Special Education Students' Perceptions of Counseling: A Qualitative Analysis

by

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CHAPTER ONE: THE PROBLEM

Statement of the Problem

When students perceive themselves to be "forced by those around them, such as [their] parents to seek assistance from social workers and other official helpers" (Murdach, 1980, p. 458 as cited in Ivanoff, Blythe, & Tripodi, 1994, p. 5), they may be accurately described as involuntary clients. Required or pressured to participate in counseling, many of these students do so with various levels of resistance and at times refuse to attend their sessions. In some instances, resistant behaviors subside and students are observed seeking out their counselors and eagerly awaiting their counseling sessions. In other cases, resistance never fades and students continue to complain about counseling and vocalize that it is perceived as a hassle and a burden.

Little research data has been generated to guide practitioners in their efforts to engage with and help involuntary clients, particularly in school settings. Data is also lacking in the area of student perceptions of counseling. What do students involuntary to the counseling process think and feel about counseling? What do they think and feel about their counselors? What thoughts and feelings do they hold in regard to the circumstances that led to counseling? Answers to questions such as these, to a large extent, remain unexplored.

Problem Background

Historical and Social Contexts

The bulk of the research literature pertaining to involuntary clients originates from the field of corrections counseling. Individuals convicted of alcohol and illicit drug related offenses, perpetrators of domestic violence or child maltreatment, and sexual offenders made up the population from which the majority of involuntary client data was originally collected. Findings from such data led many to conclude that positive treatment outcome was unlikely with involuntary clients (Fischer, 1973; Martinson, 1974; Meyer, Borgatta, & Jones, 1965). A number of factors have been proposed to account for the poor treatment efficacy reported with involuntary populations. These factors include client reluctance or lack of interest in treatment, preconceived notions on the part of the helping professional, and unmet expectations of counseling (Berg & Miller, 1992; Cingolani, 1984; Gath, Cooper, Gattoni, & Rockett, 1977; Porteous & Fisher, 1980; Ritchie, 1986).

In later years, findings led many researchers to adopt a more positive and hopeful outlook regarding behavior change with involuntary clients. Studies began to show that many clients who entered counseling under protest and initially refused to participate later adopted cooperative attitudes and behaviors and became agreeable to the process. Studies also began to reveal increased levels of client satisfaction with their experiences of counseling (Goldenberg, Smith, & Townes, 1980; Gove & Fain, 1977; Spensley, Edwards, & White, 1980).

At the present time, research data on involuntary clients' perceptions of counseling remains relatively scarce. This assertion is supported in part by the work of

Davitt (1998) who found that "nothing yet is published about the experience of being certified as meeting criteria for involuntary examination" (p. 14). Davitt (1998) centered her literature review on individuals subjected to Florida's Baker Act Law (Florida Statutes, Chapter 394, Part I) and not involuntary clients as defined in this study. However, her findings were relevant to this study and showed that helping professionals typically neglect to solicit the perceptions of clients who become involuntarily engaged as recipients of mental health services. This conclusion is consistent with the findings of other researchers who communicated the need to develop effective techniques for working with involuntary clients (see Brodsky & Lichtenstein, 1999; Marcan & Ross, 1999; Osborn, 1999; Selekman, 1993; Slonim-Nevo, 1996; Surf, 1999).

Theoretical Context – Perceptions of Counseling

Eliciting client input and inviting clients to share their perceptions early in the counseling process is a means which may facilitate motivational congruence and the development of therapeutic rapport (Osborn, 1999; Reid & Hanrahan, 1982; Selekman, 1993). High levels of motivational congruence and well developed therapeutic relationships, in turn, result in greater levels of cooperative effort between clients and counselors and increase the likelihood of positive treatment outcome (Garfield, 1994; Lambert & Cattani-Thompson, 1996; Orlinsky, Grawe, & Parks, 1994; Paradise & Wilder, 1979).

Unfortunately, clients' perceptions of the problems which led to their participation in counseling are often left unsolicited by helping professionals. Furthermore, clients' ideas about how their problems may be resolved often remain unexplored and treatment plans and behavior change strategies are typically developed and put into effect with

minimal client input. As Wood (1978) noted in her meta-analytical review of casework effectiveness, clients' perceptions of their problems were rarely uncovered during the course of treatment. As a consequence, interventions did not grow from agreed upon goals and objectives that clients perceived to be meaningful. Without collaboratively designed treatment plans, Wood (1978) advised, "there could be no investment in or commitment to change on the part of the clients, that is, no 'motivation'" (p. 440).

Porteous and Fisher (1980) concluded similarly and reported that

> few...consider the question of choice between alternative services from the adolescent's point of view....As one 15-year old girl said...: 'People could help if only they would listen to young people. People never listen to young people, only adults.' (pp. 67-74)

Marcan and Ross (1999) later found that "with few exceptions, psychotherapy researchers have tended to pay only scant attention to how clients' experiences of therapy can contribute to our understanding of the therapeutic process" (p. 2). Surf (1999) reported that "directly exploring the perceptions of young people as potential users of a counselling service...represents a type of research project that is only infrequently conducted or published" (p. 2). In fact, Surf (1999) found "only a handful of studies" (p. 2) in which researchers undertook to understand what students thought and felt about participating in counseling (see Feaviour, 1992, 1994; Murgatroyd, 1977; Porteous & Fisher, 1980).

Literature Review

Outcome studies have shown psychotherapy to be effective for clients who seek out counseling services and actively take part in the therapeutic process. When client motivation is present and well-developed therapeutic relationships are in effect, positive

treatment outcome is often reported (Erskine, 1998; Goldfield, Greenberg, & Marmor, 1990; Kazdin, 1994; Lambert & Cattani-Thompson, 1996; Orlinsky, Grawe, & Parks, 1994; Paradise & Wilder, 1979). Additionally, when helping professionals and clients share common goals and expectations of counseling the likelihood of client satisfaction and client improvement is increased (Osborn, 1999; Reid & Hanrahan, 1982; Selekman, 1993).

High levels of client motivation, therapeutic rapport, and motivational congruence between therapists and clients are not always present in counseling relationships. Clients who are involuntarily referred or mandated to participate in counseling, for example, often do so with little or no intrinsic motivation. Instead, counseling is likely to be approached with a cautious or resistant stance. Under such circumstances motivational congruence and relationship formation often suffer (Berg & Miller, 1992; Ivanoff, Blythe, & Tripodi, 1994; Osborn, 1999; Rooney, 1992).

Without client motivation and a well-established therapeutic alliance between the client and the helping professional, the stage is set for poor treatment outcome (Lambert & Cattani-Thompson, 1996; Orlinsky, Grawe, & Parks, 1994). Some authors have suggested that therapeutic efforts with involuntary clients are destined for failure (Fischer, 1973; Martinson, 1974; Meyer, Borgatta, & Jones, 1965). Other authors maintain that positive results are obtainable with involuntary clients, particularly when specific techniques and guidelines are followed (Berg & Miller, 1992; Brodsky & Lichtenstein, 1999; Huber, 1978; Osborn, 1999).

A limited number of studies pertaining to involuntary clients exist in the professional literature. Studies which focus on the thoughts and feelings of involuntary

school-aged consumers of counseling services remain under-represented in the research literature as well. As a result, helping professionals who work with involuntary populations in school settings have few empirically validated techniques to guide their treatment efforts (Ivanoff, Blythe, & Tripodi, 1994; Osborn, 1999; Rooney, 1992; Slonim-Nevo, 1996).

Purpose of the Study

Special education students are often required to participate in counseling as part of their Individualized Education Plans (IEP). In many cases these students resist the idea of having counseling sessions during their school day and may be considered involuntary clients. The research literature is limited in the number of studies dedicated to the thoughts and feelings of involuntary clients, especially in school settings. The purpose of this study was to address this lack of research data by uncovering what special education students think and how they feel about participating in counseling.

Research Questions

The following research questions were explored in the study:

1. What client variables account for cooperation and active participation replacing resistance toward counseling?
2. What client variables account for continued resistance, or the development of a resistant approach toward counseling if resistance was not initially present?
3. What other influences; such as counselor variables, characteristics of the counseling setting, or counseling activities contribute to resistant or cooperative approaches toward counseling?

Limitations and Delimitations

Limitations and delimitations "identify potential weaknesses of the study" and "address how the study will be narrowed in scope," respectively (Creswell, 1994, p. 110). A major limitation of the study, a potential threat to internal validity, is that participants were volunteers and may have differed in one or more ways from students who may have elected not to participate in the study. It is not possible to determine if differences exist between volunteers and non-volunteers or to what extent such differences influenced the results of this study.

The study was delimited in scope by the sampling method. A purposeful sampling technique was employed to "select information-rich cases for study...; cases from which one can learn most about the issues central to the purpose of the evaluation" (Isaac & Michael, 1995, p. 223). Only special education students who were currently participating in counseling services and who met specific criteria were selected as potential research participants. The thoughts and feelings of these students may not represent the thoughts and feelings of special education students who no longer participate in counseling or who did not meet the criteria for inclusion in the study.

The study was also delimited by the small sample size from which data was collected. Only eight participants were selected for inclusion in the study. Such a small sample is recognized as a threat to external validity and may have impacted the degree to which findings can be generalized to other involuntary populations (Isaac & Michael, 1995).

Definitions

Avoidance

To avoid means to "depart or withdraw from...; to prevent the occurrence or effectiveness of" (Mish, 1986, p. 120). Avoidance, therefore, refers to "an act or practice of avoiding or withdrawing from something" (p. 120). In this study, avoidance was used to describe a type of resistance which undermines the effectiveness of the therapeutic process. Examples of avoidance include students not attending school on days when counseling appointments are scheduled, feigning illness just before a counseling session is to begin, hiding from counselors, and not participating during sessions.

Client

Ivanoff, Blythe, & Tripodi (1994) define clients as "recipients of service or treatment...; individuals who come for help to an agency or practitioner, and who expect to benefit from that help" (p. 20). Involuntary clients are included in this definition because "they possess identified problems, and by virtue of contacts with the practitioners, demonstrate minimal acceptance and compliance with the activities of treatment" (p. 20).

Counseling

Counseling is "a relationship in which one person seeks to help another person more fully understand his [or her] 'self' and to develop, through this increased self-understanding, coping strategies which help him [or her] to face specific or general problems" (Murgatroyd, 1977, pp. 73-74).

Counselor

The term counselor refers to a practitioner who meets with a student for the purpose of facilitating one or more counseling sessions. Mental health counselors, school counselors, social workers, psychologists, school psychologists, psychiatrists and other helping professionals trained to deliver counseling services are included in this definition. This definition also includes professionals in these disciplines who are seen outside of the school environment for individual, family, or group counseling sessions.

Involuntarily Referred

Clients are considered to be involuntarily referred for counseling services if they perceives themselves as influenced or "forced by those around them...to seek assistance from social workers and other official helpers" (Murdach, 1980, p. 458 as cited in Ivanoff, Blythe, & Tripodi, 1994, p. 5). This includes cases in which a parent; authority figure; or panel, board, team, or governing agency recommends or mandates the student's participation in counseling services.

Involuntary Client

Ivanoff, Blythe, & Tripodi (1994) defined involuntary clients as "persons who receive social and psychological services from human service agencies, but do not actively seek them" (p. 4). Rooney (1992) suggested that "the involuntary client feels forced to seek or pressured to accept contact with a helping professional" (p. 4). As used in this study, "involuntary client" refers to a student who has been influenced or pressured by others to participate in mental health counseling services and has at some point shown resistance toward attending counseling sessions.

An involuntary client may or may not be a mandated client. Students who were involuntarily referred or mandated to participate in counseling and who have shown no history of resistance toward counseling are not considered involuntary clients for the purpose of this study.

Involuntary Student

This term refers to a school-aged consumer of counseling services who was involuntarily referred or mandated to participate in counseling and at some point demonstrated or continues to demonstrate resistance toward counseling.

Mandated Client

A client who "must work with a practitioner as a result of a legal mandate or court order" (Rooney, 1992, p. 4). A mandated client may or may not be an involuntary client.

Motivational Congruence

"The fit between client motivation and what the practitioner attempts to provide" (Reid & Hanrahan, 1982, as cited in Rooney, 1992, p. 84). Motivational congruence is a function of the degree to which the client perceives his or her goals of counseling are (a) shared by the practitioner, (b) important to the practitioner, and (c) being addressed by the practitioner and the therapeutic agenda.

Reluctance

A type of resistance often displayed by "a person who does not want to be a client" (Rooney, 1992, p. 7). Reluctance often manifests through counseling sessions in which the client displays a tentative, guarded, or relatively non-participatory stance.

Resistance

"...Any phenomenon that arises to thwart or hinder the change process" (Luther & Loev, 1981, as cited in Ritchie, 1986, p. 516). Resistance may be observed as reluctance, avoidance, or some other measure demonstrative of the client's displeasure or disapproval with counseling. In extreme cases, resistance may take the form of refusal to attend counseling sessions. As used in this study, resistance refers to an active attempt on the student's part to create a situation wherein counseling does not take place.

Importance of the Study

Special education students are "frequently referred to as 'involuntary clients'" (Gingerich & Wabeke, 2001, p. 37). Research is currently lacking in the area of special education students' perceptions of counseling and there presently exists a deficiency of practice literature available for work with other involuntary populations (Berg, 2002, p. 330). In view of these circumstances, this study designed to uncover what special education students think and how they feel about counseling is clearly indicated.

CHAPTER TWO: LITERATURE REVIEW

Introduction

In this chapter, relevant literature that establishes the efficacy of psychotherapy for willing and motivated clients is first presented. Next, literature pertaining to clients involuntarily engaged in counseling relationships is reviewed. Finally, literature with a focus on research design is reviewed in support of choosing a qualitative methodology for this study.

Efficacy of Psychotherapy

Many researchers have studied and communicated the variables that are associated with successful treatment outcome when clients seek out and actively participate in psychotherapy. Berman & Norton (1985) studied level of practitioner training and effectiveness of treatment; Horvath & Symonds (1991) examined the working alliance established between client and therapist and its effect on treatment outcome; Lyons & Woods (1991), Miller & Berman, (1983), and Svartberg & Stiles (1991) conducted meta-analytical reviews of the outcome literature pertaining to the effectiveness of specific therapeutic techniques (rational-emotive therapy, cognitive-behavioral therapy, and short-term psychodynamic psychotherapy, respectively). Other researchers have reported on the relationship between outcome in psychotherapy and factors specific to the therapist, factors specific to the client or clients, and factors relevant to the system comprised by the therapist and the client or clients (refer to

Beutler, Machado, & Neufeldt, 1994; Garfield, 1994; Lambert & Bergin, 1994; Orlinsky, Grawe, & Parks, 1994).

Common Factors

Research findings from studies such as these, as well as from other treatment outcome literature, has led to the identification of a number of factors shared by all schools of psychotherapy. Referred to as common factors, these "dimensions of the treatment setting (therapist, therapy, client) that are not specific to any particular technique" (Lambert & Bergin, 1994, p. 149) include client expectation of improvement and motivation to change; catharsis; persuasion, warmth, encouragement, and understanding on the part of the therapist; and a client-practitioner relationship based on mutual trust and acceptance. Common factors have been shown to play a significant role in patient improvement and are accepted as essential components of positive psychotherapeutic outcome (Butler & Strupp, 1986; Critelli & Neumann, 1984; Omer, 1989; Parloff, 1986).

Therapeutic relationship. Erskine (1998) reported that among the common factors responsible for client improvement, "the single most consistent concept is that of relationship….The continually creative interplay between client and therapist, with the unique focus on the client's needs, is what gives psychotherapy the transformative effect in people's lives" (p. 2). Goldfield, Greenberg, & Marmor (1990), from an earlier finding, concluded that "the therapeutic relationship remains the variable which is most generally agreed upon to account for the bulk of the variance in outcome efficacy research (as cited in Straker and Becker, 1997, p. 2). Lambert and Cattani-Thompson (1996) concluded from their meta-analytical review that "the best predictors (and

possibly causes) of success outside of client variables are counselor-client relationship factors" (p. 9).

Client motivation and cooperation. The impact of client motivation and cooperation on therapeutic outcome has also been demonstrated. Orlinsky, Grawe, and Parks (1994) found "a significant association between patient cooperation in psychotherapy and favorable therapeutic outcomes" (p. 308). Lambert & Cattani-Thompson (1996) showed that client participation and active engagement in the counseling process is essential for positive treatment outcomes. Conversely, Kazdin (1994) showed that lack of cooperation and engagement in counseling may lead to the opposite effect and identified lack of client cooperation as "a central variable impeding customary approaches to therapy" (p. 584). Paradise & Wilder (1979) found that client reluctance is negatively correlated with positive treatment outcome and positively correlated with client dissatisfaction and premature termination of counseling.

Motivational congruence. Related to client motivation is the degree to which the client and the helping professional share similar goals and expectations of the work to be accomplished in counseling. Known as motivational congruence (Reid & Hanrahan, 1982), the fit between what is motivating the client to participate in counseling and what the practitioner provides during counseling sessions may be a "factor in the more positive results found in review[s] of social casework effectiveness" (p. 84). This concept is the essence of meeting clients "where they are" and communicating to them that they share ownership of the counseling process. Motivational congruence is achieved, in part, by establishing a well-developed therapeutic relationship and asking the client for input during the early stages of counseling. Selekman (1993) believed that through the process

of “soliciting the client's view on a given matter (e.g., 'What makes you think that?') without judgment, the counselor sets the stage for a cooperative endeavor” (as cited in Osborn, 1999, p. 5).

Osborn (1999) recognized the importance of motivational congruence as it relates to perspective taking and suggested that “fitting into the student’s worldview will result in less resistance and greater cooperation and engagement in the counseling process” (p. 5). Osborn suggested that an attempt should be made to “get on the same page...; begin where the client is” (p. 6). That is, approach things from the perspective of what is important to the client rather than focus on what the client must do to please others.

Efficacy Established

Little doubt remains regarding the efficacy of psychotherapy with clients who willingly seek out mental health counseling services. When clients are genuinely motivated to participate in counseling, when a well-established therapeutic alliance is in effect, and when the client and helping professional share similar goals and expectations of counseling, positive therapeutic outcome is often the result.

Counseling with Unmotivated/Involuntary Clients

Whereas counseling is generally accepted to be effective for clients seeking out the services of helping professionals, a lesser degree of consensus exists on the effectiveness of involuntary client-counselor relationships. This sections presents a review of treatment outcome literature related to involuntary clients, as well as suggestions for working with this population. First, however, literature pertaining to

involuntary client resistance and counselor attitudes toward involuntary clients is reviewed.

Reluctance/Resistance to Engage

The reluctance of involuntary clients to actively engage and participate in counseling is a problem that has received attention in the literature for many years. Ritchie (1986) theorized on this reluctance and suggested that involuntary clients

> often have been referred for treatment by a third party and frequently are unmotivated to seek help....[They] resist efforts to help them because they do not admit having a problem, they do not want to change, or they do not know how to change. (p. 516)

Cingolani (1984) also made the assertion that involuntary clients resist the efforts of mental health practitioners trying to help them, "particularly when their basic reason for contact with human service agencies is the fact that they are defined as deviant or their behavior is viewed as troublesome by others" (as cited in Ivanoff, Blythe, & Tripodi, 1994, p. 5). Porteous & Fisher (1980), with a focus on younger populations, suggested that "adolescents seem to be reluctant to come for counselling...because the counselling services available do not appeal to them" (p. 67).

When students are told they "have to go to counseling" (TC, personal communication, September 15, 2000) it is often the case that a reluctant stance and avoidant approach is adopted. Many students begin their participation in counseling involuntarily and remain emphatic that they have no problems and do not need or want to participate in counseling, or any type of mentoring or helping relationship. The fact that others (parents, school officials, probation department personnel, department of social services personnel, for example) believe that the student needs counseling usually makes

matters worse and exacerbates the student's resistance to engage. As one young girl remarked to her teacher, "I hate talking...and it is worse that everyone wants to make me talk" (RM, personal communication, November 22, 1999).

Many students express that, in a sense, they feel backed into a corner. They communicate that they believe they must "play the game" (TC, personal communication, September 15, 2000) or face negative consequences. This is consistent with Osborn's (1999) findings which, among other indications, suggest that involuntary clients and students referred for counseling services experience an "array of negative thoughts and feelings" (p. 3). Clients may believe, for example, they are being forced to participate in an exercise described as "restrictive and...abhorrent" (p. 3). Additionally, according to Osborn (1999), feelings associated with the belief that their past and current behaviors are being unduly evaluated and scrutinized often plague involuntary clients. The accuracy or inaccuracy of the exercise being restrictive, abhorrent, or unduly evaluative, notwithstanding; it may be reasonable for involuntary clients to appraise their situation as one of being forced to participate in counseling. In many cases, failure to comply will result in a much less desirable alternative such as spending time in jail or suspension from school or school-related activities (Osborn, 1999).

Counselor Attitudes Toward Involuntary Clients

Client reluctance toward counseling is not the only perspective-related concern regarding involuntary client-counselor relationships. Another issue centers around the way involuntary clients are perceived by the practitioners determined to help them. While it is accepted that individuals are unique and have their own reasons and personal realities for thinking, feeling, and behaving as they do (see Goldstein, 1939, 1940; Kelly,

1955, 1969, Maslow, 1970; Osborn, 1999; Rogers 1947, 1961); many professionals lose sight of this philosophy when working with involuntary clients. Berg and Miller (1992) reported that "professional counselors, particularly those in the addictions field, often adopt a uniform mentality of presuming that all involuntary clients are alike and therefore must be treated in the same way" (as cited in Osborn, 1999, p. 4). Compounding this problem is the choice of terminology that is often used by professionals to describe clients who are involuntary to the counseling process. Descriptors such as "hostile, resistant, reluctant, unmotivated, dysfunctional, hard-to-reach, and multi-problem instead of involuntary" (Rooney 1992, p. 7) are often employed. Such terms cast a negative, “pejorative light on presumed client characteristics rather than on the nature of the contact between client and practitioner" (p. 7).

In the case of a client presenting for counseling at the insistence of someone else, there are often "preconceptions about treatment and the practitioner [that] are initially negatively weighted....This means the practitioner-involuntary client relationship cannot depend on the same positive persuasive factors that can facilitate relationship enhancement with voluntary clients" (Ivanoff, Blythe, & Tripodi, 1994, p. 20). Counselors must, therefore, strive to an even greater degree than usual to remain aware of and set aside their personal worldviews and professional expectations. Counselors working with involuntary clients would be well-served by resisting temptations to respond in defensive, judgmental, or other relationship threatening manners if faced with reluctant, unwilling, or noncompliant client behaviors (Ivanoff, Blythe, & Tripodi, 1994).