

https://dspace.org/

Experience of the initial counselling session by counsellors and their adolescent clients

Beuthin, Madeleine Barclay

2014-03-10
http://hdl.handle.net10539/14087

Downloaded from a DSpace repository. https://dspace.org/

EXPERIENCE OF THE INITIAL COUNSELLING SESSION BY COUNSELLORS AND THEIR ADOLESCENT CLIENTS

Madeleine Barclay Beuthin

A RESEARCH REPORT SUBMITTED TO THE FACULTY OF EDUCATION, UNIVERSITY OF THE WITWATERSRAND, IN PART FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF EDUCATION (EDUCATIONAL PSYCHOLOGY)

JOHANNESBURG, 1999

ABSTRACT

The literature suggests that one of the challenging aspects of working with adolescents is in engaging with them in the initial stages of counselling. Thus the focus of the study was the engagement process between client and counsellor in a first session. It was hoped that by gaining a rich understanding of this process it would help to guide and develop the skills of counsellors working with adolescents at the Family Life Centre and elsewhere. A group of twenty adolescent clients, together with their counsellors, were involved in a qualitative study using a fieldwork design. Theory driven data collection was used and both clients and counsellors were interviewed after their first session, using semi-structured interview schedules. Content Analysis was used to analyse the data. This process yielded themes and patterns associated with the different dimensions of the engagement process, including the therapeutic alliance, client participation, involvement and motivation, as well as clients' and counsellors' perceptions of obstacles and facilitating factors in the engagement process.

KEY WORDS

Adolescent counselling, first session, engagement, therapeutic alliance, client participation, client motivation

ACKNOWLEDGEMENTS

I wish to express my gratitude to the following people:

Professor Mervyn Skuy, Head of the Division of Specialised Education, University of the Witwatersrand, for his valuable supervision and guidance.

Catherine Payze for her assistance with the qualitative data analysis.

Erika Echstein for offering her expertise and insights.

The counsellors and adolescent clients from Family Life Centre who participated in this study and gave such valuable contributions.

Most of all I would like to thank my father and Paul for their love and support that sustained me throughout this study.

DECLARATION

I hereby declare that this research report is my own work. It is being submitted for the degree of Master of Education (Educational Psychology) in the Division of Specialised Education, University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any other University.

Madeleine Barclay Beuthin

Johannesburg

December 1999

TABLE OF CONTENTS

CHAPTER ONE: BACKGROUND TO STUDY

1.1 Introduction 1
1.2 Adolescence, the developmental stage 2
1.3 Implications for counselling 3

1.3.1 Challenges faced by the counsellor 3
1.3.2 Positive potential 5
1.3.3 The counsellor/therapist's feelings 5

1.4 The first session 6
1.5 The engagement process 6

1.5.1 Tyron's engagement quotient 7
1.5.2 Facilitators of engagement with the adolescent client 9
1.5.3 The working/therapeutic alliance 11
1.5.4 Client involvement 13

CHAPTER TWO: THE STUDY

2.1 Rationale 14
2.2 Aims 17

2.2.1 Broad questions/problems and issues investigated 18
2.2.2 Specific questions 18

2.3 Method 19

2.3.1 Procedure 19
2.3.2 Sample 22
2.3.3 Techniques 23

2.4 Fieldwork Design 30

2.4.1 Methodological norms 30
2.4.2 Data analysis 32

CHAPTER THREE: RESULTS

3.1 Introduction 35
3.2 Clients' experience of the engagement process 35

3.2.1 Clients' positive expectations and view of counselling 35
3.2.2 Clients' participation and involvement in the session 36
3.2.3 Client feeling helped and experiencing a supportive therapeutic relationship 37
3.2.4 Clients' motivation in counselling 39

3.3 Possible obstacles to engagement noted in clients' experience 40

3.3.1 Clients' negative feelings or feelings of discomfort in the session 40
3.3.2 Clients' resistance to counselling 40
3.3.3 Difficulties clients experienced in the session 41
3.3.4 Clients' negative views and expectations of counselling 42
3.3.5 Negative impact of counsellor 42

3.4 Counsellors' experiences of the engagement process 43

3.4.1 Counsellors' experiences of the therapeutic alliance 43
3.4.2 Counsellors' experiences of clients' participation and involvement in the session 43
3.4.3 Facilitating factors 44
3.4.4 Counsellors' negative expectations 46
3.4.5 Challenges the counsellors faced in engaging their clients ... 47
3.4.6 Counsellors' perceptions of clients' resistance 48
3.4.7 Counsellors' concerns about their actions 49

3.5 A comparison of clients and counsellors experiences 49
3.6 Willing and unwilling clients' experiences 51

3.6.1 Clients who stated they had come willingly to counselling .. 51
3.6.2 Clients who stated they had come unwillingly to counselling 53
3.6.3 Clients who stated they were ambivalent about coming to Counselling 54

3.7 Nature and degree of engagement for the group of respondents as a whole 55

CHAPTER FOUR: DISCUSSION

4.1 Introduction 59
4.2 General implications of study and suggestions for future research 61

4.2.1 Impact of the counsellor's own feelings and needs 61
4.2.2 The compliant client 63
4.2.3 Clients found dealing with a strange situation challenging ... 63
4.2.4 Clients' expectations of counselling 65
4.2.5 Counsellor's role in engaging clients in the counselling Process 66
4.2.6 Need to educate our youth to overcome the stigmas and myths associated with counselling and therapy 71

4.3 Limitations of the study 71
4.4 Additional suggestions for further research 74
4.5 Applications of the current study 75

REFERENCES

ADDITIONAL BIBLIOGRAPHY

APPENDICES

Appendix A: Forms and questionnaires completed before interviews
Appendix B: An example of the analytic process using one main code

LIST OF TABLES

3.6 A comparison of findings for willing versus unwilling clients 52
3.7 Nature and degree of engagement for the group of respondents as a whole 56

The copy of the above-mentioned research report rests with the author or the university to which it was submitted. No portion of the text derived from it may be published without the prior written consent of the author or university (as may be appropriate). Short quotations may be included in the text of a thesis or dissertation for purposes of illustration, comment or criticism, provided full acknowledgement is made of the source, author and university.

CHAPTER ONE: BACKGROUND TO STUDY

1.1 Introduction

This study investigated the area of adolescent counselling. The engagement process between adolescent client and counsellor was chosen as a focus. A basic definition of engagement is the enlistment of the client into counselling. Some aspects of engagement include the client attending, participating, showing involvement and commitment to counselling and returning for further counselling. A main objective of the engagement process seems to be to enable the client to return for counselling on a regular basis. Engagement can be seen as an initial involvement by the client in counselling as well as a process that occurs throughout treatment. However this study chose to focus on the initial phase of engagement as it unfolds in a first session as this seemed to be a critical stage for forming an alliance necessary for a successful outcome. For the purpose of this study engagement was defined as client and counsellor being able to begin to form a therapeutic alliance to facilitate client participation, involvement and motivation in the counselling process and client readiness to return for a second session. Lack of engagement was defined as a resistance to the therapeutic process resulting in a lack of participation and involvement on the part of the adolescent client and poor motivation in counselling or to continue with the therapeutic process.

The study explored the nature of the engagement process, as it emerged in a first session, from both the client's as well as the counsellor's perspectives. The therapeutic alliance and client motivation in counselling have been identified in the literature as two fundamental components of engagement and have been focused on in this study (Liddle, 1995). Other Factors also investigated were the nature of difficulties and useful aspects

experienced by the clients and counsellors, the nature of the rapport between the client and the counsellor and the degree to which the client participated and was prepared to be involved in the therapeutic process. By gaining perspectives from both the client's and the counsellor's viewpoints, the researcher was able to compare and contrast the different views, in order to gain a richer understanding of the engagement process in the first session.

1.2 Adolescence, the developmental stage

Adolescence can be seen as a transitional phase between childhood and adulthood. As with all transitional phases it is characterised by uncertainty and turbulence. Adolescence is a time of major growth and change. Some researchers have labelled adolescence as a period of storm and stress. However it needs to be noted that while for some adolescents it is a difficult and stormy time, for others it is a relatively smooth transition between childhood and adulthood (Clarke-Stewart & Friedman, 1987).

Adolescence is a critical phase in development in which the adolescent confronts issues around independence, identity, sexuality, intimacy and belonging. Erik Erikson (1968) theorised that adolescence was a period when old issues resurface from childhood and must be resolved once again and put into a new order in a newly emerging sense of self. According to Wilson (1991) there are two fundamental developmental tasks in adolescence. The first being to adjust to the impact of puberty and the physical changes occurring in their bodies (Laufer, 1968, cited in Wilson, 1991). This adjustment phase stirs in the adolescent questions around such issues as control, adequacy, mutuality in relationships and sexual orientation. The second task concerns the problem of separation and individuation (Blos 1967, cited in Wilson, 1991). This developmental task

involves the adolescent struggling with separating from those who he depended on as a child and establishing a degree of autonomy and self-resource. This second developmental task has particular implications for counselling/therapy.

1.3 Implications for counselling

1.3.1 Challenges faced by the counsellor

The adolescent as a client poses a number of challenges for the therapist and counsellor. The adolescent often enters therapy in a confused and ambivalent state. He/she is mistrustful of a situation that stirs up anxious and fearful feelings. The adolescent seems to fear moral criticism and being judged and often has difficulty expressing himself/herself in words. The paradox is that the adolescent both wants and does not want to be treated as a child, and both wants and does not want his problems to be taken care of. While the adolescent may sense there are problems, he/she seems to find it safer to disown them and put blame elsewhere.

Coming to a first counselling session, the adolescent client is faced with a new and often strange situation which may trigger off avoidance behaviour and result in a reluctance to engage in the process. Bowlby (1979) notes that man tends to respond to properties of strangeness as though danger were actually present.

A further factor discussed in attachment theory which may be relevant to the engagement process is the relationship between an individual's experiences with his parents and his/her later capacity to make attachments. Bowlby (1979) points out that the more unfavourable the patient's experiences with his/her parents were, the less easy is it for

him/her to trust the therapist now, and the more readily will he/she misperceive, misconstrue and misinterpret what the therapist does and says.

The fact that adolescents seem particularly sensitive to issues of control, power and privacy may further impinge on the engagement process as they may have difficulty talking to a stranger and being the one to reveal themselves while the counsellor remains unexposed. Adolescents may also not engage in counselling if they perceive outside pressure as they tend to resist being controlled and dominated.

Adolescence is a time of separation and disengagement from parents in order to find an independent identity. The intensity of the relationship with the counsellor or therapist may re-awaken feelings of dependency which could be perceived as a threat to the adolescent's newly gained and precarious sense of independence (Blos, 1962,1967, 1979, 1983; Erikson, 1950; Esman, 1983; Mishne, 1986, cited in Church, 1994). The adolescent may also need to guard his/her newly emerging identity which could be threatened by the strength of the therapist's personality (Meeks, 1977).

Adolescents seem to have a need to keep themselves to themselves and privacy is a key issue at this stage. They want to experience and learn things for themselves and seem to have difficulty in making use of help. Thus some of the challenges faced by the adolescent counsellor are around containing the adolescent's feelings of anxiety, uncertainty and ambivalence without upsetting their fragile sense of autonomy and need for self-reliance, bearing in mind the adolescent's keen sensitivity around issues such as control and power.

1.3.2 Positive potential

The literature often tends to paint a negative picture in highlighting the difficulties in working with adolescents. On a more positive note some authors see adolescence as being a phase characterised as a time of change and reformulation and therefore being a potentially optimal time for intervention. The adolescent appears to have an inherent curiosity and fascination with himself and others. It is further noted that adolescence is a time of considerable energy and cognitive development. Many adolescents show a readiness for new experience and possibility which can be used by the counsellor when suggesting that counselling may be of use to them. It can be argued that factors such as these indicate a capacity and motivation that can be used successfully in engaging adolescents in the therapeutic process.

1.3.3 The counsellor/therapist's feelings

It would seem important that counsellors be aware of their feelings and attitudes towards the adolescent phase in general as well as their own adolescence in particular. It is Wilson's (1991) opinion that counter-transference can present more of a major problem in the psychotherapy of adolescents than in that of children or adults. Thus adolescent counsellors need to be alert to the feelings that belong to themselves as opposed to those of their clients. It also needs to be noted that a therapist can bring his/her therapeutic failures forward into work with new cases which can be detrimental when mixed with the negative affect, feelings of pessimism and helplessness experienced by some adolescent clients. Therapist's feelings can be related to fear, incompetence, being overwhelmed and frustrated (Liddle,1995).

1.4 The first session

Empirical research has found that the first sessions have the greatest impact on positive change (Howard, Kopta, Krause, & Orlinsky, 1986, cited in Walborn, 1996). Walborn (1996) suggests that the therapist can take steps to foster a trusting and collaborative relationship early in therapy. How the therapist approaches the client, particularly in the first sessions, partially determines whether a constructive relationship develops. What questions the therapist asks during the initial assessment; how the therapist goes about developing treatment goals with the client; how the therapist deals with emotions; how active the therapist is; and how flexible the therapist is - all of these factors have an impact on the emergence of the therapeutic relationship.

There are many texts in the literature that identify other important tasks of the first session: clarifying the client's misconceptions of therapy; familiarising the client with the therapist's style of therapy; gathering pertinent information; and developing workable hypothesis (Beck, Rush, Shaw, & Emery, 1979; Bellak & Small, 1978; Malan, 1979; Sifneos, 1987, cited in Walborn, 1996). All of these tasks serve to enhance the therapeutic relationship.

1.5 The engagement process

It has been reported in the literature that one of the most challenging endeavours, and one that frequently fails, is engaging the adolescent in the treatment process and ensuring attendance and participation (Backland & Lundwall, 1975; Gould, Shaffer, & Kaplan, 1985; Pekarik & Stephenson, 1988; Pinz & Miller, 1994; Tramotana,1980; Viale-Val et al, 1984, cited in Liddle, 1995; Taylor, Adelman, & Kase-Boyd, 1985, cited in Liddle, 1995).

The engagement of the client has also been argued to be a critical foundation of therapy and forms the first phase of the treatment process as it sets the basis for further work with the client. It is at this point that a foundation of trust is laid down which facilitates the client and counsellor working collaboratively for success in treatment to be achieved. It has been suggested that even or especially if the client has been forced to attend treatment by an act of family or legal authority, the first working goal is to establish a basis for engagement (Beutler & Clarkin, 1991).

1.5.1 Tyron's engagement quotient

Noting that some therapists seem to engage more clients in therapy than do others, Tyron (1985, cited in Tyron, 1990) developed an Engagement Quotient (EQ), which is the percentage of clients who return to the therapist for more than one session. Thus Tyron defined engagement as client return to the counsellor for at least one session after intake. According to Tyron (1990), thus far studies have identified correlates of client return for a second interview consistent with the concept of engagement. However it needs to be noted that some clients may receive the help they need in one session. Tyron's EQ may also not apply to adolescents as a true indication of engagement as their return for counselling may not be out of free will, but due to parents, schools or the legal system enforcing it. Thus another measure of engagement may be required when dealing with adolescents.

A number of authors have conducted studies of variables related to client engagement using practicum trainees in clinical and counselling psychology as well as experienced clinicians.

A shortcoming of these studies is the fact that they have often been conducted through university clinics using college students as clients which limits the ability to generalise these findings to other settings and populations. (Tyron & Tyron, 1986; Tyron, 1989,1990; Epperson, Bushway, & Warman, 1983). It was found in these studies, which used relatively large sample sizes, that factors such as: the therapist showing understanding of the client; being able to identify what the client's problems were; being able to give the client some education and understanding around his/her problems and current state of affairs; having done preparation before seeing the client, rating the client's concerns as severe; wanting to continue to see the client; and being able to identify concerns that the client had not initially sought help for, were positively related to engagement.

Counsellor characteristics identified with engagement have included higher Graduate Record Examination Verbal scores and higher grades in diagnostic course. Tyron and Tyron (1986), in a study using 43 clinical psychology practicum students followed over a six year period, concluded that higher engagers were more able than lower engagers to extract meaning from the client's words and restate this meaning in their words. Hence giving the client a sense of being truly understood. Client characteristics associated with engagement have not been extensively studied; however after the initial interview, counsellors rated clients who later returned for a second interview as more disturbed than those who did not return (Tyron, 1986, cited in Tyron, 1990). This suggests that more distressed clients may, because of their neediness, become more involved in the counselling process. Some clients may want help so badly that they virtually engage themselves (Tyron, 1990).

1.5.2 Facilitators of engagement with the adolescent client

It has been suggested that counsellors may need to adapt their approaches and techniques when attempting to engage the adolescent client bearing in mind the demands of this particular developmental stage. Some adolescents have difficulty forming relationships, sustaining introspection and speaking freely about themselves and their inner worlds. Sommers-Flanagan and Sommers-Flanagan (1995) also note that adolescents often lack motivation in the process of treatment which may impede co-operation and participation in the treatment process. It has been argued that the therapist dealing with the adolescent needs to take more responsibility for attracting and holding the adolescent in therapy than they might when dealing with an adult. Meeks (1977) recommends a relaxed, conversational style be adopted as the adolescent tends to react to silence and formality with intense anxiety and increased defensiveness. It is Meeks' opinion that the therapist should initially carry the conversation while gradually encouraging the adolescent's participation.

Facilitators of engagement noted in the literature include promoting the client's motivation in the process through, for example, developing and maintaining with the adolescent a reason for attending therapy, assisting the adolescent find personally meaningful goals and agendas and specifying meaningful themes. Other facilitators include issues to do with establishing a supportive working/therapeutic alliance such as establishing confidentiality, conveying an awareness of the importance of privacy and independence, communicating the intention that therapy is for the benefit of the adolescent, meeting the adolescent's need to feel his/her perspective is understood, focusing on the adolescent's interests as part of the engagement process, recognising the adolescent's anxiety and state of conflict around accepting help and supporting the adolescent's defences

and directly allying with them to further the therapeutic relationship. It would also seem useful to handle issues related to what therapy is or what it will address (Bloch, 1995, Laufer & Laufer, 1987, & Wilson, 1991, cited in Baruch, 1997; Liddle, 1995; Katz,1990). Meeks (1977) sees one of the initial tasks of the first interview as defining the purpose of the interview and helping the adolescent recognise and deal with his/her reactions to the procedure.

Adolescents may resist therapy and the therapist due to their constructed understanding of what therapists and therapy is all about. This constructed understanding my be informed by a number of sources including his/her background, family, media etc.. This constructed understanding of therapy and the therapist may result in misleading expectations. Thus part of the initial engagement process may need to be around adjusting and dealing with perceptions, understandings and expectations of the counsellor/therapist and the therapeutic process.

Baruch (1997) suggests that the difficulties some adolescent clients have in engaging in psychotherapy can be partly understood in terms of their lack of some capacities, due to developmental disturbances, that are necessary for working through adolescent tasks. One important deficiency can be in the capacity for self-reflection which is important in engaging in the therapeutic process. Baruch (1997) argues that the therapist may need to adjust intervention from interpretation of conflict to one of providing developmental support for missing cognitive capacities. The therapist in some cases needs to "create a mind for the young person" by stimulating a process of thinking about himself (p. 344).

1.5.3 The working/therapeutic alliance

The term working/therapeutic alliance has been used to refer to that aspect of the relationship which develops between client and counsellor that allows for collaboration in a goal directed manner. This definition is based on Bordin's (1979) conceptualisation of the working alliance as the collaboration between client and counsellor, which includes the aspects of task (the consensual agreement on activities during the session), goals (agreement on the outcomes of counselling), and bond (the quality of the counsellor-client relationship). Luborsky (1976, cited in Horvath & Luborsky 1993) has identified two types of the alliance: Type 1, more evident in the beginning of therapy, and Type 2, more typical of later phases of treatment.

Type 1 alliance is "A therapeutic alliance based on the patient's experiencing the therapist as supportive and helpful with himself as a recipient" (p.94); Type 2 alliance is "....a sense of working together in a joint struggle against what is impeding the patient....on shared responsibility for working out treatment goals....a sense of 'we-ness' " (p.94). It would seem that building a therapeutic bond (network of positive personal attachments between client and counsellor that includes issues of mutual trust, liking, caring, acceptance and confidence) is the initial step in the alliance, while collaboration on goals and tasks may build more slowly. It could be argued that establishing a therapeutic bond in the first session, whereby the client has a sense of the counsellor caring about what they think and feel, being able to and wanting to help them and accepting them without judgement, could facilitate client involvement and participation in the counselling process. Creating an atmosphere of acceptance may lessen the client's need to keep his/her guard or defences up.

Some counsellor attributes that have been identified in the literature as facilitative conditions for the therapeutic relationship stem from Carl Rogers' Person-centred therapy and include positive regard for the client, counsellor congruence (honest communication) and empathic understanding of client (Woody, Hansen, & Rossberg, 1989). Client factors that have been identified as influencing the therapeutic alliance include client disclosure, participation, expectancies (initial expectations as well as those developed in treatment) (Brammer, Shostrom & Abrego, 1989), and level of skill in establishing interpersonal relationships (Woody et al, 1989).

Psychoanalytical literature indicates the importance of establishing a therapeutic working alliance whereby one is able to engage with a conscious and co-operative portion of the clients personality (the observing ego) which with the aid of the therapist, allows for a process of self-reflection. Meeks (1977) notes that a number of emotional currents and fears lead to the adolescent client adopting techniques to avoid the establishment of the therapeutic alliance. For instance he/she may project negative attributes onto the therapist or externalise his difficulties and invite the therapist to criticise and reject him.

As Wilson (1991) highlights, establishing the working alliance is one of the most difficult tasks in working with adolescent clients. It is often the failure of the therapist to establish such an alliance that leads to many adolescents being lost to therapy, despite their potential to be helped. Research data indicate that a therapeutic relationship must form in the early stages if therapy is to be effective (Walborn, 1996).

1.5.4 Client involvement

Meeks (1977) notes that a most common problem with the adolescent client is an open reluctance or refusal to participate in the interview. Certain studies indicate that the dimension of degree of involvement and participation seems to have potential as a predictor of outcome and is closely related to the therapeutic alliance. Authors suggest that involvement may well emerge as the most critical subdimension and indicator of the therapeutic alliance (Greenberg & Pinsof, 1986). Young, Anderson and Steinbrecher (1995) highlight the importance in the initial phase of intervention to establish rapport and see to the adolescent's investment and involvement in the process.

CHAPTER TWO: THE STUDY

2. 1 Rationale

The area of adolescent counselling has been shown to be under researched (Kazdin, 1993, cited in Young, Anderson & Steinbrecher, 1995). It is also an area that lacks in-depth focus in graduate training (Rubenstein & Zager, 1995, cited in Young et al, 1995). It is evident that we need to develop our skills in working with adolescents. Studies demonstrate that contemporary adolescents present with a high level of mental health needs and are facing greater risks than ever before, (Takanishi, 1993 cited in Young et al, 1995).

The nature and challenges of the adolescent developmental phase has particular implications for counselling/therapy. The fact that it is a time of change as well as a time for reviewing and reformulating present and past experiences, make some authors view it is an optimal time for intervention. Many adolescents seem to have an inherent curiosity about themselves and others, and are open to new experiences and possibilities, which can be useful factors when engaging them in counselling/therapy. On the other hand this developmental phase can create a number of obstacles to the therapeutic process and in particular to engaging with the adolescent and gaining his/her participation.

These obstacles have been enumerated as: the adolescent's drive towards independence and resistance towards dependent relationships; the need to establish an independent identity; the fact that some adolescents may lack certain cognitive capacities due to developmental disturbances which are necessary for successful engagement in the therapeutic process; their resistance to revealing themselves to a stranger; the fact that they often attend counselling under duress rather than out of a personal wish; and

their own constructed understanding of therapists and therapy which may contain misperceptions and misunderstandings.

It has been suggested that in order to engage with adolescent clients in the first session, therapists need to play a more active and directive role in the process. It is recommended that counsellors have a clear theoretical structure to guide their work; pay particular attention to counter-transference issues so as to maintain an attitude that is respectful and sensitive to the adolescent state; offer containment and clear boundaries through structure and definition; and establish meaningful and personally relevant goals and a focus for the therapy/counselling.

Due to limited resources and the great demand for their services, people in the helping professions in South Africa need to pay more attention to producing work that is cost effective and efficient in terms of reaching goals. There is also a call for greater accountability for the services they offer. Family Life Centre (FAMSA) has been receiving increasing numbers of requests for adolescent counselling. In response to this they have identified a need to improve the service they offer to such clients.

This research study aimed to assist with this objective by attempting to help FAMSA counsellors develop their skills in dealing with adolescent clients. It formed part of an effort in conjunction with a support group started by the researcher for the counsellors of adolescents at FAMSA. It is considered that if counsellors are assisted with how to engage with their clients early on in their therapeutic work it will facilitate the counselling process as a whole by possibly speeding up the process and assisting in the affect of change.

The engagement process was chosen as a focus for the study as the literature suggests that some of the most challenging aspects of working with adolescents is in engaging with the adolescent in the initial stages of counselling and in establishing a therapeutic/working alliance that encourages their involvement in the counselling process. The engagement process was studied in the context of the first session as research findings also indicate that a therapeutic alliance must form in the early stages of therapy if the process is to be effective.

Empirical research has found that the first sessions have the greatest impact on positive change (Howard, Kopta, Krause, & Orlinsky, 1986, cited in Walborn 1996) . Therefore, the first session appears to be a critical time for engaging with the adolescent and establishing a working/therapeutic alliance.

The literature review identified certain relevant aspects of the engagement process which were focused on in the study. These included the working alliance, rapport between client and counsellor, client's motivation in counselling and client's participation in counselling.

It was decided to use descriptions of the experiences of both clients and counsellors in the study as it has been shown by Heppner, Rosenberg and Hedgespeth (1992) in their investigation of client and counsellor constructions of the therapeutic process that a diverse set of information can be obtained from both clients and counsellors which seemed to provide a qualitatively different perspective on the counselling process. This underscores the value of attending to how both clients and counsellors construct and interpret the counselling experience (Heppner & Krauskopf, 1987; Martin, 1984, cited in Heppner et al 1992).

2.2 Aims

The broad aim of this study was to make the experience of engagement understandable and meaningful by (a) describing the experiences and perspectives of adolescent clients and their counsellors of certain relevant aspects of the engagement process in a first counselling session, thereby (b) producing clarifying and integrating descriptions of patterns of interaction. The particular aspects of engagement under focus were the therapeutic alliance, as well as client involvement, participation and motivation. Relevant associated themes explored were:

1) The client's attitude towards counselling.
2) The client's attitude towards the counsellor.
3) The client's level of comfort in the session.
4) The client's willingness to participate.
5) The client's ability to talk and answer questions openly.
6) The client's awareness of gaining something personally meaningful from the session.
7) The client's motivation towards counselling.
8) The counsellor's ability to establish rapport with the client.
9) The counsellor's ability to build a therapeutic/working alliance with the client.
10) The counsellor's ability to draw out the client on deeper, more personal issues.
11) The counsellor's ability to assist the client's participation.
12) The counsellor's ability to gain the client's motivation in the counselling process and ensure further attendance.

A secondary aim of the study was to combine the two different points of view of client and counsellor in order to offer descriptions of how these two views fit or contrast. A third aim of the study was to identify possible themes and patterns that facilitated engagement or hindered it as emerged from clients' and counsellors' explanations.

2.2.1 Broad questions/problems and issues investigated

1) Whether the FAMSA counsellors experienced difficulties with the engagement process when dealing with adolescent clients and if is so what contributed to these problems.
2) Whether the counsellors from Family Life Centre were able to create a context that facilitated engagement with their adolescent clients and if so how this was done.
3) Whether different patterns emerged in the descriptions of the perceptions and experiences of the engagement process of clients who came willingly for counselling versus those who attended unwillingly

2.2.2 Specific questions

1) How did clients and counsellors experience the first session?
2) What was found by the counsellors and clients to assist and/or hinder the counselling process in the first session?
3) What difficulties did counsellors encounter in engaging with their clients?
4) What difficulties did clients encounter in engaging with their counsellors?
5) What factors facilitated client motivation and involvement in the counselling process?

2.3 Method

2.3.1 Procedure

Once FAMSA identified a need to improve their services to adolescent clients, their counsellors were approached about participating in research at the centre to investigate what it was like conducting a first session with adolescent clients with the aim of learning more about what helps or hinders the process so as to improve counselling skills in this area. The counsellors were interested in the study and gave their consent to participate in a thirty-minute interview after the first session with an adolescent client. It was explained that the interview would focus on the process of the first session rather than the content. Counsellors were reassured that the purpose of the interview was not there to evaluate their skills, but rather to gain their impressions and perceptions of the first session with regard to issues such as the difficulties and the facilitating factors they identified.

Arrangements were made with FAMSA intake staff to link all their intakes for adolescent counselling with the researcher. The researcher then made contact with the person requesting the counselling, who was usually the parent. The researcher explained that she was responsible for setting up the appointments with the client and appropriate counsellor. It was further explained that research was being done at FAMSA to assist their counsellors develop their skills in dealing with adolescent clients in order to improve the centres service to this population. Thus their permission was requested to allow their adolescent to participate in a thirty-minute interview after their first session in order to ascertain their perceptions of the process. It was made clear that the private contents of the counselling

session would remain confidential between the client and counsellor and that the interview pertained to the adolescent client's perceptions of the process in general with regard mainly to what he/she found difficult about the session and what helped him/her in the session. It was made clear that there was no pressure to participate in the study and they could withdraw at any time without this interfering with their counselling.

On the day of the session the researcher met with the parent or guardian of the adolescent client to discuss the research and answer any questions. A consent form was then completed by the parent (see Appendix Ai). The researcher then met with the adolescent client immediately after his/her first session. The research was carefully explained to the client and any questions were answered. He/she was asked if they would participate in a thirty minute interview around their impressions and perceptions of their first counselling session. They were reassured that the researcher was not interested in any private content of their session, which would remain confidential, but rather in their perceptions of the process of the session, for example what they found difficult and what helped them.

The adolescent was informed that their feedback would remain anonymous in the documentation of the study so as to allow them to feel free to give their honest opinions without fear that this would be given directly back to their counsellors with their names.

It was also made clear that the agency and counsellors themselves had requested their candid feedback so as to improve their counselling skills in handling adolescents. The adolescent was also informed that they could withdraw at any stage of the research without this interfering with their counselling and that there was no pressure to participate in the study if they did not want to. The adolescent was then asked to fill in a consent

form if they still agreed to participate in the study (see Appendix Aii). A background information form was also filled in by the researcher together with the adolescent (see Appendix Aiii). Permission was requested from the adolescent to tape record the interview before proceeding with the thirty-minute interview.

Where possible the counsellor was interviewed immediately after the client or as soon after this as possible in order to ensure adequate recall of the session. Once again the nature and purpose of the research study was explained to the counsellor and questions were answered. The counsellor was then asked to complete a consent form (see Appendix Aiv) and a background information form (see Appendix Av) before proceeding with the thirty-minute interview. These interviews were also audio-taped with the permission of the counsellor. The audio-taped interviews were then transcribed verbatim and analysed using Content Analysis.

Once the interviews were transcribed, open coding was used to draw out themes as part of the Content Analysis. Transcripts were carefully scrutinised to determine the concepts and categories that fitted the data. Once the classification scheme was established, in addition to the researcher, a second independent professional, who had a background in psychology and qualitative research, checked the classifications of the material and the coding scheme. The coded data was subjected to different levels of analysis. The aim was to draw out pertinent themes and patterns around the factors associated with the engagement process including the therapeutic alliance as well as client participation, involvement and motivation in order to ascertain hindering and facilitating factors and to inform further research.

2.3.2 Sample

The sample of adolescent clients and counsellors was obtained from the Family Life Centre in Parkwood. This centre was chosen as it had identified a need to develop its services to adolescent clients, from which it was receiving an increasing number of intakes. Due to its reputation for specialising in dealing with family problems, this clinic receives intakes from various areas in Gauteng and not just the northern suburbs where it is situated. It also has connections with numerous schools through its Education for Living Programme from which it gets referrals.

The adolescent sample was taken from the full intake of adolescent clients received by the centre between October 1998 and February 1999. From the 32 intakes received telephonically, 20 adolescents eventually came for a first session. The remaining 12 cases did not attend counselling at FAMSA for practical reasons such as having to be referred elsewhere, parents deciding to come on their own, illness or failure to attend the first session. All 20 adolescents who came for their first session agreed to participate in the research and their parents also consented.

The adolescent sample fell in the age range of between 12 and 17 with a relatively even mix of ages. Half the sample were male and the other half, female. The majority of the sample came from the surrounding northern suburb areas of Parkwood including Craighall Park, Randburg, Wendywood, Morningside, Bryanston, Sunning Hill, Norwood, Fairways and Houghton. Three cases came from the eastern parts of Johannesburg, one from Cyrildene, one from Kensington and one from Malvern. The majority of the sample attended private schools (14/20). The entire sample was English

speaking apart from one client whose home language was French, but who could speak relatively fluent English. The majority of the sample were the youngest in their families and thirty five percent were the eldest. There were three middle children and one only child. Sixty percent of the sample came from divorced families and the rest of the sample came from married families, except two clients whose parents had never married. The sample was fairly evenly split between those who were willing to attend counselling and those who were unwilling. Two clients admitted to having mixed feelings about attending. The most predominantly reported presenting problem was family difficulties. Other presenting problems noted were difficulties at school, trauma, mood problems, anxiety and legal.

Thirteen of the FAMSA counsellors participated in the study. These were the counsellors who specifically dealt with adolescent clients and therefore were chosen for the study. They ranged in age from twenty two to fifty two and were all female. Their practical counselling experience ranged from one year to twenty years. The majority of the sample were fairly newly qualified counsellors with an average of two years experience. The majority of the group had masters degrees in psychology (community, counselling, educational, clinical). The rest had social work degrees or qualifications. The sample came from various theoretical orientations, namely systemic, psychodynamic and eclectic. One counsellor described her theoretical orientation as social constructionist and another as cognitive.

2.3.3 Techniques

Theory driven data collection was used in this study. Data was collected using interviews.

It was felt that any intrusion on the actual counselling session itself would be inhibiting for the counsellor and especially the client which would impact on the variables that were under investigation such as the engagement process, rapport and participation. It was decided that an interview after the first session would create the least disruption. However one of the problems of this approach was that it was reliant on the recall of the client and counsellor. An attempt was made to mitigate the problem by interviewing the client immediately after the first session and the counsellor as soon thereafter as was practically possible. A further perceived obstacle was that clients might be inhibited to give their candid views especially if they wished to continue in counselling. Thus an attempt was made to reassure client's of their anonymity in the study and that counsellors themselves had requested honest feedback to help them improve their skills.

First an in-depth literature review was done to establish the domain the interviews would explore. The review provided the topics for which questions were later prepared. According to McCracken (1988), the literature review specifies categories and relationships that may organise the data and it helps to determine what the investigator should ask about and what he/she should listen for.

Both the client and counsellor were interviewed using a semi-structured format including a structured interview schedule with open ended questions as well as additional probing questions where the researcher felt necessary. McCracken (1988) advocates using a well designed questionnaire to give structure to the interview and to establish channels for the direction and scope of discourse. He argues that his approach to data collection and analysis is especially useful when the research objective has a relatively narrow focus and avoids shapeless enquiry and being swamped by data

that using a really open-ended interview can result in. Open ended questions were designed to elicit the impressions of both the client and the counsellor of the first session with specific regard to the engagement process, which was identified as a major issue when dealing with adolescent clients.

On account of the fact that the counsellors from FAMSA come from different training backgrounds and have different theoretical orientations, the questions in the interview schedule were based on non-specific process variables that have been acknowledged in the literature as features that promote or hinder change, rather than on specific features or techniques of any particular school of therapy. Questions were based on the process of the first session rather than on the specific content of the first session, so as to be less threatening to the participants and to safeguard issues of counsellor-client confidentiality. It was considered important that the client did not feel pressured to reveal the private details of the session.

The actual interview schedules for the adolescent client and counsellor are included below.

The questions were designed to explore associated themes around the engagement process, namely the client's perceptions of the counsellor, the therapeutic/working alliance, rapport between counsellor and adolescent client, client motivation in counselling, the client's participation in the first session, the client's disclosure of relevant information concerning core problems and how productive the client and counsellor found the first session.

INTERVIEW SCHEDULE FOR THE ADOLESCENT CLIENT

1) Is this the first time you have had counselling?

2) How did you find the first session?

3) Was the session what you expected?

4) What did you expect? Explain.

5) What do you think about counselling in general?

6) How did you find your counsellor?

7) How were you feeling at the beginning of the session? What was it like going into the session?

8) Did your feelings change throughout the session? If so, how?

9) Did your counsellor do anything or say anything that might have changed your feelings?

10) What was it like for you to have to talk in the session?

11) What was it like having to answer your counsellor's questions in the session?

12) What was it like talking about your private and personal issues and problems?

13) Thinking back on the session, could you describe what you found useful about the session?

14) Can you describe anything your counsellor did that was useful?

15) Can you describe anything that you found difficult about the session?

16) How are you feeling about the problems that brought you in here today?

17) How has the session been in terms of helping you understand your problems?

18) Can you describe any part of the session where you felt most able to be involved and most comfortable to talk?

19) Can you describe any part of the session where you felt blocked up and found it difficult to talk?

20) Can you describe anything your counsellor might have done that made things difficult for you and wasn't helpful?

21) How do you feel about continuing with counselling?

INTERVIEW SCHEDULE FOR THE COUNSELLOR

1) How did you find the first session?

2) Can you describe what you found difficult about the session?

3) Can you describe what you found positive about the session?

4) How would you describe the quality of the relationship with your client?

5) What was the rapport like between you and your client?

6) How would you describe your client's attitude towards counselling?

7) How would you describe your client's level of comfort in the session from the beginning to the end?

8) Can you describe your understanding of a therapeutic or working alliance?

9) What was it like building this alliance with your client?

10) How would you describe your client's participation throughout the session?

11) What contributed to him/her participating in the session?

12) What was it like getting your client to talk and respond about personal issues and problems?

13) How productive did you find the hour in terms of enabling your client to think about and understand his or her problems?

14) Can you describe an intervention you made that your client found useful?

15) Can you describe an intervention that you made that was anti-therapeutic and that your client did not find useful?

16) What was it like establishing mutual goals for future counselling?

17) How would you describe your client's motivation to continue with counselling?

2.4 Fieldwork Design

2.4.1 Methodological norms

Reliability in this methodology's approach occurs to the degree that there is correspondence between data and the data's assimilation to categories. Evidence for this has been provided in an in-depth audit trail being made available for outside scrutiny (on request from the researcher). Bruinsma & Zwanenburg (1992) argue that internal reliability and content or substantive validity can be ensured in qualitative research by preparing a comprehensive register of data, notes of relevant events and the state of affairs, and theoretical and methodological memoranda. A further attempt to enhance internal reliability was to get two independent consultants to do a peer examination to check whether the collected data, the analysis into categories and the interpretation contained 'accidental' distortions.

It is not intended by the researcher to imply that the categorisation strategy used in this study would be similar to that of another research team or that the strategies would be consistent over time as neither of these criteria are applicable to such a qualitative study.

The validity of such an approach and model of analysis lies in its ability to offer meaningful findings and explanations. It may be considered valid to the degree that it meaningfully represents and organises the information provided by clients and counsellors, with minimal introduction of other sources of bias.

It is not suggested that any aspect of the analysis - including meaning units, conceptual or core categories, or subcategories - should be taken as being absolutely and uniquely correct. An attempt has been made to

demonstrate sufficiently the analytic process used and to suggest relations among levels of analysis in order to offer one potentially meaningful way to think about the data. In order to illustrate the analytic process and to show the different levels of analysis, one main code obtained from the adolescent clients' responses was used as an example (see Appendix B).

McCracken's four-step method of enquiry was used as well as his five stages of data analysis in order to enhance the validity, reliability and objectivity of the study. McCracken (1988) argues that his scheme creates a record of the process of reflection and analysis in which the investigator engages which has been identified as a condition of the qualitative reliability check (Kirk & Miller, 1986 cited in McCracken, 1988). McCracken further argues that his approach allows for the investigator becoming aware of the cultural categories and configurations that he/she uses to understand the world in order to be in a position to detach him/herself from these categories and assumptions to facilitate objectivity. Thus a further attempt to enhance the validity, objectivity and reliability of this study was to use both theoretical and mental triangulation. Bruinsma et al (1992) note that theoretical triangulation is a way of elucidating the research material starting from different ideas, assumptions, hypothesis and interpretation contexts to see where data fits in best.

Mental triangulation is when the individual researcher endeavours to establish different ways of thinking and affective relations in regard to the object. According to Seidman (1998), by interviewing a number of participants, one can connect their experiences and check the connections of one participant against those of others. A further goal of the process is to understand how participants understand and make sense of their experience. If the interview structure works to allow them to make sense to

themselves as well as to the interviewer, then it has gone a long way toward validity.

2.4.2 Data analysis

Content analysis has been recommended for the classification of open ended material.

Certain authors recommend Content Analysis as a means of interpreting the data gained from semi-structured interviews (Holsti, 1969 & Breakwell, 1990). Content analysis allows for concentrating on those items of information that are relevant to the research questions.

An important feature of content analysis is that it is a relatively unobtrusive research technique. This contributed to the fact that this technique was chosen for the study due to its sensitive nature in focusing on counselling sessions which are regarded as both private and confidential. It was also felt that in dealing with adolescent clients one needed to be as least intrusive as possible. In addition to this was the fact that Family Life Centre's own client population and counsellors would be requested to participate in the study rather than using volunteers. Thus it was necessary to use a research design that would cause as little inconvenience and intrusion as possible for both clients and counsellors.

McCracken's (1988) five stages of data analysis were used as a scheme to guide the investigator's consideration of the data. These stages are as follows:

1) Each utterance in the interview transcript is treated in its own terms, ignoring its relationship to other aspects of the text.

2) Observations are taken and developed first by themselves, second according to the evidence in the transcript, and, third, according to the previous literature and cultural review.

3) The interconnection of second-level observations are examined, resorting once again to the previous acts of literature and culture review. The focus of attention has shifted away from the transcript and toward the observations themselves.

4) The observations that have been generated at previous levels are taken and subjected to collective scrutiny, in this collective form.

5) These patterns and themes are taken, as they appear in the several interviews that make up the project and subjected to a final process of analysis.

Through a process of coding, exerpts from the transcripts were organised into categories. The researcher then searched for connecting threads and patterns among the excerpts within those categories and for connections between the various categories that might be called themes. It was noted when excerpts from a participant's experience connected to each other as well as to passages from other participants or when excerpts connected to the literature on the subject. Commonalities, differences, patterns and structures amongst phenomena were all examined.

Coded data was transformed into meaningful data by examining the connective threads among the experiences of the participants and offering an explanation and understanding of these connections. This was done by exploring patterns, themes, and regularities as well as contrasts, paradoxes,

and irregularities where possible. Seeking out systematic relationships among categories and concepts, formed one basis for the development of interpretation as well as finding conceptual and theoretical coherence in the data.

CHAPTER THREE: RESULTS

3.1 Introduction

A summary and description of findings follows. The codes and subcodes that emerged from the data analysis are examined and described with regard to how they relate to the main dimensions of the engagement process under study, namely the therapeutic/working alliance, client participation and involvement in the session, client motivation in the counselling process as well as difficulties and facilitating factors experienced by the clients and counsellors. A description of the clients' experiences of the counselling process is given first, followed by a description of the counsellors' experiences and then a comparison of these two viewpoints is given, then follows a comparison of the experience of the engagement process in willing versus unwilling clients. Finally the nature and degree of the engagement process for the group of respondents as a whole is commented on.

3.2 Clients' experience of the engagement process

3.2.1 Clients' positive expectations and views of counselling

The literature identified clients' expectations as impacting on the therapeutic alliance which in turn has an influence on the engagement process. In this study the client's view and expectations of counselling also seemed to impact on the engagement process. The clients who returned for a second session (a sign of engagement), tended to express more positive views and expectations of counselling while those who did not return for a second session tended to express more ambivalence and negative views of counselling. Clients' views that counselling in general was helpful included

both the cognitive as well as the affective components of counselling. However there seemed to be more emphasis given to the cognitive components such as gaining insight, problem solution and getting advice. Other themes seemed to be associated with factors identified in the literature to be associated with the therapeutic alliance; for example, seeing it as helpful being able to talk to someone who they could trust, who would understand and be interested in them, who would not judge them and who would offer honest communication.

Clients' expectations that the current counselling would help showed once again an emphasis on gaining problem solution. There were also some signs of adolescent clients expecting a 'magic cure'. For example, one client expected the counsellor to be able to take away his fears.

3.2.2 Clients' participation and involvement in the session

A process was described whereby the clients' involvement and participation improved which seemed associated with clients feeling more at ease as the session progressed. This process appeared to coincide with the development of an alliance between client and counsellor as was indicated by the number of themes and subcodes associated with a therapeutic alliance that emerged. There were several themes suggesting a therapeutic bond (network of positive personal attachments between client and counsellor that include issues of mutual trust, liking, caring, acceptance and confidence) was forming between client and counsellor which was associated with the client expressing feeling better, more at ease, comfortable and finding it easier to talk. Themes included liking the counsellor, perceiving the counsellor as caring and helpful as well as rapport and trust developing. Counsellor influences on the process included: the counsellor's personality; emotional involvement; ability to communicate

caring, acceptance and empathic understanding; being non-directive; showing realness and being relaxed. The counsellor techniques that seemed to facilitate the process included modifying the client's expectations and structuring (counsellors define themselves and the situation). Other facilitative factors included establishing a reason for counselling, clients having space to talk about what they needed to, talking about neutral topics first, gaining reassurance and knowing the session was confidential.

3.2.3 Client feeling helped and experiencing a supportive therapeutic relationship

It would seem that the client's perception of being helped is associated with the Type 1 alliance (client experiencing the counsellor as supportive and helpful) and therefore impacts on the engagement process. Clients' perceptions of finding the current session helpful seemed to be associated with having positive feelings in the session such as feeling comfortable, feeling better and feeling positive about the session. Factors associated with clients feeling helped included having an experience of a good and supportive therapeutic relationship and experiencing a therapeutic bond with the counsellor. This was indicated in the subcodes to do with the client liking and having confidence in the counsellor, and perceiving the counsellor as caring.

A further factor that clients noted as helpful and assisted them to relax, feel comfortable and open up was perceiving the counsellor as nice to talk to. It was also noted as a factor motivating the clients to return for further counselling. Counsellor techniques contributed to clients perceiving the counsellor as nice to talk to; such as, being non-directive, not pressuring the client, pacing, tracking, structuring and assisting the client to verbalise. Other contributing factors included: the counsellor not just being problem

focused; focusing on the client's interests; and asking what clients perceived to be good questions, such as being relevant and following on from what the client had already given.

Clients also benefited from feeling understood by their counsellor and feeling that their counsellor could relate to their emotions, problems and developmental stage. Another helpful factor was being able to talk to the counsellor about problems that the client could not usually talk to other people about which was associated with the client feeling accepted, experiencing interpersonal equality, having confidence in the counsellor, experiencing rapport with the counsellor and perceiving the counsellor as being on their side. Other helpful factors included being able to experience and explore emotion as well as gain education, understanding and clarification of their feelings.

The adolescent clients tended to emphasise the cognitive aspects of the helping relationship and felt their counsellors were helpful, for example when they offered advice and were able to identify problems. Other factors the clients found helpful that were more associated with the task component of the therapeutic/working alliance included: cognitive factors, such as having their thoughts stimulated resulting in gaining; insight and new perspectives, understanding of problems and relationships, clarification, self-understanding and awareness, and problem solution.

Counsellor techniques that seemed to facilitate the client feeling helped included normalising, teaching, identifying client's problems and establishing an agenda for counselling.

Important counsellor influences seemed to be the counsellor's emotional involvement and ability to offer emotional support; for example, being

interested, sensitive, considerate and showing empathic understanding. Other counsellor influences included counsellor realness, flexibility, active involvement, objectivity and counsellor coming across as relaxed, informal, calm and patient.

3.2.4 Clients' motivation in counselling

Particular focus was given to clients' motivation to continue with counselling as this was regarded as a possible sign of client engagement. There was indication that alliance factors influenced client motivation to continue with counselling. For example, there were signs of client experiencing rapport with the counsellor, client feeling understood and accepted by the counsellor, and client liking the counsellor. Counsellor influences included empathic understanding and emotional involvement. Other contributing factors included: problem identification; client feeling encouraged to face problems; client having a positive perception of the counsellor's questions; client feeling helped, knowing the counselling was confidential, being able to express emotions, having positive expectations of counselling, and being able to talk to the counsellor about problems they could not normally share. Cognitive facilitating factors included gaining understanding and clarification of problems, gaining new perspectives, and education around feelings.

An important factor affecting client's motivation seemed to be personally wanting counselling. Factors associated with this were the client having a reason for coming for counselling; such as, perceiving a need to talk or to solve a problem, and having a personally meaningful goal.

Factors that contributed to clients' lack of motivation to continue with counselling included: anxiety and state of conflict around seeking help;

feeling a threat to their identity and not wanting to change who they were; having externalised their problems; resistance due to the fact that counselling had not been their choice; fear of confronting difficult feelings and not wanting to talk to a stranger about their problems.

3.3 Possible obstacles to engagement noted in clients' experience

3.3.1 Clients' negative feelings or feelings of discomfort in the session

All but one of the adolescent respondents in this study noted having initial feelings of anxiety, tension, discomfort and strangeness. One of the main factors contributing to these feelings was going into a strange situation and not knowing what to expect. There were some signs that the client's negative feelings, or feelings of discomfort, affected the client's participation in the counselling session.

Some clients expressed having a fear of talking, a fear of not being able to answer the counsellor's questions and a fear of upsetting the counsellor by saying the wrong thing. Other themes that emerged that could have had a negative impact on forming an alliance and therapeutic bond with the counsellor included clients having difficulty trusting, having a fear of being judged and having a fear of not being understood.

3.3.2 Clients' resistance to counselling

Factors associated with clients' resistance to counselling included clients not being motivated in counselling due to not having a personal reason or perceiving a need for it. Some resistance stemmed from counsellor behaviour; for example, asking probing questions into what the client perceived as private and sensitive issues. A major source of resistance

seemed to stem from clients feeling forced to come for counselling which negatively affected their involvement and participation in the session.

3.3.3 Difficulties clients experienced in the session

The main themes that emerged under this code were clients having difficulty with the counsellor's questions, clients having difficulty dealing with a new situation and clients having difficulty sharing about feelings and problems. There were some signs that clients found some of their counsellor's questions too probing for a first session which resulted in resistance; for example, the client being tempted to lie, client feeling defensive and client becoming inattentive. One client described feeling bombarded by his counsellor's questions.

The ambiguity of the counselling situation seemed to trigger anxiety and tension for a number of clients. Themes that emerged were around not knowing what their role was and what was expected of them, not knowing what would transpire during the session, and not knowing how the counsellor would respond to them or think about them. The clients' difficulties dealing with a new and ambiguous counselling situation may have affected their initial participation and involvement in the session as is indicated by one client's response that she did not understand how counselling worked in the beginning and she felt blocked up, uncomfortable and unable to express herself.

Clients having difficulty talking to a stranger was associated with factors linked to the therapeutic alliance; for example, clients being concerned about the counsellor not being able to understand them and being concerned whether or not the counsellor would be judgmental.

The fact that clients had difficulty sharing about feelings and problems may also have been relevant to the engagement process in so far as this factor impacted on the clients' willingness to participate and become involved on a deeper level in the session. There was a predominance of themes to do with acceptance issues, such as fear of being judged and not wanting to make a bad impression. Other themes included: having a fear of revealing too much of themselves; fearing loss of emotional control and confronting difficult feelings; and having difficulty identifying, expressing, and verbalising feelings. Some alliance issues that emerged were not feeling comfortable enough with the counsellor and having difficulty trusting the counsellor and trusting that the session was confidential.

3.3.4 Clients' negative views and expectations of counselling

A number of themes emerged around clients doubting whether counselling was helpful. Some contributing factors were having negative stereotypes of people who seek counselling and holding beliefs such as one should not talk to strangers about problems and feelings. Clients' negative expectations included themes such as expecting to be bombarded with questions and a lack of involvement on the counsellor's part. A number of client's negative expectations seemed to come from the client's previous negative experience of counselling.

3.3.5 Negative impact of counsellor

Some counsellor behaviour may have created obstacles to engagement, such as when the client experienced a lack of objectivity and congruence when the counsellor gave reassurance without solid reasons, the counsellor asked what the client perceived as difficult questions and the counsellor

went on too much about a topic the client did not want to talk about which created resistance in the client.

3.4 Counsellors' experiences of the engagement process

3.4.1 Counsellors' experiences of the therapeutic alliance

There were many signs of a therapeutic bond forming between clients and counsellors. Themes included the counsellor liking the client and being motivated to work with the client, experiencing rapport with the client and being able to join with the client. Other themes included counsellors perceiving the client as being comfortable and at ease with them and feeling trust was developing when their clients were able to disclose intimate things about themselves.

Other signs of connection as perceived by the counsellors included signs of a Type 1 alliance having formed with clients feeling helped and supported, clients being willing to return for further counselling and clients showing realness and honest communication. Client influences noted were clients being receptive, not being on their guard and showing a readiness to engage.

3.4.2 Counsellors' experiences of clients' participation and involvement in the session

Counsellors described varying degrees and the varying nature of client participation, from clients not showing blatant resistance to showing co-operation by answering questions and talking, giving information and being able to elaborate, all the way through to disclosure on what seemed to be a

deeper level, such as being able to disclose on core issues, intimate matters, traumas and feelings.

Counsellors' perceptions seemed to describe a process whereby clients' participation and involvement improved as the session progressed. There were themes to suggest that counsellors experienced improvement particularly in clients' emotional involvement. Themes also indicated a therapeutic bond was forming, for example clients seeming friendlier and more relieved by the end of the session, counsellors perceiving clients being able to trust more and sensing an improvement in their level of comfort.

3.4.3 Facilitating factors

Counsellors' perceptions of what facilitated the counselling process and their efforts to facilitate the process included counsellor influences and interventions as well as client influences on the counselling process.

There were themes associated with counsellor influences on the therapeutic alliance also noted in the literature; for example, being non-judgmental, liking the client, showing warmth, showing emotional involvement, showing empathic understanding and counsellor's personality. Other dominant themes were around the counsellor being relaxed and informal.

Client influences that facilitated the counselling process included: clients being able to adjust their negative expectations of counselling; having motivation to be in counselling and perceiving a need or having a reason to want counselling; having the capacity to self-reflect; being able to trust; showing confidence; intelligence and having interpersonal skills to develop a relationship.

Other *facilitating factors associated with clients' participation and* involvement included: developing a therapeutic bond with the client through establishing trust and rapport; establishing confidentiality; and offering acceptance, interpersonal equality and affirmation. The dominant alliance-building strategies used by counsellors in this study were offering emotional support and giving the client a sense that the counsellor was on his/her side by, for example, meeting the client's need to have his/her perspective understood and respected.

Another strategy seemed to be to avoid putting pressure on the client by not immediately challenging the client or probing too deeply and trying to avoid being intrusive, not pressuring the client into doing something he/she didn't want to do, moving off anxiety provoking topics when sensing resistance in client, first establishing a relationship before moving on to dealing with problems, and conveying an awareness of the importance of client privacy and independence. A further alliance-building strategy was to enable the client to feel heard and understood by using reflecting, active listening, summarising what the client had said, and showing empathic understanding. The counsellor showing interest in the client was another recurring theme that seemed to facilitate the alliance. Other relationship building efforts included trying to speak the same language as the client and using the same expressions as the client did, attempting to meet the client's needs, loosening client/counsellor boundaries, showing knowledge of the adolescent world, giving focus to the client's interests and not just being problem focused, offering a less intense counselling experience, recognising the client's anxiety and conflict around being in the session, showing the client respect, giving the client some control over the process, and offering a non-threatening process.

There was a predominance of themes around assisting the client to experience, explore and express feelings. Techniques counsellors used were identifying feelings, normalising and reflecting. Themes suggested counsellors being more affect orientated than cognitively orientated in the first session.

The counsellors' efforts to assist the clients' motivation in the counselling process included: the counsellors giving their understanding of the client's problems and offering an interpretation; giving encouragement to face the problems; using structuring and explaining what would occur during the process of counselling; offering an explanation of what the first session was about; and dealing with the client's expectations.

Predominant techniques used by counsellor's were tracking (using what client gave spontaneously to explore further, allowing client to determine what was spoken about), pacing (not trying to get all the information at once, but allowing the clients the space to express whatever they needed to in their own time), structuring (defining the counselling session and how the client could use it, defining the counsellor's role as well as the client's).

Other techniques used by counsellors were assisting client to verbalise, adopting a non-directive approach, normalising, reflecting feelings, dealing with the client's expectations, and interpretation.

3.4.4 Counsellors' negative expectations

The literature identified the counsellor's expectations as having an impact on the therapeutic alliance. A number of themes emerged in the current study around the counsellor's negative expectations and the fact that they were not fulfilled. Some of the counsellors' negative expectations were

based on previous negative counselling experiences with adolescents. Others were based on negative assumptions about adolescent clients in general. Expectations included: having to work harder with adolescent clients; adolescent clients would be resistant and unwilling to disclose about themselves and their emotions; adolescent clients would be difficult to establish a relationship and rapport with; counsellors would have to question and probe more with adolescents; and clients would be defensive, withdrawn and unwilling to participate.

3.4.5 Challenges the counsellors faced in engaging the clients

Counsellors' responses to what they found difficult about the first session mainly included themes to do with the engagement process. The main challenges noted were gaining client participation and involvement in session, building an alliance and dealing with the client's resistance.

Other challenges included: identifying and defining the client's problem; judging what level of intensity to have in a first session; counsellor's own feelings and counter-transference; and judging what level of maturity the client needed to be treated with. One of the biggest challenges faced by counsellors in this study was dealing with clients who did not want to be in counselling. Counsellors found these clients difficult to build an alliance with and gain their participation and emotional involvement in the session. Themes that emerged included: counsellors having difficulty when faced with the client's negative emotion and resistance; counsellors feeling pressure to perform and engage the client; counsellors feeling the need to work harder to be a good counsellor and to be liked; and counsellors feeling victimised.

Counsellors picked up signs of discomfort and tension in their clients which was more marked at the beginning of the session. Some counsellors found dealing with shy clients challenging and found themselves being more active and asking more questions. There were also some signs that the client's discomfort affected client participation and in some cases seemed associated with resistance.

3.4.6 Counsellors' perceptions of clients' resistance

A number of themes emerged indicating client resistance and lack of participation. Themes included: clients being unwilling to get involved on an emotional level; being unwilling to take help; being reluctant to talk about personal and private matters; and being resistant when the counsellor touched on anxiety provoking topics.

Counsellors' understanding of clients' resistance and unwillingness to engage included themes such as: client having difficulty facing feelings; being ambivalent about counselling; having difficulty dealing with the ambiguity of the counselling situation; having difficulty talking to a stranger; being concerned about revealing themselves; having had a previous negative experience with the helping profession; having difficulty trusting; feeling ambivalence around getting help; not having a personal reason or perceiving a need for counselling; fearing not being understood; being concerned about confidentiality; not experiencing the alliance as having developed sufficiently; having difficulty expressing him/herself; and having negative expectations.

Counsellors' efforts to deal with clients' resistance showed counsellors attempting to offer clients a non-threatening experience, not challenging clients' defences, avoiding deep probing, moving away from sensitive

topics when sensing resistance in clients and offering clients a less intense experience. Other efforts included giving the client a sense of control over the process as well as recognising and dealing with clients' anxiety and conflict around being in the session.

3.4.7 Counsellors' concerns about their actions

Counsellors expressed concern about certain of their actions such as not picking up on and dealing with the client's ambivalence about returning for counselling, focusing on a sensitive issue for too long which seemed to be too intense for the client to deal with and resulted in the client withdrawing, not addressing the client with the right level of maturity, being too focused on gathering information resulting in asking too many questions and interrupting the client's train of thought, using incorrect timing for an exercise without first checking if it was okay with the client, challenging the client's defences too soon, using silences that left the client feeling uncontained, questioning the client's perceptions which left the client feeling the counsellor was not on her side, asking too many questions which may have been perceived as invasive, being too active and taking too much responsibility for guiding the direction of the session, probing to deeply too quickly, and problem solving for the client and not giving the client a chance to think for herself.

3.5 A comparison of clients' and counsellors' experiences

A number of common themes seemed to have recurred throughout both clients' and counsellors' experiences of the engagement process. Similar factors emerged in what clients and counsellors experienced as useful and facilitating aspects. It was noted by both clients and counsellors that it was useful for counsellors to adopt a non-directive approach and to let the client

talk about whatever he/she needed to; to establish confidentiality; for clients to have a non-threatening and less intense counselling experience in which they did not feel pressured; for counsellors to be perceived as being on the client's side; counsellors focusing on the interests of clients and not just being problem focused; counsellors offering acceptance, empathic understanding and emotional involvement; counsellors using structuring, pacing, tracking and normalising; and counsellors being relaxed and informal.

Similar themes also emerged in clients' and counsellors' descriptions of what could be taken as obstacles and challenges to the engagement process, for example: clients' resistance to getting help; clients finding the ambiguity of the counselling situation anxiety provoking; clients having difficulty talking to strangers; and clients not perceiving a reason or need for counselling.

Both clients and counsellors seemed to experience a process whereby clients' tension eased as the session progressed with clients finding it easier to participate once a therapeutic bond had formed and clients were feeling positive about their counsellors and trust had developed.

One marked difference noted between clients and counsellors descriptions of their experiences was that there seemed to be more themes on the cognitive components of the helping relationship noted in the clients' experiences while counsellors' experiences seemed to show greater focus and interest in the affect and interpersonal aspects of the therapeutic relationship.

3.6 Willing and unwilling clients' experiences

Table 1 overleaf presents a comparison of findings for willing versus unwilling clients with regard to their engagement and whether or not they returned for a second session.

3.6.1 Clients who stated they had come willingly to counselling

As the table shows, eight of the twenty adolescent respondents stated that they came willingly to counselling and all eight returned for further counselling. They all expressed a positive view of counselling in general. Of the eight adolescents who came willingly to counselling, three seemed to engage readily in the counselling process, participating actively and posing little challenge to their counsellors. These clients seemed to perceive that they had a problem they needed to talk about and were motivated to get help for themselves which may have contributed to the fact that their counsellors found them willing to engage and easy to join with. While these clients showed motivation and willingness to be in counselling, they nevertheless also seemed to have some difficulty sharing feelings and talking about very private issues or going deep into their problems. This may be linked to the fact that it was a first session.

The other five of the eight clients who came in willingly and returned for further counselling seemed to pose more of a challenge to their counsellors. It seemed more difficult to engage them and to get their participation and involvement in the session. These clients showed less personal motivation to be in counselling and may have been complying with the wishes of their parents rather than their own. A number of these clients were not clear on what they thought their problem was or why they had come for counselling.

TABLE 1 – A COMPARISON OF FINDINGS FOR WILLING VERSUS UNWILLING CLIENTS

	Initial of client	Gender	Age	Initial of counsellor	Counsellor's age	Counsellor's years of experience	Counsellor's qualification	Client returned	Client did not return	Client engaged readily	More challenging to engage	Very difficult to engage	Positive view of counselling	Ambivalent towards counselling
Clients who came willingly to counselling	CD	M	15	RT	28	2	MA	✓			✓		✓	
	GD	M	13	MV	43	2	MA	✓			✓		✓	
	ED	M	14	JL	30	1	MA	✓			✓		✓	
	JS	M	12	CF	47	20	MA	✓		✓			✓	
	SR	M	15	BS	27	1	MA	✓		✓			✓	
	EV	M	13	MV	43	2	MA	✓			✓		✓	
	GC	F	15	VF	27	2	MA	✓		✓			✓	
	CH	F	15	JL	30	1	MA	✓			✓		✓	
Clients who were ambivalent about coming to counselling	DB	M	14	RT	28	2	MA	✓			✓		✓	
	DS	F	14	JM	33	3	MA		X		✓			✓
Clients who came unwillingly to counselling	MF	M	14	RK	22	4	Soc	✓			✓		✓	
	AN	F	12	RK	22	4	Soc	✓			✓		✓	
	JJ	F	15	AN	52	15	Dip	✓		✓			✓	
	GR	F	16	MF	23	1	Soc	✓		✓				✓
	MC	M	14	EH	40	7	Soc		X			✓		✓
	MFr	M	13	JS	29	3	MA		X			✓		✓
	BF	F	17	BF	28	2	MA		X	✓			✓	
	JH	F	17	VF	27	2	MA		X			✓		✓
	JoH	F	13	CF	47	20	MA		X	✓				✓
	NB	F	13	BF	28	2	MA		X	✓			✓	

3.6.2 Clients who stated they had come unwillingly to counselling

Ten of the twenty adolescent respondents came unwillingly to counselling. Six of these ten did not return for further counselling and the other four did return. In this study all of the respondents who did not return for further counselling had come in unwillingly and one had expressed being ambivalent about coming for counselling. Thus it would seem that being unwilling to come for counselling may have created an obstacle to getting clients to engage in the counselling process which counsellors in this study were not always able to overcome. Clients expressed not wanting to talk or talking very little when they felt forced to come for counselling which made them angry and unco-operative. These clients expressed that they did not want counselling as they did not have a personal need for it or did not want help. They also expressed having difficulty talking to strangers about their problems.

Four of the six clients who came in unwillingly to counselling and did not return for further counselling expressed mixed impressions of the counselling session itself. They expressed a relatively large number of positive perceptions of their counsellors and noted that the session had been helpful in some way. However they showed signs of ambivalence when asked about their motivation to continue with counselling and seemed uncertain about whether or not counselling could be helpful. They seemed to have difficulty talking about personal and family problems to outsiders. Their counsellors reported mixed experiences of the sessions, noting that their clients participated and co-operated on some levels, but were resistant on others. Counsellors noted making some connection with all four clients and three counsellors felt their clients opened up fairly easily.

Of the four clients who came in unwilling, but then returned for further counselling, three expressed the view that counselling in general was helpful and one was ambivalent about counselling being helpful due to her previous experience of it. All four however expressed being motivated to continue with counselling after their first session which seems to suggest that something occurred in the first session which facilitated engagement. One client had been with a very experienced counsellor, but the other three had been with novice counsellors. All four had relatively serious problems in comparison to the rest of the adolescent respondents, such as a traumatic death of a father, being arrested for taking drugs, a history of depression for which psychiatric treatment had been necessary and a history of lying, stealing and drinking. Counsellor factors also seemed to play an important role in engaging these clients and all four expressed very positive perceptions of their counsellors. They seemed to feel understood by their counsellors and perceived their counsellors as caring and interested in them. The counsellors of these clients noted that while these clients were resistant and reserved to start off with, they seemed to open up as the session progressed. These counsellors seemed to work on creating a safe, non-threatening environment with a focus more on building a relationship and rapport with their clients rather than on gathering as much information as possible or probing too deeply into the client's problems.

3.6.3 Clients who stated they were ambivalent about coming to counselling

Two adolescent respondents stated that they had been ambivalent about coming for counselling. The one respondent returned for further counselling while the other one did not. The respondent who returned for further counselling noted that he found counselling difficult, but wanted help with his problem. The counsellor picked up this client's ambivalence about returning for further counselling and explained the process of the first

session, what it was about and how counselling worked as well as discussing the client's expectations. After doing this she noted that the client then decided to come to the next session.

The other respondent who did not return for further counselling had expressed positive perceptions of her counsellor and said she found the session helpful. The counsellor also felt she had connected with the client and thought the client had been able to open up about important and intimate issues. However she noted that the client seemed wary of discussing certain things which resulted in her asking quite a lot of questions to draw the client out. The counsellor remarked that she was not experienced with adolescents and was concerned that she had been too directive in guiding the direction of the session and tended to jump in and problem solve for the client.

3.7 Nature and degree of engagement for the group of respondents as a whole

Table 2 overleaf presents a summary of findings with regard to the nature and degree of engagement in the adolescent clients.

As the table shows, in ten of the twenty cases, counsellors expressed having difficulty engaging their client. In three cases the counsellors expressed mixed views of the difficulty of the engagement process and in the other seven cases the counsellor expressed finding it easy to engage the client. Thus there does not seem to be a strong trend either way in terms of counsellors experiencing their adolescent clients as difficult or easy to engage with.

TABLE 2 – NATURE AND DEGREE OF ENGAGEMENT FOR THE GROUP OF RESPONDENTS AS A WHOLE

	Counsellor	Client	Counsellor found client easy to engage	Counsellor found client difficult to engage	Counsellor had mixed views of the engagement	Signs of therapeutic alliance forming	Client showed some signs of co-operation and participation in conversation	Client was willing to speak about problems and give sufficient information for counsellor to work with	Client disclosed on a deeper level, his/her feelings and core issues
1	BS,27,1MA	SRM*&^	✓			✓	✓	✓	
2	MV,43,2,MA	EVM*%^		✓		✓	✓	✓	
3	MV,43,2MA	GDM*&^		✓		✓	✓		
4	AN,52,15,dip	JJF#&^	✓			✓	✓		
5	RT,28,2,MA	CDM*%^		✓		✓	✓		
6	RT,28,2,MA	DBM@%^		✓		✓	✓	✓	
7	JL,30,1,MA	CHF*%^		✓				✓	
8	JL,30,1,MA	EDM*&^			✓			✓	
9	VF,27,2,MA	GCF*%^	✓			✓			✓
10	VF,27,2,MA	JHF#&$		✓			✓		
11	BF,28,2,MA	NBF#&$	✓			✓		✓	✓
12	BF,28,2,MA	BFF#%$	✓			✓			✓
13	MF,23,1,Soc	GRF#&^	✓			✓			✓
14	CF,47,20,MA	JSM*&^	✓			✓			✓
15	CF,47,2MA	JoHF#&$			✓	✓		✓	
16	RK,22,4,Soc	MFM#%^		✓		✓		✓	
17	RK,22,4,Soc	ANF#&^		✓		✓		✓	
18	JM,33,3,MA	DSF@&$			✓	✓	✓		✓
19	EH,40,7,Soc	MCM#%$		✓					
20	JS,29,3,MA	MfrM#%$		✓			✓		

In most cases counsellors were able to obtain a basic degree of participation from clients in the form of co-operation with questions, participation in general conversation and giving counsellors sufficient information to work with. It was only in one case that the counsellor seemed to struggle to gain even a basic level of participation and co-operation. In this case the client had felt forced to go for counselling and was very resistant. The counsellor had great difficulty forming an alliance with this client and there were few signs of even a therapeutic bond forming.

In the majority of cases however there were signs of the Type 1 alliance forming with clients feeling helped and supported. The aspect of the therapeutic alliance that was described most in the study by both clients and counsellors seemed to be the therapeutic bond. It would appear that in general counsellors in the study placed a great deal of importance and focus on establishing a relationship with their clients. Alliance factors also formed a large part of what clients found positive and helpful about the session. There was evidence that rapport had been established in the majority of cases. Signs of this was the fact that clients gave a lot of positive feedback about their counsellors. Recurring themes were finding their counsellors nice to talk to and feeling understood by their counsellors. However even when rapport and a therapeutic bond seemed to have been established, it did not ensure that the client had engaged to the degree that they would return for further counselling. However it did seem to facilitate the client being willing to talk and participate.

Getting clients to t[illegible]en up seemed to be a sign of engagement in some clients, [illegible] it did not guarantee their return for further counselling. Fou[illegible]even clients who did not return for further counselling were perceived by their counsellors to have connected with

them and opened up about their problems. One explanation for this may have been that counsellors were reporting what they wanted to see rather than what actually occurred. Another explanation may have been that factors outside the actual counselling session impinged on whether or not clients returned for further counselling. One such factor seemed to be the client's need to resist pressure from parents to come for counselling and not wanting to give into parents wishes.

Client motivation to continue with counselling was argued to be a sign of engagement. If this was the case then the majority of clients were successfully engaged. Fifteen of the twenty adolescent clients expressed being positive about returning for further counselling. However three of these clients who expressed being positive did not in fact return. This may have been due to their not really being motivated to return, but wanting to create a favourable impression with the researcher. On the other hand they might have been motivated to return, but outside circumstances prevented it; for example, one of these clients was going on holiday and the other already was seeing a school counsellor.

If client return for a second session is to be taken as evidence of engagement then it would appear that counsellors in the current study were able to engage successfully with thirteen of the twenty adolescent clients.

CHAPTER FOUR: DISCUSSION

4.1 Introduction

The findings of this study highlight the importance of the establishment of an alliance between client and counsellor to facilitate the participation and involvement of the client in the first session and the client's motivation to continue with counselling. There also seems to have been evidence to support the view noted in the literature that client involvement is a critical sudimension and indicator of the therapeutic alliance (Greenberg & Pinsof, 1986). Alliance factors formed a large part of what clients felt was positive and helpful about the session. Client satisfaction has been noted in the literature as being a factor associated with engagement that needs to be further investigated (Tyron, 1990).

A number of themes described in both clients' and counsellors' responses seemed to indicate a Type 1 alliance forming in the first session which is in line with Luborsky's findings that this type of alliance seems most evident in the beginning of therapy and is based on the client's experiencing the counsellor as supportive and helpful with himself as a recipient (1976, cited in Horvarth & Luborsky, 1993). There seemed far fewer signs of clients and counsellors working together and taking shared responsibility for working out treatment tasks and goals which are indications of the Type 2 alliance forming. Counsellors in this study appeared less task focused and goal orientated in the first session and seemed to pay more attention to dealing with affect, offering emotional support and paying attention to the interpersonal components of the alliance.

Relationship building seemed to be a main focus of most of the counsellors in the study and there were a predominance of themes to do with

establishing a therapeutic bond. The counsellors in this study appeared to a large extent, effective in establishing a bond with their clients and communicating warmth, caring, congruence, positive regard, acceptance, and empathic understanding. This seemed to be indicated by the number of responses from clients experiencing a sense of acceptance, feeling understood and liking their counsellors, and finding them nice to talk to. The building of a therapeutic bond seemed important for the adolescent clients in this study who seemed particularly sensitive and concerned about being judged and not being accepted or understood. It was important for the clients in this study to have a sense of the counsellor as a real person who was emotionally involved in the session rather than being neutral and anonymous.

There were perceptions noted by both clients and counsellors that feeling at ease and comfortable was associated with the client being more ready to talk and open up. Clients having a sense of comfort in the session and feeling at ease in their counsellors presence was taken as a sign of rapport in this study. A reduction of tension noted during the progression of the first session was taken as a sign of the client feeling more at ease with the counsellor which could have facilitated engagement. However it needs to be noted that if one argues that feeling comfortable is associated with engagement, it raises the question of where this leaves a factor such as tension in the process. One argument could be that if a client truly engages in the counselling process to grapple with feelings, problems and conflicts, a degree of tension would be expected and may even be a sign of engagement. It could be further argued that a client coming across as very relaxed and comfortable in a session may be a sign of lack of engagement as they may be using a defence against becoming emotionally involved in the session by blocking uncomfortable feelings.

One explanation that incorporates both views may be that there are different levels of engagement and different levels may occur or be appropriate at different stages in the counselling process. While a client may be put off by too much intensity and tension in a first session, he/she may be more able to tolerate these factors required for doing deeper work once a relationship has developed between them and the counsellor to contain the feelings of discomfort.

4.2 General implications of study and suggestions for future research

4.2.1 Impact of the counsellor's own feelings and needs

Ten out of the thirteen counsellors used in the study expressed having a better experience with their adolescent clients than they had expected. The fact that counsellors' negative expectations were not fulfilled may suggest that these expectations were based on negative stereotypes of adolescents. A number of these counsellors also noted that they had negative experiences with previous adolescent clients and seemed to hold the view that working with adolescent clients was difficult as they did not engage easily and were often resistant. It would seem that counsellors may bring their past therapeutic failures into their work with new cases. This can have a particularly negative impact when dealing with adolescents who themselves might be feeling negative, pessimistic and hopeless. Another implication is that if counsellors are expecting difficulties before they enter the counselling session, this may result in tension in the counsellor which could be transferred to the client. A number of clients seemed to find it helpful when their counsellors came across as relaxed and had a calming effect on them. Counsellors who are tense themselves may have additional difficulty containing and sitting with their client's tension and difficult feelings.

Some counsellors expressed having particular difficulty when either clients came into counselling unwillingly, were angry and hostile, having felt forced into counselling or had a previous negative experience of counselling. Sitting with such negative feelings may pose a challenge to counsellors who may need to be careful not to overcompensate by trying to be 'too nice' and keep the session 'too positive' as this may limit space for the negative feelings.

As adolescence is a phase of great change and seems to stir up feelings of insecurity and inadequacy in adolescents, counsellors may need to be alert to projections of such feelings from their clients.

These findings seem to raise relevant issues for supervisors and the supervision of adolescent counsellors, as particular attention may need to be given to assisting these counsellors deal with their own negative or difficult feelings, triggered off by dealing with adolescents, so that they don't get in the way of their work and in order that they might better contain and manage their clients' negative or difficult feelings. Counsellors may need assistance to work through their unresolved issues stemming from their own adolescent phase or coming from having adolescents of their own. They also may need help to deal with their prejudice towards adolescents that may have stemmed from previous negative experiences with adolescent clients. Having a theoretical framework to contain both the client and the counsellor may be useful in this regard. It would seem that a comprehensive engagement model needs to offer guidelines for counsellors that incorporate both the technical as well as the personal aspects of engagement.

4.2.2 The compliant client

It was noted in this study that some of the clients who stated they had come for counselling willingly seemed to be coming because other people wanted them to, or thought they needed it, rather than being self-motivated. The compliant client may pose their own set of challenges to counsellors which need to be studied further as these clients seem to attend counselling to comply with other people's wishes rather than their own. The question is how long do such clients remain engaged in the counselling process if they are not self-motivated? A further question is do such compliant clients just co-operate and go along with what the counsellor wants on a superficial level rather than becoming truly engaged and involved in the counselling process? It could be useful to investigate if one can facilitate such clients becoming self-motivated to continue with counselling.

4.2.3 Clients found dealing with a strange situation challenging

As Bowlby (1979) has pointed out, the theory runs that man is genetically biased to respond to properties of strangeness by taking avoidant action and behaving as though danger were actually present. It was noted in the study that some adolescents when faced with the strange counselling situation, manifested anxiety and avoidance behaviour which may have got in the way of the engagement process. As Bowlby (1979) has pointed out, trust reflects a system of interaction with the social world. The baby who has developed secure attachments will show evidence of basic trust. Having a relatively comfortable, nonanxious certainty about the world and one's place in it allows the baby to venture into new realms of experience.

This seems to have implications for therapy and counselling as those clients who have had experience of secure attachments may be better equipped to deal with a new and strange counselling experience and be more ready to engage in the counselling process which requires exploration and venturing into new realms of experience for the adolescent. On the other hand, client's who have had insecure attachments may have difficulty trusting a new counsellor and may feel threatened by the strangeness of the counselling situation. Thus making them unwilling to embark on a joint venture and exploration with the counsellor. A further question in line with attachment theory is whether or not the adolescent client has build up a representational model of himself as being both able to help himself and worthy of being helped should difficulties arise. These factors need to be further explored in terms of their impact on the engagement process.

Most of the adolescent respondents in this study seemed to take time to get used to a new and sometimes strange counselling situation. It was noted in the literature by Wilson (1991), that the adolescent client often enters the first session not at all sure what they are doing with the therapist and what is expected of them. In the current study a number of clients only had a vague idea of what counselling was about and did not know why they were there. It could be argued that a situation where the counsellor is the one holding all the knowledge about counselling, while the client is left in the dark, could further disturb the power imbalance in a first session. This may be unsettling for the adolescent client who by virtue of his/her developmental stage could already be struggling with the dynamics of control, adequacy and mutuality in relationships as was noted in the literature by Laufer (1968, cited in Wilson, 1991).

One client noted that she did not understand how counselling worked in the beginning and she felt blocked up, uncomfortable and unable to express

herself. Taking time at the beginning of the first session to explain how counselling works and such things as the role of the counsellor, may allay some clients' fears and facilitate engagement. In addition it was also noted in the literature by Meeks (1977) that one of the initial tasks of the first interview is to define the purpose of the interview and to help the adolescent client recognise and deal with his reactions to the procedure. A number of the counsellors in this study noted that it was beneficial to pick up on the client's negative feelings around being in the session and assist the client express and deal with them.

Many clients in the study found it anxiety provoking talking to a stranger. This anxiety and tension however tended to ease after awhile once the client got used to the counsellor and had a sense of getting to know the counsellor. Investigation is required around what makes the counsellor seem less strange to clients, for example by giving an explanation of their role to the client. Clients in the current study seemed to appreciate signs of involvement from their counsellors and signs of care, such as active listening, remembering and giving thought to what the client had said. Further investigation is also necessary around what makes the counselling situation less strange, for example by offering an explanation of the counselling process and making use of structure.

4.2.4 Clients' expectations of counselling

It was noted in the literature that client expectations influence the therapeutic alliance. In this study there were also signs that the client's positive attitude towards counselling and seeking help as well as their positive expectations facilitated engagement. On the other hand, client's negative expectations and views of counselling in general seemed to create resistance in clients and was associated with their lack of motivation in the

process. There were signs that some clients were expecting a 'magic cure'. These expectations, while they might promote initial willingness to engage, may jeopardise engagement in the long run if the counsellor is unable to deliver this and therefore could disappoint the client. Thus client's expectations may need to be addressed in the initial session so as to prevent later disappointment.

4.2.5 Counsellor's role in engaging clients in the counselling process

The counsellors' responses to what they found difficult about the first session indicated that a number of counsellors found the engagement process the most challenging part of the session which is in line with findings noted in the literature. The main difficulties noted seemed to be around getting the client to participate and be involved in the session, building an alliance with the client and dealing with the client's resistance.

The counsellors in this study made use of a number of techniques and strategies that were cited in the literature as facilitators of engagement. One strategy that counsellors in this study found particularly useful was to recognise and deal with the client's anxiety and state of conflict experienced due to being in the session. Other strategies that were found useful by counsellors in this study were establishing confidentiality, meeting the client's need to feel his/her perspective was understood and focusing on the adolescent's interests as part of the engagement process. Both clients and counsellors noted that the counsellor's non-directive approach and allowing the client to determine what was spoken about was useful.
These particular adolescent clients found the ambiguity of the counselling situation anxiety provoking and it seemed that the counsellor's technique of structuring, whereby the counsellor defined the role of the client and

herself, as well as the situation, was useful in meeting these clients' need for clarity and resulted in clients feeling more at ease.

Counsellors mentioned using basic counselling skills to engage and join with their clients such as reflective listening, showing empathy, tracking etc.. However there seemed a lack of mention of making use of a theoretical framework or model to assist such efforts. It would appear that basic counselling skills used by the counsellors were effective in making client's feel listened to and understood, but might have been insufficient to engage unwilling clients to the degree that they would be willing to return for further counselling. It may be of use for future research to develop and test out models and the use of different forms of structure in an initial session that may facilitate containing and engaging unwilling clients.

Sommers-Flanagan et al (1995) noted that adolescents often lack motivation in the process of treatment which affects their co-operation. One of the big obstacles to clients engaging in the counselling process in this study was when clients did not perceive a need or see a reason to be in counselling. Additional resistance seemed to come from clients feeling they had to attend counselling because their parents wanted them to rather than because they themselves wanted it. Some of the clients also seemed to have little knowledge about how counselling worked and how it could be of use to them. Counsellors faced with such clients may have to make an even greater effort to make counselling personally meaningful for them by; identifying problems or areas that could be worked on that the client may have been unaware of prior to counselling; communicating the intention that the counselling is for the benefit of the adolescent; and helping the client identify personally meaningful reasons to be in counselling, as well as tasks and goals for cc nselling. The fact that some resistant clients did not

return for a second session may have been associated with the fact that counsellors were unable to accomplish this.

It has been argued that finding a workable focus and agreed upon goals for counselling can facilitate the client's motivation in the process (Liddle, 1995). However it would appear that the tasks most focused on by counsellors in this study were to establish and maintain a facilitative bond, give clients the space to tell their story and allow clients to experience and explore their emotions rather than gain insight or behaviour change. Less mention was made in this study around assisting the client's motivation in the counselling process through, for example, identifying meaningful themes, agreeing on tasks and goals for therapy and helping the client identify and develop a personal reason for counselling.

It has been noted in the literature that in relation to experienced counsellors, trainees seem best able to form bonds, but least able to set treatment goals (Mallinck-rodt & Nelson, 1991, cited in Walborn, 1996). This may explain what happened in this study as the majority of the counsellors were relatively inexperienced and a number were new to working with adolescents. Thus working on developing a focus for counselling and establishing mutually agreed upon goals, may be a way some of the counsellors in this study could improve their skills to promote the engagement process. However, it needs to be noted that setting goals in an initial session may not be compatible with some theoretical approaches, for example, it may be difficult to set goals when working with unconscious material.

Adolescent clients may benefit from education around the process of counselling, how it helps and the time factor involved, in order to help engage them in the process. Adolescents may have a different

understanding and expectation of how long things should take to deal with in counselling, for example one of the adolescent clients expressed the hope that she could resolve the traumatic loss of her father in one or two sessions. Expectations for a quick fix when disappointed in counselling could leave the adolescent client perceiving counselling as ineffective rather than that the counselling process had not been given a chance to work. On the other hand, some adolescent clients who may be put off by the thought of a lengthy counselling process, where there is the threat of becoming trapped in a dependent relationship, may be more willing to engage in time limited therapy/counselling.

Adolescent clients may also need to be prepared for the fact that when dealing with things such as feelings in counselling, one can experience more discomfort first before things can be resolved and worked through.

Some counsellors felt that not putting pressure on their clients facilitated participation, for example by not asking invasive questions, starting off with what the client was able to talk openly about and not probing too deeply into the client's problems. These findings seem to be in line with Wilson's suggestion that the counsellor needs to offer the adolescent a less intensive psychotherapeutic process (1991). On the other hand it could be argued that counsellors also need to be careful not to fall into the trap of having what Salzberger-Wittenberg (1988) described as timorous and over-protective tendencies in working with the youth which can encourage dependency in clients and place the counsellor in a position where he/she does all the work and the client becomes the passive receiver rather than a partner in a collaborative effort.

There were possible signs of this in the current study when counsellors were faced with unresponsive clients which at times resulted in counsellors

asking more questions then they normally would or jumping in and problem solving for the client. It also seemed to occur when counsellors were faced with their client's anger at having felt forced to come for counselling.

It appeared that some of the counsellors in this study were faced with the technical dilemma that Meeks (1977) noted around being reasonably talkative and responsive without being directive or intrusive. While it appeared from the findings of this study that a number of clients seemed to appreciate signs of their counsellors being involved, active and talkative, and complained about previous counselling experiences where they perceived their counsellors as being passive, neutral and unresponsive. Counsellors need to find a balance between seeming active and involved in the session while not being too directive as this might hamper clients becoming involved and seeing counselling as a collaborative process.

Clients showed some ambivalence around the dimension of counsellor objectivity and subjectivity. Clients in this study seemed to need counsellors to be objective in so far as respecting the client's viewpoint and not imposing their opinions and ideas on the client, while at the same time showing emotional involvement and being personally concerned about the client.

Each client's uniqueness also needs to be taken into consideration when attempting to engage them in the counselling process. Counsellors have to be sensitive to the different needs of their adolescent clients, for example some adolescents in the study found it useful to be able to express their emotions in the first session, while others found it difficult and threatening. Thus it may be important to help counsellors hone their skills in tuning into the unique needs and emotional experiences of their clients in order to engage with them.

It also needs to be considered that counsellors themselves have different personalities which they use in different ways to engage their adolescent clients. Different techniques to engage clients may work for different counsellors. Counsellors may need to adopt strategies for engaging their clients that fit with their particular personalities, since trying to be what they are not may come across as jarring to the adolescent who seems particularly sensitive to falseness.

4.2.6 Need to educate our youth to overcome the stigmas and myths associated with counselling and therapy

It would appear that adolescents may resist counselling because of their misconceptions and erroneous beliefs about the process. There seems to be a need on the part of mental health organisations to take more responsibility for educating our youth as to the benefits of counselling and to debunk myths and destigmatise it.

4.3 Limitations of the study

This study was limited to describing the perceptions of clients and counsellors of the engagement process. It thus needs to be highlighted that these perceptions carry the personal bias of the individuals. For example, counsellors may have described what they wanted to see as opposed to what really happened, and clients may have described what they thought the researcher wanted to hear in order to create a good impression. A further source of possible bias that needs to be noted was the fact that the researcher who conducted the interviews was not trained in interviewing, which may have affected the data collection when the interviewer was too

obtrusive during the interviews. Thus suspected interviewer bias was left out when identified.

It needs to be noted that there was no way in this study to establish that what the clients stated they liked or found helpful was in fact therapeutic and this may need to be further tested out in future research. The same applied to what the counsellors themselves thought and stated was useful to engage the adolescent client, as there was also no way of verifying this in the study a part from confirmation from the clients themselves.

It also needs to be noted that some of the clients used in the study had previous counselling experience, but it was their first session with the current counsellor. For future studies it would be useful to ensure that all clients have had no previous counselling experience as this could impact on how they handle a first session and their needs in a first session as opposed to those who already have had counselling experience. A further possible confounding variable was the fact that some of the counsellors needed to be used more than once in the study, which may have resulted in certain viewpoints gaining more coverage than others.

Clients seemed more able to express negative views of previous counselling, but seemed reluctant to do so about the current session and counsellor. This may have been due to a need to keep the current counsellor as all good or to avoid negative feedback reaching the counsellor, so as not to jeopardise future counselling or upset the counsellor who had been nice to them. Another explanation may be the fact that the current counsellors were trying harder to be nice knowing that they were taking part in a research study. Some adolescent clients also seemed to want to create a positive impression and stated that they had been willing to come for counselling when asked by the researcher, but it was later

noted in interviews with their counsellors that they had in fact been unwilling or reluctant to come for counselling. For future research, it might be helpful to use someone outside the agency the client is attending to do the interviewing for the research, as this may be less inhibiting for the client.

It would seem that reassuring the client of confidentiality was an important part of helping the client to relax and engage in the session. Knowing that they would be participating in a research study after their first session might have made it difficult for some clients to completely trust that the session would be confidential. This might have been mitigated had the researcher met in person with the adolescent client prior to his/her session to explain the nature of the research and how their privacy and the confidentiality of the session would be safeguarded. This was not done in the current study as it was thought that if the client first joined with the researcher it might hamper the engagement process with their actual counsellors.

While a structured interview schedule was used to focus the data collection it could be argued that it may have also obtruded on the data collection by setting parameters on the data too soon and not allowing the data and the subjects to speak for themselves. It was also found by the researcher that there were too many questions to cover thoroughly in a thirty minute interview and there was overlap in the questions which could be avoided in future studies.

A theoretical debate has been left out of the discussion as it was beyond the scope of this study. However the researcher is aware that what have been taken to be positive perceptions or facilitators of the engagement process may be argued as being negative by another school of thought.

However coherence in the experience described by both counsellors and clients was sought to justify the naming of a code in positive or negative terms by the researcher and in coding data to these codes.

The factor of the client being willing to talk and open up was taken as a sign of engagement in this study. However this factor is rather ambiguous and may have different meanings for different people. It also includes many different 'nuisance' variables. It may be useful for future research to clarify the different meanings of 'to open up' for both clients and counsellors.

4.4 Additional suggestions for further research

Tyron (1990) suggested that continued study of the validity of the concept of engagement is needed. This will include direct inspection of behaviours that occur in the initial session. It has also been noted that client characteristics associated with engagement need to be more extensively studied. One possible avenue of research stemming from the current study is further investigation of clients who are ambivalent about counselling as some seem to engage in the process and return for further counselling while others do not. It could be useful to research the different types of ambivalent clients with regard to attachment theory, looking at those who attach in a strange counselling situation as opposed to those who show avoidance behaviour.

The relationship of the various client and counsellor characteristics, such as that between experienced clients and novice counsellors, to involvement in counselling, needs to be determined and categorised.

Tyron's Engagement Quotient (Tyron, 1985 cited in Tyron, 1990) needs to be further investigated in its application with adolescents. Client return

seems associated with the complex interaction of client factors and counsellor factors as well as the effect of their interactive behaviours which all need to be further explored. Clients need to be differentiated with regard to their reasons for nonreturn and return. Tyron's EQ may not be valid for all adolescents who may return for counselling because they have been told to by their parents, school or counsellor and not necessarily because they have engaged in the counselling process.

Improvements that could be made on the current study include: using trained interviewers who would be less obtrusive during the interview process; and preparing structured prompts that would be unobtrusive to assist with adolescent clients who were reluctant to talk. It could also be useful to hone down the interview schedule to include fewer, but broader questions to allow the subjects to speak for themselves. In addition, interview results could be supplemented with direct observation if possible. There also seems to be a stigma attached to the term adolescent and the term youth or young people might be more appropriate for future studies.

While a sample size of forty is relatively large for a qualitative study, in this case it brought some depth to the individual interviews. Practical time constraints were also brought about by not wanting to inconvenience the clients of Family Life Centre with very long individual interviews. However for future studies it might be useful to use a smaller sample and longer individual interviews to explore in more depth the specific dynamics and patterns that have emerged in this study.

4.5 Applications of the current study

Findings of the current study could be used to facilitate training and supervising counsellors. From such findings one can also begin to develop a

model constructed from both client and counsellor input to assist the counsellor engage with his/her client in a first session.

REFERENCES

Baruch, G. (1997). The process of engaging young people with severe developmental disturbance in psychoanalytic psychotherapy: Patterns of practice, Bulletin of the Menninger Clinic, vol. 61/Summer (3), pp.335-353.

Beutler, L.E., & Clarkin, J.F. (1990). Systematic treatment and selection: Toward targeted therapeutic interventions, New York: Brunner/Mazel Publishers.

Bordin, E.S. (1979). The generalizability of the psychoanalytic concept of the working alliance, Psychotherapy: Theory, Research and Practice, vol.16, pp 252-260.

Bowlby, J. (1979). The making and breaking of affectional bonds, London: Tavistock Publications.

Brammer, L.M., Shostrom, E.L., & Abrego, P.J. 5th ed. (1989). Therapeutic psychology: Fundamentals of counselling and psychotherapy, New Jersey: Prentice-Hall International, Inc.

Breakwell, G.M. (1990). Interviewing, Exeter, Great Britain: British Psychological Society and Routledge Ltd.

Bruinsma, G.J.N., & Zwanenburg, M.A. (eds.) (1992). Methodology for management specialists: Trends and methods, Muidenber: Dick Coutinho.

Church, E. (1994). The role of autonomy in adolescent. psychotherapy, Psychotherapy, vol. 31/Spring (1) pp.101-108.

Clarke-Stewart, A., & Friedman, S. (eds.) (1987). Child development: Infancy through adolescence, New York: John Wiley and Sons.

Epperson, D.L., Bushway, D.J., and Warman, R.E. (1983). Client self-terminations after one counselling session: Effects of problem recognition, counsellor gender, and counsellor experience, Journal of Counselling Psychology, vol. 30(3), pp. 307-315.

Erikson, E. (1968). Identity: Youth and crisis, New York: Norton.

Greenberg, L.S., & Pinsof, W.M. (1986). The psychotherapeutic process: A research handbook, New York: The Guilford Press.

Heppner, P.P., Rosenberg, J.I., & Hedgespeth, J. (1992). Three methods in measuring the therapeutic process: Clients' and counsellors' constructions of the therapeutic process versus actual therapeutic events, Journal of counselling psychology, vol. 39(1), pp. 20-31.

Holsti, O. R. (1969). Content analysis for the social sciences and humanities, Canada: Addison-Wesley Publishing Company.

Horvath, A.O., & Luborsky, L. (1993). The role of the therapeutic alliance in psychotherapy, Journal of Consulting and Clinical Psychology, vol. 61(4), pp.561-573.

Katz, P. (1990). The first few minutes: The engagement of the difficult adolescent, Adolescent Psychiatry, vol. 17, pp.69-81.

Liddle, H.A. (1995). Conceptual and clinical dimensions of a multidimensional, multisystems engagement strategy in family-based adolescent treatment, Psychotherapy, vol. 32/Spring (1) pp.39-54.

McCracken, G. (1988). The Long Interview, California: Sage Publications, Inc..

Meeks, J.E. (1977). The fragile alliance, Huntington, New York: Robert E. Krieger Publishing Company.

Salzberger-Wittenberg, I. (1988). Counselling young people. In D. Dawes & M. Boston (eds.), The Child Psychotherapist and problems of young people (pp. 136-159), London: Maresfield Library.

Seidman, I. (1998). Interviewing as Qualitative Research: A guide for researchers in education and the social sciences, 2nd edition, New York: Teachers College Press.

Sommers-Flanagan, J., & Sommers-Flanagan, R (1995). Psychotherapeutic techniques with treatment-resistant adolescents, Psychotherapy, vol. 32/Spring (1), pp.131-140.

Tyron, G.S., & Tyron, W.W. (1986). Factors associated with clinical practicum trainees' engagements of clients in counselling, Professional Psychology: Research and Practice, vol. 17(6), pp. 586-589.

Tyron, G.S. (1989). Study of variables related to client engagement using practicum trainees and experienced clinicians, Psychotherapy, vol. 26/Spring (1), pp. 54-61.

Tyron, G.S. (1990). Session depth and smoothness in relation to the concept of engagement in counselling, Journal of counselling psychology, vol. 37(3), pp. 248-253.

Walborn, F.S. (1996). Process variables : Four common elements of counselling and psychotherapy, California: Brooks/Cole Publishing Company.

Wilson, P. (1991). Psychotherapy with adolescents. In J. Holmes (ed.), Textbook of Psychotherapy in Psychiatric Practice (pp. 443-467), London: Churchill Livingstone.

Woody, R.H., Hansen, J.C., & Rossberg, R.H. (1989). Counselling Psychology: Strategies and services, California: Brooks/Cole Publishing Company.

Young, I.L., Anderson, C., & Steinbrecher, A. (1995). Unmasking the phantom: Creative assessment of the adolescent, Psychotherapy, vol. 32, pp. 34-38.

ADDITIONAL BIBLIOGRAPHY

Amanat, E., & Beck, J. (1994). The troubled adolescent: A practical guide, St. Louis, USA: Ishiyaku EuroAmerica, Inc.

Baker, WmJ., Hyland, M.E., van Hezewijk, R., & Terwee, S. (1990). Recent Trends in Theoretical Psychology, vol. 2: proceedings of the Third Biennial Conference of the International Society for Theoretical psychology, New York: Springer-Verlag, Inc..

Berg. B.L. (1995). Qualitative research methods for the social sciences, 2nd edition, Boston: Allyn & Bacon. Chapter Nine: An introduction to content analysis.

Biever, J.L., McKenzie, K., Wales-North, M., & Gonzalez, R.C. (1995). Stories and solutions in psychotherapy with adolescents, Adolescence, vol. 30/Summer (118), pp.491-499.

Bloch, H.S. (1995). Adolescent development, psychopathology and treatment, Madison, CT: International Universities Press.

Breakwell, G.M., Hammond, S., & Fife-Schaw, C. (1995). Research methods in psychology, London: Sage Publications.

Coffey, A., & Atkinson, P. (1996). Making sense of qualitative data: Complementary research strategies, California: Sage Publications, Inc..

Cummings, A.L., Barak, A., & Hallberg, E. T. (1995). Session helpfulness and session evaluation in short-term counselling, Counselling Psychology Quarterly, vol. 8 (4), pp.325-332.

Cummings, A.L., Martin, J., Hallberg, E., & Slemon, A. (1992). Memory for therapeutic events, session effectiveness and working alliance in short-term counselling, Journal of Counselling Psychology, vol. 39(3), pp. 306-312.

Dawes, D., & Boston, M. (eds) (1988). The Child Psychotherapist and the problems of young people, London: Maresfield Library.

Denzin, N.K., & Lincoln, Y.S. (eds) (1994). Handbook of Qualitative Research, London: Sage Publications.

Dey, I. (1993). Qualitative data analysis: A user-friendly guide for social sciences, London: Routledge.

Dinkmeyer, D. C., & Muro, J.J. (1977). Counselling in the Elementary and Middle Schools: A pragmatic approach, Dubuque, Iowa: Wm. C. Brown Company Publishers.

Elliott, R. (1985). Helpful and Nonhelpful events in brief counselling interviews: An empirical taxonomy, Journal of Counselling Psychology, vol. 32(3), pp.307-322.

Fenwick, E., & Dr. Smith, T. (1998). Adolescence: The survival guide for parents and teenagers, London: Dorling Kindersley Limited.

Freud, A. (1969). Adolescence. In the writings of Anna Freud: Vol. 5. Research at the Hampstead Child-Therapy Clinic and other papers (pp. 136-166). New York: International Universities Press. (Original work published 1958)

Friedlander, M.L., Thibodeau, J.R., & Ward, L.G. (1985). Discriminating the "good" from the "bad" therapy hour: A study of dyadic interaction, Psychotherapy, vol. 22/Fall (3), pp. 631-641.

Frontman, K.C., & Kunkel, M.A. (1994). A grounded theory of counsellor's construal of success in the initial session, Journal of Counselling Psychology, vol. 41(4), pp.492-499.

Fuller, F., & Hill, C. E. (1985). Counsellor and helpee perceptions of counsellor intentions in relation to outcome in a single counselling session, Journal of Counselling Psychology, vol.32(3), pp. 329-338.

Grafanaki, S., & McLeod, J. (1995). Client and counsellor narrative accounts of congruence during the most helpful and hindering events of an initial counselling session, Counselling Psychology Quarterly, vol. 8(4), pp.311-324.

Hadley, R.G. and Mitchell, L.K. (1995). Counselling research and program evaluation, California: Brooks/Cole Publishing Company.

Hendren, R.L. (1993). Adolescent psychotherapy research: A practical review, American Journal of psychotherapy, vol. 47/Summer (3), pp. 334-343.

Holmbeck, G. N., & Updegrove, A.L. (1995). Clinical-developmental interface: implications of developmental research for adolescent psychotherapy, Psychotherapy, vol. 32/Spring (1), pp.16-29.

Kaczmarek, P.G., & Riva, M.T. (1996). Facilitating adolescent optimal development: Training considerations for counselling psychologists, The Counselling Psychologist, vol. 24(3), July, pp. 400-432.

Karoly, P. (1972). On controls in psychotherapy research: A plea for innocence, Psychotherapy: Theory, Research and Practice, vol. 9/Spring (1), pp.11-12.

Kazdin, A.E. (1991). Effectiveness of psychotherapy with children and adolescents, Journal of Consulting and Clinical Psychology, vol. 59(6), pp.785-798.

Kelle, U. (1995). Computer-aided qualitative data analysis: Theory, methods and practice, London: Sage Publications Inc..

Kendall, P.C., & Morris, R.J. (1991). Child therapy: Issues and recommendations, Journal of Consulting and Clinical Psychology, vol. 59(6), pp.777-784.

Kilcrease-Fleming, D.W., Wagner, W.G., & Fowler, W.E. (1992). Sexually abused girls' behavior during an initial counselling session, Journal of Family Violence, vol. 7(3), pp. 179-186.

Kinman, C.J. (1994.) If you were a problem, Journal of Child and Youth Care, vol. 9(2), pp.95-106.

Kohen-Raz, R. (1988). Basic concepts and issues in investigations of adolescent problems, International Journal of Adolescence and Youth, vol. 1, pp. 117-130.

Kokotovic, A.M., & Tracey, T.J. (1987). Premature termination at a university counselling center, Journal of Counselling Psychology, vol. 34(1), pp. 80-82.

Kovacs, M., & Lohr, W.D. (1995). Research on psychotherapy with children and adolescents: An overview of evolving trends and current issue,. Journal of Abnormal Child Psychology, vol. 23(1), pp.11-30.

Krippendorff, K. (1980). Content analysis: An introduction to its methodology, The Sage COMMTEXT Series. Volume 5. Beverly Hills, California: Sage Publications, Inc.

Lewis, O. (1993). Adolescence, social development, and psychotherapy, American Journal of Psychotherapy, vol. 47/Summer (3), pp.344-352.

Mallinckrodt, B. (1994). Session impact in counselling process research: Comment on Elliot and Wexler (1994) and Stiles et al. (1994), Journal of Counselling Psychology, vol. 41(2) pp. 186-190.

Martens, B.K. (1993). Social labeling, precision of measurement, and problem solving: Key issues in the assessment of children's emotional problems, School Psychology Review, vol. 22(2), pp. 308-312.

Martin, J., & Stelmaczonek, K. (1988). Participant's identification and recall of important events in counselling, Journal of Counselling Psychology, vol. 35(4), pp. 385-390.

McLennan, J., Twigg, K., & Bezant, B. (1993). Therapist construct systems in use during psychotherapy interviews, Journal of Clinical Psychology, vol. 49(4), July, pp. 543-550.

Miller, D. (1983). The age between: Adolescence and therapy, USA: Jason Aronson, Inc.

Morris, R.J., & Kendall, P.C. (1991). Introduction to the special section on clinical child psychology: Perspectives on child and adolescent therapy, Journal of Consulting and Clinical Psychology, vol. 59(6), pp.763-765.

Muuss, R.E. (1982). Theories of adolescence, 4th edition, New York: Random House.

Newcomb, M.D. (1996). Adolescence: Pathologizing a normal process, The Counselling Psychologist, vol. 24(3), July, pp. 482-490.

Noam, G.G., & Recklitis, C.J. (1990). The relationship between defenses and symptoms in adolescent psychopathology, Journal of Personality Assessment, vol. 54(1&2), pp.311-327.

Novick, J. (1982). Varieties of transference in the analysis of an adolescent, International Journal of Psycho-Analysis, vol. 63 pp.139-148.

Patton, M.Q. (1980). Qualitative Evaluation Methods, California: Sage Publications, Inc..

Rubenstein, A., & Zager, K. (1995). Training in adolescent treatment: Where is psychology? Psychotherapy, vol. 32/Spring (1) pp.2-6.

Samstag, L.W., Batchelder, S.T., Muran, J.C., Safran, J.D., & Winston, A. (1998). Early identification of treatment failures in short-term

psychotherapy, Journal of Psychotherapy Practice and Research, vol.7/Spring (2), pp. 126-139.

Schneiders, A.A. (ed.) (1967). Counselling the adolescent, California: Chandler Publishing Company.

Semrund-Aikeman, M. (1995). Child and adolescent therapy, Massachusetts, USA: Allyn & Bacon.

Sexton, H.C., Hembre, K., & Kvarme, G. (1996). The interaction of the alliance and therapy microprocess: A sequential analysis, Journal of Consulting and Clinical Psychology, vol. 64(3), pp. 471-480.

Spiegel, S. (1989). An interpersonal approach to child therapy, New York: Columbia University Press.

Stiles W.B, Reynolds, S., Hardy, G.E., Rees, A., Barkham, M., & Shapiro, D.A. (1994). Evaluation and description of psychotherapy sessions by clients using the Session Evaluation Questionnaire and the Session Impacts Scale, Journal of Counselling Psychology, vol.41(2) pp.175-185.

Swift, W.J. (1993). Brief psychotherapy with adolescents: Individual and family approaches, American Journal of Psychotherapy, vol. 47/Summer (3), pp.373-386.

Tyron, G.S. (1986). Client and counsellor characteristics and engagement in counselling, Journal of Counselling Psychology, vol. 33(4), pp. 471-474.

Tyron, G.S. (1989). A study of engagement and premature termination in a university counselling center, Counselling Psychology Quarterly, vol. 2(4), pp. 419-429.

Weisz, J.R., Donenberg, G.R., Han, S.S., & Kauneckis, D. (1995). Child and adolescent psychotherapy outcomes in experiments versus clinics: Why the disparity? Journal of Abnormal Child Psychology, vol. 23(1), pp.83-106.

Winnicott, D.W. (1965). The family and individual development, London: Tavistock Publications.

Zamostny, K.P., Corrigan, J.D., & Eggert, M.A. (1981). Replication and extension of social influence processes in counselling: A field study, Journal of Counselling Psychology, vol. 28(6), pp. 481-489.

APPENDIX A

FORMS AND QUESTIONNAIRES COMPLETED BEFORE THE INTERVIEWS

Appendix A(i)

CONSENT FORM FOR GUARDIAN/PARENT OF ADOLESCENT CLIENT

Dear guardian/parent,

Family Life Centre is involved in a research study to assist us further develop our service to adolescent clients. We would appreciate your adolescent's assistance in this study. In order to do so we require his/her participation in a thirty-minute interview which will take place immediately after his/her first counselling session. The interview will explore his/her experiences of the first session.

I hereby consent to allow my adolescent to participate in a thirty-minute interview post first session as part of the above mentioned research study.

Signature of guardian/parent: _____

Full name: _____

Signature of researcher: _____

Full Name: _____

Appendix A(ii)

CONSENT FORM FOR ADOLESCENT CLIENT

Dear client,

Family Life Centre is involved in a research study to assist us further develop our service to adolescent clients. We would appreciate your assistance in this study. In order to do so we require your participation in a thirty-minute interview which will take place immediately after your first counselling session. The interview will explore your experiences of the first session.

I hereby consent to participate in a thirty-minute interview post first counselling session as part of the above mentioned research study.

Signature of client: _____

Full Name: _____

Signature of researcher: _____

Full Name: _____

Appendix A(iii)

BACKGROUND INFORMATION QUESTIONNAIRE FOR ADOLESCENT CLIENT

NAME: _____

ADDRESS: _____

CONTACT NUMBER: _____

AGE: _____

GENDER: _____

BIRTH POSITION: _____

LANGUAGE_____

SCHOOL: _____

STANDARD: _____

MOTHER'S OCCUPATION_____

FATHER'S OCCUPATION_____

PARENTS' MARITAL STATUS_____

WHO REFERRED YOU TO THE CLINIC_____

WHAT REASON BROUGHT YOU TO FAMILY LIFE CENTRE_____

Appendix A(iv)

CONSENT FORM FOR COUNSELLOR

Dear counsellor,

Family Life Centre is involved in a research study to assist us develop our service to adolescent clients. We would appreciate your assistance in this study. In order to do so we require your participation in a thirty-minute interview which will take place after your first session with your adolescent client. The interview will explore your experiences of the first session.

I hereby consent to participate in a thirty-minute interview post first counselling session as part of the above mentioned research study.

Signature of counsellor: _____

Full Name: _____

Signature of researcher: _____

Full Name: _____

Appendix A(v)

BACKGROUND INFORMATION QUESTIONNAIRE FOR COUNSELLOR

NAME: _____

AGE: _____

GENDER: _____

THEORETICAL ORIENTATION_____

TRAINING BACKGROUND_____

NUMBER OF YEARS OF PRACTICAL EXPERIENCE _____

PLEASE DESCRIBE YOUR PREVIOUS EXPERIENCE WORKING WITH ADOLESCENT CLIENTS.

_____

_____

_____

PLEASE DESCRIBE WHAT YOU HOPE TO ACHIEVE IN THE FIRST SESSION WITH YOUR CLIENT.(i.e. goals, aims etc.)

_____

_____

_____

DO YOU HAVE A STRUCTURE OR MODEL THAT YOU WORK BY IN YOUR FIRST SESSION, IF SO PLEASE ELABORATE.

_____

_____

_____

APPENDIX B

AN EXAMPLE OF THE ANALYTIC PROCESS USING ONE MAIN CODE

Below follows an example using one main code (taken from the content analysis of the clients' interviews) to illustrate the different levels of analysis the coded data was subjected to. Main codes emerged from scrutinising the individual interviews themselves to see what codes best fitted the data as well as considering the categories suggested by the literature review and on which the questions in the interviews were based. Coded data was taken from the individual interviews and placed under main codes using the computer cut and paste function as is indicated in Appendix B(i). This enabled the data to be analysed for themes and patterns on an individual level as well as a collective level as the databits from the individual respondents for a particular code were shown as well as for the group as a whole. In this form each main code could be scrutinised for themes, patterns and subcodes that emerged for the group of respondents as a whole. Appendix B(ii) includes a list of topics to show how the code and its subcodes were constructed for the group as a whole from the analysis of the databits from the individual interviews. An attempt was made to offer a condensed version of the raw data while remaining as close as possible to the clients' words, ideas and meaning. The aim was not to lose too much of the context of what the client was saying so as to show the associations and links in the data and codes. In this form the data was analysed on a more abstract level for themes and concepts based on the therapeutic alliance theory as is indicated in the brackets seen in Appendix B(ii). The data was further examined for links, patterns and themes between the different codes. Appendix B(iii) illustrates how the code under discussion fitted into the main scheme of codes and shows its links with other codes.

Appendix B(i)

Key

* client came willingly

client came unwillingly

@ client was ambivalent about coming for counselling

& client had previous counselling experience

% client had no previous counselling experience

^ client returned for further counselling

$ client did not return for further counselling

Clients' responses to what they found helpful and liked about their counsellor

C: They were okay. I mean to answer them, I was comfortable to answer 'cause they were all straight forward questions. They were easy, nice questions that I was comfortable in answering so they were fine. [G.D.M. *&^]

C: I wasn't like not knowing how to answer or she couldn't ask me a question thing, no it was fine. [G.D.M. *&^]

C: Well if I'm stuck, she's asked me a question I'm not, there won't be a blockage between me answering the question because she would say it so clearly and so, the way that I would know it and they were easy questions. [G.D.M. *&^]

C: Well she was open, she was very like enthusiastic about what I was saying, you know.[G.D.M. *&^]

C: Ja, she helped me a lot and that. She was good. [G.D.M. *&^]

C: She asked me a lot of questions that I felt comfortable about, not many questions that would make me feel upset or. She's like, she knew kind of what I was wanting and that. It was good. [G.D.M. *&^]

C: Ja, ja 'cause when I explained to her in the beginning, she knew exactly what, how she could handle this and that, so she was good. [G.D.M. *&^]

C: Ja, she was, she was comfortable to speak to. [G.D.M. *&^]

C: Well when I saw her and she like, she just, I don't know, she like, when she spoke to me, she was nice to me, she was, she knew what I was wanting and she was just good. [G.D.M. *&^]

C: Ah, it was fine. She seemed to be very nice to talk to, so it was fine. [G.D.M. *&^]

C: The way she put it at me, how she used her hands to describe it and that kind of stuff, it's just useful and that was nice. [G.D.M. *&^]

C: I mean because she's had a lot of cases like mine, so she's helped me a lot, ja. [G.D.M. *&^]

C: No she was just comfortable to speak to, I guess. I don't know, not really, but I mean she was very comfortable to speak to and ja it was fine. [G.D.M. *&^]

---

she did tell me that it was confidential, she wouldn't tell anybody and she made me feel very secure and what I said wasn't leaving the room. [G.C.F. *%^]

C: Well she said that everything was confidential which made me more comfortable and more able to sit down and relax, not worrying about saying something. [G.C.F. *%^]

Useful in being able to sit down comfortably, sort of relax into an armchair and to talk because of the way V makes you feel. How she just gets across to you that she's there to listen. So I think it was useful to have someone to talk to. I mean you can sit and talk to an aunt, whatever, tape recorder, but it's not easy unless you know the person you are with doesn't mind

you and sort of like on the same wavelength as you are. They know where you're coming from. [G.C.F. *%^]

C: And understands or at least tries to. And doesn't, they don't seem to make themselves superior to you. You're sort of equal and like she is there for me. I'm there to talk to her and try and sort out my life. So I think it's useful. [G.C.F. *%^]

C: That like um she is not snobby or anything. She's not like a person who you don't feel comfortable with or you don't really want to talk to her. You do want to talk to her. You want to let her know what's going on, maybe not like in the first ten minutes of the session, but certainly when you're in the middle of it you know you want to, you want to tell her, you want to, you don't necessarily want to tell her, but you want to tell her to be able to help yourself. [G.C.F. *%^]

C: I think she was very sweet and she knows what she is doing. She is also very warmly, welcoming. She's not like a lady you would sit down and you wouldn't want to talk to, like say for instance an old lady, very old or very young person that you feel, you don't really feel related or anything, you feel comfortable around her. [G.C.F. *%^]

C: Ja, I wasn't like worried about saying something and what she would think of me or anything. I knew she would just listen and understand. [G.C.F. *%^]

Starting off and then realising that V didn't really mind what you said, so long as you said it, and you got it out into the air. So that's what made it easier, just being, just able to know that she was listening and she sympathises. [G.C.F. *%^]

C: I don't think I can say empathy because I don't really know if V has been through anything like that so, but I know she sympathises. [G.C.F. *%^]

C: Well I knew that V was listening and I knew that what was on my chest, you know, that I could get out into the open and try and not really solve it,

but it sounds a lot better, it's a lot better when it's out, you know. When it's in it's still quite bad so when it's out it's much better. [G.C.F. *%^]

C: She didn't really ask a lot of questions. She just agreed with me really. And um also gave me her point of view on certain things I think and when she did ask questions they were ones I could relate to, obviously with my situation and didn't feel uncomfortable with her questions. It's not like I couldn't answer them. [G.C.F. *%^]

C: She asked questions I knew what she was talking about. [G.C.F. *%^]

C: She would ask questions about my family situation or how I felt or how I felt to be at school or starting exams and having so much things to cope with and how I would cope with them, what I would do, that sort of thing and they were quite easy to answer. They weren't very difficult. [G.C.F. *%^]

C: I found it quite easy. I'm not sure why, but I did. I found it quite easy to talk to V. I don't know, I just felt the vibe that she was there to listen, she wasn't just there to do her job or anything. She wanted to listen. She wanted to help. She wanted to be there. Not like she had to and she doesn't have to so that I felt that sort of connection to her. [G.C.F. *%^]

C: So I think that is a good thing. She makes you feel welcome to want to talk to her.

I don't really know her that well. It is a bit difficult to talk to a stranger, but she was not really a stranger, because I don't feel that way about her. [G.C.F. *%^]

C: I don't know. She's just got like a different vibe like say to the person on the street, you know. I mean, I don't know maybe it's because she's a counsellor that I feel I can talk to her. But she is,. I am able to talk to her and I think that's because I want to talk to her. I think that has a role to play. [G.C.F. *%^]

C: Well she just introduced herself well. She wasn't like my names V you're G. She wasn't like that. She was like welcoming. She wanted you to feel

comfortable. She was prepared to listen which most people want to do, but they can't. You know what I'm saying. And most people they think ja I'm such a psychiatrist or I'll tell you. Not like old people, friends and stuff. You can talk to them, but then they want to give you advice. Sometimes you don't want advice, sometimes you just want to talk and you want them to nod their heads and say yes I agree. Sometimes that's what you want. I think V or any of the counsellors could give that to you when they feel that you need it, you know. When they feel you need advice they probably give it to you. But I don't know if that's really their place. But I don't mind getting advice. So long as I think it through and I make sure it's the right thing to do. [G.C.F. *%^]

C: Well, I mean if I spoke to my friend, she wouldn't exactly know what was going on. She would just go, ja, ja, whatever. She wouldn't exactly know maybe because she has never been through it. V may have not been through it, but she knows what's going on because she has been trained in that field or she knows how to cope with that situation. She knows her stuff.

V, she doesn't encourage you to talk, she wants you to be comfortable with her. If you just want to sit and be silent, then you can sit and be silent. If you want to talk about something totally off the topic, like what you had for lunch or whatever then that's what you can do.

V was very helpful. She made just the right, the tone of her voice made it much easier to sort of express and like portray myself. She wasn't exactly, she didn't have a stern voice or husky voice or anything like that so sort of, she calmed me, you know. She calms, you know. She doesn't worry you or anything like that, she doesn't make things difficult. [G.C.F. *%^]

C: She doesn't, it's not like you go in there and she wants you out or anything. When your times up, your times up which is like that's great you know. But she doesn't push you, she doesn't push you to get your

emotions out or whatever it is you want to say out. She just lets it come when it needs to. [G.C.F. *%^]

C: Just the way V said that we can talk about anything. Doesn't have to be your current problems, we can talk about boys or whatever, you know. So you can talk about whatever you want. She just, she doesn't make it as if there is a set plan or anything. She makes it like you can come and have a chat. You don't have to have anything planned out. You don't have to sit the whole week and plan what you going to say to her or anything. [G.C.F. *%^]

C: A bit uneasy, but I know she's a therapist and I could talk to her like that and that nothing will get out or anything so I found it fine. [C.D.M. *%^]

C: Just the fact that they were questions that I liked to answer and liked to talk about, apart from that, nothing really else. [C.D.M. *%^]

C: No the questions were perfectly fine. [C.D.M. *%^]

C: She was fine, she was great. [C.D.M. * %^]

C: Ja, she's an okay. person. She wasn't irritating or, she, I found her great to talk to. [C.D.M. *%^]

C: I suppose the way that she asked the questions and how, she was easy on how you answered and what you talked about. [C.D.M. * ^%]

C: Ja, she didn't object to what you were saying or anything like that. [C.D.M. * %^]

C: Very understanding. [E.D.M. * &^]

C: I told her, if I told her one of my problems she would, she would speak about it in detail and not just leave it. [E.D.M. * &^]

C: She seemed to understand my problems and ja being an adolescent and irresponsible behaviour and things like that, basically ja. [E.D.M. *&^]

C: It's different, usually I talk to people that I do know, but ja I mean I could tell her all my problems, no problem. [E.D.M. * &^]

It was fine. She said things that i was a bit unexpecting, ja [J.S.M. *&^]

C: Like talking about, like talking about my Bahmitzva that's coming up soon and my sport which they usually don't talk about. [J.S.M. *&^]

C: It was nice. [J.S.M. *&^]

C: Well she talked about things that were, she talked about like, well she never knew much about me, so I told her about me and, and ja. [J.S.M. *&^]

C: Um, she was inquisitive. [J.S.M. *&^]

C: Well ja because I told her the things and then, I told her the things and then that would just take me off that subject and we relaxed after one subject and then go onto another one.[J.S.M. *&^]

C: Being relaxed. [J.S.M. *&^]

C: Talking about sport because I like doing sport, and sport and counselling really don't go together. [J.S.M. *&^]

C: Well, now I know that C's nice and all that, I'm relaxed I don't need to think that it's boring and all that. [J.S.M. *&^]

C: Well made me relaxed. [J.S.M. *&^]

C: She was very nice, she was very nice. I got to talk about quite a few things that are important to talk about, anything else I need to talk about now, I'll talk about in the other sessions I'll have with her. Ja, I think she was very nice to speak to [S.R.M. *&^]

C: She's understanding. She understands when I, how I got, if I got hurt by something somebody has done then she'll understand that, how I'm hurting or whatever, things like that.

[S.R.M. *&^]

C: She's got a very nice subtle voice. She doesn't, not loud and it's not, you don't feel pressured to have to talk if you don't want to and if you

don't want to talk about something you don't have to, it's up to, everything is up to you, which I like that, ja. [S.R.M. *&^]

C: I think she's very nice. She's very eager to listen. She asks good questions and she leaves it mainly up to me to decide whether I want to answer it or not and she leaves it a lot to me to talk. She asks questions that I, that are relevant and then she gives me time to talk about things that are worrying me. [S.R.M. *&^]

C: But B seems to be a very easy person. [S.R.M. *&^]

just the way she asks the questions so nicely and things like that which makes it a lot easier to talk to somebody if they like kind of a caring person and listening, easy to talk to. I have a lot of things I want to talk about and things I've got a problem with that I need answers for and I think as it goes on she'll, B will help me answer those questions. [S.R.M. *&^]

C: I think it's a lot about the way she listened. The way she talks. She's very easy to talk to. She's a very easy person to talk to and to just open up to. She's just that kind of person. [S.R.M. *&^]

C: Ja she's very easy, very easy to talk to. She doesn't, and the best thing is she doesn't really give her, if, even if she doesn't like it, she wouldn't say 'Oh I don't like this.' She won't give her own opinion. If it's in a specific way where she needs to give her own opinion, she would, but in other ways she won't if she doesn't, if it's not her place to say something, she won't. It's, I find it a lot better. [S.R.M. *&^]

C: Just answered some of the questions I asked her. Some questions that she answered for me, helped me to understand things that I'm going through and my stepfather is going through. So it helped me. [S.R.M. *&^]

C: What she's thinking, but then as you get along she's not really thinking anything bad about you, she's just listening to what you are saying which is good. [S.R.M. *&^]

C: Then you feel more comfortable to talk. [S.R.M. *&^]

C: She said, asked me questions and whatever, but then she left it up to me to talk about what I wanted to talk about. [S.R.M. *&^]

C: She was a very nice lady. [E.V.M. * %^]

C: Kind [E.V.M. * %^]

C: Generous [E.V.M. * %^]

C: She, like things that I tell her she won't tell like anybody else, it's mine and her secret and that's it. [E.V.M. * %^]

C: She just, she asked me, like she finds out stuff about me. [E.V.M. * %^]

C: She was nice, ja. She seemed patient with me, ja. [C.H.F. *%^]

C: Um, she was friendly. Ja, she tried to be understanding. Ja, I think that's it. [C.H.F. *%^]

C: I think she just had that way about her. [C.H.F. *%^]

C: Um, um ja for some things like she seemed to understand how like things felt or whatever, so that was like, that was cool. [C.H.F. *%^]

C: It's just, I think it's just comforting, ja. [C.H.F. *%^]

C: I don't know, I think maybe just J seemed like very relaxed. [C.H.F. *%^]

C: That, things that she told me that would help me and also about not worrying, all that.

C: Talking about it. [D.B.M. @%^]

C: About ja, my problems. [D.B.M. @%^]

C: 'Cause then she would, she would give me some advice and that and if it was caused by something, ja. [D.B.M. @%^]

C: She said that all these things aren't actually, aren't actually dumb, they're actually, it happens to people. [D.B.M. @%^]

C: Ja, I felt, I felt a bit better knowing that also other people, that they're worrying, it's, nothing would happen, ja. [D.B.M. @%^]

C: That I could understand what, why people worry or maybe something like that. [D.B.M. @%^]

C: Ja and tell me and tell me that it happens to other people and ja. [D.B.M. @%^]

C: Maybe when she was helping me, ja when she was helping me and then I was like saying like, ja like mainly when she was helping me, that's when I felt most comfortable and that I didn't really need to worry about it, what I'd said, ja. [D.B.M. @%^]

C: Like when she was helping me solve my problems and what I was worrying about and scared about and all that. [D.B.M. @%^]

C: Ja she was nice, she was kind, you can see, ja. [D.B.M. @%^]

C: She's helpful, she doesn't ever get cross when I tell her something. She's willing to listen and help. [D.B.M. @%^]

C: That I know that she will help me. Ja and that's all. [D.B.M. @%^]

C: By taking all my fears away or trying to get my fears away and think positive, ja that kind of thing. [D.B.M. @%^]

C: Like she explained to me that it's not always my fault, that there, that I've got a problem and sometimes it could be solved and sometimes our problems can't be solved. [D.S.F. @&$]

C: Well she asked me her own questions and she let me explain and talk to her. [D.S.F. @&$]

C: She's a very nice lady, very understanding and she um, she, to me it seemed like she understood the problem. [D.S.F. @&$]

C: She said that it was good that I spoke to my mom about some of my problems and she said that I should try talk to my mom more often. [D.S.F. @&$]

C: She didn't speak rough. She was talking nice and calm and she wasn't rude. [D.S.F. @&$]

C: Ja, I felt that she understood what I was saying and I felt that she could also help me. [D.S.F. @&$]

C: She said I must never feel that I can't talk to anybody because there will always be someone here to talk to. [D.S.F. @&$]

C: I felt good inside when she said that. [D.S.F. @&$]

C: Like my mom and I never talk and she said that it's, um that I should talk to my mom 'cause my mom could also help me with my problems and that. [D.S.F. @&$]

C: Um, different because hardly anybody gives me advice like that. [D.S.F. @&$]

C: I felt that she was right and I should talk to my mom. [D.S.F. @&$]

C: I don't know, like the counsellor at school just sort of sits there with a blank stare on her face, like s e is not really taking anything in and you can see, I can see that B is listening and you know thinking. [N.B.F. #&$]

C: I don't know like just the way that she looks at you and you know that she nods her head when you say things. [N.B.F. #&$]

C: Well I don't know, that somebody knows, you know maybe. I mean she gave me some advice on some things that was helpful. [N.B.F. #&$]

C: Well she said that I should try and talk to my parents a bit more, maybe then they will listen because I was upset that they never listen to me and if I just try and talk to them then they will listen more.(advice the client found helpful)[N.B.F. #&$]

B was nice because she just listened and asked few questions. [N.B.F. #&$]

C: She's nice, I think. She listens, she listens well. [N.B.F. #&$]

C: I don't know. she didn't ask questions of, she only, when she did ask questions it was only of what you said. It wasn't like about something else, that was completely had nothing to do with it. [N.B.F. #&$]

C: 'Cause I don't, I didn't really know what kind of person she was, but at the end I felt okay, I liked B. [N.B.F. #&$]

C: I don't know, she was really like, I don't know, just calm. [N.B.F. #&$]

C: Ja, she was like laid back, you know. [N.B.F. #&$]

C: I feel a bit better, because I mean I've told someone and I trust her. [N.B.F. #&$]

C: Um it's not like she forced me to say anything or she just left it where I stopped. [N.B.F. #&$]

C: It was nice. I'd rather tell her a few things at a time. [N.B.F. #&$]

C: I've already said this, but she did, I don't know. The way she listens, it doesn't make me feel pressured to say a lot of things and somehow I wanted to say more when she didn't, you know, ask all these questions, make me feel pressured to say them. [N.B.F. #&$]

C: Mm and knowing that she was listening and understanding the hurt and things, not just sitting there. [N.B.F. #&$]

C: She listens nicely. [N.B.F. #&$]

C: No with the other ones, they just asked me and they carried on talking, talking, talking and then I went ja, ja, ja, but now I'm like answering even without her asking me a question, I ask her or I carry on and I tell her everything we did. [A.N.F. #&^]

C: Well I know that one day I might just see him again or I might just, now I know he's in my heart because she was telling me all the memories will always be with you and you will never, no-one will ever take that away from you and you will always have his memories and he will always be with you wherever you go because before he was in Zambia and you couldn't really see him that often, but now he's with you wherever you go and that was nice that she said that. [A.N.F. #&^]

C: Yes it was also very sad to think about that. I started crying, but it's good that it came up because I think I needed to know that from people,

'cause they haven't really been telling me that. They've just been saying I'm so sorry, ja. [A.N.F. #&^]

C: Yes when she was asking me what I liked doing best with my dad and I was telling her everything I liked doing and so many places I've been to, that was the best. I was actually happy when I was telling that because those were the memories and memories make you happy as she had said. So she's very clever. [A.N.F. #&^]

I don't know and it was different because it was like she knew me and she was being like family or something. She was very nice. [A.N.F. #&^]

C: Yes, yes she even gave me a hug and everything. She was very nice, ja. [A.N.F. #&^]

but it was just very like formal, like she knew me. It was not like I met a stranger and I'm suddenly saying, 'Oh like hi!', you know. [A.N.F. #&^]

then it was fine because R is very nice and she's like family. She's very formal. [A.N.F. #&^]

C: She seemed young and she like, she didn't go through what I was going through, but it's like she knew in some way, like maybe one of her far relatives had died or something that she was close to, but she seemed like a very nice person and a very good counsellor because she just talked and she also, I think she was also like crying herself which was very nice to know that I'm not the only one crying, so that's very nice and she gave me a hug and she's very sweet. [A.N.F. #&^]

I just noticed her crying and then I started crying, so it was nice. [A.N.F. #&^]

C: It was fine because it seems closer to my age, it's say someone is like fifty or sixty and then it's like, I'd be 'Oh no, I don't want to talk to you.' Because it's better if they have like a new memory of when you were that age, not when, not like an old memory and then they just sort of remember. [A.N.F. #&^]

C: Yes. I'm not saying that older people would be terrible, because that would also be fine, because they seem to be like more understanding and more knowledgeable, but R seemed much sweeter and like more young, like fun you know.

C: Yes, so I was like 'Oh my gosh! She looks a bit like R.' So I felt a bit more comfortable and then she was like, she was, she seemed very nice. She led me to her office. She was talking to me and she made me feel more comfortable talking to her

C: She's very like open minded and she, she doesn't seem to like take up the whole lesson and just talk, talk, talk, talk and say, 'Oh I know what you're going through. I know what you're going through.' Because she said I don't know what you're going through which was good because it's not nice to be lied to and say, 'Oh I know what you're going through.' So it was nice that she didn't lie to me and she didn't talk that much and she's very open minded and like she knew and she was telling me all these things about, well she wasn't really personal, but she was personal about my life and very, very sweet. [A.N.F. # & ^]

C: And she was just. It wasn't like a long session, so I don't really know her that well, but she was just very sweet and she made me feel more comfortable because she was younger and she didn't lie like that. [A.N.F. #&^]

C: Well she asked me what I liked to do with my dad and all the good memories that I have which, that was good because a lot of people are just telling me, 'Oh I am so sorry he has gone.' But she was telling me remember all the good times then he will always be with you.

Ja and well she was very kind and when she was asking the questions and everything. [A.N.F. #&^]

C: She seemed very understanding, like nodding her head all the time and like yes, yes, yes, I know yes and I was like crying and she was like 'Oh let me get you a tissue.' And she was very, she said, 'Maybe I should give you

a hug, that's what you need.' And I gave her a hug and it was very nice. [A.N.F. #&^]

But she is very careful with her questions and it was very easy to answer them and I was very comfortable answering them. [A.N.F. #&^]

C: Yes like she didn't want to hurt me. She didn't want to make me cry. She said crying was good for you, but she didn't want to bring it up and make me cry. She did say something that well made me cry a lot. She said, she was like, well he's never coming back, he's never coming back and I was like, 'Oh ja, okay, okay. I know.' But she was very careful otherwise, ja. [A.N.F. #&^]

But then I realised no she's just telling me so that I can get over it in time and it will help me because that's why I want to see her so she can help me. So that's all she's trying to do. [A.N.F. #&^]

C: Yes, she's so clever in knowing that memories make you happy. So now I'm going into the memories and I am happy. So now I realise go with the memories. Yes she's very good at that. [A.N.F. #&^]

C: Yes, because I'm always saying that to everyone and they always saying no it isn't, it's fate, but now she's saying ja it is unfair. And I'm like, 'It is.' Because that's what I think, but a lot of people don't think, but I think she's more wiser. I don't know why. I sort of look up to her because she's more wise and she like knows better than these other people. [A.N.F. #&^]

C: Mm, I just don't, I feel comfortable with A, I never felt comfortable with M, ja. [J.J.F. #&^]

C: Um she didn't ask me anything you know too dark and deep and secret, 'cause I don't think I have too many of those. Just you know some questions that a lot of people asked is how did it make you feel and what are you feeling right now. Those are difficult to answer. But I mean she didn't, I think she asked me one of those, not really. [J.J.F. #&^]

C: We had conversations and, we had nice conversations. She told me what we would do, especially if I came again and she wasn't going to put pressure on me. That was great. [J.J.F. #&^]

C: It was um uplifting. I mean talk and talk and talk, like non-stop talking. There was not like a moment of silence. Talking in the session was um.... [J.J.F. #&^]

C: It was fun. I enjoyed it. [J.J.F. #&^]

The thing is what's nice about A, that she makes jokes and doesn't always stay on the topic and talks about other things, that's very nice. [J.J.F. #&^]

C: Well when my parents first took me I thought they thought that I was mad and psychoanalysis, to analyse psychos, so that's the general idea I got, but I mean she doesn't treat you like a psycho and she talks to you normally, so. [J.J.F. #&^]

C: Well I wasn't too sure what to expect from this A, but I mean she very much clears the air or makes it fine. [J.J.F. #&^]

C: Well she just like started making jokes and like talking about the rain because the rain is always making such a noise or if I said something then she would like, if I said a joke then she would actually laugh, it was amazing. [J.J.F. #&^]

C: Ja, then she would make jokes about telling interesting facts about. 'You know it's proven like you study things', it's very nice. [J.J.F. #&^]

C: Ja, you know and also the fact that you get these people that you must watch what you say you know. Mind your p's and q's whatever it is. You don't get that impression with her. [J.J.F. #&^]

C: I think she's much better than any of the other ones I've had so far. She's easy to talk to, friendly, just generally very nice. [J.J.F. #&^]

C: Yes and she doesn't seem judgmental at all which is very, very good. [J.J.F. #&^]

C: Ja it's also the very judgmental thing. She's not judgmental at all. Ja, I think. [J.J.F. #&^]

C: ...well she seems very relaxed so and like she just wants to do the session and she's not like there to find what's wrong with me. She's just there to talk to me which is nice. [J.J.F. #&^]

C: No, not a problem at all. I found it very easy to talk to her. [J.J.F. #&^]

C: Well they were pretty straight forward questions. So they were pretty easy to answer. No you don't, there aren't those questions with a twist at the end that has some second meaning or whatever. They were pretty straight forward and easy to answer. [J.J.F. #&^]

C: You get a bit nervous that the person is going to think you are strange or weird or a bit too, what's the word, sensitive about some things and. But I mean I didn't find it very easy to go too deep into that stuff, so she didn't go, she didn't like. You don't get this pressurised feeling that, it was okay. It was fine. [J.J.F. #&^]

C: She didn't make me get all nervous. [J.J.F. #&^]

C: She just manages to ask the right questions, you know. She finds exactly what topic you're thinking about. What things did actually trigger some sort of rebellion or whatever it was. [J.J.F. #&^]

C: She just, it's like she knows exactly what is going to help. Because you know there are some questions that will have absolutely nothing to do with anything, but she manages to know the exact right questions. Because I mean most people wouldn't ask and how was your year in Standard Six. I don't know, maybe people do that, I don't know, but I mean I didn't expect to hear that one. But I mean it is helpful, you know. [J.J.F. #&^]

C: Ja she just asked ja all the relevant questions she finds. It's like quite good. [J.J.F. #&^]

C: She pretty much holds the same opinions as me which is quite nice, you know. She doesn't have that judgmental thing of like and also you know you get a lot of. [J.J.F. #&^]

Then she started, A, she started telling me about the parking lot, and it was actually so funny. I won't get into that now and I mean she was telling me very interesting stuff, you know. [J.J.F. #&^]

C: Ja, but it was nice though 'cause she said to me so have you ever had the chance so I'm like 'Ja I guess a few times and the parking lot one,' and she's like 'Ah don't do the parking lot, not on the car and on the bonnet.' And going on quite funny. [J.J.F. #&^]

R: Mm. Well just whole, A's whole personality is great. [J.J.F. #&^]

R: She's very worth coming to see. She's such a friendly woman you know. Such a nice person. So I dig her. [J.J.F. #&^]

C: Um, I can't really, it was nice to be able to tell somebody, to talk to somebody and know that they understand, ja. [M.F.M. #%^]

C: Well they were, I mean they were easy, no not easy, but they were nice questions, they weren't the type of questions that you didn't want to answer. [M.F.M. #%^]

C: She's, she's very understanding, ja. [M.F.M. #%^]

C: Ja, very thoughtful. [M.F.M. #%^]

C: Well she like helped me, she helped me think. Well she asked, told me what to try with like certain family problems. [M.F.M. #%^]

C: It's actually very good knowing that somebody actually cares, mm. [M.F.M. #%^]

C: Um, she just, she told me that she was here to help me and that. [M.F.M. #%^]

C: She understood what I felt. I felt she understood what I felt. And she, ja that's it because I've never, I've never been with a person who understood exactly what I felt and who told me the answers I wanted to hear. Because she told me that I had to work on myself rather than to try to figure out what other people thought of me. [G.R.F. #&^]

C: Useful, ja. The fact that she, she, she said what she thought. She said I think these are your problems, I think we have to work on this and I think you have to work on your self-esteem, I think you have to work on this and this and this. It was very straight and that was use, that helped me because then when I come back to my home I say to myself it's true I have to work on this. So it's very, you don't have to, you don't have to redo everything. [G.R.F. #&^]

C: Because I'm quite lost. I don't know what's going on in my mind or what's going on inside and I don't know what's going on anywhere. I have no idea what's going on. So the fact that she says you feel like this because of this makes me more straight. It cleared up. [G.R.F. #&^]

C: It cleared it up. [G.R.F. #&^]

C: It was our first session and I talked a lot, but what was useful I tell you, it's the same thing. She identified the problems. She told me everything she thought, I think she did and ja. [G.R.F. #&^]

C: Ja and I was just talking about myself and just calmed me down, while here, she did talk to me and tell me a bit what was happening and ja it was fine, it was nice. [G.R.F. #&^]

C: Ja M talked and we had kind of a conversation and we talked and we. I told her everything that was going on because I have quite a long story and what happened and she seemed to understand what was going on and why and why I was depressed. I don't know if it is true, but I, but I just have a feeling she does. [G.R.F. #&^]

C: She was quite young. She listened. She, I told you she, I think she understood, I don't know. [G.R.F. #&^]

C: Ja, I mean she wasn't , she didn't seem like she had the maturity of forty years or a person who was. I didn't feel like she was superior to me. Because with the other psychologist I felt she was superior to me. She would, she would not act in front of me or you know that kind of thing.

With her I felt it was just you know talking and she's on the same level and.. [G.R.F. #&^]

C: At first I was quite frightened because I said to myself she will not understand, she'll not, but actually it was quite nice. [G.R.F. #&^]

C: Ja if she, perhaps she was, she would be another young person I would have hated it, but her personality I liked. I don't know. At first sight I would have preferred older person because I feel that the young ones or the stupid ones or wouldn't understand, but, but it went fine. [G.R.F. #&^]

C: Ja, I asked her if she felt, because my thing is I feel stupid, I feel very, very stupid and I asked her what did she think, if I was stupid or not, 'cause I mean a psychologist, I accept she would tell her what she really thinks, she would tell me what she really thinks. And she said that, and she said what she thought of me and it made me more comfortable. She said that I was too intelligent and I thought the world was more complex than it actually is. It wasn't the fact that she said that, but she said, I felt like she said what she felt. [G.R.F. #&^]

C: Ja and also what helped me is that she listened to me and she seemed, she seemed to understand and to see what the problem was. It felt like it wasn't a problem particular to me, but it was something that people felt and that it wasn't necessarily true what I felt, 'cause I felt that I was stupid and everything so it made me feel... [G.R.F. #&^]

C: Ah, she was, she was comfortable, so I felt comfortable. She wasn't feeling like, wow, what are you saying, it's strange and no she's just normal. [G.R.F. #&^]

C: No, just the way she looked at me and the way she was writing and. She was just relaxed and honest and no, open. [G.R.F. #&^]

C: No, she wasn't acting. It looked like she wasn't acting. You know, she would like, she would like, you know like with her head and um just write a little. You know it felt like she, she was just normal. [G.R.F. #&^]

C: That make sense, ja. She, she told me that I had a problem in this and this and this and it seemed logical. Actually tell me okay you, you have too complex view of others, so you make up everything or things like that, you understand what I, ja. [G.R.F. #&^]

C: It was easy because it was questions that needed to be answered and they were related to what I was, what I had said and they helped lead onto more stuff, you know lead to new issues and all sorts of things so it was, it was pretty easy. There weren't that many questions because it was mainly just talking, you know and so. [B.F.F. #%$]

C: I don't think there was one particular thing that stuck out. There was a lot of things that relate to what I was saying, which you know, which will, which really helped like if there was some, when I was confused about like certain things and she said something that kind of cleared everything up at the time, but there wasn't one specific thing that stood out. [B.F.F. #%$]

C: She was friendly and very helpful and understanding and she, she didn't like butt in and say, have her say or anything you know, she, she just listened to what I was saying and she, she didn't like say there was a right or wrong or anything you know she just, she just listened and that was nice. [B.F.F. #%$]

C: Ja, and then I didn't feel that B was distracted at all. She was, I think she was really focused. [B.F.F. #%$]

C: Ja there was the eye contact and you know she was, if I, if I said something and then I went back to it or whatever she would say you know and sort of referring back to stuff I had said before and ja there was like she was able to, what's it, sorry, she was just constantly like, she was really, I don't, I could tell that she was really, really listening, you know with the, she was just always, she wasn't like staring out the window or whatever, she was like always looking and listening. [B.F.F. #%$]

C: Well ja just that she was, that she wasn't distracted and she was focused and her eye contact and she was, like she was nodding and she was just, she was ja, she was very focused on and centred on me kind of. She was very aware. [B.F.F. #%$]

C: I suppose but, well she's, I've never, you know met her before and I didn't know whether she was going to think, 'Oh my gosh', you know or whether she was going to be like judgmental and everything like that, but, which she wasn't, she was very, very understanding, so. [B.F.F. #%$]

C: Ja, ja, and that was also again that she was listening to me, you know paying attention.

It was a thing you know, is she going to judge me whatever, but then it got easier I mean, I don't, 'cause I don't think she was going to whatever. [B.F.F. #%$]

C: I think it was useful just talking about issues and dealing with them and some advice that B gave me and she helped me see things in like a different light, whatever, you know maybe, and she, like with brothers and sisters or whatever she helped describe their reactions or how they would respond or whatever to certain things which I wouldn't have known and that was very, very helpful. It helped me you know see how, and what I can do for them, you know in certain situations, so. [B.F.F. #%$]

C: Ja with, in relation to my brother and my sister and how they would react to the situation and you know what they are doing is normal and all that kind, you know that stuff, which I wouldn't have known because my mother couldn't tell me, nobody could like really tell me, so that was helpful. [B.F.F. #%$]

C: My thoughts to certain things are, ja, but to like my brother's and sister, well my brother and sister, they I suppose I feel more, more aware of what they're going, they're feeling whatever and that's just the things that B said, ja. [B.F.F. #%$]

C: No, no. Ja she was involved in what I was saying and that you know, so it was, she was, she like really cared, I thought she gave, well she gave the impression that she really cared. [B.F.F. #%$]

C: I feel a bit different, not very much though. But she acted a bit more interested from other people used to. [Jo.H.F. #&$]

C: It sort of um she put them (problems) into order, lines and we worked from the beginning to the end of the line or one of the lines that we should do them. [Jo.H.F. #&$]

C: She put my problems into like a line of things and she worked from beginning to the end. [Jo.H.F. #&$]

C: She took the worst and then went on to the easiest problems. So I got over and done with the worst ones which was helpful. [Jo.H.F. #&$]

C: She was nice. She was talkative. She talked a lot, herself and me. It was nice, very nice. [Jo.H.F. #&$]

C: Well she was listening which made a big difference. She knew everybody by the time like ten minutes were over. [Jo.H.F. #&$]

C: Ja, she knew my family and everything and that was when I knew she was listening. It was nice. [Jo.H.F. #&$]

C: She was asking comforting questions about are you okay with this person. And just are you okay with this and I am not going to pressure you. That made it much better. [Jo.H.F. #&$]

C: Well um, for instance she asked one and then I could give an immediate answer. I knew what she was asking. Which was, she explained it very well. [Jo.H.F. #&$]

C: I think the listening maybe. And then came the compare thing. And then came her talking to me. And then came talking about her children and you know her meaning, rushing and laughter and jokes and funny things. [Jo.H.F. #&$]

But she helped me which was nice. She was like putting it into better words for me. And um she was giving me advice about how I should cope with it. [Jo.H.F. #&$]

C: She gave me advice and told me how to cope with it. Told me what I should do and tell her maybe if there's a difference and then just little things like, 'Okay I'm listening' you know and then she made a face as though she was interested and then she goes and she gave me a little talk about how to cope with it. [Jo.H.F. #&$]

C: She was all right. She was fine. [M.C.M.#%$]

C: She's nice[M.C.M.#%$]

C: I don't know, she wasn't, she wasn't like cruel or anything. She wasn't like horrible, she was nice to me, she understands what I was trying to say. [M.C.M.#%$]

C: No she did, she did. I mean she explained everything, but I mean, but she, if I had to come again I would want to go to her. She was good, she was nice. [M.Fr.M. #%$]

C: If I came, if I was going to come again I would want to go to her 'cause she was nice. She wasn't a big, ugly, monster person who I didn't want to come. Just, ja it was good. [M.Fr.M. #%$]

C: I don't know, just the fact that she kind of, she wasn't as most adults and that type of thing, 'Oh my god you said something, you are so naughty. How could you possibly say that!' She was kind of with me. [M.Fr.M. #%$]

C: No I'm just trying to think, I can't explain it. Okay well, like she, she wasn't, she didn't act like an adult. She acted like somebody like your friend would be, type thing. She wouldn't, isn't like an adult type. You know what I'm saying. [M.Fr.M. #%$]

C: Ja, she was more on the, ja, no like another person type. [M.Fr.M. #%$]

C: It was easier to talk to, easier to talk to, ja. [M.Fr.M. #%$]

C: Oh no, just again she was on my level. She wasn't a big, ugly person type. Haa! Hanging over my shoulder or whatever I said wrong. [M.Fr.M. #%$]

C: Ja, ja I mean she could let me say what I wanted to say. [M.Fr.M. #%$]

C: Well they were, I mean they were easy, no not easy, but they were nice questions, they weren't the type of questions that you didn't want to answer. [M.Fr.M. #%$]

C: She was, she was sweet. [J.H.F. #&$]

C: Don't know, just a nice person. [J.H.F. #&$]

C: Friendly and she seems to, she seems to care, but she also seems to realise that you know there are some things in life which you just have to go through and you just have to do. You can't really change all situations, you know, you can just try and deal with them better, [J.H.F. #&$]

C: Just her tone of voice really I guess, sounded as if she was concerned, ja you know you can talk in a way, you sound like wow I couldn't care less, you can talk in a way that you sound like you actually care, ja. [J.H.F. #&$]

Appendix B(ii)

Clients' responses to what they found helpful and liked about their counsellor

Client perceived the counsellor as caring

- counsellor had a caring tone of voice (therapeutic bond/counsellor caring)
- counsellor showed interest in the client as a person (alliance/counsellor's emotional involvement)
- counsellor was interested in the details of what the client was saying (alliance/counsellor's emotional involvement)
- client perceived the counsellor as being kind (alliance/counsellor's personality)
- counsellor showed emotion, namely tears in her eyes and physical warmth such as a hug (alliance/counsellor's realness)
- client perceived the counsellor as sympathetic (alliance/counsellor's emotional involvement)
- counsellor was careful not to ask questions that would upset the client (alliance/counsellor's sensitivity)
- client perceived the counsellor as thoughtful (therapeutic bond/ counsellor caring)
- counsellor came across as involved and wanting to be there (alliance/counsellor's emotional involvement)
- client felt it made it easier to talk knowing that the counsellor was a caring person and was listening (therapeutic bond/counsellor caring/counsellor listening/client participation)

Client perceived the counsellor as nice to talk to

- counsellor didn't put pressure on the client to talk or to get out emotions which made the client more willing to open up (client participation/no pressure from counsellor)
- counsellor went at client's pace (pacing)
- counsellor didn't restrict what the client said (counsellor's acceptance, counsellor non-directive)
- counsellor gave client space to talk (space to talk)
- counsellor went with what the client wanted to talk about (counsellor non-directive/tracking)
- counsellor was open minded and didn't impose her own will or opinions (counsellor objective, counsellor's acceptance)
- counsellor switched to different topics which resulted in the client feeling relaxed and comfortable (rapport/counsellor flexibility)
- counsellor discussed topics that interested the client (focus on adolescent's interests)
- counsellor didn't just focus on problems (not just problem focused)
- counsellor was informal which resulted in the client feeling relaxed and comfortable (rapport/counsellor informal)
- counsellor was relaxed and calm which resulted in the client feeling relaxed and comfortable (rapport/counsellor relaxed and calm)
- counsellor explained what was happening which resulted in the client feeling relaxed and comfortable (rapport/structuring)
- counsellor helped put into words what the client wanted to say (counsellor helped client to verbalise)
- client felt on the same level [illegible]llor (alliance/interpersonal equality)

- client perceived the counsellor to be a good listener as she remembered what client had said and this enabled the client to open up more (client involvement/counsellor's active listening)
- counsellor's attention was focused on the client (counsellor attending)
- counsellor explained the session was confidential which made the clients feel relaxed, comfortable and secure (alliance/confidentiality)
- counsellor used good body language and appropriate gestures like nodding, good eye contact and interested expression (counsellor's active involvement)
- counsellor had a subtle tone of voice
- counsellor had a calm tone of voice which relaxed and calmed the client (counsellor calm)
- counsellor was patient (counsellor patient)
- client perceived the counsellor as honest (alliance/counsellor's congruence)
- client perceived the counsellor as non-judgmental (alliance/ counsellor's acceptance)
- client felt understood by the counsellor (alliance/counsellor's empathic understanding)

Client had a positive perception of counsellor's questions

- counsellor asked appropriate and relevant questions
- counsellor didn't ask too many questions
- client was able to answer the counsellor's questions as they were clearly worded and easy
- counsellor's questions were linked to what the client had already said (tracking)
- counsellor's questions lead on to new issues

- client felt the questions needed to be answered
- client liked to answer the questions
- client felt comfortable to answer the questions as they were straight forward
- counsellor's questions were not the kind the client didn't want to answer

Counsellor inspired confidence

- client perceived the counsellor as being wise
- client perceived the counsellor as being trustworthy
- clients perceived the counsellor as being able to deal with their problems

Client perceived the counsellor as helpful

- counsellor assisted the client to be positive
- counsellor gave advice on how to handle relationships (advice)
- counsellor assisted the client to think (cognitive)
- counsellor made the client feel that he/she was not alone in having the problem (normalising)
- counsellor helped the client to see a different perspective (cognitive/insight)
- counsellor assisted the client with problems (cognitive/problem solving)
- counsellor identified for the client what the problems were (cognitive/identified problems)
- counsellor educated the client (cognitive/education)
- counsellor helped the client to understand problems (cognitive/understanding)

- counsellor gave clarification (cognitive/clarification)
- counsellor helped answer the client's questions (cognitive/answers)

Client perceived the counsellor as understanding

- counsellor understood the client's feelings
- counsellor understood the client's developmental stage
- counsellor understood the client's problems

Client liked the counsellor as a person

- client perceived the counsellor as being patient (therapeutic bond/counsellor patient)
- client perceived the counsellor as being friendly (therapeutic bond/counsellor warmth)
- counsellor was talkative (therapeutic bond/counsellor active involvement)
- counsellor was welcoming (therapeutic bond/counsellor warmth)
- counsellor showed a sense of humour (therapeutic bond/counsellor realness)
- client perceived the counsellor as a nice person which made him relax (therapeutic bond/liking counsellor's personality)
- client perceived the counsellor as kind (therapeutic bond/counsellor's personality)
- client perceived the counsellor as calm (therapeutic bond/counsellor calm)
- client perceived the counsellor as open minded (therapeutic bond/counsellor objective)

Definition of Terms

* therapeutic bond: network of positive personal attachments between client and counsellor, includes mutual trust, liking, caring, acceptance and confidence

* alliance: client feeling accepted and experiencing the counsellor as supportive and helpful

* rapport: sense of comfort, connection, understanding, warm atmosphere

* emotional involvement: concern, caring, interest in client's problems

* counsellor congruence: realness, honest communication

* counsellor warmth: friendly, sensitive, responsive, considerate

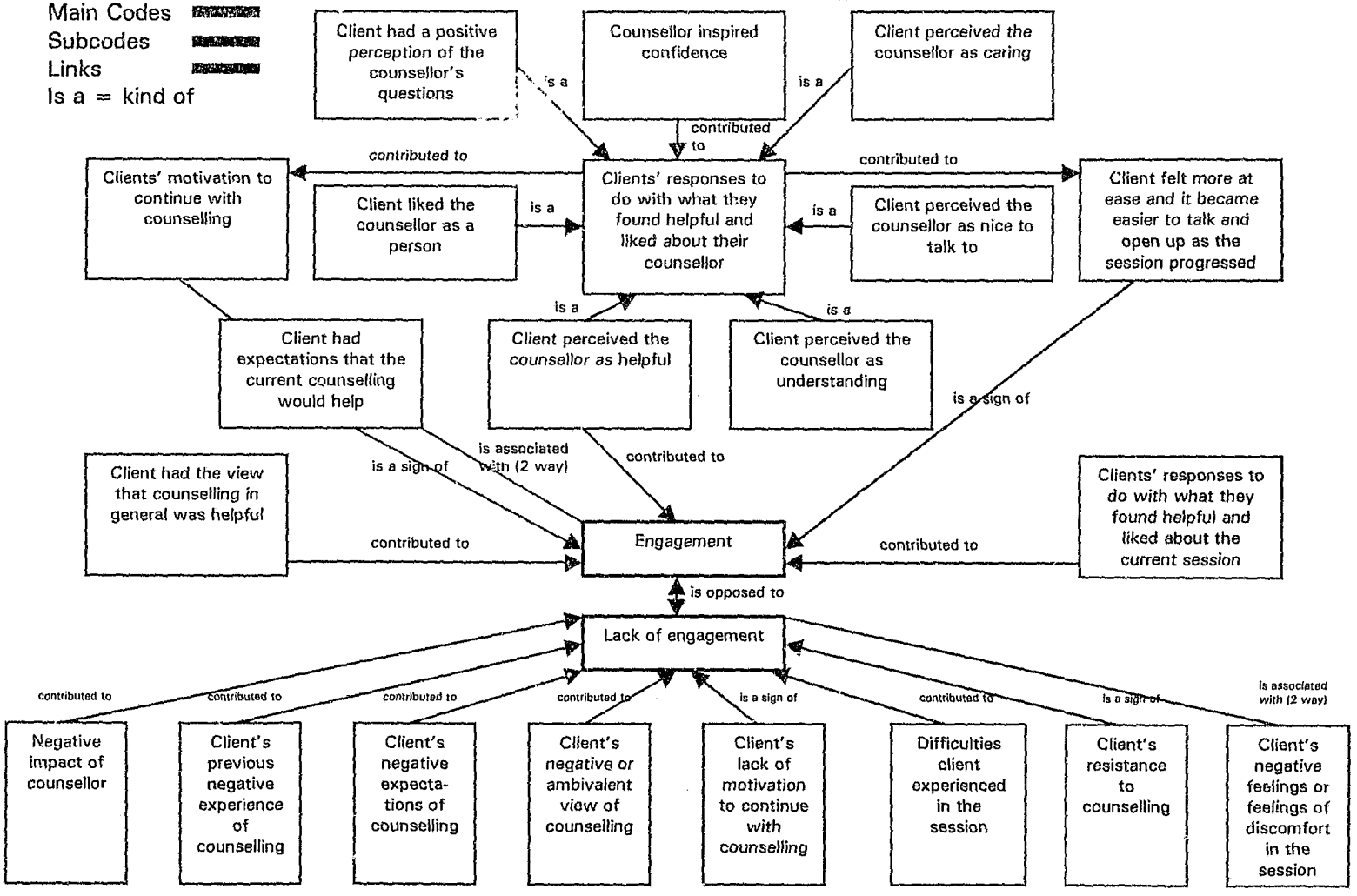
* counsellor objective: respect for client's views, ideas and opinions not forced on client

* structuring: explanation of what will transpire during the relationship, defining roles, developing realistic expectations

Key
Main Codes
Subcodes
Links
Is a = kind of

SCHEME OF CODES FOR ADOLESCENT RESPONDENTS

Appendix B(iii)



Author Beuthin M B
Name of thesis Experience Of The Initial Counselling Session By Counsellors And Their Adolescent Clients Beuthin M B 1999

PUBLISHER:
University of the Witwatersrand, Johannesburg
©2013

LEGAL NOTICES:

Copyright Notice: All materials on the University of the Witwatersrand, Johannesburg Library website are protected by South African copyright law and may not be distributed, transmitted, displayed, or otherwise published in any format, without the prior written permission of the copyright owner.

Disclaimer and Terms of Use: Provided that you maintain all copyright and other notices contained therein, you may download material (one machine readable copy and one print copy per page) for your personal and/or educational non-commercial use only.

The University of the Witwatersrand, Johannesburg, is not responsible for any errors or omissions and excludes any and all liability for any errors in or omissions from the information on the Library website.