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## British Journal of Guidance & Counselling

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title~content=t713406946>

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Online publication date: 08 July 2010

**To cite this Article** Pattison, Sue(2010) 'Reaching out: a proactive process to include young people with learning disabilities in counselling in secondary schools in the UK', British Journal of Guidance & Counselling, 38: 3, 301 – 311

**To link to this Article:** DOI: 10.1080/03069885.2010.491849

**URL:** <http://dx.doi.org/10.1080/03069885.2010.491849>

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## **Reaching out: a proactive process to include young people with learning disabilities in counselling in secondary schools in the UK**

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*(Received 27 September 2008; final version received 23 October 2009)*

This paper presents a proactive process to include young people with learning disabilities in mainstream counselling in secondary schools in the UK based on the findings of a consequential mixed methods research study. Data were collected from a quantitative and qualitative survey ( $n = 396$ ) and qualitative semi-structured interviews ( $n = 15$ ) with counsellors and psychotherapists producing findings that were used to build a model for inclusive counselling practice in secondary schools. This paper applies those findings and the model to the school counselling context. The findings provide useful insights into counsellors' views and perspectives on inclusive counselling and a proactive way forward for facilitating greater access to counselling in schools for young people who have learning disabilities.

**Keywords:** young people; learning disabilities; counselling and psychotherapy; school counselling; inclusion

### **1. Introduction**

I've never been afraid to step out, to reach out and move out in order to make things happen. (Victoria Gray, African American civil rights activist in an interview with K. Mills, 4 April 1990)<sup>1</sup>

This paper puts forward a proactive process through which counsellors and psychotherapists can 'step out, reach out and move out' to include young people with learning disabilities in mainstream school counselling. The concept of being proactive was first addressed by Viktor Frankl in his book *Man's Search for Meaning* (1946) and has at its heart a process of taking responsibility, not looking to others or outside circumstances, but having courage, perseverance, and awareness of the existence of choices, regardless of the situation or context. Martin (2002) considers Frankl's work when he claims that making an active choice is playing the game, on the other hand, if one is being proactive, the rules of the game will be changed. He claims that this is particularly important when the rules of engagement are unfair. The rules of 'the game' are inherently unfair for young people who have learning disabilities, by definition present during childhood, impacting on developmental processes and manifesting in a variety of ways including the presence of a significantly reduced ability to understand new or complex information, to learn

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new skills (impaired intelligence, usually an IQ below 70; World Health Organisation [WHO], 1999), with reduced ability to cope independently leading to impaired social functioning (American Psychiatric Association [APA], 1994; WHO, 2003). This paper applies the findings of an empirical study into the inclusion of young people with learning disabilities in mainstream counselling and psychotherapy to the school counselling context. The rationale for the study lies partly in the increasing evidence base for the effectiveness of counselling as an intervention for young people (Harris & Pattison, 2004) and its steadily increasing profile on the policy horizon (Cooper, 2006, 2008; Pattison et al., 2007; Sodha & Margo, 2008; Welsh Assembly Government [WAG], 2008) and the major argument for specifically including young people with learning disabilities in counselling and psychotherapy rests on four major premises. Firstly, the low level of perceived well-being among young people in the UK (United Nations International Emergency Fund [UNICEF], 2007) and their high level of emotional distress and psychological problems (National Society for the Prevention of Cruelty to Children [NSPCC], 2007; WHO, 2001). Secondly, and more specifically, the high level of mental health problems in young people with learning disabilities referred to as 'dual diagnosis' (Allington-Smith, 2006; Hollins & Sinason, 2000; Lindsey, 1997; NSPCC, 2007; Raghavan & Patel, 2008; Royal College of Psychiatrists, 2004). Thirdly, the international human rights movement and literature on human rights (Donnelly, 2002; Morrall & Hazleton, 2004; Shakespeare, 2006; Thomas & Tarr, 1999) and national social inclusion policies (Her Majesty's Government, 2006; Office for Standards in Education [OfSTED], 2004; Social Exclusion Unit, 2004). Finally, national policies aimed at addressing the needs of children and young people in contemporary society (Department for Education and Skills [DfES], 2003, 2004a) form the political canvas against which practices may be funded and developed. The original research was driven by the questions: how inclusive of young people with learning disabilities is mainstream counselling? Leading on from this is the question: how inclusive is counselling in mainstream secondary schools? along with: how can inclusivity be increased? This paper adds to the inquiry with: how can school counsellors become more inclusive? Human rights policies that provide the impetus for inclusive counselling are the Disability Rights Commission Act (Department for Work and Pensions, 1999); Human Rights Act (Her Majesty's Government, 1998); UN Declaration of the Rights of Disabled Persons (United Nations [UN], 1975); United Nations Convention on the Rights of the Child (UN, 1989)<sup>2</sup>; United Nations Standard Rules in the Equalisation of Opportunities for Persons with Disabilities (UN, 1993); and 'All Our Futures, Creativity, Culture and Education' (The National Advisory Committee on Creative and Cultural Education, 1999). The following definition of inclusion sourced from Visser (1999, p. 89) has been adapted for the purposes of this paper in reference to young people:

Inclusion should not be about a place, but about a process which enables young people with learning disabilities to receive their rights and entitlements.

## 2. Methods

The findings of this paper were obtained from a consequential mixed methodology study, comprising data gathered from an empirical study of counsellors and psychotherapists. Quantitative and qualitative data were collected from a survey of a 20% random sample of counsellors and psychotherapists listed with the British Association for Counselling and Psychotherapy (BACP) ( $n = 396$ ) and qualitative

data gathered from a series of semi-structured interviews with counsellors and psychotherapists obtained on a volunteer basis from the survey sample ( $n = 15$ ). Questions were based around respondents' understanding of the term learning disabilities, assumptions, perceptions regarding the appropriateness of counselling, difficulties and barriers experienced in providing counselling (service and process), perceptions and indicators of inclusive counselling practice and ideas for increasing access. A statistical analysis of the survey data and thematic analysis of the qualitative data based on the principles and techniques of the grounded theory approach (Strauss & Corbin, 1998) produced findings that were used to develop a conceptual modelling of a proactive process to increase inclusivity in mainstream counselling. Data were extracted and the model applied to the mainstream secondary school context.

### 3. Findings

Contexts of counselling were identified from the larger sample as private practice (78%), education, mainly school counsellors (13%), health (35%), the voluntary sector (25%), occupational health (4%) and social services (5%), with many counsellors working across several different contexts. Theoretical approaches to therapy included person-centred, psychodynamic, integrative and cognitive-behavioural. The qualitative interviews provided a set of variables relating to how often counsellors provided therapeutic counselling interventions for young people with learning disabilities: never, rarely, sometimes and often. Although it was found that counselling and psychotherapy generally are not inclusive of this client group, a breakdown of the statistics from the survey indicated that counsellors in educational contexts, mainly secondary schools, are already reasonably inclusive. Figure 1 shows the percentage of counsellors in relation to the four categories of inclusivity generally. School counsellors were situated with the more inclusive counsellors, in the 'sometimes' category (11% of sample population).

The survey data related to the frequency of counselling young people with learning disabilities can be assigned hierarchically to four levels of inclusiveness (see Figure 2). By presenting the results in this way the concept of inclusion of young people with learning disabilities in counselling generally can be seen as a process rather than as a static entity, with the most inclusive counselling being represented by level 1 and the least inclusive by level 4. It may also be argued that the most inclusive level (Level 1) may be an ideal to aim for. Therefore, in terms of counselling in schools, there is scope for improving inclusivity and accessibility for young people who have learning disabilities.

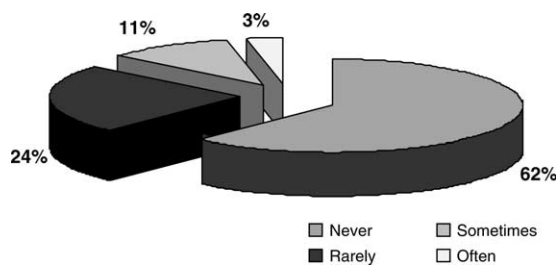


Figure 1. Percentage of counsellors in relation to four categories of inclusivity.

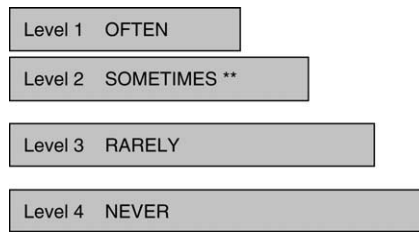


Figure 2. Hierarchy of inclusivity.

Findings in relation to the variables of counselling contexts and theoretical approach are positioned in Figure 3 in relation to the four levels of inclusiveness and counselling in schools. The most inclusive theoretical approaches to counselling young people with learning disabilities were identified as integrative, humanistic/person-centred or psychodynamic. Figure 3 also identifies that teachers are consistently one of the main referral points for young people with learning disabilities.

Six categories compiling counsellors' ideas for increasing inclusivity were identified (see Figure 4) and consist of: raising awareness of the service, specialist training, an integrated partnership approach, expert supervision, advocacy and active promotion of services. Of these eight categories, the majority of counsellors (60%) believed that counselling could be made more available to young people with learning disabilities if specialised services, parents/carers/school staff and the young

	More inclusive		Less inclusive	
Variables	Level 1	Level 2	Level 3	Level 4
<b>Theoretical approach</b>	Integrative Humanistic/ Person-centred Psychodynamic	Humanistic/ Person-centred	Psychodynamic	Psychodynamic Cognitive-behavioural
<b>Practice context</b>	NHS Trusts	School counselling Health	Social services Voluntary (e.g. Cruse, Relate, Rape Crisis)	Workplace (EAPs) Private practice Clinical psychology
<b>Main source of referrals</b>	Carers GPs Care managers Teachers	Carers GPs Teachers Care managers Social workers Voluntary agencies Specialist consultant psychiatrists Community psychiatric nurses Parents FE colleges	GPs Self-referral Teachers Care managers	Self-referral Advertising

Figure 3. Characteristics of inclusivity in relation to variables: theoretical approach, practice context and referral source.

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**Hierarchy of 6 major categories of counsellors' strategies for increasing inclusion of young people with learning disabilities in school counselling**

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1. Raise awareness of service
  2. Specialist training
  3. Integrated/partnership approach
  4. Experienced supervision
  5. Advocacy
  6. Active promotion of service
- 

Figure 4. Counsellors' strategies for increasing inclusion.

people themselves were made more aware of available counselling provision in schools.

Counsellors working in a variety of contexts had made attempts to increase the inclusiveness of this group of clients in their practices; their strategies are presented in Figure 5.

Counsellors had their own ideas to offer in relation to the components of an inclusive counselling practice (see Figure 6).

Qualitative analysis of the data in relation to counsellors' use of techniques, strategies and approaches to increase the inclusion of young people with learning disabilities in counselling has identified four main categories (see Figure 7).

Findings also indicated that the more contact that counsellors have with this client group, the greater their use of creative techniques and emphasis on building a therapeutic relationship.

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**Hierarchy of the five major categories of attempts that counsellors have made to increase access to counselling for young people with learning disabilities (examples in counsellors' own words from semi-structured interviews).**

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**1. Relationship**

The most effective factor has been developing rapport with those people who enable the clients to attend.  
An overtly warm, friendly approach.  
I have given talks to groups and become known as a friendly, supportive person in their school environment

**2. Proactive approach**

I give to talks to groups giving students chance to ask questions about what happens in counselling, for example, confidentiality, in a general informal atmosphere. This has been successful.

**3. Imaginative and creative approach**

I use art materials when it seems appropriate and this helps to make the counselling process more accessible.

**4. Eclecticism**

I work in an eclectic way and whatever works with these young people, I use.

**5. Flexibility**

I make my practice flexible regarding times and appointments and accommodate carers/support workers where necessary. This means clients feel more welcome.

Figure 5. Categories of counsellors' attempts to increase inclusivity: 'what works'.

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**Counsellors' views on the characteristics of an inclusive counselling practice: six categories of responses with examples in counsellors' own words (in hierarchical order)**

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**1. Relationship building**

Open, welcoming, accessible in every way.  
 Such a practice would have to be warm and friendly and overtly welcoming.  
 Simply find a way of being with the client.  
 A practice where relationship building is paramount and the client is valued and respected.

**2. Proactive approach**

Service actively promoted in areas likely to young people and their carers/parents.  
 Proactive approach to developing rapport and trust with those who can refer clients and those in the client's personal life, if appropriate.  
 Networking is important.

**3. Flexibility and eclecticism – use what works/imaginative and creative approaches**

One where the counsellor can match and utilise resources to meet the needs of clients, drawing on a wide range of theory and experience.  
 Assessment is important to see what best fits the client's needs.  
 Times of each session can vary to suit the client's attention span.  
 Be able to adapt to the needs of the client. Creative ways of working in counselling would help to include these young people.  
 Being imaginative and creative in your approach to counselling.

**4. Operate equal opportunities policy/include all**

Inclusive, include all young people, several sessions may be necessary to assess clients with learning disabilities and the appropriateness of counselling for them.  
 Counsellors must follow equal opportunities policies in spite of time pressures/waiting lists.

**5. Knowledge and experience of learning disabilities**

Knowledge and experience of learning disabilities and the client group can be beneficial.

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Figure 6. Categories of counsellors' views on what makes an inclusive counselling practice.

**4. Discussion**

The model shown in Figure 8 for inclusive counselling in secondary schools was developed from the findings of the main study, with specific data extracted and applied to the school counselling context.

A positive and welcome finding is that school counsellors fall into the second most inclusive category, which indicates that they are providing services to young people that include them in both the practices and processes of counselling. However,

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<b>Categories of strategies/techniques (in counsellors' own words)</b>
<p><b>1. Creative techniques</b>                      I found visualisation works well with most young people, whether or not learning disabled and art therapy for those who have difficulty with speech.</p>
<p><b>2. Therapeutic relationship</b>                      I try to meet with the client where they feel comfortable and work on building up the relationship, offering the core conditions in whichever way I can best communicate.</p>
<p><b>3. Simplification of language</b>                      Simple sentences, less use of complex speech, checking understanding. Repetition, emphasis to extra emphasis on points where there appears to be ambiguity or risk of misunderstanding on my part.</p>
<p><b>4. Non-verbal communication</b>                      Acceptance of limitations in verbal communication, more mirroring of client's movements and the use of body language.</p>

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Figure 7. Strategies and techniques used by counsellors.

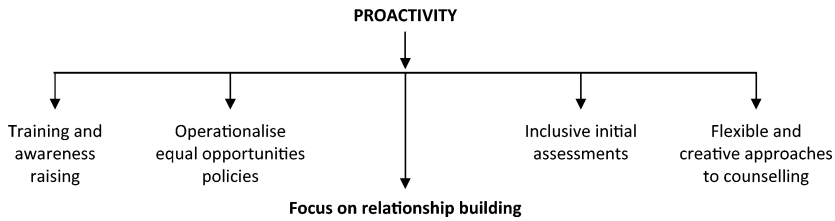


Figure 8. Proactive model for inclusive counselling in secondary schools.

the literature refers to a higher incidence of mental health problems and emotional issues in this client group (Allington-Smith, 2006; Hollins & Sinason, 2000; Lindsey, 1997; NSPCC, 2007; Raghavan & Patel, 2008; Royal College of Psychiatrists, 2004), with a greater prevalence of anxiety, depression and the consequences of abuse in a variety of forms. Therefore, coupled with policy changes in the area of Special Educational Needs (DfES, 2001; OfSTED, 2004) and the inclusion of more young people with learning disabilities in mainstream education, it would be reasonable to assume that a greater number of this group of young people than the average school population may suffer emotional distress, either externalised or internalised. In the absence of hard evidence to the contrary, it may also be assumed that young people who have learning disabilities can benefit from school counselling interventions. Similarly, there is no conclusive evidence that this client group is significantly accessing personal counselling (as opposed to behavioural programmes or support) in other contexts, for example the statutory health and social care, voluntary or independent sectors. Therefore, a greater inclusion in mainstream counselling may provide a valuable service to this hidden and marginalised population of young people.

The Improving Access to Psychological Therapies (IAPTS) agenda (Department of Health [DoH], 2008) triggered by Layard's work (2005) places an emphasis on cognitive-behavioural therapy (CBT) as the therapy of choice for individuals – adults and young people – experiencing anxiety and/or depression in line with the National Institute for Clinical Excellence (NICE) guidelines (NICE, 2005). However, the findings from this study identify the most inclusive counsellors as integrative, humanistic/person-centred and psychodynamic. This is an important finding and further research is required to test each of these approaches in the school context, including with young people who have learning disabilities. A recent randomised controlled trial pilot study examining the effectiveness of humanistic counselling in schools in England and Scotland (Cooper, Rowland, McArthur, Pattison, & Cromarty, 2010) has identified the feasibility of conducting a full trial across the four nations (England, Wales, Scotland and Northern Ireland). The study is inclusive of young people who may have a mild learning disability through its full class screening protocol. However, young people who have more severe learning disabilities may not be represented in such studies.

Although the BACP provide *Good Practice Guidance for Counselling in Schools* (BACP, 2006) making it clear that young people should be able to self-refer to services, a position supported by recommendations (Pattison et al., 2007) and the Welsh National Strategy for Counselling in Schools (WAG, 2008), for young people with learning disabilities the reality is that teachers and support staff are more likely

to be the referral broker. This is an expected finding and highlights the importance and centrality of teachers and school support staff to the process of inclusion and the need to raise their awareness of the appropriateness of counselling for many of this client group as opposed to dealing with behavioural problems without addressing the potential emotional distress behind them. Counsellors who are proactive in raising staff, student and parent/carer awareness of the service and who provide inclusive initial assessments found that the level of inclusivity in their practices and processes increased and they saw more young people with learning disabilities in their counselling rooms. Similarly, a proactive use of advocacy through the young person's teacher, support worker, parent or peer improved inclusivity. Moreover, an integrated partnership approach, including building relationships with parents/carers, school staff, statutory health and social care professionals, and/or voluntary agencies and charitable trusts raised inclusiveness in counselling. This finding can be aligned with national policies supporting the needs of young people (DfES, 2003, 2004a; Department of Health, Home Office and Department for Education and Employment [DoH/HO and DfEE], 1999) and provides the 'bottom-up' approach than can make 'wrap around care' policies work in practice. In order to support these processes counsellors may require specialist training in learning disability issues leading to the paradoxical position of specialist training leading to more inclusive practices in the mainstream context. Linked to counsellors' expressed need for specialist training was the need for experienced supervision. School counsellors' requirement for supervisors experienced in working with children and young people, along with knowledge and experience of the school context, is well documented (BACP, 2006; Pattison et al., 2007; WAG, 2008). However, no mention is made of the value of knowledge of learning disability issues. This highlights the poor visibility of this client group in mainstream policy documents. Although this study could be criticised for its lack of young people's voices, this is an important area for further research. A further small study has been carried out recently to begin to explore how young people with learning disabilities view counselling, and how they believe it may be helpful to them (Pattison, 2010).

The most inclusive counsellors were clear about what worked for them, how they proactively included young people with learning disabilities in both their practices and processes. By far the most effective factor was building relationships with the client, with members of staff who have enabling roles in school (teacher, support staff), parents and carers. In terms of specific client work, the engagement and process of counselling was enabled through proactive relationship building and communication. By trying out various imaginative and creative approaches and the use of simplified language, most importantly at the initial assessment stage, counsellors discovered ways of communicating that worked. The barriers to inclusion were largely located in systems, for example resources, time, money and training. In order to overcome these barriers, a proactive approach to the operationalisation of equal opportunities policies is recommended. The overt rules of the game appear inclusive, supported by policies and legislation. However, the hidden organisational, social and political discourses, or covert 'rules of the game' may differ and relate more to resource management and educational agendas that are adopted by individual schools in response to central policies, for example meritocratic goals and league table achievements (Department for Education and Skills [DfES], 2004b, 2008). These dual discourses and agendas may extend into the counselling service, impacting on practices and processes in ways that can exclude some young people

from counselling when they may benefit from the service, for example referral for behavioural programmes when the young person's behaviour is an external expression of their emotional distress. Martin (2002) proposes that Viktor Frankl's proactive stance builds upon foreknowledge (intelligence) and creativity to anticipate and see situations as opportunities and to influence the system constructively.

## Notes

1. Victoria Gray challenged the US State of Representatives in 1964 over issues of human rights on behalf of the Mississippi Freedom Democratic Party and won the case. The quote is from an interview conducted by K. Mills in 1990, reported in Chapter 3 of her book *This Little Light of Mine* (1993).
2. The UK Government did not fully sign up to this international agreement when it was first implemented and it was not until 2008 that a decision was made to waive the opt-out clause and formally adopt the policy.

## Notes on contributor

Sue Pattison is Director of the Integrated PhD in Education and Communication in the School of Education, Communication and Language Sciences at Newcastle University. She researches, teaches and consults nationally and internationally in the field of children and young people. She is in practice as a counsellor and supervisor and she is a BACP accredited counsellor.

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