Athlone Institute of Technology

An Exploration of Work of Counsellors who engage with Young People who Experience Mental Health Problems

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Declaration

I declare that this dissertation and the research involved in it are entirely the work of the author.

Signature:_____ Date:_____.

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1. Abstract

This study explored the work of counsellors, who engage in work with young people who experience mental health problems. The objectives of this study are to investigate the techniques and interventions used by counsellors in addressing the issues presented. The study also explores the challenges or difficulties that a counsellor may encounter when working with young people. The work of counsellors promoting positive mental health with young people was also examined in this study.

The study reviewed literature on the work of counsellors with reference to the techniques used, challenges encountered and the promotion of positive mental health. There is a depth of research and literature on these topics, however the majority of this is from young people's perspectives. Evidence shows that there is a high rate of mental health problems among young people in Ireland. Counselling can help the young person lead a satisfying and fulfilling life, highlighting the importance of counsellor's work. This study illustrated the lack of research on the work of counsellors from their perspectives.

The study used a qualitative method in the form of semi-structured interviews. The research process involved interviewing five counsellors who currently work with young people. The majority of participants work from similar ethical viewpoints, however each participant's experience differed from each other. Counsellors use a variety of techniques and interventions to help their clients, the techniques used determined by the individual issues presented by each client. The results illustrate different difficulties and challenges counsellors encounter. Participants emphasised the lack of mental health services and dealing with suicidal tendencies, which heightened demand on their work. Young people's expectations and the development of relationships also posed a challenge for participants, as clients can have concerns surrounding confidentiality and trust. Participants highlighted the importance of building resilience and supportive networks to promote positive mental health. Resilience and support networks can enable a young person to overcome negative or traumatic experiences in their lives. Supervision was described as vital within

counsellor's work, regular supervision enabled counsellors to receive support and provided an opportunity to express concerns.

2. Introduction to Study

2. Introduction

This study aims to explore the work of counsellors who engage with young people who experience mental health problems. The World Health Organisation (2014) defines mental health as "*a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community*". Mental health problems are one of the leading contributors to the burden of disease and disability (World Health Organisation, 2000). Studies conducted in Ireland have highlighted the high prevalence rates of mental health problems among young people (Cannon, Coughlan, Clarke, Harley and Kelleher, 2013; Lynch, Mills, Daly and Fitzpatrick, 2004; Martin, Carr, Burke, Carroll and Byrne, 2006). Working with young people can require special attention as they are at a stage where changes can occur in their biological, psychological and social development (Coughlan, 2013). Numerous studies have focused on young people's perceptions and expectations of mental health services and counselling (Rickwood, Deane, Coralie and Ciarrochi, 2005; Watsford and Rickwood, 2012; Buckley, Gavin, Noctor, Devitt and Guerin, 2012; Dooley and Fitzpatrick, 2012). However, little research has been conducted on the counsellors' perspective of their work.

The study's objectives are

- investigate the techniques and interventions a counsellor may use to work with the issues presented
- explore the difficulties counsellors encounter when working with young people
- examine counsellors' work in promoting positive mental health among young people.

3. Literature Review

3. Literature Review

3.1 Introduction

The aim of this research is to explore the work of counsellors, who engage with young people experiencing mental health problems. This chapter will review the literature relating to the work of counsellors who engage with young people. In reviewing the literature, the techniques and interventions a counsellor may use to work with the issues presented will be investigated. The review will also explore the possible challenges or difficulties that a counsellor may encounter when working with young people. The work of counsellors promoting positive mental health with young people will also be examined. This review will use various studies and literature to illustrate the existing national and international research on this topic.

3.2 Definition of mental health

The World Health Organisation (2014) defines mental health as "*a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community*". A constructive definition of mental health emphasises a positive concept, which is important, as it enables mental health and mental illness to be viewed as distinct from one another (Barkway, 2008). According to the World Health Organisation (2000), mental health issues are one of the leading contributors to the burden of disease and disability. Mental health problems can refer to a variety of difficulties, less severe mental health difficulties include psychological distress compared, to more severe difficulties such as depression (Doherty, Moran and Kartalova-O'Doherty, 2008). There remains very little evidence surrounding the prevalence rates of people experiencing mental health problems internationally. Possible explanations for this may include, different diagnostic methods worldwide (Doherty, et al. 2008) or diagnostic overshadowing (Smiley, 2005). Furthermore, not all individuals who experience mental health problems report their symptoms to professionals or mental health services. As a result, mental health services are unaware of the percentage of people experiencing mental health difficulties within their locality (Clarke, 2013). Despite ambiguity on the percentage of people

experiencing mental health problems, the World Health Organisation (2001), states that one in four families globally, will have experience with at least one family member suffering from mental or behavioural disorders.

Numerous studies confirm that adults with mental health problems, had previous history of symptoms at the onset of childhood or adolescence (Kessler and Wang, 2008; Koenen, Moffitt, Caspi, Gregory, Harrington and Poulton, 2008). Various authors have proposed definitions of what constitutes an adolescent. The Health and Social Care Advisory Service (2006) argue that adolescence cannot be defined by age, but rather as a developmental stage. Adams (2005) highlights the difficulty in defining an adolescent, as in many parts of the world, adolescents can hold multiple meanings, depending on their individual situations and experiences. However, Coughlan (2013) defines adolescence as the stage between early teens (i.e. 15 years) and adulthood (i.e. mid 20s), where changes can occur in biological, psychological and social development. When discussing young people, this dissertation will utilise the characterisation of adolescence defined by Coughlan (2013).

3.3 Prevalence rates young people experiencing mental health problems

It is calculated that mental health problems affect 10-20% of children and adolescents, worldwide (Kieling, Baker-Henningham, Belfer, Conti, Ertem, Omigbodun, Rohde, Srinath, Ulkuer and Rahman, 2011). In the United States of America, it is estimated that one in five adolescents have encountered mental health problems, such as depression or anxiety (Schwarz, 2009). Nationally, a number of studies have illustrated similar high levels of mental health problems among Irish adolescents. The Psychiatric Epidemiology Research Group (PERL) conducted a report based on two studies carried out in Ireland; the Adolescent Brain Development Study and the Challenging Times Two Study. Based on both studies, the PERL Group performed 453 diagnostic clinical interviews (Cannon, Coughlan, Clarke, Harley and Kelleher, 2013). The findings of these studies correlate with those from the United States of America, as one in five young Irish adults aged between 19-24 and one in six young people aged 11-13 were experiencing mental health problems when they took part in the studies. These results are also comparable to those found by Lynch, Mills, Daly and Fitzpatrick (2004) with

19.4% of 723 adolescents aged between 12-15 years, being deemed 'at risk' of having a mental health disorder. Additionally, research carried out in the south east of Ireland, illustrated that 21.11% of 12-18 year olds attained the criteria for at least one psychological disorder (Martin, Carr, Burke, Carroll and Byrne, 2006). From these statistics, it is evident that mental health problems are common among young people nationally.

The My World Survey, developed by Headstrong and the UCD School of Psychology, consisted of 14,306 participants. These participants were categorised into two groups: adolescents aged between 12-19 and young people aged between 17-25. The survey highlighted that the core problems experienced by most young people were depression, anxiety and stress. The survey also found that levels of depression were considerably higher when compared to the 12-17 age categories. Anxiety levels were lowest among the 12-13 year olds, but began to peak at the age of 16 and remained stable up to 23 years of age. Stress levels were high at the ages of 12-13 and continued to increase up to 22-23 years. 60% of the young people category reported being stressed due to their financial situation (Dooley and Fitzgerald, 2012). Ireland ranked second highest in Europe for rates of suicide among the 15-19 age group (Eurostat, 2014). Furthermore, the National Office for Suicide Prevention also highlighted the high rates of suicide and self-harm among young people in Ireland. In 2010, the rates of suicide were significantly higher among males aged between 20-24. In 2012, the rate of self-harming behaviours for females was 17% higher than males in the 15-19 age group (National Office for Suicide Prevention, 2012). Bodywhys (2008) stated the statistics for eating disorders among young people in Ireland continues to be unclear. However, in 2013, the Health Research Board stated that 11.5% of all psycistric admissions for young people under eithteen, involved a diagnosis of an eating disorder (Daly and Walsh, 2014). According to Stengard and Appelquist-Schmidlechner (2010), mental health problems may have a detramental impact on the lives of the effected individual, which can subsequently cause consequences for society as a whole.

The National Conjoint Child Health Committee (2000) emphasises the importance of catering for young people's mental health as it can have an impact on the future adult

population. This highlights the importance of counsellors working and engaging with young people. Numerous studies have focused on young people's perceptions of mental health, the services and counselling. Studies in Australia have concentrated on young people's perceptions and expectations of mental health services. Rickwood, Deane, Coralie and Ciarrochi (2005) reviewed a number of studies in Australia consisting of 2,721 young people aged between 14-24 years on their help seeking behaviours and found that young people were more likely to seek help from informal sources. Watsford and Rickwood (2012) conducted a study on young people's expectations of therapy in Australia. The results highlighted that young people expected the therapist to be trustworthy, open, honest and genuine. An Irish study carried out by Buckley, Gavin, Noctor, Devitt and Guerin (2012) set out to identify what young people needed from mental health services. The study consisted of 32 young people and found that access to these services can be difficult and that the relationships between the service user and staff is vital to ensure the service user continues their treatment. It is evident that much research has being conducted on young people's views of mental health, the services and counselling however, there is very little research on the work of counsellors.

3.4 Counselling:

Counselling can be very difficult to define (Timms and Timms, 1982 cited in Feltham, 1995) as there are many different definitions worldwide and different perceptions of what counselling really is (Aldridge, 2014). The British Association for Counselling and Psychotherapy (2010) state that "Counselling and psychotherapy are umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners who work with people over a short/long term to help them bring about effective changes or enhance their wellbeing". The American Counselling Association (2010) defines counselling as "a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals".

Counselling plays a fundamental role in helping a young person to function more adaptively, so they can lead more satisfying lives (Geldard and Geldard, 2010).

O'Farrell (2006) explains how counselling helps the client identify their future options in their lives and what supports they have available to help implement these options. If a client has experienced a change in their life, counselling aims to help him/her adjust to these changes. However, the counsellor's role is not to offer advice or advise clients about what to do in their lives (Dryden, 2011). A counsellor can only form an image of the client's life based on what information the client discloses, therefore the advice that a counsellor may give might not be the right advice for the client. The counsellor giving advice to the client does little to encourage the client to reach their own goals. Instead, the counsellor should help their clients reach their goals by evaluating the most suitable options (Dryden, 2011). Culley and Bond (2007) highlights four main aims of counselling. The first is to establish a working, trustworthy and respectful relationship while aiming to maintain this relationship throughout the counselling process. Dryden and Palmer (2010, p.41) also comment on the importance of the relationship between the counsellor and the client, "to form a relationship with their clients that is characterised by mutual trust and respect, and in which clients feel safe enough to disclose and explore their concerns". According to Culley and Bond (2007), the second aim of counselling is to highlight the need to clarify and define problems. Additionally, if both the client and the counsellor work cooperatively, both will achieve the same understanding about the client's issues and concerns. The third aim creates the requirement for the counsellor to make an assessment, this involves the counsellor formulating a hypothesis about what the clients will share with the counsellor. The final aim is to negotiate a contract, the counsellor should establish a contract between the client and themselves on a mutual agreement on how they will work together (Culley and Bond, 2007). This contract is important as it sets out the boundaries of the counselling process such as confidentiality, the relationship and the responsibilities of the counsellor and the client (Shea and Bond, 2003).

Counselling has been widely recognised in Ireland for many years. The first recognition of counselling in Ireland was in the late 1960s when counsellors were introduced to secondary schools, third level education and private services (O'Morain, McAuliffe, Conroy, Johnson, and Michel, 2012). In 1981, the Irish Association for Counselling and Psychotherapy (2015) was established to develop and maintain professional standards

of excellence and best practice in counselling and psychotherapy. The Irish Association of Humanistic and Integrative Psychotherapy (2015) was established in 1992 as a second accrediting body to maintain the standards of relevant psychotherapy training and practice in Ireland. Despite these bodies that are in place, there is no mechanism currently in place to license counsellors in Ireland so counsellors can still practice without being registered (O'Morain, et al. 2012).

Mental health services in Ireland are split based on the age of the individual. Individuals under 18 are generally referred to the Child and Adolescent Mental Health services. Once an individual reaches the age of 18, they are referred on to the Adult Mental Health services. It is important to note that not every person with mental health problems will receive treatment from the specialist mental health services. Many services are community-based and aim to offer help to young people experiencing emotional and social wellbeing distress (Health Service Executive, 2013).

3.5 Techniques and Interventions used in Counselling

When young people attend counselling, the counsellor needs to clarify and identify the issues or problems (Culley and Bond, 2007). This can be done through an assessment. According to Whiston (2013), the assessment is an important element to the counselling process. The assessment allows the counsellor to gather and collect information to identify and address the presenting issue. Once the issue has been identified, there are a number of strategies, techniques and methods a counsellor can use. College (2002) describes these techniques as tools in a toolbox that a counsellor can use according to the needs of the client. It is evident that Cognitive-Behavioural Therapy (CBT) is an effective treatment when used with young people. Studies have shown the use and effectiveness of CBT with young people who experience anxiety, depression, substance misuse and eating disorders. A study highlighted the effectiveness of CBT in treating depression, anxiety and substance abuse. The study consisted of sixty young people aged 15-25 who showed improvements after receiving CBT (Hides, Carroll, Catania, Cotton, Baker, Scaffidi and Lubman, 2009). Fairburn, Cooper, & Shafran (2003) highlighted in their research the effectiveness of CBT in treating eating disorders. CBT is a combination of behavioural, cognitive and

problem-solving approaches. The therapy consists of an assessment and recognition of certain cognitions and processing. The aim of CBT helps the young person develop functional skills and to recognise and confront cognitions to replace the cognitive deficits and distortions that the young person experiences that cause the emotional and behavioural problems (Stallard, 2013).

Although CBT appears to be an effective intervention for young people (Hides, et al. 2003; Fairburn, et al. 2003), counsellors can be inclined to adapt a strategy that best suits the needs of the client. Jones-Smith (2012) refers to this as an integrative approach that involves the counsellor incorporating different theories and therapies that would be most effective for the client. Westergaard (2013) conducted a study on five counsellors to identify what works best when working with young people. One theme that emerged from the study was the need for flexibility in their work such as integrating different techniques and theories based on the assessment of the young person's needs.

According to Young (2013), the counsellor can assign the young people to complete homework assignments or diaries outside of the sessions. Young (2013) states that these assignments can encourage the young person to adapt the skills learned in the session to their everyday lives. The use of the diaries can allow the young person observe their unwanted behaviour and provide counsellors with an idea of what triggers the young person's problem (Geldard and Geldard, 2010).

3.6 Difficulties or Challenges the Counsellor may Experience

Counselling young people varies greatly to working with adults and children (Geldard and Geldard, 2010). The adolescent stage is a transitional period between childhood and adulthood that needs particular attention (UNICEF, 2014). Young people are trying to face certain demands and expectations such as education, employment, connections with society and family while also trying to seek their independence and identity (Rowling, 2006; Novak and Pelaez, 2004). The counsellor needs to respect this developmental stage and acknowledge that the young person is neither a child or an adult and requires specific strategies and techniques to meet their needs (Geldard and Geldard, 2010). According to Walker (2005), the counsellor must take into

consideration to the fact that each problem, for each individual client is different and must be treated as such.

Studies have indicated that young people tend to seek help for their problems from informal sources such as their peers and family. Rickwood, et al. (2005) found that young people were more likely to seek help from informal sources. Reavley, Yap, Wright, and Jorm (2011) also found in their study of 3,746 young people aged between 12-25 that their peers were the main form of support for their problems. It was highlighted in My World Survey, that 28% of 14.306 young people aged 12-25 years of age sought help from a counsellor. This studies indicate that counsellors are not the most preferable option for young people when seeking help (Dooley and Fitzgerald, 2012). Additionally, Rickwood et al (2005) also suggested that young people sought help from informal sources, as they may be shy or have a lack of trust in discussing their issues with a professional whom they are not familiar with. This further highlights the importance of the relationship between the counsellor and the young person.

Sharry (2004) states that the counselling relationship needs to be a collaborative one in which both the counsellor and the young person construct meanings, understandings, goals and treatment plans. Furthermore, privacy, confidentiality, trust and creating a safe place for young people to express their emotions are all important factors when building a relationship (Davis, 2011) and is necessary for counselling to be successful (Prever, 2010 cited in Westergaard, 2013). Campbell and Simmonds (2011) conducted a study on the therapeutic alliance between the client and counsellor. All five therapists described the bond by using phrases such as empathic understanding, trust, therapist authenticity and confidentiality (Campbell and Simmonds, 2011). Everall and Paulson (2002; p.85) found that the therapist taking the role of “expert” and not listening to what the young person has to say can have a negative impact on the young person. The feelings of not being treated respectfully resulted in the young people withdrawing from engagement with the therapist.

Westergaard (2013) conducted research on five counsellors who work with clients aged 11 to 25. All five participants stressed the importance of establishing a trusting

and respectful relationship focused on a person-centred approach. All participants stated the importance of demonstrating empath, understanding, respecting and accepting the young person. The participants also emphasised the need to create rules and boundaries early in the counselling relationship in order to develop and maintain said relationship throughout the counselling process. This corresponds with Shea and Bond's (2003) point about creating a contract that sets out the boundaries of confidentiality, responsibilities and the relationship between the client and the counsellor. Watsford and Rickwood (2012) also highlighted in their study that young people wanted to be able to trust their therapist however this can be a challenge for counsellors as Rickwood et al. (2005) found that young people were more likely to seek help from informal sources.

Studies have found that concerns about confidentiality and trust in the service or the person offering help is another difficulty for the young person seeking help. Whether young people have experienced mental health issues or not, they reported that confidentiality and trust were very important for young people when deciding whether to discuss their issue or not (Fuller, Hallett, Murray and Punch, 2000). An Irish study conducted by St. Patrick's University Hospital illustrated the importance of confidentiality for young people. Eight focus groups, with participant 15-24 years of age, discussed the significance of confidentiality. Some participants felt that confidentiality would be a deciding factor in determining if they should discuss their issue. The focus groups also emphasised the need for confidentiality within services and organisations to ensure 'the information won't fall into the wrong person's hands'(Buckley, Gavin, Noctor, Devitt and Guerin, 2012). Confidentiality is a huge issue for counsellors. Under Children's First Guidelines, professionals including counsellors that are working with children or young people under the age of eighteen must ensure confidentiality and anonymity of the young person. However, if a young person discloses abuse or a child may be at risk, the counsellor has a duty to report this on "a need to know" basis to the relevant statutory authorities to protect the best interests of the child (Department of Children and Youth Affairs, 2011). According to Davis (2011), the counsellor needs to discuss the boundaries of confidentiality in the first

session. The counsellor should ensure the young person is aware that confidentiality may be breached if there is a concern that a child is at risk.

A young person's expectations of the counselling process can be a difficulty for counsellors. Le Surf and Lynch (1999) carried out a qualitative study on 39 young people aged between 15 to 19 years. Their aim was to explore young people's perceptions to counselling. The results showed that many participants had the expectation that if they discussed a problem with an adult, they would be ignored or patronised. A number or participants stated that their problems or issues should be 'serious' or 'big' before considering attending counselling.

3.7 Promoting Positive Mental Health

Positive mental health contributes to a person's wellbeing and quality of life which in turn enhances society and the economy (Jané-Llonis, Barry, Hosman and Patel, 2005). Mental health promotion aims to heighten positive mental health and wellbeing in society and meet the needs of those experiencing mental health problems. Promoting positive mental health includes establishing supportive environments, reducing the discrimination and stigma associated with mental health and promoting the social and emotional wellbeing of individuals and their families (Barry, 2009).

As mentioned, there are high prevalence rates of mental health problems among young people therefore, it is important that there is an emphasis placed on promoting positive mental health as it can have an impact on their future health. According to Bates, Illback, Scanlan and Carroll (2009), many life-long patterns of behaviour are created during this developmental stage such as good health promotion activities or those that can have a negative impact on one's mental health and wellbeing. This highlights the importance of promoting positive mental health among young people. Programmes aimed at young people should involve preventive and promotive strategies such as focusing on the risk factors and building resilience (Stengard and Appelquist-Schmidlechner, 2010). Resilience contains a set of qualities that may help a person overcome difficult events or negative experiences (Gilligan, 2009). People who have more resilience tends to be able to control their lives regardless of being exposed to risk (Zolkoski and Bullock, 2012). Gilligan (2000) recommended when promoting

resilience in a young person, to focus on the young person's protective factors and strengths to outweigh the risk factors. Post traumatic growth is another method to promote positive mental health with young people and children. According to Grant, Dvorak-McMahon, Smith-Carter, Carleton, Adam and Chen (2014), post traumatic growth aims promote positive mental health based on the psychological distress experienced by the young person. To develop this growth, the person needs to develop their perceptions of self, develop interpersonal relationships and improve their philosophy of life (Li and Francis, 2014). Counsellors can build post traumatic growth with their clients by building and promoting their strengths to reconnect with themselves and others (Sanderson, 2010).

Carter et al (2006, cited in Hamilton, 2011) claims that much of the focus has been placed on intervention and treatment for mental health problems rather than promoting mental wellbeing. Durlak and Wells (1997) demonstrated the effectiveness of prevention and promotion approaches in reducing mental health problems. Much research has being carried out on the effectiveness of promoting positive mental health in schools. Clarke and Barry (2010) carried out a study on 730 pupils and 42 teachers by introducing Zippy's Friends Programme into the schools to promote the emotional wellbeing of the children. The results showed an improvement in the children's emotional literacy, coping skills and emotional and behavioural functioning. Weare and Nind (2011) reviewed 52 studies of mental health promotion programmes in school and found the programmes are beneficial for the children, their families and their communities.

Counsellors also have a role in promoting positive mental health and wellbeing in young people (British Association for Counselling and Psychotherapy, 2010). As young people generally attend counselling for their problems, it is also important for the counsellor to promote and help build resilience for the young person to continue constructively with their lives (Burnard, 2005). One way a counsellor could promote resilience for young people would be to encourage the involvement of positive social networks such as teachers, peers and parents. This was highlighted in the My World Survey where the relationship with "One Good Adult" is seen to be a protective factor for many young people (Dooley and Fitzgerald, 2012). Evidence from the My World

Survey indicates the positive effect that a One Good Adult can have on the young person. 71% of adolescents reported high support from a One Good Adult, correspondly 72% of young people reported similar findings placing further importance of a One Good Adult. These respondents commented on being more connected to others, being able to handle difficulties with more confidence compared to those with no support from a One Good Adult (Dooley and Fitzgerald, 2012).

Another important part of mental health promotion is the reduction of stigma (Schafer, 2009). Stigma can be a factor for a young person seeking help or receiving counselling for their mental health problems. Schafer (2009) defines stigma as a discrediting characteristic that applies to a minority of people within society with attributes associated to them, as being distinctive from what is considered a societal norm, which often leads to stereotyping. Studies conducted in Australia show that stigma is a perceived barrier when seeking professional help for mental health problems. Respondents aged 17 to 21 years of age discussed reluctance to seek health due to perceived stigma (Boyd, Francis, Aisbett, Newnham, Sewell, Dawes and Nurse, 2007). Young people aged 16 to 24 years of age also discussed stigma as a reason for not seeking help for mental health issues (Biddle, Donovan, Sharp and Gunnell, 2007). In a similar study, Yap, Wright, and Jorm (2011) found that stigmatising attitudes among young people did affect their intentions to seek help or not. Buckley, et al. (2012) also found that stigma was a barrier for young people accessing mental health services and supports in Ireland. Several respondents in this study discussed their fear of stigma when seeking support for their mental health problems.

3.8 Importance of Supervision for Counsellors

Like in all caring professions, supervision is an essential element of the professional life of any counsellor (Wilkins, 1997). Supervision can be defined as“ *a joint endeavour in which a practitioner with the help of a supervisor, attends to their clients, themselves as part of their client practitioner relationships and the wider systematic context, and by doing so improves the quality of their work, transforms their client relationships, continuously develops themselves, their practice and the wider profession*” (Hawkins, Shobet, Ryde and Wilmot, 2012). Supervision in counselling is

necessary to maintain good professional practice. According to the British Association for Counselling and Psychotherapy (2010), counsellors must have regular reviews of their work to ensure that good practice is maintained. Supervision can be beneficial for the counsellor which in turn is beneficial for the young person. Supervision provides support for the counsellor and allows them develop and improve their professional skills and abilities and it encourages reflection of their work (Irish Association for Counselling and Psychotherapy, 2015). Wheeler and Richard (2007) carried out a systematic review on eighteen articles and highlighted the effectiveness of supervision on counsellors. The findings of the review confirmed that supervision is useful for counsellors to develop and improve their professional skills and self-efficacy.

The significant My World Survey study highlighted the high numbers of young people in Ireland, experiencing mental health problems (Dooley and Fitzgerald, 2012). Focusing on the mental health of young people is important, as mental health is shown to have an effect on health and development into adulthood. According to the National Conjoint Child Health Committee (2000), health of young people is vital, as young people represent the overall health of the future population. Counselling plays a fundamental role in helping a young person to function more adaptively, so they can lead more satisfying lives (Geldard and Geldard, 2010). Both national and international studies have emphasised young people's perceptions and expectations of mental health services and counselling (Buckley, et al. 2012; Rickwood, et al. 2005; Watsford and Rickwood, 2012; Reavley, Yap, et al. 2011). However, there is little research conducted on the counsellor's perceptions of their work when engaging with young people. This study set out to explore the work of counsellors who engage with young people who experience mental health problems. The study will also:

- investigate the techniques and interventions a counsellor may use to work with the presenting issues
- examine the difficulties counsellors encounter when working with young people
- explore counsellor's work in promoting positive mental health among young people.

3.9 Conclusion

This review has shown the majority of research findings on this topic. However, the research discussed in this review mainly focused on the perspectives of the young person. Although, the qualitative study by Westergaard (2013) concentrated on the counsellor's perspective of what works within a counselling session there is still little research on the work of counsellors. The literature clearly indicates that there is a high rate of mental health problems among young people in Ireland. It is clear from the literature, when a young person attends counselling there are various techniques and interventions that may be used within the session. The counsellor can experience challenges and difficulties when working with this age group. The literature demonstrates the complexity of working with this age group as they are currently experiencing a developmental stage. Studies have shown the importance of building a relationship in the counselling process however, it is evident young people have concerns around confidentiality and trust. The expectations of counselling can also pose a challenge for counsellors as young people can have perceived ideas of the process. It is evident from the literature that promoting positive mental health is vital with this age group as many lifelong patterns are developed at this stage (Bates, et al. 2009). Promoting the development of resilience and support networks is an important role of counsellors to help the young person lead an independent life. Additionally, the literature highlights the importance of supervision within counsellor's work to ensure support and best practice.

4. Methodology

4. Methodology

4.1 Introduction:

This chapter discusses in detail the methodological approach used to complete this study. It explains the qualitative method used in the study and provides a justification for the research method. The chapter; gives details on how the sample was obtained, addresses ethical issues that were encountered and highlights the procedure of how the research was performed.

4.2 Design:

According to Kumar (2011), it is vital for the the researcher to determine what they want to discover before deciding what research method to use. Dawson (2002) states that no one method is better than the other, as both methods have their own strengths and weaknesses. Quantitative research is a method for examining objective theories by observing the relationship between the variables (Creswell, 2014). Flick (2006) considers how a quantitative method can receive a better representative sample. However, Rubin and Babbie (2014) highlight that quantitative research generates less contextual detail compared to a qualitative approach. Qualitative research is a method that explores people's understandings, how they construct their worlds and the meanings they assign to their experiences (Merriam, 2009). According to Rubin and Babbie (2014), qualitative research allows the researcher to tap into the deeper meanings of humans experiences and generate richer observations.

This dissertation is exploring the work of counsellors when engaging with young people who experience mental health problems. It was decided to use a qualitative approach rather than a quantitative method. According to Tracy (2012), a qualitative approach allows the researcher to attempt to view the phemonoem through the participant's eyes. As this study is exploring the work of counsellors, it was decided that a qualitative method would be more appropriate. Quantitative research aims to seek explanations and predictions that can be generalised to the entire population (Murray-Thomas, 2003) and therefore was not suitable to meet the aims and objectives of the topic of this study.

According to Kothari (2004), the aim of research is to gain knowledge or insights on a phenomenon or to test a hypothesis. As this study is a exploratory study, it was decided to use semi-structured interviews. Interviews provide for an “understanding” and “meaning” of the interviewee’s experience (Seidman, 1998 p.3). The use of semi-structured interviews allows the interviewer to focus on specific information (Bryman and Bell, 2007), while providing the interviewee more freedom and flexibility to express their views and experiences on the topic (Hesse-Biber and Leavy, 2011).

According to Dempsey and Dempsey (2000) reliability and validity are important qualities when measuring both quantitative and qualitative appraoches. Kirk and Miller (1986, cited in Perakyla, 2006) states for research to be reliable, a researcher would expect to recieve the same results if the research was conducted the same way. Additonally, validity “determines whether the research truely measures that which it was intended to measure or how truthful the research results are” (Joppe, 2000 cited in Golafshani, 2003,p.599). It could be difficult to reliacate or validate this current study as the sample size used was relatively small which could not be generalised to he enitre population and every participant’s experience of their work differed from eachother.

Each interview included an interview guide with questions examining the experience of the counsellor’s work (See Appendix 2). By using semi-structured interviews, the opportunity to ascertain a broad range of answers were provided, which gave more varying results. As the interview guide included open-ended questions, the opportunity to discuss other information was given to the interviewees. All questions were asked in a similar wording in each interview; however the dialogue of some interviews led to additional questions being asked.

The first phase of the interview asked participants to give a brief synopsis of themselves such as their role and the work that they do. The second phase of the interview included questions about the problems presented to the counselling session and the different techniques and interventions used for these problems. The third phase of the interview asked participants about the challenges or difficulties experienced by counsellors when working with young people and the advantages of

working with this age cohort. The final phase included questions around the promotion of positive mental health and the importance of supervision for counsellors when engaging with young people.

4.3 Materials:

The materials used in conducting this study included an interview guide, consent form, a Dictaphone and a laptop. The interview guide contained questions involving the work of counsellors when they engage with young people. The questions also investigated the perceptions and views of the counsellors when working with young people and the difficulties that can be encountered while engaging with young people. Consent to participate in the study was first obtained over the phone, which was then followed by an information sheet, interview guide and consent form which were e-mailed to each participant. The information sheet included the aims and objectives of the study (See Appendix 1) along with the interview guide, which allowed the participants to be aware of the questions they would be asked. The consent form contained information and guidelines for the interview, highlighted confidentiality and sought an agreement to have each interview to be audio recorded.

4.4 Participants:

To being with, contact was established with two counsellors who were informed about the study. These counsellors agreed to act as gatekeepers. The first counsellor suggested two other possible counsellors that would be suitable for the study. The second counsellor agreed to participate in the study and recommended a further three counsellors. King and Horrocks (2010) refers to this process as snowballing. Snowballing is when the researcher utalises the first participant to suggest other potential participants who would be suitable for the criteria of the study. Snowballing is a type of non-probability sampling in the form of convenience sampling, which involves using participants that are most convenient for the study (Polit and Tatano-Beck, 2008). Convenience sampling has advantages in that it is a quick and cost-effective way of carrying out research (Rose, Spinks and Canhoto, 2015). However, it can also have the potential to instigate bias in the research as the participants may recommend further participants with similar ideology and view of

the phenomenon, which can sometimes produce an unrepresentative sample (King and Horrocks, 2010).

Five out of the six participants approached agreed to participate in the study. Three of the participants currently work in organisations that accommodate for young people aged eighteen years and above and the remaining two participants work with children and young people. The participants were from different areas in Ireland and their main role was counselling young people who experience mental health problems. Respondent one has been a qualified as a counsellor for twelve years and had experience working with all age groups, but primarily works with young people aged eighteen years and above. Respondent two has been a qualified counsellor for thirteen years and also works primarily with young people aged eighteen years and above. Respondent three has twenty years experience working as a counsellor, but mainly works with young people aged eighteen and above. Respondent four works for a youth service and has been qualified as a counsellor for two years, working with children and young people of all ages. Respondent five also works for a youth service and is a co-ordinator of the service with nine years experience of working with mainly young people and children.

4.5 Procedure:

Before commencing the research, an approval form was submitted to the ethics committee at Athlone Institute of Technology in order to be authorised to conduct the study. After the first submission of the approval form, recommendations were suggested, to change the sample group and the research method for the study. The recommendations were considered and permission was granted from the ethics committee to conduct the study.

According to Bryman (2004), when conducting research, the researcher needs to ensure that no harm is placed on participants and must ensure that participants voluntarily agree to participate and do not feel forced to give consent. The researcher needs to respect the participant's right to privacy and ensure anonymity and confidentiality, especially the recording of information and records. These points were considered when designing the interview. Before engaging in the research, a pilot

interview was conducted with a counsellor who was not involved in the study. Bryman and Bell (2007) highlight the effectiveness of pilot interviews, they provide the researcher with the opportunity to practice their interviewing skills and gain some experience. The pilot interview also provides the researcher with the opportunity to identify possible questions that may make participants uncomfortable and to establish if the questions are suitable for the aims and objectives of the research. Once the pilot interview was completed, the counsellor offered feedback together with recommendations. These recommendations underlined that the wording of the proposed questions needed to be altered and the structure of the interview had to be modified.

All interviews were conducted in April 2015. Each participant was provided with the option of a suitable time and location that was convenient for them to conduct the interview. All participants agreed to be interviewed in their offices within their workplace as they had appointments with clients after the interview. The busy schedule of participants was taken into consideration, therefore appointments to conduct the interviews had to be obtained.

All participants gave verbal consent to participate in the study. All participants were ensured confidentiality and anonymity and guaranteed that no identifying information would be used in the study. Participants were also made aware that may terminate their participation at any stage and said interview would no longer be part of the study. On the day of the interview, each participant was requested to sign a consent form (See Appendix 3) to authorise his or her participation in the study and to allow the interview to be audio recorded. Each interview lasted between twenty to thirty minutes, as the participants had other appointments to attend. At the end of the interviews, the participants were given an opportunity to contribute additional information that may not have being discussed in the interview. Once the interview was completed, all participants were informed that information relating to the interviews would be stored in a locked filing cabinet and destroyed once the study was completed.

All interviews were audio taped and transcribed straight after the interviews. After all interviews were transcribed, the results were analysed to identify key themes. Thematic analysis was used to analyse the results. According to Willig (2013), thematic analysis is a search for themes in the data that appear as being significant to the phenomenon of the study. This involved coding the data into the different themes that were identified from the results.

4.6 Limitations:

As stated above, qualitative research allows the researcher to tap into the deeper meanings of human experiences (Rubin and Babbie, 2014). This study used a qualitative method in order to tap into the counsellor experience of their work therefore a small scale sample was used. As the sample contained five participants, the results were unable to be generalised to all counsellors within Ireland.

4.7 Conclusion:

This chapter explained the methodological approach used for this study. A qualitative method was chosen as it was a suitable method to meet the aims and objectives the study. A detailed description of how the sample was obtained was given along with the materials used to conduct the study. Finally, this chapter explained the procedure of performing the research such as ethical considerations and how the interviews were conducted.

5. Results

5. Results

5.1 Introduction:

This chapter presents the results of this current study, which explored the work of counsellors when engaging with young people who experience mental health problems. It describes the findings based on the study's aim and objectives. A thematic analysis was used to examine the results of the questions asked. The results are presented in the different themes that emerged

5.2 Profile of participants

All five participants had experience of working with young people. Three of the participants currently work in organisations that accommodate for young people aged eighteen years and above and the remaining two participants work for children and young people. The years of experience varied between each participant. Particpant A has been qualified as a counsellor for twelve years and had experience working with all age groups, but primarily works with young people aged eighteen years and above. Participant B has been a qualified counsellor for thirteen years and also works primarily with young people aged eighteen years and above. Participant C has twenty years experience as a counsellor and mainly works with young people aged eighteen and above. Participant D works for a youth service and has been qualified as a counsellor for two years and works with children and young people of all ages. Participant E also is a counsellor and the co-ordinator of a youth service, with nine years experience working with mainly young people and children.

5.3 Themes that emerged:

Many themes emerged from the interview questions. The themes identified are presented under the following headings:

Techniques and interventions used in the counselling session

Issues presented to counsellors

Challenges and difficulties experienced by counsellors

Advantages working with young people

The importance of relationships

Promoting positive mental health

The importance of supervision

It is important to note that not all themes mentioned below were discussed by all participants. Each participant had different experiences and therefore the results under each theme varied depending on the answers given.

5.4 Techniques and interventions used in the counselling session

All the participants were asked for the main techniques or interventions they would use during a counselling session. Each participant had their own preferred techniques but it appeared the main technique used was Cognitive Behaviour Therapy. All five of the participants discussed the use of Cognitive Behaviour Therapy techniques when dealing with presenting issues.

Two out of five participants discussed the importance of conducting an initial assessment when the young person first attends counselling. Participant C explains that conducting a good assessment to establishes "*the current presenting issues such as what brings you here today and what's happening now and you look for a good understanding of what the nature is such as anxiety, you know the duration, symptoms, how is this interfering with your normal functioning*". Participant C further explains the importance of the client setting goals "*you discuss what outcomes or goals they're looking for and I suppose you have a discussion about that...their goals are realistic, what can be obtained, what can be achieved in a short space of time",* and continuing the assessment throughout the sessions "*there isn't really one, two or three sessions for the initial assessment although your constantly assessing as you work through*". Participant B highlights the importance of the first assessment, to identify risks that may or may not be present, stating "*once someone connects with us and seeks counselling we would endeavour to see them for initial assessment within twenty-four, forty-six, seventy-two hours so we can assess maybe risk level in particular so if we feel someone is at risk then we would prioritise them*".

Additionally, the participants also mentioned other techniques they use with young people during the sessions. Participant A discussed the importance of focusing on the roots of the presenting problem by explaining "*I would work a lot with what presents in the present but has its roots in the past, whatever is bothering them now but has its roots in the past, so I do quite a bit of inner child work*". Alternatively, Participant E discussed using solution-focused therapy "*as young people want a solution and it's looking at that, try to look forward rather than looking back*". In addition to Cognitive Behavioural Therapy, Participant D used techniques that are more creative. She referred to using a technique similar to the game Jenga, which involves building a tower using blocks "*I have been known to bring all sorts of techniques like Jenga and let them play so they get that they don't have to talk so stuff like that or art work so that they are drawing, you have to get creative with young people*". Participant D also discussed the technique of the third person by saying "*so we kind of do a third person so if you had a best friend who's going through this what would you say...in relation to this third person, if you had a best friend or sister or brother going through this, what would you want for them or what would you say to them so I try and get them to be a bit like the counsellor themselves*".

Two of out five participants mentioned adapting the intervention to meet the needs of the client. Participant A explained how she focuses on what worked well for the client, "*I would use a range or what I call what works therapy so whatever works with that client*". Participant B stated there are a number of therapies but it is important to tailor a technique for the client, "*there is a multitude of interventions and models of therapy but ultimately we have to tailor it to the person that we meet for the first time*".

Two of out five participants discussed using homework assignments as a technique to help young people. Participant D explained how the homework assignments can be used to record the behaviours of the young person by saying "*get them to keep little journals at home you know stuff like that around self-harming, behaviours of self-harming if it's around eating get them to keep a food journal, things like that*". Participant C also emphasises the importance of the homework assignments to keep the young person in tuned in the counselling mindset "*homework assignments and*

how we get the young people to work in and outside the sessions that they are doing the psychological physio, that's how I explain it, here is your appointment with your physiotherapist but you're going to get all these exercises to do outside of the appointment and that's how we treat it and that's massively important".

5.5 Issues presented to counsellors

All participants had different experiences of the issues presented by young people who attend counselling. The three main issues discussed by participants were eating disorders, anxiety and depression. Three out of five participants discussed anxiety and depression as the main issues they deal with and two out of five participants discussed eating disorders as the main issue they deal with. Other issues that were discussed were self-harm, peer pressure, family difficulties, relationship difficulties, substance misuse and suicidal tendencies.

Two out of five participants described the difficulties young people have with relationships. Participant B explained how the developmental stage of adolescence can impact the relationship the young person is having with themselves by saying "*I find ultimately that the relationships they are having with themselves, because even at seventeen or eighteen your still talking about that psychosocial stage of identity formation versus identity confusion so there still looking to experiment with who am I and how am I relating to myself, if your relating poorly to yourself then that's going to have a domino effect on the relationships you have outside so we tend to bring it back to the relationship they're having with themselves*". Participant C also emphasised that relationships with family can affect the young person "*families difficulties and so it would be historical family difficulties going back maybe to early childhood, attachment difficulties, adverse difficulties in childhood*".

5.6 Challenges and difficulties experienced by counsellors

Participants experienced similar difficulties but also encountered different challenges in their work. Therefore, the theme of challenges is divided under the following headings: expectations of counselling, challenges when dealing with suicidal tendencies and the lack of mental health services for young people.

Expectations of counselling

Two participants highlighted how young peoples' expectations of counselling can be a challenge for counsellors in their work. Participant C discussed how young people's expectations of counselling could be a difficulty, as they expect "*immediate gratification*". Participant C further clarifies that adult clients are more considerate of the fact that they have to wait for an appointment, whereas younger clients want the appointment immediately "*if you got a three week wait for your first appointment probably a quarter of young people don't actually attend that first appointment so we can't respond to what they need but that's often the situation so I think specifically with young people, older people have a better sense that they have to wait, they can't just have it right now you know*". Participant B discussed how some young people feel that counselling is for a crisis situation only and therefore they may discontinue counselling when they feel it is no longer needed "*I suppose some individuals would come in with pre-ordained ideas of what counselling is about...some young people come in assuming its only related to crisis so they can only come, when the crisis is averted they tend to think OK I should stop coming...so very often we will have conversations with young people trying to persuade them or invite them to continue with counselling cause nows the opportunity even though the crisis is averted nows an opportunity to do deeper work*".

Challenges when dealing with suicide tendencies

Participant A discussed how working with high risk clients can be very challenging, stating "*I would be working at times with very high risk clients so quite suicidal clients so that obviously challenging, regarding there's times we can carry four or five of those*". Similarly, Participant E also mentioned suicidal tendencies as a challenge "*suicidal tendencies is a huge issue*". Participant D discussed the difficulties when working with young people who have a certain concept of suicide, she stated "*I mean in terms of self-harm and suicide, their concept...and that's another thing that is quite difficult working with young people is they have no concept of suicide and that it's the end, its suicide, I'll kill myself that will show them you know, but ye it might show the person that your angry and you might shock them but you would be dead and that*

part doesn't actually tuck in so they don't think of the consequences of their actions I suppose".

Lack of mental health services for young people

Two out of five participants mentioned the lack of mental health services as a challenge in their work. Participant A discussed how the lack of adequate mental health services for young people was a major challenge in the organisation, stating "*the most challenges we face here at the moment is the lack of appropriate mental health services, it's just awful even when you do refer on to mental health services you don't get the supports they need..they're straight back so you're only doing it for the sake of it in a way*". Participant A further explained how the lack of adequate mental health services for young people has resulted in young people being cared for in adult mental health services "*no beds for adolescents in Ireland, at the worse most vulnerable stage of life. I have had clients who have being in adult mental health services for a very long time*". Participant D felt the lack of mental health services added extra pressure on her work by explaining "*I do sometimes feel very frustrated with the lack of services that are provided for young people and it just adds extra pressure to the work*". Participant D also explained the difficulty linking young people to these services by saying "*I find linking young people in with other services and maybe the time frame or the difficulty just getting that link and sometimes by the time you get that link they are gone off the idea so that can be a challenge*".

5.7 Advantages working with young people

All participants were asked if there were any advantages of working with young people. The main findings that emerged were that young people work at a quick and fast pace and are quite open in the counselling process. Three out of five participants mentioned that the work with young people is fast and quick. Participant C stated "*I love the fast pace-ness of it you know because nobody wants to be navel-gazing...the immediate gratification developmental stage that they bare at as well that their response and they recover really well and their management of the situation and their coping can happen very quickly*". Participant A stated "*I think this age group are very flexible and quick to change where when you're working with older clients, change*

could mean six months talking about where this age group can adapt very quickly so they're very flexible". Participant D also spoke about the fast pace of the work and how rewarding it can be to observe the change by saying "*its so rewarding, when you suddenly see that light bulb going off and you can literally see it going off in their head*".

Three out of five participants discussed that the advantage of working with young people is they are very open. Participant B firstly stated that "*I think initially with younger people they can be slow to warm up...*" and then stated that once trust is gained from the young person they can be quite open, stating "*well in my experience they don't have these guards or barriers up...I think once you have gained their trust it's an open book which can be very, very rewarding*". Participant C highlighted the impact of the young people's developmental stage as enhancing the their willingness to be open "*I think just because of the developmental mode, the developmental stage that they are in and the coming from a school setting which is all about growth, development and learning...being good at huge open mindedness*". Participant D also mentioned "*I mean once you see the penny drop and you can literally..cause their so open really, they're very open young people*".

5.8 The importance of relationships

All participants discusses the importance of relationships, however participants had different opinions of how to build a relationship. This theme of relationships is divided under the following headings: power and respect, confidentiality and trust, showing an interest and empathy and language.

<u>Power and respect</u>

Two out of five participants discussed the significance of power and respect when building a relationship. Participant A explained how she always gave clients opportunities for self-progression, rather than taking an instructive role and informing them of due course. She explains this by saying "*I would always say to clients I can't tell you what to do and I won't tell you what to do because I'm not you, all I can do is provide a mirror for you to look at yourself*". She further highlights the importance of

the client having the power to make their own decisions "*we would be very much about giving them back their own personal power*". Participant D discussed how it can be difficult when the parents are involved, as there is a need to respect the young person's views "*I might ask a few questions, preliminary questions here and if the parent tried to answer for the child, I ask the parents not to answer for the child, I'll say you know....so I'm very to the young person themselves...that kind of response...the child would say oh they're actually talking to me so that straight away kind of starts putting them at ease a little bit*".

Confidentiality and trust

All participants agreed confidentiality and trust was a key component when building relationships with young people. Participant A emphasised the importance of ensuring confidentiality and trust, even when keeping record, staying "*we would be very careful so all notes would be kept here and stored here*". Participant A also explained her own practice to ensure confidentiality "*for instance my diary would have initials, I wouldn't even put names in my diary, I would be afraid if I drop my diary..I use to get paranoid and it can cause me more of a problem when you have three A.B's or four A.B's and I'm going which one is it but I'm just very careful about that*". Participant B recalled incidents were young people had negative experiences with previous counsellors, due to confidentiality concerns "*I've also have had experiences of younger clients who have had difficult experiences earlier in their lives, earlier adolescents or earlier where a therapist has said what we talk about is confidential unless you are at risk in some way and at the end of the session the therapist then proceeded to divulge the session to a parent so at that earlier stage the young person would have lost trust and belief in counselling*". Participant B further discussed how they would aim to change the negative experience of the young person by saying "*I would find myself regularly asking someone to talk to me about trust me and if they say well I'm not sure..I'm on the fence about that, I would ask so what can we do to improve on this relationship cause I completely understand that if they have been wounded in the past or let down by an adult in the past so its reparation, trying to repair some of them wounds*". Participant C discussed how they would communicate the boundaries of confidentiality with the young person such as "*we discuss it at the end of the*

session...such as restrictions to confidentiality, if there's harm to you, another person or if you give information that a child might be at risk we have it on". Participant D's practice involved young people under the age of eighteen and therefore follow the Children First Guidelines and involve the parents in the confidentiality contract, "*there's a whole issue around confidentiality of course and with children and Children's First and stuff like that so you have to go with the confidentiality issue, they are under eighteen and go over that with their parent or guardian and you make them both sign that they understand confidentiality may have to be breached if there's any harm or anything".* Participant E also worked with the young people outside of the counselling process and tried to develop a trusting relationship "*its on the corridor, it's just having a chat, saying good morning and always regarding them and building up the trust in that way, a lot of them would have had issues with trust so that's the first thing*".

Two out of five participants discussed the issue of parents being involved in the counselling process. Participant C discussed how they respect the boundaries of confidentiality but try to help the parents by staying "*you know a parent ringing, we are very clear we don't discuss, we can't discuss anything that was said, but we try and coach the parent along with saying look if you have concerns and if you think there might be, would you not ask just ask them and you might them have that conversation*". Participant D explained how she respects the young person's confidentiality by allowing the young person's involvement in the conversation between herself and the parents "*I also make it perfectly clear when the parent is in the room that I will not telling the parent I will not be kind of saying right we are going to talk for an hour, now I'm going to talk to your parents..if a parent wants to talk to me I will always leave the door open so that the child can hear what the parent is saying, now parents can be a bit annoyed with me but I'm not here for the parent...I'm here for the child*".

<u>Showing an interest and empathy</u>

Three out of five participants discussed the importance of showing an interest and displaying empathy towards the young person. Participant A discussed how her reactions to the young person helped to show her empathy by saying "*I would be very*

expressive and I can't stop my reactions and I would be horrified by things that have happened to them and they say why are you looking at me like that and I say that was horrible what happened to you, that's huge for them you reacting like that". Participant B also talked about expressing empathy through their reactions to the young people's stories by saying "*if you have a young person who you can see it is causing them huge stress to disclose something and then when they do and your reaction is almost like a non-reaction as in I'm not fazed by that, I'm OK with that, I'm OK with you, I still fully accept you, I still think you're the wonderful awesome person you were two minutes ago before you said this to me and if you can communicate that in some way*". Participant B also gave another example of showing empathy by stating "*I suppose in a session, I would be quite obviously appropriately honest with the individual for example I might say oh I'm really noticing my chest tightening right now and I'm wondering if that's a little of what your experiencing because you're talking about a very difficult, stressful story there so if I'm feeling a little bit of it you must be feeling that tenfold and I think that can be very useful for the client to hear*". Participant C mentioned that being curious towards the young person is a good basis for developing a relationship by stating "*curiosity is a really good starting point, I'm really curious about this person, I really want to see what's going on with them*". Participant C also discussed taking a non-judgemental approach is important "*I mean very much you cannot take a judgemental stance on their sexual activity or drug activity, you know that stuff should not be shocking, it's just a matter a matter of fact*" and also for the counsellor to be genuine and authentic with the young person "*authenticity that I'm authentic with them*".

Language

Two of five participants explained that the language they use with young people can assist them in enhancing the relationship with the young person. Participant D explained how she asks the young person to explain certain terms "*I'll get them to try and educate me a little but you know and sometimes I'll ask...and might be familiar with a few terms but I'll also get them to explain them like what do you mean by that...well they seem to warm to that, that they have a bit of knowledge to impart to me*". Participant C discussed how language is important to understand the young

person's culture by saying "*you know your language probably, like I would say to young people do you take drugs or do you drink, tell me about your drinking patterns or your drug taking so it's not that we are making assumptions, it's to understand that possibility might be there with the drugs and alcohol you know*".

5.9 Promoting positive mental health

All participants discussed promoting positive mental health, however participants had different methods of promotion. This theme of promoting positive mental health is divided under the following headings: promoting mental health outside of the session, promoting resilience and support networks and the reduction of stigma of mental health problems

Promoting mental health outside of the session

Three out of five participants discussed factors outside of the session that can promote the young person's mental health. Participant D explained how different problems requires different techniques to promote positive mental health by stating "*in relation to the body image, you need to get them to actually start looking at themselves, so you get then to do a bit of mirror work at home and stuff like that..in relation to peer pressure you might encourage different books or movies or stuff like that, I suppose you do role plays as well, if they are being bullied you go through the role play to see what could you say to that guy when they come up and say this to you what are you going to say so you keep reminding them..there's also another one with hair bands that you snap the hair band on the wrist to snap out of self-harm*". Participant C mentioned "*exercise would come into it, taking care of one's self, eating well all these sort of things we look at you know...sleep hygiene, sleep protocols that sort of thing*". Participant E stated "*so all the time promoting mental health, sport, looking at their diet, looking at their sleep patterns, the amount of hours they sleep, games that they play...all that stuff that's ongoing*".

Promoting resilience and support networks

Four out of five participants highlighted the importance of the young person having support networks and resilience. Participant A first mentioned that due to time

constraints they were unable to do as much promotion of mental health as they would like by saying "*we tend to be very much head down trying to do the individual work and not getting enough time around promotion*". Participant A then discussed the use of an information card based on resilience that they use in the organisation "*last couple of years we described resilience, so developing a card that we give out all about resilience and then we use that a lot throughout the year to talk about resilience so we do a lot of stuff like that*". Participant A also discussed how they promote positive mental health using the card by saying "*look things will go bad, how you deal with it so think about that and make sure you have people to talk to, friends and support like that*". Participant B discussed the importance of the One Good Adult by stating "*protective factors against depression is the network of support but it's not just the network of support but accessing that network of support and the My World Survey 2012 talks very much about that one good adult..now that sounds like it has to be an old wise sage, it can be a fellow, a peer, it can be another eighteen year old, it is someone else you can connect with and I think there is really an assumption that everyone else in the world has fifteen friends and I have only two or three and the reality is it's far more normal*". Participant B discussed the work of post traumatic growth by stating "*post traumatic growth...so changing for the better cause of a trauma, like building resilience from the trauma..attributes so enhancing the person because of the trauma rather than a deficit*". Participant C discussed instilling hope in young people that things will get better by saying "*I know that things will resolve, well things can resolve, I know if people hang in there with resilience, resources and maybe with a bit more counselling and whatever else things will work out and there's huge learning present there for them*". Participant E explained the importance of building support networks for when the young person is finished the session by saying "*it's when they leave here and linking in with family support networks as well, trying to get the family support which in turn helps the young person*".

Participant D discussed encouraging the young person through the use of metaphors. One metaphor in particular that she uses is "*I talk about the brain being this perfect Christmas tree, you know this perfect Christmas tree and all the lights are twinkling and everything is working so that's all the little nerve endings shooting around and*

lighting but when your mental health is bad that's when you go to the press to get the lights to put on the Christmas tree and no matter how perfect you put them away they're always in a mash...and they don't work and bulbs don't work so it's kind of that analogy you know I'd use different metaphors to kind of show it's just the things are jumbled up in your head, it not that your no good, it just that you need a bit of help to unravel the lights".

The reduction of stigma of mental health problems

All participants were asked if there was a stigma attached to young people attending counselling. Four out of five participants highlighted that stigma had been reduced, but still existed to a degree. Participant A stated "*much less so, it's much like.. I can't believe how much it's changed, it's quite incredible, there's still people who see it as a sign of weakness*". Participant B stated that stigma still exists by saying "*I would love to answer that and say absolutely not there's no difficulties whatsoever, I think it's improving year on year*". Participant B also stated how too much recognition of the counselling service can prevent young people from seeking help as a fear of being seen "*we don't have a sign or a big arrow, big pink neon sign flashing saying counselling services and one day I would love to have that sign saying counselling services but the vast majority of people wouldn't seek help*". In addition, participant B did highlight how the awareness of mental health is inspiring young people to seek help by saying "*for example, Bressie has a Youtube video and I have had a number of male clients that have quoted that video and have said it's fantastic what he's doing*". Participant B highlighted that people are beginning to change their views of counselling by saying "*I think people are now realising that you don't have to be mad to come to counselling or if you're coming to counselling that you're crazy or you have to be committed*". Participant C highlight that the reduction in stigma has led to more demand of their counselling service "*the stigma is absolutely reducing, we are over run with demand, we cannot.. none of the services can meet the demand of waiting lists*". Participant E stated that she doesn't like to label herself as a counsellor "*sometimes when they ask me am I a counsellor I say I'll be whatever it is you want me to be so when you put the title counsellor or even parents when they hear the young person has to attend counselling they are just like oh gosh*".

5.10 The importance of supervision

All participants were asked whether they thought supervision was beneficial or not. All participants agreed and attended regular supervision. Participant A stated "*you can't do it without that, well it's against our code of ethics so ye I couldn't work without, I have individual supervision and also peer supervision so I meet with my colleagues who work in a similar environment*". Participant B stated that supervision provided the opportunity to discuss their concerns "*for some people using supervision as big brother someone evaluating your practice, that is a small part of it but the biggest part of it would be to be able to go in and say god I found that session or find this client very challenging or I don't know what's coming up for me cause there could be canter-transference issues going on as well*". Participant C emphasised the importance of supervision for support and improved practice by saying "*knowing you have other colleague and good management for support when needed and allows for reflection on practice in turn leads to improvement on practice*". Participant D discussed how supervision is beneficial as it allows them to express their thoughts and concerns about a young person by saying "*it rattles around in your head a little a bit so we do need to get rid if it even if it's just to bring it to supervision that I can't get this young person out of my head or whatever so you talk about it and then you kind of leave it there with them and then they go for supervision it's a bit of a knock-on service but it does mean by the time it goes to the last person, its downed a lot and not impacting people anymore*". Participant D further explained the importance of supervision for every worker who works with mental health "*it's not just for counsellor, for anybody who works with any sort of mental health or young people or anything like that so we need regular supervision to ensure they are doing OK because otherwise they would easily bring their work home with them and can affect their family life and mental wellbeing*". Participant E also emphasised the importance of supervision by saying "*my supervision is vital..ye absolutely I couldn't work without that*".

5.11 Overall summary of results

It is apparent from this study that all participants had different experiences of working with young people. The first theme showed that Cognitive Behavioural Therapy was

the main intervention used although each participant had their own preferred technique. Homework assignments along with adapting a technique to suit the young person's needs were also a preferred option among participants. The main issues presented to counsellors varied between the participants, however, eating disorders, anxiety and depression were the main problems experienced. The participants encountered different challenges and difficulties when working with young people. The expectations young people hold regarding counselling can be a challenge for participants. Young people may not expect waiting lists to attend counselling and can view counselling for crisis situations. Participants also discussed the difficulty in working with young people who had suicidal tendencies and the complexities of helping the young people to establish a concept of suicide. The lack of mental health services also posed a challenge for the participants, as the lack of services lead to a demand on their services. All participants discussed the advantages of working with young people. Participants stated that young people were more open to change and tended to work at a fast pace. The importance of the client/councillor relationship was divided into sub-themes. Two participants explained the significance of giving the young person power in the session and respecting that power for building a relationship. All participants discussed the importance of confidentiality. To build a relationship, the counsellor needs to respect the young person's confidentiality, however, they have a professional duty to breach confidentiality if the young person is at risk. Showing an interest and empathy also arose under the theme of relationships. Participants discussed how their reactions can be used to show their empathy which can help form a relationship with the young person. Another sub-theme mentioned by participants was language. Participants explained how the language that they use in the session can develop a trusting relationship with the young people. A majority of participants discussed the reduction of stigma for young people attending counselling, although one participant highlighted how stigma still existed. The promotion of positive mental health is divided into sub-themes. Participants discussed promoting positive mental health outside sessions. The majority of participants encourage young people to perform techniques and activities that would promote their mental health such as sport and exercise. Building resilience and support networks was also mentioned by participants as significant in promoting young people's mental health.

All participants also discussed the importance of supervision in their work. Supervision allowed participants to receive support and voice their concerns of any issues they may have. The following chapter will discuss in more detail the themes that emerged while linking them to the literature reviewed for this research.

6. Discussion

6. Discussion

6.1 Introduction:

The aim of this study was to explore the work of counsellors who engage with young people who experience mental health problems. This chapter will focus on the findings from the research process, with reference to the information attained in the literature review. The findings from this qualitative study will be compared and contrasted to the published literature and studies illustrated in the literature review. The findings and the literature will be discussed under the themes that emerged from the results. The conclusion of this chapter will suggest recommendations in respect to future research.

6.2 Summary of results:

The results from this study indicated that all participants had different experiences of working with young people. Cognitive Behavioural Therapy appeared to be the main technique used by participants although other interventions were used based on the issue presented. The results indicate that eating disorders, anxiety and depression were the main reasons why young people attend counselling. Each participant experienced different challenges and difficulties, however, ensuring trust and confidentiality appeared to be the main concern. Participants also explained the significance of promoting positive mental health within and outside of sessions. The encouragement of building resilience and support networks appeared important when promoting mental health. All participants emphasised the importance of supervision in their work as it provided the opportunity to receive support and express their concerns.

6.3 Discussion of findings

<u>Techniques and interventions used</u>

Participants discussed various techniques and interventions used when working with young people. The main intervention highlighted was Cognitive Behaviour Therapy, with each participant commenting on the importance of practising Cognitive Behavioural Therapy in their work with young people. This result ties in with the

finding by Hide, et al. (2009) which underlined the effectiveness of using Cognitive Behavioural Therapy when working with young people who experience depression, anxiety, substance abuse. Fairburn, et al (2003) also discussed the effectiveness of Cognitive Behavioural Therapy when working with young people who experience eating disorders. Although, Cognitive Behavioural Therapy is the preferred counselling technique, participants also emphasised the importance of applying the use of further techniques.

Whiston (2013) demonstrated the importance of the initial assessment as being a vital element within the counselling process. It enables counsellors to collect information which identifies and addresses the presenting issue for each young person. Correspondingly, two participants within this study also spoke about the initial assessment when a young person initially attends counselling. According to the participants, the assessment is important to assess the risk level and to identify how the issues are affecting the young person's normal functioning. Participants also encouraged the young people to set "realistic" goals during the assessment. Dryden (2011) highlights the importance of the counsellor never adopting an instructive role, but rather to allow the client to come to their own conclusions and independently reach their own goals. The use of the third person technique discussed by participant D supports the view of Dryden (2011), as the young person imagines her/his peer and sibling is experiencing the same issue. This allows the young person to get identify their own goals rather than the counsellor informing them what to do.

Jones-Smith (2012) discussed about counsellors adapting different theories and therapies that would most useful to the client. Westergaard's (2013) study also consisting of five participants highlighted the theme of flexibility such as integrating different techniques based on the young person's needs. A small number of participants in this study discussed adapting and tailoring techniques to meet the needs of the young person. One participant referred to this as the "what works therapy" while the other participant emphasised tailoring a technique that meets the needs of the young person.

Young (2013) discussed the effectiveness of homework assignments and diaries when working with young people. Assignments can promote the young person to employ the skills learned in the session to their everyday lives. Two participants explained the use of homework assignments in their work. Participant C explained the assignments as “psychological physio” so young people continue their work outside of the session. Participant D had a similar view to Geldard and Geldard (2010) that homework assignments are useful to record their unwanted behaviour. In issues of self-harm and eating disorders, homework assignments are helpful for recognising certain triggers and behaviours causing the actions of the young person.

Although, Cognitive Behavioural Therapy was the preferred technique for participants, it is evident from the findings that participants employed other techniques throughout the sessions. This corresponds to College’s (2002) notion that all the techniques can be viewed as tools in a toolbox that a counsellor can use according to the needs of the client. Two participants had separate opinions surrounding the types of therapy they find suitable when working with young people. Participant A’s preference was to focus on the past to identify the roots of the presenting problem where as Participant E favoured solution-focused therapy as young people preferred to look to the future rather than the past. Of course this related back to Jones-Smith’s (2012) point on adapting a technique to meet the needs of the client. Although, each participant has their own preferred approach, the technique depends on what suits the young person.

Issues presented to counsellors

It is evident that mental health problems experienced by young people are at a high level in Ireland (Cannon, et al. 2013; Lynch, et al. 2004; Martin, et al. 2006). My World Survey, the largest survey conducted on mental health in Ireland, highlighted depression, anxiety and stress as the core problems experienced by young people. Eurostat (2014) ranked Ireland as the second highest in Europe for rates of suicide among young people aged between 15-19 years. These statistics are similar to the responses from participants in this study. The three main issues presented to participants were eating disorders, anxiety and depression. According to Bodywhys (2008), the statistics of eating disorders is unclear in Ireland. However, the Health

Research Board stated that 11.5% of all psychiatric admissions for young people under the age of 18 years included a diagnosis of an eating disorder. This finding highlights the gravity of eating disorders among this age group.

Other issues that were mentioned by participants in this study included self-harm, peer pressure, family difficulties, substance misuse and suicidal tendencies. Two participants described relationship difficulties as an issue presented to them. The findings showed that young people can experience difficulties building relationships with family members and seeking for identity. The findings of relationship difficulties correspond to Rowling (2006) and Novak and Pelaez' (2004) view that young people are trying to face certain demands such as connections with society and family while trying to seek their independence and identity. This finding is also interesting as in order to promote positive mental health young people need to develop supportive networks with family and peers (Dooley and Fitzgerald, 2012; Gilligan 2009). However, if young people find building relationships with their family members a challenge it can be difficult to promote positive mental health.

Challenges and difficulties experienced by counsellors

One challenge that was discussed by participants in this study was young people's expectations of the counselling process. Participant B explained how young people can view counselling as a "crisis" intervention. The participant further elaborated how this view can cause difficulties as, once the crisis is averted young people discontinue counselling, therefore the root of the issue is not resolved. This is similar to Le Surf and Lynch's (1999) study on young people's expectations of counselling. Several participants commented that their problems needed to be serious before considering attending counselling. Participant C compared adults and young people's concepts of the appointments of counselling. The findings indicate young people are more resistant to wait for an appointment. Young people want "immediate gratification" compared to older people having an understanding of having to wait on an appointment. Young people's resistance to wait for an appointment can lead to failure to attend the session which can be a challenge for counsellors.

Suicidal tendencies were a sub-theme that emerged under challenges and difficulties. A number of participants discussed how the issue of suicide posed different challenges for them in their work. Participants spoke of how young people may not fully understand the concept of suicide and dealing with suicidal tendencies added an extra demand on their work. This finding is worthy of note as Ireland was ranked second highest in Europe for rates of suicide among the 15-19 age group. In addition, the participants highlighted the lack of adequate mental health services for young people in Ireland. This finding is important to mention as the Health Service Executive (2013) have specialist and community-based services in place for young people with mental health problems. Studies have emphasised the high rate of mental health problems among this age group (Cannon, et al., 2013; Lynch, et al., 2004; Martin, et al., 2006) which could suggest that the services cannot cope with the demand of young people.

The importance of relationships

Rickwood et al (2005) found that young people are more likely to seek help from informal sources as they may have a lack of trust in discussing their issues with a professional with whom they are not familiar. All participants in the study discussed the importance of developing trusting relationships with their clients. The findings found that a number of factors contribute to building a relationship. Participants spoke about the significance of the young person having their personal power and respecting their opinions. These findings relate to Everall and Paulson (2002), therapists taking the role of expert in sessions can have a negative impact on the young person. The participants in this study respected the young people and allowed the young person identify their own goals which in turn helped develop a relationship.

Numerous studies have emphasised concerns young people have with trust and confidentiality when seeking help (Watsford and Rickwood, 2012; Fuller, et al. 2000; Buckley, et al. 2012). It is evident from these studies that young people can be reluctant to seek help for their problems from formal sources. All participants in this study highlighted the importance of confidentiality within their practice. Participants discussed their own confidentiality practices within the workplace. Participant B recalled the negative experiences that young people had with previous counsellors as

the information was “divulged” to their parents which lead to repairing the trust concerns the young people have. This finding emphasises the need for stronger confidentiality standards as it could reduce young people’s concerns surrounding trust and confidentiality. This finding also stresses Davis’ (2011) point that the boundaries surrounding confidentiality need to be agreed upon in the first session. Participant D stressed Davis’ (2011) point about the “restrictions” to confidentiality, such as if there is a concern that a young person is at risk, confidentiality may be breached. This is also highlighted in the Children’s First Guidelines, where counsellors working with children and young people under the age of eighteen must ensure confidentiality and anonymity of the young person. However, in cases where there are concerns of a young person at risk, the counsellor has a responsibility of contacting the relevant statutory authorities to protect the best interests of the young person (Department of Children and Youth Affairs, 2011). Only one participant spoke about Children’s First Guidelines, while two participants worked with young people under the age of eighteen years.

Participant D discussed the issue of parents being involved in the counselling process. If the young person was under eighteen years of age, both the parent and the young person sign the confidentiality agreement. The participant further explained that if a parent wanted to discuss the session, the participant would leave the door open so the young person could hear the conversation with parent. The participant justified this by stating “I’m here for the child” which further highlights the respect for the young person. Participant C commented on this by stating that they will not disclose information to the parent but rather will “coach the parent” to talk to the young person. This participant primarily worked with young people over the age of eighteen, so therefore had to respect them as an adult.

Campbell and Simmonds (2011) found in their study, the therapeutic alliance needs to include empathy, understanding, trust, therapist authenticity and confidentiality in order to be successful. Westergaard (2013) found similar results as participants stated the importance of empathy, understanding, respecting and accepting the young person. The findings in this study highlighted similar results. Participant C commented on taking a non-judgemental approach and being genuine and “authentic” with the

young people. A majority of participants commented on the significance of empathy when building a relationship. Two participants spoke of using their reactions to display empathy and reassuring the young person that they are not alone in experiencing this issue. This finding contradicts Le Surf and Lynch's (1999) findings. The young people in this study expected to be ignored or patronised if they discussed their problems. This highlights how young people's views of counselling can have a negative impact on them seeking help for their problems.

Some participants acknowledged language as a factor when building a relationship. Participant D discussed the young person teaching the participant some common terms and phrases among young people. The participant emphasised how this can give a sense of power to the young person as they have knowledge to impart to the counsellor. Participant C commented on the use of language to allow the counsellor to gain an insight of young people's culture such as their drink and drug patterns.

Promoting positive mental health

Promoting mental health intends to heighten positive mental health and wellbeing in society and meet the needs of those experiencing mental health problems. Promoting positive mental health includes establishing supportive environments, reducing the stigma attached to mental health problems and promoting the social and emotional wellbeing of individuals and their families (Barry, 2009). Carter, et al (2006, cited in Hamilton, 2011) argues that much too emphasis has been placed on treatment for mental health problems rather than promoting mental wellbeing. However, the results in this study contradict this statement. Participants had a strong view point on promoting mental health within and outside the sessions. Participant A did comment on the time constraints of promotion but explained the use of a card explaining resilience to promote positive mental health.

Building resilience and supportive networks appeared to be common practice amongst all the counsellors. Participants discussed linking in with family support networks and encouraging the young people to use peers and family members for support. According to Gilligan (2009), people who have more resilience tend to be able to overcome difficult events and negative experiences. This highlights that promoting

young people to build supportive networks is a fundamental part of building resilience which can encourage the young person to overcome stressful events. Grant, et al. (2014) discussed the use of post-traumatic growth for promoting mental health. A counsellor can boost post-traumatic growth by promoting the client's strengths and encouraging them to reconnect with themselves and others (Sanderson, 2010). The results indicate that participants preferred building resilience as only one participant spoke about using post traumatic growth to promote positive mental health.

One participant discussed the importance of having a One Good Adult that the young person can connect with. This corresponds with the findings from the My World Survey that having a consistent relationship with "One Good Adult" is seen to be a protective factor for many young people (Dooley and Fitzgerald). Respondents in the My World Survey reported being more connected to others and having more confidence to cope with difficulties compared to those with no support from a One Good Adult. These findings highlight the significance of supportive networks in prevailing difficult events.

The majority of participants also commented about factors that can promote young people's mental health outside of the session. Factors such as exercise, eating well, sport and sleep patterns all help in promoting positive mental health. Participant D discussed the practice of "role plays" in the session to help the young people in their everyday life. This is similar to Young's (2013) point in relation to adapting the skills learned in the session to their lives outside of counselling. The participant spoke about this technique to help young people that self-harm. The technique involves the young person snapping a hair band on their wrist to snap out of self-harm.

Studies conducted in Australia portrayed stigma as a barrier for young people seeking professional help for their problems (Boyd, et al. 2007; Biddle, et al. 2007; Yap, et al. 2011). Buckley, et al (2012) showed that stigma is also a problem for young people within Ireland. The findings from this study indicated that stigma is reducing however a level of stigma still exists. Participant B commented that too much recognition of a service could prevent people from seeking help, as they may be afraid of being seen. This finding indicates that stigma is still a problem for society, however, awareness of

mental health is helping to remedy the negative views of mental health. Participants commented that the reduction of stigma has led to a "demand" for their services. Schafer (2009) emphasises that an important element of mental health promotion is the reduction of stigma. Participants discuss normalising counselling for young people and referring themselves as counsellors as it can bring about stigma.

The importance of supervision for counsellors

It appeared from the results of the study the participants viewed supervision as an integral part of their work. This corresponds to Wiklins' (1997) view that supervision is an essential element of the professional life of a counsellor. The Irish Association for Counselling and Psychotherapy (2015) states that supervision provides counsellors with support and allows for the improvement of skills. This is evident from the comments of the participants in this study. Participants discussed the benefits of supervision as good management for support, reflection on practice, evaluating your practice and having someone to talk to about your concerns. The findings of this study coincide with the results from Wheeler and Richard (2007) that supervision is useful for counsellors to develop and improve their professional skills.

6.4 Evaluation of the qualitative approach

This study was a small scale qualitative study. The sample consisted of five participants who all currently worked as counsellors. As the study contained five participants, the information ascertained was limited. Two out of the five participants currently work with young people that correspond to Coughlan's (2013) definition of a young person. Due to this limitation, the results presented could not represent the age category of 15-25 year olds. There is a need for ongoing research to explore the work of counsellors as much research portrays young people's views. Although much research illustrates the opinions of young people (Boyd, et al. 2007; Biddle, et al. 2007; Yap, et al. 2011; Buckley, et al 2012), there is little knowledge on the perspective of counsellors. Future research on counsellor's work could help the young person feel more comfortable seeking help for their problems. Research on counsellor's work could encourage young people to step forward and receive the help needed for their mental health problems.

6.5 Summary of the chapter

This study indicated that all participants had the same work ethic, yet different experiences of working with young people. The results highlight that Cognitive Behavioural Therapy is the main intervention used on young people. Eating disorders, anxiety and depression were the main issues that young people attend counselling based on the findings of this study. Participants encountered different challenges and difficulties, but the main difficulty appeared to be guaranteeing trust and confidentiality to the young person. The continuation of resilience building and support networks appeared important to participants when promoting positive mental health, along with receiving regular supervision to ensure best practice.

6.6 Conclusion

The findings of this study aim to add to the body of knowledge. Although the study did contain limitations, the findings will hopefully bring an understanding of counsellor's work and promote best practice within the field. Numerous studies and research have focused on the perspectives of young people (Boyd, et al. 2007; Biddle, et al. 2007; Yap, et al. 2011; Buckley, et al 2012) and this study highlighted that young people's views are not always accurate. The young people in Le Surf and Lynch's (1999) study expected to be ignored or patronised if they disclosed their problems. The findings in this current study had a somewhat different response from the participants. Participants spoke of an empathic stance on issues discussed in the session.

A finding from the study is that the majority of participants have the same work ethic, but their experiences differed from one and other. However, the main finding gathered throughout this study highlighted the importance of regularly assessing the viewpoints of counsellors. This may be seen as a method of evaluation that should take place on a confidential basis to meet criteria established by the national counselling associations, this would further enhance overall best practice when working with young people.

6.7 Recommendations

This study highlights the following recommendations:

Stronger confidentiality standards

It is evident from the literature review and the findings from this study that young people have issues and concerns about confidentiality and trust. It is recommended that all counselling services should adopt the same standards of confidentiality, especially in cases where the parents or guardians are involved. The present standards are clearly not strong enough to guarantee confidentiality for the young people.

Positive wellbeing within schools

This study highlighted the importance of promoting positive mental health. Previous research discussed in the literature review demonstrated the effectiveness of mental health promotion programmes in schools. It is recommended that all secondary schools make these programmes compulsory so that every young person is provided with an opportunity to develop and understand mental health literacy, coping skills and emotional/behavioural functioning. This study highlighted that life-long patterns of behaviour are created at this stage of life therefore, emphasising the need for these programmes within secondary schools.

Compulsory registration for counsellors

The main counselling accrediting bodies within Ireland are the Irish Association for Counselling and Psychotherapy and the Irish Association of Humanistic and Integrative Psychotherapy. There is currently no mechanism in place for the licensing counsellors. Therefore, counsellors can still practice without being registered. Given the sensitivity of young people who seek and attend counselling, it is recommended that registration with these accrediting bodies is compulsory for counsellors to ensure best practice and ethical standards.

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8. Appendices

8.1 Appendix 1

Information Sheet

Dear Counsellor,

I am studying for a Master of Arts in Child and Youth Care in Athlone Institute of Technology. As part of my course, I am required to conduct a dissertation. For my dissertation I am researching the overall work of counsellors who engage with young people that experience mental health problems.

The objectives of the dissertation are to investigate the techniques and interventions a counsellor may use to work with the issues presented to counsellors, explore the difficulties counsellors encounter when working with young people and to examine counsellors' work in promoting positive mental health among young people.

I would like to carry out interviews with counsellors currently working with young people. The duration of the interviews will be 20-30 minutes. The interviews will be recorded; the recordings will be securely stored in a filing cabinet and be destroyed once the study is completed. All recorded information will remain confidential and the identity of the participants will remain anonymous.

Thanking you for your participation,

Yours sincerely

_____

Amy Sheridan

8.2 Appendix 2

Interview Guide

1. Tell me about yourself?
- How long are you qualified?
- What does your role entail?
- How would you describe the work you do?
2. Have you experience working with all age groups?
3. Coughlan (2013) defines adolescence as the stage between early teens (i.e. 15 years) and adulthood (i.e. mid 20's).

   Would you say there is a difference in working with this age group?

4. In your experience, what would be the main issues young people attend counselling for?
5. In your opinion, is gender a factor in young people seeking help?
6. What would be the main techniques or interventions used in the counselling session?
7. What challenges or difficulties have you experienced when working with young people?
8. Are there any advantages of working with this age group compared to working with adults?
9. In your experience, what helps build a relationship with the young person during the counselling session?

10. How do you ensure trust and confidentiality in the counselling process with young people?
11. How do you encourage positive mental health during the sessions?
12. Are there any recommendations you would make to the young person that could enhance their positive mental health wellbeing? (during and outside sessions)
13. From your experience, is there a stigma attached to young people attending counselling?
14. What helps you cope during difficult or stressful counselling sessions?
15. Do you feel it is beneficial for counsellors to engage in supervision or reflective practice?

We are coming to the end of the interview, is there anything you would like contribute to the interview? Thank you kindly for your participation.

8.3 Appendix 3

Consent Form:

A Study on the overall work of counsellors who engage with young people that experience mental health problems.

Dear Counsellor,

My name is Amy Sheridan. I am studying for a Master of Arts in Child and Youth Care in Athlone Institute of Technology. As part of my course, I am required to conduct a dissertation. For my dissertation I am researching the overall work of counsellors who engage with young people that experience mental health problems.

The objectives of the dissertation are to investigate the techniques and interventions a counsellor may use to work with the issues presented to counsellors, explore the difficulties counsellors encounter when working with young people and to examine counsellors' work in promoting positive mental health among young people.

I would like to carry out interviews with counsellors currently working with young people. The duration of the interviews will be 20-30 minutes. The interviews will be recorded; the recordings will be securely stored in a filing cabinet and be destroyed once the study is completed. All recorded information will remain confidential and the identity of the participants will remain anonymous.

Thanking you for participating,

I _____ give consent to being interviewed.

Signature:_____ Date:_____

I_____ give consent to have the interview audio taped.

Signature:_____Date:_____