

<b>Institution:</b> Abertay University		
<b>Unit of Assessment:</b> 3 - Allied Health Professions, Dentistry, Nursing and Pharmacy		
<b>Title of case study:</b> Counselling for Sight Loss: Increasing the quality and availability of specialist counselling for people with sight loss in UK and Ireland		
<b>Period when the underpinning research was undertaken:</b> 2010 onwards		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name:</b> Dr Mhairi Thurston	<b>Role: (e.g. job title):</b> Senior Lecturer	<b>Period employed by submitting HEI:</b> 2010-present
<b>Period when the claimed impact occurred:</b> 2018-2020		
<b>Is this case study continued from a case study submitted in 2014?</b> No		
<b>1. Summary of the impact</b> <p>Thurston's user-led model of counselling for people with sight loss has impacted on blind and partially sighted clients, practitioners, and service delivery. She has raised the standard of counselling for people with sight loss by designing a training course, based on her research, to upskill counsellors to work with the specific accessibility requirements and psychological needs of clients with sight loss. The course, delivered by the Royal National Institute of Blind People (RNIB) and accredited by Vision UK, won a highly commended award for 'excellence in service, support and care' in 2019. Thurston has also greatly expanded the availability of specialist counselling services, where little existed previously. To date, she has trained 83 specialist counsellors, leading to a significant increase in counsellors in UK (80% increase) and Republic of Ireland (460% increase). This has also led to an increase in choice for clients with sight loss, enabling RNIB to offer more local face-to-face counselling in addition to their other services.</p>		
<b>2. Underpinning research</b> <p><b>Context:</b> Research at Abertay University, led by Thurston, has focussed on understanding the social and emotional effects of sight loss and how counselling works to mitigate these effects. Through a novel programme of systematic case study research, Thurston designed a user-led, practice model of <i>Counselling for Sight Loss</i>, which was subsequently developed into an accredited training course. The course, entirely drawn from Thurston's research, up-skills qualified counsellors to work with the specific accessibility and psychological needs of blind and partially sighted clients. Royal National Institute for Blind People (RNIB) collaborated by providing clinical vignettes and administrative support, including recruitment of participants, training venues and co-facilitators. Vision UK accredited the course and managed the course accreditation process for individual course participants.</p> <p><b>Accessible information in healthcare:</b> Thurston, who is herself registered blind, examined the accessibility of health information for people in Scotland living with sight loss. Findings from a survey of 228 RNIB members across Scotland indicated that 90% of participants did not receive communications from NHS health departments in a format that they could read by themselves. This had implications for client privacy, confidentiality and a wider impact on life and healthcare in general [3.1]. This research was presented as written and oral evidence to the Health and Sport committee considering the Patient Rights Act (2011) Scotland. Accessibility, within the context of a counselling service, is a core aspect of Thurston's training course with participants challenged to consider how to make their counselling practices accessible to clients with sight loss e.g., in advertising, appointment notifications, contracts, signage, self-help materials etc.</p> <p><b>The emotional impact of sight loss:</b> Thurston explored the emotional impact of sight loss, at a time when the literature was scarce [3.2]. Results showed that participants experienced negative</p>		

impacts on mental health and found commonalities in their transition from sight to blindness. Thurston proposed a five-stage theoretical model to describe this process and suggested that different types of psychological support were needed at different points of the transition process. She found participants held negative expectations of counselling and a lack of opportunity to receive counselling when needed, particularly after diagnosis. Specific challenges associated with providing counselling for blind and partially sighted clients were highlighted. This study provides the theoretical underpinning for Thurston's training course for counsellors.

**Counselling for sight loss:** Thurston went on to consider what kind of counselling intervention might mitigate the social and emotional effects of sight loss, and developed a programme of systematic case study research, which drilled down into the process and outcomes of counselling for clients with sight loss [3.3]. Data was analysed using a Quasi-Judicial Hermeneutic Single Case Efficacy Design model to identify helpful aspects of counselling. Thurston led further case study research in the Abertay University Counselling Research Clinic (Tayside Centre for Counselling). The clinic offers free counselling for those in the local area, accepting both self and GP referrals. Multiple sources of data were collected about the process and outcomes of sessions with 21 visually impaired clients. This all fed into the development of the user-led counselling for sight loss model and subsequent training course.

**Rigour in systematic case study methodology:** Hermeneutic Single Case Efficacy Design methodology was used in the development of the model of counselling for sight loss [3.3]. Thurston and other Abertay academics have co-authored two chapters about this case study methodology [3.4, 3.5]. It is based on the legal tradition of deciding on the validity of a case by examining competing interpretations of the evidence provided. In counselling research, a rich data set is compiled on each case subject including outcome measures, process measures, therapy session transcripts and independent post-therapy change interviews. This evidence is systematically interpreted to evaluate whether: (A) This is a good outcome case and outcomes can be directly attributable to therapy (B) This is not a good outcome case or positive changes can be explained by non-therapy factors. The conclusions are reviewed by an independent judicial panel, who arrive at a single consensus. In this way, n=1 has a level of rigour because of the volume of data analysed and the number of researchers involved in the analysis.

**Understanding existing service delivery within the sight loss sector:** To gain a better understanding of the existing provision of emotional support and counselling services available within the UK for people with sight loss, Thurston et al undertook a scoping survey [3.6]. More services offered 'emotional support', in the form of listening and information/advice giving, than offered 'counselling'. Clients presented a wide range of issues including depression and anxiety. A quality standard issue was identified, as findings showed that, in some cases, clients received counselling from staff with no formal counselling qualification and that minimally trained staff were working with client issues such as depression, anxiety and self-harm. The researchers made a recommendation about the need for a national standardised framework for the provision of emotional support and counselling services for blind and partially sighted people in the UK.

### 3. References to the research

- 3.1 Thurston, M. & Thurston, A. (2013).** Risks to client confidentiality when communicating health information to blind and partially sighted patients. *Disability, CBR & Inclusive Development*, 24(1) 22-40. <http://doi.org/10.5463/dcid.v24i1.182>
- 3.2 Thurston, M. (2010).** An inquiry into the emotional impact of sight loss and the counselling experiences and needs of blind and partially sighted adults. *Counselling and Psychotherapy Research*, 10(1) 3-12. <https://doi.org/10.1080/14733140903492139>
- 3.3 Thurston, M., McLeod J. & Thurston, A. (2013).** Counselling for sight loss: Using systematic case study research to build a client informed practice model. *British Journal of Visual Impairment*, 31(2) 102-122. <https://doi.org/10.1177/0264619613481777>
- 3.4 Thurston, M., McLeod, J., & McLeod, J. (2015).** How to use case study methodology with single client therapy data. In Vossler, A. & Moller, N. (Eds.) *The counselling and psychotherapy research handbook*. (pp 212-224). London: Sage. <http://dx.doi.org/10.4135/9781473909847.n15>

**3.5** McLeod, J., **Thurston, M.** & McLeod, J. (2015). Case study methodologies. In Vossler, A. & Moller, N. (Eds.) *The counselling and psychotherapy research handbook*. (pp198 - 211). London: Sage. <http://dx.doi.org/10.4135/9781473909847.n14>

**3.6** Pybis, J., **Thurston, M.**, Dennison, C., Broom, M. & Miller, A. (2016). The nature of emotional support and counselling provision for people with sight loss in the United Kingdom. *British Journal of Visual Impairment*, 34(2) 167-176. <https://doi.org/10.1177/0264619616633884>

Publications **3.1**, **3.2**, **3.3** and **3.6** are peer reviewed journal articles. **3.4** and **3.5** are book chapters about the research methodology used to construct the model of counselling. Thurston won British Association for Counselling and Psychotherapy *New Researcher Prize* for **3.2**.

#### 4. Details of the impact

##### **Clients with sight loss**

As a result of Thurston's accredited training course, clients in Scotland, England and Ireland now have improved access to face-to-face counselling with counsellors who are skilled to work with their specific accessibility and psychological needs. In the Republic of Ireland, the number of counsellors trained to work with people with sight loss increased by 460% (from 5 in 2019 to 28 in 2020) **[5.1]**. Within the UK, the number of counsellors trained to work with people with sight loss increased by 80% (from 56 in 2018 to 101 in 2020) **[5.2]**. The course has also led to an increase in choice for clients with sight loss in the UK, enabling RNIB to offer more local face-to-face counselling in addition to their online and telephone services **[5.2, 5.3]**.

*"Dr Thurston was instrumental in the development of the Counselling for Sight Loss training. To date we have run trainings in Scotland, England, NI and Republic of Ireland. The training is based on Dr Thurston's research as well as RNIB's clinical experience. Training leads to an opportunity for accreditation via Vision UK. To date 83 people have been trained and 32 people have been accredited via this scheme, which has greatly increased the capacity to offer specialist counselling."* RNIB UK **[5.2]**

*"One of the focuses of the training was to increase client choice. RNIB run a successful counselling service, but only offer services online and telephone. By training up other professionals we have been able to offer the choice of seeing a local counsellor face-to-face."* RNIB UK **[5.2]**

During the development of the model of counselling for sight loss, Abertay University Counselling Research Centre (Tayside Centre for Counselling) provided face-to-face counselling for 21 blind clients, accounting for 15% of all client work. No other organisation in Tayside, Angus or Perth and Kinross offered this service, which continues to be used. Thurston also provides specialist supervision for the counsellors in the clinic who work with blind clients.

##### **Practitioners**

As a result of Thurston's accredited training course, 83 qualified counsellors have acquired new understanding, knowledge, skills, and confidence enabling them to adapt their practices to work with people with sight loss. Evaluation of the course (one month after completion) evidenced changes in knowledge and practice amongst participants. Participants felt that the workshop prepared them to have a better understanding of the issues in clients with a visual impairment (average score 9/10), felt more confident working with clients with a visual impairment (average score 9/10) and felt more confident in dealing with issues of accessibility (average score 8/10). The biggest reported impacts were: *"Learning about the different sight conditions...and the practical needs of clients"* (informed by research paper **3.1**) and *'learning about the sight loss process'* (informed by research paper **3.2**). A peer support group was also established for training participants to aid networking, peer support and supervision.

On completion of the course, participants had the opportunity to become accredited by Vision UK. 32 participants completed the accreditation part of the course. This has led to increased opportunities for employment. For example, RNIB secured emergency funding from the Scottish Government (£11K) and Mind (£49K) to meet the mental health needs of isolated blind and partially sighted people during the time of the Covid-19 pandemic and were able to offer this

work to the newly accredited counsellors [5.2]. A formal evaluation of this initiative will be undertaken by Mind in June 2021. Anecdotal evidence from RNIB indicates clients found this additional service invaluable in supporting their mental health during the pandemic.

### **Service delivery**

Thurston's training course has increased quality improvement and enhanced service delivery to blind and partially sighted people in the UK by ensuring that qualified counsellors have the necessary skills to equip them to work effectively with the unique needs of clients with sight loss. The course won a Highly Commended Award in the Vision UK John Thompson Excellence in Services, Support and Care Awards 2019, acknowledging its impact on service delivery [5.4].

*"For the first time the training provides a structured framework to extend specialist knowledge to non-sight loss trained counsellors in time efficient way. ... People affected by sight loss need a specialist skill set to facilitate their mental health needs."* RNIB UK [5.2]

*"Dr Thurston has been a driving force behind the Vision UK Counselling Accreditation Course ... increasing the amount of proficient counsellors in the community. Without Dr Thurston's research, expertise and tireless work this course could never have gone ahead, and the process of accrediting counsellors would never have happened."* Vision UK [5.5]

Thurston's research has also influenced counselling service delivery in the Republic of Ireland.

*"Fighting Blindness is currently the principal source of counselling for those living with sight loss and their families in the Republic of Ireland. I would like to emphasise that the initial training provided and the accompanying research material that Mhairi has authored, is a core component of our approach and our ethos of counselling provision".* Fighting Blindness ROI [5.6]

### **Capacity building**

RNIB now have a bank of quality assured counsellors that can provide extra support to the organisation as needed. Clients can now be referred to the Vision UK accredited counsellors if they prefer face-to-face counselling. This was not possible before the training course. RNIB has also shown commitment to continuing investment in rolling out the course further. In 2020, they identified £36K to extend the training to a further 144 counsellors [5.2]. Due to the Covid-19 pandemic, accredited courses stopped running in March 2020. Thurston has since been working with RNIB to transfer the training online, and this was piloted in December 2020 with 15 additional participants. This method of delivery will continue until Covid restrictions are lifted.

Thurston has delivered training about the emotional impact of sight loss to the entire staff of Scottish War Blinded, including directors, outreach workers and volunteers. Those who attended the training reported an increased understanding about the emotional impact of sight loss and the process of 'going blind' and increased confidence in responding to this within their role supporting people with sight loss.

*"Many staff remarked both at the time and in later conversations how much they had appreciated [the training] and learnt from her. Many felt better able to respond to the service users they work with and do so with confidence and an increased understanding of what they are going through.... Following the workshop, we recognised the importance of this topic for our service delivery and decided to include questions about the effect of sight loss in our annual quality assurance survey for our service users."* Scottish War Blinded [5.7]

### **Conceptual Impacts**

Testimonies from the CEO of Vision UK and the Parliamentary and Policy Manager of RNIB Scotland corroborate the conceptual impacts of Thurston's work within the sector, particularly around raising awareness of the emotional impact of sight loss, the process of going blind and her model of counselling for sight loss. This has influenced the strategic direction and focus of their work and led to service innovation in the field of counselling.

*"Dr Thurston has chaired and spoken at Vision UK conferences bringing counselling and emotional support into the mainstream of discussions of issues involved in eye health, sight loss and blindness. This is hugely important as this vital topic is often lost under discussions on*

*medical eye research, social care, treatments, transport etc. ....Dr Thurston's work has been at the centre of establishing and shaping the collaborative work of Vision UK around emotional support and counselling and influencing the work of Vision UK's members who range from RNIB and Guide Dogs to the College of Optometrists, the Royal College of Ophthalmologists and the GOC.' Vision UK [5.5]*

*"Dr Thurston has regularly presented at large Scottish and UK Vision Strategy conferences highlighting the emotional impact of sight loss, the process of "going blind" and counselling for sight loss. Her ground-breaking work on these three interlinked areas has led to service innovation in the field of counselling and evidenced understanding of the impact of sight loss to the benefit of service users and professionals within the sight loss sector in Scotland and beyond." RNIB Scotland [5.8]*

Due to her specialist knowledge and research, Thurston was invited by RNIB to be part of a global awareness raising initiative about sight loss and mental health. In collaboration with RNIB, Thurston recorded a series of 12 podcasts for a closed Facebook group called 'My Blind Pen-pal' (n=8000 members globally) about the process of going blind, the emotional impact of sight loss and how counselling can mitigate these impacts. In addition, Thurston compiled a global directory of counselling and support agencies for people with sight loss. The podcasts and directory are now available as an ongoing community resource for the group.

Thurston's work is also being used by Rehabilitation Worker's Professional Network (RWPN), the professional body for vision rehabilitation workers, to better support people losing their sight.

*"I have been directing our profession to look at how the workforce can better support people going through sight loss. Emotional support and understanding how people do or do not come to terms with sight loss, is recognised as being a key area that needs greater professional development. Mhairi's research was an underpinning source". RWPN [5.9]*

Thurston's model has also served as a blueprint for researchers seeking to improve counselling services for blind and partially sighted people in Mexico.

*"My vision for service development in Mexico is to learn from Dr. Thurston the counseling model for sight loss and adapt it to the Mexican population...Mexico is ten years behind the UK, and Dr. Thurston has walked those ten years doing research, creating a therapeutic model for the emotional impact of sight loss used in the whole UK, and advocating for awareness and inclusion. I'm starting the walk of those ten years in Mexico. Her research is my guidance." [5.10]*

## **5. Sources to corroborate the impact**

**5.1** E-mail from Peter O'Toole, Senior Counselling Manager, Fighting Blindness (19<sup>th</sup> June 2020)

**5.2** Testimonial letter from Amanda Hawkins, Specialist Lead for Counselling and Well Being, Royal National Institute of Blind People.

**5.3** The RNIB register of sight loss accredited counsellors. <https://www.rnib.org.uk/sight-loss-advice/sight-loss-and-wellbeing/sight-loss-counselling/find-accredited-sight-loss-counsellor>.

**5.4** 'Counselling for Sight Loss' won a highly commended award in the Vision UK John Thompson Excellence in Services, Support and Care Awards 2019.

[https://www.rcophth.ac.uk/2019/10/vision-uk-announce-winners-of-their-new-awards/#:~:text=The%20Winner%20was%20Daniel%20Williams,International%20Glaucoma%20Association%20\(IGA\)](https://www.rcophth.ac.uk/2019/10/vision-uk-announce-winners-of-their-new-awards/#:~:text=The%20Winner%20was%20Daniel%20Williams,International%20Glaucoma%20Association%20(IGA))

**5.5** Testimonial letter from Matt Broom, Chief Executive Officer, Vision UK

**5.6** Testimonial letter from Peter O'Toole, Senior Counselling Manager, Fighting Blindness

**5.7** Testimonial letter from Rebecca Barr, Director of Services Scottish War Blinded

**5.8** Testimonial letter from Catriona Burness, Parliamentary and Policy Manager, Royal National Institute of Blind People (RNIB) Scotland

**5.9** Testimonial letter from Simon Labbett, Chair of Rehabilitation Workers Professional Network

**5.10** Testimonial letter from Leslie Thompson, Psychologist and Psychoanalyst, Mexico