

A long-term research into a listening space provided from the Person Centered Approach

*Epimeleia is an NGO that opens from the diversity of people, a community space accompaniment.*

## **Abstrac**

This paper presents the results of the research conducted with the system CORE (Clinical Outcomes in Routine Evaluation), the second cut statistical January 2014\*, held since 2010 at Epimeleia's consultation center in the Autonomous City of Buenos Aires.

By initiating this research program, we intend to show the benefits of providing assistance in Counseling. Further, it is an opportunity to state objective results, thus proving the desirability of practicing Counseling, in a community space, open to cultural diversity, biological, sexual and functional.

**Keywords:** Person-Centered Approach, Counseling, Research, NGOs, primary prevention, CORE

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\* First statistical cut: May 2012 *The way to the professionalization of counseling through research. Epimeleia, an NGO that is qualified to make a long-term exploration.* Introduced in VIII Congreso de Counselig de las Américas Septiembre 2012

## **Context**

By initiating this research program, we intend to show the benefits of providing assistance in Counseling. Further, it is an opportunity to state objective results, thus proving the desirability of practicing Counseling, to several authorities in our country.

In 2010, Epimeleia, together with the research center of the Leeds University, in UK, made the translation for Argentina of the 34 CORE-OM questions. Epimeleia has the copyright of the Argentine version, together with other authors.

## **Method**

### **Measuring system**

Since 1995 the research center of the University of Leeds in England,

developed the CORE-OM questions. There are numerous research works supporting its effectiveness in the psychometric properties and clinical evaluation methodology. (Barkham, Evans, Margison, McGrath, Mellor-Clark, Milne & Connell, 1998) (Barkham & Mellor-Clark, 2000) (Barkham, Margison, Leach, Mellor-Clark, Evans, Benson, Connell, Audin, & McGrath. 2001) (Evans, Connell, Barkham, Margison, Mellor-Clark, McGrath, & Audin, 2002)

The 34 questions are answered by the consultant from his/her subjectivity, without the counselor's intervention. The questions are arranged randomly and can be separated into: Wellness (W) (4 items), problems or symptoms (P) (12 items), General Functioning (F) (12 items), Risk (R) (6 items), where measurement can detect the presence of risk acts such as suicide attempts, aggression to him/herself or others.

### Sample

106 adults between 16 to 75 years old were interviewed from October 2010 to January 2014. Of these, 106 agreed to complete the CORE-OM to start the process. Of the 106 respondents, 71 results were obtained, 35 people left or completed the process without completing the second questionnaire or did not return the questionnaire.

### Method of sampling

At the beginning of the process the CORE-OM payroll is given to the consultant, where it is specified that the answers to it will be based on what happened in the last week. To complete a second questionnaire, it is taking into account the occurrence of an event (change of frequency of interviews, crisis, important news). If there aren't any events, a CORE-OM is made at the end of the meetings. (MHF & CORE System Group, 2000)

### **Results**

#### Results of the first questionnaire (base-line) of the 71 people with data: (A)

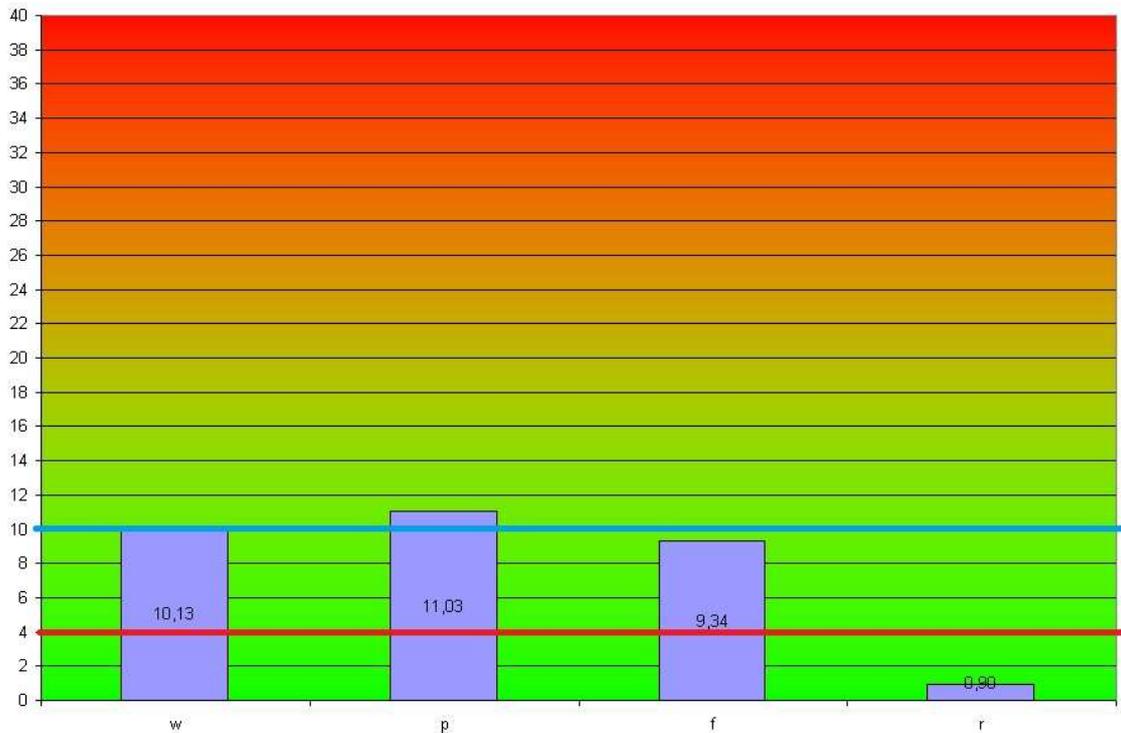
It can be seen that the value of risk factor (R) is 3.52, the value of the lower cut-off line which is 4 (red line). The factor w is the value of 16.96, at p value is 17.99, in f the value is 14.44, the value of the cut-off of 10 (blue line).



A

Results of the latest survey or questionnaire cutting in January 2014: (B)

It can be seen that the value of the risk factor is 0.90. The factor w is the value of 10.13, at p value is 11.03, in f value is 9.34.



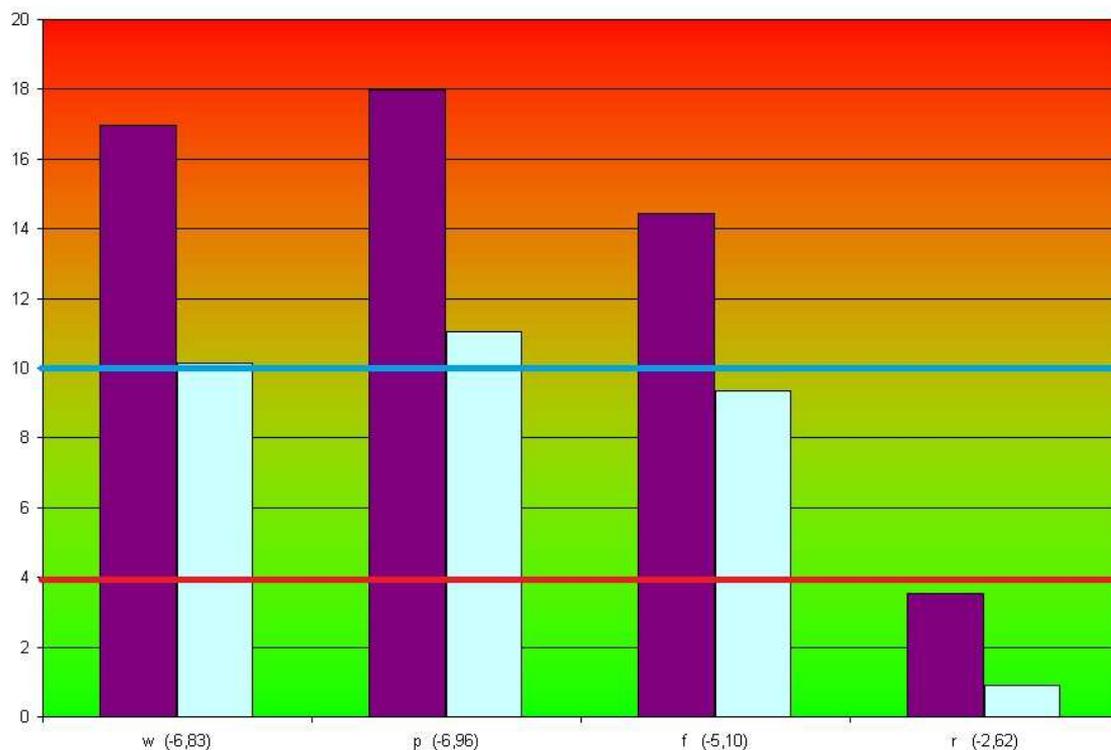
B

Studies in countries using the CORE system, show that the rate of change is significant and reliable 5-point (Rowena, 2009, cap 9). It is considered reliable and clinically significant change if the change is unlikely to be due to chance, and well-being and performance improvement show reduced levels similar to a normal population of adults in the UK. Change is considered when the change in consultants is such that it is likely to be due to chance. (Bower, Foster & Mellor-Clark,2001)

The results obtained in the listening space to January 2014 show:

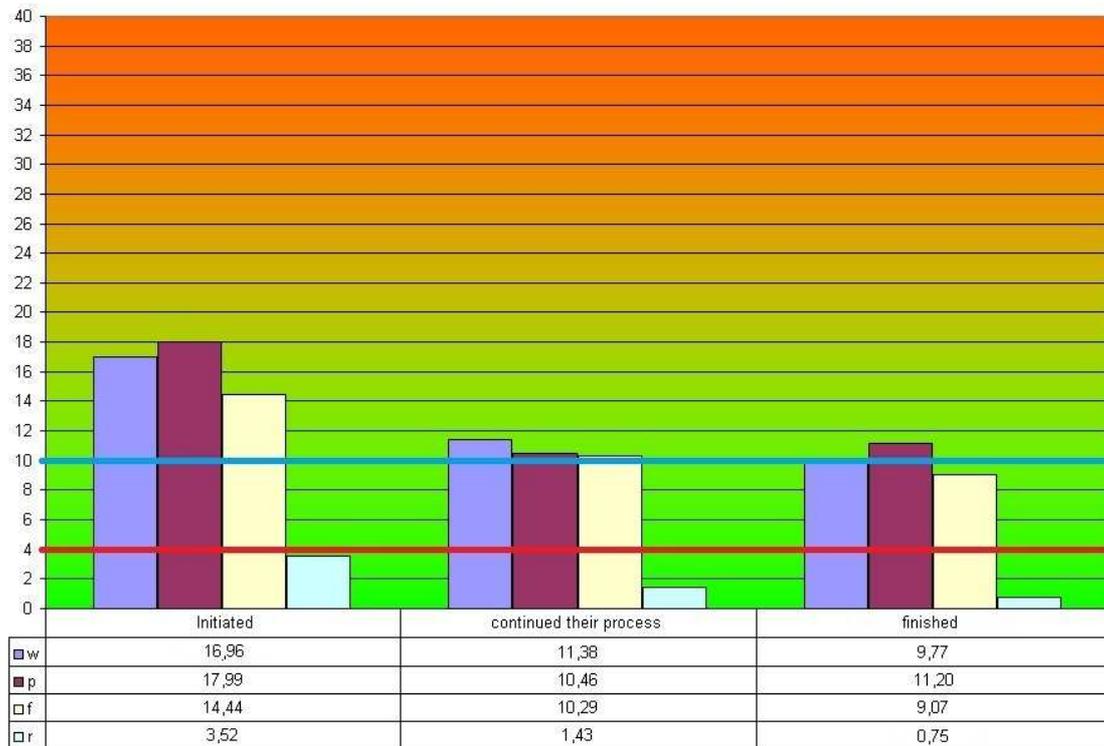
- reliable and clinically significant change (greater than or equal to 5): 46.47%
- Change (from 4.9 to 0): 36,6%
- Deterioration (less than 0): 14.08%

Variations of average, according to the different groups is shown in C



In D it is shown, compared, the evolution of the average of the consultants who initiated, those who continued their process to January 2014 and those who

finished. One can see that those who are in the process have not yet fallen to the average level of the cut, as did those who completed their process.



D

## Conclusions

The significant improvement (46,47%) demonstrated in this study, working on the relationship and from the Person-Centered Approach, are fundamental pillars that support the role of Counseling in primary prevention. It has established a viable way to evaluate the effectiveness of Counseling. This questionnaire can be extended to a larger population of consultants which then deserves a long-term exploration. One difficulty to consider is to obtain the greatest amount of final questionnaires.

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