmental circumstances in psychotherapeutic practice, events that occur over the course of counselling and psychotherapy ('intercurrent' events) seem to have received little attention in research. *Method*: Life events were defined to include those that are chronic and severe, as well as minor, everyday occurrences. Outcomes were restricted to internalising problems related to depression and anxiety in child, or adolescent participants. Bibliographic databases and citations and review reference lists were searched, and relevant scholars were contacted. The conceptual and methodological nature of the literature is reported. *Results*: This review included 42 studies. Intercurrent events varied in severity and duration. Events were most frequently measured using questionnaires. The same questionnaire was rarely used in more than one study, and questionnaires were often adapted for use for the study's purpose/population. Events included in analyses tended to be analysed as a mediator of change in psychiatric symptomatology, or an outcome of therapy. *Conclusions*: Attention to intercurrent life events appears rare in psychotherapy research. This contributes to a systematic neglect of socio-economic issues in psychotherapy research and arguably psychotherapy more generally. This neglect is exacerbated by a lack of agreed measures of life events, both intensive and routine in nature. Recommendations are made to improve attention to such events.

Many sources of stress are social in origin, with life events arising from social roles and mediated by class, race, gender and age (Pearlin, 1989). Hence, multiple mechanisms connect socio-economic status (SES), stressful experiences and the sequelae of those experiences. A review (Baum, Garofolo & Yali, 1999) concluded that SES is associated with both the frequency of stressful life events and stress responses and a more recent review concluded that life events and other stressors are clearly related to SES (Lantz, House, Mero & Williams, 2005). This association between SES and negative, or stressful events presents itself most starkly in accident-related mortality rates. In the UK, children and young people, aged 28 days to 15 years from the lowest socio-economic bracket, had a mortality rate from accidents 4.4 times than in the most advantaged class (Siegler, Al-Hamad & Blane, 2010). Such associations also apply for less severe events, such as school suspension (Brady & Matthews, 2002). Various explanations for the relationship between lower SES

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and increased rates of stressful events have been posited, including an increased likelihood to be in an environment where one encounters such occurrences and decreased psychological and social resources to cope with such events, resulting in a heightened experience of subjective stress (Adler et al., 1994).

Socio-economic status also has a well-established negative association with mental health. An international review reported an association between various measures of poverty and common mental health disorders in 70% of the 115 included studies (Lund et al., 2010). These patterns seem to emerge before adulthood. Disadvantaged children and adolescents are two to three times more likely to develop mental health problems than their peers (Reiss, 2013), and low SES is related to symptoms of psychiatric disturbance in children and an increased probability of depression in adolescents (Bradley & Corwyn, 2002). Negative life events have been put forward as mechanisms connecting lower SES and poorer health, and research has supported the mediating role of exposure to stressors in the relationship between SES and health inequalities. The Americans' Changing Lives study revealed socio-economic inequalities in health are produced by differential exposure to negative life events (Lantz et al., 2005). A recent publication (Allen, Balfour, Bell & Marmot, 2014) highlights the link between SES and mental health and discusses this association in relation to the level, frequency and duration of stressful experiences that are disproportionately experienced by those lower down the social hierarchy.

Two competing theories for this mediated relationship are the social selection and social causation hypotheses. Social selection theory suggests environmental factors influence the onset of psychiatric disorders, hence contributing negatively to various facets of SES, including educational outcomes. Social causation theory suggests that adversities associated with lower SES, including elevated environmental stressors, cause mental health problems (Johnson, Cohen, Dohrenwend, Link & Brook, 1999). A longitudinal study of young people, aged 1–10 years, suggested that social causation, more than social selection, contributed to the association between SES and depression and anxiety (Johnson et al., 1999). However, a recent review of mental health problems and socio-economic inequalities in young people concluded that these theories are not mutually exclusive and that together they create a cycle of socio-economic deprivation and mental health problems (Reiss, 2013). The review emphasises a need to continue to explore the complex mechanisms by which SES influences mental health in young people.

Whilst the association between negative life events and psychological distress is relatively well-established, that between positive life events and mental health remains less studied (Davidson, Shahar, Lawless, Sells & Tondora, 2006). An interplay between positive events and adolescents' psychological distress has been reported, supporting both a direct-effect and a stress-buffering, mechanistic relationship (Shahar & Priel, 2002). However, this area is rife with contradictory findings including studies reporting the stress-buffering effects of positive life events only in high-stress situations (Kleiman, Riskind & Schaefer, 2014), and studies demonstrating an association between positive events and elevated distress (Riskind, Kleiman & Schafer, 2013). Studies of the relationship between positive life events and SES are even more rare than studies of the relationship between positive events and mental health. One study has explored life events and their association with SES and ethnicity (Brady & Matthews, 2002). However, the authors used a scale with only five positive life event items, the Life Events Questionnaire – Adolescents (Garmezy & Tellegen, 1984) which unfortunately resulted in underassessment of positive events and which prevented analysis of the effect of positive life events.

Impacts of antecedent life events are well recognised in many theories of psychotherapy and even central to some (broadly, 'trauma' models), from psychoanalysis (Garland, 2002) to interpersonal therapy (Markowitz et al., 2015), and individuals often seek help for distress caused by a traumatic event. A review of school-based counselling for adolescents identified a number of presenting issues for young people, including bereavement, bullying and academic issues (Cooper, 2009). Aside from life events and experiences predisposing to, or triggering problems, life events also occur during the period of psychotherapy, and influence the course of treatment, but such events seem to have received little attention in the literature. This article reviews the literature on life events occurring over the course of counselling and psychotherapeutic intervention for depression and anxiety in young people, with the aim of answering the following questions:

1 How are life events conceptualised?
2 What methods are used to assess life events?
3 What, if any, statistical analyses are used to assess the impact of life events on change/outcomes?

Method

Registration

The review is registered with PROSPERO registration number CRD42017065850. Methods of searching, inclusion criteria and analysis were specified in advance and documented online.

Eligibility criteria

Studies were included that met the following inclusion criteria. Clients were child, or adolescent participants (5–18 years). The focal intervention was psychotherapy (including counselling) working with the following definition:

> a primarily interpersonal treatment that is based on psychological principles and involves a trained therapist and a client who has a mental disorder, problem, or complaint; it is intended by the therapist to be remedial for the client's disorder, problem, or complaint; and it is adapted or individualised for the particular client and his or her disorder, problem or complaint (Wampold, 2001, p.3)

Participants had presented with problems of depression and/or anxiety and the studies reported on psychotherapeutic change; including evaluations from at least two separate assessments. There was some assessment or record of incidence of an intercurrent life event for participants. Studies reporting on nonpsychological (including solely pharmacological) therapies or noninterpersonal psychotherapies (such as unguided self-help) were excluded. Studies were also excluded where the life events were wholly historic in nature (i.e. not intercurrent). Only studies reported in the English language published up to 01 May 2017 were searched, and no earliest entry date was imposed, as the purpose was to scope, or map, existing literature and consider the conceptual and methodological approaches to life events in both older and more contemporary research.

Sources

A comprehensive search of electronic databases using both keywords and subject-headings was carried out, including PsycINFO (EBSCO) and MEDLINE (PubMed). Forward and backward citation chaining using Web of Science Cited Reference Search was carried out. Requests for published or unpublished reports were placed on online forums (ResearchGate) and email lists (see Appendix S1). Scholars who had published more than one relevant article in the past decade were contacted.

Search

The strategies used for searching PsycINFO and MEDLINE are provided in Appendix S2 and S3, respectively.

Study selection

Eligibility assessment (title/abstract screening and full-text assessment) was performed by the first author. Where the first author was unsure whether a paper met eligibility criteria, the second author was consulted. Disagreements between reviewers were resolved by consensus.

Data collection

A data extraction sheet was developed by the first author, pilot-tested with five included studies and refined accordingly. The first author extracted data from the included studies. Studies were also imported into ATLAS.ti (ATLAS.ti, 1999) for analysis.

Data items

Information was extracted from each report on: 1) characteristics of participants (e.g. age, socio-economic status); 2) type of intervention (including type of therapy, duration); 3) life events measured (such as nature of events, method of assessment); and 4) data analysis (e.g. events as mediator of treatment).

Methods of analysis

A narrative synthesis of the findings was conducted, summarising key descriptive features of the studies. This method was employed to provide an overview of the measures and methods used in this area of psychotherapy research. Adapted grounded theory methods were used to explore qualitative/narrative aspects of the publications using ATLAS.ti. (1999) to collate notes, in order to examine the way in which life events are conceptualised in the published literature. As anticipated, there was no scope for meta-analysis due to the heterogeneous nature of the outcomes, methods of assessment and study characteristics.

Reflexivity statement

Authors' personal location always impacts the research process. The first author was primarily

responsible for study selection, data extraction and data analysis, with consultation from the second author. The first author is a PhD research student at a large public university in the UK. The majority of the first author's prior research experience involves quantitative research designs with a focus on community-based projects and adolescent mental health. Whilst working in mental health research, the first author grew increasingly disenchanted with medical model conceptualisations of complex mental health difficulties and has, accordingly, developed a social materialist perspective on psychological distress, which partly motivated the current review. The second and third authors are clinical researchers, who also share an interest in psychosocial aspects of psychological therapies. The first two authors come from mainly quantitative research backgrounds, but have experience with mixed methods approaches. The third author has a commitment to pluralistic research methods; as well as a pluralistic understanding of the causes of psychological distress.

Results

Study selection

A total of 42 studies were selected (see Figure 1). The search of PsycINFO and MEDLINE yielded the return of 2140 records. These studies were combined with those identified from the forum post, the contacting of relevant scholars and posting in email circulars (n = 17, or 2157 records in total). After abstract screening (n = 2022 removed) and the removing of duplicates (n = 17), 118 studies were retained. The full texts of these studies were examined in more detail, resulting in selection of 30 studies. A further 12 studies were selected through subsequent citation chaining and searching review reference lists.

Study characteristics

Design

Ten were case studies, 15 were randomised controlled trials (RCTs), 13 were uncontrolled longitudinal studies (case series), and three were qualitative studies. One further study met criteria for two trial types, as it included both a case study and an uncontrolled longitudinal analysis of quantitative outcomes (O'shea, Hodes, Down & Bramley, 2000).

Participants

The studies involved 2747 participants (n = 41 studies; one study (Rousseau & Machouf, 2005) did not report participant numbers). Participants ranged in age from 3 to 20 years. Participants' gender was 53.5% female (38 studies). Ethnicity of participants was reported in 26 studies (62%), and reporting methods varied; some reporting ethnicities of parents, some the children/adolescents and some the ethnicities of the population. Socio-economic status (SES) was reported in 26 (62%) studies. Disparate methods of assessing and reporting SES were used, including household income, parental employment status, standardised categories and generalised descriptions of sampled populations.

Intervention

Details about the therapy were not included in two studies. The type of psychotherapy delivered in the remaining 40 studies varied widely (see Appendix S4–S7 for details). In 23 studies (58%), interventions were reported that directly involved the young person's family member(s), and/or caregiver(s). For example, studies involved joint parent–child sessions (e.g. Chavira et al., 2014). This reflected the age of the participants and the importance of their caregivers in their environment, well-being and development. This meant that some studies reported events for the family or domestic group, not the individual client. In 27 (68%) studies, the presenting issues of participants were described as in some way related to trauma, or negative events that either occurred prior to therapy, were anticipated to occur during therapy, or recruited participants were considered at particular risk of experiencing negative events. For example, interventions targeted youth exposed to intimate partner violence (IPV; n = 1), who were anticipating medical procedures, such as chemotherapy (n = 3) and who had recently suffered a parental bereavement (n = 2). The shortest duration of therapy was two days (Dolgin, 2014), whilst the longest period of therapeutic intervention was 13 months (Ford & Nangle, 2015).

How are life events conceptualised in studies of psychotherapeutic change in children and adolescents with depression and/or anxiety?

Intercurrent events came in many forms. Events were often chronic in nature, such as residing in a war zone and experiencing ongoing resource hardships. Other

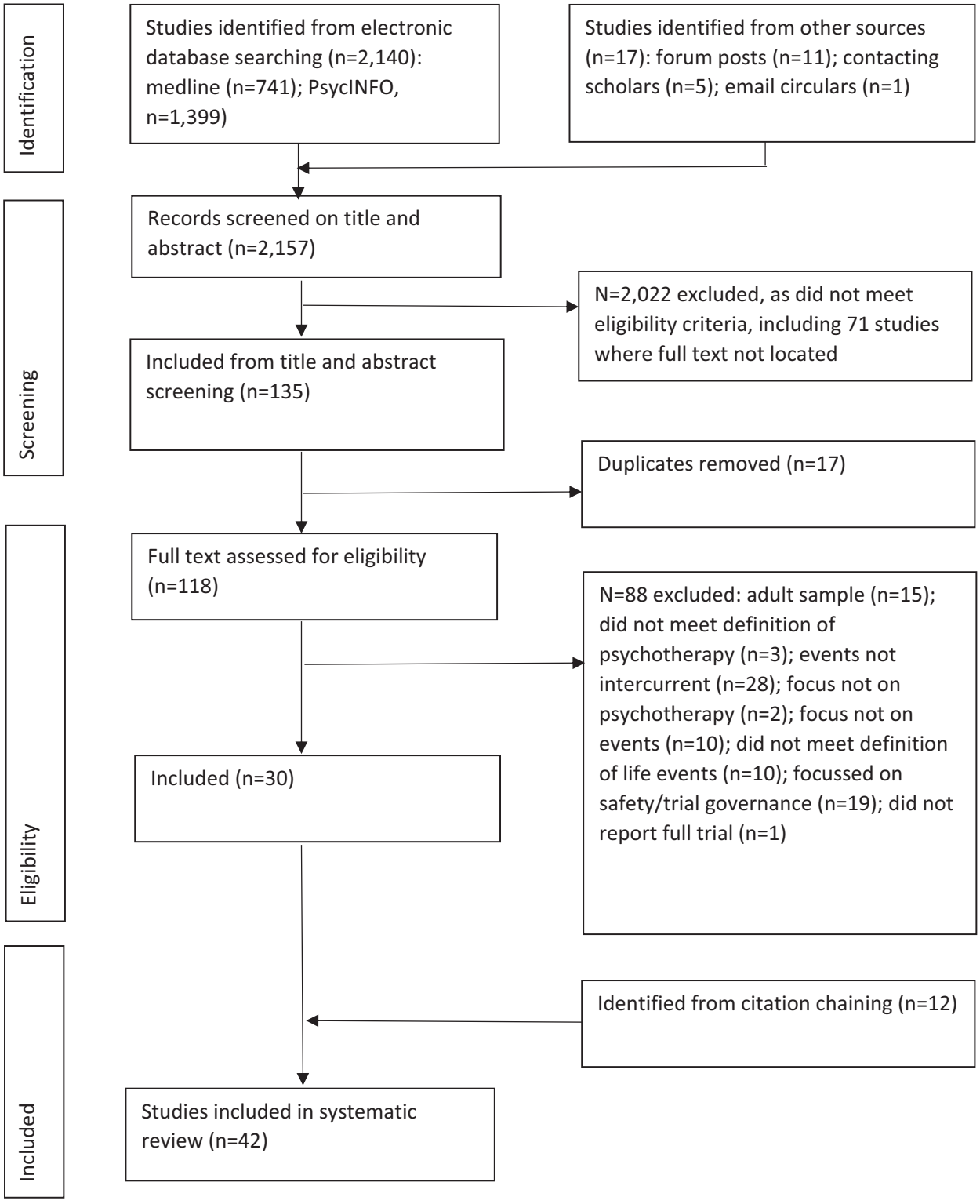

Figure 1: Flow diagram of study selection.

events were more acute, or discrete in nature, such as an anticipated limb amputation, or testifying against a perpetrator of abuse in court. Events varied greatly in severity. Some studies reported on multiple events with a wide range of severity, whilst others focused on severe events, including those described above, and some on 'daily hassles' and lesser events, such as witnessing parents arguing without physical violence. Life events also varied in predictability and in the possible control participants had over them. In two studies (Danielson, Feeny, Findling & Youngstrom, 2004; Weintraub, 1990), the events were triggered by the therapist and impinged directly on the course of therapy (therapist becoming ill and carrying out sessions by phone, therapist moving away meaning maintenance phase of therapy was not carried out). For details of life events assessed, please see Appendix S4–S7.

What methods are used to assess life events in studies of psychotherapeutic change in children and adolescents with depression and/or anxiety?

Questionnaires constituted the most common method of assessing life events (n = 22 studies used at least one questionnaire, 53 questionnaires were used in total). These were sometimes supplemented by interviews (n = 3), or records, for example hospital reports (n = 3). Most studies (n = 10) used just one measure, but the maximum was six. The majority of questionnaires were child/adolescent self-report (n = 35 measures, including one measure with a subscale supplemented by clinician observation). The number of child/adolescent report measures ranged from 0 to 3 measures per study. Eighteen questionnaires used parent/caregiver report. Per study, the number of parent/caregiver-report measures used ranged from 0 to 3 measures.

One striking finding was how little comparability of scores there was because of the diversity of measures used. Many studies included at least one questionnaire adapted from its original form (n = 12 studies, n = 24 questionnaires), or designed specifically for that trial (n = 2 studies, n = 3 questionnaires). Of the 24 adapted questionnaires, seven were adapted by combining items, subscales, or full scales from existing questionnaires, eight by including only certain items, or subscales from an existing measure, five by altering the time frame and one measure was adapted by including new items and omitting existing items. The adaptations were not specified for three questionnaires. Of the 26 measures that were neither adapted nor designed specifically for the study, three questionnaires were used more than once (Alabama Parenting Questionnaire – child report; Alabama Parenting Questionnaire – parent report (Frick, 1991); Conflict Behaviour Questionnaire – child/adolescent report; (Robin & Foster, 1989)). Each of these questionnaires was used twice. A list of the 23 standardised measures which were used without adaptations in the studies is provided in Appendix S8.

Events were also assessed in unstandardised ways: in nine studies, they were recorded as having been spontaneously disclosed in the therapy, and in seven studies, events were not assessed, as they were predetermined, naturally occurring, or planned, such as ongoing war, or planned hospitalisations.

What, if any, statistical analyses are used to assess the impact of life events on change/outcomes?

Twenty-eight studies (67%) reported using statistical analyses to assess life events and change over the course of therapy. Ten studies looked at intercurrent life events as mediators of change over the course of psychotherapy. For example, one study examined parent–child conflict as a predictor of recovery from depression (Birmaher et al., 2000) and another explored the role of stress events in predicting change in symptoms of mania, depression and combined mood symptoms (Kim, Miklowitz, Biuckians & Mullen, 2007).

Life events were also reported in terms of pre- to postchange over the course of therapy. For example from pre- to post-therapy young people reported changes in stressful family life events (Valdez, Mills, Barrueco, Leis & Riley, 2011), and instances of teasing in the classroom and playground (Maddern, Cadogan & Emerson, 2006). Events were analysed in some studies in terms of their influence on access and engagement in therapy (n = 1; Chavira et al., 2014); and within a cost analysis (n = 1; number of hospitalisations; Ellis, Saxe & Twiss, 2011).

Case studies provided accounts of the association between events during therapy and other outcomes, often based on therapist and/or author interaction with the client in therapy, and subsequent reflections. For example, one study provided details of increased anxiety, nightmares and conflict with others on the thirteenth week of therapy, which coincided with the patient's appearance in court (Ford & Nangle, 2015). In another case study, the therapist reflected on how the interruption to therapy, in the form of therapist illness and the consequent delivery of therapy by phone, gave rise to discussing and resolving patient

issues related to a history of traumatic separations (Weintraub, 1990).

Discussion

This review found 42 studies reporting on life events experienced by participants during the course of psychotherapeutic intervention for depression and anxiety in children and adolescents. These are a tiny fraction of studies of counselling/psychotherapy for children and adolescents for depression and/or anxiety. A PsycINFO search using search terms in Appendix S2 returned 21,708 records; hence, these studies of intercurrent life events represent just 0.2% of the total. Nineteen studies, apparently initially eligible for this review, from bibliographic database searches, were later screened out as the events were solely adverse in terms of trial governance. Such adverse event reporting in trials is vital to assess negative impacts but, inevitably, it focuses particularly on events that may have resulted from the trial interventions, rather than external events. As the focus of this review was on those life events that impinge on, and may influence, the course of psychotherapy, and which are often linked with an individual's socio-economic circumstances, we removed these trial governance reports from the review.

In terms of the review's first research question, the few studies identified varied in how much they discussed the definition and conceptualisation of life events. On reflection, we were surprised how little this was discussed. Whilst our adapted grounded theory approach allowed for an open and inductive consideration of the events reported, it became clear that life events would benefit from a rigorous concept analysis. For instance, methods in the hybrid model of concept analysis (Schwartz-Barcott & Kim, 2000), involving both literature review and consequent qualitative interviews with therapists, researchers and patients, would provide useful insight into how life events are perceived in psychotherapy research. Studies reported a wide range of events, from severe, negative events, to more common daily events, such as witnessing parents arguing. Life events were noted to vary considerably in duration, uniqueness/unrepeatability and predictability. For instance, some events, such as medical amputation, may be brief, but may sometimes be quite long, considering planning periods and are clearly unrepeatable, but will have an impact for the rest of the person's life. Other events, such as chemotherapy, may be repeating but may or may not be predictable. These aspects affect the impacts that events have on the person and the person's involvement in and control over events. A number of events lie complexly between the two extremes of no control, or total agency: accidents for example, are unpredictable in themselves but can be contributed to by voluntary intoxication, or anger. It was also noted that there were often complexities of family, educational or social contributions to events that may be only partially within the child or adolescent's choice to avoid, or escape.

Despite the paucity of information and methodological heterogeneity in the reporting of SES, it was apparent that many studies recruited participants from low SES backgrounds. For example, studies of events in therapy for newly resettled refugees describe resource hardships faced by such individuals (O'shea et al., 2000) and preventative studies targeting 'at-risk' populations recruit young people from areas with elevated rates of violent crime, drug use and sexually transmitted infections (Cooley-Strickland, Griffin, Darney, Otte & Ko, 2011; Kerrigan et al., 2011). In such studies, the authors reasonably anticipate a relationship between negative events or stressors, and negative impacts on mental health. In one study, authors reflect on the nature of the association between life events and SES, highlighting interventions in Zambia and Cambodia, where extensive poverty is found alongside limited mental health infrastructure and equally limited legal protections for children (Murray, Cohen & Mannarino, 2013). The paper gives a striking example of how deprivation and life events can be positively associated describing situations in which a perpetrator of child abuse remains in the household with the child victim(s), as the perpetrator is the main breadwinner (Murray et al., 2013). Many of the interventions in these studies were psychosocial involving 'wraparound' support highly individualised to the needs of the patient. One such study reported on a multitiered intervention involving coordinated community systems to suit the diverse and multiple problems experienced by refugee youth. Treatment was tiered to provide young people with the appropriate interventions that were suited not only to their level of psychological distress, but also their degree of exposure to socioenvironmental stressors.

Many of the included treatments share a common feature in response to such situations: that the young person's environment needs to be stabilised. Two papers describe young people receiving therapy for continuous trauma, whose situations are described as 'stably unstable' (Murray et al., 2013). These studies emphasise strategies that enable effective treatment

during ongoing traumatic experiences, including prioritising patient safety early in treatment.

The second question, this review sought to answer concerned the methods used to assess life events. Questionnaires were the most frequently used method, but these were often adapted for individual studies, or designed specifically for the study. Of the 23 standardised questionnaires that were utilised without amendment, only three questionnaires were used more than once. Such heterogeneity of assessment limits opportunities for comparisons across studies and severely limits this area of research.

Four studies discussed the difficulties in assessing life events, including the potential confounding of self-reports of life events with clinical status (Goodyer, Herbert, Tamplin, Secher & Pearson, 1997; Wilkinson, Dubicka, Kelvin, Roberts & Goodyer, 2009). For instance, one study noted that retrospective collection of life event data risks those with continuing or recurrent depression reporting more adverse life events than those in remission (Wilkinson et al., 2009). The current review attempted to avoid these confounding reports of life events, by omitting studies of those events that are 'internally generated' and more likely confounded with clinical status. However, the scope of this review did not allow for an in-depth, item-by-item review of the measures used and may have included studies also reporting on such events. One study recommended assessing mediators of therapeutic change, such as life events, more frequently and over longer periods of follow-up to account for nonlinear mediational change. Life events do appear to pose a unique challenge in terms of their assessment, in that possible intercurrent events are likely to be highly specific to different populations and cultures and can vary widely in terms of their severity and duration. Future studies and reviews of life events in therapy should aim to develop and collate both intensive research measures and measures suitable for routine clinical use. Whilst reviews of measures for adult life events exist (Dohrenwend, 2006), to our knowledge, no such reviews exist for children and adolescents.

Addressing the third research question, 28 of the 42 included studies reported using statistical analyses to explore intercurrent life events and the course of therapy, but with varied methods. Ten of the included studies explored life events as mediators of treatment to better understand the mechanisms by which outcomes are affected over the course of psychotherapy. Whilst there are many reasons for studying such mechanisms of change, including identifying common factors, optimising beneficial aspects of therapy and identifying moderators of treatment, the exploration of life events as mediators of change in psychotherapy offers two more specific lines of investigation (Kazdin, 2007). Firstly, through increasing our understanding of life events as mediators of treatment, treatments may be better translated from the clinic and into real-world settings and begin to consider the contextual complexity involved in real-world psychotherapy, particularly with clients from low SES settings. Secondly, the mediating effects of life events are of value beyond psychotherapy: everyday experiences and occurrences are integral to one's sense of well-being, adjustment and navigation through the 'shoals of life' (Kazdin, 2007), and understanding about how such events and experiences affect our psychological well-being could help develop resilience and preventative strategies which might be social rather than individual.

In summary, intercurrent life events have been severely overlooked in research on therapies for young people, with 0.2% of reports addressing these events. Given that life events are recognised as one mechanism for the association between SES and mental health (Allen et al., 2014), this neglect of intercurrent life events in psychotherapy research may not only parallel a general neglect of socio-economic circumstances (Smail, 1993, 2015), but further exacerbate it. Life events that are intercurrent with psychotherapeutic intervention may be a discomforting area for therapists, owing to their lack of control over such events and the challenges of delivering effective therapies in shifting patient circumstances. This discomfort may also explain the lack of agreed measures for assessing intercurrent events in therapy, and exacerbate the general neglect. New efforts should be made in this area, as the study of intercurrent life events may help us to take into account the great contextual complexity that exists in therapy beyond the confines of the clinic and help us bridge to general psychosocial processes and possible interventions.

Conclusion

Intercurrent life events are largely overlooked in counselling and psychotherapy research with young people, which may contribute towards the broader neglect of socio-economic circumstances. To address this neglect, efforts must be made to develop and collate life event measures for both research and clinical practices. Further, researchers must question an approach to counselling and psychotherapy that

ignores the social and material influences upon us, and embrace the contextual complexity that exists outside of the bounds of the therapeutic setting.

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Supporting Information

Additional supporting information may be found in the online version of this article:

Appendix S1. List of email circulars contacted as part of study identification.

Appendix S2. Search strategy used in PsycINFO (EBSCO).

Appendix S3. Search strategy used in Medline (PubMed).

Appendix S4. Case studies (n = 11) included in review.

Appendix S5. Randomised controlled trials (RCTs; n = 15) included in review.

Appendix S6. Uncontrolled case series studies (n = 13) included in review.

Appendix S7. Qualitative studies (n = 2) included in the review.

Appendix S8. Standardised outcome measures used.

Biographies

Emily Blackshaw, Ph.D., is a research student at the Department of Psychology at the University of Roehampton. She studied Psychology at the University of Warwick, before working at the Institute of Psychology, Psychiatry and Neuroscience at King's College London as a research assistant. Emily is carrying out a psychometric evaluation of the YP-CORE for her doctoral research. She has a particular interest in psychosocial models of distress and will be utilising relatively novel psychometric methods to explore trajectories of change over time in scores on the YP-CORE.

Chris Evans is a clinically retired consultant medical psychotherapist and visiting professor in the psychology department of the University of Sheffield. He had trainings in individual and group analytic/dynamic psychotherapy and systemic psychotherapy and worked in the NHS from 1984 to 2016 from community clinics to high security., He is a co-developer of the CORE (Clinical Outcomes in Routine Evaluation) system: www.coresystemtrust.org.uk and has published widely. His research interest has always been in how it is that we think we know what we think we know, but particularly what it is we think we know about the changes people achieve in psychotherapy.

Mick Cooper is Professor of Counselling Psychology at the University of Roehampton, where he is Director of the Centre for Research in Social and Psychological Transformation (CREST), and a chartered psychologist. Mick is author and editor of a range of texts on person-centred, existential, and relational approaches to therapy; including Working at Relational Depth in Counselling and Psychotherapy (2nd ed., Sage, 2018, with Dave Mearns) and Existential Therapies (2nd ed., Sage, 2017). Mick has led a series of research studies exploring the processes and outcomes of humanistic counselling with young people.