

Adolescents' Perceptions on what is helpful about the Therapeutic Relationship in School-Based Mental Health Clinics

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Presenter Disclosures

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The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

Research Questions

1. Who influences (motivates) the adolescent's decision to enter psychotherapy?
2. What types of fears keep adolescents from entering treatment?
3. What helps enhance the therapeutic relationship?
4. What is helpful about the therapeutic relationship?
5. What are the possible advantages and disadvantages of school-based mental health counseling clinics as perceived by adolescent consumers?

Motivation for Study



- A major theme throughout the literature on adolescent psychotherapy is holding the adolescent in therapy. They have the highest drop out rate of any population.
- Research on psychotherapy outcome suggests that a positive therapeutic relationship is the best indicator of success.
- Very little research exists on the adolescent therapeutic relationship. Most research on the therapeutic relationship has been conducted on adults.

Defining the Therapeutic Alliance

- The literature suggests that the Therapeutic Alliance “ is a useful way to measure the therapeutic relationship. It is taken from Bordin’s (1975,1976, 1980) pantheoretical application of the therapeutic relationship. His conceptualization of the alliance is made up of three sub-groups being: 1) agreement on goals, 2) agreement on tasks, 3) sense of a personal bond.
- Research on the therapeutic relationship in adolescent psychotherapy tends to be theoretical and drawn from adult studies on the therapeutic relationship.

Theoretical Framework

- The study utilizes the lens of Self Psychology and Attachment Theory
- Psychopathology is viewed as a set of rigid pathways that the adolescent adapts to as a means to create internal and external safety.

Characteristics of the Research Project (Methodology)

- A non-probability, purposive design
- Mixed Design: qualitative and quantitative
- 7 Health Start sites (7 high schools)



- Instruments:
 - 1) 36 item “Working Alliance Inventory” used to measure the total alliance score and subscales scores for a) bond, b) task and c) Goals.
 - 2) 24 item “Experience of Counseling at Health Start.
 - 3) 132 item “Youth Self-Report Inventory”
 - 4) 16 Question Semi-Structured interview

Demographics

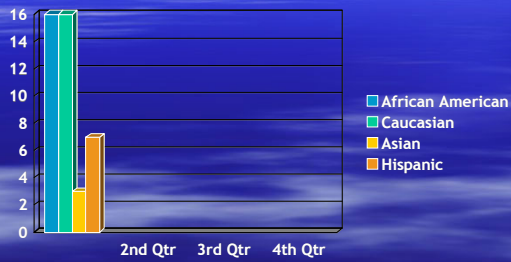
- 42 subjects
- 9 males, 33 females
- Age: Mean 16.3
Range 14 - 18

Frequency Distribution for Length of time in Treatment

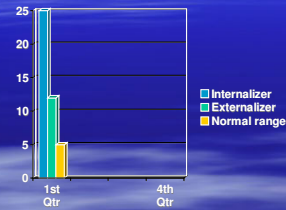
Length of time	#	%
>6 mos	20	47.6
6 - 12 mos	3	7.1
1 - 2 years	12	28.6
<2 years	7	16.7



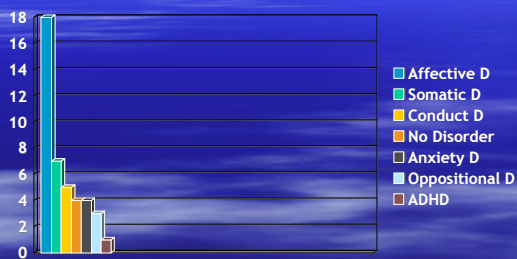
Frequency Distribution for Race



Frequency Distribution for Internalizing Disorders vs. Externalizing Disorders From the Youth Self-Report Inventory



Frequency Distribution for DSM Scores from YSR Inventory



Motivation to Seek Treatment

1. Friends 32 (76.1%)
2. Internal Motivation 18 (42.8%)
3. Health Start/ clinical nurse 15 (37.5%)
4. Teacher 8 (19%)
5. Parents 5 (11.9%)
6. Other agencies 5 (11.9%)
7. Mandated 4 (9.5%)
8. Other adults 3 (7.14%)



Motivation to seek treatment
(student report on friends as motivation)

- “ I was depressed and thinking of killing myself. My friends motivated me to get some help. They said they new a really good place they’ve heard from friends. All you have to do was show-up and someone would talk to you. They told me they heard they were really nice. They said it was confidential and they wouldn’t tell you what to do. My friends walked me down to meet with someone. So I went.”

Types of Fears about Entering
Treatment

Frequency distribution for Fears about Entering Treatment

Type of Fear	N	%
Being Judged	36	90.4
Lack of confidentiality	34	80.9
Being controlled/ Loosing autonomy	30	71.4
Not being listened to	18	42.8
Fear of being punished	15	35.7
Means I’m crazy/stigma	15	35.7
Made to feel inferior	8	19.0
Fear of not being helped	7	16.6
Prior bad experiences in Counseling	7	16.6
Not being believed	6	14.2

Example of “being judged”

- “ I don’t know ...hm... I guess I was wondering what she would think of me. I was worried if she would judge me and say ‘boy she must have a whole lot of problems...stay away from her she’s nuts...she’s bad news...’ I still wander what she thinks of me... Like my friends judge me and they make it known. But ‘C’ doesn’t judge me, but at first I was worried she would judge me.”

Fear of being judged

- Adolescents are coming from a world that is judging them all the time.
- When they mention problems they feel treated like a problem.
- Be sensitive to any judgments made in a session - even if behavior is negative or deviant.
-

Example of “Confidentiality”

- “ Well sometimes I think people are afraid to come like because they feel like it will get out of the counseling session. The counselor may tell you it is confidential but is it really. Kids are always worried that their parents will find out. We are told that whatever is said stays here unless we are self-destructive or going to hurt someone else. A lot of students worry that what if they call my parents and tell them that they are doing this or that. That was something I worried about but my friends told me that it didn't happen here. It happens all the time in school. Parents are always being told about us.”

Fear of lack of Confidentiality

- There is a mistrust of the adult world
- In school there is no confidentiality
- School counseling clinics need to differentiate themselves from the school.
- How we approach confidentiality with the adolescent is important. (Standard confidentiality vs. Flexible confidentiality.

Example of “fear of being controlled/autonomy”

- “When I first went to counseling I was worried she would tell me what I should and shouldn't do. I don't like to talk with people especially older ones. They twist your words and make them sound like they want them to sound. When I talk I'm going to get into trouble. And like cause a lot of my friends have gone to treatment and been locked up so I didn't know what to think. When I met my counselor she said 'what do you want to talk about?' I really liked that about her.”

Fear of autonomy/being controlled

- Adolescents often have a fear that adults are going to tell them how to think and what to do.
- Many adolescents mistrust adults.
- Many adolescents connect counselling with detention centers.
- Children are constantly listening to issues that support their fears that confidentiality will be violated.

Some pointers on how to deal with Autonomy/Control

During the initial interviews:

- 1) Utilize empathic inquiry as a mode of collecting data vs. objective data gathering.
- 2) Allow the adolescent to decide what is important to talk about.
- 3) Don't start with the problem
- 4) Start with "What are you interested in?"
- 5) First priority is to engage - everything else can wait.

Summary concerning adolescent fears about therapy

The Adolescent Context Mismatch

- 1) the psychotherapy environment is one that adolescents are not typically familiar with.
- 2) It is an environment that they do not feel competent in.
- 3) A mismatch occurs between their developmental issues and the demand characteristics of the setting.

Alliance Scores (WAI)

- Mean score 73.5
- Mean subscale scores
 - Bond 26.3
 - Goal 23.9
 - Task 23.6
 ($p < .01$)
- Positive Correlation between Total Alliance Scores and degree of benefit ($r = .763$ $p < .01$)
- No significant correlation between type of Problem Orientation (Internalizing vs. Externalizing) and alliance scores.
- No significant correlation between total alliance scores and length of time in treatment.
- Positive correlation (.640; $p < .01$) between feelings expressed in treatment and higher alliance score.

Degree of Benefit associated with Classifications on the A Youth Self-Report Inventory

Classification	Degree of Benefit				N	%
	None	Some	Benefited	great deal		
Internalizing	1	5	7	10	23	54.7
Externalizing	1	4	7	2	14	26.1
Normal range	0	0	0	5	5	11.9
	0	8	19	15	42	100

Chi square = .03 $p < .05$

Comparing subjects' views of what enhances the relationship compared to what is helpful.

Enhancing the relationship

1. Demonstrates empathy (80.9%)
2. Being heard/listened to/promotes affect (76.1%)
3. Egalitarian relationship (71.4%)
4. Non-judgmental stance (69.0%)
5. Microskills (61.9%)
6. Help solving problems (59.5%)
7. Safety (57.1%)
8. Expressed positive affect (50.0%)
9. Made me feel special (42.5%)
10. Honesty/trustworthy (42.5%)

What is helpful about therapy?

1. Demonstrates empathy (88.1%)
2. Being heard/expressing core feelings. (84.2%)
3. Experiencing self as good (69%)
4. Help negotiate the world (64.2%)
5. Feel safe (64.2%)
6. Being seen/special/ intimate edge of relatedness (61.9%)
7. Strengthening self reflective skills (42.6%)
8. Trusting others (41.2%)
9. Identifying with an empathic adult. (33.3%)
10. Being contained. (33.3%)

"Empathy"

- Defining Empathy as "the capacity to think and feel oneself into the inner life of another person. (Kohut, 1984)
- To be empathic one must de-center from your own reality and focus on the adolescent's subjectivity.

Research findings on empathy

- 1) Empathy is closely allied with the therapist's ability to understand the adolescent's need for autonomy, their need to be understood and to understand their fear of being judged.
- 2) As empathy builds so does trust.
- 3) Subjects who report "not being pushed," suggest that this builds empathy.

"Empathy"

- "I thought counseling would be boring because I'm not into taking things over. I always thought that taking about your feelings was childish before I came here. I thought no one could really understand you. But it helps you understand yourself when someone really listens to you."

Being Heard/Listened to/ Expression of Affect

Expression of Affect

- a) A positive correlation between the amount of feelings expressed and higher scores on the Working Alliance Inventory.
- b) Intimate edge of relatedness
(The intimate edge of relatedness)
- c) The adolescent reveals their "emotional makeup through the interplay of the relationship.
- d) Need to be empathic to what children need to build their emotional life.
 - 1) a holding container
 - 2) tone down harsh super-ego
 - 3) understand feelings as motivators
 - 4) understand how feelings are linked to behaviors.
 - 5) help discriminate between emotions
 - 6) help learn to regulate affect.
 - 7) learn to put words to affect
 - 8) tolerate emotions that have not been experienced as safe in the past.

The connection between "Core Affects," "Containment" and "Being Heard."

- "She is really interested in how I feel - no matter how bad it is. At first I couldn't tolerate the bad feelings I had. But she listened to them. It was really helpful. She is interested in what I feel. She maybe gives me advice but always is first interested in what I feel where other counselors were more interested in making me feel better. For a long time every day was a down day with a down story. She stuck with me through those down stories and was able to listen. It was really good for me."

Experiencing the Self as "Good"

- " You got to take what you can. My Dad doesn't like me. Actually my Dad hates me. He always sets me up to fail and yells at me. 'Your no good, you never do anything right, what's wrong with you.' It really got to me. When I tell "c" what I think she makes me feel great - you can do it - it feels really good. My Mom's to frightened to say good things to me but now I'm able to say it to myself."

"Intimate edge of relatedness"

- "Mom says she doesn't like us any more because dad left because of us. I was shocked when I learned that he {dad} gives his new kids new clothes. I felt horrible. It really helped to talk about these feelings. I saw that it upset my counselor. That made me feel like I was worthwhile. It showed me that she really cared about me."

Problem Solving

- Delicate balance between need to feel autonomous and competent while letting the therapist help negotiate the environment.

Negotiating the world/problem solving

- “The biggest talks we had were about my dad. ...he has a drinking problem. She taught me to cope with the situation. I use to always argue with him. But She said no matter what, when he talks bad to me pretend your listening to to your favorite music. She helped me get into a comfort room. I got so I pretended I was in my room listening to music. It use to be that we would even fight each other. She helped me find a comfort zone. I don't know what I would have done if “c” didn't help me with how to deal with my dad.”

Promoting a sense of feeling “special”

- “Last year I had a big art exhibit and I wanted to ask “C” to come to it. Every time I came down to ask her she was out of the office or something. I only came once or twice. I left a note letting her know about it just incase she could come. I didn't really expect her to. When I came in the next time she mentioned my art exhibit. It meant so much. I didn't even hand her an invitation in person. (subject begins to cry) The fact that she cared about me to come and that she supported me that way even though I didn't see her there.... It meant a lot that she was interested in me not just my problems that I bring to her but also the good stuff I do to.”

Developing the capacity for Self-Reflection.

- “I think she's helped me get through a lot of tings. I realize a lot more about myself and where my anger is coming from and what particular feelings I'm having. I have started to figure out what particular feelings make me angry... I thought therapy would be easy, I thought she would just give me some strategies to handle my anger but it's not that easy, we had to get to the root of it - I'm not saying it's over but I'm getting closer than ever before.”

Containment

- “ I feel my problems are huge and every time she helps me feel that my problems are manageable . I've learned it really helps to talk about your problems and not keep them bottled up.”

Egalitarian Relationship

- “One of my fears is coming into counseling and that 'C' would talk down to me , tell me what to do. But 'C' doesn't do that. She talks to me like I am an equal...that's really great. Like she doesn't treat me like I'm just another student. She doesn't talk down to me, she treats me like I am an equal. I got really close to her because usually when you go to adults they talk down to you. 'oh your just a kid...what do you know.' She talks to me like I'm an adult that really helps me. Students don't like to be talked down to.”

Egalitarian Nature of the Relationship

- Subjects report that they are fearful of losing autonomy/control.
- At the same time they want their therapist's expertise (Confident Authority).
- Subjects report that “candor” and “directness” were expressions of an egalitarian relationship.
- Subjects express that self-disclosure was an expression of an equal partnership.
- As a transference object - most subjects saw their therapist as “a friend.”

How subject views the counselor (as a friend)

- “I don't see 'C' as an adult. I see her as I don't know, like a friend, because but I don't see her like an adult either. I guess the only adults growing up that I have had are like parents, teachers where you are obedient to what they say - but 'c' I don't feel that way. I don't don't feel like there are rules when I come in here... raise your hand if you want to talk, you know what I mean. 'C' didn't have those adult expectations that I'm an adult and you're the child now listen to what I say, the authority levels are very equal...she's not above me. Her opinion is not better than mine and mine is not better than hers. That's what make her not very adult like. Yet she has experiences that are like an adult at the same time.”

How the subject views the counselor? (As a friend)

- “ I can really talk to ‘C’ about stuff. It’s like having a really good friend with a degree. You don’t get that mother talk you get that friend talk.
- (When asked how a friend was different than a mother the subject states)
- “You know ...someone who really listens to your problems and shares all your dirty little secrets with and they want you or tell them, they want to hear. They listen and try to help but don’t judge you like mothers do.”

non-judgmental stance

- “ I was wondering what she would think of me. I still wonder what she thinks of me. Like my friends judge me and they talk down to me and they know me. But she (meaning the therapist) never does. She really doesn’t judge me and it feels really different.

Microskills

Talking about a past therapeutic experience:

- “With the last counselor I saw she always had a frown on her face when she saw me. She would say ‘o.k. your next’ and she would have a frown on her face. I often wanted to go home right away.

Talking about her current therapeutic experience:

- “she smiles at me.... I know that she listens by the way she looks at me...she shows me that she is really listening. I can see it in her face. My other counselor in ____ was always tapping her pencil when I was talking, that’s how I knew she was bored with me and not really listening.”

Microskills

- Adolescents have very active “right brains” that are continually processing non-verbal communications between them and others.
- Adolescents identify therapist’s “distinctive characteristics by relying on these microskills.”
- Invite adolescents to talk about implicit relational assumptions they are making about the relationship.

Safety

- Inherently necessary psychological need
- 27 participants made stated that as they felt safer the felt more connected to their therapist.
- There was a connection between feeling heard without judgment, empathy, sense of positive regard and feeling safe.
- 22 participants state that as they express more feelings, they felt safer.

How do subjects compare school -based mental health experience to other mental health programs?

Frequency distribution of 27 subjects response to question: How do students compare school based counseling to other forms of counseling?

Degree of helpfulness	N	%
Not as helpful	0	0
Same	0	0
More helpful	2	2
A lot more helpful	25	98

27 100

Why were other programs not as helpful?

- 1. Fear of confidentiality 25 92.5%
- 2. Threatened autonomy 23 85.1%
- 3. Didn't like therapist 20 74.0%
- 4. More time consuming 10 37.0%
- 5. Parent participation was negative. 8 29.6%
- 6. Transportation 7 25.9%
- 7. They didn't understand me 7 25.9%
- 8. Financial/ expensive 6 22.2%

Other settings compared to school-based counseling.

- " We had to drive a long way to see my counselor. I had to call my mom and arrange it with school and her work. It cost money. If you were having a bad day it didn't matter you could only go to appointments that were arranged...He didn't know me. They really get to know you here (at school). It's a lot more comfortable because it's in your own place. You don't worry that your mom is listening at the door."

Other settings compared to school-based counseling.

- “ Yeah my family doctor referred me to a therapist for help with my anxiety. She never talked much. She didn't know what was going on with me much. She wanted to push medication on me. She didn't know that my parents were talking about a divorce and how much it scared me. I was only 13 at the time and really scared. I didn't tell her because I didn't feel that she really wanted to see me. I don't think she really cared outside the sessions about what I was doing. “C” always cared outside the sessions. I would see her in the hallway and she would make a point of coming over and saying hello. “She would remember things like 'how was your test,'...‘don't forget your appointment on Thursday.’ she always remembers me and knows me. I don't feel known by the other therapist. She said ‘so here's your file - once I think she forgot my name and had to look at the file to remember it. I could tell that she had forgotten. She never got to know me like ‘C’ did....she really knows me.”

Positive Attributes of School Based Program

- What do you like about having counseling at the school?
- 1. Confidentiality/support
Autonomy 41 97.6%
- 2. You know me/you see me in at school 37 88.0%
- 3. Easy access 34 80.4%
- 4. No parents 27 64.2%
- 5. Not expensive 19 45.2%

Positive attributes about school-based counseling.

- “ If I have a problem with other teachers she helps me look at what's going on and how to make the situation better.”

Positive Attributes in School Based Programs.

- “ I really like counseling in the school. I think it's a really good idea. When you come to school when you have a lot of stress from home and go to school you try not to think about it. You may be really upset about something. Sometimes so many things are in my mind about problems that start from home. There can be so many things I just can't think. Here we know that we can get permission and come down and see your counselor. If someone is really stressed out and needs to get to see someone for help they can try and get to see there counselor. A lot of kids come to school to get away from their problems but they follow them to school. At the clinic you can deal with them while you stay in school. If you have someone to talk to maybe you can finish the day off at school.”

The End

