Counselling troubled adolescents in

New Zealand secondary schools:

Counsellors' experience of assessment

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ATTESTATION OF AUTHORSHIP

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (expect where explicitly defined in the acknowledgements), nor material which to a substantial extend has been submitted for the award of any other degree or diploma of a university of other institution of higher learning.

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ACKNOWLEDGEMENTS

ABSTRACT

This research investigated New Zealand secondary school counsellors' experience of assessment with troubled adolescents. A sequential transformative design was employed in which an initial quantitative data gathering phase informed subsequent decisions in the qualitative main data gathering phase of the research project.

School counsellors, who are in a unique position to support a large number of adolescents, are expected to accurately identify complex student needs. This project aimed to address the paucity of research on how individual school counsellors actually identify complex student needs in their daily practice by investigating secondary school counsellors' practice, views and experiences of assessment in New Zealand secondary schools.

The methodology of this project evolved as the enquiry progressed: a national online survey in Phase I informed subsequent in-depth interviews, case vignettes and practice reflections in Phase II. The survey was sent to 482 schools in New Zealand. The survey's aim was to investigate secondary school counsellors' practices in relation to common student issues, counsellors' educational and professional backgrounds, assessment practices, their use of counselling and assessment theory, and barriers to practice. Due to a low response rate, the national survey was utilised as a pilot study which informed data gathering strategies of Phase II.

The outcome of Phase I was used to design three case vignettes and to refine the content of the in-depth interviews and practice reflections of Phase II. Interpretative phenomenological analysis (IPA) (Smith, Flowers & Larkin, 2009) was employed in order to capture and analyse in-depth data on secondary school counsellors' experience of assessment. Ten secondary school counsellors were interviewed twice and five of these ten an additional third time because of their elucidation of unforeseen data. Case vignettes were used in the first set of interviews and participants were encouraged to self-reflect in-between subsequent sets of interviews.

The explication of the protocols showed that in the process of 'becoming a counsellor' the professional and personal identities of participants gradually merged over time. Rich descriptions were provided of how the participants utilised their personal strengths and

used their human side to build rapport, develop the therapeutic relationship and enter the client's world. From these descriptions several reflective models were developed. Each participant's environmental, theoretical, practical and personal influences on the experience of assessment were summarised. An abstract meta-framework of 'the experience of assessment' and the model of 'theory integration' were developed.

The lens of complexity sciences was used to make sense of the multifaceted and highly complex nature of the phenomena. By combining the understanding of the complexity with participants' rich descriptions of the human dimensions the explanatory concept of 'theatre of experiences' was postulated. This was described as the hub in which participants' deeply intertwined theoretical, practical and personal elements interacted. The 'theatre of experiences' played a central role in conceptualising the experiences of assessment. Based on this understanding, a model of 'assessment as a complex system' was designed.

The participants' rich descriptions combined with the models developed by the researcher could prove to be useful for counsellors, supervisors and counsellor educators to acknowledge complexity, reflect on personal and professional influences on practice and consequently become more aware of the strengths, resources and possible gaps in their individual assessment practices.

CHAPTER 1 INTRODUCTION

This introductory chapter provides a summary of the contextualisation of the research, the author's personal interest in the topic and current adolescent issues with a focus on New Zealand. This is followed by an outline of counselling, school counselling, assessment practices and research on counselling and assessment processes. This outline then leads to the main research questions, paradigm positioning and data gathering and analysis strategies. The anticipated contributions and limitations of this research and an outline of the structure of the thesis are given at the end of this chapter.

Contextualisation of this research

Adolescence can be a difficult time of life in which some young people may face severe difficulties in addition to the 'normal' developmental issues of this life stage. In order to support adolescents with difficulties, a variety of support services have been implemented in New Zealand. The purposes of these services include identification, prevention and treatment of difficulties that adolescents may experience, some of which could evolve into more severe issues in later life. Secondary school counsellors are in a unique position because they are in day-to-day contact with a large number of adolescents and are accessible for those who are in need of professional support. An everyday task of school counsellors is to detect and differentiate 'normal' developmental issues from those associated with the onset of mental illnesses which often takes place around the age of 16 (McGee, Feehan & Williams, 1996). In order to conduct this differentiation and to make informed decisions about individually appropriate interventions, practitioners are required to engage in an 'assessment' process. This process requires them to gather information about each client's specific circumstances. The unique circumstances of each adolescent client lead to the practitioner having to gather numerous and varied pieces of information and then making a judgement about their wellbeing based on that information. That judgement forms a foundation for a holistic understanding of the client's situation and for a decision on an individually tailored intervention. There is a paucity of research on decision-making processes of secondary school counsellors in general and in relation to assessment in particular. This seems to be in contrast to the fact that there are significant numbers of adolescents in New Zealand secondary schools who are experiencing mental health and well-being issues and who may benefit from the work of school counsellors

(Crowe, 2006). This research project addressed this dearth of research by investigating New Zealand secondary school counsellors' practices, views and experiences of assessment. The research focus was on their 'lived experience' of assessment of troubled adolescents who are aged between 15 and 17.

Personal interest

My personal interest in the experience of assessment by secondary school counsellors has its origins in my own experience of adolescence, my work experiences in adolescent psychiatric hospitals, and my perception of both a theory-practice gap in counselling and assessment and a lack of research on school counsellors' experiences of assessment.

A large part of my personal experience of adolescence was related to my difficulties in school. I was involved in fights with other students, did not finish my homework in time, and had several arguments with some of my teachers. This behaviour resulted in frequent meetings between my parents and teachers in which my parents were repeatedly told that I was a difficult student. Interestingly, no further steps were recommended. In fact, as 'difficult' students we were never invited to talk about these issues with our teachers. There were no school counsellors at my school and the teachers who were appointed to deal with student issues never approached us. I started wondering at that time about adolescent difficulties and the appropriateness of the support system at my secondary school. As a consequence, I developed an interest in psychology and adolescents which led me to study for a Masters of Education (MEd).

During my study years I worked in adult, adolescent and child wards in a psychiatric hospital and supervised sports events for disadvantaged youth. During these sport events, a large number of young people discussed the difficulties they were experiencing in school, with their family, and with their peers. I realised that I enjoyed these conversations, that the young people seemed to find it easy to talk to me, and that some of them seemed to face similar difficulties as I had in my adolescence. After I finished my internship in a high security adult ward in a psychiatric hospital, which was part of my Bachelor of Education, I started working in a variety of psychiatric wards for different age groups. My interaction with children and adolescents who were diagnosed with a variety of mental disorders deepened my interest in adolescence, developmental psychology and assessment in particular. Some of the clients' behaviour did not seem to

match their psychiatric diagnosis, which further increased my curiosity. Additionally, I realised that the diagnosis of several clients changed over time and this led to fascinating discussions with the personnel at the hospital. As a consequence, I started to focus on psychological theories, diagnostic and assessment procedures, and their application in counselling and psychotherapy.

In the last year of my MEd studies, I decided to do a six-month internship at Youthline in Auckland, New Zealand. I was involved in the alternative school programme for 'difficult' students, worked as a telephone counsellor at the crisis line for young people, and took part in a number of observations of and discussions about family therapy sessions behind a one-way mirror. This was my first contact point with applied psychology in New Zealand. I was fascinated by my colleagues and their knowledgeable way of interacting with the large variety of clients. At the same time I realised that theoretical and practical psychology seemed to be vastly divided. There seemed to be a gap between applied psychological and the way it was described in the literature.

In my MEd thesis I further investigated the theory-practice relationships in psychology and psychological assessment by adapting the "Person-in-Environment-System" (PIE) – an information gathering and documentation tool originally used in social work settings in the USA – to German settings. During that time I attended several conferences in Germany about assessment procedures, techniques and tools, and realised that assessment processes were discussed in a technical way and without input from practitioners. The assumption that every practitioner will apply the numerous procedures, techniques and tools in the same way was omnipresent. The literature review in my MEd thesis focused on theoretical approaches to assessment in counselling and psychotherapy and confirmed this theory-practice gap.

After I finished my MEd I was unable to obtain employment in Germany and I decided to return to New Zealand to further investigate assessment theory and practice. I discussed different methods of investigating counselling and assessment practices with adolescents in New Zealand with a number of academic staff at AUT University. I started focusing on counselling and assessment processes with young people and was intrigued by the lack of research in this field. There were very few publications on the specifics of how assessment was conducted by individual practitioners in counselling settings with adolescents. A vast amount of literature existed on the technicalities but

there was a paucity on the specifics of the application of psychological theories in the fields of counselling and assessment with adolescents. These experiences, the perceived theory-practice gap, and the lack of research led me to this investigation of secondary school counsellors' experiences of assessment in New Zealand.

Adolescence

A variety of physiological, cognitive, and social changes take place in adolescence, the developmental phase between childhood and adulthood (Arnett, 1999; Broderick & Blewitt, 2006; Frydenberg, 2008). Sexual maturity, increased hormone levels, the ability to think abstractly, increasing interest in peers, and the beginning of romantic relationships are characteristics of adolescence (Inhelder & Piaget, 1958). Additionally, there are a number of challenges that young people are faced with such as identity formation, making decisions about future adult roles, and separating themselves from caregivers (Erikson, 1956, 1965, 1968, 1997). Social constructionist viewpoints (Claiborne & Drewery, 2010) emphasise the individual meaning-making of adolescents. Furthermore, the cultural and social factors (Vygotsky, 1978, 1962) reflect the multiple influences on young people. Additionally, a changing society that increasingly moves away from traditional social roles seems to further complicate adolescent lives (Lairio & Nissilä, 2002). The majority of adolescents are able to deal with the inherent difficulties of this life stage; others face difficulties that they cannot readily deal with in the absence of support from professionals such as school counsellors. These difficulties can vary significantly with respect to severity and long-term effects. Some adolescents may develop severe mental disorders and functional impairment which can persevere or even increase in later life.

Adolescents in New Zealand

Recent research has shown that mental illness and suicide rates of young people in New Zealand were among the highest in the developed world (New Zealand Ministry of Health, 2002, 2006). A significant portion of mental illness, alcohol and drug abuse, family violence, suicide and dangerous behaviour around the age of 16 were reported in New Zealand (Adolescent Health Research Group, 2003, 2008a; Feehan, McGee, Nada Raja, & Williams, 1994; Fergusson, Horwood & Lynskey, 1997; McGee et al., 1996). The New Zealand Ministry of Health has implemented various strategies to assist with the high numbers of mental disorders and the related issues of young people and a large

number of different support services are involved in these strategies. Māori (the indigenous people of New Zealand) adolescents suffer in disproportionately high numbers from various difficulties (Adolescent Health Research Group, 2004a, 2008b; New Zealand Ministry of Health, 2002, 2006). In 2007, Māori students reported more suicidal thoughts than NZ European students, more suicide plans and more suicide attempts (Fortune et al., 2010). In international comparisons with other OECD countries, New Zealand's all-ages suicide rate was the sixth highest for males and the fourth highest for females (New Zealand Ministry of Health, 2006).

Counselling

There are a number of different support services available for adolescents in New Zealand and their tasks are to prevent, detect and treat adolescent issues. There are psychological services such as Child, Youth and Family (CYFs), phone-in crisis services such as Lifeline and Youthline, and other counselling and psychotherapeutic services that support young people who are struggling with daily life or more severe issues. Counselling and psychotherapy are widely used approaches for helping people in difficult life situations and have been generally found to be effective (Lambert, Bergin & Garfield, 2004). These are usually available fairly quickly and many are either free or low-cost.

Counselling encounters usually consist of the distressed client and the practitioner who has been educated in one or more psychological theories. Such theories, which are underpinned by a 'philosophy' of human nature and development, provide coherent explanations for human difficulties (Corsini, 2008; McLeod, 2003). The specific approach that the counsellor adopts when engaging in assessment is likely to be influenced by their formal education and practical experiences and tailored to the distinctive circumstances and needs of a client. Counsellors may additionally endeavour to involve their clients in the processes of making assessment and intervention decisions, which further reflects the multiple influences on counselling practice.

School counselling

School counsellors are generally professionals who are educated in one or more counselling theories and are in the unique position of providing support for a large number of adolescents (Allison, 2004; Crowe, 2006; Hermansson & Webb, 1993; Payne

& Lang, 2009). Every adolescent in New Zealand has to attend school and most secondary schools in New Zealand employ one or more school counsellors, which enables students to readily make use of school counselling services. School counsellors offer a variety of forms of support to adolescents, some of which have educational and preventive purposes while others are responsive to issues that have already arisen. In the latter case, students, parents, peers and teachers have the choice of making an appointment with counsellors to discuss emerging or present difficulties. In many cases, the one-to-one service of school counsellors represents the first contact point of troubled adolescents, their peers and/or parents with the wider support system in New Zealand.

Assessment in school counselling

School counsellors' initial task is to accurately assess the presenting difficulty. They need to differentiate between those students who are unsafe – who might be highly impaired or in need of urgent help – and those who are not. School counsellors need to be skilled in gathering the essential information from each student in order to be able to make complex and influential decisions about the most appropriate intervention and the source of that intervention if a referral is indicated. This information has a major influence on further decisions in the counselling process. Each intervention needs to be tailored to individual clients because each person's circumstances are different. Such tailoring makes the assessment process highly individual and complicated. It is surprising, therefore, that there is limited research on secondary school counselling assessment practices. The majority of the available research was aimed at gathering quantitative data such as surveys on test use patterns (Elmore, Ekstrom, Diamond & Whittaker, 1993; Wilson & Reschly, 1996), general information gathering activities (Blacher, Murray-Ward & Uellendahl, 2005), and outcome research activities (Manthei, 2004; Whiston & Sexton, 1998). This does not shed light on a) the qualitative features of counsellors' assessment practices – what secondary school counsellors actually think, do and believe when they are engaged in assessment activities with a specific client, and b) how they experience the assessment process.

Counselling research

Recent theoretical and economic developments have renewed an interest in outcome research and its integration in routine practice (Lambert et al., 2004). The increasing specificity of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) has led

to research on the development of specific treatments for specific disorders and an emphasis on the removal of symptoms as the central goal of treatment. From an economic viewpoint, the emergence of the managed-care system focused research efforts on clinical guidelines which are intended to make treatments more uniform and more effective (Andrews, 2000; Lambert et al., 2004). This development has led to an increasing emphasis on research designs which consider the relationships between specific treatments and the removal of specific symptoms of disorders (Lambert et al., 2004).

A common differentiation is that between efficacy and effectiveness studies (Lambert, 2001; Lambert & Bergin, 1994; Andrews, 2000). Efficacy research is aimed at evaluating specific forms of therapy in clinical trials whereas effectiveness studies focus on the application of therapies in naturalistic settings (Kendall, Holmbeck & Verdun, 2004). Meta-analytic reviews of efficacy research have identified a number of treatments that are effective with a wide variety of psychological disorders (Lambert, 2001; Lambert & Bergin, 1994; Lipsey & Wilson, 1993). Effectiveness research has been conducted in natural settings from the viewpoint of the client (Clarkin & Levy, 2004; Lambert, 2001) and in relation to: expected treatment response models (Lueger et al., 2001); computer assisted feedback (Kordy, Hannover & Richard, 2001); and the Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM) (Barkham et al., 2001).

A large amount of psychotherapy research is related to process or outcome variables. Psychotherapy process has been defined as what happens in psychotherapy sessions whereas psychotherapy outcome refers to immediate or long-term changes as a result of therapy such as a decrease in symptomatology. "A typical goal is to link process to outcome (e.g. how therapist interpretations lead to changes in client functioning)" (Hill & Lambert, 2004, p. 84). Research on the application of theory in practice and the related processes between practitioner and client is less widespread (Bergin, 1997; Beutler, 1997; Lambert et al., 2004). "Manual driven treatments, randomised control trials (RCT) methodologies, and arguments between the merits of efficacy and effectiveness … have left little room for attending to therapist qualities such as personality, beliefs, culture, and demographics that are not directly affected by training" (Beutler et al., 2004a, p. 227). Efficacy and effectiveness research "ignore the idiosyncratic and unique contributions of therapists, viewing treatments as entities that

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are separate from those who deliver them" (Beutler et al., 2004a, p. 227). The same researchers note that "for nearly three decades, what the therapist actually did was ignored" (p. 244) on account of the focus on treatment methods and manuals. "It is true that typical efficacy studies require that therapists follow a strictly defined protocol, with little or no allowance for the exercise of clinical judgement" (Nathan, Stuart & Dolan, 2000, p. 967). The psychotherapeutic manuals were designed to standardise and control the process of treatment "so that therapy factors could be detected and extracted from the 'noise' of therapist and patient factors" (Beutler et al., 2004a, p. 245).

A difference between the focus of psychotherapy practice and that of psychotherapy research is that the former is concerned with the particulars of a given client as an individual whereas the latter is rather concerned with generalities which are drawn from a certain population (Nathan et al., 2000). However, "standardising the treatment has not eliminated the influence of the individual therapist on outcomes" (Beutler et al., 2004a, p. 245), a stance which is supported by a number of researchers (Beutler, Machado & Neufeld, 1994; Beutler, 1997; Bergin, 1997; Garfield, 1997; Lambert & Okiishi, 1997; Luborsky et al., 1986; Luborsky, McLellan, Diguer, Woody & Seligman, 1997).

Assessment research

There is a large amount of literature available on psychological testing and assessment (Aiken & Groth-Marnat, 2006; Groth-Marnat, 1997, 2003; Hood & Johnson, 2002, 2007; Maruish, 2004; Shertzer & Linden, 1979; Watkins & Campbell, 2000; Whiston, 2009); use of assessment tools in counselling (Brammer et al., 1993; Campbell, 2000; Hood & Johnson, 2002, 2007); positive psychological assessment (Lopez & Snyder, 2003); and assessment in counselling (Gladding, 2000, 2009; Palmer & McMahon, 2004). The majority of this research is focused on standardised psychological assessment techniques and tools, including research specifically on school counselling (Blacher et al., 2005; Studer, Oberman & Womak, 2006). Investigations into secondary school counselling in New Zealand have been focused on areas such as school counsellors' needs (Crowe, 2006; Hermansson & Webb, 1993; Manthei, 1999); variety of approaches to specific client issues (Small & Abrose); careers advising (Elkin & Sutton); general guidance (Department of Education, 1971); guidance programmes and skills (Hermansson, 1981); professionalisation (Besley, 2002); research activities

(Manthei, 2004; Evans, 2008); student issues (Manthei, 1997a, 1998, 1999); pastoral needs (Everts, 2004); restorative practices (Drewery & Winslade, 2005); and professional role and supervision (Payne & Lang, 2009). Research on the application of assessment theory by individual counsellors in practice is rare for general counselling (Milner & O'Byrne, 2003, 2004) and non-existent for school counselling.

The individual practitioner as the neglected variable

Research has shown that the individual practitioner plays a central role in counselling and psychotherapy (Bergin 1997; Beutler et al., 1994; Beutler, 1997; Garfield, 1997; Lambert et al., 2004; Lambert & Ogles, 2004). However, there is a lack of information on specific individual processes such as the thinking, decision-making and judgement of practitioners in the field of secondary school counselling. Research has shown that certain counsellors and psychotherapists seem to be more effective than others in applying counselling theories, irrespective of the approach they use (Beutler et al., 1994, 2004a). Consequently, there seems to be a need for research on the specifics of individual practice in regards to activities and related internal processes of individual practitioners.

There is a considerable amount of literature on general thinking and problem-solving in regards to human beings as information processing systems (Newell & Simon, 1972); non-mechanistic models of human problem-solving (Dreyfus & Dreyfus, 1986); and thinking and decision-making (Benbenishty, 1992; Goldstein & Hogarth, 1997; Hollows, 2003). Social cognitive theory (Bandura, 1986, 1992, 1997) extended the focus on thinking and decision-making by highlighting the instrumental role of self-efficacy in explaining how and why people are motivated to act in the ways they do. It provides a suitable framework for the investigation of individual counselling practice. An individual's perceptions of self-efficacy in a given situation influence what they choose to do; how much effort they are likely to invest; how long they are likely to persevere if difficulties are faced; and whether they approach a task anxiously or self-assuredly. Personal beliefs of efficacy are understood as a key factor of human agency. "Perceived self-efficacy is concerned with people's beliefs in their capabilities to mobilise the motivation, cognitive resources, and courses of action needed to exercise control over given events" (Ozer & Bandura, 1990, p. 472).

Research in related fields of health has focused on clinical decision-making processes and models (Brookfield, 2008; Christensen, Jones, Higgs & Edwards, 2008; Hayes, Fleming & Mattingly, 2006; Higgs & Jones, 2000, 2008; Smith, Higgs, & Ellis, 2008). This research has investigated individual theory application, thinking and decision-making in nursing, physiotherapy and occupational therapy, and has led to the design of meta-models of clinical decision-making. These meta-models provide an in-depth understanding of clinical reasoning which is widely used in process research, in clarification of internal processes, and in teaching and supervision of practitioners. Both this kind of research and meta-models are currently missing in secondary school counselling research.

The investigation of professional counselling practice from a social cognitive perspective emphasises the importance of individual thinking, personal beliefs and decision-making processes when considering the application of theoretical approaches. As a consequence, the individual counsellor is understood as central to the identification of relevant factors in a troubled adolescent's life and the decision-making about appropriate interventions. In order to emphasise the importance of the individual practitioner as the focus of this research project, the phrase 'secondary school counsellors' experience of assessment with student clients' was chosen as the research topic statement. This terminology also highlights the exploratory purpose of the research and the possibility of unforeseen data emerging during the research process.

Research questions

This research project focused on secondary school counsellors' experience of assessment with troubled adolescents in New Zealand. The study excluded assessment activities in relation to career counselling practices. The 'experience of assessment' with troubled adolescents is understood as the overarching concept for the anticipated, but not exclusive, research questions. The broad term experience emphasises the importance of individual life worlds and allows for unforeseen data to emerge. In Phase I, 482 schools were contacted via email in relation to a national online survey of New Zealand school counsellors. In Phase II ten secondary school counsellors in the Auckland area were subsequently interviewed in relation to the following questions:

1. How do secondary school counsellors experience assessing their adolescent clients?
2. What views do secondary school counsellors have on assessment practices with clients and how do they attribute these views to their own practice and experience of assessment?
3. What do secondary school counsellors identify as sources of influence on their views about their assessment experience?
4. What are contextual factors that influence their views and practices of assessment?
5. What consistencies and commonalities are evident in their experiences of assessment?

The researcher's paradigm and theory position

I am not a counsellor myself, which assisted me in trying to maintain a neutral stance towards my respondents. I adopted a relativist ontology, a social constructivist epistemology, and a phenomenological research approach. Relativism emphasises the local, specific and individual construction of realities (Lincoln & Guba, 2000). A social constructivist epistemology highlights the importance of socially constructed knowledge, individual minds, cognitive processes and the meaning-making of individual minds (Creswell, 2007; Crotty, 1998; Schwandt, 1994). Phenomenological research emphasises individuals' perceptions of the world and how it is experienced (Langdridge, 2007). It is concerned with the appearance of the world as contrasted with the world itself (Spinelli, 2005). Phenomenological research in psychology investigates human experiences and how things are perceived and processed by consciousness (Langdridge, 2007). Interpretative phenomenological analysis (IPA) is concerned with individual lived experiences and focuses on individual ways of meaning-making (Langdridge, 2007; Smith, 1996, 2004; Smith & Osborne, 2008). Common factors of IPA and cognitive and social psychology are related to the centrality of mental activity while IPA's distinctions are related to its in-depth qualitative methodology in general and analysis procedures in particular (Smith, 2004).

Data gathering and analysis

A multi- and mixed-method research approach has been used in this project. Firstly, data on contextual factors that influence secondary school counsellors' views and

practices of assessment was gathered through a national online survey in Phase I which was sent to 482 schools in New Zealand whose rolls include students between 15 and 17 years of age. Using a sequential transformative design, which allowed for an adaptation of research strategies as unforeseen data emerged, the interview protocol was opened up to enable the researcher to focused on the participants' meaning making and to allow further unforeseen data to emerge. Ten participants from the wider Auckland area were identified through the survey and subsequently through snow ball sampling. Data on these secondary school counsellors' views on assessment, their perceptions of the sources of these views, and most importantly their experience of assessing their student clients was gathered through multiple in-depth interviews, case vignettes and practice reflections. Five of the ten participants were interviewed twice and five an additional third time due to their elucidation of unforeseen data.

The response rate of the national online survey was low with approximately 7 percent. The response rate can only be estimated because, even with an extensive literature review, the exact number of currently practising secondary school counsellors in New Zealand was not available. The 34 valid responses to the open-ended questions of the survey were summarised and clustered with respect to the overarching themes. Three case vignettes were based on Lazarus' (1999) cognitive-motivational-relational theory of emotion and designed in relation to these clusters. The case vignettes were presented to participants in the first set of interviews and in order to prompt participants to talk about their views, practices and experiences of assessment. Furthermore, participants were encouraged to reflect on their actual assessment practice between interviews. Any outcomes of these self-reflections were explored in the subsequent sets of interviews.

The in-depth interviews, case vignettes and self-reflections were analysed using interpretative phenomenological analysis (IPA) which included:
 a) reading the transcript repeatedly;
 b) identifying themes;
 c) relating and structuring the identified themes; and
 d) creating a list of themes which reflects the interrelation of sub- and superordinate themes.

Possible contribution of this research

The findings of this research might contribute to existing knowledge in the following ways:

1. The description of experiences of assessment of individual practitioners presents other practitioners with an opportunity for self-reflection. There is potential therefore for other practitioners to identify new ways of conducting assessments with their clients.
2. It may identify aspects that participants have in common and this could support the development of a meta-model of internal processes in assessment practices. Such a meta-model could be further researched in relation to counsellor education and supervision.
3. It may provide new insights into the specific application of assessment theory in secondary school counselling practice.
4. It may enable the development of hypotheses on how to bridge the theory-practice gap of assessment in secondary school counselling.

Limitations

This research project investigated secondary school counsellors' experience of assessment with troubled adolescents in New Zealand but the interviews were only conducted in schools that were located the wider Auckland area. There are a number of limitations, which are mainly related to this research's exploratory nature.

- The research findings cannot be generalised to other secondary school counsellors due to the qualitative research approach, snowball sampling method, the small number of participants, and the limited variety of locations. However, other counsellors can assess the extent to which the richly described experiences and contexts are similar to their own, and the findings may therefore be potentially generalisable (something which will need to be established by future research).
- The focus of this research project was on how participants experience assessment, and did not gather data on how they actually conduct assessment in practice. The gap between what people think they are doing and what they actually do has been thoroughly researched. As a consequence, certain quality criteria were followed –

these are described in the methodology chapter – but no claims are made that this research outcome accurately reflects assessment experiences of the respondents.

- The participants were asked to reflect on their internal processes although research has shown that people's awareness of their cognitive processes may be limited.
- The project was conducted in a limited period of time as required by the doctoral programme and this limited the extensiveness and depth of data collection and analysis.

Structure of thesis

The thesis is divided into nine chapters:

Chapter 1: Introduction – contains an overview of the topic, a description of my personal history in relation to the project, a brief contextualisation of the thesis, the research methodology, possible contributions, limitations and the overall structure of the thesis.

Chapter 2: Adolescents – provides background information on both adolescence from a developmental and social constructionist viewpoint and current adolescent issues in New Zealand.

Chapter 3: Counselling – outlines the major schools of counselling which are taught to varying extents in secondary school counselling education throughout New Zealand as well as international and New Zealand secondary school counselling practices.

Chapter 4: Assessment – delineates the different approaches, the main purposes and the general practices of assessment in counselling and school counselling settings.

Chapter 5: Process research – summarises relevant literature on different approaches to research in counselling, establishes social cognitive theory as the theoretical background of this study, and looks at the decision-making processes in counselling and related fields of health practice.

Chapter 6: Methodology – presents the paradigm positioning and outlines the ontological, epistemological and theoretical considerations. The description of the

methodology of the research project includes information on the data gathering and analysis procedures used.

Chapter 7: Results – outlines the main findings of the national online survey of Phase I and of the multiple in-depth interviews, case vignettes and practice reflections of Phase II. The interview findings of Phase II are presented in relation to the five main participants who were interviewed three times.

Chapter 8: Data interpretation and discussion – outlines the interpretation of the main findings and provides a discussion in relation to relevant literature.

Chapter 9: Conclusion – contains a summary of the main results of the research project, it's possible implications and limitations, and makes suggestions for future research.

CHAPTER 2 ADOLESCENCE

This chapter contains a description of adolescence as a developmental stage which encompasses physical, cognitive and behavioural changes, identity development, societal changes and the individuality of each adolescent from a social constructionist viewpoint. Subsequently, issues of adolescents in New Zealand in relation to mental health issues, relatively high suicide rates, alcohol and drug abuse, violence and a large variety of other issues which might lead to stand-downs, suspensions, exclusions, and expulsions in schools are outlined.

Adolescence or the teenage period has been defined as "the period of physiological, psychological, and social maturation that occurs in individual humans between the ages of approximately 11 and 18 years" (Claiborne & Drewery, 2010, p. 210). In this period, early adolescence can be differentiated from youth in that early adolescents are just entering this phase whereas youth refers to adolescents in the older age range (Claiborne & Drewery, 2010). Adolescence presents many challenges as biological, psychological and social changes are experienced. Most adolescents develop into healthy adults without major problems; others are not so successful in adapting to these changes. When adolescents are unsuccessful in dealing with these "adjustment hurdles" (Frydenberg, 2008, p. 2) negative psychological, emotional and behavioural consequences may result (Geldard & Geldard, 1999). Young people face a multitude of ongoing life stressors which have been shown to contribute "to an increased risk of emotional, cognitive and behavioural difficulties in adolescents such as depression, behavioural problems in and outside school, various anxiety disorders and academic failure" (Frydenberg, 2008, p. 2). The following section describes adolescence from a developmental and a social constructionist perspective.

Changes in adolescence

Adolescence may be a difficult stage of development in that "the profound physical, cognitive and social changes that accompany entry into adolescence create a state of instability and anxiety" (Broderick & Blewitt, 2006, p. 340). There seem to be differences in how successful young people deal with this instability and anxiety. Some manage the transition to young adulthood in ways that "evidence only mild or sporadic periods of upset, whereas others appear to be on a long rollercoaster ride" (Broderick &

Blewitt, 2006, p. 310). This 'rollercoaster ride' is partly caused by the physical changes each adolescent has to face, which are outlined in the following section.

Physical changes

Strictly speaking, "puberty is a process of sexual maturation" (Broderick & Blewitt, 2006, p. 279) which leads to the development of an adult sex drive. The emergence of the sexual orientation is a central feature in adolescence which leads adolescents to begin to explore their sexuality. Their first romantic and sexual relationships are established and their first experiences are shared with peers; this is one of the reasons why peer relationships are considered extremely important in this age group (Broderick & Blewitt, 2006).

Parallel to sexual maturation, many parts of the brain continue to change throughout adolescence. Several cortical areas change, including the frontal lobes, which are related to organisation, planning, self-control, judgement and the regulation of emotion; the parietal lobes, which play a role in integrating information; the temporal lobes, which are the site of language function and contribute to emotional regulation; and the corpus callosum, which is involved in information integration and other higher functions that develop during adolescence (Broderick & Blewitt, 2006; Casey, Giedd & Thomas 2000; Sowell, Delis, Stiles & Jernigan, 2001). It has been hypothesised that "immaturity of the frontal lobes is partly responsible for extremes in emotional reactivity in early adolescents and that maturing of the frontal lobes helps older teens achieve better cognitive control over their emotions" (Broderick & Blewitt, 2006, p. 288). Hormonal changes have been identified as important in triggering and moderating these brain changes (Broderick & Blewitt, 2006). These influences alter protein synthesis, which is important for neuromaturational processes. These physical changes are accompanied by cognitive changes in adolescents and these are summarised in the following section.

Cognitive changes

Adolescent thinking can be described as being different from that of a child in the sense that it involves more abstract logical structures. Adolescents start to be able to think more abstractly and develop the ability to have formal operational thoughts (Inhelder & Piaget, 1958). Formal operational thoughts rise above particular contents and enable the young person to investigate the relationships that govern those contents and coordinate

multiple relationships at the same time (Broderick & Blewitt, 2006). This stage has its equilibrium point at about 14–15 years and enables the adolescent to superimpose "propositional logic onto the logic of classes and relations" (Inhelder & Piaget, 1958, p. 335). As a consequence, adolescents become able to engage in hypothetico-deductive reasoning and experimental proof.

This ability to perform formal operational thinking enables adolescents to generate possibilities and to create ideals or logically organised possible systems (Broderick & Blewitt, 2006). Formal thinking includes thinking about thought and reflecting on relations between what is real and what is possible (Inhelder & Piaget, 1958). Children have few powers of reflection or second-order thoughts which deal critically with their own thinking. Adolescents on the other hand are more able to analyse their thinking and to construct theories – the cognitive and evaluative basis for the assumption of adult roles and assimilation of values which define societies as entities (Inhelder & Piaget, 1958). As one outcome of these new capabilities, adolescents are able to create 'ideal' teachers, parents and friends. However, comparison of the ideal with the real and imperfect forms of everyday life can create conflict. This conflict might result in a sceptical attitude towards parents, teachers, peers and themselves (Broderick & Blewitt, 2006). "The increase in depression in adolescence may in part be affected by a tendency to be discouraged by one's own imperfections … and it can play a major role in some serious disorders" (Broderick & Blewitt, 2006, pp. 295–296). As a consequence, physical and cognitive changes play a role in behavioural changes in adolescents.

It is important to mention that although Piaget's work remains influential, several aspects of his work have been criticised, such as his theory of cognitive development in stages (Bjorklund, 2005; Donaldson, 1978; Fischer & Bidell, 1998); stages versus domains (Brown & Desforges (1979); age ranges (Bryant & Trabasso, 1971; Pears & Bryant 1990); use of age appropriate language (Bryant 1972; Donaldson, 1978); lack of social and cultural influences (Gauvain, 2001; Rogoff, 2003; Vygotsky, 1978; 1962); and lack of individual differences (Brown & Desforges, 1979; Sutherland, 1992). The following section outlines behavioural changes in adolescence, which are closely related to physical and cognitive changes.

Behavioural changes

Moodiness has been described as being part of a broader set of behavioural changes which includes conflict with parents, negative affect and risky behaviour (Arnett, 1999). Risky behaviour, which can be generally defined as behaviour that threatens one's health, wellbeing and future or those of others (Drummond, 1998, p. 5), increases sharply during adolescence, peaking at about age 17 years. Furthermore, rates of risky behaviour have been found to increase over the last two decades (Broderick & Blewitt, 2006). While there is considerable variation in the degree of stress that adolescents experience, on average they experience a greater amount of stress compared to other age groups (Arnett, 1999). In the course of a day, "adolescents reported more mood disruptions, more feelings of self consciousness and embarrassment, more extremes of emotions, and less happiness than younger children and adults" (Broderick & Blewitt, 2006, p. 281). In this context, "adolescents have many concerns that in extreme circumstances are perceived as both overwhelming and disabling, leading in a minority of cases to severe depression and suicide" (Frydenberg, 2008, p. 2). In addition, adolescent emotional reactions to the very same events have been found to be generally more intense than those of other age groups. These emotional reactions have a large influence on adolescent behaviour.

All the above factors seem to contribute to increased rates of depression in adolescents compared to children (Broderick & Blewitt, 2006). That does not imply that every adolescent is struggling due to biological changes but these are more likely to be predictive of difficulties if they are combined with negative life events, such as parental divorce or academic problems (Broderick & Blewitt, 2006). Even though families of adolescents may contribute to difficulties, children transfer some of their emotional dependency from their parents to their peers between the ages of 11 and 16 (Broderick & Blewitt, 2006). "Paradoxically, as adolescents seek autonomy from their parents, they become more dependent on their peers" (Broderick & Blewitt, 2006, p. 315). Adolescents' shared sense of instability makes the peer group a likely target of affiliation. As a consequence, peers become a source for support and at the same time the site of the raw material for the construction of identity (Broderick & Blewitt, 2006). which is described in the following section.

Identity development

From a developmental perspective, adolescence is more than the manifestation of puberty; it is also a social transition in that young people start to take on adult roles (Inhelder & Piaget, 1958). The maturation of the nervous system activates certain possibilities at certain stages of life but "a particular social environment remains indispensable for the realisation of these possibilities" (Inhelder & Piaget, 1958, p. 337). These possibilities can therefore be accelerated or retarded by the influence of cultural and educational conditions. Compared to the child, the adolescent starts to regard him- or herself as an equal to adults and begins to consider future adult roles, and ways of changing adult society. "Thus it is impossible to fill an adult role without conflicts" (Inhelder & Piaget, 1958, p. 339).

Erikson (1965) described human development in eight stages, each of which is characterised by a specific conflict that needs to be overcome. In adolescence the conflict is related to identity versus role confusion. According to Erikson,

> the growing and developing youths, faced with this physiological revolution within them, and with tangible adult tasks ahead of them are now primarily concerned with what they appear to be in the eyes of others as compared with what they feel they are, and with the question of how to connect the roles and skills cultivated earlier with the occupational prototypes of the day. (Erikson, 1965, p. 253)

In this stage, adolescents are searching for sameness and continuity and "must artificially appoint perfectly well meaning people to play the roles of adversaries; and they are ever ready to install lasting idols and ideals as guardians of a final identity" (Erikson, 1965, p. 253).

The search for identity is considered the primary developmental task of the adolescent period and the outcome of the search for an identity is largely influenced by each adolescent's social world, such as their peers, parents, school and neighbourhoods (Broderick & Blewitt, 2006). Each of these social factors is influenced by the cultural and historical context in which the adolescent grows up (Broderick & Blewitt, 2006). Vygotsky (1978, 1962) viewed cognitive development as culturally and socially mediated processes. He emphasised that cognitive growth occurs in a sociocultural context and stems largely from social interactions with parents, teachers and other people in the young person's environment. Consequently, the beliefs, values, traditions

and skills of each adolescent's culture and how they are socially mediated need to be taken into account when trying to understand the cognitive development of adolescents.

From a social constructionist position, every young person's sociocultural context is important to consider but equally important is that each adolescent constructs his or her own meaning of these changes within particular contexts. As a consequence, "adolescence is not the same experience everywhere in the world" (Claiborne & Drewery, 2010, p. 210) and varies even in similar contexts. From this point of view, identity is not a fixed or stable concept but rather a subjective one that refers to the individual experiences of a person in different situations and positions. For example, "the young man who is in trouble at school may be very different when he is performing in his kapa haka[1] group" (Claiborne & Drewery, 2010, p. 235), a situation which may be the product of complex interactions. This is particularly critical in relation to Māori because "just as we want to avoid the 'one size fits all' theory of development, it is important to notice that there is no single 'theory' of Māori development" (Drewery & Bird, 2004, p. 28). Various Māori iwi[2] and whānau[3] have their own traditions and values that they emphasise (Drewery & Bird, 2004; Durie, 1997). Furthermore, the autonomous individual seems central to Erikson's conceptualisations but conflicts with Māori values of whānaungatanga[4] and manaakitanga.[5] As a consequence, identity formation seems to be influenced by a large number of social, cultural and individual factors and "counsellors and therapists who support adolescents through their explorations and struggles must consider the impact of these multiple, interdependent factors" (Broderick & Blewitt, 2006, p. 314).

Societal changes affect adolescents' wellbeing

Youth has a great need to "re-define its identity" (Erikson, 1965, p. 255). Adolescents today need to cope with societal pressures and changes such as an increasing emphasis on individualism and pluralism, while at the same time coping within a society that increasingly moves away from traditional social roles (Beck-Gernstein, 2000; Drummond, 1998; Peukert, 2002; Stimmer, 2000). Additionally, adolescence has become a riskier developmental period in recent years because threats are looming

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[1] Kapa haka refers to Māori performing arts (Claiborne & Drewery, 2010).
[2] Māori tribes (Drewery & Bird, 2004).
[3] Māori family community (Drewery & Bird, 2004).
[4] Family relationships (Drewery & Bird, 2004).
[5] Caring (Drewery & Bird, 2004).

larger and more frequently, threats such as unprotected sex, drugs, guns, fractured families, poverty and social displacement (Bandura, 1997).

> Prevalence indicators from the 1980s and '90s revealed rising rates of death by firearms; decreasing age of first intercourse and thus increasing risk of early pregnancy and sexually transmitted diseases, including HIV/AIDS; and lower academic achievement, among other worrisome changes. (Broderick & Blewitt, 2006, p. 319)

These societal developments can cause difficulties among adolescents and nowadays young people seem to require more support from outside the family than previously in making their choices and developing their life skills (Lairio & Nissilä, 2002). In summary,

> the body changes in appearance, adult sexual needs emerge, hormonal shifts may heighten irritability, the capacity to reflect on the future and on the self expands bringing its own brand of egocentrism, maturity demands increase and … these profound changes produce a state of instability and anxiety unique to adolescence. (Broderick & Blewitt, 2006, pp. 314–315)

Adolescence is a stage of overt identity crisis but identity formation is a lifelong process (Erikson, 1956) and "no single factor of influence fully explains any developmental outcome" (Broderick & Blewitt, 2006, p. 314). Moreover, societal developments, cultural background and the embedded individual meaning-making of each adolescent further influence the complexity of situations that adolescents face.

Adolescents in New Zealand

This section outlines current issues that New Zealand adolescents have to face. These are related to mental health issues, suicide, alcohol and drug abuse, violence and other school related issues.

Growing up is a culturally determined experience which is currently undergoing significant change around the world (Claiborne & Drewery, 2010). In general, "young people today report more psychological problems than ever before. It is estimated that between two and five percent of young people experience an anxiety or depressive disorder" (Frydenberg, 2008, p. 2). In New Zealand, ideas of growing up are linked with a transition into adulthood, "which is becoming more difficult, and the transition itself is becoming less clear" (Claiborne & Drewery, 2010, p. 212). The Adolescent Health Research Group (2003) reported that although most New Zealand secondary school students are healthy, "there are concerning numbers of youth whose healthy

development is at-risk" (p. 3). Particular risks were related to risky behaviour, growing up in unsafe environments, misuse of alcohol and drugs and experiencing emotional health problems (Adolescent Health Research Group, 2003, 2004b).

Mental illness in adolescents

There is evidence of substantial increases in psychosocial disorders in youth over recent decades in all developed countries (Lairio & Nissilä, 2002; Pfeiffer–Staub, 1997; Rutter, 1995). It is not surprising, therefore, that there is growing public concern regarding high rates of mental illness and suicide in young people: "mental illness becomes more common as young people move through adolescence; approximately one-quarter of young people in early adolescence have a mental illness compared with one-third by late adolescence" (New Zealand Ministry of Health, 2002, p. 38). In the longitudinal Dunedin Multidisciplinary Health and Development Study, the prevalence rates of mental illnesses for the same group of young people were 17.6 percent at age 11 years, 22 percent at age 15 years and 36.6 percent at 18 years of age (McGee et al., 1996). At age 15 years, 22 percent of the sample had one or more disorders as defined by the DSM III (McGee et al., 1990). At that age the most prevalent disorders were overanxious disorder, non-aggressive conduct disorder and simple phobia. Similarly, in the Christchurch Health and Development Study, prevalence rates of disorders were 24 percent at age 15 years and 35 percent at age 18 years (Feehan et al., 1994; Fergusson et al., 1997).

In both these studies, approximately 40 percent of diagnosed young people had more than one disorder. "Experiencing more than one disorder is associated with continuing problems during a young person's development" (New Zealand Ministry of Health, 2002, p. 39), which is not surprising given the ecological circumstances that prevail. Fortune et al. (2010) referred to the Youth2007 survey when reporting that 11.2 percent of female and 7.6 percent of male students showed indications of an underlying mental health issue, and that 14.7 percent of female and 6.9 percent of male students reported significant symptoms of depression. When comparing the outcomes of Youth2000 with Youth2007, there seems to be a decrease of male students reporting significant symptoms of depression (from 9.3 percent in 2001 to 6.9 percent in 2007), whereas female students remain unchanged at around 15 percent (Fortune et al., 2010). These continuing problems usually influence the functioning of adolescents in a variety of areas such as family, peer group and school. In general, the onset age of mental

disorders is around 16 years (McGee et al., 1996). Robins, Locke and Regier (1991) highlighted that in their sample of almost 20,000 people in the USA, "psychiatric disorders typically began when sample members were young. Of all those affected, the median age at the first symptom of their disorder(s) was 16" (p. 331). Hence, adolescents aged 16 are commonly having to deal with mental ill-health in addition to dealing with the normal developmental challenges of re-evaluating "given values of family and school" and "the struggle to individuate from parents" (Jezzard, 1994, p. 197) – this reality is one of the main reasons why this research focuses on school counsellors' experiences of assessment with adolescents around the age of 16.

Suicide

In February 2006, the Ministry of Health published an all-ages statistic concerning suicide rates in New Zealand, which "can be used as an indicator of mental health and wellbeing in the population" (New Zealand Ministry of Health, 2006, p. 5). For Māori males and females, the age-standardised rates were 21.1 and 6.4 deaths per 100,000 respectively and for non-Māori males and females 15.6 and 5.9 deaths per 100,000 respectively. The age-specific rate of suicide among 15 to 24 year olds was 16.5 deaths per 100,000. In comparison with other OECD countries, New Zealand's all-ages suicide rate was the sixth highest for males and the fourth highest for females. In 2007, 2.9 percent of males and 6.7 percent of females in a sample of 9,000 secondary school students reported making a suicide attempt in the previous 12 months. In the same sample, Māori students reported more suicidal thoughts than NZ European students (17.4 percent versus 12.4 percent), more suicide plans (11.1 percent versus 7.4 percent) and more suicide attempts (6.9 percent versus 3.6 percent) but overall "suicide behaviours among secondary school students in New Zealand appear to have reduced" (Fortune et al., 2010, p. 4).

Alcohol and drug abuse

Alcohol, substance abuse and suicidal ideation are strongly associated with mental disorders (Feehan et al., 1994). The New Zealand Ministry of Health (2002) stated that "approximately 79 percent of 14- to 17-year-olds drink alcohol and 42 percent indicate they began before the age of 15 years" (p. 46). About 31 percent of this age group drank alcohol every week; about one third of this group drank heavily. The authors concluded that the volume of absolute alcohol consumed by those aged 14 to 15 years and 16 to 17

years increased significantly. Those who present with both mental illness and alcohol and/or drug abuse are at a very high risk of a range of poor health and social outcomes (Zeitlin, 1999). The Adolescent Health Research Group (2004b) referred to Youth2000 and reported that more than 8 out of 10 secondary students in New Zealand have drunk alcohol at some point in their lives and most of these students continue to do so. Most students were aged between 10 and 15 when they consumed their first drink and nearly half consumed their first drink before age 13. "Many students drink alcohol frequently and in high quantities" (Adolescent Health Research Group, 2004b, p. 3). Approximately 60 percent of students reported having easy access to alcohol at home and more than half of participants consumed alcohol at home. Around one third of students who consume alcohol expressed some concern about their drinking and more than 10 percent had tried to cut down of give up drinking alcohol. When comparing Youth2000 with Youth2007, "the overall proportion of students reporting binge drinking declined from 39.8% in 2001 to 34.3% in 2007" (Fortune, 2010, p. 18).

Violence

Flemming et al. (2007) referred to Youth2000 and reported that 16 percent of students reported witnessing adults hurting children and 6 percent of students witnessed adults hurting other adults in their home. About 51 percent had been hit or physically hurt by others, and 49 percent of males and 32 percent of females had physically hurt someone else on purpose. Furthermore, one quarter of female students and 14 percent of male students reported having experienced unwanted sexual contact in 2000. In Youth2007, 48 percent of males and 33 percent of females reported being deliberately hit or physically harmed, 40.9 percent of males and 26.8 percent of female students had hit or physically harmed someone else, and 5.4 percent of males and 19.9 percent of females had unwanted sexual contact (Clark et al., 2009). Flemming et al. (2007) found that students who are victimised in one way are more likely to be hurt in other ways and more likely to hurt others; students who have frequent experiences of violence have higher rates of health problems and fewer strengths or supports.

When the impairment of troubled adolescents increases, it is likely that they will attract the attention of teachers, principals or counsellors in schools due to their daily contact. Once troubled adolescents are identified, the school counsellor is then likely to be one of the first contacts with the support system for these adolescents which is described in the following sections.

School related issues

In addition to parents and peers, "school plays a major role in the psychosocial, intellectual, and vocational development of adolescents" (Broderick & Blewitt, 2006, p. 319). Many problems in childhood and adolescence are first identified in school although they might have existed earlier and were tolerated or unrecognised as problematic (Nevid, Rathus & Greene, 2003). The stress of starting school might even contribute to the onset of issues in young people (Nevid et al., 2003). Flemming et al. (2007) reported that about 30 percent of students reported being bullied in Youth2000, of which 7 percent were bullied frequently (weekly or more often). It has been emphasised that being bullied frequently is related to much higher levels of depressive symptoms and suicide attempts (Clark et al., 2009; Fortune et al., 2010).

In the Stand-downs, Suspensions, Exclusions and Expulsions for 2004 report prepared by the New Zealand Ministry of Education (2005), the following data were reported:

- There were 20,447 stand-down cases during 2004, at a rate of 27 per 1,000 students.
- The most common reasons to stand-down students were continual disobedience (25 percent), physical assault on other students (25 percent), and verbal assault on staff (16 percent).
- There were 4,774 suspension cases in 2004, a rate of 6.56 per 1,000 students.
- The most common reasons to suspend students were continual disobedience, and drugs.

Other reasons for stand-downs and suspensions were reported to be alcohol, arson, other harmful or dangerous behaviour, physical assault on staff, sexual harassment, sexual misconduct, smoking, theft, vandalism, verbal assault on other students, and possession of weapons. Section 17 of the Education Act 1989 (New Zealand Government, 1989) describes the duties of the principal in cases of stand-downs or suspensions: "When a student is stood-down or suspended from a state school, the principal must take all reasonable steps to ensure that the student has the guidance and counselling that are reasonable and practicable in all the circumstances of the stand-down or suspension". Hughes (1997) highlighted that "increasing incidence of social and emotional problems among children, increasing pressures on social services and child guidance, and legislative changes … are obliging local authorities and schools to provide counselling"

(p. 190). Hence, school counsellors are situated to play an essential role in supporting troubled adolescents.

Summary

This chapter outlined adolescence as a potentially difficult stage of life in which physical, cognitive and behavioural changes occur. Adolescents are expected to identify suitable adult roles in order to further develop their identity. During these years, adolescents in New Zealand may be faced with societal disadvantages, mental illnesses, suicide, alcohol and drug abuse, violence and other issues that could hinder their healthy development and create difficulties which are likely to be noticed in the school environment. From a social constructionist point of view, the cultural and individual influences on the multiple identities of individuals in different situations have been emphasised.

Neither the developmental nor the social constructionist view on adolescence suggests that *every* adolescent has to face serious issues during this time, but a considerable number do struggle. Counselling in general and school counselling in particular are common forms of support in New Zealand and these are described in the following chapter.

CHAPTER 3 COUNSELLING

This chapter contains a description of counselling in general and school counselling in particular as available and commonly used support forms for adolescents in New Zealand. Counselling practice is defined before the key concepts of the major counselling approaches are summarised. A description of school counselling as a specific setting of counselling is located at the end of the chapter.

Definition

Many authors have defined the term counselling for their purposes but there is no single definition that all researchers and practitioners agree on. Differences vary according to different causal attributions of presenting issues and the key concepts that are used in practice. The British Association of Counselling defines counselling as including "work with individuals and with relationships which may be developmental, crisis support, psychotherapeutic, guiding or problem solving … the task of counselling is to give the 'client' an opportunity to explore, discover and clarify ways of living more satisfyingly and resourcefully" (McLeod, 2003, p. 7). Patterson and Wefel (1994) see counselling as an interactive process characterised by a unique relationship between counsellor and client which leads to change in the client in one or more of the following areas:

- behaviour;
- beliefs (ways of construing reality, including self) or emotional concerns relating to these perceptions;
- ability to cope with life situations so as to maximise opportunities and minimise adverse environmental conditions;
- decision-making knowledge and skill; and
- level of emotional distress (p. 21)

In general, counselling should result in freely determined and responsible behaviour on the part of the client, accompanied by an ability to understand and manage negative emotions (Patterson & Wefel, 1994). General aims of counselling are related to such outcomes as insight, relating with others, self-awareness, self-acceptance, self-actualisation or individuation, enlightenment, problem-solving, psychological education, acquisition of social skills, cognitive change, behaviour change, systemic change, empowerment, restitution, generativity and social action (McLeod, 2003).

However, it has been highlighted that "because of its emphasis on the facilitation of personal change, the purpose of counselling must necessarily be highly individual, and therefore endlessly variable, making it difficult to define its purpose" (Milner & O'Byrne, 2004, p. 3).

Guidance – counselling – psychotherapy

Gladding (2000) emphasised that in contrast to traditional psychotherapy, counselling as a profession grew out of the guidance movement. He defined guidance as focusing on helping individuals choose what they value most and highlighted that counselling focuses on helping individuals make changes. He described guidance as only one part of the overall service provided by professional counsellors. Parrott (2003) described the goals of counselling as being oriented towards education and developmental concerns, whereas the goals of psychotherapy are generally remedial. He characterises counselling as "'educational', 'vocational', 'supportive', 'situational', 'problem solving', 'conscious', and 'oriented in the present', and with an emphasis on 'normal' and 'short term'" (p. 11). In contrast, psychotherapy is characterised by "'reconstructive', 'in-depth', 'oriented in the past', 'analytical', with an 'emphasis on dysfunction', and 'long-term'" (p. 12).

It has been argued that "counselling and psychotherapy are the same qualitatively; they differ only quantitatively" (Corsini, 2008, p. 2). Generally, counselling is a relatively short process, often occurring in one session and rarely comprising more than five sessions, whereas psychotherapy usually runs for many sessions and may continue for years. Corsini (2008) concluded that no definition can be given that will include all psychotherapies and exclude all counselling methods. As a consequence, a large number of researchers and practitioners emphasise the commonalities of counselling and psychotherapy. Notably, the British Association for Counselling was founded in 1977 and renamed the British Association for Counselling and Psychotherapy in 2000 (Feltham, 2006a). This shift has helped to normalise the use of the two terms in conjunction. The emergence of psychodynamic counselling further demonstrates the close links between counselling and psychotherapy. Hence,

> counselling and psychotherapy, in spite of partly different historical roots and affiliations, have much more in common than they have serious and demonstrable differences and practitioners and the public stand to gain much more from the assumption of commonality than from spurious or infinitesimal distinctions. (Feltham, 2006a, p. 3)

This emphasis on the commonalities between counselling and psychotherapy was considered more helpful for this research project than the emphasis on their differences. As a consequence, Feltham and Dryden's (1993) definition was considered most suitable. They defined counselling broadly as "a principled relationship characterised by the application of one or more psychological theories and a recognised set of communication skills, modified by experience, intuition and other interpersonal factors, to client's intimate concerns, problems or aspirations" (Feltham & Dryden 1993, p. 6). While such a view presumes that counsellors apply psychological theories, it notes the instrumental role of counsellors' beliefs, intuition and experience in the process. This is closely related to the exploratory nature of this research project, which is to investigate the practices, views and experiences of assessment of secondary school counsellors. This explorative approach to counselling research needed to be accompanied by a broad literature review in order to limit eventual blind spots when designing and conducting the research project. Furthermore, practitioners' views on their practice lie at the centre of this research. Although the research participants are secondary school counsellors, it was anticipated that an exclusion of psychotherapeutic theory, research and literature might narrow the design and possibly the outcome of the study. As a consequence, psychotherapy literature was used to inform this research and the terms counselling and psychotherapy are used interchangeably.

Theoretical approaches

Nelson-Jones (2006) distinguished between "schools" and "theoretical approaches" to counselling and psychotherapy. A theoretical approach refers to "a single position regarding the theory and practise of counselling and therapy" whereas "a school of counselling and therapy is a grouping of different theoretical approaches that are similar to one another in terms of certain important characteristics that distinguish them from theoretical approaches in other counselling and therapy schools" (pp. 2–3).

Counselling can be understood as a professional process that is conducted in specific stages that are common to a variety of theoretical approaches. It can be described in relation to an integrative process model which is intended to "provide a conceptualisation for the counselling process and a direction for practice that does not undermine the integrity of different approaches" (Bayne, Jinks, Collard & Horton, 2008, p. 50). The integrative process model emphasises the reflexivity of counsellor and client

with regard to the stages of the counselling process and the relating tasks of the model. The model contains three themes – relationship, content and therapeutic planning – which are each sequentially developed through three stages (Table 1).

Table 1 Integrative model of counselling by Bayne et al., 2008

Theme	Tasks of stage I	Tasks of stage II	Tasks of stage III
1. Relationship	Establishing rapport, facilitation of client self disclosure, clarification of goals and boundaries.	Maintaining the relationship	Ending the relationship
2. Content	Exploration of perspectives on the client's issue, client's experiences world views, strength and ways of coping	Exploration of wants and development of future goals	Development of strategies and action plans
3. Therapeutic planning	Case conceptualisation, clarification of goals, development of counselling plan	Monitoring the process and progress of the client	Evaluation of process and outcomes

It is important to keep in mind however that strategies need to be "best suited to the client and their circumstances" (Bayne et al., 2008, p. 52) and that this model is not intended as a rigid structure, because "as new needs of different aspects of the problem emerge, the actual process especially around the content theme, will continually move backwards and forwards within the organised framework" (Bayne et al., 2008, p. 52).

James and Gilliland (2003) described the counselling process using an eight-stage, fluid linear model. The first two stages are 'predisposition' and 'problem exploration', both part of preparatory counselling. The 'three dimensional problem definition', 'identification of alternatives', 'planning' and 'action or commitment' represents the middle stages of counselling. The late stages of counselling are 'assessment and feedback' and 'post-disposition'. All eight stages build on the relationship building and assessment activities which are conducted in the initial stage. The middle stages are described as an acting block of counselling and the last stages as post-evaluation and outcome, "where behavioural objectives are monitored long term for continued effectiveness and follow-up activities are initiated" (James & Gilliland, 2003, p. 9). The authors highlighted that this eclectic and systematic model of counselling is readily adaptable to all major theories.

In the following section, different schools and theoretical approaches and their key concepts are outlined to provide an overview of how different theoretical orientations influence the specifics of assessment in counselling.

Psychodynamic school

The term psychodynamic refers to the transfer of psychic or mental energy between the different structures and levels of consciousness within people's minds (Nelson-Jones, 2003). Psychodynamic approaches emphasise the importance of unconscious influences on how people think and act. Therapy aims to increase clients' abilities to exercise greater conscious control over their lives (Nelson-Jones, 2006). Psychodynamic counselling

> places great emphasis on the counsellor's ability to use what happens in the immediate, unfolding relationship between client and counsellor to explore the types of feelings and relationship dilemmas that have caused difficulties for the client in his or her everyday life. (McLeod, 2003, p.79)

A common aim of psychodynamic counselling is helping clients to achieve insight and understanding about the reasons for their problems and to translate these insights into a mature capacity to cope with future difficulties (McLeod, 2003). Freud's initial formulation about repressed sexual wishes and memories being at the root of a client's problem can be differentiated from later generations of practitioners and theorists who have developed a more social and relationship orientated approach. Examples of theoretical approaches of the psychodynamic school are classical psychoanalysis by Sigmund Freud (1913), Adlerian psychotherapy by Alfred Adler (1929), and analytical therapy by Carl Jung (1916). Douglas (2008) pointed out that "to ignore one of the three great early psychodynamic theoreticians of the twentieth century is to travel with an incomplete map of the human psyche" (p. 109).

Psychoanalytic approach

Psychoanalytic thinking has evolved over the last century and has spawned different forms of psychotherapy, with psychodynamic psychotherapy being its most direct descendant (Luborsky, O'Reilly-Landry & Arlow, 2008). The Viennese psychiatrist Sigmund Freud (1856–1939) is the person primarily associated with psychoanalysis (Gladding, 2009), which views the overall mood and attitudes towards life of a person as being affected by experiences in early years. "Problems in early life may become embedded in personality through fixation or regression, hidden through defence

mechanisms, or embodied through enactment" (Luborsky et al., 2008, p. 30). Psychoanalysis involves the person holistically in psychotherapy by investigating problems, stresses, memories, dreams, fantasies and feelings (Luborsky et al., 2008). They stated that the process begins with the client starting to open up during psychotherapy sessions so that previously unknown parts of the self can be reintegrated. The therapist uses techniques such as free association to identify the client's patterns of emotion and conflict, which may be related to symptoms or life problems. "Change comes through the process of reworking old patterns so that the patient can become freer to respond in new ways" (Luborsky et al., 2008, p. 37). In psychoanalysis clients are understood to be influenced by:

- instincts;
- three levels of mental life: conscious, preconscious and unconscious;
- three agencies of the mental apparatus: the id, the ego and the superego;
- fixations and regression to one of the four stages of sexual developments: oral, anal, phallic and latency; and
- defence mechanisms.[6] (Patterson & Watkins, 1996)

In psychoanalytic assessment everything the client says and does is considered as potentially important. A psychoanalyst tries to learn as much as possible about the client and explores the current life situation and difficulties, accomplishments, how the client relates to others, family background and childhood development (Arlow, 2005). The psychoanalytically oriented counsellor is described as an expert who encourages the client to talk about whatever comes to mind, their childhood experiences, and difficult thoughts (Gladding, 2009). He emphasised that the counsellor's role is to help the client gain insight by working through unresolved past experiences and that transference and counter transference are used to explore the unconscious through interpretation. Unlike other approaches, the interpretation is conducted by the counsellor. The aim of psychoanalysis is to make clients more rational and aware of their inner emotional life, as well as more able to control their feelings rationally rather than being driven by unconscious forces and impulses (McLeod, 2003). The key aim is to gain insight into the true nature of the problem through catharsis, which is described as an "experience of

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[6] More details on these concepts can be found in Corey (2009); Errington & Murdin (2006); Freud (1913); Gladding (2009); Luborsky et al. (2008); Luborsky, O'Reilly-Landry & Arlow (2011); and Merydith (1999).

release of emotional tension associated with the repressed or buried memories" (McLeod, 2003, 85).

Freud's major contributions include the discovery that early childhood experiences are closely related to personality development, recognition of sexual aspects of childhood, development of the first comprehensive theory of personality, discovery of unconscious processes, and transference (Patterson & Watkins, 1996). Criticisms of Freud's theories are related to the overemphasis of biological factors, a deterministic and pessimistic view of human behaviour, and neglect of social aspects and socio-historical context (Patterson & Watkins, 1996). Furthermore, it has been argued that severely disturbed clients lack the level of ego strength for this approach, and its lengthy process, the anonymous role of the therapist, limited applications to contemporary culture, and its appropriateness to an elite and highly educated clientele have been criticised (Corey, 2009).

Adlerian counselling

Alfred Adler (1870–1937) developed the Adlerian approach to counselling which is also known as Individual Psychology (Gladding, 2009). Adler differed from Freud in relation to the latter's emphasis on biological drives and the primary motivating force of life and stressed the relevance of subjective feelings and social interests. Adler's theory has been described as "more hopeful" than Freud's (Gladding, 2009, p. 203) and as "social, teleological, phenomenological, holistic, idiographic, and humanistic" (Mosak & Maniacci, 2008, p. 99). Its underlying assumptions are that clients are unique, self-consistent, responsible and creative actors and choosers, who can direct their own behaviour and control their destinies.

A central aspect in the Adlerian counselling is that people are primarily motivated by social interests; a feeling of being connected to the society; an active interest and empathy with others; and a will to contribute to the general social good (Gladding, 2009). This approach focuses on the conscious as being central to the development of personality and suggests that people strive to become successful. There is a tendency in each person to feel inferior to others and to develop an inferiority or a superiority complex as a result, which Adler described as neurotic fiction. People are understood as being influenced by future goals, past causes, birth order, family environment, their fictions (which reflect subjective evaluations of themselves and their environments),

and the three main life tasks in relation to society, work and sexuality (Gladding, 2009). A good relationship in Adlerian counselling is described as one that is friendly and between equal human beings (Mosak & Maniacci, 2008). The practitioner informs the client about their responsibility for their own behaviour which puts the client into an active learner role. The process of therapy is understood as one of cooperation which includes the alignment of goals. General goals are associated with supporting clients to develop a healthy and holistic lifestyle and to overcome a faulty lifestyle by education and re-education (Gladding, 2009). More specifically, Adlerian psychotherapy has four aims:

1) establishing and maintaining a good relationship;
2) uncovering the dynamics of the patient including lifestyle and goals, and assessing how they affect life movement;
3) interpretation culminating in insight; and
4) reorientation.
    (Mosak & Maniacci, 2008, p. 80)

Assessment is related to the way the client enters the room, posture, choice of seating, communication in interpersonal terms, patterns, family constellations, early recollections, dreams, insights, assets and basic mistakes (Mosak, 2005). Adlerian psychology has been described as a psychology of use and not of possession (Mosak & Maniacci, 2008). Adlerian psychotherapists do not ask how heredity and environment have shaped the client but rather how the client uses heredity and environment, and they

> do not recognise a causalistic, one-to-one relationship between family position and sibling traits, and whatever relationship exists can be understood only in context – that is, when one knows the family climate and the total configuration of factors in the family constellation. (Mosak & Maniacci, 2008, p. 74)

Strengths of Adlerian counselling are related to its openness to a variety of cognitive, behavioural and experiential techniques; its emphasis that clients are free to choose for themselves and that they are entirely responsible for what they make of themselves; and its influence on other therapy approaches (Corey, 2009). This approach has been criticised in relation to its lengthy process (Patterson & Watkins, 1996) and a large part of the theory requires empirical testing and comparative analysis[7] (Corey, 2009).

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[7] More detail on Adlerian psychotherapy can be found in Adler (1929); Corey (2009); Kelly (1999); Mosak & Maniacci (2008, 2011); Patterson & Watkins (1996); and Warner (2006).

Analytical psychotherapy

Analytical psychotherapy originated with Carl Jung (1875–1961) and builds on Freud's and Adler's concepts to offer an expanded view of humanity's personal and collective realties (Douglas, 2008). This approach offers a map of the human psyche which encompasses conscious and unconscious elements, including a transpersonal or archetypal elements, and a personal layer in the unconscious. "The goals of psychotherapy are reintegration, self-knowledge, and individuation, with a heartfelt awareness of the human condition, individual responsibility, and a connection to the transcendent replacing a wounded, one-sided, rationalistic, and limited sense of self" (Douglas, 2008, p. 107).

Jung's concept of the psyche lies at the centre of his system – for him the psyche is an inner realm of personality which balances the outer reality of material objects (Douglas, 2008). Psyche refers to the mind or soul (Nelson-Jones, 2006) and can be defined as "a combination of spirit, soul, and idea" (Douglas, 2008, p. 107). Psychic reality is seen as the sum of conscious and unconscious processes. These inner processes determine one's perception of reality and physical matter can only be known through each person's psychic images of outside reality. As a consequence, "what people perceive is in a large part determined by who they are" (Douglas, 2008, p. 107).

Assessment activities are related to an exploration of the client's personal history, conscious and unconscious secrets, transference, dreams and fantasies (Douglas, 2005). In analytical psychotherapy the dialogue between therapist and client is undertaken in order to facilitate growth, healing and a new synthesis of the client's personality at a higher level of functioning (Douglas, 2008). General goals are related to resolution of complexes, strengthening of the conscious mind, ego development, greater comprehension of the psyche, and self-actualisation in the sense of helping the client to live up to their full potential. In this process clients "achieve greater personal self knowledge and the capacity for improved relationships with themselves, with others, and with the world at large" (Douglas, 2008, p. 121).

Strengths of analytic therapy are related to its acknowledgement of the therapist-client relationship, emphasis on client uniqueness, and an introduction of concepts like archetypes, complex and collective unconscious (Patterson & Watkins, 1996). It has been criticised as having a vague relationship between theory and therapy, in the sense

of a lack of methodology, procedures and techniques. Analytical psychotherapy has been described as unparsimonious, ambiguous and untestable[8] (Patterson & Watkins, 1996).

Summary

Psychodynamic approaches view the therapeutic relationship and exploratory work as two basic elements of therapy. Central to all forms of psychodynamic counselling is a belief in the power of old patterns of relationships to unbalance current relationships and the power of unconscious aspects of the self to appear in the form of symptoms (Luborsky et al., 2011). The psychodynamic approaches have been criticised as "being a relic of nineteenth-century thought characterised by biological determinism, a pessimistic view of human nature, male-centeredness, and a paternalistic and cold relationship between therapist and client" (Woolfe, 2000, p. 9). Nevertheless, contemporary approaches, such as object relations and attachment theory, have their roots in the theories described above. These contemporary approaches are largely influenced by Bowlby (1969, 1973), Winnicott (1965) and Kohut (1971) and form part of the basic training of most counsellors (Woolfe, 2000). In relation to key psychodynamic concepts, "the idea that the past influences the present and that crises in the present derive from unresolved developmental conflicts is heavily influential in much counselling practice even amongst those who would not define themselves primarily as psychodynamic counsellors" (Woolfe, 2000, p. 9). Furthermore, several short forms of psychodynamic approaches have been developed for current practice (Coren, 2010; Della Selva, 2006; Rawson, 2002, 2005). The cognitive behavioural school builds on different key concepts and is described in the following section.

Cognitive-behavioural school

Traditional behaviour therapy focuses mainly on changing observable behaviours by means of providing different or rewarding consequences (Nelson-Jones, 2006). The cognitive-behavioural school broadens behavioural therapy to incorporate the contribution that people's ways of thinking make to creating, sustaining and changing their problems. Its three key features are a problem-solving, change-focused approach to working with clients; a respect for scientific values; and close attention to the cognitive processes through which clients monitor and control their behaviour (McLeod, 2003). In

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[8] More detail on analytic psychotherapy can be found in Corey (2009); Douglas (2008); (2011); Jung (1912); Schaverien (2006); and Patterson & Watkins (1996).

cognitive-behavioural approaches an understanding of the client's emotional responses and cognitive processes is essential (Milner & O'Byrne, 2004). Examples include behaviour therapy influenced by Pavlov (1927), Skinner (1953) and Wolpe (1958); cognitive therapy (Beck, 1967); and rational emotive behaviour therapy (Ellis, 1962).

Behavioural approaches

Behavioural approaches have undergone significant changes in both nature and scope and have grown more complex and sophisticated. Consequently they can no longer be defined simply as the application of classical and operant conditioning theory (Wilson, 2011). Behavioural approaches focus on a broad range of client behaviours and interpret difficulties with respect to excess or deficit of certain behaviours. Behaviourists generally share ideas about human nature in relation to:

a) a concentration on behavioural processes;

b) a focus on here and now;

c) an assumption that all behaviour is learned;

d) a belief that learning can be effective in changing maladaptive behaviour;

e) a focus on setting up well defined therapy goals with the client; and

f) a rejection of the idea that human personality is composed of traits.
   (Gladding, 2009)

Traditionally three main approaches have been identified in contemporary behaviour therapy that differ in the extent to which they utilise cognitive concepts. The approaches are applied behaviour analysis, a neobehaviouristic meditational stimulus-response model, and social-cognitive theory[9] (Wilson, 2011).

Assessment processes are aimed at elucidating initial occurrence, severity, frequency and the client's interpretation of the problem, as well as earlier coping efforts, personal and environmental influences and previous therapeutic contacts (Wilson, 2005). This may be accomplished by utilising self reports, guided imagery, role playing, physiological recording, self monitoring and behavioural observation. In behaviour therapy corrective learning experiences in which the clients acquire new coping skills, improve communication, learn to break maladaptive habits, and overcome self-defeating emotional conflicts are central (Wilson, 2008). Nelson-Jones (2006) stressed

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[9] More detail on these approaches can be found in Bandura (1986, 1992, 1997); Brown & Prout (1999); Corey (2009); Lovell (2006); Pavlov (1927); Skinner (1953); Wilson (2008; 2011); and Wolpe (1958).

that behaviour therapists focus on specific goals for individual clients but nevertheless outlined the following list of general therapeutic goals for behaviour therapy:

- overcoming deficits in behavioural repertoires;
- strengthening adaptive behaviours;
- weakening or eliminating maladaptive behaviours;
- absence of debilitating anxiety reactions;
- the capacity to relax;
- the ability to assert oneself;
- effective social skills;
- adequacy of sexual functioning; and
- the capacity for self control. (p. 279)

The behavioural counsellor is usually active as a consultant, teacher, adviser, reinforcer and facilitator in supporting the client to learn, unlearn and relearn specific behaviours (Gladding, 2009). The goals of behavioural counselling are related to helping clients to make good adjustments to life circumstances and achieve personal and professional objectives. The focus is on modifying or eliminating the maladaptive behaviours that clients display and supporting them to foster healthy and constructive ways of acting. The contributions of behaviour therapy are related to the specificity of the approach which helps clients to translate unclear goals into concrete plans of action and enables both counsellor and client to keep these plans clearly in focus (Corey, 2009). Additionally, the wide variety of specific behavioural techniques, emphasis on researching therapy outcomes, use of empirically tested techniques, and short durations of therapy have been noted (Corey, 2009). Further positive features are the easy-to-understand assumptions and treatment procedures of the approach which enables practitioners to demystify the process and actively engage clients in therapy (Patterson & Watkins, 1996). The limitations of the approach include it being seen as superficial and narrow (Patterson & Watkins, 1996), neglectful of feelings and relational factors, lacking insight provision, and involving control and manipulation by the therapist (Corey, 2009).

Cognitive approach

Aaron T. Beck (1921–) is credited as the founder of cognitive therapy (CT) (Gladding, 2009). In this approach, cognition is seen as the key to understanding and treating psychological disorders. Cognition has been defined as a function which involves "inferences about one's experiences and about the occurrence and control of future events" (Alford & Beck, 1997, p. 14). CT emphasises the importance of phenomenological perception of relationships among events (Alford & Beck, 1997). At

the core of this approach lies the belief that humans need to adapt to changing environmental circumstances and that cognition includes the processes involved in identifying and predicting complex relations among events (Nelson-Jones, 2006). The cognitive system deals with the way each individual perceives, interprets and assigns meaning to events and interacts with affective, motivational and physiological systems to process information and to enable the person to respond accordingly (Beck & Weishaar, 2008). They described maladaptive behaviour as misperceptions, misinterpretations or dysfunctional, idiosyncratic interpretations of certain situations. The aims of CT are related to adjusting information processing and initiating positive change in all systems through the cognitive system.

Psychological distress occurs when individuals perceive specific situations as threatening to their vital interest, which causes their perceptions and interpretations to be highly selective, egocentric and rigid (Beck & Weishaar, 2008). This cognitive impairment decreases corrective functions, concentration, recall, reason and the ability to turn off idiosyncratic thinking (Beck & Weishaar, 2008). Cognitive vulnerabilities predispose individuals to psychological stress and seem to be related to personality structure and cognitive schemas. Cognitive schemas contain fundamental beliefs and assumptions, develop early in life, and are reinforced by learning experiences throughout life (Beck & Weishaar, 2008).

Assessment activities are focused on diagnosis, past history, present life situation, functional and cognitive analysis of psychological problems, symptoms, thinking, behaviour, attitudes and motivation toward treatment (Beck & Weishaar, 2005). The general goals of CT are related to correcting faulty information processing and supporting clients to modify their underlying assumptions that maintain maladaptive behaviours and emotions (Beck & Weishaar, 2008). They stated that CT practitioners use cognitive and behavioural methods to challenge dysfunctional beliefs, to promote more realistic and adaptive thinking, remove systematic biases, and modify core beliefs that predispose clients to future distress. The CT practitioner is active in sessions and works with the client to make covert thoughts more overt (Gladding, 2009). The therapeutic relationship in this process is collaborative and the therapist assesses sources of distress and dysfunction and supports the client in clarifying goals for therapy (Beck & Weishaar, 2008). CT practitioners actively pursue the client's point of view "by using warm, accurate empathy and genuineness" (Beck & Weishaar, 2008, p. 277).

The main contribution of CT is the provision of an empirically-validated treatment for a variety of disorders (Corey, 2009; Weisz & Kazdin, 2010). It has been researched and used as treatment for post-traumatic stress disorder, schizophrenia, and delusional, bipolar and various personality disorders (Leahy, 2002, 2006). Criticisms of CT are related to its neglect of affect, of history and of response modes other than questioning, and the limitations of reasoning in behaviour change (Patterson & Watkins, 1996). Other critiques have described it as too superficial and simplistic and too technique orientated, and argue that it fails to use the therapeutic relationship, ignores the role of unconscious factors, works only on the elimination of symptoms, and fails to explore the underlying causes and difficulties (Corey, 2009).[10]

Rational emotive behavioural approach

The founder of rational emotive behavioural therapy (REBT) is Albert Ellis (1913–2007). His approach has similarities to Beck's CT and was formulated about the same time (Gladding, 2009). According to Gladding (2009), Ellis believed that human beings are gullible, highly suggestible and easily disturbed; but they nevertheless have the power in them to control their thoughts, feelings and actions by means of personal and conscious awareness of internal processes. REBT interprets cognition and emotion integratively, with thought, feeling, desires and action interacting with each other (Ellis, 2008). REBT practitioners consider content of mind, thinking, feeling and wanting, and behaviour as important. Personality change can occur through a change of mind leading to a change in clients' behaviour or through a change of behaviour which then results in a change in thinking. "REBT theory states that humans rarely change a profound self-defeating belief unless they act against it" (Ellis, 2008, p. 188).

The basic tenet of REBT is that emotional disturbances, which should be distinguished from feelings of sorrow, regret, annoyance and frustration, largely stem from irrational beliefs (Ellis, 2008). These beliefs are irrational because they insist that something in a person's life should, ought, or must be different from the way it is, which can lead to self-defeating perceptions. Thus, humans create their own emotional consequences but if they understand and contradict "their *must*urbatory belief systems, they can make

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[10] More detail on CT can be found in Beck (1967, 1976, 1987, 1991); Beck & Weishaar (2008, 2011); Leahy (2002, 2006); and Weisz & Kazdin (2010).

amazing curative and preventive changes" (Ellis, 2008, p. 198). Nelson-Jones (2006)
outlined a 'G, A, B, C, D, E' theory of personality which consists of:

> G: goals, both fundamental and primary;
> A: adversities or activating events in a person's life;
> B: beliefs, both rational and irrational;
> C: consequences, both emotional and behavioural;
> D: disputing irrational beliefs;
> E: effective new philosophy of life. (p. 308)

These areas may be explored in the assessment phase of REBT counselling. The
primary goals of REBT are associated with helping clients to realise that they can live a
more rational and productive life and to change self-defeating habits of thoughts and
behaviour (Gladding, 2009). In general, REBT therapists support clients to minimise
their absolutistic core beliefs by using cognitive, emotive and behavioural procedures
(Ellis, 2008). Ellis (2008) pointed out that cognitive procedures are aimed at identifying
shoulds, oughts and musts and at teaching clients to separate rational from irrational
beliefs. Emotive techniques focus on dramatising preferences and musts in order to
teach clients to distinguish between the two. This dramatisation can be conducted in role
plays using humour and vigorous disputes while the therapist has an attitude of
unconditional acceptance towards the client. Behavioural techniques are employed to
help the client to become habituated to more effective ways of performing and to
change their cognition through performance (Ellis, 2008). During this process, the
REBT practitioner is active, direct, bright, knowledgeable, empathetic, respectful,
genuine, concrete, persistent and interested in helping others (Gladding, 2009).

The main contributions of REBT are related to its viewing human beings as responsible
for maintaining ideas and attitudes that influence daily life; its emphasis on putting
newly acquired insights into action; its focus on teaching clients to become their own
therapist; its giving importance to comprehensive and integrative practice by utilising a
large number of cognitive, emotive and behavioural critiques (Corey, 2009). REBT has
been criticised on the grounds that the therapist might deprive clients of the opportunity
to think and act for themselves by taking such an active, directive, didactic stance
throughout treatment (Patterson & Watkins, 1996). Furthermore, this stance may create
a dependency in the client on the therapist and may prevent clients from becoming self-
initiating and autonomous. Additional limitations are a lack of emphasis on history; the
imposing of the therapist's perceptions about rational thinking; that the forceful and
confrontational style might not suit certain clients; and that a critique of philosophies

that promote rigid beliefs might cause issues with particularly spiritual or religious clients (Corey, 2009).[11]

Summary

Behavioural approaches have been criticised on the grounds that they de-humanise individuals by ignoring internal processes such as feelings and thinking (Woolfe, 2000). While cognitive-behavioural approaches include these aspects, it has been argued that these approaches "focus on alleviating symptoms rather than causes and ignores deeper, underlying issues" (Woolfe, 2000, p. 10). From this point of view, psychodynamic approaches place a great emphasis on insight whereas cognitive-behavioural approaches are more orientated towards client action and reduction of symptoms (McLeod, 2003). However, cognitive-behavioural approaches have the advantage of being able to blame the method of therapy if there is a lack of progress rather than referring to an unsuitable client for this kind of therapy (Woolfe, 2000). Furthermore, these approaches have been found to be particularly effective with a variety of disorders (Weisz & Kazdin, 2010; Woolfe, 2000).

The humanistic existential school utilises different key concepts from both the psychodynamic and cognitive behavioural schools and these are outlined in the following section.

The humanistic school

The humanistic school advocates a system of values and beliefs that exemplifies the qualities and abilities of humankind necessary to develop human potential (Nelson-Jones, 2006). He pointed out that humanistic therapists enhance clients' abilities to experience their feelings, and to think and act in harmony with their underlying tendencies so that they can develop themselves as unique individuals. Examples are person-centred approaches (Rogers, 1951), systemic approaches (Haley, 1967; Minuchin, 1974; Palozzi, Cecchin, Boscolo & Prata, 1978), and narrative therapy (White & Epston, 1990).

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[11] More detail on REBT can be found in Corey (2009); Dryden (2006); DiGuiseppe (1999); Ellis (1962, 1997, 2001, 2008, 2011); and Patterson & Watkins (1996).

Person-centred approaches

The approach associated with Carl Rogers (1951) is called variously 'non-directive', 'client-centred', 'person-centred', and 'Rogerian', and has developed into one of the most widely used approaches to counselling and therapy over the last 50 years (McLeod, 2003). Person-centred counselling has been described as a relationship therapy in which the main healing aspect is a relationship in which the self of the client is fully accepted and valued (McLeod, 2003). The relationship between counsellor and client is one of safety and mutual trust and is the essence of client-centred counselling (James & Gilliland, 2003). At the core of this approach lies the hypothesis that "a congruent therapist who provides unconditional positive regard and empathetic understanding will stimulate psychotherapeutic personality change in a vulnerable, incongruent client if the client perceives these attitudes" (Raskin, Rogers & Witty, 2008, p. 141). More specifically, Rogers (1957) defined a number of conditions that are necessary and sufficient for a therapeutic personality change to take place. These are:

1. Two persons are in a psychological contact.
2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable and anxious.
3. The second person, whom we shall call the therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathetic understanding of the client's internal frame of reference, and endeavours to communicate this to the client.
6. The communication to the client of the therapist's empathetic understanding and unconditional positive regard is to a minimal extent achieved.
(Rogers, 1957, p. 95)

Congruence has been defined as "a state of internal wholeness and integration between the therapist's ongoing experiencing and the symbolising of that experiencing in awareness" (Rasking et al., 2008, 144). Unconditional positive regard refers to a warm appreciation and prizing of the client. "It means the therapist accepts the client's thoughts, feelings, wishes, intentions, theories, and attributions about causality as unique, human, and appropriate to the present experience" (Raskin et al., 2008, p. 144). Empathetic understanding results in a deeper appreciation of the client.

> This quality of warm acceptance and regard is often perceived by the client through the therapist's consistent attempts to understand whatever the client expresses without suggestions, advice, argument, challenge, or disapproval. Being empathetic reflects an attitude of profound interest in the client's world of meanings, beliefs, values, and feelings. (Raskin et al., 2008, p. 144)

The first session is usually not used to take a history or to arrive at a diagnosis (Raskin & Rogers, 2005). The therapeutic process begins immediately, with the therapist trying to understand the client's world. The client-centred counsellor has been described as holistic, a process expert, an expert learner, facilitating rather than directing, and someone who promotes a climate in which the client is free and encouraged to explore all aspects of the self (Gladding, 2009). The role of a person-centred counsellor involves stressing holism, facilitating and focusing on the uniqueness of each client and putting emphasis on personal warmth, empathy, acceptance, concreteness and genuineness (Gladding, 2009). "This atmosphere focuses on counsellor–client relationship, which Rogers described as one with a special 'I-thou' personal quality" (Gladding, 2009, p. 208). The clients are entitled to direct the therapy and to develop an agenda on which they would like to work. As a consequence, the goals of person-centred counselling focus on the client as a person and not on their problems (Gladding, 2009). One of its main goals is related to helping the client become a fully functioning person who "becomes increasingly willing to change and grow … develops a greater acceptance of self and others and becomes a better decision maker in the here and now" (Gladding, 2009, p. 209). Additionally,

> since person-centred counselling is essentially a 'being' and relationship
> oriented approach, it is important to note that Rogerian strategies for
> helping people are devoid of techniques that involve doing something to or
> for the client. There are no steps techniques, or tools for inducing the client
> to make measured progress toward some goal; instead the strategies are
> geared to experiential relationships. (James & Gilliland, 2003, p. 24)

The major contributions of person-centred counselling are evident in a substantial body of research that supports its effectiveness (Cain, 2002; 2008; Corey, 2009) and its shift of focus from technique and therapist authority to that of the therapeutic alliance, which "have been incorporated in other theoretical orientations with little acknowledgement of their origin" (Corey, 2009, p. 188). It has been questioned, however, whether Rogers' six conditions really are sufficient to create client change and whether no other elements are needed (Patterson & Watkins, 1996). Further criticisms are related to scientific shortcomings in evaluating its effectiveness, lack of focus on techniques that bring about change in clients, lack of directedness and challenging skills, and the difficult task of impersonating the core conditions[12] (Corey, 2009).

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[12] More detail on the person-centred approach can be found in Merry & Tudor (2006); Moore, Presbury, Smith & McKee (1999); Raskin, Rogers & Witty (2008, 2011); Rogers (1951, 1957, 1980); Tudor (2008); and Tudor & Worrall (2006).

Systemic approach

Systemic approaches to counselling are based on systems theory, in which different people are conceptualised as interacting as a whole entity such as a family (Gladding, 2009). At the centre of this theory lies the notion that any living organism is composed of interacting components which mutually affect one another. The focus of systems theory is on how the interaction of all parts influences the operation of the system as a whole (Gladding, 2009). Systemic approaches to counselling are mainly associated with family therapy (McLeod, 2003). The basic assumption of family therapy approaches is that the distress or maladapted behaviour of individual family members is best understood as an issue at the systemic level of the family. The focus is then related to investigation of "what is going on between people rather than what takes place inside them" (McLeod, 2003, p. 191).

McLeod (2003) differentiated three main schools of classical family therapy. Structural family therapy has been developed by Salvadore Minuchin (1974) and his colleagues in Philadelphia. The key concepts of this model are related to understanding the structure and patterning of the interaction in the family in subsystems, boundaries, hierarchies and alliances. The strategic approach to family therapy grew out of research conducted at the Mental Research Institute at Palo Alto in California in the 1950s. Jay Haley (1967) became a central figure in this approach. The distinctive features are the use of techniques such as paradoxical injunction, reframing and the prescription of tasks. The Milan-systemic school of family therapy was developed by Palozzi et al. (1978) and focuses on philosophical aspects of family life such as the collective construction of a family reality through shared beliefs, myths and assumptions. This approach emphasises the assumption of circularity and reciprocal causality which could be described as "everything causes and is caused by everything else" (McLeod, 2003, p. 194).

Family therapists view and assess the individual's development as embedded in the context of family life (Goldenberg & Goldenberg, 2008). Most family therapists attempt to focus on a family's interaction without losing sight of each individual and systems thinking plays an important role in underpinning therapeutic interventions in family therapy (Goldenberg & Goldenberg, 2008). Systems thinking views causality in circular rather than linear patterns and focuses mainly on family transactional patterns.

> When family interrelationships are emphasised over individual needs and
> drives, explanations shift from a monadic model (based on the
> characteristics of a single person) to a dyadic model (based on a two

person interaction) or triadic model (based on interactions among three or more persons). (Goldenberg & Goldenberg, 2008, p. 418)

Family therapists have been described as active participants who concentrate on current family functioning and attempt to help their clients to achieve long-lasting changes in the family system instead of superficial changes which might allow the system to return to its former imbalance (Gladding, 2009).

The main contributions of systems approaches are that neither the individual nor the family is blamed for dysfunctions; that families are empowered through identification, exploration and development through purposeful interactional patterns; and that there is an acknowledgement of external forces and systems and their influences on the family and the individual (Corey, 2009). Criticisms have been formulated in regards to an overemphasis on the whole system at the expense of the individual and his or her emotional state (Corey, 2009). From this point of view, a reintegration of the personal perspective within a systemic framework was suggested.[13]

Narrative approaches

The term narrative refers to certain changes that can be accomplished through particular tellings and re-tellings of clients' stories of their lives (Milner & O'Byrne, 2004). Narrative and solution-focused approaches share the notion that there are no fixed truths and "narrative therapy involves ways of understanding the stories of peoples' lives, and ways of re-authoring these stories in collaboration between the counsellor and the clients whose lives are being discussed" (Milner & O'Byrne, 2004, p. 135). From this point of view, stories are viewed as the basic way in which people make sense of their experiences and "relating a story about an event conveys the intentionality and purpose of the teller and their understanding of relationships and the social world, expresses feelings, and communicates a moral evaluation of what has happened" (McLeod, 2006, p. 290). As a consequence, clients are considered as experts in their own lives; problems are seen as separate from clients; initial assessment processes are focused on the clients' stories and on signs of exceptions to the problem saturated story, which are then used to change this 'problem story'.

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[13] More detail on systemic approaches can be found in Goldenberg, Goldenberg & Goldenberg Pelavin (2011); Gunn & Fisher (1999); Nichols & Schwartz (2007); and Satir (1983).

A narrative counsellor understands reality not as an absolute truth but rather as socially constructed (Gladding, 2009). "People are seen as internalising and judging themselves through creating stories of their lives" (Gladding, 2009, p. 245). A large part of narrative counselling is based on Foucault's discourse analysis which will not be described here but can be found elsewhere (Foucault, 1980; White & Epston, 1990). Winslade and Monk (1999) stated that narrative counselling is based on certain themes of scholars "such as Edward Bruner; psychologist Jerome Bruner; French historian of systems of thought, Michel Foucault; and biologist and systems theorist Gregory Bateson" (p. 21). Central to narrative approaches is the externalisation of the problem that is brought into counselling, which "is an approach to therapy that encourages persons to objectify and, at times, personify the problems that they experience as oppressive" (White & Epston, 1990, p. 38). In externalisation, the client is not the problem – the *problem* is the problem in the sense that "the problem separates a person from a problem and objectifies difficulties so that the resources of a client can be focused on how a situation, such as chaos, or a feeling, such as depression, can be dealt with" (Gladding, 2009, p. 245).

Winslade and Monk (1999) outlined the narrative approach in a step-by-step fashion but cautioned that "any breaking down of a complex process into steps runs the risk of oversimplifying or falsely implying an inevitable linear process" (p. 20). The initial assessment focuses on the client's story and on any signs of the ability to resist and change the problem saturated story (Milner & O'Byrne, 2004). The goals of narrative approaches are to change the clients' stories and consequently "in changing their stories, clients perceive the world differently and are freed up to think and behave differently" (Gladding, 2009, p. 245). The main contributions of narrative therapy are its optimistic orientation in that clients are perceived as competent and can be trusted to use their resources in creating better solutions and stories; its use of open-ended and future questioning; its non-pathologising stance; and a possible integration of narrative concepts and techniques into other therapeutic orientations (Corey, 2009). Concerns have been formulated in regards to therapists employing narrative ideas in a mechanistic fashion because their practice is based on simple ideas, but it is a mistake to view their practice as simplistic (Corey, 2009; McKenzie & Monk, 1997).

Summary

Humanistic approaches have been criticised in that concepts such as fully-functioning person and self-actualisation emerged out of the leisured, affluent and optimistic world of Californian America in the 1960s and that these concepts are in contrast to issues such as homelessness, physical and sexual abuse of women and children, unemployment and racial prejudices (Woolfe, 2000). Furthermore, there is an increasing emphasis in counselling on short-term approaches, which usually include more directive key concepts. Strengths of the humanistic approaches are related to the deep respect for the individual, the notions of the therapist as a facilitator and of counselling as a process of authenticity in the here and now (Woolfe, 2000). He described the humanistic values system as an essential corrective to the medical model and its core conditions are widely accepted as the basis of an effective working alliance between counsellor and client.

Eclectic/integrative schools

Okun (1990) pointed out that even with the same client, changes in all kinds of circumstances might warrant utilisation of different model of counselling and that "no one model can be applied to all people in all circumstances" (p. 392). As a consequence, more and more practitioners are looking beyond the confines of theoretical purity and describing themselves as eclectic or integrationist rather than being followers of any single model (McLeod, 2003). Hence, it is not surprising that "the trend across all surveys of counsellors and psychotherapists has been that some form of eclecticism has emerged as the single most popular approach" (McLeod, 2003, p. 60). Counsellors have a wide variety of theories from which to choose and a positive aspect of eclecticism is that it confers the ability to draw on various theories, techniques and practices to meet clients' needs (Cheston, 2000).

Eclecticism is defined as choosing what is best from diverse sources, styles and systems by using techniques from different theoretical orientations in order to meet the needs of the individual client, whereas integration "refers to a commitment to a conceptual or theoretical creation beyond a technical blend of methods" and a "continually evolving theoretical framework" (Norcross & Grencavage, 1989, p. 234). They stated that eclectic practitioners choose from a number of various techniques from different theoretical approaches whereas integrative practitioners try to combine or integrate their

techniques into a coherent overarching theoretical framework. Table 2 presents a comparison of eclectic and integrative approaches.

Table 2 Eclecticism and integration (Norcross & Grencavage, 1989, p. 233)

Eclecticism	Integration
Technical	Theoretical
Divergent (differences)	Convergent (commonalities)
Choosing from many	Combining many
Applying what is	Creating something new
Collection	Blend
Selection	Synthesis
Applying the parts	Unifying the parts
Atheoretical but empirical	More theoretical than empirical
Sum of parts	More than sum of parts
Realistic	Idealistic

Lazarus (1989) further differentiated between unsystematic eclecticism and systematic or technical eclecticism. The former describes an application of techniques without rationale or empirical validation and the latter refers to an application that is guided by a preferred theory but also uses techniques from other orientations without embracing the underlying theories. Multimodal therapy (Lazarus, 1976) has been described as an approach of technical eclecticism (Lazarus, 2005) and solution-focused therapy (De Shazer, 1985) as an integrative approach (James & Gilliland, 2003).

Multimodal therapy

Multimodal therapy (MMT) was developed by Arnold Lazarus and has been described as a systematic and comprehensive approach to psychotherapy (Lazarus, 2005). Lazarus (2005) pointed out the importance of clinical practice adhering to the principles, procedures and findings of psychology as an experimental science. MMT is distinguished by unique assessment procedures and by a focus on sensory, imagery, cognitive and interpersonal factors and their interactive effects. "A basic premise is that patients are usually troubled by a multitude of specific problems that should be dealt with by a broad range of specific methods" (Lazarus, 2005, p. 368). As a consequence, MMT is personalised and individualistic because of its scrutiny of individual exceptions to general rules and principles which influences the identification of appropriate interventions for each individual person. The MMT practitioner is flexible, versatile and technically eclectic, which means that procedures from different sources are used without necessarily subscribing to the related theories or disciplines. "The upshot is a consistent, systematic, and testable set of beliefs and assumptions about human beings

and their problems, and an armamentarium of effective therapeutic strategies for remedying their afflictions" (Lazarus, 2005, p. 369). Questions of how, when, where and why certain behaviours, outlooks, ideas, fantasies and interpersonal patterns have been acquired and the concept of a person's BASIC I.D. play central roles in MMT. Each client of MMT is assessed in the following areas: "B = behaviour, A = affect, S = sensation, I = imagery, C = cognition, I = interpersonal relationships, D = drugs / biology" (Lazarus, 2005, p. 337). Lazarus (2008) pointed out that MMT rests primarily on the theoretical bases of social learning theory (Bandura, 1986), general system theory (Bertalanffy, 1974), and group and communications theory (Watzlawik, Weakland & Fisch, 1974), which all blend harmoniously into a congruent framework. MMT draws heavily from several systems but especially from behaviour therapy, rational emotive behaviour therapy, and cognitive therapy. There is no typical treatment format in MMT because it emphasises the uniqueness of each individual client (Lazarus, 2008).

The main contributions of MMT are that it offers the evidence, flexibility, and responsiveness to meet the multifaceted needs of individual clients in unique contexts (Norcross & Beutler, 2011). This meta-psychotherapy practice does not offer a model for psychopathology or theory of personality but at the same time it does not limit the mechanisms through which psychotherapy works with particular clients (Norcross & Beutler, 2011). One limitation lies in the difficulty of meaningfully integrating psychotherapies and of formulating a true synthesis instead of simply picking various elements in a random and fragmented manner[14] (Corey, 2009).

Solution-focused approaches

Solution-focused counselling is also known as solution-focused brief counselling and is based on the work of Steve De Shazer and Bill O'Hanlon (Gladding, 2009). Gladding (2009) pointed out that this approach does not come with a comprehensive view of human nature but it sees clients as being constructivist in nature, meaning that reality is a reflection of observation and experience, and it focuses on client health and strength. Solution-focused counselling has been described as a model which is "designed to meet the needs of the client in the fewest sessions possible" (Fleming & Rickord, 1997, p. 287). De Shazer and his colleagues found a way of "focused solution development" (Fleming & Rickord, 1997, p. 287) which addresses behaviour not included in the presenting problem. In a sense, this approach begins at the end by identifying solutions

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[14] More detail on MMT can be found in Lazarus (1976, 1986, 1997).

and then works its way backwards to the client's present situation (Milner & O'Byrne, 2004).

The solution-focused counsellor's task is to develop a treatment plan by determining how committed a client is to a process of change and by identifying exceptions to the problem behaviour and notifying them when they occur (Fleming & Rickord, 1997). Appropriate tasks can be developed with this information to intervene in the problem cycle. Clients are viewed either as visitors, complainants, or customers depending on their view of themselves in relation to the problem and their willingness to be active in the problem-solving process (Fleming & Rickord, 1997). The underlying assumption of this model is that clients see counsellors because they have a complaint or a problem and when clients choose to do something which does not involve the problem, problem behaviour is less likely to occur. A major goal of solution-focused counselling is to tap inner resources and to direct the client towards solutions that exist in the exceptions to the problem behaviour (Gladding, 2009). There are three basic rules on which solution-focused counselling is based: a) If it is not broke, do not fix it; b) once you know what works, do more of it; and c) if it is broke do something to fix it and if it does not work do not do it again (James & Gilliland, 2003). In solution-focused counselling the client's present situation and the problems that are standing in the way of healthy functioning are explored in an optimistic style and the emphasis is on helping the client to manage a current situation better in a collaborative relationship (Lines, 2002).

Similarly to narrative therapy, the main contributions of solution-focused therapy are its optimistic orientation, use of open-ended and future questioning, a non-pathologising stance, and a possible integration of key concepts and techniques into other therapeutic orientations (Corey, 2009). Other contributions are its short-term approach and proven positive outcomes (Corey, 2009). Limitations have been described in regards to the difficulty of effectively practising brief therapy which requires therapists to be skilled to make assessments, assist clients in formulating specific goals, to effectively use appropriate interventions, and to establish a working alliance in a limited time frame (Corey, 2009). Without the working alliance, solution-focused therapy could be described as a disembodied set of various techniques[15] (McKeel, 1996).

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[15] More detail on solution-focused therapy can be found in De Shazer (1985); De Shazer et al. (2007); Lipchick (2002); Miller, Hubble & Duncan (1996); and Metcalf (2001).

Summary

Major advantages of eclectic and integrative approaches are their flexibility and responsiveness to client needs (Norcross & Beutler, 2011). Eclectic approaches have been criticised because of the danger of using numerous different techniques that are rooted in different understandings of the nature of psychological issues (Cheston, 2000). The application of techniques in this manner becomes mechanistic and can do more harm than good (Gladding, 2009).

Multicultural counselling

Ethical counselling practice requires practitioners to take each client's cultural background into account (Corey, 2009; Love & Waitoki, 2007). It has been argued that most current theoretical approaches need to be expanded to include a multicultural perspective and that it is important to keep in mind that "with respect to many of the traditional theories, assumptions made about mental health, optimum human development, the nature of psychopathology, and the nature of effective treatment may have little relevance for some clients" (Corey, 2009, p. 42). A general incorporation of an interactive person-in-the-environment focus and consideration of salient cultural and environmental variables has been suggested (Corey, 2009). There is a large amount of literature on multicultural approaches available (e.g. Comas-Diaz, 2011; Gerstein, Leung, Norsworthy & Heppner, 2009; Palmer & Laungani, 1999; Ponterotto, Suzuki, Casas & Alexander, 2010; Thomas, 2000; Thomas & Cobb, 1999). The following section outlines key concepts involved in counselling Māori.

Approaches to counselling Māori

Approaches to counselling Māori are based on the notion of biculturalism in New Zealand which protects the status of Māori people as described in the Treaty of Waitangi. This treaty was signed in 1840 and "promised partnership and shared access to resources, recognised Māori heritage and customs as of value, allowed for white settlement and promised law and order" (Webb, 2000, p. 302). Biculturalism is based on a philosophy of cultural democracy and needs to be lived and experienced rather than simply taught (Goldson & Fletcher, 2004).

One way of approaching Māori clients is to match the counsellor's clinical orientation to the client's world view and psychology of problem resolution rather than integrating various approaches into a single eclectic meta-theory (Duncan & Miller, 2001; Drury

2007). This approach is in line with New Zealand criteria for cultural safety, which propose that the power of definition is given to the client (Wepa, 2004). It places primary emphasis on developing and maintaining a relationship with each client in a collaborative stance, where the counsellor is no longer the expert on how the clients are to live and does not ascribe meaning to their lives or difficulties (Drury, 2007). Drury (2007) outlined the following seven steps of this Māori approach to counselling:

1. The first stage is called Mihi and emphasises the establishment of a personal and social relationship. Parallel to developing the therapeutic alliance, the take[16] is commonly discussed and the manuhiri or client's mana[17] is acknowledged.

2. The second stage is called Karakia which means opening to the divine in the sense of adopting a naïve or not knowing stance in relation to the client.

3. In the third stage of Whakapuaki, or revealing, the collaborative counsellor reveals to clients what their stories have evoked in him. In this and the next two stages, Māori talk about loosing and binding, which is related to a loosening of the destructive and a binding of what is life giving.

4. Whakatangi includes an emotional shift or expression, which has parallels to the cathartic release of suppressed emotions.

5. Whakarata is related to the act of physical contact in order to decrease any weariness of counsellor and client to be able to benefit each other and to increase the confidence of planning the future together.

6. Whakaora[18] relates to conversations about what actions the client's new way of being might lead to in the community.

7. The seventh stage of Whakaotinga involves maintaining the new ways of being for the client.

It is important to keep in mind that a extremely close adherence to any treatment protocol might result in a deterioration of the therapeutic alliance (Wampold, 2001), and as a consequence the counsellor is asked to closely monitor and react to any deterioration of the therapeutic alliance or lack of progress (Drury, 2007).

These seven steps have several commonalities with other approaches to counselling, but the emphasis on Māori approaches to counselling is on Māori culture, perceptions and

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[16] The reason for the meeting (Drury, 2007).
[17] The power of life force that flows through a person as a result of strong connections with land, history and social standing (Drury, 2007).
[18] Restoring wholeness (Drury, 2007)

thinking (Durie & Hermansson, 1990). Māori thinking highlights that knowledge is not obtained by looking for detail, dissecting, uncovering or going deeper and deeper but rather from the relationship that people have with their wider systems, that is, "not through a relationship with their own feelings, their own thinking, or their own intelligence, but the relationship that they have with the sky, the land, their families, and with things that are much bigger than the individual" (Durie & Hermansson, 1990, p. 110). This has some commonalities with a holistic approach to counselling in which a mind-body dualism is avoided by not talking about the mind *or* the body but about mind *and* body. In that sense, Māori do not separate emotions from thought or view emotions as something separate from the whole bodily experience (Durie & Hermansson, 1990). The three dimensions of whānaungatanga,[19] whakamanawa,[20] and mauri are considered to be important for counselling theory with Māori (Durie & Hermansson, 1990). They embrace caring for someone, a real compassion for the person, and touching them within a cultural context (e.g. rubbing another's back when they are in distress). The concept of mauri refers to the essence or the vital ingredient of something and specifically emphasises the spirit. "Mauri implies thinking well of yourself, having high self-esteem, and accepting yourself for what you are, but, mostly, it involves experiencing things in spiritual terms" (Durie & Hermansson, 1990, p. 114). Spirituality has been defined as "having to do with a person's inner most being and its connection with a universal force or divine presence which gives purpose and meaning to people's lives" (Everts & Nelson-Agee, 1995, p. 291).

Durie (2007) emphasised acknowledging professional boundaries and providing space for Māori clients in which a relationship can be established and orientating practice towards marae[21] encounters. Furthermore, the allocation of time in accordance with client needs rather than institutional timetables and emphasising the wholeness of the client in general, particularly in connection to the client's relationships with his or her whakapapa,[22] iwi,[23] hapu[24] and whānau (Durie, 2007).[25] He pointed out that Māori do not always distinguish themselves or each other from the group they represent and have close affinities with. In this way, group members who are not present in a physical way

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[19] The client's relationships to their extended family or whānau (Durie & Hermansson, 1990).
[20] Whakamanawa literally means 'to encourage someone' (Durie & Hermansson, 1990, p. 113).
[21] Traditional Māori meeting ground (Durie, 2007).
[22] Genealogy (Durie, 2007).
[23] Tribe (Durie, 2007).
[24] Sub-tribe (Durie, 2007).
[25] Extended family (Durie, 2007).

but rather in memories and past encounters enter the counsellor-client relationship as much as group members who are present. Doig (1989, p. 17, as cited in O'Conner & Macfarlane, 2002, p. 225) answered the question of who the Māori people are in the following way:

> To ask 'Who are the Māori people?' is to ask about the history and traditions, the language, customs, songs, and rituals of the Māori people. The feeling of identity and commitment to Māori things is a result of all these threads that interrelate to form a way of life – the Māori way of life. Our traditions and myths are not just stories or fantastic events cast in the mists of time. They are meaningful and real in the sense that they validate our existence, order our chaos, and help guide our destiny. (p. 17)

In summary, initial questions in Māori counselling approaches are not related to exploring the presenting problem itself but rather the Māori identity in terms of the whakapapa, iwi, hapu and whānau. Māori identify themselves by naming their home regions mountain(s), river(s), lake(s), and other topographical features as well as their parents and ancestors (O'Conner & Marfarlane, 2002). Furthermore, an emphasis on cultural inputs such as cultural assessment, whānau participation, use of Te Reo Māori (Māori language), Tikanga Māori (Māori practices and protocols), Karakia (prayers and incantations), a trained Māori workforce, traditional healers, rongoa (traditional medicines), and Māori leisure pursuits has been suggested (Durie et al., 1995; Huriwai, Sellman, Sullivan & Potiki, 2000). Durie and Hermansson (1990) highlighted that what the Māori perspective brings is a

> reminder to all that there are some very basic humanistic principles that western thinking has gradually devalued. Spirituality and human values have taken second place behind scientific thinking. Māori thinking isn't so different from many other cultures, but it hasn't yet given way to the overwhelming importance of the scientific approach. It holds that science is of value, but it is just a small part of life with the human experience being much greater. (p. 117).

Conclusion

All these counselling approaches are taught to a greater or lesser extent in school counselling education programmes in New Zealand. As a consequence of this, currently practising school counsellors are likely to use one or more of these approaches or a mixture of the key concepts in their practice. Secondary school counselling practices are described in the following section before the focus is shifted to New Zealand-specific aspects.

School counselling

While the family forms an important developmental context which may influence an individual's vulnerability to disorder, it is clear that school influences are also important to consider (Fergusson et al., 1997). The school climate may contribute to risks of disorders independently of social, community or familial influences. "Like home, schools are considered a primary and essential context for supporting, nurturing and facilitating educational, moral and social development in young people" (Bor et al., 2002, p. 1). School counsellors are in the unique situation of being able to contact and support young people who struggle with educational or personal issues in today's society. Schools are "the one place in our society where virtually everyone can be reached by helping professionals" (Brammer et al., 1993, p. 315), which is particularly important because many mental illnesses have been found to onset around the age of 16 (McGee et al., 1996). School counsellors represent, in many cases, the first contact point with the support system for many troubled adolescents: "school counsellors interact with a large number of children and adolescents on a daily basis; they are uniquely able to identify students who manifest particularly worrisome behaviours possibly consistent with significant mental health issues" (Geroski, Rodgers & Breen, 1997, p. 231). School counsellors are able to provide direct intervention or support services for some of these students and are in the position to refer students showing more significant symptoms or impairments of function. Generally, secondary school counselling entails student assessment, direct intervention, consultation and referral (Geroski et al., 1997). School counsellors are "the frontline mental health specialists in the schools, who thus must deal with the wide variety of societal issues confronting today's youth and their families who present the gamut from normal developmental issues to serious dysfunctional problems" (Borders, 2002, p. 181).

The activities of secondary school counsellors can be divided into prevention, remediation, intervention, cooperation and facilitation (Gladding, 2009). Primary prevention could support students to become more self-reliant, less dominated by peers, less egocentric, more attuned to helpful principles in decision-making, and more empathetic. Furthermore, the relationship between the teacher and counsellor and the student and counsellor can be enhanced by this process. Remediation and intervention programmes are offered to secondary school students with specific issues that are not amenable to prevention techniques (Gladding, 2009).

Interventions are particularly important, because some common childhood mental disorders clearly manifest themselves in secondary school students (Geroski et al., 1997). As a consequence,

> the identification, assessment, referral and in some cases treatment of these disorders found in the Diagnostic and Statistical Manual of Mental Disorders fourth edition (DSM-IV-TR) are among the most valuable services a secondary school counsellor, or any school counsellor, can render. (Gladding, 2009, pp. 421–422)

Cooperation and facilitation involves counsellors in communities and school activities outside direct counselling services (Gladding, 2009). Due to a deepened involvement with teachers, administrators and sponsors of extracurricular activities, school counsellors are enabled to integrate their views into the total life of schools in this role. In addition, collecting information about complex situations, service coordination, planning and implementing continuous communication among service providers, and cooperating with others in the school and community in individualised education programmes are major tasks of school counsellors (Gladding, 2009).

These activities put secondary school counsellors in a position where they are faced with wide-ranging and combined problems, needs and conflicts on a day-to-day basis, for example in the following common problem areas:

> Bullying, friendship fractures, relationship with parents, discipline/disruption problems in lessons, identity crises, attendance problems, relationship with staff, difficulty in coping with expectations of parents/teachers, peers, victims of aggressive behaviour, social isolation, under functioning, school refusal, family breakdown, low self-esteem, social deprivation, sexual problems overdoses, suicidal feelings, being in the wrong group for a subject, helping in making decisions, self image, learning difficulties, depression, future unemployment worries, anxiety, coping with work, dealing with their own aggression, study skills, examination anxiety, feelings of alienation with their school programs, difficulty in adapting to a new school, boredom, sense of rejection, sexual abuse. (James, 1983, p. 3 cited in Hughes, 1997, p. 181)

Cases are becoming increasingly complex for secondary school counsellors, as is their work in general (McMahon & Patton, 2000). Adolescents are liberating themselves, which is associated with relating to parents with independence, relating to peers with intimacy, and relating to themselves with a changed understanding. Although most adolescents cope with this period of their lives, some experience great difficulty and "secondary school counsellors must deal with this thorny population and the problems unique to it" (Gladding, 2009, p. 417).

School counselling in New Zealand

"Each school day, in most New Zealand secondary schools, guidance counsellors help and support adolescents who are experiencing a range of difficulties that impact upon their emotional and mental well being" (Crowe, 2006, p. 16). Counselling arrived in New Zealand from Britain and the USA in the 1960s, with a two-fold focus. On one hand it focused on guidance counselling in schools in order to enhance educational and career choices and address concerns with misbehaving adolescents, and on the other hand it had a Christian focus on adults' personal distress through mainly voluntary work (Webb, 2000). The first comprehensive guidance and counselling training programme in a tertiary institution started in 1973 in New Zealand and expanded over the 1960s and 1970s (Webster & Hermansson, 1983). In 1983 four universities offered guidance and counselling qualifications and 22 institutions were accredited by the New Zealand Association of Counsellors in 2010 (New Zealand Association of Counsellors, 2010). The New Zealand Counselling and Guidance Association was formed in 1974 and was changed into the New Zealand Association of Counsellors in 1990 because of the rising numbers of counsellors in settings other than schools (Webb, 2000).

"Counselling is now recognised at all levels in education as a legitimate and relevant activity" (Hughes, 1997, p. 189) but in New Zealand "guidance counsellors stand alone in their schools; there is no educational authority that sets standards for or oversees the work they do … each secondary school decides on its own how it will manage the provision of guidance and counselling" (Crowe, 2006, p. 16). Crowe (2006) pointed out that while the school counsellor's role was well defined until the end of the 1980s, a move to self-managing schools removed the centralised role and a removal of the tagging of guidance counsellor position resulted in a reduction of counselling time in schools. Today, "school counsellors are schools are no longer legally required to employ guidance counsellors, although most do" (Crowe, 2006, p. 17). She pointed out that school counsellors in New Zealand are registered as teachers and that there is no recognition of the counselling work that these practitioners undertake.

> There is a need for the constant education of the whole school community and beyond about the role of the school guidance counsellor, the counselling process, its validity in an educational setting and its value and significance in assisting today's adolescents with the many challenges and issues they may face. (Crowe, 2006, p. 19)

There seem to be increasing demands on the profession. Manthei (1999) stressed that the need for counselling appears to have increased and that counsellors need to work

longer hours to meet these demands. Although the time spent on actual counselling seems to have remained about the same during the last five years, there have been increases in the amount of non-guidance administration and crisis work done in schools (Manthei, 1999). Crowe emphasised that "workload issues are an ongoing concern for guidance counsellors" (p. 20) in New Zealand. Furthermore, a push for accountability has added to New Zealand counsellors' difficulties (Hermansson & Webb, 1993).

In 2010 school counsellors were employed in New Zealand in order to assist schools to fulfil the following legislative and policy requirements:

- Section 77 of the Education Act requires that the principal of a State school "shall take all reasonable steps to ensure that—
  - o students get good guidance and counselling; and
  - o a student's parents are told of matters that, in the principal's opinion,
    - (i) are preventing or slowing the student's progress through the school; or
    - (ii) are harming the student's relationships with teachers or other students."
- National Education Goal 2: "Equality of educational opportunity for all New Zealanders, by identifying and removing barriers to achievement".
- National Administration Guideline 1(c): "On the basis of good quality assessment information, identify students and groups of students (a) who are not achieving, (b) who are at-risk of not achieving, (c) who have special needs, and (d) aspects of the curriculum which require particular attention".
- National Administration Guideline 5(a): "Each Board of Trustees is also required to … provide a safe physical and emotional environment for students".
- Key Competencies in the New Zealand Curriculum 2007, especially "managing self" and "relating to others".
- Their responsibilities under the New Zealand Suicide Prevention Strategy 2006-2016.
  (NZ Post Primary Teachers Association & NZ Association of Counsellors, 2010, p. 2)

Manthei (1999) summarised the outcome of a survey on the percentage of their time school counsellors in New Zealand spent on their various activities in 1997:

- counselling of students: 41.5 percent

- teaching: 11.4 percent

- administration: guidance related: 7.6 percent

- administration: non-guidance related: 6.1 percent

- guidance programmes and classroom work: 6.2 percent

- counselling parents: 5.9 percent

- crisis management: 5.8 percent

- liaising with outside agencies: 5.3 percent

- advocacy and mediation: 5.1 percent

- counselling teachers: 4.5 percent

- small group guidance activities: 4.3 percent

- testing: 1.3 percent

Manthei (1999) found that 85 percent of participants of a school counsellors' survey in 1997 indicated that their work has become more difficult and, for 45 percent, less satisfying. Counsellors whose level of satisfaction had declined tended to blame the diminished support and resources available to them, either from outside the school or from within it. An increase in satisfaction was connected to specialist training or increased experience in the job. Additionally, currently practicing school counsellors need to face increasingly complex student issues which is described in the following section.

Complex student issues

Recent overseas research shows that the problems that are brought into the counsellors' offices by adolescents are getting more complicated. Contemporary secondary school counsellors deal with issues which are potentially serious life problems (Gibson & Mitchell, 2003). Competitiveness, bullying, social exclusion, racism, family crises, sibling rivalry, scholastic underachievement, abuse, homophobia, peer pressure and substance misuse are just some of the problems brought by young people to the average school counsellor's office (Bor, Ebner-Landy, Gill & Brace, 2002). Student issues presented in New Zealand secondary school counselling settings are related to:

> family and educational problems, peer conflict, disruptive behaviours,
> bullying, sexual health, depression, drug and alcohol abuse, truancy,
> teacher conflict, body image problems, physical and sexual abuse, suicide
> attempts, eating disorders, sexual acting out, sexual identity, psychiatric
> problems, suicide, legal problems, relationship issues, anger, financial

problems, parental pressure death of student or staff member, and issues with multiple problems. (Manthei, 1999, p. 39)

This lengthy list indicates the varied and demanding nature of school counsellors' case loads (Manthei, 1999).

The school counsellor's role

Helping professionals who are located inside schools play an important role in the identification and prevention of the above mentioned and other issues in adolescence. From this point of view, schools play an important role in identifying, managing and preventing mental health problems in young people. The NZ Post Primary Teachers Association and the New Zealand Association of Counsellors (NZAC) (2010) have outlined the following school counsellors' roles:

- Helping clients to explore their difficulties and concerns, and to develop their capabilities and resilience
- Fostering conditions in which a client can grow and develop as a person
- Offering leadership and sharing expertise in promoting positive relationships
- Promoting awareness of and respect for difference
- Advocating for those who are disempowered. (p. 2)

School counsellors can be fruitfully employed in schools to deal with the tremendous range of problems that students present (Bor et al., 2002). "Ecological assessments of youngsters help to identify unique and specific problems that may require attention by the school (rather than one that views them as deficient and inseparably different) and counsellors have a role to play in these assessments" (Bor et al., 2002, p. 2).

Manthei (1999) emphasised a lack of research on the work of school counsellors in New Zealand. He summarised that practitioners had to deal with a wider range of student issues, often under less than optimal conditions, had fewer resources, difficulties in cooperation with outside agencies, and less satisfaction with their jobs. Thus, demands for accountability and evidence of effectiveness put additional pressure on secondary school counsellors. Manthei (1999) concluded that school administrators and the NZAC must be alert to the possibility that school counsellors may suffer from excessive stress or burnout, and "encourage the implementation of procedures to avert this happening on a large scale" (p. 37). Similarly, Crowe (2006) highlighted secondary school counselling services in New Zealand as "overstretched and under pressure" (p. 24).

There is further research in relation to a variety of approaches to specific issues in New Zealand counselling and guidance (Small & Ambrose, 1990), careers advising (Elkin & Sutton, 1999), general guidance (Department of Education, 1971), guidance programmes and skills (Hermansson, 1981), professionalisation (Besley, 2002), pastoral needs (Everts, 2004), restorative practices (Drewery & Winslade, 2005) and supervision (Payne & Lang, 2009). However, New Zealand secondary school counsellors do not take an active part in conducting research on their own practice (Manthei, 2004; Evans, 2008). One effect of this situation is "the relatively small number of articles reporting actual research data" (Manthei, 2004, p. 71). This general paucity of real-life research on secondary school counselling practices in general and the specific lack of data on assessment practices seem surprising in relation to the school counsellors' task of effectively identifying students in danger of harm. One aim of this research project is to address this dearth of research data on secondary school counselling practice in general and on assessment views, practices, and experiences in particular.

Summary

Counselling seems to be a highly complex process which a variety of theories have aimed to put into coherent frameworks. The psychodynamic, cognitive behavioural, humanistic, eclectic/integrative, and multicultural schools and approaches have been outlined in this chapter. These schools are based on different views of the nature of psychological issues. The various approaches of each school emphasise different key concepts in explaining and intervening in psychological issues. Secondary school counsellors use one or more of these approaches in their daily practice to support young people who are struggling with a variety of issues. Which approach or key concept is most appropriate for each individual client is largely dependent on the outcome of assessment in counselling, which is described in the following chapter.

CHAPTER 4 ASSESSMENT

This chapter defines and differentiates the central terms in the broad area of assessment. The variety of general approaches to assessment is outlined before main functions in relation to the counselling process as a whole are summarized. Assessment practices in school counselling settings are delineated at the end of the chapter.

Definition of assessment

Assessment is considered a fundamental part of counselling (Sampson, Vacc & Loesch, 1998) and refers to the "procedures and processes employed in collecting information about or evidence of human behaviour" (Shertzer & Linden, 1979, p. 13). Assessment activities are usually conducted in the first counselling session(s) and can be described as information gathering activities with varying degrees of formality which aim to answer the question of what's going on for the client (Bayne et al., 2008). Hood and Johnson (2002) defined assessment as a systematic method of obtaining information from tests and other sources in order to draw inferences. Assessment has also been defined as "to sit by" (Ruddell, 2004, p. 7) and as "the procedures and processes of collecting information and measures of human behaviour outside of test data" (Gladding, 2009, p. 340). From this point of view, the term assessment emphasises "the humanness of counselling" (p. 340) and included in this humanness is a holistic picture of the person. For this project, the term 'holistic information gathering' reflects the different ways the counsellor collects important data about the client's current situation in order to understand its possible causes and potential treatment and 'assessment' includes holistic information gathering but also contains informed judgements about appropriate support.

In general, it is essential for practitioners to understand assessment procedures because "virtually all counsellors are involved in testing, assessment and diagnosis" (Gladding, 2009, p. 322). However, assessment activities vary depending on the individual counsellor's background, education, values and the settings in which they take place. Ruddell (2004) stressed that particular models of counselling are related to certain assumptions about the nature of the human condition and

> these assumptions will fundamentally colour the counsellor's beliefs about the nature of the problems for which people seek help, the type of intervention which should be offered and the significance and meaning of the relationship between you and the person you hope to assist. (p. 14)

Depending on theoretical allegiance, the practitioner may conduct a full formal assessment, eschew assessment altogether or devise an approach that is midway between the two. It is widely recognised that the three 'core' approaches to counselling – psychodynamic, cognitive-behavioural and humanistic – represent fundamentally different ways of viewing human beings and their emotional and behavioural problems (McLeod, 2003). The theoretical orientation of the practitioner will influence the type of assessment and the kind of information sought (McMahon, 2006). In other words, "each theory focuses the assessment in a particular direction, depending on the theoretical understanding of how problems occur, where they are located and what forces sustain them" (Milner & O'Byrne, 2004, pp. 172–173). An important aim of assessment is to evaluate an individual in a problem situation so that the data derived from the information gathering can somehow help with the problem (Groth-Marnat, 2003).

Gladding (2000) differentiates between diagnosis and assessment; he described diagnosis as the meaning or interpretation that is derived from assessment information and which could be translated in the form of some type of classification system like the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) (American Psychiatric Association, 2000). "Diagnosis involves matching signs and symptoms of your client with a known cluster of symptoms" (Ruddell, 2004, p. 7).

The term psychological assessment moves information gathering and decision-making processes into the professional area of psychology in which testing and diagnosis play an important role. Psychological assessment can be differentiated from diagnosis as "the process of collecting information for the use in the diagnostic process" (Hohenshil, 1996, p. 65). This information gathering process is usually used for a specific purpose in that "psychological assessment places data in a wider perspective, with its focus being problem solving and decision-making" (Groth-Marnat, 2003, p. 3).

The content of assessment might be related to the presenting issue, including its affective, somatic, behavioural and cognitive elements, antecedents, consequences, previous attempts to solve or cope, resources and strengths, and frequency, duration and severity of the presenting issues (Bayne et al., 2008). Milner and O'Byrne (2004) outlined areas of possible interest in the process of data collection:

- Name address, telephone, date of birth, work, family/household.
- Doctor's name and telephone number.

- Clients reason for coming – the problem – or why referred. Their main concerns.
- Their understanding of the problem; what it means to them.
- Who or what is responsible for it?
- How long has it been a problem?
- Previous interventions, approaches taken and their outcome.
- Why now?
- Do they want to be here? Are they interested in counselling?
- Is there something they want to change?
- Hope of counselling. Goals.
- Health, physical and mental. Use of medication.
- Eating.
- Substance abuse.
- Where there is an element of risk, what is it? Will the client give permission to liaise with others? What are the signs of safety in the situation?
- Relationships.
- Emotional state.
- Behavioural problems.
- Supports.
- Strength – what is the person good at? Successes. Times when things were better.
- Are they prepared to work hard at trying to make changes?
- What do they need to know about the counselling available? Do they have some idea what it will be like?
- Are they interested in the counselling that is available; do they wish to contract for a number of sessions?
- Can they afford it, if it is private?
- Will they be able to attend regularly? (pp. 58–59)

Beutler, Malik, Talebi, Fleming and Moleiro (2004b) stated that the following dimensions appear to be promising to explore with clients in order to plan individual treatments: functional impairment, subjective distress, readiness for (or stage) of change, problem complexity, resistance potential or inclination, social support, coping style and attachment style. A number of standardised assessment tools are available for each of these dimensions and "various combination of dimensions allow discrimination among treatment variables and may point to directions in which the development and applications of treatments may evolve in clinical practice" (Beutler et al., p. 137). It is important to keep in mind that in order to make sense of this information, "the data required by various counsellors will vary with their theoretical map/s and personal philosophy of people and of counselling" (Milner & O'Byrne, 2004, p. 60). The information obtained during the assessment process should help to answer this well-thought-out question: "What treatment, by whom, is most effective for this individual with that specific problem and under which set of circumstances" (Paul, 1967, p. 111).

Assessment approaches

Shertzer and Linden (1979) differentiate between the psychometric approach and the impressionistic approach to appraisal. The former obtains a numeric estimate of a single aspect of performance with the help of standardised tests and procedures whereas the latter seeks to develop a comprehensive picture of the client by examining any cue by any available means. Both approaches have merit as well as shortcomings in that the psychometric approach is "definite and structured, while the impressionistic relies on observation, descriptive data, and self report" (Shertzer & Linden, 1979, p. 5). The use of standardised psychological tests is common in psychological assessment but not so common in school counselling settings.[26]

Meier (2003) differentiated between nomothetic methods of assessment which emphasise aspects that are present across a large number of people and idiographic approaches which focuses on unique aspects of individuals and their specific life circumstances. The nomothetic approach has been used to develop universal laws of behaviour and in clinical trials to investigate the usefulness of different schools of counselling and psychotherapy in relation to specific issues. Meier (2003) proposed that clinicians begin psychotherapy with the knowledge of nomothetic theories, research findings, and test results which then can be tailored for the use with each individual client. Traditional academic approaches to studying, learning and teaching counselling and psychotherapy emphasise a nomothetic perspective of how these theories apply to all clients but "on the other hand, clinicians typically want to help a particular individual who possesses some relatively unique aspects" (Meier, 2003, p. 7). He highlighted that idiographic approaches enable practitioners to understand their clients from an individually unique contextual and situational view point and from a meaning-making perspective. Each client lives in different life situations and creates meanings in his or her life in different ways which become part of idiographic assessment procedures and "even with an intervention known to be effective, on average, with a specific problem – an empirically validated or supported treatment – individual clients will vary substantially in their response to that treatment, particularly over time" (Meier, 2003, p. 7).

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[26] There are large numbers of standardised tests in areas of intelligence, general ability, achievement, academic deficits and status, aptitudes, interests and vocational maturity, and personality and self-concept which will not be described here but can be read elsewhere (Groth-Marnat, 2003; Hood & Johnson, 2002, 2007; Maruish, 2004; Shertzer & Linden,1979; Watkins & Campbell, 2000; Whiston, 2009).

When empirically supported treatments are employed, "the clinician must still judge how the approach should be adapted to the particular client" (Meier, 2003, p. 8). Meier (2003) highlighted that "idiographic clinical assessment can potentially provide a level of precision beyond that provided by nomothetic measures; thus idiographic assessments are likely to make better predictions of an individual's behaviour than are nomothetic tests" (pp. 8–9). Additionally, Bitsika (2005) pointed out that a nomothetic approach denies the important role of the individual's evaluations of the environment and the consequences of specific behaviour and, consequently, any approach that is purely based on nomothetic measures is "mechanistic … inappropriate and ultimately ineffective" (p. 215). One difficulty of gathering information and conceptualising client problems is that counsellors and psychotherapists must balance allegiance to training-orientated theoretical loyalties against a wide range of idiosyncratic and unique factors for each client (Feltham, 2006b).

A further differentiation may be made in regards to the assessment paradigm (Finn & Tonsager, 1997). A therapeutic assessment model has been developed in contrast to the information gathering model (Finn, 1996a, 1996b, 1998; Finn & Tonsager, 1997, 2003; Finn & Martin, 1997; Tharinger, Finn, Wilkinson & McDonald Schaber, 2007). The traditional paradigm of psychological assessment is related to an information gathering model, which has been referred to as the psychometric, clinical, or diagnostic psychological testing tradition. In the information gathering model, assessment is primarily seen as a variety of ways to collect information that will guide subsequent treatment decisions. The therapeutic model of assessment, on the other hand, treats assessment as part of the intervention with transformative goals. The therapeutic assessment is a semi-structured form of collaborative and individualised assessment (Tharinger et al., 2007). It can be used with all types of assessment – cognitive, learning, neuropsychological, and personality related – and integrates the findings within the history and current life context of the clients. An integration of idiographic and nomothetic methods is used in data interpretation and inferential decision-making. The principles are rooted in intersubjective, phenomenological and interpersonal theories of human behaviour (Finn, 2002; Tharinger et al., 2007). The following table

presents the major differences between the two models[27] (adapted from Finn &

Tonsager, 1997, p. 379).

Table 3 Information gathering and therapeutic models of assessment

Aspect	Information gathering model	Therapeutic model
Goals of assessment	Describe clients accurately in terms of existing dimensions and categories. Help make decisions about clients. Facilitate communication between professionals.	Clients learn a new way of thinking and feeling about self and others. Help clients explore these new understandings and apply them to their problems in living.
Assessment process	Data collection. Deductive, unilateral interpretation of test data. Recommendations.	Develop empathetic connections with clients. Work collaboratively with clients to define individualised assessment goals. Share and explore information with clients throughout the entire assessment.
View of tests	Standardised samples of client's behaviour that permit nomothetic comparisons and predictions of clients' behaviour outside of the assessment setting.	Opportunities for dialogue with clients about characteristic ways of responding to usual problem situations. Tools for empathy that allow assessors access to clients' subjective experience.
Focus of attention	Test scores The decision(s) to be made after the assessment is done.	Process occurring between clients and assessors. Clients' subjective experience. Assessors' subjective experience.
Role of assessor	Objective observer. Semiskilled technician who is 'better with numbers than people'.	Participant-observer. Highly skilled professional who is knowledgeable about tests, personality and psychopathology, and highly interpersonally skilled.
Assessment failure	Biased or otherwise inaccurate information is collected. Wrong decision is made after the assessment.	Clients do not feel respected, understood and listened to by assessor. Clients do not acquire new understandings or are not changed by the assessment. Clients feel abused and less capable after assessment.

The following section outlines the main functions of assessment in relation to the

counselling process.

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[27] In assessment practice, however, the differences might not be as clearly defined as presented in this table because of the differences in the theoretical ideal and practical reality. One aim of this research is to investigate the practical reality.

Main functions of assessment

The purposes of assessment may vary according to whether it is an intake assessment to screen whether a client fulfils certain agency criteria or a first session assessment which may lead to a written case conceptualisation by the practitioner who might decide to work with a client (Milner & O'Byrne, 2004). The intake assessment is typically used by busy agencies to manage waiting lists by referring unsuitable clients to more appropriate institutions and by distinguishing how many sessions a client might need with what sort of practitioner in the agency.

> First session interviews with the counsellor who is to take the case, however, are the beginning of therapy, listening to the client's story, gaining understanding of the situation, thinking about goals, what the client is motivated towards, what to do next, and concluding with a written assessment. (Milner & O'Byrne, 2004, p. 43)

One major goal of assessment is a comprehensive evaluation of individuals (Gladding, 2009). The information gained from assessment can assist counsellors in making effective clinical decisions and in determining effective treatments for each client, which is the most common way of utilising assessment data (Whiston, 2009). This process involves "collecting data, analysis and the development of a formulation that draws on a theoretical foundation to produce a statement about the nature, perhaps cause, and gravity of the problem, its treatability, how best it can be treated and by whom" (Milner & O'Byrne, 2004, p. 42). The objectives of assessment are concerned with helping client and counsellor to understand the nature of the client's issues, identifying associated factors, determining client's expectations, assessing the client's strengths, abilities, resources and successes, collecting baseline data, facilitating the client's learning and motivation, and to produce case formulation which provides a basis for a possible referral and for developing counselling plan (Bayne et al., 2008). In general, a "panoramic vision of all the things that brought the client to therapy" (James & Gilliland, 2003, p. 244) is required. It is important that the practitioner skilfully assesses the client's problem because incomplete or inaccurate assessment processes can affect the entire counselling process negatively, whereas an efficient assessment can lead to an intervention being initiated sooner (Whiston, 2009).

Milner and O'Byrne (2004) outlined the following six main objectives of assessment, which are independent of the theoretical orientation of the practitioner:

1. to help the practitioner and client to understand the nature of the presenting problem and related issues;

2. to identify factors that might be associated with the problem and / or the client's experience or behaviour;

3. to determine the client's expectations and desired outcomes;

4. to collect baseline information to evaluate effectiveness;

5. to facilitate the client's learning and motivation by sharing the practitioners understanding of the problem;

6. to produce an initial case conception in order to make an informed decision about offering counselling or referrals and about the design of a counselling plan.

Milner and O'Byrne (2004) stated that "the treatment and assessment should fit with each other; for example we see little point in a psychoanalytic assessment followed by a behavioural intervention" (p. 44). Nevertheless, they discussed the possible narrowness of this theoretical fit because of the numerous different theoretical explanations for problems and suggested a "holistic assessment" (p. 45) such as Lazarus' BASIC I.D. (Lazarus, 2008).

Whiston (2009) stated that in general, formal and informal assessment in counselling is often used in relation to treatment planning, monitoring client change, and evaluating the effectiveness of counselling. Consistent outcome assessment can provide counsellors with information about their own effectiveness and information to administrators, appropriate boards, and other relevant institutions (Whiston, 2009). There are increasing demands from legislators, administrators, foundations, managed-care providers, clients and parents for tangible documentation showing that the provided counselling practice is both helpful and cost effective. The evaluation of counselling services is not limited to a one-time event at the end of the provided treatment. Whiston (2009) argued that counsellors have the responsibility to monitor their clients' progress during treatment and to determine if clients are progressing towards the agreed counselling goals in order to assess outcome. The client's active participation in this ongoing form of assessment forms an integral part of the process (Sutton, 1997).

Assessment in school counselling settings

School counsellors are in a "unique position of interacting on a daily basis with a wide range of children and adolescents who fall somewhere across a continuum of emotional and psychological well being" (Geroski et al., 1997, p. 238). Most secondary school students are able to achieve adaptive emotional and behavioural responses to developmental and environmental challenges but "the school counsellor plays an important role in the identification, assessment, referral, and treatment of those students whose behaviours suggest difficulties in meeting these challenges" (Geroski et al., 1997, p. 238). The complexity of the issues currently being presented requires practitioners to be able to recognise a wide variety of disorders and conditions among their students and be able to work effectively with those problems (Manthei, 1999). To be able to develop a holistic picture of the student's situation and design a "tailored treatment" (Sperry & Carlson, 1996, p. 12) for every student, it is important to be skilled and competent in information gathering and decision-making.

The identification of psychological issues at an early stage through sufficient information gathering and assessment activities represents an essential part in the helping process. An early identification and intervention of psychological problems may prevent major and more permanent behaviour problems in adolescents (Bor et al., 2002). Significant emotional or behavioural problems experienced during adolescence increase the likelihood that some of the typical transitions of that age (for example, from school to work, to further education, from living with parents to developing stronger relationships outside the home and to becoming parents) will have problematic outcomes which, in turn, enhance the rate of disorders in early adulthood (McGee at al., 1996). Hence, it is important that "at adolescence, improved methods of identifying those with significant disorder, combined with appropriate referral and treatment will provide another means of interrupting the persistence of disorder into adulthood" (McGee et al., 1996, p. 161).

It is important to acknowledge that school counsellors should be competent to refer certain cases on to other services for specialist help (Manthei, 1999). These decision-making processes are essential in effectively cooperating with Special Education Service (SES), Children and Young Persons Service (CYPS), Child and Adolescent Mental Health Services (CAMHS), medical practitioners, public health nurses, and

other agencies in New Zealand (Manthei, 1999). As soon as school counsellors decide to refer students to an outside agency it can be very useful to provide the specialist service with the information gathering and assessment outcome to improve the quality of communication and simplify cooperation between institutions.

School counsellors are under increasing pressure to demonstrate that what they are doing is successful, effective, vital and essential to the growth of school-aged youth (Studer et al., 2006). This is particularly important "in environments where high-stakes testing influences much of what occurs, teachers and administrators are justifiably reluctant to release students for activities that have not been empirically tested for effectiveness" (Eschenauer & Chen-Hayes, 2005, p. 245). Intuition, authority and tenacity served as the bases of judgements regarding the choice of treatment and evaluation of its results in the past. However, such an approach "would not meet today's accountability standards" (Eschenauer & Chen-Hayes, 2005, p. 246). School counsellors need a foundation of accurate data to be able to assist students to make effective decisions. As a prerequisite, "school counsellors need to be skilled at both information gathering and information dissemination" (Blacher et al., 2005, p. 337). However, there is a paucity of research on assessment practices in secondary school counselling settings (Studer et al., 2006).

The development towards professionalism and accountability in New Zealand school counselling settings is reflected in the current discussion of the New Zealand Association of Counsellors (NZAC) about possible registration of counsellors under the Health Practitioners Competence Assurance Act (HPCA). Manthei, Stanley and Gibson (2004) describe the purpose of this act as protecting the public by ensuring that practitioners are competent and fit to practise. The goals of this registration are to increase the professionalism and accountability of counselling practice by prescribing minimum requirements for registration.

> Now, more than ever, they [school counsellors] need to use accountability
> evaluation data to support and explain their role, in order to justify their
> continued existence in secondary schools. As a means of enabling schools
> to fulfil the national requirements set by the Ministry of Education, I
> believe that school counselling can clearly demonstrate that it has an
> important part to play in meeting the emotional and social needs of
> adolescents, a part that requires specialist training, skills, understanding
> and expertise. (Besley, 2001, p. 295)

Assessment practice

Assessment practice usually involves a combination of procedures. The relevant information can be obtained "through formal or informal techniques including standardized tests, diagnostic interviews, projective personality measures, questionnaires, mental status examination, checklists, behavioural observations, and reports by significant others (medical, educational, social, legal, etc)" (Hohenshil, 1996, p. 65). Ekstrom, Elmore, Schafer, Trotter and Webster (2004) conducted a survey on assessment and evaluation activities of school counsellors in the USA. Around 600 questionnaires were sent to members of the American School Counsellor Association (ASCA). Of these, 179 usable questionnaires indicated that 29 percent of school counsellors were responsible for selecting tests, 63 percent for administering tests, and 71 percent for interpreting tests. Parallel to test use, participants frequently performed the following assessment activities:

- Referring students to other professionals, when appropriate, for additional assessment/appraisal – 98 percent
- Interpreting scores from tests/assessments and using the information in counselling – 91 percent
- Reading about and being aware of ethical issues in assessment – 86 percent
- Reading about and being aware of current issues involving multicultural assessment, the assessment of students with disabilities and other special needs, and the assessment of language minorities – 84 percent
- Synthesising and integrating test and non-test data to make decisions about individuals – 84 percent
- Reading a variety of professional literature on topics such as use of testing and assessment in school counselling, school counselling research, and career counselling research – 84 percent
- Communicating and interpreting test/assessment information to parents – 81 percent
- Communicating and interpreting tests/assessment information to teachers, school administrators, and other professionals – 80 percent
- Helping teachers use assessments and assessment information – 80 percent.
  (Ekstom et al., 2004, p. 26)

The study by Ekstrom et al. (2004) provided the rationale for development of the Competencies in Assessment and Evaluation for School Counsellors, a joint project of the American School Counsellor Association and the Association for Assessment in Counselling. As a consequence, the specific needs of additional training of school counsellors, insufficient use of their training and expertise, and requests for professional development opportunities in assessment were identified.

Blacher et al. (2005) conducted a survey on school counsellors' student information gathering practices and their perceptions about the adequacy of their training in California, USA. They identified the following techniques:

- observation of students (4 times a week, training good);
- structured student interviews (4 times a week, training good);
- teacher/counsellor-completed rating scales (2 times a week, training adequate);
- standardised achievement tests (one time a week, training adequate);
- student-completed rating scales (one time a week, training adequate); and
- career inventories (one time a week, training good).

It is important to keep in mind, however, that these studies have been conducted in the USA and do not necessarily reflect test use and information gathering practices of New Zealand counsellors. Due to the paucity of studies, the researcher was unable to identify and report any relevant New Zealand literature in this area. This research study aims to provide data for this research gap in New Zealand.

Interviews

There are many different data gathering procedures available which can be utilised in assessment. One way of conducting assessment is through the use of biographical and behavioural measures such as clinical interviews (Gladding, 2009). These structured, semi-structured, or unstructured interviews are the typical way of collecting initial data regarding a client (Groth-Marnat, 2003). A structured clinical interview "consists of a list of relevant behaviours, symptoms, and events to be addressed during an interview, guidelines for conducting the interview, and procedures for recording and analysing the data" (Vacc & Juhnke, 1997, p. 471). The questions are asked in an ordered sequence and the outcome usually fulfils a diagnostic or descriptive purpose. Interviews are not only valuable for developing initial hypotheses but "often an interview is the only means of obtaining observations of behaviour and unique aspects of history" (Groth-Marnat, 2003, p. 29).

Groth-Marnat (2003) argued that while individuals are multifaceted, their unique situations, contexts, and the decisions facing them are even more multifaceted. As a consequence, he suggested that higher rates of accuracy can be achieved when judgements based on interview data are combined with formal techniques and tools of

information gathering and when statistical interpretive rules are used (Groth-Marnat, 2003).

Standardised tests

Standardised and structured assessment procedures are important data collection tools for school counsellors (Blacher et al., 2005). The choice of tools depends on the theoretical orientations of practitioners, their training and experience, the nature of the client's difficulties, and factors related to the agency or service delivery setting (Brammer et al., 1993). The usefulness of information gathering tools is that they might confirm something objectively which the client already knows, and in that way increase their self-efficacy and empower them (Campbell, 2000). Additionally, information from those tools might contribute to clients' learning by fostering self-understanding, self-development and self-actualisation. Information about personal characteristics can increase self-awareness and self-exploration and thereby make self-appraisals more accurate (Campbell, 2000). This increased accuracy enhances problem-solving and decision-making abilities. The feedback of outcomes can reflect and clarify issues for clients. In that way, clients may be able to confront aspects of themselves they have been unaware of or are difficult to acknowledge. The kind of information that tools gather can encourage learning and insight by providing new perspectives (Campbell, 2000). These tools incorporate information from the client into a framework provided by the tool. The presentation of this framework or cognitive map of an issue can provide a schematic perspective on life situations. The outcome of information gathering may encourage action in counselling, by increasing self-confidence, by developing a focus on goals, or providing new perspectives or ideas (Campbell, 2000).

Turner, DeMers, Fox and Reed (2001) identified classification, description, prediction, intervention, planning and tracking as the main purposes of psychological tests. The purpose of classification is to analyse or describe test results or conclusions in relation to a specific taxonomic system such as the DSM IV and other relevant variables in order to arrive at a classification or diagnosis. Description is related to analysing or interpreting test results in order to understand the strength and weaknesses of an individual client or groups. This kind or information is integrated in theoretical models and empirical data to improve the accuracy of inferences. Prediction of test results with regard to outcome data is focused on future behaviour of individual clients or groups. In intervention planning, test results are used to determine the appropriateness of different

interventions and their relative efficacy with the target population. Tracking is related to using test results in order to monitor psychological characteristics over time (Turner et al., 2001).

Elmore et al. (1993) conducted a survey on school counsellors' test-use patterns and practices as members of the American School Counsellor Association (ASCA). The 423 usable responses indicated the following tests were being used:

- Wechsler Intelligence Scale for Children-Revisited – 78 percent
- Preliminary Scholastic Aptitude Test – 77 percent
- California Achievement Test – 67 percent
- Differential Aptitude Test – 64 percent
- Strong-Campbell Interest Inventory – 62 percent
- Scholastic Aptitude Test – 60 percent
- American College Testing Program – 55 percent
- Iowa Test of Basic Skills – 53 percent
- Armed Service Vocational Aptitude Battery (50 percent)
  (p. 75).

Standardised tests are not popular with counsellors because of labelling issues (Milner & O'Byrne, 2004) and there is a danger of "viewing the individual as a collection of DSM-defined symptoms and a resultant disorder" (Bitsika, 2005, p. 224). Furthermore, "these instruments often are too costly and do not always reflect what the counsellor needs" (Studer et al., 2006, p. 386). Consequently, it is important to keep in mind that "tests do not provide an infallible answer" (Hood & Johnson, 2002, p. 12) and "over reliance on test results, especially in isolation from other information about an individual, is one of the most serious test misuse problems" (Elmore et al., 1993, p. 76). There is a danger of abuse of test applications with minorities (Suzuki & Kugler, 1995; Suzuki, Meller & Ponterotto, 2001) and it has been argued that clients find tests intimidating and off-putting and that counsellors should use them only after they have established some rapport and trust with their client (Milner & O'Byrne, 2004). Formal and standardised testing is "only one of several ways to collect assessment information" (Hohenshil, 1996, p. 65).

Classification systems like the DSM-IV-TR belong to the scientific model of mental distress, based on biology and behaviour and are clearly differently orientated from typical models of counselling and psychotherapy which are concerned with subjectivity and context (Feltham, 2006b). Psychological therapies tend to assess individuals more in terms of their holistic existence, inner functioning, self-determination, body-mind system, psychosocial factors, spirituality and potentiality, as well as problem focus.

Assessment practice involves an awareness and appreciation of multiple causation, interactional influences, and multiple relationships.

Most counsellors do not make use of quantitative assessment procedures because the highly technical nature of test manuals, reviews and research reports requires much more knowledge than is provided within a Master's and maybe even a PhD programme (Goldman, 1992). "There is a whole world of assessment methods other than standardised tests" (Goldman, 1992, p. 616), which he describes as "qualitative assessment" (Goldman, 1992, p. 616). Qualitative assessment differs from quantitative assessment in the following ways:

a) more informal and flexible;

b) does not require statistical competencies;

c) involves the client more actively;

d) are more open-ended, divergent and holistic;

e) is especially useful with groups of clients; and

f) operates in a developmental framework towards growth which puts them into an intimate relationship with the counselling process (Goldman, 1992).

The intimate relationship with the counselling process makes it more difficult to misuse qualitative assessment. These characteristics can be viewed as advantages over standardised tests but qualitative assessment methods are by no means a substitute for quantitative ones (Goldman, 1992).

> The flexibility and adaptability of qualitative assessment methods make them especially valuable in application to different populations that vary from the mainstream in ethnic or cultural identity, age, learning or other types of disability, life experience, and in general in ways that differ from the groups on whom tests are usually standardized. (Goldman, 1992, p. 620)

During the process of information gathering and decision-making, the practitioner who performs assessment plays a central role as an expert in human behaviour who must deal with complex processes and understand test scores in the context of a person's life (Groth-Marnat, 2003). The practitioner "must have knowledge concerning problem areas and, on the basis of this knowledge, form a general idea regarding behaviours to observe and areas in which to collect relevant data" (Groth-Marnat, 2003, p. 4). Assessment procedures can support clients and counsellors to avoid blaming and to work collaboratively at finding solutions that bring about positive change rather than repeating dysfunctional patterns of the past. In this way, assessment contributes to

learning and to formulating productive interventions. "The acid test of the assessment is satisfaction with subsequent decisions and actions taken by both counsellor and client" (Milner & O'Byrne, 2004, p. 54).

It is important to keep in mind that the utility of tools depends on the tools themselves and, more importantly, on the way they are used. It is the practitioner's professional task to use the suitable strategy, technique and/or tool at the right point of time in the helping process. More importantly, the counsellor needs to make appropriate decisions based on the assessment outcome. Some tools might suggest certain decisions but it is the practitioner who needs to consider multiple sources of information to make an appropriate decision because "the data collected has to be related to each client's unique situation" (Milner & O'Byrne, 2004, p. 11) and integrated in a holistic understanding of each client.

Information integration

Counsellors work intimately with individuals in gathering particularised knowledge which is derived from observations, interviews, records and tests in relation to an individual's questions, choices, or dilemmas (Shertzer & Linden, 1979). Collecting, organising and interpreting data are fundamental skills demanded in counselling practice and assessment activities are too frequently perceived in the limited sense of describing a client merely based on test scores(Shertzer & Linden, 1979). They suggested that "it is better viewed as a process of arriving at a systematic understanding of an individual's characteristics and situation within the context of his or her life pattern" (p. 11).

Counsellors have to deal with complex situations and need to be able to gather diverse information and this information must then be organised and analysed in form of a case conceptualisation in order to make sound clinical judgements (Whiston, 2009). Certain treatment failures can be explained as a by-product of inaccurate case conceptualisation and continuing information gathering and case reformulation are possible solutions (Clark, 1999). Two components of a case conceptualisation are required: "an overview of the client written from the chosen theoretical perspective and the supporting material which backs up the material" (McMahon, 2006, p. 116). A case conception should have a theoretical foundation and "they should make a diagnostic statement but be sensitive, specific, and have predictive implications, set some guidelines, capture the essence of

the case and be human" (Milner & O'Byrne, 2004, p. 51). Such a case conception calls for a thorough data collection and analysis as practitioners apply their theoretical map. However, while an initial conceptualisation is possible, "it will shift and develop throughout the counselling process, with a full formulation being possible only when the work is finished" (Milner & O'Byrne, 2004, p. 51) which reflects the complexity of assessment. There is an unhelpful tendency for some texts to disguise the fact that all assessments are inexact procedures, involving as much art and educated guesswork as science (Mace, 1995). The specific procedure of assessment is dependent on the variables of training, profession, setting, the abilities and preferences of therapist and client, and the uniqueness of each therapeutic encounter (Feltham, 2006b).

As a consequence, an important challenge of assessment is to combine all pieces of information into a holistic understanding of the client's situation in a meaningful way. The fundamental principle of assessment is to develop this holistic understanding based on a pattern of information and not on a single piece of information, no matter how striking it appears (Shertzer & Linden, 1979). A single piece of information "is therefore relatively useless unless it is viewed in relation to all other available information" (Shertzer & Linden, 1979, p. 18), whereas an adequate pattern of information is an approximation as close to a picture of a total individual as it is possible to obtain. From that point of view, every bit of information that is gathered through different means "no matter how reliable the datum or how accurate the measurement, its importance and meaning are apparent only when it is understood as a part of a functioning whole – a person" (Shertzer & Linden, 1979, p. 17). Consequently, it might be beneficial to use the data that has been gathered to describe parts of an individual in relation to the whole, although such parts rarely add up to the whole. These gaps can be filled through the use of observation and professional judgement.

From this point of view, systematic assessment uses each part of information, estimates its accuracy, determines its significance and context, and draws conclusions regarding the meaning of the behaviour of the person being assessed. "Judgements regarding the whole put flesh on the skeleton of the bare facts and help to arrive at a better understanding of the behaviour being appraised" (Shertzer & Linden, 1979, p. 18). Additionally, assessment is always made of the person-in-situation and never of just the person. Hence, "the pressures and demands of both the larger social culture and those of the immediate environment of home, friends, school, and town must be understood in relation to the individual" (Shertzer & Linden, 1979, p. 18). A failure to consider the

environment of the individual client may lead to conclusions which are based on simple, direct relationships, "which, while tempting in their seeming clarity, are inadequate in illuminating behaviour" (Shertzer & Linden, 1979, p. 19). Bitsika (2005) emphasised the "thoroughly humanising process" (p. 225) of bringing the decision-making of the individual client into the therapeutic focus, rather than viewing the client as DSM-defined symptoms. These aspects of information integration, consideration of unique environmental influences, and humanising processes further emphasise the complexity of assessment in secondary school counselling settings. This is further evident in Malan's (2004) emphasis: "The truth is that the assessment of a patient for psychotherapy is probably the most complex, subtle and highly skilled procedure in the whole field" (p. 233).

In summary, it is remarkable how "little is written about assessment in comparison with 'middles' and 'endings'" (Milner & O'Byrne, 2004, p. 3). Assessment has an essential influence on the intervention and it "must drive intervention as a logical requirement because it would be difficult to establish the need for, and usefulness of, interventions in the first place without the existence of appropriately sensitive assessment instruments, formal or informal" (Cone, 1989, p. 1241). Assessment skills are not needed solely in the first stage of counselling but are important throughout the entire therapeutic process because "counsellors need to continually assess a client to ensure an adequate understanding of the client's needs and problems" (Whiston, 2009, p. 7). Each practitioner makes multiple decisions and judgements when engaged in assessment about how to behave, what question to ask next, which approach to take, what to consider as important, etc. As a consequence, practitioners' internal processes play a major role in assessment activities. These processes are described in the following chapter.

Summary

This chapter defined central terms in the broad area of assessment and covered the general approaches to assessment, the main functions of assessment in relation to the counselling process, and assessment practices in school counselling settings. The last section on information integration emphasised the important role of the individual practitioner in combining the pieces of information into a holistic understanding of each

specific client. The following chapter further discusses this emphasis and summarises relevant literature on process research in counselling and assessment.

CHAPTER 5 PROCESS RESEARCH

This chapter outlines different approaches to process research in counselling, describes the notion of the individual practitioner as the neglected variable in counselling research, and explains why social cognitive theory is an appropriate lens for research in this area. Research on individual decision-making models in general and clinical reasoning in particular are presented at the end of the chapter.

Research on the decision-making processes of practitioners while involved in assessment activities seems to be essential for understanding assessment. This covert dimension of the counselling process has been described as "one of the most fascinating aspects of counselling process" (McLeod, 2003, p. 345). McLeod (2003) described theoretical concepts such as transference and counter transference, resistance, genuineness and congruence are important to make sense of counselling processes. It is suggested that counsellor and client constantly "monitor what they think, select what they choose to say and attempt to control their non verbal communication" (McLeod, 2003, p. 346). The following section outlines different approaches to process research in counselling and psychotherapy.

Different approaches to process research

Psychotherapy and effectiveness research were largely unstructured during the first half of the twentieth century. "Typically, diagnostic categories were unreliable; treatment strategies were poorly defined; measurements were not standardised, and subjects were not randomly assigned to treatment conditions" (Truax & Thomas, 2003, p. 343). Although early efforts began the valued tradition of research on efficacy and effectiveness in counselling and psychotherapy, the lack of methodological rigor led to some discouraging conclusions. Hans Eysenck, a pioneer in psychotherapy outcome research, conducted qualitative literature reviews in 1952 and 1960 and concluded that psychotherapy adds little or nothing to the simple passage of time of treatment by a general medical practitioner (Eysenck, 1952). Randomised control trials were used to evaluate the efficacy of counselling and psychotherapy and these are discussed in the next section.

Randomised control trials

During the 1970s and 1980s, randomised controlled clinical trials became state-of-the-art and were characterised by random assignment to conditions, blind pre-test and post-test assessment, carefully defined subject groups, manualised treatments, multimodal standardised outcome assessments, and extensive follow-up data (Truax & Thomas, 2003). By the early 1990s, a number of qualitative and quantitative reviews had established that psychotherapy was not only better than no intervention but that some therapies seemed to be more effective with certain issues than others. As a consequence treatment guidelines were established. Empirically validated treatments emphasised the importance of having empirical support from well-controlled research designs that used treatment manuals and homogenous samples. Those guidelines highlighted that psychological practitioners have an ethical responsibility to maximise the chances of their clients' improvement by using empirically supported treatments (Truax & Thomas, 2003).

Although this development towards uniform standards in establishing efficacy brought important changes in psychological practice, randomised controlled clinical trials are criticised as a poor analogue for real-world practice. "Although therapy's efficacy had been demonstrated repeatedly in the laboratory, questions were raised about therapy's effectiveness as it is conducted in the real world" (Truax & Thomas, 2003, p. 344). These concerns prompted increased research on the effectiveness of therapy as it is conducted with heterogeneous samples and realistic training requirements, in real-life settings. The methods that developed out of those concerns have come to be known as efficacy and effectiveness research. The goal of efficacy research is to establish cause-and-effect relationships between independent (e.g. intervention) and dependent variables (e.g. symptoms). This kind of research requires special attention to experimental control or internal validity but generalisations might not be possible. In this sense, "empirically supported treatments may be defined as treatments shown to be efficacious in randomised clinical research trials with given populations" (Kendall et al., 2004, p. 17). The connection between practitioner, client, various therapeutic processes, and outcome was researched in numerous efficacy studies and summarised in meta-analytic approaches (Bergin & Garfield, 1986; 1994; Lambert & Ogles, 2004).

Effectiveness research

It is critical for the use of theory and technique to understand how these factors consciously and unconsciously influence the process of the therapy and to "realise that no one approach is *the* way to treat all problems, and that much research needs to be done" (James & Gilliland, 2003, p. 11). Treatment can be analysed as to its a) efficacy, whether the treatment works; b) effectiveness, whether it works in practice; and c) efficiency, whether it is cost effective (Andrews, 2000). These differentiations are important because "funders, providers, and consumers all like to pretend that efficacy is the same as effectiveness, and lists of empirically supported treatments feed this delusion" (Andrews, 2000, p. 267). Efficacy research focuses on clinical trials of specific approaches in controlled settings whereas effectiveness research studies attempt to evaluate the degree to which these approaches work in naturalistic settings (Lambert, 2001). It is important to note that effectiveness research "remains much less well known, and, to some degree, represents a minor aspect of the endeavours that fall under the rubric of psychotherapy with its emphasis of theory and practical application" (Lambert et al., 2004, p. 3).

Certain changes in the reimbursement system in managed-care organisations has led to an emphasis on the "development of clinical guidelines that are intended to make treatment more uniform, and presumably, more effective" (Lambert et al., 2004, p. 7). The removal of symptoms is viewed as central in managed-care. "Thus research and practice have moved from an early emphasis on viewing symptoms as superficial to considering the removal of symptoms as a central goal of treatment" (Lambert et al., 2004, p. 7). The application of counselling theory to real-life seems to be more complicated and the "appropriateness of applying the logico-scientific mode of thought and the production of scientistic theories in the domain of human science, particularly in relation to social organisation, should always be seriously questioned and challenged" (White & Epston, 1990, p. 77).

Regarding the active ingredients of counselling, it should be apparent that they involve a client, and a particular approach, but also a particular practitioner (Garfield, 1994). Hence, client characteristics and their specific combination of problems and resources; the specific approach; and the practitioner as an individual are important factors in understanding the processes in counselling and psychotherapy. Beutler (1997) suggested

abandoning simple, unidirectional and main-effect hypotheses regarding any of these variables. Generally, "we conclude that the tendency to pit relationship factors against technical ones, or common factors against specific ones, or the dodo bird against 'empirically supported treatments', must be replaced by a more integrative and synergistic perspective" (Beutler et al., 2004a, p. 292).

Similarly, Luborsky et al. (1997) highlighted inter-therapist differences in their study and concluded that one future research direction should be to investigate the practice of the same therapist with different caseloads. This methodology could provide valuable data on decision-making processes of individual practitioners. The following section further outlines the importance of the practitioner for reaching an understanding of counselling and assessment processes in real-life which is in contrast to simplistic and unidirectional conceptualisations of counselling.

The counsellor as the neglected variable

The individual practitioner is a significant contributor to outcome (Lambert & Ogles, 2004). Their significance is reflected in the following three observations:

1. the magnitude of benefit is more closely associated with the identity of the therapist than with the type of psychotherapy that the therapist practices …
2. some therapists in all therapeutic approaches produce consistently more positive results than others …
3. some therapists produce consistently negative effects. (Beutler et al., 1994, p. 229)

As a consequence, the list of empirically supported treatments has been described as static and as offering only a false guarantee of effectiveness because "the success of treatment appears to be largely dependent on the client and the therapist, not on the use of 'proven' empirically based treatments" (Lambert et al., 2004, p. 9).

Therefore, the "advancement in psychotherapy research requires looking beyond the therapy model and the patient's diagnosis" (Beutler et al., 2004a, p. 228). This advancement moves away from viewing counselling variables as unidirectional and emphasises them as relational and interactional. From this point of view, the individual person of the practitioner plays a central role in the application of psychological theory and psychotherapy, as a whole, is a process of interpersonal persuasion in which therapist values, beliefs and optimism serve to overcome demoralisations, instil hope

and provide a believable meaning of life for clients (Beutler et al., 1994). This is in contrast to randomised clinical trial methodology which views the client as a passive recipient, and "therapist only a slightly less passive vessel for transmitting the treatment" (Beutler, 1997, p. 44). The advantages of randomised clinical trial methodology are obvious but a reintroduction of the counsellor and clients as entities into the list of effective agents seems necessary (Beutler, 1997).

Similarly, Strupp and Anderson (1997) warned about the replacement of skilful, sophisticated therapists by technicians with very limited training and expertise. They emphasised that the application of general therapeutic principles in a specific case calls for consummate empathetic understanding, sensitivity, tact and skill on the practitioner's part. Hence, psychotherapy is an intricate process "in which each therapeutic hour may become an artistic creation that is highly personalised and tailored to the needs of the individual patient at a particular time" (Strupp & Anderson, 1997, p. 80). Furthermore,

> the therapist's demographic characteristics, attitudes, values, professional affiliations, and techniques have little to do with the ability, as a person, to relate comfortably with others, to serve as a model for adult living, to be sensitive to subtle but essential interpersonal dynamics, and to allow oneself to be privy to the unfolding of the patient's cyclical maladaptive patterns while appropriately maintaining professional distance (Strupp & Anderson, 1997, p. 78).

In short, "it is the person of the therapist who provides the élan vital to the lifeless abstractions" (Strupp & Anderson, 1997, p. 78). This view of practitioners as human beings instead of technicians is considered to be essential in this research. Bandura's (1997) social cognitive theory stresses subjective aspects of behaviour and offers an explanation of individually different reactions to certain situations. Hence, it permits interpretations of different intra- and inter-individual reactions and performances in counselling settings. Bandura's social cognitive theory (1986, 1992, 1997) provides a lens for this research project and is outlined in the following section.

Social cognitive theory

Over the last two decades, work in the field of social cognition has yielded a specific understanding of human nature (e.g. Bandura, 1986, 1992, 1997). From a social cognitive viewpoint, people are neither driven by inner forces nor automatically shaped and controlled by external stimuli. "Human functioning is explained in terms of a model

of triadic reciprocality in which behaviour, cognitive and other personal factors, and environmental events all operate as interacting determinants of each other" (Bandura, 1986, p. 18). The nature of a person is characterised by a vast potentiality and plasticity which depends upon neurophysiological mechanisms and structures that have evolved over time. "These advanced neural systems for processing, retaining, and using coded information provide the capacity for the very characteristic that are distinctly human – generative symbolisation, forethought, evaluative self regulation, reflective self consciousness, and symbolic communication" (Bandura, 1986, p. 21). These basic capabilities play an important role in social cognitive theories. Symbolising capabilities enables individuals to "process and transform transient experiences into internal models that serve as guides for future action. Through symbols they similarly give meaning, form, and continuance to the experiences they have lived through" (Bandura, 1986, p. 18). He stated that the forethought capability allows people to act purposefully through anticipating likely consequences, setting goals, planning certain actions for cognised futures, and motivating themselves to carry out planned behaviours. The vicarious capability enables people to learn by observing other people's behaviour and its consequences instead of having to perform these behaviours and experiencing the effects themselves. Self-regulatory capabilities highlight that a large part of people's behaviour is motivated and regulated by internal processes such as standards and self-evaluative reactions to specific behaviours. The self-reflective capability enables people to think about, analyse and evaluate their experiences and their own thought processes (Bandura, 1986). He stated that

> by reflecting on their varied experiences and on what they know, they can derive generic knowledge about themselves and the world around them. People not only gain understanding through reflection, they evaluate and alter their own thinking. In verifying thought through self-reflective means, they monitor their ideas, act on them or predict occurrences from them, judge the adequacy of their thoughts from the results, and change them accordingly. (p. 21)

Social cognitive theory highlights the instrumental role of self-efficacy in explaining how and why people are motivated to act in the way they do. Bandura (1986) described the source of effective or ineffective practice in social cognitive theory as being a part of self-perceptions connected to personal agency. As Walker (2001) puts it, "people contribute to their own functioning through the mechanism of personal agency" (p. 77). "In short, the power to originate actions for given purposes is the key feature of personal agency" (Bandura, 1997, p. 3). Beliefs of personal efficacy constitute the key factor of human agency. The expectations that certain behaviours will have a desired outcome

and that one can perform the task should lead to the person's attempting the behaviour and persisting when difficulties are encountered (Shortrigde-Baggett, 2002). "It is partly on the basis of self-percepts of efficacy that they choose what to do, how much effort to invest in activities, how long to persevere in the face of disappointing results, and whether tasks are approached anxiously or self-assuredly" (Bandura, 1986, p. 21). Hence, knowledge, transformational operations and constituent skills are necessary, but insufficient, for effective and accomplished performances. "Indeed, people often do not behave optimally even though they know fully well what to do. This is because self-referent thought mediates the relationship between knowledge and action" (Bandura, 1986, p. 390). Therefore "competent functioning requires both skills and self-beliefs of efficacy to use them effectively" (Bandura, 1986, p. 391).

Bandura (1997) stated that self-efficacy theory acknowledges the diversity of human capabilities and that it treats the efficacy belief system not as an omnibus trait but as a differentiated set of self-beliefs linked to distinct realms of functioning. "Efficacy beliefs are concerned not only with the exercise of control over action but also with the self-regulation of thought processes, motivation, and affective and physiological states" (Bandura, 1997, p. 36). Bandura (1997) understands self-efficacy as concerned not with the number of skills a person has, but with what the person believes he or she can do with what you have under a variety of circumstances. Hence, efficacy beliefs operate as a key factor in a generative system of human competence. He argued that effective functioning requires skills and the efficacy beliefs to use them well. As a consequence, continuous improvisation of multiple sub-skills is needed to manage ever-changing situations. The pre-existing skills must then be orchestrated in new ways to meet those varying situational demands. Bandura (1999) proposed that if people doubt their capabilities in particular domains of activity they shy away from difficult tasks in those domains. As a consequence they find it hard to motivate themselves, slacken their efforts, or give up quickly in the face of obstacles.

Bandura's social cognitive theory (1986, 1992, 1997) emphasises internal processes in understanding a person's behaviour and provides the theoretical perspective for this research project. Its emphasis on beliefs, knowledge, skills and the individual's ability to utilise them in accordance their personal agency seemed most appropriate to explore individual secondary school counsellors' experiences of assessment.

The following section outlines literature that is specifically focused on the decision-making processes and models of clinical decision-making related to the internal processes of secondary school counsellors when engaged in assessment.

Individual decision-making processes in assessment

The process of assessment can be described "as both a science and an art" (Hood & Johnson, 2002, p. 8) because while many instruments used in practice have been developed by means of empirical research, the process of interpretation of the information gathering outcome depends on counsellors' judgements. Although counsellors may decide to avoid some of the formal diagnostic steps, they nevertheless develop a series of hypotheses based on such questions as: "'How serious is this behaviour?' 'What would be the most appropriate intervention approach at this time?' 'How far should I attempt to go?' 'What seems to be the basic dynamics (defences, needs, symptoms, environmental pressures) that are operating?' 'What will the likely outcomes be?'" (Brammer et al. 1993, p. 150). Assessment can then be considered as a circular feedback both from the content of what is said and from the process feedback received by the therapist from each therapeutic intervention. Hence, the counselling interview can be viewed a process of hypothesis formulation and testing and of approximation and correction (Brammer et al. 1993). How practitioners conceptualise this hypothesis process depends partly on their underlying theoretical assumption about the interaction between the individual and the context in they live. The assessment methodologies used differ as well, depending on the therapist's assumptions about what constitutes health and beliefs about how people change (Brammer et al., 1993). "Therapists will tend to use assessment 'templates' that indicate the client behaviours they consider most important" (Brammer et al., 1993, p. 151).

Judgement and decision-making processes

Judgement and decision-making processes are major components of assessment, diagnostic, prediction and choice making in everyday practice (Benbenishty, 1992). Judgement describes the ways in which people integrate multiple, probabilistic, potentially conflicting cues to arrive at an understanding of the situation as opposed to decision-making in which people choose what to do next in the face of uncertain consequences and conflicting goals (Goldstein & Hogarth, 1997). The gathering of information about people and situations through professional observations and inquiries

as well as from past information and information held by other professionals represents the starting point of making a judgement (Hollows, 2003). It is then the practitioner's task to analyse or take apart this data and synthesise or reassemble it in a succinct way in order to reach an understanding of the situation. "It is that judgement, or understanding, of the situation, that is carried toward the decision-making arena" (Hollows, 2003, p. 61). According to Hollows (2003), judgement can then be described as a compilation of knowledge, skills, values, experience, professional authority, expertise and a capacity for independent thought and action, which is applied when practitioners need to know how to proceed in a certain case.

> Alongside these major judgements, we make smaller, seemingly insignificant judgements on a day to day basis. These often amount to adjustments in our cumulative thinking of practice in a case. While this sort of process occurs in almost every aspect of professional business activity, it is important to recognise that, over a period of time, such adjustments can result in a change in judgement about a case. (Hollows, 2003, p. 62)

There are different views on the nature of judgement. Most generally, regression studies of human judgement conceptualise it as "a matter of combining pieces of information that are weighted according to their importance" (Doherty & Brehmer, 1997, p. 547). Another view is that reasoning is guided by abstract rules or inferences which has been critiqued recently by so-called instance models which propose "that solving a problem involves the retrieval of specific instances from memory, one or more of which is then used as an analogue for the current problem" (Smith, Langston & Nisbett 1997, p. 618). A number of researchers contend that deductive reasoning is more a matter of retrieving examples than of applying rules (Griggs & Cox, 1982, Manktelow & Evans, 1979; Reich & Ruth, 1982). A related point of view stems from case-based reasoning models, which propose that knowledge about a specific area is partly represented by particular cases (Smith et al., 1997). These cases are stored with a relevant generalisation, which play a central role in reasoning processes (Kolodner, 1983; Schank, 1982). Connectionist models assume that simple processing units send excitatory and inhibitory signals to other units, without the use of rules (McClelland & Rumelhart, 1986; Smith et al., 1997).

With respect to decision-making, Payne, Bettman and Johnson (1997) emphasised the importance of cognitive effort in relation to choice of cognitive strategy. Other factors such as the chance of making an error (Thorngate, 1980), avoidance of conflict (Hogarth, 1987), and justifiability (Tversky, 1972) have been identified as influencing

decision-makers' perception of the appropriateness of a particular strategy for a specific task and as a consequence can affect the choice of a cognitive strategy. It is important to remember however that laboratory studies on cognitive processes ignore the social environments in which individuals make decisions (Tetlock, 1997). Subjects in these laboratory studies "function in a social vacuum (or as close an approximation as can be achieved) in which they do not need to worry about the interpersonal consequences of their conduct" (Tetlock, 1997, p. 659). In real-life situations practitioners tend to work on previous test results and aural and visual cues and design a mental model of the current situation and decide how to apply their skills to it (Rouse & Morris, 1986).

Intuition has been identified as an influencing factor in decision-making research. Hammond (1996) described a cognitive continuum of judgement-making because the dichotomous view of analysis and intuition has served researchers badly and has diminished the scientific value of both concepts: "it has mystified intuitive cognition, both in praise and in criticism, and led us to take the superiority of analytical cognition for granted by failing both to explore the limits of that modality and to understand the successes of intuitive cognition" (Hammond, 1996, p. 147). Hammond (1996) highlighted that the advantage of a continuum over a dichotomy is the possibility to recognise and investigate all combinations of intuition and analysis that cognition may employ. "The continuum recognises that there are legitimate different approaches to judgement making from the rapid, on the spot processing of information and knowledge, known as intuition, to the detailed and analytical approach, sometimes using a form of experimentation" (Hollows, 2003, p. 64). Hammond (1996) suggested that intuitive judgement is more appropriate under time pressure and with a high level of visual information in the presenting material, whereas a clearly structured task, with more time available, will be an ideal situation for an analytical judgement. Hammond, Hamm, Grassia and Pearson (1997) suggested a continuum that runs from intuition to analysis instead of a dichotomy between these internal processes and proposed certain properties of intuition and analysis which are presented in Table 4.

Table 4 Properties of intuition and analysis

	Intuition	Analysis
Cognitive control	Low	High
Rate of data processing	Rapid	Slow
Conscious awareness	Low	High
Organising principle	Weighted average	Task specific
Errors	Normally distributed	Few, but large
Confidence	High confidence in answer; Low confidence in method	Low confidence in answer; High confidence in method

Hammond et al. (1997) stated that the compromise form of cognition lies in between these two polar forms of cognition and includes properties from intuition and analysis. They described these compromise forms of cognition as quasi-rationality or common sense, which can be located around the middle of the two forms of cognition.

Benbenishty (1992) pointed out that practitioners need training, skill and experience in making these judgements and decisions. Practitioners differ in the level of expertise and "some can be considered experts whereas others perform quite poorly" (Benbenishty, 1992, p. 598). Clinical decision-making can be improved through education about sources of errors, teaching of clinical judgement skills, and through modelling expert judges and to use these models to improve decision-making processes in practice. There is a differentiation between declarative or substantive knowledge about facts, concepts and relationships, and procedural or strategic knowledge about how to reason with the declarative knowledge and what course of action to take when there are conflicting criteria (Benbenishty, 1992). He defined expertise as "having superior ability in making clinical judgements and decisions" (Benbenishty, 1992, p. 599) and emphasised the importance of strategic knowledge in helping professions. Modelling the reasoning processes of experts could be valuable for understanding the processes involved in clinical judgement and "this knowledge will serve to improve the training of novice practitioners who face complex situations with little procedural knowledge" (Benbenishty, 1992, p. 599).

There is some research available on clinical judgement in assessment activities of psychologists (Eatwell & Wilson, 2007; Hillebrand & Claiborn, 1990; O'Byrne & Goodyear, 1997). Eatwell and Wilson (2007) investigated the effective use of psychometric assessment in decision-making. Research into the process of building an understanding of an individual client showed that "this process is not rational or logic" (Eatwell & Wilson, 2007). General difficulties have been found to be related to:
 a) characterising information on the basis of pre-existing theories (Nisbett & Ross, 1980);
 b) extreme examples overly influence judgements (Rothbart, Fulero, Jensen, Howard & Birrell, 1978);
 c) people being unaware of the effects of small samples (Nisbett & Ross, 1980) or unrepresentative samples (Hamill, Wilson & Nisbett, 1980); and
 d) underutilising base rate information (Hamill et al., 1980).

Hillebrant and Claiborn (1990) investigated expert and novice counsellors' reasoning in a diagnostic task and concluded that experts were more knowledgeable than novices and confident and that they saw the case clearer but that there were no differences in their cognitive processes. Additionally, the importance of considering the correspondence between problem characteristics and processing and the fact that matching of clinical information with an internal representation becomes more difficult when facing unclear problems was emphasised. Similarly, O'Byrne and Goodyear (1997), who researched the amount and type of information sought by expert and novice psychologists, stressed that "researchers have given much less attention to the processes by which psychologists form clinical judgements" (p. 268). They summarised that their study "is in contrast with real-life assessment, where the psychologist decides what and how much information to seek" (pp. 269–270) and in fact, the questions the practitioner asks "ultimately have the effect of creating the structure", (p. 270) in contrast to predefining the structure in their study.

In other fields of health science (e.g. physiotherapy, occupational therapy, nursing) this process of decision-making is called clinical reasoning. It has been defined as "thinking and decision-making processes which are integral to clinical practice" (Higgs & Jones, 2000, p. ix). Clinical reasoning is a process that links and integrates all elements of practice, such as philosophy of practice, generation and use of practice knowledge, profession-specific technical skills, communication and collaboration, ethics and identity (Christensen et al., 2008). It provides a firm foundation for practice, not only for making decisions in uncertain situations and trialling new procedures, but also for prompting reflection and learning from practice experiences both familiar and innovative.

Clinical reasoning is a highly complex phenomenon but "there is no one method to be learned. Rather, alternative methods or more general strategies can be learned, or indeed created, to suit the client, the context and the clinician" (Higgs & Jones, 2000, p. xiii). There may be several viable paths to a successful outcome and the skill of the practitioner lies in matching the reasoning strategy to the variables in the given situation (Higgs & Jones, 2000).

The process of clinical reasoning

Clinical reasoning is much more a lived phenomenon, an experience, a way of being and a chosen model of practising than a simple process (Higgs & Jones, 2008). As a consequence, it is regarded as a context-dependent way of thinking and decision-making and involves a construction of narratives to make sense of the multiple interacting factors of complex practice. Clinical reasoning takes into account certain problem spaces which are informed by the individual practitioner's frame of references, workplace context, practice models, context of the client, and can be used to guide in-practice behaviour. Clinical reasoning can be described as an upward and outward spiral; a cyclical and a developing process. Each loop of this spiral represents data input, data interpretation or reinterpretation and problem formulation or reformulation to achieve a progressively broader and deeper understanding of the presenting issue (Higgs & Jones, 2008). Based on this deepening understanding, decisions concerning further actions are made and conducted. This process consists of three core dimensions, three additional dimensions, and four meta-skills (Higgs & Jones, 2008). According to Higgs and Jones (2008), the core dimensions consist of a) knowledge, b) cognition and c) metacognition and are described below:

a) A discipline-specific knowledge base, comprising propositional knowledge derived from theory and research, and non-propositional knowledge derived from professional and personal experience is necessary.

b) Cognitive skills, such as analysis, synthesis and evaluation of gathered data, are utilised to process this data against the practitioner's existing professional and personal knowledge base in consideration of the client's needs and the presenting issue.

c) Metacognition or reflective self-awareness can be used to bridge knowledge and cognition. It enables practitioners to identify limitations, inconsistencies, or unexpected findings and to monitor their reasoning and practice, seeking errors and credibility.

The additional dimensions contain a mutual dimension which represents the role of the client in the decision-making process, a contextual dimension, which is related to the interactivity between the client, practitioner, the situation, and environment of the reasoning process, and a task dimension, which consists of the influence of the nature of the presenting issue on the reasoning process (Hicks & Jones, 2008). Meta-skills are

related to the ability to derive knowledge and understanding from reasoning and practice; the identification of reasoning as behaviours and strategies within chosen practice models; a reflexive ability to promote positive cognitive, affective and experiential growth in clients and practitioners; and the awareness of interactions between all these elements.

Scanning, gathering and critical appraisal are three interrelated skills at the heart of clinical reasoning (Brookfield, 2008). Scanning describes an act of apprehension, in which the practitioner identifies the central features of the situation. "In scanning a situation we decide what its boundaries are, which patterns of the situation are familiar and grounded in past experience, and which are in new or unusual configurations. We also decide which of the cues that we notice should be attended to" (Brookfield, 2008, p. 66). The gathering phase of clinical reasoning represents an exploration of the interpretive resources and analytic protocols available that could help to understand the situation correctly. These include general guidelines, superiors' and colleagues' suggestions, and personal intuition. In the appraisal phase the practitioner sorts through the gathered interpretations. The task is to decide which interpretation fits most closely with the current situation and then to take informed action. Scanning and gathering involve the search for patterns and broad similarities between a new situation and previous experiences whereas appraisal represents the judgement of the accuracy and validity of the assumptions and interpretations (Brookfield, 2008).

Clinical reasoning is described as a journey, an aspiration, and a commitment to achieving the best practice that one can provide (Hicks & Jones, 2008). Higgs and Jones (2008) emphasised that practitioners bring their personal and professional selves to the task of decision-making and act upon their personal frames of reference as well as their professional frameworks. They argued that professional judgement and decision-making in ambiguous or uncertain situations of health care practice is an inexact science, which requires reflective practice and excellent skills in reasoning. These skills reflect the importance of individual perspectives rather than objective criteria, which could be described as a concept of professional practice as comprising a blend of art, craft and technology (Hicks & Jones, 2008). Smith et al. (2008) described the decision-making process of health practitioners as a complex and contextually dependent process, in which it is necessary to consider multiple foci (e.g. assessment, diagnosis, intervention, interaction, evaluation), dynamic contexts, diverse knowledge bases, multiple variables

and individuals, and situations of uncertainty. Christensen et al. (2008) highlighted that the thinking involved in clinical reasoning processes is non-linear and not represented by a stepwise single dimensional process found in early models of diagnostic reasoning in medicine. The authors suggested a systems way of thinking. They argued that contemporary systems thinking reflects the complexity perspective and implies recognition of the dynamic relationship between the many elements and persons in a given situation. "This thinking incorporates induction (forward reasoning, reasoning from specific issues toward a general judgement), deduction (reasoning from a general premise toward a specific conclusion) and dialectic thinking" (Christensen et al. 2008, p. 107).

The concept of clinical reasoning is not well developed in counselling and psychotherapy due to training loyalties, competing knowledge claims, and an emphasis on the therapeutic relationship rather than on the actual, complex cluster of client characteristics calling for attention (Feltham, 2006b). Furthermore, problem structures in psychology are more difficult to obtain because it

> is a verbal domain that focuses on clinical entities whose definitions are based on an ever-changing professional consensus and often on hypothetical constructs. Moreover, the defining criteria for psychological entities often are more ambiguous … than is true with, for example, most physical diseases. Therefore, it is reasonable to assume that pattern recognition is different and probably less certain in psychology than in such fields as medical diagnosis. (O'Byrne & Goodyear, 1997, p. 269)

Nevertheless, data on decision-making processes of secondary school counsellors in New Zealand may provide valuable data that could be used to design provisional meta-models of reasoning in assessment.

Summary

This chapter outlined different approaches to process research in counselling, discussed the practitioner as the neglected variable in process research, and demonstrated why social cognitive theory is suitable to inform this study. It also highlighted decision-making processes and clinical reasoning as essential parts of assessment activities.

Although there is a large body of literature on the techniques and tools of assessment, there is less research available on how individual secondary school counsellors actually conduct assessment with individual clients. There seems to be a particular research gap

in relation to school counsellors' decision-making and meaning-making processes during assessment activities. As McLaughlin (1995) described it, "now more than ever there is an urgent need to 'explore in a realistic fashion the complexities of counselling in schools'" (McLaughlin, 1995, p. 63). Similarly, Davis and Meier (2001) observed that "counsellors have been criticised for providing no external data to substantiate their clinical judgements" (p. 65).

This research project addresses the paucity of research and focuses on the investigation of the experience of assessment of New Zealand secondary school counsellors with troubled adolescents, and is, to the best knowledge of the researcher, the first study in this specific research area in New Zealand. The following chapter presents this project's research methodology.

CHAPTER 6 METHODOLOGY

The first part of this chapter presents the paradigm positioning of this research with respect to ontology and epistemology and outlines the characteristics of qualitative research. Phenomenology is presented as the theoretical framework of this research project and interpretative phenomenological analysis (IPA) as the main research method. The quality criteria for qualitative research, basic principles, and information about ethics approval are outlined before specific data gathering and analysis procedures are presented.

Paradigm positioning of the researcher

This section contains a description of the interpretivist research paradigm which incorporates my views concerning a relativist ontology and social constructivist epistemology.

Research paradigm

A paradigm is a set of basic beliefs which deals with first principles and "represents a worldview that defines, for its holder, the nature of the 'world', the individual's place in it, and the range of possible relationships to that world and its parts" (Guba & Lincoln, 1994, p. 107). The inquiry paradigm of research projects outlines what is located within and outside the limits of particular inquiries (Guba & Lincoln, 1994).

I chose an interpretivist research paradigm, "which sets the context for the investigator's study" (Ponterotto, 2005, p. 128). The interpretivist paradigm emphasises that reality is constructed by individuals and that there are multiple realities which are equally valid (Chwalisz, Shah & Hand, 2008; Schwandt, 2000). The general purpose of research located within the interpretivist paradigm is focused on understanding the participant's world and the way this world and experiences in this world are constructed (Chwalisz et al., 2008). This research "looks for culturally derived and historically situated interpretations of the social life-world" (Crotty, 1998, p. 67). From an interpretivist point of view, human action is inherently meaningful and as a consequence the task of social researchers is to grasp the meaning of individually construed actions (Schwandt, 2000). But to grasp the meaning of another individual's action requires an interpretation of this action which leads to an understanding or achieving "verstehen" (Schwandt,

2000, p. 191). In this research project, the culturally derived and historically situated interpretations of secondary school counsellors' lifeworlds in relation to their experiences of assessment and their inherent meaning-making are central. The basic beliefs of interpretivist inquiry in relation to this research project are closely intertwined with the positioning in relation to ontology, epistemology and methodology (Guba & Lincoln, 1994), which are outlined in the following sections.

Ontological positioning

Ontological considerations address the form and nature of reality and being (Guba & Lincoln, 1994; Ponterotto, 2005). They are concerned with what exists with respect to different forms of reality and what can be known about it. The central questions of ontology are "what is the form and nature of reality and what can be known about that reality?" (Ponterotto, 2005, p. 130). There are three possible answers to these questions in relation to different ontological positioning: a) naïve realism which proposes that there is one true reality that is apprehendable, identifiable and measurable; b) critical realism which also accepts a true reality, but emphasises that it can only be apprehended and measured imperfectly; and c) relativism which highlights that "there exist multiple, constructed realities, rather than a single true reality" (Ponterotto, 2005, p. 130). My understanding of the nature of reality and being is located in relativism by acknowledging and valuing the multiple constructed realities of the participants. Relativist ontology interprets reality as "apprehendable in the form of multiple, intangible mental constructions, socially and experientially based, local and specific in nature … and dependent for their form and content on the individual persons or groups holding the constructions" (Guba & Lincoln, 1994, pp. 110–111).

Although constructions are often shared among many individuals and even across cultures, these constructions are alterable and as a consequence so are their associated realities (Guba & Lincoln, 1994). Relativism refers to the idea that knowledge always comes from an evolved perspective or point of view (Raskin 2001, 2008). "Biological, psychological and social structures are always functionally evolved relative to particular contexts" (Raskin, 2008, p. 2). Relativism has been described as

> the basic conviction that when we turn to the examination of those
> concepts that philosophers have taken to be the most fundamental -
> whether it is the concept of rationality, truth, reality, right, the good, or
> norms - we are forced to recognize that in the final analysis all such
> concepts must be understood as relative to a specific conceptual scheme,

theoretical framework, paradigm, form of life, society, or culture.
(Bernstein, 1993, p. 8)

Ontological relativists suggest that "what exists for human beings is relative to the concepts they possess and the procedures of enquiry with which their culture equips them" (Harré & Krausz, 1996, p. 111). As a consequence, there are different concepts of what reality is in different cultures (Harré & Krausz, 1996). A relativist viewpoint emphasises that "knowledge about a given social phenomenon is contextual, interactive, multiplistic and phenomenological" (Greene, 1996, p. 279). In relation to research projects with a relativist ontology, the research matters "do not exist independently of the contextual, conceptual, socio-historical schemes" (Greene, 1996, p. 279) that frame investigators' efforts to know and understand them. From this point of view, understandings are constructed by individual inquirers' unique interactions with participants in particular contexts (Greene, 1996).

As a consequence, relativistic knowledge claims are not judged by their ability to predict or their correspondence with an objective reality (Greene, 1996). In other words, "the researcher neither attempts to unearth a single 'truth' from the realities of participants nor tries to achieve outside verification of his or her analysis" (Ponterotto, 2005, p. 130). In an ontological relativism, reality itself is created through our means of constructing it (Harré & Krausz, 1996).

At the same time, this does not mean that this research project is located in a radical relativism in which two individuals theoretically cannot communicate with each other because of the differences in their conceptual systems of reality. It is rather believed that there is usually "a sufficient system of common meaning to specify the same thing in both systems" (Harré & Krausz, 1996, p. 26). From this point of view, relativism can be seen as advantageous "because it spurs on creativity, playfulness and human invention" (Raskin, 2001, p. 295) in order to create an understanding of participants' realities.

In general, researchers located in ontological relativism hold their understandings more lightly and tentatively – and far less dogmatically – and perceive them as historically and culturally influenced interpretations rather than eternal truths (Crotty, 1998). These premises highlight that "at different times and at different places there have been and are very divergent interpretations of the same phenomena" (Crotty, 1998, p. 64). From this viewpoint, the descriptions of phenomena cannot be seen as a straightforward

representation of reality but rather as something that is "seen and reacted to, and thereby meaningfully constructed, within a given community or set of communities" (Crotty, 1998, p. 64). Additionally, when participants report something, there are always the voices and contents of their culture present in what they say (Crotty, 1998). Relativism is often combined with a constructivist epistemology and a phenomenological framework in qualitative research projects (Guba & Lincoln, 1994; Lincoln & Guba, 2000), which are described in the following sections.

Epistemological positioning

Epistemological considerations extend the nature of reality to the definition of "the relationship between the 'knower' (the research participant) and the 'would-be knower' (the researcher)" (Ponterotto, 2005, p. 130). In other words, "ontology is a study of the nature of being, whereas epistemology is concerned with the nature of knowledge" (Rosen, 1996, p. 6). My view of the nature of knowledge is related to the social constructivist position, which combines certain aspects of constructivism and social constructionism. I acknowledge a social dimension of knowledge construction and development, which broadly relates to a social constructionist position, but I focus on the individual meaning-making in this research project, which represents a constructivist emphasis.

Social constructivism is often combined with interpretivism and is a worldview in which individuals seek understanding of the world in which they live by developing subjective meanings for their experiences (Creswell, 2007). The meanings are directed towards certain objects and are varied and multiple. "The goal of research then is to rely as much as possible on the participants' views of the situation" (Creswell, 2007, p. 20). Constructivist worldviews manifest in phenomenological studies, in which individuals describe their experiences and their subjective meanings in relation to them (Creswell, 2007; Moustakas, 1994). The main purpose of research situated within the interpretivist paradigm and constructivist epistemology is "to understand the participant's world and how that individual's world and experience are constructed" (Chwalisz et al., 2008, p. 391).

Social constructivism holds an essentially different view from objectivism. Objectivism holds that truth and meaning reside in their objects independent of consciousness (Crotty, 1998). This notion has its roots in ancient Greek philosophy and represents a

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belief in an objective truth and that appropriate methods of inquiry result in accurate and certain knowledge of the objective truth. All constructivist models hold the epistemological belief that a totally objective reality, which stands apart from the knowing subject, can never be fully known (Rosen, 1996). These models reject "the correspondence theory of truth, which postulates that our mental representations mirror an objective reality, 'out there', as it truly is" (Rosen, 1996, p. 5). Their common viewpoint is that knowledge and the meaning which individuals "imbue with it, is a construction of the human mind" (Rosen, 1996, p. 5).

There is an inconsistent use of terms in relation to constructivism (Chwalisz et al., 2008; Crotty, 1998), social constructivism (Creswell, 2007), constructionism (Crotty, 1998), and social constructionism (Burr, 1995, 2003; Lock & Strong, 2010). Crotty (1998) described constructivism as an individualistic understanding of the constructionist position. Constructionism reflects a view "that all knowledge, and therefore all meaningful reality as such, is contingent upon human practice, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essential social context" (Crotty, 1998, p. 42). Constructivists and social constructionists both understand human meanings as constructed frameworks rather than direct reflections of reality (Raskin, 2008), but they can be differentiated by the fact that the constructivism focuses on individual minds and cognitive processes compared to inter-subjectively shared, social constructions of meaning and knowledge (Schwandt, 1994). Constructivism stands for epistemological considerations focusing on the meaning-making of the individual mind while constructionism includes the social and collective generation and transmission of meaning (Crotty, 1998). Constructivism refers to personal construct psychology in which knowledge construction is seen as a "highly personal endeavour" (Raskin, 2008, p. 2) and "knowing a private and individualistic affair" (Raskin, 2008, p. 2). According to Burr (1995, 2003), social constructionism contains four key assumptions:

 a) a critical stance towards taken for granted knowledge;
 b) historical and cultural specificity;
 c) knowledge is sustained by social processes; and
 d) knowledge and social action go together.

Burr further differentiated social constructionism from traditional psychology by stating that it is anti-essentialist, questions realism, emphasises historical and cultural

specificity of knowledge, understands language as a pre-condition for thought and a form of social action, and focuses on interaction and social practices and processes. Similarly, Lock and Strong (2010) outlined five tenets of social constructionism:

a) it is concerned with meaning and understanding as the central feature of human activities;
b) meaning and understanding have their beginnings in social interaction;
c) ways of meaning-making are inherently embedded in social-cultural processes;
d) an uneasy relationship with essentialism and realism; and
e) a critical perspective towards the topic at hand.

While I agreed with Burr's (1995, 2003) and Lock and Strong's (2010) tenets, I neither viewed knowledge as a solely private and individualistic affair (Raskin, 2008) nor did I focus primarily on the social and collective generation and transmission of meaning in this research (Crotty, 1998) or on discourses (Lock & Strong, 2010). I emphasised the "shared meanings" (Finlay, 2002, p. 534) in knowledge development but also stressed the individual dimension of the meaning-making processes. I did not focus directly on the "realm of interaction" (Finlay, 2002, p. 534) between counsellor, client and participant, and myself (the researcher) because a) I focused on the individual meaning-making of each practitioner and b) I tried to minimise my personal influence on the research process by making my preconceptions and knowledge constructions explicit in a process of bracketing before I started data collection. From that point of view, I focused on each individual participant's meaning-making processes while acknowledging that each individual does not operate only on their individual construction of meanings but "action grows from personal constructs, cultural mores, negotiated representations, dialogical practices, and social traditions" (Raskin, 2001, p. 300). Hence, "a 'truth' is a set of opinions widely shared" (Efran & Clarfield, 1992, p. 201). As a consequence, I perceived the term 'social constructivist' (Creswell, 2007) as most suitable to represent my epistemological position, which combines certain aspects of constructivism and social constructionism. Following this social constructivist point of view, the 'community' of secondary school counsellors in New Zealand was understood as sharing various constructs, cultural mores, negotiated representations, dialogical practices, and social traditions in which the construction of their individual meaning-making processes were embedded.

Axiology refers to the role of the researcher's values in the scientific process (Ponterotto, 2005). The axiology of constructivist researchers emphasises that the researcher's values are part of the research process, but that their influence on the outcome might be minimised by acknowledging and describing them while not eliminating them. This practice is due to "prolonged interpersonal contact with participants in order to facilitate their construction and expression of the 'lived experience' being studied" (Ponterotto, 2005, p. 131). I used the process of bracketing in relation to my preconceptions and knowledge constructions as well as my values in order to minimise their interference with the research process. I tried to stay self-reflective during the process of data gathering and analysis with regard to my preconceptions and knowledge constructions and their possible influence on the research process by keeping a research journal.

Not many researchers embark on a piece of social research with an already chosen epistemology as their starting point, but "we typically start with a real-life issue that needs to be addressed, a problem that needs to be solved, a questions that needs to be answered" (Crotty, 1998, p. 13). As a researcher, I went through the same chronology of events. I was interested in New Zealand secondary school counsellors' experience of assessing their students, with a focus on their meaning-making. I considered value and respect as important guidelines for my research as expressed in the basic guidelines of this research project (described below). As a consequence, relativist ontology seemed most appropriate because of its emphasis of situated realities. Furthermore, the social constructivist epistemology appeared as most valuing of participants' embeddedness in shared meanings as well as of individual meaning-making processes in their assessment practice. A qualitative research approach further extended the focus of investigation into my area of interest and this valuing and respectful approach towards the participants which is discussed in the following section.

Qualitative research

This section presents relevant characteristics of qualitative research. A multi and mixed-methods approach has been used in this research project. A national online survey was conducted in Phase I which informed the development of in-depth interviews, case vignettes, and practice reflections in Phase II. This sequential transformative design, in which quantitative data informed the subsequent qualitative main approach (Hanson,

Creswell, Clark, Petska & Creswell, 2005), puts emphasis on the qualitative orientation of this study.

One major aim of this research project was to gather in-depth data on secondary school counsellors' experiences of assessment. It was anticipated that the nature of this data will be related to subjective narratives which were not reducible to numerical summaries. As a consequence, qualitative methods seemed most appropriate in gathering such data. Quantitative methods "focus on the strict quantification of observations (data) and on careful control of empirical variables" (Ponterotto, 2005, p. 128), whereas qualitative methods refer to a broad class of empirical procedures which are designed to describe and interpret the experiences of research participants in a context-specific setting (Denzin & Lincoln, 2000). The following distinctive features of qualitative compared to quantitative research were formulated by Elliott and Timulak (2005):

a) a greater emphasis on understanding phenomena in their own right rather than from an outside perspective;

b) use of open, exploratory research questions instead of closed ended hypothesis;

c) more weight on unlimited, emergent description options compared to predetermined choices or rating scales;

d) use of special strategies for enhancing the credibility of designs and analysis; and

e) a definition of success is related to discovering something new instead of confirming what was hypothesised.

'Qualitative methods' is an "umbrella term covering an array of interpretive techniques, which seek to describe, decode, translate, and otherwise come to terms with the meaning, not the frequency, of certain more or less naturally occurring phenomena in the social world" (Van Maanen, 1983, p. 9). Qualitative methods are concerned with the naturalistic description or interpretation of phenomena in terms of the meanings these have for the people experiencing them (Langdridge, 2007). Compared to quantitative methods, qualitative methods rely on linguistic rather than numerical data, and employ meaning-based rather than statistical forms of analysis (Elliot & Timulak, 2005). The raw data of qualitative studies are commonly generated *in vivo* and "the logic of phenomenological analysis is more likely to be assumed since qualitative researchers tend to regard social phenomena as more particular and ambiguous than replicable and clearly defined" (Van Maanen, 1983, p. 9). As a consequence, the data that qualitative

research produces is rather in-depth and about individual meanings in specific lifeworlds which cannot be quantified. However, researchers can be interested in the prevalence of particular meanings and related questions can only be answered with quantitative data and associated analyses. Hence, mixed data requires mixed methodologies. In Phase I of this research project, an initial survey was designed to measure prevalence of common student issues, counsellors' education, use of psychological theory in counselling and assessment, and barriers to counselling. Phase I then informed subsequent decisions regarding the qualitative methods in Phase II.

Qualitative research can be generically defined as "a situated activity that locates the observer in the world" (Denzin & Lincoln, 2005, p. 3); in that sense, it is a set of interpretive and material practices that make the world visible. It involves an interpretive and naturalistic approach to the world which means that qualitative researchers study phenomena in their natural settings, attempting to make sense of or interpret these phenomena in terms of the meanings people bring to them. Qualitative research involves the use and collection of a variety of empirical methods such as case study, personal experience, introspection, life story, interview, artefact, cultural text and production, observational, historical, interactional and visual text (Denzin & Lincoln, 2005). These materials often describe routines and problematic moments and meanings in people's lives, which are interpreted by qualitative researchers with a wide range of interconnected interpretive practices, "hoping always to get a better understanding of the subject matter at hand" (Denzin & Lincoln, 2005, p. 4).

The last decade has witnessed a dramatic increase in research committed to using qualitative methodology in psychology (Smith, 2004, 2008; Langdrige, 2007). As a result, the importance of talking about qualitative methodolog*ies* or approach*es* is recognised (Smith, 2004). This could be described as a pioneering period of qualitative research for psychology and more and more researchers are beginning to experience a need for non-quantitative but rigorous ways of conducting research (Giorgi, 1994). The primary disciplines for contemporary human sciences, made up largely of health, psychology and education, are concerned centrally with human lived experiences; favour qualitative methodologies; and are mainly formed by groups of researchers who differentiate themselves from quantitative mainstream parts (Smith, 2007).

The following section outlines phenomenology as the theoretical framework of this research before the chapter moves on to discuss IPA as research method, the quality criteria of qualitative research, the additional principles of this research study, and the specific data gathering and analysis procedures used.

Phenomenology

This section provides information about phenomenology as the theoretical framework of this study.

Phenomenology is the name given to the philosophical movements originating with Edmund Husserl (1859–1938) and further developed by Martin Heidegger (1889–1976) and his followers. This movement played an important role in philosophical thinking in the twentieth century and has led to many of the current strands of philosophy today (Langdridge, 2007). It also has had an influence on many disciplines, including psychology. From a psychological point of view, phenomenology is the study of human experience and the way in which things are perceived as they appear to consciousness (Langdridge, 2007). In that sense, a phenomenological study describes the meaning for several individuals of their lived experience of a phenomenon (Creswell, 2007).

The maxim of the phenomenological movement is "back to the things themselves" (Husserl, 1970a, p. 252). The things themselves are understood as phenomena that present themselves immediately to the researchers as conscious human beings (Langdridge, 2007). Langdridge (2007) pointed out that phenomenologists resist the subject-object dualism that is central to positivism, where the separation of the world can be seen as it really is and the world as it appears to us through perception. Phenomenologists argue that it does not make sense to think of objects in the world separately from subjectivity and our perception of these objects. Thus, an object enters our reality only when we perceive it, when it is presented to consciousness (Langdrige, 2007). Furthermore, the perception varies according to the context and as a consequence there is no once-and-for-all-knowledge to be found about a real knowable world. Instead researchers focus on participants' perceptions of the world and how it is experienced, recognising that this will be differently meaningful to different people and even the same person in different contexts (Langdridge, 2007).

The term phenomenology is partly derived from the Greek word *phainomenon*, which literally means 'appearance, that which shows itself' (Spinelli, 2005). Phenomenology is concerned with "the appearance of things as contrasted with the things themselves" (Spinelli, 2005, p. 6), which means that we can only understand the world from the point of view of our individual perception and that we cannot know an objective reality (Cayne & Loewenthal, 2006).

> The phenomenological world is not pure being, but the sense which is revealed where the paths of my various experiences intersect, and also where my own and other people's intersect and engage each other like gears. It is thus inseparable from subjectivity and intersubjectivity, which find their unity when I either take up my past experiences in those of the present, or other people's in my own. (Merleau-Ponty, 1962, p. xx)

Husserl (1980) criticised psychology as a science because of its attempts to apply methods of the natural sciences to human issues. He argued that psychology deals with living subjects who are not merely reacting automatically to stimuli but are responding to their own perceptions of the meaning of these stimuli. Husserl understood science as a second-order knowledge system, which depends ultimately upon the first-order concept of personal experiences (Smith et al., 2009). Husserl stated that

> it is of course itself a highly important task, for the scientific opening-up of the lifeworld, to bring to recognition the primal validity of these self-evidences and indeed their higher dignity in the grounding of knowledge compared to that of the objective logical self evidences … From objective logical self evidence (mathematical 'insight', natural-scientific, positive-scientific 'insight', as it is being accomplished by the inquiring and grounding mathematician, etc.), the path leads back, to the primal self evidence in which the life-world is pregiven. (Husserl, 1970c, p. 128)

Husserl's phenomenology is essentially the study of lived experiences in the lifeworld (Van Manen, 1990). The lifeworld is understood as what individuals experience pre-reflectively, without resorting to theorising or conceptualisation and often includes what is taken for granted or common sense (Husserl, 1970b). Husserl's phenomenology focuses on the world as lived by a person and not the world or reality as something separate from the person (Laverty, 2003, Valle, King & Halling, 1989). Research with a phenomenological framework seeks to illuminate essential meanings in participants' lived experiences that may be taken for granted (Laverty, 2003). In other words, in order to understand lived experience one has to "go beyond the taken-for-granted aspects of life" (Bergum, 1991, p. 56). Husserl focused on the study of phenomena as they appeared through consciousness and emphasised that minds and objects both occur within experience, thus eliminating mind-body dualism (Laverty, 2003). Consciousness is then a co-constituted dialogue between the individual and the world (Valle et al.,

1989). Moreover, Husserl understood "access to the structures of consciousness not as a matter of induction or generalisation, but as a result of direct grasping of phenomena" (Laverty, 2003, p. 23). From this point of view, Husserl saw conscious awareness as the starting point in building a person's knowledge of reality and proposed that one could develop a description of particular realities by intentionally directing one's focus towards objects (Laverty, 2003). In this process, an individual is enabled to reach an understanding of the structures of consciousness which are essences that make an object identifiable as a unique kind of object or experience and as distinctive from other objects or experiences (Edie, 1987). Heidegger, Merleau-Ponty and Sartre further developed Husserl's phenomenology and contributed to the understanding of an individual person as embedded and immersed in a world of objects and relationships, language and culture, projects and concerns (Smith et al., 2009).

> They move us away from the descriptive commitments and transcendental interests of Husserl, towards a more interpretative and worldly position with a focus on understanding the perspectival directedness of our involvement in the lived world – something which is personal to each of us, but which is a property of our relationships to the world and others rather than to us a creatures in isolation. (Smith et al., 2009, p. 21)

Husserl's phenomenology can be differentiated from the hermeneutic phenomenology of Heidegger (Laverty, 2003). Phenomenological researchers who follow Heidegger's approach investigate "what all participants have in common as they experience a phenomenon … and the basic purpose is to reduce individual experiences with a phenomenon to a description of the universal essence" (Creswell, 2007, p. 58). Creswell (2007) differentiated between hermeneutical phenomenology, which is based on Heidegger (1962) and was developed into a research approach by Van Manen (1990) and others, and transcendental, or psychological phenomenology, which has its roots in Husserl's phenomenology (1970, 1980, 1982, 2006) and was developed into a research approach by Moustakas (1994), Giorgi (1985, 1994) and others. The hermeneutical approach is critical of the process of bracketing one's assumptions (Laverty, 2003). It focuses on interpreting the texts of life and is understood as not merely a description but an interpretative process in which the researcher "mediates" between different meanings (Van Manen, 1990, p. 26). Moustaka's (1994) transcendental or psychological phenomenology focuses more on the description of the participants' experiences and emphasises Husserl's concept of bracketing. In this sense transcendental means "in which everything is perceived freshly, as if for the first time" (Moustakas, 1994p. 34), which is an important notion in this research project. Psychological phenomenology

provides the theoretical framework for this research project which is further discussed in the description of IPA as the main method.

Giorgi (1994) described comprehensiveness as one of the appealing aspects of psychological phenomenology. This comprehensiveness lies in the fact "that phenomenology always starts from the perspective of consciousness and allows that whatever presents itself to consciousness, precisely as it presents itself, is a legitimate point of departure for research" (Giorgi, 1994, p. 192). Another way of describing this comprehensiveness is on the level of theoretical articulation which lies in the abstractness of phenomenological categories which in turn are drawn out of typical phenomenological data. According to Giorgi (1994), psychological phenomenology generally involves three abstract and somewhat idealistic interrelated steps of a) describing the phenomena as they present themselves; b) phenomenological reduction and bracketing of preconceptions; and c) searching for essences. What is most significant for this research project is that psychological phenomenology in general and in IPA in particular emphasises intentionality, epoche, phenomenological reduction, imaginative variation, and essences, all of which will be described in more detail in the following sections.

Intentionality

Husserl (1982) identified intentionality as a central concept of phenomenology. It has been described as the key feature of consciousness for Husserl (Langdridge, 2007). Husserl (1982) stated that "under intentionality we understand the one peculiarity of mental processes to be consciousness *of* something" (p. 200). Thus, when we are conscious or aware we are conscious or aware of something. There is always an object of consciousness. "A perceiving is a perceiving of something" (Husserl, 1982, p. 200). The focus of phenomenology is then on the way the consciousness is turned out onto the world as it intentionally relates to objects in the world. The core of intentionality is that the object cannot be adequately described apart from the subject, nor can the subject adequately be described apart from the object (Crotty, 1998). Crotty (1998) pointed out that this directedness means that consciousness is focused towards the object, which is then shaped by the consciousness of a human being. Therefore, subject and object, distinguishable as they are, are always united. The dichotomy of subject and object or mind and body are untenable. Intentionality represents a rejection of objectivism and subjectivism and stands for humans engaging with their human world (Crotty, 1998).

To further clarify the central role of intentionality, the two terms *noema* and *noesis* were introduced by Husserl. He argued that all experience is experience of something and that this transforms the distinction between subjects and objects into a correlation between what is experienced (the noema) and the way it is experienced (the noesis) (Langdridge, 2007). Langdridge (2007) emphasised that this correlation does not imply a cause but a relationship. The distinction is between those things of experience that are present to the researcher in consciousness and the way in which these things are present to the researcher. Although it is possible to distinguish between the two poles of intentionality, they remain necessarily related (Langdridge, 2007).

Epoche/bracketing

Phenomenology gives priority to revelation and disclosure rather than explanation and prediction (Van Maanen, 1983). From a constructivist point of view, the researcher's values and experiences cannot be divorced from the research process, which leads the researcher to "acknowledge, describe, and 'bracket' his or her values, but not eliminate them" (Ponterotto, 2005, p. 131). Phenomenology requires researchers to engage with phenomena directly and immediately and to bracket their already saddled understandings to the best of their ability in order to allow the experience of the phenomena speak to them at first hand (Crotty, 1996). To lay aside their previous understandings of the phenomenon in order to have a fresh look at it reflects the core of phenomenology as expressed by Merleau-Ponty (1962): "in order to see the world and grasp it as paradoxical, we must break with our familiar acceptance of it and … we can learn nothing but the unmotivated upsurge of the world" (p. xiv). Furthermore, bracketing is much more than a suspension of assumptions, it is "a change of attitude that throws suspicion on everyday experiences" (Armstrong, 1976, p. 252).

Husserl (1982) stated that phenomenology invites the researcher to set aside all previous habits of thought, see through and break down the mental barriers which these habits have set along the horizons of our thinking in order to learn to see what stands before our eyes. This process suggests that if we lay aside, as best as we can, the prevailing understandings of the phenomena under investigation and revisit our immediate experience of them, possibilities for new meaning emerge or we witness at least an authentication and enhancement of former meaning (Crotty, 1998). Giorgi (1994) described bracketing as a process of making explicit and being aware of all past

knowledge or theories about the phenomenon being researched that are relevant to the research question, so that one takes the phenomenon precisely as it presents itself without saying that it exists precisely as it presents itself. This offers a fresh and different way of experiencing a phenomenon that may be relevant for gaining new intuitions about the phenomenon being researched (Giorgi, 1994).

Husserl (2002) argued that human existence is characterised by the natural attitude, which is the most basic way of experiencing the world, with all our taken-for-granted assumptions in operation. Husserl stated that "first of all, there is the natural attitude, in which we all live and from which we thus start when we bring about the philosophical transformation of our viewpoint" (Husserl, 2006, p. 2). In this attitude there is little attempt to critically examine experiences and work through all available possibilities. Epoche is the process of breaking out of this natural attitude in order to be able to set aside and criticise the natural attitude and gain a greater understanding of the assumptions at play in a person's lived experience. The aim of epoche is to enable the researcher to describe the things themselves and attempt to set aside the natural attitude and all pre-assumptions they have about the topic under investigation. In that sense, the core of epoche is doubt but "not doubt about everything we say we know, but doubt about the natural attitude of the biases of everyday knowledge" (Langdridge, 2007, p. 17). This is a difficult process but the ability to see phenomena from many different perspectives is crucial in uncovering the essence, or fundamental structure, of the phenomena (Langdridge, 2007).

There are varying stances regarding the achievability of the epoche (Langdridge, 2007). The transcendental phenomenologists follow Husserl and argue that the epoche is achievable and that it is possible to transcend one's own experience of the world, to see it differently, as another person might. The existential phenomenologists believe that the researcher should try to achieve epoche but that it is never truly possible to bracket off all presuppositions.

There are practical issues connected to the epoche in that the researcher's preconceptions which were bracketed at the beginning of the research process tend continually to arise and metamorphose in different ways (Cayne & Loewenthal, 2006). There seems to be a need in phenomenological studies to continually check one's

presuppositions and their impact on the study. Bergum (1991) described the dilemma as the need to both keep yourself in there and out there at the same time.

Epoche: bracketing of my preconceptions

According to the principles of phenomenology in general and IPA in particular, I bracketed my preconceptions about New Zealand secondary school counsellors' experience of assessment before I started the data gathering process. In relation to this research project, I viewed the process of bracketing as particularly important. I was born in Germany and arrived in New Zealand two years before I started to conduct interviews with the participants. I understood bracketing as an opportunity to become aware and be explicit about my German thinking patterns and knowledge, a consequence of which would be the reduction of their influence on my data gathering and analysis procedures. Furthermore, I have never worked as a school counsellor myself, which I viewed as an advantage in the sense that I might be able to ask questions which are naïve enough to lead me to see the world afresh (Crotty 1998) and to an understanding of the experience of assessment of the participants 'as they really are'. From that point of view, I used bracketing to explicitly document my theoretical knowledge about assessment in secondary school counselling settings and as a consequence attempted to investigate assessment practices in New Zealand 'precisely as they present themselves'. Additionally, I tried to examine and monitor the impact of those preconceptions on the research process during data gathering and analysis procedures. The main purpose was to make myself aware of my preconceptions and to provide a basis for examining and monitoring the impact of these preconceptions on the research process. I bracketed my preconceptions in relation to the structure of the process, use of theoretical approaches, strategies of information gathering and assessment, and cognitive processes.

Structure of the process
The process of information gathering and assessment is a somewhat structured process at the beginning of counselling with each new client. The process starts with either the counsellor receiving some information about the presenting issue in referred cases or the practitioner asking the student what the reason is for their seeing the school counsellor in self-referred cases.

The school counsellor develops a holistic understanding of the student's situation through gathering a core set of information in the first and sometimes part of the second

session. This core set differs in size and comprehensiveness from practitioner to practitioner but is usually involves at least:

- Description of the presenting issue
- Education and school matters
- Family life
- Peers
- Student's understanding of the current situation
- Student's goals

Depending on the information that each student client reveals, the school counsellor asks more questions about areas of life which seem to be most important until the practitioner reaches a holistic understanding of the student's situation, possible causes for the issue, and a treatment plan.

Use of theoretical approaches

Beginning school counsellors are more likely to follow a certain set of questions which is related to the theoretical approach they were educated in. More experienced counsellors use a less structured approach, which is led by previous experiences with the presenting issue and favourable theoretical approaches they might have been exposed to during their practice years. Experienced counsellors are more likely to have further educated themselves in a variety of approaches and have identified an individual set of approaches, which they tend to use most often with student clients. Criteria for the choice of approaches are the compatibility of basic assumptions of approaches with the identity of the practitioner, experiences of success with certain approaches and the time available.

Strategies of information gathering and assessment

Strategies of information gathering and assessment are closely related to the use of theoretical approaches. Less experienced practitioners work and think in ways closely aligned to their education whereas more experienced counsellors develop a certain feeling for causes for presenting issues which need to be explored. More experienced practitioners are more time efficient in their exploration of the student's issue. They tend to have a less structured and more open strategy which adapts from situation to situation without "wasting time" on information about irrelevant areas of life regarding the student issue.

Cognitive processes

The internal processes of practitioners when engaged in information gathering and assessment with student clients might be described as hypothesis formulation, testing, adaptation and correction, hypothesis reformulation, testing, adaptation and correction and so on, and these are presented on five levels in Figure 1. The practitioner develops a hypothesis as soon as the first information is given either by the student or by a referral note. They then follow this hypothesis and correct and adapt it during the process. It is more likely that less experienced practitioners have to adapt their initial hypothesis more often than more experienced ones and sometimes even completely restate the hypothesis. I anticipated that this process could be described as the activities of hypothesis formulation, testing, adaptation and correction, hypothesis reformulation, testing, adaptation and correction taking place in the form of a spiral with five levels. Each level has different criteria for proceeding to the next level which if not met leads to repeating the activity on the same level. The first level is concerned with the development of an accurate hypothesis about the client's issue. Only when the practitioner has the impression that the accuracy of this hypothesis is sufficient is level II entered. On the second level, a holistic understanding is developed which fits into the chosen theoretical model of counselling. If this criterion is fulfilled, the steps of level III are taken: case conceptualisation, mutual decision-making and mutual agreements on the case conceptualisation. Only when client and counsellor can agree on this case conceptualisation is the fourth level entered. On the fourth level, the task is to design an intervention, to put this intervention in place and to continually evaluate the progress. If there is not enough progress, counsellor and client reconsider their mutual agreement and the intervention and might re-enter an earlier level if there are disagreements. If there is appropriate progress, level V is entered. The fifth level involves the task of evaluating whether the counselling contract has been fulfilled or not. If it has been fulfilled the counselling intervention is terminated and earlier levels are re-entered. However, I anticipated that at any time during this process, important new information may emerge, which might lead the counsellor and client back to one of the previous levels, or even the first level, from which they start again.

Level I
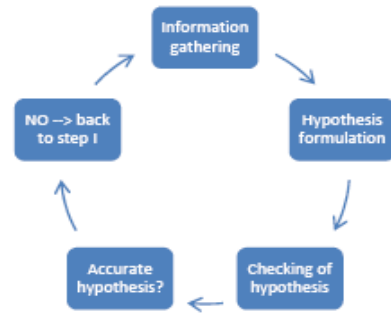
Level II
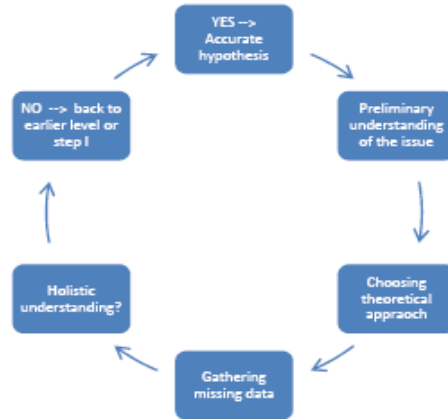
Level III
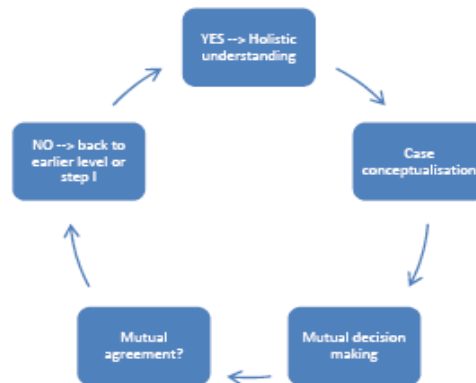
Level IV
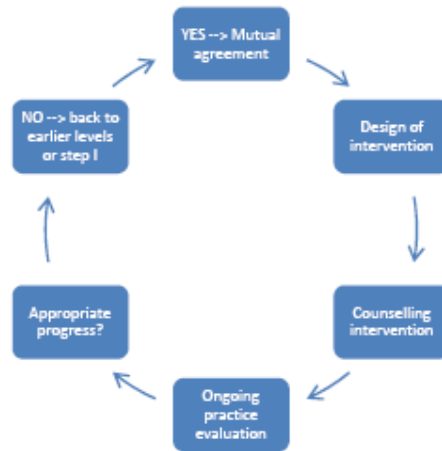
Level V

Figure 1 Pre-conceptualisation of experiences of assessment

The process of hypothesis formulation, testing, adaptation and correction, hypothesis reformulation, testing, adaptation and correction in the form of a spiral on five different levels was my understanding of the experience of assessment of secondary school counsellors in New Zealand before I started gathering data. During the process of data gathering I tried not to confirm this model but to listen to the participants and try to make sense out of their responses without using this pre-conceptualisation.

Phenomenological reduction

Phenomenological reduction continues the process of the epoche. There are three key elements to this process: description, horizontalisation and verification (Langdridge, 2007). Langdrigde (2007) stated that once the preconceptions are bracketed off, the researcher describes what he or she sees, not only in terms of perception but also in terms of consciousness. The aim is to capture and describe the total experience of consciousness in as much detail as possible. It is necessary to repeatedly reflect, examine, and elucidate the phenomenon while resisting the temptation to create

hierarchies of meaning and instead treat all detail with equal value. The latter process is called horizontalisation. The researcher is required to describe all perceived detail, regardless of how mundane it appears, and no perception should be privileged at this stage (Langdridge, 2007). Once this process has been conducted, tentative hypotheses about hierarchies of meaning might be formulated and verified in the transcript. This analysis needs to be taken back to the text to check that it makes sense in that specific context (Langdridge, 2007).

Imaginative variation

In phenomenological psychology, imaginative variation is employed after the phenomenological reduction in order to elucidate further meaning from an experience (Langdridge, 2007). This process can be described as approaching the phenomenon from different perspectives by imaginatively varying features of the phenomenon (Langdridge (2007). He emphasised that the aim is to imaginatively vary elements of our experience in order to let the essence emerge. Imaginative variation has been described as a field situation in which the researcher is forced, through a certain lack, to think of a possibility that was never realised but contributes insightfully to the research (Giorgi, 1994). Furthermore, it has been compared to triangulation, in which empirically varied theories, data and/or researchers are used in order to aim for an invariant result (Giorgi, 1994).

Essences

The identification and description of essences are important steps in phenomenological practice. "Husserl's essences are destined to bring back all the living relationships of experience, as the fisherman's net draws up from the depth of the ocean quivering fish and sea-weed" (Merleau-Ponty, 1962, p. xv). The move to identify essences in phenomenology represents a move from the description of individual experience to exploration of the structure underlying such experience (Langdridge, 2007). Merleau-Ponty (1962) differentiated between the world's essences and these essences as ideas once they have been reduced into themes of discourse and stressed that "it is looking for what it is as a fact for us, before any thematisation" (p. xv).

Although Husserl's concept of essences is controversial, it represents an important step forward from mere description of individual experience to a description of structures of

experiences more generally. Phenomenological psychologists tend to attempt to discern essences through multiple descriptions from a number of participants. "This is effectively a sort of sampling imaginative variation, where the true nature of the essence is revealed through an examination of the form of the experience under investigation from a number of different perspectives" (Langdridge, 2007, p. 21). These essences do not emerge through some sense of inner intuition but through rigorous examination and reflection on experience itself as given to consciousness among the participants in an investigation (Langdrige, 2007). Epoche, the phenomenological reduction, and imaginative variation provide the method for identifying essences. It is important, however, to keep in mind that Husserl was a philosopher and not a psychologist and as a consequence most of his writing about the process of phenomenology was conceptual (Smith et al. 2009). "Therefore, his thinking has to be adapted when it comes to psychological inquiry" (Smith et al., 2009, p. 16).

Theoretical consistencies were considered important in conducting this research project in phenomenological psychology. Giorgi (1994) stressed that theoretical and methodological consistencies ought to be respected in conducting research even if it is not rigidly pursued in the beginning. These consistencies are related to the criteria and practices of research which are supposed to be in line with the chosen paradigm, theoretical positioning, and methodology. Methodology refers to the process and procedures of research and is interconnected with the researcher's positions with respect to ontology, epistemology and axiology (Ponterotto, 2005).

The following section delineates interpretative phenomenological analysis (IPA) as the main method for data gathering and analysis. IPA's applications and central features are outlined before the details of data gathering and analysis are described.

Interpretive phenomenological analysis

Interpretive phenomenological analysis (IPA) provides the methodological basis for this research project. IPA is described as one of the most widely used research approaches to phenomenological psychology in the UK today (Langdridge, 2007). IPA has been used in studies such as identity development in transition to motherhood (Smith, 1999a), psychosocial adjustment to amputation (Hamill, Carson & Dorahy, 2010), embodiment of artificial limbs (Murray, 2004), disordered eating (Mulveen & Hepworth, 2006),

understandings of the treatment of Anorexia Nervosa (Jarman, Smith, Walsh, 1997), experience of carers of stroke survivors (Hunt & Smith, 2004), complex chronic pain (Jordan, Eccleston, Osborn, 2007), benign low back pain (Smith & Osborn, 2007), genetic counselling (Macleod, Craufurd & Booth, 2002), new genetics (Chapman & Smith, 2002), heart disease (Senior, Smith, Michie & Marteau, 2002), risk perception in Huntington disease (Smith, Michie, Stephenson & Quarell, 2002), online gaming addiction (Chappell, Eatough, Davies & Griffiths, 2006), experience of living with Parkinson's disease (Bramley & Eatough, 2005), recovery (Royal, Reynolds & Houlden, 2009), experience of loss (Dickinson, Allan & O'Carroll, 2008), stroke (Murray & Harrison, 2004), adaptation to recurrent venous Thrombosis (Moore, Norman, Harris & Makris, 2008) and wellbeing of young people who care for a dependent relative (Bolas, Van Wersch & Flynn, 2007).

IPA is informed by phenomenological philosophy and has hermeneutic phenomenological roots (Smith et al., 2009). IPA is phenomenological in that it involves detailed examination of the participant's lived experience and is concerned with trying to understand what it is like from the point of view of the participants (Smith & Osborn, 2008). There is less emphasis on description and greater interpretation than in descriptive phenomenology, as well as greater engagement with mainstream psychological literature such as social cognitive psychology (Langdridge, 2007). IPA researchers' interests are commonly related to "exploring participants' personal and lived experiences, and in looking at how they make sense and meaning from those experiences" (Smith, 2004, p. 48).

IPA has a long history in social sciences in general and psychology in particular. One of its main precepts is that "human beings are not passive receivers of an objective reality, but rather that they come to interpret and understand their world by formulating their own biographical stories into a form that makes sense to them" (Brocki & Wearden, 2006, p. 88). Phenomenology, discourse analysis, and symbolic interactionism were identified as three important cornerstones of this qualitative approach (Smith & Osborn, 2008; Smith, 1996). The relation to symbolic interactionism lies in IPA's concern for how meanings are constructed by individuals within both a social and personal world. There are commonalities with discourse analysis but where phenomenological researchers "would typically differ from discourse analysis is in having a concern with cognitions, that is, with understanding what the particular respondent thinks or believes

about the topic under discussion" (Smith, 1996, p. 263). IPA is phenomenological in that it focuses on individuals' subjective reports rather than formulating objective accounts and it identifies research as a dynamic process (Brocki & Wearden, 2006). IPA is described as being able to mediate between the opposed positions of social cognition and discourse analysis (Smith, 1996). As a consequence, IPA might be able to enrich the literature and knowledge of an area that has previously only been studied quantitatively.

> While employing different methods, drawing on different theoretical backgrounds and using different terminologies, the shared commitment to mind and cognitions allows for the possibility of quantitative and qualitative (IPA) researchers usefully having dialogue with each other and quantitative and qualitative studies informing each other. (Smith, 1996, p. 264)

Additionally, IPA recognises the importance of context and language in helping to shape participants' responses, which could enable a fruitful dialogue with discourse analysis (Smith, 1996).

IPA has emerged as an alternative to descriptive phenomenological psychology and was initially designed to bridge the divide between cognitive and discursive psychology (Smith, 1996). This concern with sense-making on the part of the researcher and participant means that IPA could be described as cognitive psychology (Smith, 2004). It shares with cognitive psychology and social cognition approaches the centrality of mentation. The way IPA differs from mainstream psychology is in the preferred way of examining such cognitive processes. "While mainstream cognitive psychology and social cognition are committed to quantitative and experimental methodology, IPA employs in-depth qualitative analysis" (Smith, 2004, p. 41).

IPA focuses on how people perceive an experience and what this particular experience means to them. Its focus is on the experience of the lifeworld, which is described as the core of all phenomenological inquiry (Langdridge, 2007). IPA researchers do not enter the research process with a predetermined research hypothesis but rather have a more general question that they wish to explore flexibly and in detail (Smith & Osborn, 2008). IPA aims to offer an insider's perspective with a first-order analysis, which can be described as a summary of participant's concerns, and a second-order analysis, which is a further development to an interpretative or conceptual level (Larkin et al., 2006). "On a methodological level, this means that an IPA study typically involves a highly

intensive and detailed analysis of the accounts produced by a comparatively small number of participants" (Larkin et al., 2006, p. 103). The verbatim accounts are commonly gathered with semi-structured interviews, focus groups or diaries and patterns of meanings are developed and reported in a thematic form in the analysis procedure. There is a considerable flexibility and variation in relation to the analytic process which has a large amount of similarities with other qualitative methods. "Indeed, it may be more appropriate to understand IPA as a 'stance' or perspective from which to approach the task of qualitative data analysis, rather than as a distinct method" (Larkin et al., 2006, p. 104).

IPA researchers commonly approach their data with two aims in mind (Larkin et al., 2006). The first aim is to try to understand the participant's world and to describe what it is like in "a coherent, third person, and psychologically informed description, which tries to get as close to the participant's view as is possible" (Larkin et al., 2006, p. 104). The second aim of the IPA researcher is to develop an interpretative analysis, which relates the initial description to a wider social, cultural and theoretical context, which could be described as a conceptual commentary on the participant's sense making activities (Larkin et al., 2006).

> Aspects of this interpretative work may also be informed by direct engagement with existing theoretical constructs (something which distinguishes IPA from grounded theory approaches) and the process is sometimes directed towards answering a preformed research question. (Larkin et al., 2006, p. 104)

IPA has three broad elements (Smith, 2004). It represents an epistemological position, offers a set of guidelines for conducting qualitative phenomenological research, and describes a body of research. "In terms of its theoretical position, IPA aims to explore in detail participants' personal lived experience and how participants makes sense of that personal experience" (Smith, 2004, p. 40), which is in line with previous theoretical considerations of this research project. The aim of IPA is to explore the participant's view of the world and to adopt this view as far as possible, as opposed to exploring the researcher's understanding of the phenomenon (Smith, 1996). Furthermore, IPA is phenomenological in its concern with individuals' perceptions of objects or events, but also recognises the central role of the researcher in making sense of that personal experience. Three characteristic features of IPA are described below: Idiographic, inductive, and interrogative (Smith, 2004).

a) Idiographic

IPA can be described as idiographic, as it begins with the detailed examination of one case until some degree of closure or gestalt has been achieved and then moving to a more detailed analysis of the rest of the cases. Only after this has been achieved can a cross-case analysis in terms of interrogation for convergence and divergence of themes for each individual be conducted. Smith (2004) highlighted that this detailed and nuanced analysis associated with IPA can only be done on a small sample of 5-10 cases. This is related to the aim in writing IPA which is allowing the reader to analyse the narrative in two different ways: a) for the themes which have emerged and all participants share; and b) for the individuals own account of his or her personal lifeworld.

b) Inductive

It is important when conducting IPA that the research approach is allowed to adapt to emerging topics and themes (Smith, 2004). He pointed out that IPA researchers do not verify or negate specific hypothesis established on the basis of the extant literature, but rather design broad research questions which lead to a collection of expansive data. The deepest analysis is often that "which develops unanticipated while engaged with the material and the flexible data collection and analysis techniques of IPA" (Smith, 2004, p. 43). Although the inductive part of IPA is in the foreground, research in practice involves interplay between induction and deduction (Smith, 2004).

c) Interrogative

IPA differs from quantitative psychology in epistemological assumptions and methodological practices but also shares constructs and concepts with mainstream psychology in general and with cognitive psychology in particular (Smith, 2004). As a consequence, IPA is able to engage in a constructive dialogue with other fields of psychology, which is reflected in its key aim which is to make a contribution to psychology through interrogating or illuminating existing research (Smith, 2004). While IPA typically involves in-depth analysis of cases, "the analyses do not stand on their own, but rather are subsequently discussed in relation to the extant psychological literature" (Smith, 2004, p. 44).

IPA recognises that research is a dynamic process in which the researcher tries to get close to the participant's world but is aware that this is not directly or completely possible (Smith, 1996). He stated that the access to the participant's world is dependent

on and complicated by the researcher's own conceptions which are required to be made explicit in order to make sense of the other personal world in a process of interpretation. Smith (2004) described human research using IPA as a double hermeneutic. "The participant is trying to make sense of their personal and social world; the researcher is trying to make sense of the participant trying to make sense of their personal and social world" (p. 30).

> The important point is that our success as phenomenologists will not ultimately be dependent upon our revealing the 'pure' experience of a participant; it will be dependent upon our being prepared to do the most sensitive and responsive job we can, given our inherent epistemological and methodological limitations. (Larkin et al., 2006, p. 108)

In addition to these elements of qualitative research and phenomenology in general, and IPA in particular, a number of quality criteria underpin this study, which were perceived as important for this particular research project, in order to conduct high quality, culturally sensitive and respectful research.

Quality criteria in qualitative research

The researcher endeavoured to fulfil criteria associated with high quality qualitative research by following the guidelines of Elliot, Fischer and Rennie (1999, p. 220), which are presented in Table 5:

Table 5 Evolving guidelines for qualitative research studies

Publishability guidelines shared by both qualitative and quantitative approaches	Publishability guidelines especially pertinent to qualitative research
Explicit scientific context and purpose	Owning one's perspective
Appropriate methods	Situating the sample
Respect for participants	Grounding in examples
Specification of methods	Providing credibility checks
Appropriate discussion	Coherence
Clarity of presentation	Accomplishing general vs. specific research tasks
Contribution to knowledge	Resonating with readers

Some of these points overlap with Shenton's (2004) criteria, which are discussed below. The researcher's perspective was elaborated in terms of the paradigm positioning. The sample of New Zealand secondary school counsellors in the wider area of Auckland is clearly situated and results are grounded in examples as much as possible. Additionally, in order to establish the trustworthiness of this research project and its inherent

procedures of data gathering and analysis, the researcher sought to fulfil the criteria of credibility, transferability, dependability and confirmability (Shenton, 2004).

Credibility

Credibility has been described as the qualitative version of internal validity in quantitative research. It addresses the issue of the findings' congruence with reality (Merriam, 1998). The following steps were taken to achieve credibility:

The adoption of well established research methods and examination of previous research findings

These provisions are related to the identification of methods of data gathering and analysis which have been successfully utilised in comparable projects (Shenton, 2004). The in-depth analysis of individual experiences of assessment in secondary school counselling settings is, to the best of my knowledge, a new area of research. However, phenomenology in general and IPA in particular have been widely used in health related research (see the description of IPA above). Phenomenology and IPA's data analysis strategies seemed most appropriate for this relatively new counselling research due to its emphasis on emerging of unforeseen data and its respectful approach to participants. Individual participants' experience in their specific lifeworld lies at the heart of this study. This is congruent with IPA data analysis procedures that strive to a) understand the participant as a whole and b) not to divide transcripts into meaning units. In this way, the researcher was forced to try to understand each piece of information in relation to the whole, which is the participant as a human being.

The development of an early familiarity with the culture of participating organisations before the first data collection dialogues take place

Before I started the piloting of my initial survey, which provided important data for the survey itself and the in-depth interviews, I met with several secondary school counsellors in New Zealand in order to become familiar with the culture of their practice. I clarified my initial research questions and their particular meaning for these counsellors. The emerging familiarity of secondary school counselling culture and the pilot data provided important information about assessment in secondary school counselling settings in New Zealand. Furthermore, the three sets of interviews allowed a prolonged engagement with the participants, which enabled me to develop a relationship

of trust and to gain an adequate understanding of the research matter (Lincoln & Guba, 1985).

Triangulation

The use of different methods was employed in order to compensate for their individual limitations (Shenton, 2004). Particularly during the process of data analysis, previous research on secondary school counselling in New Zealand, data from my national online survey, and data from the in-depth interviews, case vignettes, and practice reflection were used and are made explicit in the discussion section.

Tactics to help ensure honesty in informants

Participants were given opportunities to decline participation and encouraged to be frank from the outset of each interview. I took as much time as was needed before I started interviews to clarify my intentions, to emphasise that there were no right or wrong answers, and that each participant had the right to withdraw from my study at any point without having to justify their decision. The last point was explicitly addressed in the ethics form each participant needed to sign in order to participate.

Iterative questioning

The use of iterative questioning was not used to uncover deliberate lies (Shenton, 2004) but rather to prevent misunderstandings between participants and me. I repeatedly listened to and read the transcripts of previous interviews and noted any questions and uncertainties which I then addressed in the following interview. Additionally, I tried to re-frame central questions in order to gather data from different angles.

Negative case analysis

This provision addresses the refining of a hypothesis until it addresses all cases within the data (Lincoln & Guba, 1985, Miles & Huberman, 1994). I adjusted and readjusted my hypothesis about my understanding of the experience of assessment of the participants several times as data surfaced that appeared to disconfirm my emerging hunches. I provided several examples of these adjustments in the description of data analysis strategies at the end of the methodology chapter.

Frequent debriefing sessions between the researcher and his supervisors and peer scrutiny

I met frequently with my supervisors and presented and discussed my most up-to-date understandings. Furthermore, I organised presentations for other PhD students and colleagues from the departments of Psychology and Education in which I presented my understandings and then provided time for feedback, critique and discussions. Additionally, I contracted an outside adviser who was very experienced in the field of psychology and PhD supervision in general and secondary school counselling research and practices in New Zealand in particular to closely examine my data analysis procedures. He particularly investigated the connections of my findings with the actual transcripts, the results chapter, the existing literature, and the discussion chapter. Revisions were made accordingly.

The researcher's reflective commentary

I bracketed my preconceptions about assessment experiences in counselling settings before I started gathering data. During the process of data analysis I kept a research journal in which I noted changes in my understanding of aspects of my research. In this way, I tried to be as open to newly emerging data and research questions as possible. Several examples on the development of my understanding are provided in the section on data analysis and the outcome of my bracketing was described above.

Background, qualifications and experience of the investigator

Prior to this research project, I finished a Bachelor of Education (University of Lueneburg, Germany), a Masters of Education (University of Lueneburg, Germany) and a Honours in Psychology (AUT University, New Zealand). I spent some time in the beginning of the first interview with the participants to talk about my educational and personal background which had led me to this research project. Afterwards, I allowed for some time for further questions and clarifications for the participants.

Member checks

Member checks are considered important in ensuring trustworthiness (Leech & Onwuegbuzie, 2007; Maxwell, 2005; Shenton, 2004). During the three sets of interviews, I constantly checked the accuracy of my understanding of what the participants had said by clarifying with each participant during the interviews or in the subsequent interviews. Furthermore, I sent the transcripts of all interviews to the

participants and encouraged any feedback. No negative feedback was received and all parts of the verbatim transcripts were used for analysis.

Thick description of the phenomenon under scrutiny

I have tried to use as many verbatim quotes as possible in order to illustrate the links between my analysis and the interview transcript. The results chapter includes a thick description of each of my five main participants on different levels and an additional summary of the essence of the individual experiences of assessment with verbatim quotes which illustrate my understanding and its links in the transcript through a coding system.

Transferability

The sampling of this research project is not representative of secondary school counsellors in New Zealand. The participants in the wider Auckland area represent a limited area of New Zealand. Although one Māori secondary school was included, no Māori school counsellors could be identified as possible participants, which further limits transferability. As a consequence, the outcome of this research project may have limited application to other practitioners and situations. More details about the limitations and implications of this research project are summarised in the conclusion chapter.

Nevertheless, it is the researcher's responsibility to provide sufficient contextual information about the specifics of the fieldwork in order to enable readers to make a decision about transferability for themselves (Lincoln & Guba, 1985; Firestone, 1993). Shenton (2004) suggested the provision of the following information at the outset:

a) The number of organisations and participants taking part in the study and where they are based:
   Ten secondary school counsellors of ten different secondary schools in Auckland, New Zealand were interviewed. More details about the institutions are not provided in order to ensure confidentiality of participants.

b) Any restrictions in the type of people who contributed data:
   Participants were a mixture out of eight Caucasian New Zealanders and two participants who were born in South Africa.

c) The data collection methods that were employed:

A national online survey and in-depth interviews, with case vignettes and practice reflections, were used to gather data.

d) The number and length of the data collection sessions:

Five participants were interviewed twice and five participants were interviewed three times. Each interviews lasted between 1 and 1.5 hours.

e) The time period over which the data were collected:

The national online survey was conducted between August and October 2007 and the interviews between March and November 2008.

Dependability

Dependability addresses the issue of whether similar findings could be obtained by a repetition of this project in the same context, with the same methods and participants (Shenton, 2004). In order to ensure dependability, a detailed description of the research design and its implementation, the operational level of data gathering and analysis, and the reflective appraisal of the project are provided (Shenton, 2004). The research design and implementation and details of data gathering and analysis are outlined at the end of this chapter. The reflective appraisal is provided in the conclusion chapter.

Confirmability

Confirmability is the comparable concern for objectivity in qualitative research (Shenton, 2004). Important aspects of confirmability are triangulation, which was described above, and an explicit description of the researcher's preconceptions, which I have provided through the technique of bracketing and outlined previously. Additionally, I have been explicit about my reasoning and the specifics of my methodology, which are described throughout this chapter, in order to provide an "audit trail, which allows any observer to trace the course of the research step-by-step via the decisions made and the procedures described" (Shenton, 2004, p. 72).

In addition to these quality criteria, a number of basic principles underpin this project which were perceived as important for conducting culturally sensitive and respectful research.

Basic principles of this study

Following Smith (1999b), who outlined culturally relevant guidelines for kaupapa Māori research, this study is based on specific guidelines which ensure sound ethical research in the field of secondary school counselling in New Zealand from an outside perspective. The outsider perspective of this research project is twofold: firstly I was born in Germany and came to New Zealand in order to conduct this research and secondly I have never worked as a school counsellor myself. As a consequence, these guidelines "ought to recognise and value participants' ways of knowing, being and doing; their values and beliefs; and to protect the integrity and validity of the languages and cultures from which participants draw their identities" (Gibbs, 2006, p. 253). This research's focus on secondary school counsellors' experience of assessment required an open-minded, generous and respectful approach, which is made explicit in the following principles that were formulated by the researcher:

Multiple methodologies and an explorative approach to research are necessary to provide perspectives which may inform complex situations

To ensure a sophisticated development of practice understanding, a multi- and mixed-method approach was employed with an emphasis on qualitative and emerging data such as unforeseen data or further research questions. A holistic research approach to counselling practices was chosen in order to support the development of understandings that recognised the complexity of counselling and to prevent the development of 'blind spots' in data gathering and analysis procedures. Participants' responses, feedback, and emerging data and research questions were considered as central in these procedures. An explorative approach to the research process ensured an investigation of the topic from the participants' point of view by adapting to participant responses and feedback.

Counselling research is considered a holistic and integrated practice

The researcher aimed to include all major ingredients of counselling practice – counsellor, client and counselling process – into the investigation of practitioners' experience of assessment in a holistic and integrated way by (a) focusing on individual counsellors' lived experience of assessment which allowed unforeseen data to emerge, (b) discussing assessment practices with participants by using common student issues in the form of case vignettes, and (c) encouraging practitioners to reflect and discuss

individual thinking and decision-making processes in relation to their approach to assessment of specific student issues.

The research ought to respect and value participants and their opinions, actions, reactions and responses to this project in general and data gathering procedures in particular

The research project used a sequential transformative design in which the outcome of the national online survey in Phase I informed subsequent decisions about content and design of interviews, case vignettes, and practice reflection of Phase II. Uncertainties about participants' responses and emerging data were explicitly discussed with participants in multiple sets of interviews to ensure a genuine collection and interpretation of data.

The positioning of the researcher in relation to an interpretive research paradigm founded on a relativistic ontology and social constructivist epistemology emphasised respect for and valuing of participants by emphasising multiple realities and individual knowledge construction and their relatedness to individual lifeworlds. Phenomenology and IPA further extend this positioning by focusing on phenomena as experienced by the participants and by taking account of the researcher's influence on their description and analysis. Central data gathering procedures took place in multiple face-to-face interviews which incorporated participants' feedback and attempted to avoid possible misunderstandings through clarifications of understandings by the researcher. The researcher's neutral, respectful, empathetic and non-judgemental attitude towards all participants' responses was considered important. Furthermore, well-acknowledged quality criteria for qualitative research were integrated and followed. The basic guidelines of this research project are in line with Merleau-Ponty's description of rigorous scrutiny:

> All my knowledge of the world, even my scientific knowledge, is gained from my own particular point of view, or from some experience of the world without which the symbols of science would be meaningless. The whole universe of science is built upon the world as directly experienced, and if we want to subject science itself to rigorous scrutiny and arrive at a precise assessment of its meaning and scope, we must begin by reawakening the basic experience of the world of which science is the second - order expression. (Merleau-Ponty, 1962, p. viii)

Ethics

In addition to the quality criteria for qualitative research and the basic principles of this research study, ethical approval was sought from the ethics committee at AUT University (AUTEC) for Phase I and Phase II. AUTEC gave ethical clearance in relation to Phase I on 08.08.2007 and for Phase II on 05.06.2008, with the AUTEC reference number 07/80.

Conclusion

In summary, the previously outlined positioning of the researcher with respect to paradigm, theory, methods, quality criteria and principles provided the foundation for the design of the project which addressed the following research questions:

1. How do secondary school counsellors experience assessing their adolescent clients?
2. What views do secondary school counsellors have on assessment practices with clients and how do they attribute these views to their own practice and experience of assessment?
3. What do secondary school counsellors identify as sources of influence on their views about their assessment experience?
4. What are contextual factors that influence their views and practices of assessment?
5. What consistencies and commonalities are evident in their experiences of assessment?

Data gathering strategies

This section provides an outline of the data gathering strategies of the two phases of this research study. Firstly a general overview is presented. This is followed by the strategies used in Phase I. Finally the interviews, case vignettes and practice reflection of Phase II are described.

Mixed (quantitative and qualitative) and multiple methods (national online survey, interviews, case vignettes, practice reflection) were employed in this research, which consisted of two phases and used a sequential transformative design (Hanson et al., 2005; Creswell et al., 2003). The sequential transformative design allowed for the methodology to evolve and to be adapted as the research progressed.

Phase I consisted of a national online survey and Phase II included multiple in-depth interviews in which case vignettes were used and data about participants' practice reflections were gathered. In Phase I an online survey was sent to all New Zealand secondary schools in order to gather initial data on student issues, counsellor education, application of theoretical approaches, and barriers to counselling. In Phase II ten secondary school counsellors were interviewed two or three times in relation to their views on assessment and their experience of assessment. Case vignettes and practice reflection were employed in Phase II to further stimulate the in-depth discussion and enrich the data.

An open and exploratory approach was chosen in which the participants' responses had a major influence on the direction of the project. This emphasis on the participants and their responses are reflected in a Māori perspective as described by Durie and Hermansson (1990), in that "it holds that science is of value, but it is just a small part of life with the human experience being much greater" (p. 117). This emphasis is also evident in the suggestions that "we should adapt out methods so far as we can to the object, and not define the object in terms of our faulty methods" (Allport, 1963, p. 28) and that "one cannot do good qualitative research by following a cookbook" (Smith, 2004, p. 40) because the phenomenological method's attempt "to push off method for method sake, to push off sureness and become unsure, to resist conceptual analysis with the view to explain" (Bergum, 1991, p. 61).

Phenomenological psychologists argue that quantitative studies could be usefully supplemented by research studies employing qualitative methods which attempt to examine a smaller sample of respondents in greater detail with, for example, semi-structured interviews in order to explore how the participants attribute meaning to a particular topic in-depth (Smith, 1996). Interviews are particularly useful in counselling and psychotherapy research because they allow researchers to better adapt to each individual participant and to obtain rich in-depth information (Hill & Lambert, 2004).

This research project has employed a mixed-methods approach with a prioritisation of qualitative data. A quantitative survey was used in Phase I to inform qualitative interviews in Phase II, using a sequential transformative design (Hanson et al., 2005; Creswell, Clark, Gutmann, Hanson, 2003). This design commonly has two distinct data collection phases and priority can be given to either the qualitative or quantitative phase

(Hanson et al., 2005; Creswell et al., 2003). It typically has an explicit theoretical perspective and a conceptual framework to guide the study and as a consequence includes "the strengths typically found when using a theoretical perspective in other research traditions" (Creswell et al., 2003, pp. 228–229). An additional advantage of this design is related to a possible adaptation of subsequent data gathering strategies due to the emergence of unforeseen data in earlier stages. "By using two phases, a sequential transformative researcher may be able to give voice to diverse perspectives, to better advocate for participants, or to better understand a phenomenon or process that is changing as a result of being studied" (Creswell et al., 2003, p. 228).

The qualitative nature of the survey was considered important. Open-ended questions were used in order to gather data about each individual's understanding or constructions of meaning in relation to the different areas of interest. This does not reflect a purely quantitative approach which uses "surveys with predetermined response categories" (Steckler et al., 1992, p. 1). As a consequence, the survey fits into the paradigmatic, ontological, epistemological, theoretical and methodological considerations outlined in the previous sections. This is further enhanced by the explicit emphasis on in-depth interviews, case vignettes and practice reflection as the main data gathering procedures in Phase II. From this point of view, the survey is understood as a mode of data gathering which embellishes as well as informs the main data gathering procedures (Creswell et al., 2003; Steckler et al., 1992).

> This perspective maintains that mixed methods research may be viewed strictly as a "method," thus allowing researchers to use any number of philosophical foundations for its justification and use. The best paradigm is determined by the researcher and the research problem—not by the method. (Hanson et al., 2005, p. 226)

Phase I consisted of a national online survey of practising secondary school counsellors and Phase II of in-depth interviews, case vignettes and practice reflection. The data gathering strategies used are outlined in the following section.

Phase I: national online survey

The participants of the online survey were school counsellors working with troubled adolescents between 15 and 17 (n~200)[28] at the time of survey in 2007. Because there is

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[28] To the best knowledge of the researcher, there is no exact number of currently practicing school counsellors in New Zealand available.

no comprehensive list of all school counsellors in New Zealand, the participant information sheet, the invitation for participation, and the link to the online questionnaire (AUT online) were sent to 482 schools in New Zealand which offer education for students aged 15–17. A standardised and detailed instruction and information about the research project and participation was sent via email. The email also contained an invitation to contact the researcher if the counsellor was interested in participating in Phase II of the research project. Participation was voluntary and confidentiality was guaranteed at all times. No personal data were gathered.

The survey questions were designed to gather up-to-date data on the:
- most common initially presenting student issues;
- most common underlying student issues;
- reasons for client referrals;
- counsellors' education;
- theoretical approaches that influence counselling and assessment practices;
- counselling and assessment practices;
- barriers to counselling; and
- counsellors' needs.

The survey was designed in an online format for a number of reasons. The following characteristics of online research have been pointed out by Taylor (2000) as fundamentally different to traditional research methods:

a) Online surveys tend not to be based on probability sampling but on volunteer or convenience sampling.

b) It is a visual medium, allowing respondents to see images, longer text messages, longer lists of response options, and, as bandwidth grows, video images.

c) It captures the unedited voice of the respondent – they have found replies to open-ended questions to be richer, longer and more revealing.

d) It may be more effective in addressing sensitive issues. Adults may be more willing to reveal information about their experiences with sensitive conditions (e.g. anxiety disorders, ovarian cancer, incontinence, erectile dysfunction, or depression).

e) Scales may elicit different response patterns in that fewer people chose extremes on a scale when questions were presented visually as opposed to aurally.

f) Online surveys may generate more *don't know* or *not sure* answers because these options are often explicitly provided.

g) Raw online data substantially under-represent some groups – hence the greater importance of weighting than with good in-person or telephone surveys.

Further differences between online and paper-and-pencil survey methodologies were found to be related to a wider access to participants in online surveys (Wright, 2005), time savings and speed of data collection and handling in online surveys (Thompson, Surface, Martin & Sanders, 2003; Tse, 1998; Wright, 2005), decreased costs in online surveys (Metha & Sivadas, 1995; Thompson et al., 2003; Tse, 1998; Wright, 2005), higher quality of responses in online surveys (Mehta & Sivadas, 1995; Stanton, 1998), lower response rate in online surveys (Bachmann, Elfrink & Vazzana, 1996; Schuldt & Totten, 1994; Tse, 1998; Witmer, Colman & Katzman, 1999), sampling issues in regards to an over representation of the middle class population in online surveys (Metha & Sivadas, 1995; Yun & Trumbo, 2000), and technical issues in online surveys (Andrews, Nonnecke & Preece, 2003; Ilieva, Baron & Healey, 2002; Thompson et al., 2003; Whicker, 2007).

The initial survey of secondary school counsellors collected information about the contextual factors of practitioners' experience of assessment. The combination and wording of questions and the online appearance of the questionnaire was piloted and the final version can be found in Appendix I.[29] Using a sequential transformative design, the outcome of the survey was analysed and used to inform decisions on the interview content and process of Phase II.

Phase II: interviews/case vignettes

School counsellors were asked to contact the researcher in the contact letter of the survey in Phase I (August-October 2007) for further information about and participation in Phase II (March-November 2008). Selection criteria were: current counselling practice with troubled students aged 15 through to 17; frequent supervision; and willingness to participate. Frequent supervision was included to ensure appropriate support for participants in relation to the self-reflection processes involved in this project.

Several counsellors contacted the researcher in relation to the invitation to participate in Phase II of this research. Hence, initial participants of Phase II were identified through

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[29] The version in Appendix II contains all the questions but the spaces for the responses were deleted to shorten the length of the appendix.

the survey and purposely selected based on the needs of the study. Further participants were identified using snowball sampling. Ten secondary school counsellors agreed to participate in Phase II of this research. Consequently, this sample is not representative of secondary school counsellors in New Zealand. Random sampling violates the main principles of qualitative research, which acknowledges that participants do not have the same knowledge or experience of the phenomenon under investigation (Cayne & Loewenthal, 2006). IPA researchers usually work with homogenous samples and participants are identified through convenience sampling (Smith & Osborn, 2008). IPA researchers need to be pragmatic when doing research because "one's sample will in part be defined by who is prepared to be included in it" (Smith & Osborn, 2008, p. 56). There is no right answer to the sample size (Smith & Osborn, 2008). It depends on factors such as the degree of commitment to the case study level of analysis and reporting, the richness of the individual cases, and the specific terms of the research. IPA studies have been conducted with one, four, nine, 15 and more participants (Smith & Osborn, 2008).

Phase II consisted of in-depth interviews, in which case vignettes were used and data about participants' practice reflections were gathered. Ten participants were interviewed twice and five were interviewed an additional third time due to their elucidation of unforeseen data. The follow-up of emerging data is explicitly encouraged in IPA data gathering methodology (Smith, 2004) as discussed previously.

First set of interviews and case vignettes

The case vignettes contained hypothetical information about a student issue and were presented to the participants in the first set of interviews to stimulate an in-depth discussion. They were used in order to gather initial data about their experience of assessment, about their views on assessment practices with student clients, how they attribute their views to their own practice and experience of assessment, and what they identify as sources of influence on their views about their assessment practice. They were asked questions such as:

- What do you do in assessment?
- What are you aware of?
- What do you pay attention to?
- What do you think about?
- What do you make sense of?

- What do you believe in when engaging in assessment?
- And why do you do it?

In between the interviews, participants were encouraged to reflect on their actual assessment practice. The outcome of these self-reflections was then discussed in comparison to each participant's responses to the case vignettes in the second and third sets of interviews. The second and third sets of interviews were used to elaborate upon each participant's individual responses, to provide time to discuss individual responses and reasoning behind these responses in detail, and to clarify questions and understandings of the researcher.

Interviews

There has been a move from obtaining knowledge primarily through observation and experimental designs towards an understanding by means of conversations with the participants (Kvale, 1996). In this way, participants do not only answer questions prepared by an expert, but formulate their own conceptions of their lived world in a dialogue. Semi-structured interviews are especially suitable where the researcher is particularly interested in complexity or process or where an issue is controversial or personal (Smith, 1995). Qualitative interviews are intended to gather "descriptions of the life-world of the interviewee with respect to interpretation of meaning of the described phenomena" (Kvale, 1983, p. 174). The vast majority of IPA studies have been conducted on data obtained by semi-structured interviews which could be described as the exemplary form of data collection for this type of research (Smith, 2004; Smith et al., 2009).

Researchers use semi-structured interviews to gain a detailed picture of a respondent's beliefs, perceptions, or accounts of a particular topic (Smith, 1995; Smith & Osborn, 2008). Advantages of semi-structured interviews in IPA are related to the researcher being able to modify initial questions and to follow-up interesting and important issues as they emerge in the interview process (Smith, 2004; Smith & Osborn, 2008). These main advantages compared to structured interviews or surveys enable researchers to follow up particular interesting avenues that emerge in the interview and assist the participant to give a fuller picture. This approach attempts to capture this richness of the emerging themes rather than reducing the responses to quantitative categories.

It is sensible to focus on putting the participant at ease in the beginning of the interview in order to enable him or her to feel comfortable to talk to the researcher (Smith, 1995). The interviewer's role in a semi-structured interview is to facilitate and guide, rather than dictate exactly which topics will be talked about. The interview process does not need to follow the most logical sequence established beforehand, nor does every question have to be asked or asked in exactly the same way of each respondent (Smith, 1995).

In semi-structured interviews, the researcher has a set of questions on an interview schedule but the interview is guided by the schedule rather than dictated by it. According to Smith and Osborn (2008), the following aspects of semi-structured interviews follow a phenomenological position:

a) An attempt to establish rapport with the respondent:

I allowed for as much time as needed in the beginning of the interviews to connect with each participant and to put her or him at ease. I introduced myself, my research project, and the participant's role in it. Furthermore, I allowed time for questions and general conversation about whatever topic was chosen.

b) Less importance on the ordering of questions:

I ensured that I covered all areas that I had planned to cover in each interview but I adapted to the participant's responses. I allowed the participant to elaborate and explain his or her position and reasoning in detail which at times covered content I initially intended to discuss at a later stage of the interview.

c) Emphasis on probing interesting areas that arise:

Expanding on the previous point, I explicitly encouraged the participants to talk about whatever they perceived as important, which was the main reason for me to interview five participants a third time because they touched on areas of interest that I have not foreseen.

d) Following the respondent's interest or concerns:

Expanding on the previous point, I adapted my data gathering strategies to the participants' feedback. I explicitly explained my approach to the research and my understanding of the subject. Furthermore, I encouraged questions about myself as a researcher and my research project. More details on the specific strategies that I have changed are provided in the conclusion chapter.

In general, the interviewer has an idea of the area of interest and some questions to pursue but at the same time there is an attempt to enter, as far as possible, the psychological and social world of the respondent (Smith, 1995). In this process the interviewee is enabled to introduce issues that the investigator has not thought of. As a consequence, in the relationship between researcher and respondent "the respondent can be perceived as the expert on the subject and should therefore be allowed maximum opportunity to tell his or her story" (Smith, 1995, p. 12). The interviewer may decide when and how to ask a question depending on the responses of the participant (Smith, 1995). Furthermore, the interview may well move away from the questions on the schedule but the researcher needs to decide how much movement is acceptable. It is possible for the interview to enter an area that the investigator has not predicted but which is extremely pertinent to, and enlightening of, the overall research question. Smith (1995) stressed that "these novel avenues are often the most valuable, precisely because they have come unprompted from the respondent and, therefore, are likely to be of especial importance for him or her" (p. 17). Smith (1995) concluded that the advantages of semi-structured interviews are facilitating rapport, allowing a greater flexibility of coverage, enabling the interview to enter novel areas, and tending to produce richer data. Their disadvantages are that they reduce the control of the investigator over the process, take longer to carry out, and are harder to analyse.

The interview schedule was constructed using the following four steps:
1. After the overall issue is determined, the broad range of themes and question areas need to be identified.
2. Putting the identified themes into the most logical sequence.
3. Design of appropriate questions: neutral, open, avoiding jargon.
4. Consideration of probes and prompts which could follow given answers.
   (Smith, 1995)

Participants were encouraged to speak freely about the topic with as little prompting from the interviewer as possible (Smith, 1995). I started with the most general questions to enable the participants to talk about the topic. The technique of funnelling (Smith & Osborn, 2008) was applied, in which the questions move from the most general area of interest to the most specific. Another strategy of this research project was to let the experience of the participant unfold through listening without interruption (Cayne & Loewenthal, 2006). Furthermore, it was anticipated that repeating the question could set

off another train of thought until either the participant felt that there was nothing more to say or the allocated time of the interview ran out. Before I met with the participants for the second time, I listened to the first interview repeatedly. I noted possible questions and uncertainties which were discussed after further rapport building in the second set of interviews.

I contacted five participants a few weeks after the second interview and asked if they were willing to be interviewed a third time. These five participants were chosen because they touched on a newly emerged area of data. I re-read and re-listened to the first and second set of interviews/transcripts of each participant repeatedly before we met for the third time. The first part of the third interview consisted of further rapport building before the unforeseen data were discussed in-depth with the participants. All five interviews were finished when participants explicitly stated that they did not want to add anything else. Conversations were audio-taped and transcribed. A copy of the transcript was offered to the interviewee, who was asked to comment on the transcript to collect additional data as a means of participant verification (Willig, 2001).

Case vignettes

Case vignettes have been used in qualitative research in a wide range of disciplines (Barter & Renold, 2000). Vignettes can be defined as "stories about individuals and situations which make reference to important points in the study of perceptions, beliefs, and attitudes" (Hughes, 1998, p. 381). Case vignettes are usually designed based on previous research findings (Carlson, 1996; McKeganey et al., 1995), with professionals in the specific field (Kalafat, Elias & Gara, 1993; Kalafat & Gagliano, 1996), and real-life case histories (Rahman, 1996). The main advantage of this technique is the ability "to capture how meanings, beliefs, judgements, and actions are situationally positioned" (Barter & Renold, 2000, p. 308). Because case vignettes offer a snapshot with limited information, "responses are often characterised by the 'it depends' answer, which provides the situated context for participants to offer and define central influencing factors" (Barter & Renold, 2000, p. 309). Qualitative researchers have employed case vignettes to elicit participants' cultural norms, attitudes, beliefs and ethical frameworks and codes (Barter & Renold, 2000).

Vignettes have been widely used as a complementary technique alongside other data gathering techniques (Barter & Renold, 2000; Hazel, 1995; Hughes, 1998). One of the

major benefits of using vignettes is the flexibility they provide in multi-methods approaches. Additionally, "they can be employed either to enhance existing data or to generate data untapped by other research methods" (Barter & Renold, 2000, p. 311). Case vignettes have been found to be particularly useful in the beginning of interviews as an icebreaker and as easing the transition to discussing the research topic on a more abstract level (Hazel, 1995).

Based on the outcome of the survey, case vignettes were designed using Lazarus' (1999) narrative vignettes of emotions in connection to the most common student issues. Lazarus' (1999) cognitive-motivational-relational theory of emotion was used as the theoretical foundation for the case vignette design, which is outlined in the following section.

Lazarus' cognitive-motivational-relational theory of emotion

Lazarus (1999) illustrated a close relationship between his narrative approach to emotion and the case history of clinicians in the field of psychology:

> It is noteworthy that my narrative approach to emotion is heavily influenced by the way clinicians understand individual psychodynamics in the context of treatment. A story about the patient's life and emotional troubles often referred to as a case history is developed via means of essentially the same interview questions as I have been suggesting for an assessment of the persons social relationships, the relational meanings constructed for them, the emotions that are associated with these meanings and the troubles and symptoms that led the person to seek professional help. (Lazarus, 1999, p. 33)

Hence, Lazarus' (1999) narrative approach to emotion seemed to cover the most important aspects of understanding a client's situation. Furthermore, "current theory and research on the relation between stressful events and indicators of adaptational status such as somatic health and psychological symptoms reflect the belief that this relation is mediated by coping processes" (Folkman, Lazarus, Gruen & DeLongis, 1986, p. 571). The cognitive theory of psychological stress and coping has been described as transactional because the person and the environment are viewed as being in a dynamic, mutually reciprocal, and bidirectional relationship (Lazarus & Folkman, 1984). Stress is defined as a "relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and as endangering well being" (Folkman et al., 1986, p. 572). In this theory, cognitive appraisal and coping are viewed as mediating processes of stressful person and environment relationships and their immediate and long-term outcomes. Lazarus' cognitive-motivational-relational theory

of emotions extends the cognitive theory of stress in that it incorporates other emotions than stress and hence includes more categories of reaction (Lazarus, 1993). "What gives this multiplicity of emotions great analytic power is that each emotion arises from a different plot or story about relationships between a person and the environment" (Lazarus, 1993, p. 12). According to Lazarus (1993), this view enriches but also complicates understanding and predicting by acknowledging that each emotion is brought about by a different appraisal of the personal significance of an adaptational encounter, which is closely related to the psychological characteristics of the reacting person.

The following section summarises the most important aspects of the theory in relation to the design of case vignettes, which are coping and appraisal, emotion and the emotion narrative.

Coping and appraisal

Lazarus (1991a) stated that he was concerned with stress and emotion from a phenomenological and cognitive perspective. The functional relationship of coping and emotion is bidirectional in that "emotion is the result of appraisals of the significance of what has happened for personal well being" (Lazarus, 1991a, p. 353). Hence, emotion is always a response to cognitive activity, which generates meaning in a taxing situation, but may also impair or interfere with subsequent thought. In this sense, the moment an emotion occurs it "becomes food for the next appraisal and emotion" (Lazarus, 1991a, p. 353). Coping can then be described as the individual's "cognitive and behavioural efforts to manage (reduce, minimise, master, or tolerate) the internal and external demands of the person-environment transaction that is appraised as taxing or exceeding the persons resources" (Folkman et al., 1986, p. 572). These efforts are closely related to the primary appraisal[30] which in turn is related to the stakes of a person in a stressful encounter, secondary appraisal, options for coping, and a variety of problem and emotion focused coping activities (Folkman et al., 1986).

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[30] There are three different forms of person-environment transaction appraisals which are (1) the primary appraisal in which the student is cognitively appraising the effect of situation or the stimulus on his or her wellbeing. This event may be appraised as irrelevant, benign-positive, or stressful. (2) The second appraisal of the situation, the student considers if and how he or she can deal with the situation. (3) The reappraisal occurs after the coping response to re-evaluate the situation (Curtis, 2000). The primary appraisal can be divided into three different kinds which are goal relevance, goal congruence, and type of ego involvement (Lazarus, 1991b). There are three secondary appraisal decisions which are related to blame or credit – whether it is directed at oneself or another – coping potential, and future expectations (Lazarus, 1991b).

Coping efforts "may be thoughts or acts that the individual use to manage the external or internal demands of a particular person-environment transaction previously appraised as stressful" (Boekaerts, 1996, p. 452). The two main types of coping, problem- and emotion-focused, can be differentiated in that the former focuses on dealing with the situation itself, while the latter focuses on dealing with the emotions related to the situation (Curtis, 2000). Lazarus (1993) differentiated between coping viewed as a trait and as a process and referred to the influence of other theorists, such as Bandura (1997) and Arnold (1960), to modify his theory of coping and appraisal into the cognitive-motivational-relational theory of emotion (Rew, 2005). This theory approaches coping as a process and "derives from a phenomenological tradition in psychology, which means that how a person attaches meaning to an event or situation influences both emotional and behavioural responses" (Rew, 2005, p. 140).

Emotions

In order to be able to understand emotions and the range of cognitive and behavioural strategies that individuals use to maintain or restore their wellbeing, and to change the situation for the better, it is important to take account of a person's appraisals, coping intentions and coping strategies (Boekaerts, 1996). Coping is influenced by people's goals, beliefs, resources and environmental constraints and has been interpreted as a mediator of emotion (Folkman et al., 1986; Folkman & Lazarus, 1988). Lazarus (1999) suggested that these antecedents influence the person-environment relationship, the primary appraisal, the relational meaning, coping strategies, the revised relational meaning, and finally one or more of 15 emotions and their effects. The core relational theme is the relational meaning or each emotion which can be described as the cognitive foundation of emotion (Lazarus, 1991b, 1993, 1999). The core relational theme of each emotion[31] is presented in Table 6 (Lazarus, 1993, p. 13).

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[31] Lazarus (1999) argued that certain emotions – anger, envy, jealousy, anxiety, fright, guilt, shame and sadness – could be called stress emotions because they usually arise from stressful events, which refer to harmful, threatening, or challenging conditions. A person's sense of self-confidence and self-efficacy can determine whether the person is more likely to appraise the situation as a threat or challenge and influences the arising emotion (Lazarus, 1999).

Table 6 Emotions and their core relational themes

Emotion	Core relational theme
Anger	A demeaning offense against me and mine
Anxiety	Facing uncertain, existential threat
Fright	An immediate, concrete and overwhelming physical danger
Guilt	Having transgressed a moral imperative
Shame	Failing to live up to an ego ideal
Sadness	Having experienced an irrevocable loss
Envy	Wanting what someone else has
Jealousy	Resenting a third party for the loss of, or a threat to, another's affection or favour
Disgust	Taking in or being too close to an indigestible object or (metaphorically speaking) idea
Happiness	Making reasonable progress towards the realisation of a goal
Relief	Enhancement of one's ego-identity by taking credit for a valued object or achievement, either one's own of that of someone of group with whom identifies
Hope	Fearing the worst but wanting better
Love	Desiring or participating in affection, usually but not necessarily reciprocated
Compassion	Being moved by another's suffering and wanting to help

Emotions are always a response to relational meaning, whereas the relational meaning is a person's sense of harms and benefits in specific person-environment relationships (Lazarus, 1993). In this sense, "to speak of harm and benefits is to allude to motivational as well as cognitive processes" (Lazarus, 1993, p. 13); this might provoke further thoughts in participants for discussion.

Emotion narrative

An emotion narrative has been described as a dramatic plot or story that describes the provocation of the emotion and its background, which helps define what caused some action or lack of action when it was desired and how it progressed and turned out (Lazarus, 1999). To be able to understand the emotional reaction to a provocation requires more than an examination of the initial action. It is important to know its background, "which takes the form of a history of the relationship and the relevant personality variables (dispositions) that shape the emotional reactions of the persons who play a role in the ongoing transaction" (Lazarus, 1999, p. 206).[32]

Lazarus (1999) argued that appraisals and reappraisals generate coping processes, which are adaptationally relevant responses to complex demands, constraints and opportunities

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[32] From this point of view, goals and goal hierarchies, beliefs about self and world, and personal resources are essential personality variables (Lazarus, 1999). Lazarus (1999) argued that these goals, beliefs, mutual actions and reactions fuel situational intentions of the transaction. The person-centred and environmental variables (most often what the other person does) set the stage for appraisals by both parties, which can be similar or quite different, of the relational meaning of what is happening. The relational meaning, in turn, shapes the emotion aroused and how it changes over the encounter.

and build a key part of the emotion process. "These cognitive-motivational-relational processes influence and change the relational meanings constructed from the chain of events that characterizes the emotional drama" (Lazarus, 1999, p. 206).

The rationale behind the design of such case vignettes is related to the likelihood of students with various stressful environmental influences and ineffective coping strategies drawing attention to themselves in school because of stress emotions – such as anger, anxiety or sadness – and their effects, for example verbal aggression towards teachers and physical aggression towards other students. As a consequence, it was anticipated that school counsellors would relate easily to case vignettes designed in this way. Furthermore, the lack of detailed information was perceived as an explicit invitation to participants to put their thoughts into words and to expand on the "'it depends' answer" (Barter & Renold, 2000, p. 309).

The thematic analysis of the survey information enabled decisions about the underlying problems presented in each vignette. The case vignettes were designed in two parts: first, the presenting problem which brought the student-client into the school counsellor's office, and second, the underlying issue that is the cause of the presenting problem. The first part of the case vignettes was presented to all participants and discussed in detail before the second part was revealed and discussed.

Case vignette I

Case vignette I: student–family relationship

This following first part was given to the participants as a starting point:

A 16 year old student made an appointment with you. The student summarised the problem in the following way:

> *I hate my parents.*
>
> *They do not understand me.*
>
> *I want to run away.*
>
> *What can I do?*

The second part illustrates the underlying issue of the presenting issue which is part of the same case vignette. It was given to the participants after the reflection and discussion about the presenting issue and simulates a later stage of the counselling process with the same student.

After two/three sessions the following facts are known:

> *The parents are getting divorced.*
>
> *The student was confronted with this already established fact.*
>
> *The student expressed emotions of anxiety and shame.*
>
> *The student smokes more illicit drugs/cigarettes and drinks more alcohol than usual since the divorce.*

Theoretical background of case vignette I: student–family relationship:

This section provides the theoretical background of case vignette I. The student might have appraised the established fact of the divorce as stressful in the primary appraisal. The core relational themes were "facing an uncertain and existential threat" (Lazarus, 1999, p. 235) because of an unknown future; "failure to live up to an ego ideal" (Lazarus, 1999, p. 239) because of self blame; and "experiencing an irrevocable loss" (Lazarus, 1999, p. 242) because of a loss of an intact family. The student used emotion-focused coping because he/she felt that he/she could not change this situation. This led to smoking more illicit drugs/cigarettes and drinking more alcohol. The revised relational meaning is unchanged after the emotion-focused coping which resulted in emotions of anxiety, shame and sadness/depression. Emotions of anxiety about the future related to the core relational theme of "facing an uncertain and existential threat" (Lazarus, 1999, p. 235). Emotions of shame about the student's own behaviour which might have contributed to the divorce are related to the core relational theme of "failure to live up to an ego ideal" (Lazarus, 1999, p. 239). Emotions of sadness are related to the core relational theme of "experiencing an irrevocable loss" (Lazarus, 1999, p. 242) and maybe even depression, which is related to "a sense of hopelessness about restoring a worthwhile life following major loss" (Lazarus, 1999, p. 242). Prolonged engagement with these kinds of thoughts might lead to low self-esteem and to threats of running away as made by the student in this case example. Those resulting and overwhelming emotions are understood as the reason for the student to contact the school counsellor. Lazarus (1999) described shame as "one of the most distressing, devastating, and painful of all the emotions, and the most difficult emotion with which to cope" (pp. 238–239) because it is not the shame-provoking act per se but the interpretation of it as an characerological failure which implies that the person deserves to be disgraced.

Practice reflection

The self-study approach was used as the theoretical background for the practice reflection. Bullogh and Pinnegar (2001) state that self-study "does not focus on the self

per se but on the space between self and practice engaged in" (p. 15). The tension between those elements lies between the self in relation to practice and the other persons who are involved in this practice setting. Hence, the research will not only be on the assessment practices but on the relation between the practitioners, their own work, and their clients. One purpose of self-study is to improve the practice by better aligning the practice and the beliefs of the practitioners (Loughran, 2004). Self-study research designs have been described as self-initiated and focused, improvement-aimed, interactive, and using multiple and primary qualitative methods (LaBoskey, 2004).

The learner, the teacher, the milieu, the subject matter, and self-study have been identified as five common factors which underpin decision-making processes in teaching and learning in classrooms (Clarke & Erickson, 2004). Following this approach the five common factors of this study are the practitioner, the student, the milieu (school, counselling setting, community, helping institutions, student's family and support system), the subject matter (information gathering and assessment processes, with individual students in concrete situations), and self-study (reflection of inner processes connected to assessment activities). These five common factors follow the integrative perspective of counselling and psychotherapy research of Beutler et al. (2004a).

The self-study was conducted by the ten secondary school counsellors. They were asked to reflect upon their experience of assessment over two to three weeks between interviews while working with different students and compare their reflections to their responses to the case vignettes and discussions with the researcher. They were encouraged to document any content in the form of a diary, audio taped comments, layouts, or other ways suggested by the participants. The participants' responses were gathered and discussed in subsequent sets of interviews.

Data analysis strategies

Data analysis strategies were used to deal with the large amount of data in a coherent way. Due to the low response rate of the survey and the focus on qualitative data of this research project, the data analysis strategies for the survey of Phase I stayed on a descriptive level while more sophisticated strategies were used for the data of Phase II.

Phase I

Data collected by the open questions of the online questionnaire were summarised and clustered in relation to overarching themes. The following table presents the first 20 answers to the question about the most common student issues as an example:

Table 7 Most common student issues

1. Issues with friends and family	11. Depression
2. Depression	12. Feeling unhappy or down
3. Relationship issues either in the family or with peers (including sexual)	13. Getting into trouble at school.
	14. Worries about school or home
4. Peer relationships	15. Relationship issues - peers, teachers or family
5. Unhappy situations at home	
6. Relationship with peers or home	16. The most common initial problem is friendship/relationship issues.
7. Family issues	
8. Being unhappy	17. Peer and family relationships
9. School related problems: student/staff relationships, classroom behaviour, fairness	18. Conflict with their peers
	19. Relationships
	20. Problems with school attendance, depression or relationship problems
10. Relationship problems	

The prevalence of relationship issues led to a clustering of student–teacher relationship issues (answers 9, 13, 15, 20), student–family relationship issues (answers 1,3,5,6,7,14, 15, 17), student–peers relationship issues (answers 1, 3, 6, 15, 16, 17, 18) and student–self relationship issues (answers 2, 5, 8, 9, 11, 12, 14, 20).

The survey data were used to refine the content of the interviews, to design the case vignettes in Phase II, and to triangulate the main findings. The survey responses were particularly influential on the design of the case vignettes which were used in Phase II.

Phase II

Smith (2004) highlighted that IPA operates at a level which is clearly grounded in the text but which also moves beyond the text to a more interpretative and psychological level. It is also recognised that IPA incorporates different levels of interpretation. In general, there are two different levels of phenomenological interpretation. Van Maanen (1983) described the scientific contribution of phenomenological approaches as the

forming of concepts to account for how subjects meaningfully relate to their situations. The author distinguished between first-order concepts and second-order concepts, the former belonging to the participant and the latter to the researcher. He explained that

> both the descriptive properties of the studied scene and the member interpretations of what stands behind these properties are first order concepts. … Second order concepts are those notions used by the fieldworker [researcher] to explain the patterning of the first order concepts. (Van Mannen, 1983, p. 40)

In this sense, it is not legitimate to go back to the participants for confirmation of the second-order concept (Giorgi, 1985). Giorgi (1994) stressed that the meaning of the participants and the meaning of the researcher should not be mingled or confused.

The "sustained engagement with the text" (Smith, 1995, p. 18) was accomplished by following the steps of IPA data analysis, which are:

a) reading the transcript repeatedly

b) identifying themes

c) connecting the themes

d) designing a master list of themes

e) repeating these steps for the remaining participants' transcripts

f) looking for convergences and divergences in the data

Reading the transcript repeatedly

The first step was to read the transcript multiple times to ensure that a general sense was obtained of the whole nature of the participant's account. Hence, I read the interview transcript the first time without making any notes. During the second and third times, I used two different ways of highlighting passages of the transcript which I perceived as important. I underlined words, parts of sentences or whole sentences and drew a vertical line on the right and left sides of whole passages. I used the left margin to note down anything that struck me as interesting or significant during the subsequent times I read the transcript. These comments were attempts to summarise associations and connections that came to mind, or preliminary interpretations. Smith and Osborn (2008) recommended that the researcher write down comments on similarities and differences, echoes, amplifications and contradictions in what the person is saying while moving through the transcript. During this process there was no requirement to divide the text into meaning units but rather to look at the transcript as a whole (Smith & Osborn, 2008).

Identifying themes

In the second step, I used the right margin to document emerging theme titles by using key words or titles. In this process the initial notes were transformed into concise phrases which aim to capture the essential quality of what was found in the text (Smith & Osborn, 2008). These themes moved the response to a slightly higher level of abstraction and invoked more psychological terminology. At the same time, the connecting thread to the original transcript and the researcher's initial response were kept apparent. This skill has been described as "finding expressions which are high level enough to allow theoretical connections within and across cases but which are still grounded in the particularity of the specific thing said" (Smith & Osborn, 2008, p. 68). It was indicated under each identified theme where it could be found in the transcript. Additionally, the instances were coded in the transcript with an identifier (Smith, 1995).

Table 8 shows an example of how I used my means of emphasis, with the left margin to note anything significant, and the right margin to document the identified theme. I marked the whole paragraph on each side when I read it first, which is represented by the bold line numbers,[33] and additionally underlined the passages in the transcript which struck me as most important.

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[33] These line numbers start at the same number as the transcript but differ as they progress from the actual transcript line numbers because the example text is more narrow than the original transcript.

Table 8 Example of first two steps in data analysis

	29	Interviewer:	
	30	Okay so have you thought about our	
	31	conversations from last time?	
	32		
	33	Response:	
	34	Yes. Sort of. I mean I haven't spent hours and	
	35	hours on it but you know yeah, I got your email	
	36	and sort of mulled over what I had been saying,	
	37	very deep stuff you know. But I suppose you	**CORE**
Context	**38**	could take it in context as well. As I said it all	-_approach is highly situational_
	39	depends what you're talking about and who	
	40	you're talking with. But my main point was to be	
Main point	**41**	aware of myself as a counsellor. Very important.	-_main point: being self aware in counselling process_
Self-reflective	42	You know because as we discussed sometimes	
	43	your world view is not adequate. In order for you	
	44	to understand something so you've got to change	
Adaptive	**45**	all the time, so you have to reflect on yourself and	-_constant adaptation and change necessary_
	46	you have to go inwards and then outwards so it's	
In +outwards	**47**	this process of the transition between clients will	
Transition	**48**	be in mind and adjusting it and trying to align it	→_reflection of internal life, client, and counselling process and aligning approach / process accordingly_
Adjusting	**49**	all into some sort of sensible outcome. If that	
Aligning	**50**	makes sense, so it's really about the interaction	
Outcome	**51**	between our world views and that includes	
Interaction	52	feelings and thoughts and other things,	
	53	experiences so yeah it's just to keep in touch with	
	54	myself while I'm trying to keep in touch with my	
Personal	**55**	client and that's really what I'm trying to say. It's	
involvement	56	very important for me to do that and I'm sure it is	
	57	for most counsellors as well.	

Connecting the themes

The themes that emerged were listed on a separate sheet and investigated for connections. The initial list contained the themes in chronological order based on the sequence in which they occurred in the transcript. The next step involved a more analytical and theoretical ordering as the researcher tried to make sense of the connection between the themes that were emerging (Smith & Osborn, 2008). Some of the themes clustered together and others were identified as master and subordinate concepts. Those clusters and themes were checked with the primary transcript in order to clarify if those connections could also be made from what the participant actually said (Smith, 1995). This process of analysis involved a close interaction between the researcher and the text, which entailed attempting to understand what the person said but also drawing on the researcher's own interpretative resources. The aim was to create an order from the array of concepts and ideas which had been extracted from the transcript.

The last step involved the design of a master list of themes that was ordered coherently and involved subordinate themes where appropriate. The clusters of themes were named which represented the subordinate themes. The table listed all clusters of themes, their names and subordinate themes with identifiers indicating where those themes could be found in the original transcript. Smith and Osborn (2008) pointed out that during this process themes may be dropped which neither fit into the emerging structure nor are very rich in evidence within the transcript.

The following table presents an early version of a master list of themes from general to specific influences on the experience of assessment, which I modified a number of times according to my developing understanding of my data. The final version is presented in the results chapter.

Table 9 Early version of a master list of themes

Superordinate themes	Subordinate themes
Person	Individual basis
	• Education
	• Values and beliefs
	• Motivation for being a counsellor
	• Integration of theory
	Individual landscape
	Alternative modes of relating
Counselling	Practice core
	Practice attitude
	Counselling strategy
	Counselling goal
	Counselling atmosphere
Complexity	Complexity strategy
Assessment	Assessment content
	Assessment goal
	Assessment attitude

Repeating these steps for the remaining participants

In IPA there are two main ways to continue from this point. Smith (1995) suggested that the researcher could use the established master list of themes from the first transcript and look for further instances of the identified themes in the remaining transcripts while being open to new themes. Another way forward is starting anew with each transcript and being more open to new structures and emerging themes than in the former option. In this research project, I started anew with each participant, in order to avoid premature

categorisation, which is the more common practice in IPA (Osborn & Smith, 1998; Smith, 1995; Smith & Osborn, 2008).

Looking for convergences and divergences

New master lists of themes were established for each participant and the master list for each interview was then put together and a consolidated list of themes for the group was produced. During this process I aimed to respect convergences and divergences in the data by recognising ways in which accounts from participants were similar but also different (Smith & Osborn, 2008). Smith (1995) described this process as cyclical in the sense that new emerging themes should be tested against earlier transcripts. The new themes can enlighten, modify, or become subordinate to a previously elicited theme. Furthermore, the shared themes could be organised to make consistent and meaningful statements which contribute to an account of the meaning and essence of the participants' experiences grounded in their own words (Osborn & Smith, 1998). It is recommended that the researcher constructs a final table of superordinate themes once each transcript has been analysed (Smith & Osborn, 2008).

Deciding which themes to focus on required the researcher to prioritise the data and to reduce them. The themes were not selected purely on the basis of their prevalence within the data but other factors, including the richness of the passages that highlight the themes but also how the themes helped to illuminate other aspects of the account (Smith & Osborn, 2008). As a last step, consonant with the phenomenological approach, these themes were then considered in relation to the extant literature in the discussion section. Smith (2004) stressed that his "suggestions are only that – suggestions to be adapted and developed by researchers, and what determines the quality of the outcome is the personal analytic work done at each stage of the procedure" (p. 40).

During this process, the above-presented early version of the master list of themes (Table 9) was revised repeatedly. A repeated reading and re-reading of all transcripts and a long time spent pondering led me to an overarching understanding of my data and an overall framework, which was then filled with the individual data of each participant. The following figures show early attempts to put all identified themes into relation to each other. The final version of this figure is presented in the results chapter.

Figure 2 shows an early conceptualisation of the experience of assessment in which the internal landscape was located on top of the personal background information and influenced by alternative modes of information gathering such as intuition. The counselling influences on the experience were thought to be aimed at a particular understanding of the client in order to gather data, which is represented by the two arrows between counsellor and client. The complexity was conceptualised as the differences between the counsellor's understanding of the client's situation and the client's understanding of the situation. This model was further developed because of the misrepresentation of the relationship of assessment and counselling influences on the experiences and the simplistic view of the complexity involved. In later models, assessment and counselling influences on the experience were outlined as deeply intertwined and complexity was seen as influencing the whole system.
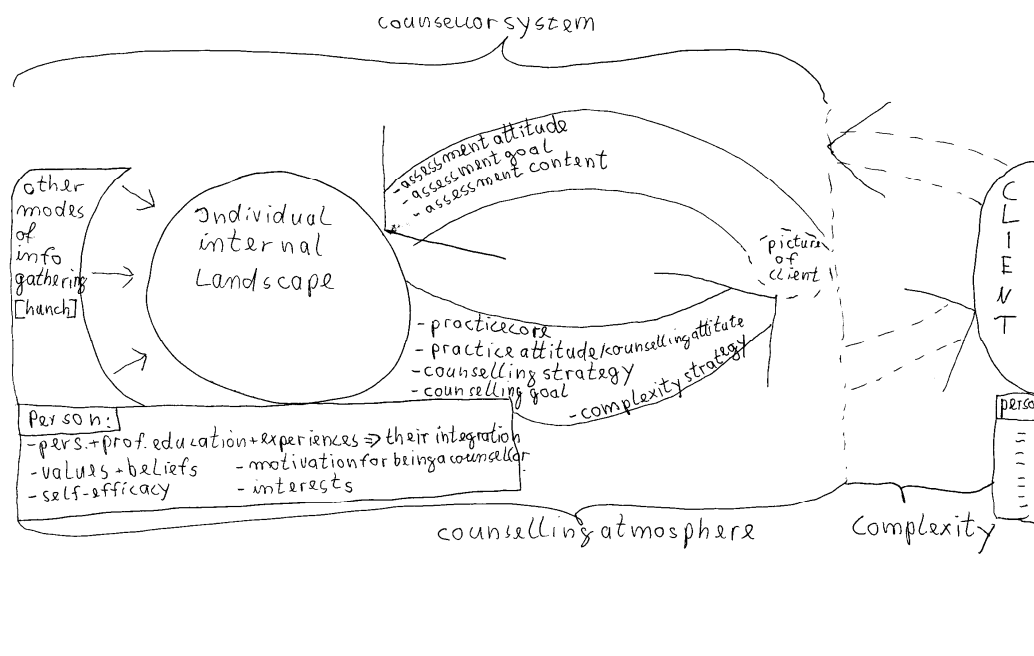
Figure 2 Early version of data analysis outcome (a)

Figure 3 shows a later version of a conceptualisation of main findings. Assessment influences are presented as being embedded in counselling influences on the experience, which is represented by the two arrows. The same direction of the arrows symbolised the intertwining of assessment and counselling strategies and goals. The personal foundation represented the base on which counselling and assessment influences on the experience of assessment were built upon. This early version was further developed because of the vague relationship between internal landscape and the counselling and

assessment related influences on the experience of assessment. Additionally, the internal landscape was later integrated in the concept of 'theatre of experiences'.
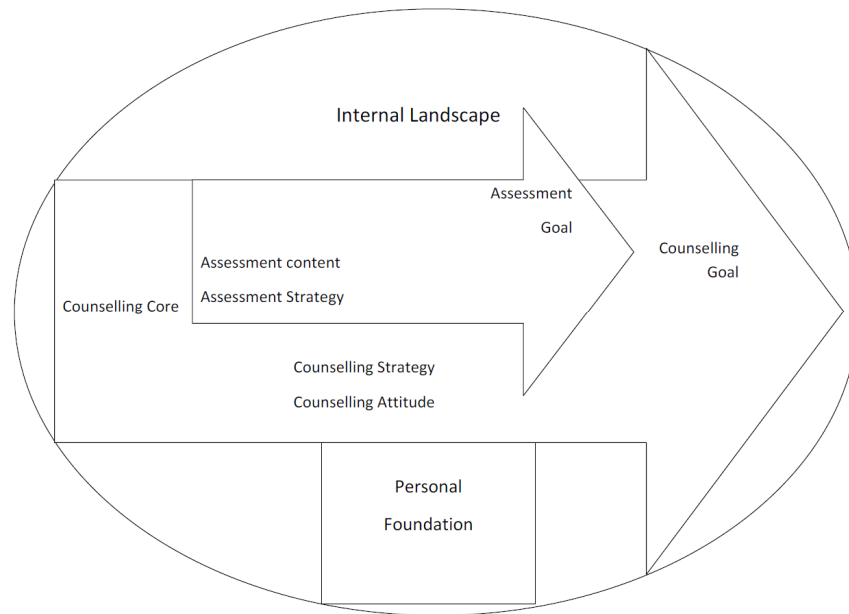
Figure 3 Early version of data analysis outcome (b)

Reporting of findings

Due to the focus on the qualitative data of Phase II in this research project and the low response rate of the national survey of Phase I, only the most relevant data of the survey/pilot study is reported in this thesis. The survey/pilot study was used to inform Phase II of this research which addressed the main research questions of this project. As a consequence, the focus of reporting the findings of this research project is on data that was gathered in Phase II.

Phase II involved 25 interviews with ten participants. Initially, two sets of interviews were planned with all ten participants. After these 20 interviews were conducted and data analysis had begun, unforeseen themes emerged for five of the ten participants. As a consequence, these five participants were approached and asked if they would agree to be interviewed a third time in relation to the newly emerged themes. The five participants agreed and data saturation was accomplished after the third interview in the third set and confirmed after the fifth. As a consequence, not all ten participants were interviewed three times. The five participants who were interviewed three times are considered as the main participants because of the more complete amount of data provided by them.

All participants' responses were analysed and are considered as highly important in supporting the researcher to develop an overarching understanding. The other five participants who were interviewed twice are not reported for three different reasons. All three reasons are somewhat interrelated and are concerned with considerations of data outcome reporting, manageable data amounts, and data saturation.

The first reason for not reporting the data outcome in relation to the remaining five participants is related to the fact that they could not be reported in a similar fashion because the third interview added another level of depth to the data which would be missing. The reason why the researcher did not conduct three interviews with all participants is related to the second and third reason.

The second reason is the large amount of rich data which was gathered by 25 interviews with ten participants. The researcher would have loved to interview all ten participants a third time but he needed to make a choice in order to keep the amount of data manageable within the time limits of a PhD project. This choice was related to the fact that five participants were chosen to be interviewed a third time because all of them touched on a 'theatre of experiences' in which the experience of assessment seems to be embedded. This data were treated as newly emerged and as central themes which were not anticipated by the researcher before he started the data gathering procedures. The following up of newly emerged themes is a major aspect of IPA and a central part of this research project. The researcher explicitly used his 'neutrality' as a person who does not have any school counselling experiences in order to become aware of, identify and follow up new themes.

The third reason is related to data saturation. After interviewing the third participant in the third set of interviews, data saturation was reached, in that each participant's experience of assessment seemed highly unique but that these experiences could be abstractly described and explicated by using the concept of theatre of experiences. Two more participants were interviewed and this confirmed previous findings. The interviews with the remaining five participants would most likely have produced further rich data but the researcher had to make a decision in order to keep the data and time investment in data analysis manageable. This is in line with IPA sampling sizes for in-depth analysis, which are recommended to be between "three and six participants" (Smith 2009, p. 51) because "the issue is quality, not quantity, and given the complexity

of most human phenomena, IPA studies usually benefit from a concentrated focus on a small number of cases" (Smith, 2009, p. 51). Furthermore, Smith (2009) suggested focusing on the number of interviews rather than the number of participants. All 25 interviews of this research project were important and necessary for the researcher to arrive at the current understanding and the richness of the data is reported in the results chapter.

Summary

This chapter presented the paradigm positioning with respect to a relativist ontology and social constructivist epistemology. Phenomenology was described as the theoretical framework of this research project and interpretative phenomenological analysis (IPA) as the main research method. The quality criteria for qualitative research, basic principles, information about ethics approval, and specific data gathering and analysis strategies were presented at the end of the chapter.

The following chapter delineates the results of Phase I and Phase II of this research.

CHAPTER 7 RESULTS

This chapter outlines the findings of Phase I and Phase II of this research project. Firstly, the results of Phase I, consisting of the national online survey of secondary school counsellors in New Zealand, are described. The three case vignettes designed in relation to the national survey are then discussed. Secondly, the results of Phase II, consisting of the interviews, case vignettes and practice reflections are reported. The findings are outlined in relation to the five main participants. The themes and structure of this description emerged during the process of analysis of all ten participants of Phase II. Hence, the findings of all ten participants were influential in data analysis but only the findings of the five main participants, who were interviewed three times, are reported.

Phase I: National online survey

In August 2007, 482 New Zealand schools, whose rolls include students between 15 and 17 years of age, were contacted via email with an invitation for school counsellors to participate in the online survey. The participant information sheet and the link to the survey were attached to the email. Two reminders were sent out. The first reminder was sent two weeks after and the second four weeks after the initial invitation. In the last reminder, participants were asked to contact the researcher if they preferred to complete the questionnaire in a paper-and-pencil format, due to a low response rate. Nineteen letters were sent out to participants. Thirty-eight online and eight paper-and-pencil questionnaires were completed. After deleting 12 incomplete questionnaires, 34 valid answers remained. As a consequence, the outcome of the national online survey of Phase I needed to be interpreted with care because of a low response rate of approximately 7 percent. The response rate can only be estimated because, even with an extensive literature review, the exact number of currently practising secondary school counsellors in New Zealand was not available. This lack of information was addressed at two New Zealand school guidance counsellor conferences in Dunedin (2006) and Hamilton (2008). Due to the low response rate, the outcome of the survey was used as a pilot study to inform the qualitative data gathering procedures of Phase II, which reflects the main focus of this research, and to triangulate the main findings.

Particularly the responses to questions about theoretical approaches to counselling, barriers to counselling and useful resources, ways of gathering information, and theoretical approaches to assessment were found to be valuable to triangulate the main findings of Phase II in the discussion chapter. The most relevant survey data in relation to answering this project's research questions were found to be responses to questions about the most commonly presented student issues and their underlying problems. These responses were used to design case vignettes which were used in Phase II of this research project. The following section outlines a brief summary of responses to questions about the most common student problems and their underlying issues whereas the remaining data is not presented due to the low response rate, lack of representation of secondary school counsellors in New Zealand and the resulting diminished relevance for answering this project's research question.

Analysis

The sample of the survey consisted of 74% female participants, between the ages of 25 and 60+ of which 43% were between 50 and 60 years, 21% between 35-39, and 12% over 60 years of age. In this sample, 46% had between 10 and 20 years of school counselling practice experience, 35% between five and ten and 21% less than five years.

The responses to the open-ended questions of the survey were summarised according to the frequency of responses. Similar responses were clustered according to overarching themes. These summarised and clustered responses are outlined in a number of different tables below. The following tables show a summary of data that was used to design the case vignettes for Phase II.

Table 10 outlines the most common student issues that are presented to secondary school counsellors. Difficulties in relationship with family, peers, teachers and self were most prevalent.

Table 10 Most common student issues

Most common student issues presented in counselling settings	
Family issues	17 participants
Relationship issues	16 participants
Peer/friendship issues	15 participants
Issues with teachers/school	9 participants
Low mood/depression/feeling unhappy	9 participants

Table 11 presents the second most common student issues in secondary school counselling settings. Issues with self, peers and family members were mentioned most frequently.

Table 11 Second most common student issues

Second most common student issues presented in counselling settings	
Anger/violence	6 participants
Bullying	6 participants
Family issues	5 participants
Relationship issues	4 participants
Low mood/depression	3 participants
Loss/grief	2 participants
Peer/friendship issues	2 participants
Self harm/ suicidal ideation	2 participants

As a consequence, relationship issues with family, teachers, peers and self were identified as the most common student issues and used in the design of three case vignettes. These most common issues were clustered according to relationship issues with family, peers, teachers and self. Tables 12, 13 and 14 present participants' responses to questions about possible underlying issues in relation to the most common issue. Responses were clustered into problems with others, problems with self and lack of skills.

Table 12 Underlying issues of family problems

Underlying issues of family problems		
Problems with others	Problems with self	Lack of skills
Family issues	Anxiety about social exclusion,	Clear and appropriate communication
Conflict with parents	Self-esteem issues	Poor communication techniques
Parents absent (jail) drugs etc	Poor self acceptance	Lack of skills and interpersonal effectiveness
Power issues	Feeling unlovable	Inappropriate responses to expectations
Family boundaries	Student feeling neglected/overlooked in stress of home situation	
Problematic parents	Different beliefs/opinions	
Parents preoccupied with their own issues	Anger	
Peer pressure, pressure to conform	Isolation	
	Need for independence and non-exclusive relationships	
	Not being understood or feeling they don't matter	

Table 13 Underlying issues of relationship issues with peers

Underlying issues of relationship problems with peers		
Conflict with others	Conflict with self	Lack of skills
Family issues	Anxiety about social exclusion	Clear and appropriate communication
Problems at home	Self-esteem	Poor social skills
Conflict with parents	Feeling rejected and not valued	A lack of communication
Parents in absenteeism	Anxiety ... low mood	Lack of skills and interpersonal effectiveness
Unresolved issues from this or other relationships	Feeling unlovable	Coping with emotions, handling conflict and lack of communication skills
Boyfriend worries	Need for peer approval/ peer pressure/ lack of self-esteem	Different beliefs/ opinions
Peer pressure, pressure to conform	Anger	Failure to see how their behaviour impacts on relationship with their peers
Need for independence and non-exclusive relationships	Group disagreements and possible isolation from peer groups Developmental issues	

Table 14 Underlying issues of relationship problems with teachers

Underlying issues of relationship problems with teachers		
Conflict with others	Conflict with self	Lack of skills
Family problems	Anger	Clear and appropriate communication
Relationship breakdown	Low self-esteem/	Student not achieving
Stress from issues with at home	Unhappy in school environment	Learning problems
Bullying	Different beliefs/opinions	
Power issues	Mental health problems	
Gossip	Student not engaged Student's own behaviour	

Tables 12-14 reveal a somewhat circular pattern with student–family, student–teacher and student–peers relationship issues mentioned at each level and issues with self and lack of skills prevalent on the underlying issue level.

The presented student issues are similar to earlier findings by Manthei (1997a; 1999). Because of this similarity, the case vignettes in Phase II of this research were designed according to these relationship issues, which are in line with Strupp's observation that "difficulties in living are most fruitfully seen as interpersonal" (Strupp, 1989, p. 108). Additionally, issues with self and lack of skills are incorporated in the case vignettes. The case vignettes were designed using Lazarus' (1999) cognitive-motivational-

relational theory of emotion which was described in the methodology chapter. The following section presents all three case vignettes and the theoretical background of these vignettes are outlined in Appendix II.

Case vignette I: student–family relationship

The first case vignette describes a student who experiences difficulties with his or her parents. The gender was left undefined and the participant was asked to imagine the more common male or female student with such presenting problems. In addition to the student–family relationship issue, communication issues, drug use and emotions of anxiety, shame, low self-esteem and sadness were incorporated, which is in line with the survey outcome and previous research findings about adolescents in New Zealand (Adolescent Health Research Group, 2003, 2004b; Manthei 1999; New Zealand Ministry of Health, 2002; McGee et al., 1990). Lazarus' cognitive-motivational-relational theory of emotion was used to incorporate these aspects into a theoretical case in a meaningful way. The first part of the written case vignette outlines the reason for the student to meet with the school counsellor or the presenting issue while the second part outlines the underlying issue. The case vignettes were presented in two parts in order to provide more opportunities to discuss what participants do, are aware of, pay attention to, think about, make sense of, believe in, their reasoning behind these answers, and their experience of assessment. The following first part was given to the participants as a starting point:

A 16 year old student made an appointment with you. The student summarised the problem in the following way:

> *I hate my parents.*
> *They do not understand me.*
> *I want to run away.*
> *What can I do?*

The second part illustrates the underlying issue of the case vignette. It was given to the participants after the reflection and discussion about the presenting issue and simulates a later stage of the counselling process with the same student.

After two/three sessions the following facts are known:

The parents are getting divorced.

> *The student was not involved in the decision-making.*
> *The student expressed emotions of anxiety and shame.*

The student smokes more illicit drugs/cigarettes and drinks more alcohol than usual since the divorce.

Case vignette II: student–teacher relationship

The second case vignette addressed issues in the student–teacher relationship, aggressive behaviour, low self-esteem, and emotions of anger and anxiety. The presenting issue of the second case vignette reads as follows:

A 16 year old male student was sent to you by a teacher for continual disobedience and disruption of the class. The student states as reasons for his behaviour:

> *I do not care.*
> *I will leave home and school as soon as possible anyway.*
> *You cannot help me.*

The underlying issue of the second case vignette was presented as:

The student's father lost his job, repeatedly humiliates his son, and sometimes abuses him physically.

> *Other teachers complained about the student's continual disobedience.*
> *The student struggles with receiving critique and low self-esteem.*
> *The student expresses emotions of anxiety.*

Case vignette III: student–peers relationship

The third case vignette involved a problematic student–peers relationship, depression, low self-esteem, drug use, peer pressure and emotions of shame. The presenting issue read as follows:

A 15 year old female student made an appointment with you. The student summarised the problem in the following way:

> *I am feeling very down.*
> *I am not motivated to do anything.*
> *I am very lonely.*
> *What is wrong with me?*

The underlying issue was presented in the following wording:

The student's peer group has changed slightly and now involves older students who are into dangerous behaviour and taking illicit drugs and alcohol.

The group puts a lot of pressure on the student to conform to "new rules".

The peer group was starting to resent and exclude her four weeks ago because she has not "adjusted".

The student feels shameful about not being part of the group anymore.

Summary

This section outlined the main findings of the national online survey of Phase I of this study and the three case vignettes which were based on these findings. These three case vignettes were used in the in-depth interviews of Phase II of this study. The findings of Phase II are described in the following section.

Phase II: Interviews, case vignettes, practice reflection

Phase II consisted of 25 interviews with ten participants, the use of case vignettes, and participants' practice reflections in between interviews. The case vignettes were used in the first set of interviews and data on self-reflection was gathered in subsequent interviews. Five participants were interviewed twice and five participants an additional third time due to their elucidation of unforeseen data. This section describes the experience of assessment of the five main participants who were interviewed three times. All 25 interviews with the ten participants of Phase II were analysed and were part of the overall conceptualisation but only the five main participants are reported. The reasoning behind this decision was described in the methodology chapter under 'Reporting of findings'.

The description contains the different themes which emerged during the process of analysis and were not predefined. These themes seem to represent the experience of assessment of each participant and are outlined from the general to the more specific. The description starts with more general elements which appear to influence this experience on a basic level and moves towards the more specifically related aspects.

Even though this presentation of results was written up as close as possible to actual participants' responses, there is an element of interpretation present in that the researcher named, ordered and interrelated each and all of the themes. The specific name and order of each theme emerged for the researcher during the process of data analysis and might not represent the reader's opinion. However, what each participant actually said in these three sets of interviews is presented (under a heading and structure

which were chosen by the researcher) in order to enable a reader to retrace each of the steps of data gathering, analysis, interpretation, discussion and conclusion.

The results of the data gathering procedures of Phase II are reported in the following way. The complexity of secondary school counselling practice was placed at the most general level. Personal information about the practitioner, individual values and beliefs, educational background and practical experiences, and personal and professional development over time were located on a more specific level which was called individual background. Individual practitioner's counselling attitudes, the core of counselling practice, general counselling strategies, and general counselling goals were presented under the heading of counselling-related influences on the experience. Each participant's assessment strategies, specific goals in assessment, and individual content of assessment were located under the heading of individual practitioner's assessment-related influences on the experiences. The process of merging professional and personal elements is presented before each participant's essence of experience of assessment is portrayed. Quotes and references to all participants were classified using a three-number coding system. The first number reflects the order in which participants were interviewed, the second number reflects the interview round, and the third number stands for the line number in the transcript.

It is important to note that many secondary school counsellors may know each other in particular areas of New Zealand because of the small size of the country. As a consequence, I changed the participants' names and excluded most background information in order to provide confidentiality to the participants. Only the following general sampling information is provided: participants were between 35 and 60 years old and had between 2 and 14 years of school counselling practice experience. Six out of ten participants were male. Furthermore, due to the difficult task of qualitative data analysis in regards to dividing an experience into different parts, there are some repetitions in the following sections. The researcher tried to keep these repetitions to a minimum but the high degree of overlapping of most of these themes reflects the difficulty of this task.

Bob

The first participant will be referred to as Bob.

Complexity of counselling practice

This theme contains elements which the participant identified as complex in counselling and assessment practice.

Bob characterised secondary school counselling practice as complex. He pointed out frequent interruptions due to a lack of regular meetings and exclusive time with his clients (10.2.848). Bob stressed that it is not possible for practitioners to prepare for all eventualities when things go wrong – "as they inevitably will" (10.3.738). He stated that he is not able to use a formula (10.2.897) and has to use an open (10.2.848), eclectic (10.1.224) and broader approach (10.2.897). He stressed that he does not "have a linear process that I follow with a whole lot of questions, I don't have that kind of structure, I have a far broader structure, that follows a path" (10.2.903).

Individual background

The first level of information was termed the individual background and contains personal information, values and beliefs, educational background and practical experiences, and the development of each participant over time.

Personal information about the practitioner

This section contains personal information about each individual practitioner, which seemed to be related to his or her experience of assessment. Individual background information which could be used to identify each participant has been excluded.

Bob described his teenage years as tumultuous. In these years he tried to understand himself and his surroundings. A few years after he dropped out of university, he experienced a "dramatic religious conversion to a Christian perspective" (10.1.34) which led him back to university. Bob described himself as self-reflective (10.1.720), focusing on self-awareness, as interested in social interaction and discussion of personal and professional thoughts, perceptions and understandings; as interested in research (10.1.724), and as being very curious (10.3.309) and sensitive (10.2.961).

Individual participant's values and beliefs

This theme contains the professional and personal values and beliefs which Bob described in relation to his counselling and assessment practice.

Bob described personal and professional growth as important aspects of his life (10.2.292) and emphasised that growth takes place through interaction with other people (10.3.496). Every situation and person has contributed to his life (10.3.498), which "is a continual ongoing series of gifts" (10.3.499). He tried to live in "a position of thankfulness" (10.3.500) which enabled him to see "even bad things as gifts" (10.3.501).

Bob described his personal and professional core values as justice, mercy and humility (10.3.196). He stated that justice and mercy relate to the "way that I practice as being present as much as I can in the moment for the person who has got a problem that they want to talk about" (10.3.202). He added that "the humility side of it comes from me not adopting a position of arrogance or expertise" (10.3.205). He compared these three core values to the "three legs of a stool or the three strands of a cord that run through my life and give me the mandate to do what I do" (10.3.208). This is complemented by a deep respect for other people's point of views because Bob described "a man convinced against his will is of the same opinion still" (10.1.567) as another belief he has. Bob stressed the importance of the performative function of language. He pointed out that "when people are talking positively they are creating spaces for more positivity to occur" (10.2.370) and that "language speaks us into existence and constitutes our personhood" (10.2.395).

Educational background and practical experiences

This theme contains aspects of the participant's general education and practical experiences which were considered as important.

Bob successfully finished a social science degree with a sociology/psychology double major, and added a postgraduate diploma in teaching, a postgraduate diploma in guidance and counselling, and a Masters of Counselling (10.1.52). He was educated in a number of different theoretical approaches (10.2.500).

Bob worked as a vocational guidance counsellor for a number of years (10.1.88). He worked as an educational consultant (10.1.91) and was involved in setting up youth training programmes in the community (10.1.99). Bob then worked as an English teacher and occupied a position as a part-time counsellor (10.1.117). He was employed as a full-time school counsellor from 1990 on (10.1.122), then as a supervisor (10.1.157), and has also worked in a private counselling practice (10.1.149). He was actively involved in research and development of youth programmes (10.1.180) and stated that he has "a lot of experience with a wider range of education within the educational sector" (10.1.147) in which he continues to work today.

Personal and professional development over time

This theme contains information about the personal and professional development of the participant including changes over time with respect to counselling and assessment practices.

Bob stressed the significance of the motivation for being a counsellor for his practice, which can be seen as the foundation of a counselling career. His motivation was related to a deep-seated wish to be involved or work with young people (10.1.57, 10.1.95). He identified himself with young people (10.1.59) and always wanted to understand more about himself (10.1.38). Bob pointed out the importance of curiosity as a main factor that drives him (10.3.310) and described his curiosity as being about life in general and about why people do the things they do (10.3.310). He told himself "as a teenager that's what I am going to find out, that's what I am going to devote my life to" (10.3.312).

He emphasised the importance of such a motivation for counselling practice by arguing that a practitioner who is "consistent and true to whoever they are" (10.3.739) needs to be able to recognise such a motivation "somewhere in their life that they can come back to that is stronger than words" (10.3.740). Bob described this motivation as an "experience that is much more powerful than any kind of theoretical learning or books or anything" (10.3.742) and as a "profound experience that provides you with the rationale to do what you do" (10.3.744). He stressed that it is important for people to be able to revisit those moments and to come back to them and say "this is why I do the things that I do" (10.3.751), "this is what keeps me going" (10.3.752), and "this is what sustains me when things go wrong as they inevitably will" (10.3.752).

Bob described his practice development as taking place through immersion in different approaches and a constant dialogue with other practitioners (10.1.760). Bob pointed out the importance of experience, training, reading relevant literature, and reflection in relation to this process (10.2.311).

Bob described his professional development as a movement from an eclectic to a narrative approach to counselling (10.2.521). He was deeply educated in a number of different counselling approaches and said that he has learned many modalities (10.2.500) but chose narrative counselling as his foundation (10.1.217). Bob portrayed himself as a narratively orientated counsellor who uses techniques from other perspectives from a narrative viewpoint (10.2.522) in order to develop the client's story (10.2.556).

Bob learnt to utilise his hunches as part of his assessment practice. He asked certain questions which he feels are important (10.2.212) and identified access points to the alternative story which "sits beneath the surface" (10.2.263). Bob stressed the importance of having a clear view of what it means to be a person and what has made him the way that he is (10.2.584), and the importance of not being fixed in that position and being able to explore and develop other experiences that have added to the person he is (10.2.586).

Counselling-related influences on the experience

The next level was termed 'Counselling related influences on the experience' and contains the attitude, core, strategies and goals of each participant's counselling practice.

Individual practitioner's counselling attitude

This theme contains counselling attitudes which were seen as important for the counsellors' experience of assessment.

Bob described his attitude as being non-directive and selective in relation to certain aspects of the story (10.2.120) in order to develop the client's story and ultimately to develop an alternative story to the problem-entrenched story (10.1.333). He does not provide answers to student problems but rather his aim is to "completely divest myself of the position of an expert" (10.3.162). If the client is not ready to talk, Bob makes

explicit that the student is always welcome and that he will make himself completely available if the student wants to talk (10.1.555); he never interferes with the client's life however (10.1.545).

Bob regards a crisis as an opportunity (10.3.627) and conflict as the inevitable by-product of diversity (10.2.323). He perceives his clients as completely unique and special (10.2.401) and as having courage to come and see a counsellor (10.3.360). He stated that he lives with his clients' pain and he does not want to be a "clinical person who just sits there and writes stuff down; I want to be able to know what it is like to be them" (10.2.989).

Bob prepared himself for each session. He clears his mind in order to be able to be 100 percent with the student (10.3.38), to not be distracted in the sense of having to "empty my mind of any kind of worries of thoughts or expectations before I see somebody; otherwise I am not going to be able to give them what they want or what they need or what they have come for basically" (10.3.95). Bob stressed that if he did not prepare himself in that way "I am dishonouring the gift that the young person brings into the office, the gift of the problem" (10.3.50) and "if I am not able to do that, then I won't see them until I can" (10.3.70).

Bob explained this state of mind in which he interacts with the client as Zen mindfulness, as being 100 percent with the client (10.2.935), being very aware in attending to the client's story (10.3.250) and "holding their hand in their uncertainty and in their confusion" (10.2.941). Bob stated that he needs to remind himself to stay with the client in that state of high concentration as soon as any distracting thoughts appear in his mind (10.3.378). He uses Zen mindfulness and the reminders which bring him back into the situation with the client to "recognise the beauty of the moment and the integrity of the person and the gift that this person is giving me by telling me about their life" (10.3.395). Bob emphasised that he gives himself "completely and absolutely and wholeheartedly" (10.2.947) to his clients, he feels their pain and highlights that this is very exhausting (10.2.989).

The individual core of counselling practice

This theme consists of information on theoretical and practical elements which were identified at the centre of the participant's counselling practice.

Bob characterised his individual approach to counselling as brief counselling and solution-focused (10.1.364). He pointed out that he does not offer psychotherapy (10.1.374) but rather helps the client to identify barriers to learning and then helps them to overcome them and to figure out what resources they need to get back into the classroom (10.1.385). He compared the work of a school counsellor with the work of a GP in terms of a short-term approach and pointed out that he works with his clients in two to three sessions on average (10.2.847).

Bob emphasised his orientation towards narrative therapy and postmodern philosophy (10.2.522) from which he draws other techniques in order to develop the client's story (10.2.556). He stressed that he would never label his clients in the sense of a medical diagnosis because this does not fit with the philosophical basis of narrative approaches (10.2.558). Bob stated that clients' goals are most important (10.2.636) and that he does not understand his role as answering the questions of clients because the clients need to answer them for themselves (10.2.730).

Bob described his approach as being orientated towards narrative therapy in the use of introductory questions, developing counter questions, and resorting questions (10.1.471). He added that he does not always follow this structure (10.1.473) and that the relationship is more important than any question. He responds to the question why his clients come back by saying that "it's more than the questions it's the relationship between myself and the client that seems to be providing the support they need to keep going" (10.2.809). Bob stressed that rapport building is particularly important with referred clients (10.1.502) and stated that he would say something like "if there is any time that you are ready to talk, that you want to come and see me, the door is always open, I will stop everything and make myself completely available for you when you are ready" (10.1.556).

Bob explicitly described his approach as transformative counselling, using the metaphor "of taking something that was there and making it into something else that is different to what was there before" (10.3.586). A complementary core aspect to the transformative counselling approach is externalising the problem, which is expressed in "the person is not the problem but the problem is the problem" (10.1.523).

Bob stated that "we produce our world and if we can produce a negative world then we can produce a positive world" (10.2.375). He understands the purpose of his work as producing "positive realities which give them far more agency and far more power and far more purpose than living in a world of reacting to events as they come along" (10.2.378). As a consequence, "young people can sense an ability to be able to make sense of the conflict in a way that enables them to transform the conflict into something that works better for them" (10.2.381). The client's ability to make a positive change in their lives is related to Bob interpreting the self as "always in a process of continually regrouping and continually changing and continually reforming and remaking itself as we are exposed to different events and different opportunities" (10.2.566).

General counselling strategies

This theme contains general and specific strategies which the participant follows in order to reach certain counselling goals.

Bob stressed that he is not able to use a formula (10.2.897) which he could apply to all students but that he has to use an open (10.2.848), eclectic (10.1.224) and broader approach (10.2.897). He pointed out that he would "try to go at the pace of what the young people themselves are" (10.1.456).

Bob focuses on the positives (10.2.134) while acknowledging the complexity of clients' situations (10.2.136). He interacts from a non-expert position of a naïve enquirer (10.2.136), immerses himself in the client's story (10.3.278), and tries to turn bad things into good things through reflection (10.3.510). Bob uses developmental psychology to identify adolescent struggles (10.2.197) and to help him to understand his clients' life situations. He follows his hunches (10.2.181) and tries to create empathy in his clients (10.2.249) and to detach the person from the problem (10.2.343).

One of Bob's general counselling strategies was identifying the taken-for-granted assumptions (10.2.424) and ideas that masquerade as unquestioned truths (10.2.434) and challenging them through Socratic questioning (10.2.458). Another counselling strategy was related to client education. Bob usually asks his clients at the end of a session: "what do you know about yourself that you did not know before?" (10.3.535) or "what have you learnt? How have you learnt it? What difference will it make knowing what you know now?" (10.3.561). Bob emphasised the use of deconstruction which is

"achieved by adopting a different position in a discourse than that which is considered normal and viewing things from a new perspective" (10.2.454).

General goals in counselling practice

This theme consists of the counselling goals that the participant's counselling practice in general and their counselling strategies in particular are aimed at.

Bob stated that he tries to generate a sense of hope and a sense of purpose that may not have been there before (10.2.403). He described a counselling goal as a gift that he gives a young person, which is "an awareness of how they can solve their problems" (10.3.560). He accentuates the client's capability to apply those abilities because "you do not want to give them a gift that they are not able to use" (10.3.557). Bob tries to help his clients to find a different space in the narrative, "a different position from which to stand and view the world" (10.2.482). It is the counsellor's task to co-author a new story for his clients and to write together a new chapter in their lives (10.1.415).

Assessment-related influences on the experience

This level was termed 'Assessment-related influences on the experience' and presents respondents' assessment strategies and their goals and content.

Individual practitioner's assessment strategies

This theme contains information on the participant's assessment strategies followed during the first part of counselling which are aimed at particular assessment goals.

Bob's assessment strategy is related to feeling and showing empathy towards the client's situation (10.1.512) in order to be able to understand what it is like to be the client (10.2.90) in the sense of getting out of his own world and immersing himself in the client's world (10.2.968). He clarifies the presenting issue and related effects in the future (10.1.515) and offers non-intrusive and authentic support (10.1.519). Bob explores options (10.1.517) while valuing the client (10.1.522), holding an attitude of naïvety (10.1.528) and externalising the problem (10.1.523).

Bob stated that he is non-directive but rather selective in relation to certain aspects of the story (10.2.120); he uses an adapted version of the narrative interview (10.2.53), makes the client understand what he or she is going through (10.2.88), and creates a

holistic understanding of the client's situation (10.2.77). In this process, Bob learns what it is like to be the client by encouraging the client to talk about what it is like to be them (10.2.90). While Bob is following these strategies, he tried to get his clients to identify and understand options and the subordinate story of strength (10.1.314) in a process of cooperation (10.2.945).

Bob listens mindfully to the story and points out that he is positive about finding a solution (10.1.580). In this process, Bob puts himself into a naïve position and puts the client into the position of the expert by asking the client to "help me to understand" (10.1.586). Bob asks "what does it mean to you, what impact is this having, what effect does it have on you, is this what you want, what do you want?" (10.1.597).

Specific goals in assessment practice

This theme contains the goals of the participant's assessment activities in general and the assessment strategies in particular.

Bob "deconstructs" the client's world and takes apart the problem story (10.2.37) as he tries to understand what it is like to be the client (10.2.82). He "would want to understand what they are really experiencing" (10.1.185). He is helping the client to make sense of what is going on (10.3.161) and what effects the problem is having on them (10.1.304). He highlighted the importance of finding an opening where the client can take a stand against the power of all these problems (10.1.348). He stated that he is trying to identify the gaps at which an alternative story can be developed (10.1.332), or in other words "to create an opening for an understanding of what they could be doing that is different to what is going on for them now" (10.1.320). Bob described this goal as "a person taking some sort of moral stand against the injustice of the dominant story, so they see that its wrecking and robbing their life" (10.1.657) and "something has got to rise up in them and say I am not going to take this, why should I" (10.1.660).

Individual content of assessment practice

This theme consists of the content or areas of the clients' lives that the participant might explore in assessment.

Bob stressed the importance of focusing on what the issue means to the clients, what they want, and what they can do to make things different for themselves (10.1.409). He

would like to know about the meaning-making that the client extracts from his or her stories (10.1.297), the effects of the presenting issue on the client (10.1.304), and any possible social support (10.1.346). Bob usually asks about a specific incident (10.1.341), an alternative understanding of the problem (10.1.355), and what could be positive about the issue (10.1.428). During the assessment process, Bob explores impacts and effects of a client's behaviour on his or her life and investigates if this is what the client wants (10.1.489). He focuses on the client point of view when asking questions such as "what is it like to be you, what does it mean to be in the trouble that you are in" (10.1.537).

Bob is interested in the discourses that are going on in the client's mind (10.2.24), the influences on the client's life (10.2.25), in which way the client makes sense out of what is happening (10.2.26), in what the client wants (10.2.732), and in possible causes of the client's thinking and feelings (10.2.28). Bob explores the taken-for-granted assumptions (10.2.242) and ideas that masquerade as unquestioned truths (10.2.434). Bob investigates and creates a client understanding of decision-making processes (10.2.734) and examines how his clients create themselves and their world through their speech (10.3.485).

Bob asks about the specific individual experience and the client's description of the problem (10.1.650). He is interested in the effects of the problem and the effects of the effects (10.1.613). Bob investigates the purpose of the client's problem behaviour and searches for exceptions (10.1.613).

During the exploration of all those domains, Bob tracks the client's behaviour (10.2.892) and body language (10.2.889) in order to be able to make inferences about the internal processes of the client (10.2.894). He attends to "them, their body, the changes in their face, eye movements" (10.2.889) and is very aware of "their body, how they sit and how they are responding and tracking that" (10.2.890) and "watching for tears and watching for eye movements and body positions that to me reflect internal processes" (10.2.892).

Merging of personal and professional elements

This theme consists of information on how participants' personal and professional identities merged over time.

Bob highlighted that the performative function of language is present in personal and professional life because

> I make myself up as I go along; I am constantly creating myself and kids can do the same thing as they talk about who they are, what they want, what they prefer, where they would like to be, their hopes and aspirations and the things that are important to them. (10.2.399)

Bob stressed that he utilises his technique of clearing the mind in his personal and professional life. He stated that

> when I am asleep at night my mind often is buzzing, it's active, it's sometimes constantly alert, then I know that the only thing I can do is to get up out of bed and to go down and empty my mind … then I can go back to sleep and the same way I do in my counselling. (10.3.86)

Bob emphasised the importance of clearing his mind because if he does not do that then he will not "be able to give them what they want or what they came for basically" (10.3.95). A strategy of dealing with his intense involvement in the counselling process is to wind down the window of his car on his way home and to pick his thoughts out of his head, "screwing them up into a ball and throw them out of the window" (10.3.115). He pointed out that he uses this technique in personal and professional situations (10.3.123).

Bob's personal values and beliefs have become an important part of his practice in the form of the three-legged stool of justice, mercy and humility, which "I base my life on" (10.3.197). Intuition has become useful during his practice of tracking the client (10.2.892) and being 100 percent in the moment with the client (10.2.938) in his state of Zen mindfulness (10.2.935). As a consequence, Bob's individual ability of using intuition is integrated in Bob's assessment practice.

Another aspect of merging is reflected by a process of growing into a certain individual approach. Bob stressed that "I don't suddenly think that this is the approach that I am going to use; it's something that I have grown into" (10.2.521). Early experiences such as a fifth form teacher telling Bob that "you don't know your thoughts until you say them" (10.3.450) and this has become an important part of his practice philosophy and practice core, along with the notion of human beings speaking themselves into existence (10.2.395). Bob responded to the question of what influence this growing into his philosophical building had with

> it does is make me centred, I know that what I do works, and so I can hold my head up and I can look people in the eye and I can feel I am here, I have got a purpose I understand things that other people don't necessarily understand. (10.2.603)

Bob pointed out that his questioning is related to helping his clients to make sense of what's happening for them (10.3.262) and highlights that his thoughts during his questioning originate in his experience and curiosity (10.3.269). He stressed that his emotions play an important role in his practice as well because he lives "with their pain and really felt what it's like to be them" (10.2.989). Bob pointed out that "there is a tremendous cost with that, that's the downside" (10.2.990) in the sense of the process being very exhausting (10.2.989) personally.

The essence of Bob's experience of assessment

This theme contains a description of the essence of the participant's experiences of assessment. During the process of data analysis the notion of 'theatre of experiences' emerged which was viewed as a hub in which all influences on the experience of assessment interacted and consequently as essential in understanding the experience of assessment. This hub contains a unique structure and content and also certain activities which seem to represent the essence of each participant's experience of assessment. The structure, content and processes of the theatre of experiences were deeply intertwined to the extent that it was not possible to report them separately. Hence, they are summarised in this section together with several essential elements and quotes from the previous sections in order to reflect the wholeness and complexity of the experience of assessment. All aspects of the previous sections are related to the individual practitioner's experience of assessment, but have not been reported again to avoid repetition. Hence this section is neither a mere summary nor an exclusively new section because it contains new and previously mentioned elements. It represents an effort to outline the essence of each participant's experience of assessment.

Bob characterised his practice as complex in the sense of having frequent interruptions, a lack of regular meetings and exclusive time with the client. Consequently, he is not able to use a formula.

In Bob's experience of assessment, his narrative foundation is closely linked to the different theoretical approaches to counselling he might use. He uses brief, transformative and solution-focused approaches from a narrative viewpoint while being

aware of the performative function of language in his practice. Bob is not able to use a formula but uses an open, eclectic and broader approach. "I don't have a linear process that I follow with a whole lot of questions, I don't have that kind of structure, I have a far broader structure, that follows a path."

Bob completely divests himself of the position of an expert. Not doing so would mean that "I am dishonouring the gift that the young person brings into the office, you know the gift of the problem" and "if I am not able to do that, then I won't see them until I can". He gives himself "completely and absolutely and wholeheartedly" to his clients by assuring them that "the door is always open, I will stop everything and make myself completely available for you when you are ready".

Bob holds his clients' hands "in their uncertainty and in their confusion", follows his hunches, tries to create empathy in his clients and detaches them from the problem. He identifies the taken-for-granted assumptions and ideas that masquerade as unquestioned truths, and challenges them through Socratic questioning. He educates his clients, deconstructs their worlds, tries to get the client to assume a different position in his or her life, and creates an awareness of how his clients can solve their problems. "A person taking some sort of moral stand against the injustice of the dominant story, so they see that its wrecking and robbing their life" and "something has got to rise up in them and say I am not going to take this, why should I".

Bob stills himself and might start the encounter with introductory questions of the narrative interview before he deconstructs the client's world in a phase of exploration. He follows the aim of thickening the plot and building a deep and thorough understanding of what is happening and what effects problems are having on his clients. It is a process of questioning in which Bob helps his clients to make sense of what's going on, what's happening for them, and a process of peeling back the layers so that they can see what effect their thinking and what effect their language is having on their world. "Language speaks us into existence and constitutes our personhood" and as a consequence, "I make myself up as I go along; I am constantly creating myself and kids can do the same thing as they talk about who they are, what they want, what they prefer, where they would like to be, their hopes and aspirations and the things that are important to them". Bob "would want to understand what they are really experiencing" and "what is it like to be you, what does it mean to be in the trouble that you are in".

Bob puts himself deliberately and consciously into in his client's world while getting out of his own world and immersing himself in the client's world. Bob tracks the client and always looks for gaps, always looks for spaces, for points of difference in order to co-author a new, positive story for the client. During this process, Bob tries to go at the pace of the young people themselves to support the student to take a moral stand against the injustice of the dominant story and to transform the problem into something that wasn't there. Bob attends to "them, their body, the changes in their face, eye movements" and is very aware of "their body, how they sit and how they are responding and tracking that", "watching for tears and watching for eye movements and body positions that to me reflect internal process for them" in order to be able to "taking something that was there and making it into something else that is different to what was there before". He feels that "positive realities give them far more agency and far more power and far more purpose than living in a world of reacting to events as they come along". As a consequence, "young people can sense an ability to be able to make sense of the conflict in a way that enables them to transform the conflict in something that works better for them".

Bob's 'theatre of experiences' is filled with the state of Zen mindfulness. His preconceptions, preoccupations and thoughts are pushed into the back of the mind and shielded by an inner voice which reminds him to focus as soon as something is distracting him. Additionally, Bob's intuition plays an important role and he interacts out of his self-reflective, self-aware, curious and sensitive individual background, which is based on his personal and professional core values of justice, mercy and humility.

Bob puts himself into this state of Zen mindfulness without preconceptions, preoccupations and distractions in order to be able to be 100 percent with the client. Bob tries to walk in the client's shoes, to understand what it is like to be the client. As soon as he gets distracted by something an inner voice emerges and tells or shows him like an advertising banner dragged behind a plane or a flashing sign similar to those on the internet that he needs to be with the client here and now, that he needs to focus on being with the client. It tells him: "be here now" "get back to it", "reconnect". Bob tries not to get distracted because he would be "dishonouring" his clients. "It's quite an intense process entering into a person's world" but necessary in order to "recognise the beauty of the moment and the integrity of the person and the gift that this person is giving me by telling me about their life".

Bob's experience of assessment is summarised in Figure 4.

Bob's theatre of experiences

Equipment: Zen mindfulness, inner voice, re-focus signs: 'be here and now', 'get back to it', 'reconnect', hunch, empathy.
Processes: Begin when a real client enters the stage of Bob's theatre of experiences and involves personal foundation, counselling, and assessment levels.
Main process: Immersing into clients world, putting himself into his clients situation, staying focused on client and reminders to do so, listening mindfully, using empathy and intuition.

Assessment related influences on the experience

- **Strategies:** empathy, immersing in client's world, non-intrusive and authentic support, valuing clients, attitude of naivety, externalising the problem, listening mindfully etc.
- **Goals:** deconstruct the client's world, coming to an understanding of what it is like to be the client, supporting client to make sense and to stand up against the problem etc.
- **Content:** what the issues means for the client, options, specific incident, alternative understanding, positive aspects, client's goals, discourses, causes, exceptions etc.

Counselling related influences on the experience

- **Attitude:** not directive but selective, supportive, non expert, honoring, Zen mindfulness, holding their hand in uncertainty, giving himsself wholeheartedly etc.
- **Core:** brief counselling, solution-focused, narrative - integrative, transformative, not rigid, focused on rapport and positives etc.
- **Strategies:** preparation, no formula, focus on positives, naive enquirer, emerging in client's story, following hunch, detach client from the problem etc.
- **Goals:** sense of hope and purpose, awareness how to solve a problem, co-authoring a new story etc.

Individual Background

- **Personal information:** trying to understand himself and surroundings, self reflective, interested in social interaction and discussion, curious, sensitive
- **Values and beliefs:** performative function of language, personal and professional growth,justice, mercy, humility, issues are gifts, deep respect etc.
- **Educational background and practical experiences:** social science degree, postgrad. Diploma in teaching and counselling, Masters of counselling, consultant, training programs, English teacher, ERO reviewer, supervisor, youth programs.
- **Personal and professional development:** emerging in different approaches, literature, experience, self reflection, from eclectic to narrative - integrative, use of intuition etc

Complexity

- Frequent interruptions, lack of regular meetings and time, no formula, completely unique clients, living in clients' world while holding their hand in uncertainty.

Figure 4 Bob's experience of assessment

Carl

The second participant will be referred to as Carl. The description of Carl's experience of assessment is presented in the same structure as Bob's, and moves from general to more specifically related elements of Carl's experience of assessment.

Complexity of counselling practice

Carl characterised his school counselling practice as being overworked (6.1.217) due to understaffing (6.1.215) and reported additional teaching responsibilities on top of his counselling duties (6.1.217). He stated that there was an informal teamwork with other staff members but there were no frequent formal meetings (6.1.263).

Carl described the possibility of the client closing up, becoming defensive, and not divulging as a common reaction of student clients if trust has not been established (6.1.579). He stressed that the information gathering process contains an element of uncertainty for him in the sense of "you might not get hold of what's going on" (6.2.116). He elaborated that "there was always that kind of uncertainty and that openness and what's going to happen and what's going on" (6.2.153), "it's a bit more shaky for both of us until they get to know me as well" (6.2.122), "it could be anything" (6.1.848). He emphasised that it is a draining process (6.1.196) in which he cannot be alert to all the information (6.3.609) and that the process itself depends on the person and the particular circumstances (6.1.895). He stressed that the process is "very client related and very specific to the actual person" (6.2.322) and "really diverse" (6.2.331). Carl stated that "when it gets more and more complicated with a lot of information, it just gets so confusing" (6.3.660). He always worries in the back of his mind that there might be "something deeper" going on (6.1.570).

Individual background

The individual background presents Carl's personal information, values and beliefs, educational background and practical experiences, and development over time.

Personal information about the individual practitioner

Carl described himself as "being an introvert and introspective type of person" who perceives himself as self efficacious (6.3.752). He takes responsibility for and control of his own life and tries not to blame other people (6.3.753). Carl stated that he knows that

he is different, that he is aware of that (6.3.758), and tries to "make sense of it all and just be who I can, be who I am, accept myself for who I am" (6.3.759). He described himself as a "deep thinker" (6.3.761) and a spiritual but not religious person (6.3.761). His literature is on the "inner world" (6.3.762) and Jungian which "charges his batteries" (6.3.770) but he stresses that he needs to live in the outer reality and reflect on his inner space by switching his point of view with the reality of other people (6.3.763). He described this reflection as a necessary part of his growth and the balance between the outside world and himself as very important parts of his practice (6.3.766).

Individual practitioner's values and beliefs

Carl believes in Catholic (6.1.246, 6.2.444) and family values (6.2.382) and a general balance of perspectives (6.2.462). He emphasised equality (6.2.409), safety for the student (6.2.411), valuing all members of the school (6.2.413), and a peaceful environment (6.2.411) as important values for his counselling work. Carl stressed that human beings are inherently good (6.2.445, 6.2.483), that he understands himself as an advocate for the weak (6.2.429) and challenges the system he works in if necessary (6.2.443). Carl described balance as an important value for him in the sense of trying to hold on to his core values, his "pillars" (6.2.464), and balancing his client's view with his own and the school's view with his own in order to "see things from different perspectives" (6.2.469).

Educational background and practical experiences

Carl completed an Honours degree in psychology (6.1.105), a Masters of Counselling (6.1.129), worked as a deputy principal and teacher in schools (6.1.3.113), and has ten years of work experience as a full-time school counsellor (6.1.103). He described his counselling education as mostly Rogerian, with an eclectic approach in the sense of going through many modalities (6.1.139). Carl differentiated this approach to educating counsellors from those of other universities that teach one modality which the counselling students have to fit into (6.1.150). His university supported trainee counsellors to develop their "own personal style" (6.1.143) that suits them as a person (6.1.146).

Personal and professional development over time

In the beginning of his career, Carl used the school's board of trustees as a form of internal dialogue (6.3.835). They reminded him of what is right and what is not

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(6.3.837), what was appropriate (6.3.838), of who he was (6.3.839), and they kept his morals and senses up (6.3.841). He stated that he has got better at asking questions (6.2.168), being accepting (6.2.373), tapping quickly into resources and feelings (6.2.32), and at further integrating the body language of both his clients and himself into his counselling and assessment activities (6.2.171). He has stretched his personal values and boundaries over the years in order to "understand what's going on" (6.2.377). Carl developed his intuition for his practice and described it as another level of alertness (6.3.458) and as a natural part of him as a human being as "part of my make up" (6.3.464). When his intuition kicks in, he feels out of control of the process because he does not know where it is coming from and what it exactly means at the time (6.3.437).

Counselling-related influences on the experience

The Counselling level contains the attitude, core, strategies and goals of Carl's counselling practice.

Individual practitioner's counselling attitude

Carl described the school he is working in as a caring school which is fairly directive, with a strong and open expectation for students to achieve, and that most students are known to most teachers in a family-like situation (6.1.640). He stated that "I can only do what I can do within my own area of freedom so I can't really make him [the client] do anything but I can just be who I can be, the most genuine and caring person right now" (6.2.708). Carl described himself as being accepting (6.2.418), non-judgemental (6.2.377), and open to new experiences (6.3.25). He puts his clients in the centre of the process (6.3.186) and lets them "be themselves and ultimately letting them make the choices for who they are" (6.2.483). He feels fairly confident that he conducts his practice in the right way within his capabilities and area of influence but knows that he cannot "expect the impossible" (6.2.719) from himself.

Carl stressed that he perceives human beings as inherently good (6.2.445, 6.2.483). He understands himself as an advocate for the weak (6.2.429) who challenges the system if necessary (6.2.443). He uses "remember who you are" (6.3.839) as a practice reminder for not getting lost. He interprets his unconscious as a positive force (6.2.298). He would like to explore the presenting student issues in a comfortable and non-threatening atmosphere (6.1.367). He makes his clients feel welcome (6.1.392), treats whatever the clients says with respect (6.1.375) and takes as much time as the client needs (6.1.415).

Carl described his counselling approach as "strength based counselling" (6.1.929). He stated that he uses Rogerian, family and CBT approaches to counselling (6.2.350) but that the choice is client- and situation-dependant (6.1.158). Carl stressed that counselling for him "is about relationship; it's not like psychology where you sit and analyse someone cognitively and put them in a category and decide what the problem is and then solve it" (6.2.218).

He pointed out that counselling is a different approach to pure psychology because it has to do with the relationship in which the client and counsellor explore the journey together (6.2.221). The interaction in counselling is important (6.2.226) and counselling is "generally about the process of the relationship and how it unfolds" (6.2.229). Carl considers transference, counter transference and problem-solving as important parts of the relationship (6.2.232). He emphasised the significance of balance in his practice which is partly reflected in his process of switching points of view all the time but always coming back to his own central values (6.2.465). He searches for interconnections of information (6.3.313) and for causes in order to really understand the client's situation and to be able to answer the question: 'where to from here'? (6.3.350)

Carl stressed that there is always an imbalance of power between counsellor and student (6.2.386). He described his counselling process as one of self-reflectiveness (6.2.333) in which his own life experiences are triggered during the process (6.2.333) and as a consequence things that have "lain dormant" become part of the counselling process (6.2.334). He usually summarises each day in the evening in a process of soul-searching in the sense of looking at himself and reflecting on the day: "I think 'how did that go for you?'" (6.2.499). He takes some of the issues to his frequent supervision meetings (6.2.502) to prevent himself getting "all knotted up" (6.2.503/524). Carl highlighted his soul-searching in which he reflects on his blind spots, his values, and his own weaknesses (6.2.492), and emphasised that "it's mostly about tracking that person, understanding the person, accompanying him, making him feel that he is really being understood by me, trying to solve the problem" (6.2.353).

General counselling strategies

Carl prepares himself for a counselling session by taking a symbolic break (6.3.94) in order to get into a different space (6.3.95) and into the right frame of mind (6.3.101). He differentiates between a known and a new client. If he has seen the client before he gets into a state of empathetic understanding of the client (6.3.102). If Carl had not seen the client before he gets into a state of open mindedness without preconceptions (6.3.134). If he knows some information about the client he lets this information – "the pieces of the puzzle" (6.3.137) – float in the back of his mind without letting it influence the process too much until more pieces are collected and a "whole" or big parts of the puzzle are recognisable (6.3.140). Carl stressed that the counselling process is "very specific to the client" (6.2.328), that there is not one approach to counselling (6.2.331), and that he tries to put himself into his client's place which enables him to understand their situations (6.2.327).

Carl differentiated between two phases of counselling. The first is related to relationship building (6.1.406) and the second to challenging on a basis of trust (6.1.446). He stated that he intuitively guesses (6.1.441) and gauges when the best moment is to approach the real issue (6.1.448). Carl pointed out that it is important for him to give his clients a choice to say no to any of his suggested options and to withdraw from counselling at any stage (6.1.461). He stated that "it's really a balance between confronting, challenging and giving them the choice; it's guesswork and it's intuitive and it depends on each client" (6.1.464).

Carl said that he would ask indirect questions and confront and challenge clients if there is a lack of progress (6.3.713). He tries to sort "through it all by letting them sort through it" (6.3.714) and presents them with his conclusions. He describes how he feels and puts it back to the client (6.3.717). Carl stressed that it is important for the clients to know how he feels and what he thinks about the issue "in order for them to make sense of that, interpret it, and maybe use that" (6.3.722). He tries to give them hope which "is a step towards solving a problem" (6.1.665).

General goals in counselling practice

Carl pointed out general counselling goals such as student safety (6.2.572), getting the client to trust him, trying to open up the client, and getting the client to accept help (6.2.720). He emphasised the importance of getting the client into a positive frame of

mind and creating a sense of hope (6.1.794). Carl focuses on positives and strength (6.1.790), on increasing self-efficacy and coping abilities (6.1.950), and improving self-esteem (6.1.782).

Carl differentiated between internal and external loci of control: if a client has an internal locus of control, he focuses on building up self-esteem, strength, energy and self-worth through a strategy of affirmation (6.1.710). If a client presents an external locus of control Carl centres on confrontation and challenging through CBT strategies (6.1.720) on a basis of trust (6.2.720). He emphasised the importance of client wellbeing (6.1.617), happiness (6.2.343), perception of achieving, belonging and self-efficacy (6.2.344), and reintegration into the school system (6.2.347).

Assessment-related influences on the experience

This section presents the strategies, goals and content of Carl's assessment.

Individual practitioner's strategies in assessment

One of Carl's first strategies is related to building rapport. He stated that he might start a session by saying

> I'm here to help, I'm here to take your side, to understand you. I'm also
> here to get to the bottom of what's really going on but the important thing
> is your well being and your choice is really important. (6.1.613)

Carl said that there is usually a particular incident which precipitates the presenting issue (6.1.339). He tries to "get his finger on that particular incident" and "flesh it out … and then usually the background stuff filters in over time as I'm collecting information about that particular incident" (6.1.345). He explores this recent incident by asking open questions and gathering data from the client's and other people's point of view (6.1.857).

During this process Carl uses a broad listening approach (6.1.171) and carefully tracks the client (6.2.91) until the important issue distils, crystallises (6.2.101) or rises to the surface (6.3.382). Carl actively looks for a point of entry (6.3.279), searching for signs of emotion or more generally signs of significance (6.3.239). If there is a sign of significance Carl experiences an "aha" (6.3.272) and weighs up if it is appropriate to stop the process and to talk about the sign of significance (6.3.244). If it is appropriate, Carl might use immediacy which can be described as explaining his perception

genuinely (6.3.240) and then giving the client the choice of exploring this sign or not (6.3.246). If he does not perceive it as appropriate to interrupt the process he takes an internal picture of client reaction and the sign of significance in order to keep it in mind and uses it later (6.3.289).

Other assessment strategies were related to gauging missing information (6.1.528), reassuring the client (6.1.533), validation and acknowledgement of feelings (6.1.534) and outdated coping strategies (6.2.272), and giving the client the option of exploring possible solutions or not (6.1.543). In the process of exploration, Carl uses visualisation techniques (6.1.905) and acknowledges client values and integrity (6.1.924).

Carl explained that it is not helpful in very complicated situations to put the puzzle pieces together and to construct a whole picture of the client's situation (6.3.662). Carl said that he has to "dig into other ways of exploring of what's going on" (6.3.663). He stated that he "chucks away the whole picture" and tries to see things differently and to see other things (6.3.665). He stretches his personal values (6.2.374), uses a highly adaptable and situational approach (6.3.35), and uses his self-awareness and self-reflection as main tools in the process (6.3.37). He utilises immediacy (6.2.129), honesty (6.2.131), openness (6.2.136) and congruency (6.2.135) in difficult situations.

Carl uses a specific strategy to put his clients at ease in order to invite them to reveal important information. He builds up a relationship of trust with the client (6.3.403), relaxing the client through a non-threatening conversation towards the end of the session to "gear down towards functioning out there" (6.3.407) and being especially "vigilant" (6.3.415), during that process, about client actions and reactions. Carl stated that a number of times his client's had revealed essential information during their relaxed state on their way out of the door. "So it's a question of catching it and its breaking through the surface" (6.3.420).

Carl located his clients on different ends of what he termed an "anxious neurotic scale" (6.1.680). At one end of the scale there are clients with behaviour problems who take their problems out on the rest of the world and make it difficult for others (6.1.685). On the other end there are clients who take upon themselves all the problems of the world introspectively (6.1.683). The behavioural-type problem clients usually identify "the issue outside, either in the classroom, with his friends, with his relationships, his

family" (6.1.688) and those "behaviour orientated clients are quite difficult to deal with and they're the ones who are usually referred" (6.1.690). Carl stressed that these are broad generalisations (6.1.752) and that individual clients "can sometimes swing depending on the situation; they could be totally introvert in one situation, yet quite comfortably working with the outer world in another situation; it all depends on the client" (6.1.752).

Carl described his assessment activities as questions such as "what's going on in her or his head, what is that about, … what's going on, what they're saying, what they're thinking, why they do it" (6.3.538) emerging in his head. At the same time he explains that he is aware "that there are so many possibilities in those questions so I'm aware to not make any judgements" (6.3.541). Carl tries to put his finger on exactly what's going on (6.3.544) and wonders what can he do about the issue, what can he say, what can he initiate, and how to keep alert to what is actually going on in that person (6.3.546).

If Carl encounters a client who is struggling with a devastating situation he focuses more explicitly on the positives and strengths in order to give the client hope for the future and encourages them to come back by asking questions such as "what's going right in your life, what's going well, what can you work on, what can you hold onto" (6.1.790). Carl emphasised that "there's something that he's doing really well so that would be the focus of that session and possibly the next one" (6.1.795).

Specific goals in assessment practice

Carl stressed that it's vitally important that the client leave his session "feeling that he's at least achieving despite his background and circumstances" (6.1.792). "It's all about the client so it's really about empowering them to see what's going on and giving them the insight into what's going on" (6.2.160). The most fundamental goal of Carl's assessment practice appears to be the identification of "the real practical problem-solving possibilities that we can both understand" (6.3.590).

Individual practitioner's content of assessment

Carl investigates questions such as: what is going on? Is there a problem? What is the problem? What are the emotions? What are the pieces of the puzzle? What has not been said? (6.3.515). He explores the client's perceptions and reasoning (6.1.899), relationship patterns (6.1.901), family and its dynamics (6.2.349), qualities (6.1.922),

outdated coping strategies (6.2.273), thinking processes and behaviour patterns of the client (6.1.911). Carl investigates conflict of needs (6.1.916), cognitive and factual information (6.2.85), and emotions and body language (6.2.84). During that process he tracks the client's thinking and is constantly reflecting on possible causes (6.3.538). During the process of exploration, he reflects on what the client has said, what the themes are in the decision-making of the client, and what he might have missed (6.3.666). If there is a lack of progress he wonders if it is caused by the client consciously or unconsciously avoiding something or by his own confusion.

Carl stated that transference and counter transference are important aspects in his practice (6.2.232). He stressed the importance of what the client triggers for him (6.2.331) and that counter transference becomes a very important part of the relationship and problem-solving (6.2.237).

Carl pointed out that being aware of himself as a counsellor is his main concern (6.3.36). He elaborated that it is important for him to "keep in touch with myself while I'm trying to keep in touch with my client" (6.3.46). The more he understands himself the more he understands what's going on between him and his client as a relationship (6.2.203). When there is a lack of progress, Carl gathers data from a meta-level and feeds it back to the client (6.3.629). He is the expert and responsible for taking leadership when the "agenda is too directionless" (6.3.179) because he and his clients need to "stick to the goal" (6.3.182) while interacting in an environment of "time constraints and other constraints" (6.3.181).

Merging of personal and professional elements

Carl explained that he deals with difficult student issues by sleeping on them, and interpreting his dreams (6.3.688). The answer to such an issue comes through his own unconscious in the form of a picture, an analogy, or a situation which he can then link to the issue (6.3.698). Carl stressed that he uses this problem-solving technique for his own personal problems as well (6.3.695). He stated that he used to have the school's board of trustees represented in his mind who used to tell him to "remember who you are" (6.3.839) when he was battling with certain issues. "They would be there to remind me about myself, pick me up when I was feeling flat and keep my morals and my senses up" (6.3.840).

Carl stated that one way of identifying a difficult situation would be that he was worrying about it on some level which makes him gather more information about the situation: "I worry, that would be my concern" (6.2.692). He illustrated that in difficult situations he would "throw down ideas" and "brainstorm" (6.3.630). Similarly, "when I'm lying in bed I just brainstorm, throw down ideas and then look at my thoughts" (6.3.632). He elaborated that he tries to differentiate between what the client has said and his own feelings (6.3.635). He described it as a process in which he distils, filters and identifies the important information which he then might take to supervision "because very often another person can see what I can't" (6.3.637). Carl stated that he reflects on his practice at the end of the day by asking himself questions such as "how did that go for you, what are the feelings that are sitting with you?" (6.2.500). If there are any unresolved feelings which make him feel "knotted in the stomach" (6.2.503), he would take them to his supervisor.

The essence of Carl's experience of assessment

Carl characterised his practice as complex in the sense of being overworked due to understaffing and teaching responsibilities on top of his counselling duties. There is an element of uncertainty; he cannot be alert to all the information; the process is diverse and unique for each client; and he tries to adapt to each client.

Carl starts the information gathering process with a symbolic break in order to relax and to get into the "frame of mind and the empathetic understanding". After the client enters the room, he makes them feel welcome and comfortable and talks about an informal contract of confidentiality and respect. He continues with a "broad listening approach" and "sticks to the facts so that the person does not feel threatened to answer". Carl tries to put himself in the client's situation and their understanding while he identifies the specific incident of the presenting issue and attempts to "flesh it out" and to and get the details around the incident; "usually the background stuff filters in overtime as I'm collecting information about that particular incident". He tries to sort "through it all by letting them sort through it" while investigating "what's going right in your life, what's going well, what can you work on, what can you hold onto" because "it's all about the client so it's really about empowering them to see what's going on and giving them the insight into what's going on". During that process "I keep in touch with myself while I'm trying to keep in touch with my client".

Carl emphasised the puzzle image as "powerful" for him. While he is gathering information, the pieces of the puzzle "are floating around … far away and nearby", "in a vortex", "in a three dimensional space". During this process, Carl asks himself what the whole picture or the situation of the client looks like.

Carl's theatre of experiences consists of a mirror/screen which enables him to explore different points of view and put together the puzzle of the client's situation. Carl stresses the importance of balancing the various aspects and constantly switching points of view during this process. Carl's framework includes a radar which he uses to gather subliminal information and the active use of his own reactions to his clients on the conscious and unconscious levels. Carl has "the radar going out all the time", sending out waves like a bat which he translates into messages and feelings. This helps the crystallisation of "the real practical problem solving possibilities that we can both understand".

The mirror/screen acts as a reality based filter enabling him to see how he appears to each specific client. He elaborates that he has to try and see himself from the client's perspective by looking through the mirror at himself. He wonders "how does she or he see me and how do I see them". He states that the mirror is the best means he has to screen his intuition by "filtering it" into "real problem solving possibilities". "Whatever I'm feeling or intuiting, screens through that particular filter, the mirror, and I add it to the puzzle." Some disregarded information might sit in the back of his head and "knocks underneath for days and days as an image of something", emphasising that "there is something there" which he might grasp by changing the point of view. Carl points out that the screen filters out both perceptions and "what remains on the glass are the real practical problem solving possibilities that we can both understand", "the traces of the interface between us", and the "distilled and crystallised … outline of the problem and the solution."

Carl highlights the experience of an "aha" moment in which he spots a sign of significance – something he will explore in more detail when appropriate. He experiences assessment as a process of prioritising information. It is not possible to be alert about all the information the client is revealing and difficult to know what sort of content is not important. The information which is persistent and leaves its mark on the screen is the one "you have got to pay attention to". Some content might not be relevant

at first but could become very important later in the process, "so I have to prioritise and use what main images are coming and then reflect on the other things". "I don't try to throw things away; it's just a question of what to hold onto for the moment." During this process, Carl gauges what the client's situation is really about.

Carl's alternative mode of relating is related to intuition or his radar, which is "clearly unconscious", a "feeling of stimulation, uncertainty, erasing of the adrenalin and anxiety", "another level of alertness", and part of his natural make-up. It kicks in and puts himself out of control of the process because he does not know where it is coming from and what exactly it means at the time. He sends out waves like a bat which bounce off the client and come back to him with certain information.

> So I'm translating those waves and feelings into questions like what's going on, why am I thinking this way, what's going on between us, what's going on in the client. So it's about asking questions and making the connection between the verbal, cognitive and feeling.

There are "alarm bells ringing" in his head at times when there is information that he is concerned about but cannot make sense of straight away: "I worry, that would be my concern." He has to "change all the time" in order to understand his clients. He describes this process as having to "to reflect on yourself and to go inwards and then outwards" and "to align it all" into some a sensible outcome. It is "really about the interaction between our world views and that includes feelings and thoughts, experiences, and other things". Carl emphasises that "it's mostly about tracking that person, understanding the person, accompanying him, making him feel that he is really being understood by me, trying to solve the problem".

Carl's assessment experience is related to a general process of balance and "weighing up" that starts with the client's input of information which triggers Carl's personal experiences, which he in turn relates to the client's experiences of the current situation. His reaction to the client's information is related to balancing the usefulness of the counsellor reaction in terms of process versus overemphasising, and time constraints and effectiveness versus client-centred counselling. Carl highlights the importance of balance between his and his clients' experiences and the power balance in his practice. He needs to be aware that he is the expert in the counselling encounter and that he has to take control and show leadership most of the time. He tries to balance this responsibility with the client having a choice and being in the centre of the whole counselling process and by "balancing my client's view with my own, the school's view with my own" in

order to "see things from different perspectives". To get clients to divulge personal information without them shutting down is related to trust. Additionally, there is the "balance between confronting, challenging, and giving them the choices; its guesswork and it's intuitive and it depends on each client"; it's "very client related and very specific to the actual person" and at the same time "really diverse".

Another process of weighing up is related to what has been said and what has not been said. This process is a "speech bubble with nothing in it", an "empty space in which speech has not been written". A "big black question mark" or "that little dot, dot, dot" may emerge in his 'theatre of experiences' when he has the feeling there is something avoided or not been spoken about.

During this process a constant switching of points of view is necessary in which Carl puts together the pieces of the puzzle and weighs up each unique client situation. Carl stresses the importance of "intuitively guessing where they feel safe along the process of making change or coming up with the real problem" and "gauging when the best moment is to approach the real issue". He emphasises the centrality of "carefully" and

> slowly tracking how that person is feeling through the first session and what's going on and what the important issues are so really just reflecting feeling and cognitive content and then try to understand where this is taking us and what's the important thing.

Carl uses his "own personal style" and employs "remember who you are" as a practice reminder in difficult situations. He reflects on a counselling day and asks himself "how did that go for you?" "what are the feelings that are sitting with you?". In the end, Carl emphasises that "I can only do what I can do within my own area of freedom so I can't really make him do anything but I can just be who I can be, the most genuine and caring person right now".

Carl's experience of assessment is summarised in Figure 5.

Carl's theatre of experiences

Equipment: Screen, mirror, scale for balancing and weighing up, radar and wave translator, intuition, alarm bells, empty speech bubble, unconsciousness, reaction to client.

Processes: Begin when a real client enters the stage of Carl's theatre of experience and involves personal foundation, counselling, and assessment levels.

Main processes: Putting himself into a frame of mind without preconceptions, sending out waves like a bat and translating their echo into messages and feelings, broad listening approach, putting himself into the client's place, filtering details on the screen, listening inside himself, putting the pieces of the puzzle together, gauging, intuitively guessing, going inwards and outwards, tracking the client, switching points of view, balancing and weighing up.

Assessment related influences on the experience

- **Strategies:** building up rapport, particular incident - flash out, different points of view, broad listening, tracking client, immediacy, visualisation, gauging missing info etc.
- **Goals:** empowerment, client leaves session in better frame of mind, identification of practical problem solving possibilities etc.
- **Content:** client's perceptions and reasoning, relationship patterns, thinking processes, emotions, body language, in-session behaviour, counter transference etc.

Counselling related influences on the experience

- **Attitude:** genuine, caring, accepting, non-judgemental, respectful, open for new experiences, client in the centre, letting clients be who they are etc.
- **Core:** strengths based, Rogerian, family therapy, CBT, relationship focus, self reflective, transference, counter transference, switching points of view etc.
- **Strategies:** preparation, empathetic understanding, specific to the client, not one approach, relationship building - challenging, etc.
- **Goals:** student safety, building trust and hope, increasing self efficacy, coping abilities, self esteem, wellbeing, happiness, belonging etc.

Individual background

- **Personal information:** introvert, introspective, deep thinker, accepting himself for who he is, interested in inner world literature and Jungian psychotherapy etc.
- **Values and beliefs:** general balance, equality, family values, human beings are inherently good, advocate for the weak, challenging the system etc.
- **Educational background and practical experiences:** honours degree in psychology, Masters in counselling, deputy teacher, 10 years as school counsellor, rogerian, eclectic, own personal style etc.
- **Personal and professional development:** board of trustees as internal dialog, reminder of who he is, better in asking questions, quicker in tapping into resources and feelings, integration of body language, intuition etc.

Complexity

- Overworked, understaffed, teaching responsibilities, complex assessment processes, large amount of diverse information, uncertainty, too many possibilities, client uniqueness.

Figure 5 Carl's experience of assessment

Laura

This section contains the description of the third participant who will be referred to as Laura.

Complexity of counselling practice

Laura felt "overloaded" (9.2.613) due to understaffing at her school. She pointed out that some of her decisions have severe and far reaching effects such as involving an outside agency like CYFs (9.2.343). Her client's world is "completely going to change" (9.2.343) and people's worlds can be destroyed by such decisions (9.2.353).

Laura pointed out that there is no module in the counselling diploma or degree that covers guidance counselling (9.1.54) and that there is a certain amount of directive counselling which complicates practice (9.1.61). Her education in person-centred counselling did not prepare her for the directive part of school counselling practice and she felt these two approaches were "streets apart" (9.1.64). She emphasised that "what is expected of you in a school versus what you consider as a health practitioner is healthy for the child" (9.3.731) can be very different. "They just do not add up and so you have to make a decision" (9.3.733). These factors seem to reflect the complexity in Laura's practice.

Individual background

The most general level of individual background contains Laura's personal information, values and beliefs, educational background and practical experiences, and development over time.

Personal information about the participant

Laura stated that she became a school counsellor by accident (9.1.73) and described herself as "a bit of a weird counsellor" (9.1.1176). She decided at the age of 45 to change her career from being a head of department and running a language school to school counselling. Laura pointed out that she has always worked in schools, has always been involved in education (9.1.75), and has a positive understanding of human beings (9.2.418).

Individual participant's values and beliefs

Laura stated that personal and professional growth (9.1.867) is very important to her. She considers human beings as unique and special (9.3.867) and human relationships as very important (9.1.332, 9.2.322). She stated that every person is good at something and that it is just a matter of looking for it (9.2.418). She interprets problems as being separate from the person (9.2.489) and acknowledges adolescents' need to express their point of view in an accepting, believing and non-judgemental atmosphere (9.1.793). She stressed that every individual has his or her own perceptions of the world (9.3.358). She acknowledged her need for hope which she described as originating in a belief in self-worth and God (9.3.217).

Laura believes in the strength of each individual client. She explained that this "strength-based belief comes from seeing kids illuminate" (9.3.267) when they believe that they can change their situation and become empowered by it (9.3.269). She pointed out that the "voices of all those kids and seeing the difference" (9.3.272) had a major influence on this belief.

Educational background and practical experiences

Laura finished her counselling degree one year before these interviews took place. She pointed out that she had been involved in working with young people in schools for around eleven years (9.1.177). She had worked as the head of two different departments and as a coordinator of different youth programmes (9.1.75). She stresses that she has "always worked in schools" (9.1.74).

Laura said that she was educated in a Rogerian approach as a foundation plus cognitive behavioural therapy and narrative therapy. She stated that after she finished a community counselling course and a diploma in counselling "it clicked" for her (9.1.93).

Personal and professional development over time

Laura said that she has started to connect very well with adolescents and that she seems "to be able to get on, has a good rapport with them quite quickly" (9.1.102). She pointed out that she realised that school counselling was within her niche (9.1.104).

Laura developed her intuition for her school counselling practice. She manipulated her intuition to support her practice (9.3.680) and stated that she uses two kinds of intuition. Her "ordinary intuition" (6.3.608) tells her if she is on the right track with a client, supports her in looking for strength (9.3.627) and identifying "the next appropriate question" (9.3.620). The second kind of intuition is related to abuse, which Laura described as a frequent issue in her school counselling practice (9.1.616). This kind of "gut feeling" is "a sick feeling" (9.3.588), which makes her focus on the possibility of abuse and be careful in her dialogue. She pointed out that she does not want to miss an abuse case but she does not want to go "off on a tangent" (9.3.606) either. Laura's two kinds of intuition support her ability to balance these aspects. She pointed out that she understands herself as a "work in progress" (9.1.867) in the sense that she grows with each client (9.1.883). She emphasised that she learns from every single scenario (9.1.874) because all of her clients are different (9.1.877).

Counselling-related influences on the experience

This section presents the attitude, core, strategies and goals of Laura's counselling practice.

Individual practitioner's counselling attitude

Laura emphasised that the issues of her clients do not "phase" her (9.1.131). She pointed out that she seems to be able to connect with her clients particularly well and that she thinks that this is related to her not "coming from a judgement point of view" (9.1.133). Her clients do "not walk in the door and are instantly judged by the way they looked, or what they present" (9.1.134). She interacts with her clients from the point of view that "here is a kid that just needs to talk" (9.1.129). Laura viewed the counselling process as an opportunity for her clients to "keep safe" (9.1.705) and "offload" (9.1.706) all the aspects that are worrying them. She emphasised that "you don't have to do much" (9.1.439) for the client to build up trust, adding that "most kids are actually quite relieved in a lot of ways" (9.1.791) because they get a chance to say how they feel (9.1.793), which is what her clients really want (9.1.794). She pointed out that "they just want to say their side of the story, and being believed, and being not judged about it, and be able to say what they want to say without repercussions" (9.1.795).

Laura stressed that she is "always going to learn from every single scenario" (9.1.874) and that "everybody is different because they are individuals" (9.1.877). She pointed out

that "how they do life is really different to how I would do it" (9.1.879) and that she tries to avoid looking at her clients as if they were all the same (9.1.883). Laura highlighted that she grows with each client and that she treats each client individually differently (9.1.887).

Laura emphasised that "the first priority is the kid; it's not the school, it's not the parent, it's not anybody else" (9.1.827). She stated that the focus of her practice is what is going on for the client (9.3.830). Laura explained that she feels "privileged" (9.2.14), "honoured" (9.2.72), "concerned" (9.2.73), "careful" (9.2.73) and "mindful" (9.2.185) to be able to talk to her clients. She elaborated that the process of information gathering is not merely about collecting information but about her clients' personal lives (9.2.21), which makes her feel privileged. She described the strengths and positives of her clients as their essences which they need to grab and hold onto (9.2.428).

Laura stated that she interacts with her clients as if she was "one of them, on the same level" (9.1.144) and not from a position of teacher or expert (9.1.145). She tries to make the process "as non-threatening as possible" (9.2.64), trying to be "friendly" (9.2.66) and "giving them the feeling that it is ok to talk to me" (9.2.43). She added that she is particularly mindful about not bringing her own experience into the process (9.2.185) because the meaning-making needs to be the client's and not hers (9.2.187). She elaborates that "if I put my own meaning-making onto it then the uniqueness and the story starts to belong to me and not to them" (9.2.188).

Individual core of counselling practice

Laura differentiated school counselling practice from most other kinds of counselling. She pointed out that school counselling is quite often "crisis counselling" (9.1.34) in which the practitioner does not get the chance to do therapeutic work (9.1.35). She stressed that "a lot of it is on the spot, dealing with what's presented right there and then" (9.1.35), which she described as being important to teenagers (9.1.38).

Laura pointed out that most modalities of counselling are person-centred (9.2.321). "They are all about relationship; they are all about building that rapport, that empathy (9.2.322) which was "drummed into me for three years" (9.2.325) and became "quite dominant" (9.2.326).

Laura stated that she uses a lot of practical examples with her clients. One of her examples is related to a balloon onto which the client is asked to write their current emotions and then to blow it up.

> I will say - watch these words because these words are like the feelings in your tummy … what's happening to them and as you are blowing them up? They are getting bigger and bigger and bigger and bigger. Then I will get them to tie them off, and I will say that's a little bit of what happens inside when you hold onto stuff the stuff gets bigger and bigger and bigger until what was kind of manageable is becoming unmanageable. (9.1.386)

Laura then asks her clients to pop the balloon and says:

> I want you to have a look at those words now. They will have a look and say well they have gone little, and I will say well that's a little bit what it's like when you start talking to someone. You can off load and unpack what's happening to you. (9.1.398)

She stressed that this helps her clients to understand certain processes which results in responses such as "oh my goodness I can understand now" (9.2.415).

Laura described herself as a "strength based counsellor; I look for strength and I try and capitalise on it" (9.2.412). She keeps on looking for strength until she can identify some in her clients (9.2.417). Laura highlighted the process of externalising the presenting problem from the client as an important factor in her counselling practice in the sense of taking "that beauty that I see and I try and disassociate her from this crap" (9.2.488). The issue does not belong to the client and the issue is not who they are (9.2.489).

General strategies in counselling practice

Laura pointed out that she is transparent in her practice (9.1.578) and that looking for strength is one of her main counselling strategies (9.2.411). She explained that teenagers "need to hold onto something that's theirs" (9.3.129), "they need supporting; they need to know that they're doing okay" (9.3.867) and that they are special and unique (9.3.870), which she frequently explores in her practice (9.2.418). She looks for strength, "capitalises on it or jumps on it" (9.2.448), tells her clients what she sees (9.2.449), and disassociates them from the issue (9.2.489). She might emphasise to her clients that the issue "does not belong to you; this is not who you are" (9.2.490). This strategy is supported by her reinterpreting the client statement "you cannot help me" (9.1.560) into a student capability of being able to cope with difficult issues themselves, which she would then praise (9.1.564).

Laura uses a paper-plate exercise in which she asks certain clients to draw their internal feelings on one side and their outward behaviour on the other (9.1.458). She explained that the balloon exercise (described above) is about teaching her clients to manage certain emotional states in a better way (9.1.443), whereas the paper-plate exercise illustrates "what's going on inside versus what's going on the outside" (9.1.478).

Another counselling strategy is to educate her clients on power and control (9.1.1067). Laura might use a practical example in which she might "poke" a client (9.2.512) who is struggling with another student who makes him or her really mad with a finger (9.2.514). Laura monitors her client's emotional response which is usually related to getting angry (9.2.517) and explores with the client who is in control in such situations (9.2.519). She explained that her clients start to realise that the perpetrator who tries to make them mad will give up once they stop showing a reaction (9.2.528). She described her main point in this exercise as "you cannot fight anybody who does not fight back" (9.2.532). Laura emphasised the importance of power and being in control in an adolescent's life (9.2.544) and that the relationship to the client "becomes really good because they get success real quick" (9.2.582).

Laura tailors practical solutions to her clients' needs when she talks about "strategies at home" (9.1.708). She explores behavioural options for her clients when issues arise in their families such as "go to your room, play some music, have a shower, go for a run, shoot hoops, start texting your friends, get on the phone" (9.1.709).

Laura educates her clients on informed decision-making processes when she explores and maps current client situations (9.1.1115), effects of difficult behaviour (9.1.1116), and what the clients want for their life (9.1.1120). In the next step, Laura makes a comparison of the current situation and what the client wants (9.1.1126) and investigates the barriers stopping them from getting from one to the other with the client (9.1.1132).

Laura stated that with safety issues she might put on a "safety hat" to identify depression and suicide ideation (9.1.734) and monitor moods in cases of depression (9.1.738). She is transparent about what she is thinking (9.2.83) and about the reality that she might have to call outside agencies (9.2.85) and breach confidentiality (9.2.86) in cases of abuse.

Laura is extremely patient when she talks about a process of relationship building with a client "for the last six months" (9.3.767). She stated that this client "has been really hard to form a relationship with" (9.3.773) and would "skit into my office and skit out again and she'd sneak back again and then she'd sneak off again" (9.3.774), "testing me, testing me, testing me, testing me" (9.3.777). Laura concluded that her counselling practice with that client was successful in the end because the client accepted help because "she trusted me enough" (9.3.778).

Laura stated that she avoids labelling clients and that she tries to get the client to see a "different story" (9.3.53) by mapping a picture of the current situation (9.3.56) and by focusing on strengths (9.3.54) and externalising the problem (9.2.484). She tries to create hope for a better future by saying "that their life can be different" (9.3.164) and stressing that "if there's no vision, there is no hope" (9.3.159).

General goals in counselling practice

Laura emphasised that she investigates what is presented and what she can do to support her client to be able to cope with the current situation (9.1.259). She focuses on creating hope (9.3.164), building up strength (9.3.54), self-esteem and self-worth (9.1.702). She aims her practice at increasing resilience and coping abilities (9.1.259) through a strong relationship, client education, and a focus on strength and empowerment (9.1.694). "It's teaching them to manage it more or better" (9.1.443).

Assessment-related influences on the experience

This section contains a description of the strategies, goals and content of Laura's assessment.

Individual practitioner's strategies in assessment

Laura educates her clients about the advantages of talking about difficulties with practical examples (9.1.373/9.1.458). She tries to come across as a soft person whom her clients can talk to (9.2.40). She highlights that she tries to make the information gathering process light and tries to make her clients feel that "they are not in trouble" (9.2.60). She elaborates that she can give her clients a bit of safety around the actual problem (9.2.62) "by bringing lightness" (9.2.62) into the process "so that they do not

feel like its closing in on them; so I try to make it as non-threatening as possible" (9.2.63).

She is mindful about the differences between her and her clients' perceptions (9.2.198). She states that she might describe her reaction to the presenting issue and give her clients the opportunity to compare their reaction to hers (9.2.215).

Laura explores with her clients if their current situation is something they favour and really want for the rest of their lives (9.3.74). She maps what her clients' lives would be without the current issues and makes "them take a stand" (9.3.77) to choose which of these two options they prefer and work towards. "I try to connect it all together and I draw a picture" (9.2.499). She states that she builds up her clients by identifying and building on their successes (9.2.425). Laura tells her clients what she sees, "that strength and that beauty" (9.2.488), and builds on it.

Specific goals in assessment practice

Laura stressed that she searches for ways to make her clients feel better (9.1.992). She wants to make sure that her clients are safe and gathers information accordingly (9.1.687). She increases her client's self-esteem through the identification of strength (9.1.730). She wants her clients to "take a stand: well this is what I've got, this is what I could have" (9.3.77). She tries to identify something unique and to get them to "believe in it and then act on it" (9.2.431). She tries to change their thinking from "I can't to I can" (9.2.424).

Individual practitioner's content in assessment

Laura compared information gathering by talking to a client with "being in the business of being" (9.2.23). She considers body language (9.1.914), facial expressions (9.1.915), language (9.1.916), personality (9.1.924) and interaction patterns (9.1.919) as important. She explores how the issue is presenting itself to her clients (9.1.362), the details around the presenting issue (9.1.358), how her clients are feeling (9.1.356), what is happening to them inside (9.1.357), how the problem is affecting them (9.1.357), the exceptions of the problem (9.2.173), how are they handling it (9.1.364) where do they get relief from (9.1.360), and "what's really behind" (9.1.242), "triggering" (2.176), and "underneath it" (9.1.542). She investigates the impacts of the presenting issue on school (9.3.61), home (9.3.61), social environment (9.3.62), and life in general (9.3.60). She identifies

what her clients would like to do in the future (9.1.547) and explores details around these future options (9.1.548).

Merging of personal and professional elements

Laura stated that she brings her character into the counselling process (9.2.42) in the sense of giving her clients the feeling that it is okay to talk to her (9.2.44). She described her counselling practice as her second nature (9.1.1237). "You just do it without thinking too much about it" (9.1.1237). Her process of wondering (9.3.321) might be called "a naïve enquiry" (9.3.331) by one of her lecturers, which seems to reflect an integration of a theoretical concept into her individual understanding and practice.

Laura stated that she is on "automatic pilot" (9.3.207) mode at times in which she asks the right questions without consciously thinking about it (9.3.200). This is a subconscious thing (9.3.237) that comes from her understanding of the need for hope and being built up (9.3.217), from a belief in self-worth (9.3.219), and a need within herself to know that her clients have something to hang onto (9.3.231).

The essence of Laura's experience of assessment

Laura characterised her practice as complex in the sense of being overloaded due to understaffing and because her counselling education did not prepare her well for her practice.

Laura sees herself as "a bit of a weird counsellor" but her always being involved in education and "being in the business of being" meant "it clicked" for her. Laura's counselling practice is related to interacting patiently with her clients as if she is "one of them, on the same level" and to seeing problems as being separate from the person. She always looks for strength in her clients and is able to build rapport quickly with them. She uses her intuition in her person-centred counselling practice in which she treats every client as unique and special. Laura searches for strengths and never labels her clients. She focuses on creating hope, building up strength, self-esteem and self-worth.

Laura's practice is her second nature which enables her to interact on automatic pilot mode and "to be able to get on, have a good rapport with them quite quickly". "I try to connect it all together and I draw a picture" of all "that strength and that beauty", from

the position of "here is a kid that just needs to talk". She explores their current situation and what they want to change in their lives. Laura feels "privileged", "honoured", "concerned", "careful" and "mindful" when she tries to get her clients to take a stand against the presenting issue and to start working towards a future they want for themselves. She always keeps in mind that "the first priority is the kid; it's not the school, it's not the parent, it's not anybody else" because "how they do life is really different to how I would do it" and "if I put my own meaning making onto it then the uniqueness and the story starts to belong to me and not to them".

Laura's process of assessment is "unpacking" while looking for any indication of strength. If nothing stands out, she will keep exploring until she can identify something. Identifying strengths in her clients is like watching "a whole lot of grey clouds and the sun pokes up in between them".

When she is gathering information she fills compartments in her head with information and makes connections between them. There can be as many compartments as pieces of information given. She distributes the information into these compartments, names them according to the cluster of information, and leaves the information in the compartment until it connects with something else. She checks if those connections are correct as soon as there are several bits of information connected and pointing in a certain direction in relation to the client's situation.

In the centre of those compartments is the strength compartment which she always tries to fill. This "strength based belief comes from seeing kids illuminate" and "that beauty that I see and I try and disassociate [them] from this crap" because "if there's no vision, there is no hope". She "is making connections in her head" while she gathers information. The process of wondering is essential in the process of making connections. Laura wonders whether to keep certain information in the compartments or if she should get rid of it. She uses the process of wondering to identify what the client is "really thinking and feeling" without putting her own interpretation on it.

Laura has an internal dialogue which is "not always dominant but always present". Her internal voices help her in getting the client's story. Some of the voices are related to university lecturers from her time as a student. These voices remind her to stay client-centred and not to get too directive; to make sure that her client is safe; and not to label

the client but see their unique story of strength instead. These voices act as a checkpoint.

"There's always a gut way, intuition, a look" present when she is involved in counselling. This intuition makes her aware at times that there is "something else going on here". "I have got a hunch, there is just something not quite right here today." If she does have a "gut feeling about something" she will check it by using the process of wondering. "The right checks will stay in the compartments and the wrong checks will fall out of the compartments again." Intuition supports Laura in identifying "the next appropriate question" or possible cases of abuse if it is "a sick feeling".

Laura emphasises the process of wondering what it is like for the client. She fills the compartments in her head with information and makes connections between them during this client-driven exploration. She constantly checks if the connections reflect the client's situation and corrects them accordingly. She brings her experience into the process but makes sure that it "still stays unique".

Laura's theatre of experiences is reflected by the numerous compartments in her mind which she fills with clustered information. She uses an internal dialogue and two kinds of intuition during this process. The most essential processes are filling those compartments, interrelating the information of the compartments, wondering about the usefulness of information in the compartments, and making decisions about keeping or deleting specific information in her mind until a holistic picture emerges.

Laura uses the metaphor of Pacman and his ghost enemies to describe the process of wondering and deleting compartments. A Pacman walks through her head in the process of wondering and deletes unrequired bits of information and connecting significant ones at the same time. Intuition can steer this Pacman in her head in the sense of checking certain information. The Pacman can die when there is no progress and she does not know what to do; Laura then takes the case to supervision so that her clients will be able to say "oh my goodness I can understand now".

Laura's experience of assessment is summarised in Figure 6.

Laura's theatre of experiences

Equipment: numerous compartments, strength compartment, internal dialog, two kinds of intuition (ordinary and a sick feeling), Pacman and the ghost, pilot mode.

Processes: begin when a real client enters the stage of Laura's theatre of experiences and involves personal foundation, counselling, and assessment levels.

Main processes: filling compartments with information, especially strength compartment, distributing, interrelating, and connecting information of different compartments, internal dialogue, packman walking through mind while wondering, unpacking, and deleting information in compartments.

Assessment related influences on the experience

- **Strategies:** building up rapport, bringing in lightness, being non-threatening, being open and transparent, mapping current situaiton, building on successes etc.
- **Goals:** client safety and wellbeing, get client to take a stand against problem, empowerment, increased self esteem etc.
- **Content:** strengths, body language, facial expressions, personality, interaction patterns, client's perceptions, exceptions of the problem, coping, goals, etc.

Counselling related influences on the experience

- **Attitude:** non-judgemental, accepting, authentic, human, open to new experiences, acknowledging uniqueness, prioritising clients, priviledged, mindful concerned, non expert, non-threatening, friendy etc.
- **Core:** strength based, crisis counselling, person centred, narrative, relationship focused, working with examples, etc.
- **Strategies:** looking for strenths, being transparent, support, dissociates problem from client, client education, tailoring practical solutions, exploring general goals, etc.
- **Goals:** student safety, building trust and hope, developing a positive narrative, building up strength, self esteem, self worth, resilience, coping abilities etc.

Individual background

- **Personal information:** counsellor by accident, always involved in schools, personal and professional growth, positive understanding of human beings etc.
- **Values and beliefs:** humans are unique and special, problems are not part of a person, relationships are important, belief in strengths etc.
- **Educational background and practical experiences:** counselling degree, working with youth for 11 years, rogerain, cbt, narrative, it "clicked" for her etc.
- **Personal and professional development:** connecting well with young people, counselling within her niche, two kinds of intuition, etc.

Complexity

- Differences in education-practice and school goals-counselling goals, understaffed and overloaded while having high responsibility, large amount of information, client uniqueness.
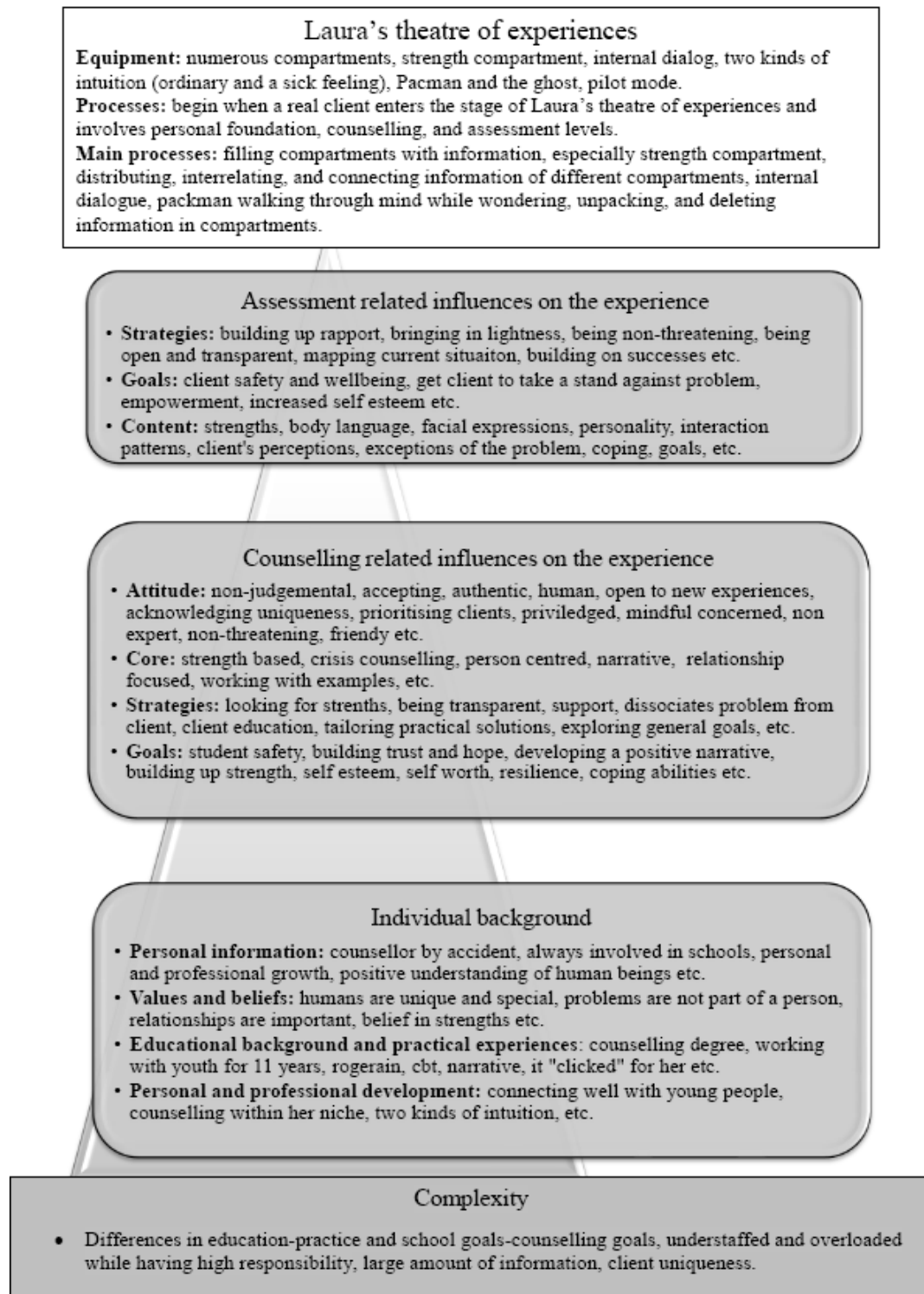
Figure 6 Laura's experience of assessment

Tom

The fourth participant is described in this section and he is referred to as Tom.

Complexity of counselling practice

Tom pointed out that he is so busy as a school counsellor that he does not always have the time to reflect on his practice and as a consequence "you don't know what you do or how you do it" (3.2.1139). He stated that he had to fight for his status in school, for the acknowledgement of his work (3.1.268), and had to justify his existence as a school counsellor (3.1.271).

Tom said that "I've got the best job in the world but I think it's one of the hardest" (3.1.913). He pointed out that if someone had offered him the formula for being a counsellor (3.2.522) that explained that certain situations require a certain approach (3.2.528) he would have welcomed it in the early years of his career (3.2.525). He might have naïvely thought that it was as simple as that at the time (3.2.527) but stresses that "the experience that I've had suggests that every situation is different and every reaction to a situation is different" (3.2.532). He argued that "everybody has got their own set of circumstances" (3.2.90).

Tom connected the complexity of that process to "dealing with other human beings that are complex" (3.3.636). He stressed that counselling cannot be "that prescriptive" (3.3.629) and there cannot be a "recipe for fixing people" (3.3.627) or a "prescribed formula" (3.1.214). "This is why it's difficult because there's no prescribed art; because you're dealing with people about people and the issues of what's important for him and what the issues are for me" (3.1.284). He stated that "there is no mental checklist. I don't operate like that. I don't know whether other people do but I don't have a formula to counselling" (3.2.497).

Tom said that it can be easy to see solutions to problems because he sometimes feels as if he has heard a client's story before or that he could "fix that problem" (3.2.425), which he believes is misleading. He pointed out that some good work can be done on teaching generic skills in counselling (3.2.67) but not "everybody is at the same place" (3.2.71). A client might express something like anger that is similar "in the theoretical kind of way but each of them has got a personal story which is feeding their anger"

(3.2.74). He has found it more productive to work with the cause of the presenting issues and help his clients with that rather than working on how to handle the presenting issue (3.2.76). Merely working on how to handle the issues puts a "temporary stop in place" (3.2.79), whereas addressing the underlying issue is more beneficial (3.2.82). He explained that the way he deals with this is to listen to his internal voice and acknowledge that the story is not the same, "because it always turns out, invariably turns out, that it is not the same" (3.2.436).

Individual background

This section presents Tom's personal information, values and beliefs, educational background and practical experiences, and development over time.

Personal information about the participant

Tom described himself as self-reflective (3.2.629), with a generally positive outlook on life and as being able to find positive elements in negative aspects (3.3.375). He is open to learning and new experiences, and appreciates communication with other people (3.2.1067).

Individual participant's values and beliefs

Tom described truth, honesty, respect, and being an advocate for change as his core values (3.2.910). He emphasised that being trustful is important for school counsellors (3.2.301).

Educational background and practical experiences

Tom stated that he is a trained primary school teacher who started teaching in 1973 (3.1.41) and then went on to teach in secondary schools 13 years later (3.1.43). He realised at the time that he liked "helping kids with their personal stuff" (3.1.45) and as a consequence considered training as a school counsellor (3.1.49). Tom has worked with students on their personal issues since 1994 and studied towards a graduate diploma in counselling (3.1.47). He had worked as a school counsellor for 14 years before these interviews (3.2.655).

Tom stressed that he was educated in client-centred counselling and many other approaches which gave him a "taste of a lot of different models" (3.1.61). He said that

he uses a variety of theoretical approaches in his practice today and argues that "school counsellors need to be eclectic by nature" (3.1.66).

Personal and professional development over time

Tom pointed out that he has changed his counselling practice a lot (3.1.888) and that he feels good about his work. He never imagined this as a teenager because he never saw himself "as intelligent or a great student" (3.2.816). He stressed ongoing training as an important part of the school counselling journey (3.1.63). He stated that he had trained himself "on workshops as the need arises" (3.1.66).

Tom emphasised that his inner dialogue had developed from being destructive to more supportive and productive (3.2.820). He stressed that he has "learned to use that tool and develop that tool personally and professionally" (3.2.824) and pointed out that these inner voices are almost always present (3.3.184). He said that "the more I acknowledge my own inner voice the more I realise how much it can help" (3.2.998). His internal voice has become more diverse over the last seven years, reflecting the variety of roles and kinds of support he receives from it (3.2.784).

Tom pointed out that he had developed a sixth sense while working as a counsellor (3.2.319). He said that he doubts that there is a science around this sixth sense and described it as "gut, women's intuition" (3.2.993) and "reading people" (3.2.322). He highlighted that "it's reading people but it's more than that" (3.2.996). He stated that school counsellors "get quite good at reading body language and acknowledging that" (3.2.324). He elaborated that his inner dialogue incorporates his intuition in his mind (3.2.997).

Tom said that "not over reacting" (3.2.549) is "one of the biggest things" (3.2.549) he has developed over the years. He elaborated that he might be a counsellor who holds onto his clients longer than some of his colleagues instead of referring them to outside agencies (3.2.557) (unless it is clearly a mental health issue (3.2.561)). He pointed out that if his client presents with an anxiety issue in the at-risk category and they've been cutting themselves or another presents with suicide ideation he tends not to overreact and is quite comfortable having such students as clients (3.2.563). Tom stressed the importance of the relationship with his clients in counselling as the main reason for this behaviour (3.2.577).

Tom stated that he has become better at working with family systems (3.2.585), and that he is now more direct as an advocate for students in his counselling practice (3.2.590). He pointed out that this has developed with age and security in his own knowledge and "what they call wisdom" (3.2.592).

Tom emphasised his positive outlook on life and stresses that it was always part of his personality and that it has developed from a subliminal aspect to a conscious behaviour through self-reflection (3.3.375).

Tom said that he was much slower, respectful and reflective immediately after his client-centred training (3.1.889). He thought in hindsight that his process was much slower and that he might have "helped people to stay stuck where they were" (3.1.891). "I'm much more directive now and I think probably in tune with me" (3.1.892). He has learned to "get in quicker and to get to the core of the issue" quicker (3.1.895). He developed the ability "to make assumptions and to check those assumptions out a lot quicker" (3.1.896) which he relates to practice experience. "You tend to waste less time but you do a lot more checking out around it" (3.1.899). Tom stated that the more experience he has had the clearer he has become about what to do with security issues (3.2.875) and he acknowledged more and more the uniqueness of his clients (3.2.90; 3.2.532)

Counselling-related influences on the experience

This section contains a description of the attitude, core, strategies and goals of Tom's counselling practice.

Individual practitioner's counselling attitude

Tom pointed out that he enjoys being seen as a person who "smiles a lot, has a positive outlook, and reframes things positively" (3.3.375). He is present in his practice (3.2.477) and he learns something from each client (3.2.622) by helping them with their issues and by reflecting on the process (3.1.626). He generalised that "every time you talk to someone in a room you actually learn something about yourself" (3.2.1067). He stressed that he works first of all with an "engagement on a personal connection" (3.1.458), with "empathy" (3.1.459), and "unconditional positive regard" (3.1.509) while trying to become an "ally" of the client (3.1.572).

The individual core of counselling practice

Tom stated that he uses parts of the systemic approach and that he tries to identify support and strength in relation to his clients (3.1.718). He uses a client-centred core while avoiding giving advice and becoming "the fixer" (3.2.425). His counselling approach contains about 60-70 percent client-centred approaches (3.3.648). He uses systemic therapy when the client's family is involved (3.1.353) and cognitive behavioural techniques to challenge some of his client's beliefs (3.2.348). For Tom, the relationship is the most important part of his approach (3.2.571). He argued that when the relationship with a client has developed to the point that they are addressing the issue and its severity, if he were to refer them elsewhere for additional support they would feel "fobbed off" and he would lose that relationship (3.2.576).

General counselling strategies

Tom emphasised that his job is to help the person solve the problem and not to solve the problem himself (3.2.852). He educates clients about their future options (3.1.570) and tries to involve their parents if possible (3.1.438). He pointed out that the progress can be a lot quicker when one or both of the parents are involved in the process (3.1.444). Tom is self-reflective in his practice and uses self-disclosure to build up a relationship with the client (3.2.629). Tom tries to maintain the self-esteem of his clients by working on strength, dignity and integrity (3.1.836).

Tom actively uses his own internal dialogue in his personal and professional life (3.2.773) and explicitly discusses it with his clients (3.1.853). He pointed out that there is hardly ever a client who does not acknowledge an internal dialogue (3.1.854). He normalises this voice with his clients because it will be part of the "turmoil" (3.1.856). Tom emphasised that "it's acknowledging the two people in the room and one of them is the inner voice" (3.1.857). Tom educates his clients to use their voices as monitoring tools on a scale of zero to ten. He asks questions such as "where are you now? What's the best you've been? What's the worst you've been?" (3.2.1004) and then starts exploring all the areas around those regions (3.2.1005). It is not just the exploration of the emotional world of his clients that is important but that they can use it as a self-monitoring tool (3.2.1006). "So I've got kids that come in here and say I'm on a three and so I thought it was time I should come back and talk to you" (3.2.1008).

Tom tries to get into his client's world, to understand them from there, and validate them for who they are (3.2.240). He searches for connections between himself and his client in order to help "to cement our relationship" (3.2.251). He stressed that he is careful and takes his time in the process of relationship building (3.2.298), unless the client wants to go straight to the issue (3.2.303). Tom would like to challenge his clients from this position of a trusting relationship (3.2.348). If a client was referred, Tom stated that he works "overtime" (3.1.525) on the engagement and on the clarification that he is different from anybody else in the school in the sense of a supporting role (3.2.855) and confidentiality (3.1.525). He might challenge the client's responses (3.2.386) and "question some of the core beliefs" (3.2.370) once the trusting relationship is cemented (3.2.251).

General counselling goals

Tom described hope as a central goal of his practice (3.1.743) and as motivating the client to come to the next session (3.1.513). Tom tries to activate support in the environment of his clients in order to share the problem (3.1.721) and to reduce the burden (3.1.467). He tries to become an ally of his clients (3.1.572) and works towards healing and empowering the client and their family (3.1.659). Tom focuses on the relationship building (3.1.690) and trying to get his clients to a coping stage (3.1.691).

Assessment-related influences on the experience

This section presents the strategies, goals and content of Tom's assessment.

Individual participant's assessment strategies

For Tom school counselling is different from other fields of counselling because in the former there is the opportunity to access information about clients via records and his colleagues (3.1.920). He has the advantage of using those sources (3.1.923).

Tom pointed out that he likes to get to know the person first (3.1.94). It is important for his clients "to be acknowledged for that" (3.1.101) and that it gives him a greater understanding of the problem (3.1.95). He stressed that "connection is the most important thing" (3.1.133) for him before he gets to the issue (3.1.134). He acknowledges the issue but also the need to let his client know that he thinks it is "really important" (3.1.135) for him to know who they are as a person and who is around them

(3.1.136). If he acknowledges his client in this way "it will drill deeper … and I usually find that they open up more" (3.1.125).

He pointed out that he is not a narrative therapist but that he likes the "naïve enquirer approach" (3.2.387) in the sense that he might know the answer but plays "dumb" (3.2.389). Tom emphasised personal disclosure as "most important" (3.1.586) and a "powerful tool" (3.1.596) for engagement with the client. He often talks about examples of his family (3.1.589), frustration as a father (3.1.591), and how his parents must have felt when he himself was "bumming around" (3.1.592). Tom stressed that he has noticed that if he does "the first part right then the second part is quick" (3.2.384) and that he can be quite direct with his questions and challenge clients' responses and beliefs (3.2.386).

Specific assessment goals

Tom pointed out that he wants his clients to connect with him (3.1.109) and he has to work really hard to get some kind of personal connection with his clients in order for them to return to his office for another counselling session (3.1.520). "Otherwise he's not going to come back; he's just going to be seeing me as another school wanker" (3.1.522). The goal at the end of session one is to give his clients "hope that it doesn't have to be like this" (3.1.743). He described hope as the "most important goal after engagement" (3.1.745) which is "hope that there is a good reason to come back because I can help" (3.1.746).

Tom stated that he would like to get alongside his client (3.2.212) and get to know the person (3.1.94) "to cement the relationship" (3.2.251). He tries to get into his client's world in order to understand them (3.2.223). He aims to "get to a point where I want to be a challenger; I want to be able to challenge without scaring them off" (3.2.348).

Individual participant's assessment content

Tom stressed family, friends and school as "the top three presenting issues" (3.1.177) in his practice. He emphasised that he would like to "get to know the person behind the person first" (3.2.159). He might ask questions about weekend activities or favourite sports and highlights that "there's got to be engagement. I've got to go overtime on the engagement about what's important in his life" (3.1.518).

Tom explores the client's cultural identity (3.1.106), parents, family, interests, peers and the parts of school they enjoy, and their support networks (3.1.94) such as boy/girlfriends, friends and family (3.1.333). He might do an "informal genogram of a wider circle of influences around that kid" (3.1.100) which is related to looking for connections (3.1.109). He asks questions about the presenting issue and its severity in order "to establish how bad the problem, the presenting issue is and how much at-risk he is and how anxious or depressed he might be" (3.1.740). Tom emphasised that he would like his clients "to start telling a story … how they have arrived at this point basically" (3.1.335). He explores symptoms with clients but also looks for "reasons behind the symptoms" (3.1.776). During this process, Tom attends to visual and audio cues (3.3.63) while he monitors his client's body language (3.3.65).

Merging of personal and professional elements

Tom stressed that his personal life is an important part of his counselling practice because "we always go back to personal stuff when we are working with clients" (3.3.299). He pointed out that he had become more confident in his ability as a counsellor and in himself as a person (3.2.608) through reflection on the similarities between client issues and issues in his own life (3.2.626).

Tom pointed out that he does not consciously reflect on which theoretical approach he might use: "it just happens" (3.3.576). He said that "the more experienced you are the more innate stuff happens" (3.3577) and that he might analyse and rationalise what happened in the counselling session at a later stage with a supervisor but not during the session (3.3.578). Tom relates his counselling behaviour to himself as a person because

> it just happens and it happened as a consequence of what's happened in
> my life to a point today and who knows what's going to happen in the
> next ten years I don't know, it's an evolution and its part of me it's
> who I am. (3.3.582)

Tom stated that he has been supported by his inner voice in different situations of his life (3.2.770). He has used the inner voice in his personal life for example when he played squash (3.2.772). His internal voice is a "tool I use in my own personal life as well as my therapeutic life" (3.2.774). He can train his clients to use their internal voices to help them think positively and view the world differently (3.3.201). He compared this approach to transactional analysis but concluded that he never viewed it as "quite that simple" (3.3.216).

Tom stated that his internal voice has evolved and matured in the same way that he has (3.3.350). He described this process as "a natural process as what one might call wisdom" (3.3.352). He is much more conscious now of wanting his internal voice to be "a positive mentor and to repel invaders from the other side or talk them down" (3.3.361). He highlighted that he is now much more "in tune" with himself (3.1.893).

The essence of Tom's experience of assessment

Tom characterised his practice as complex in the sense of his being extremely busy and having to fight for acknowledgement in the school. "I've got the best job in the world but I think it's one of the hardest" because "the experience that I've had suggests that every situation is different and every reaction to a situation is different", or in other words "everybody has got their own um set of circumstances" and counselling is "dealing with other human beings that are complex". Consequently, counselling cannot be "that prescriptive" and there cannot be a "recipe for fixing people" or a "prescribed formula".

That's why "there's got to be engagement. I've got to go overtime on the engagement about what's important in his life". Tom works with an "engagement on a personal connection", with "empathy", and "unconditional positive regard" while trying to become an "ally" of the client in order to give his clients "hope that it doesn't have to be like this".

He pointed out that "the more experienced you are the more innate stuff happens"; "it just happens". There is a "gut, women's intuition" which is partly "reading people", and school counsellors "get quite good at reading body language and acknowledging that". "The more I acknowledge my own inner voice the more I realise how much it can help."

Tom's theatre of experiences consists of his gut, head and heart which are deeply intertwined elements of a whole that is given voice by a "chatterbox". The chatterbox is located in his head and "works between gut, heart and head". The gut incorporates his sixth sense or intuition. Tom cannot "isolate the head, heart and gut and all the other things that make up connections with people; they are all connected and my inner voices are all connected to that as well".

There is a balancing process taking place in this theatre of experiences in which he is "trying to dance between the school philosophy and me working personally with a client" and in which he is reflecting on his client's and his own personal values. He "is checking out whether it's relevant to actually bring up or not or whether it's going to be harmful to the relationship or whether it's something I can overlook".

For Tom, the essential processes are related to his various internal voices, their different functions, and the interrelation of gut, head and heart. His internal voices have developed out of activities such as "coaching", "analysing", and "thinking about" oneself. Tom's chatterbox can reflect his "different kinds of moods and personalities". His internal voices are like having three Toms in the room; it is like having several alter-egos. Tom's internal dialogue or chatterbox acts as checks and balances in relation to "walking down the right road" or not. "Some of it is innate but some of it is actually conscious at times and that is because of those checks and balances that are going on."

These different voices are a representation of the person who "started the thoughts". There is a "visual flick" of an image of that particular person. His main voice is Fred but that it is not Fred all the time: "it could be my wife, it could be my supervisor, it could be a student, it could be a colleague but it's somebody who's my checks and balances".

The chatterbox can take the different roles of an ally, bullshit detector, coach, challenger, reinforcer, cheerleader and mentor, which "covers all the eventualities". The challenger or internal critic might say "have you considered such and such or are you going down the right path or where is this leading to?". Tom described it as a "critical analysis" of his counselling practice. His supervisor often takes the role of the challenger in order "to challenge me and to question my practice or my beliefs and thoughts around that practice, my inner voice is doing that for me at times". The cheerleader is another voice who might say "you are onto a winner here, keep going". The bullshit detector has the role of validating given information in different ways, in the sense of wondering: "am I being told the whole truth?". Tom elaborated that he would like to believe his clients but that some of them are "minimalistic in how much they choose to give out and you don't get the whole story". Furthermore, "the bullshit detector is detecting my own bullshit as well as other people's". Fred is the most present voice in the role of a general coach or mentor. "It's the same voice but wearing a different hat", which could take the role of a powerful ally, cheerleader, or reinforcer as

well. His internal voices help him and "they become quite strong assessors". Tom emphasised that he does not have a "prescription" (3.2.497) for his internal voices or his chatterbox either.

By receiving information from his gut and his heart, Tom's inner voices help him "to filter some of the heart stuff that comes through". This could be transference or an emotional connection that might be filtered by his internal voices because it is not his story that needs to be told and it stops him getting sidetracked. Tom cannot isolate any of these elements because they are all connected. He "would never sit down and consciously think well my heart is being affected or my gut is being affected"; "you just get a sense".

The collective voices of his chatterbox flow through him. The individual voices just "pop up" and he can never close the chatterbox down. "They sometimes pop up like you have random thoughts." He gives the example of the bullshit detector, who might kick in with "now hang on a moment, this isn't sitting quite comfortable with me", and start me "thinking madly away what the real reason is why he's telling us this".

Tom's experience of assessment is summarised in Figure 7.

Tom's theatre of experiences

Equipment: Gut, head, heart, chatterbox, all individual voices, sixth sense, scale, as one entity. Chatterbox is in the head and works between gut, head, and heart. Intuition is in the gut.

Processes: Begin when a real client enters the stage of Tom's theatre of experience and involves personal foundation, counselling, and assessment levels.

Main processes: Internal dialog in relation to the roles of ally, bullshit detector, coach, challenger, reinforce, cheerleader, and mentor, weighing up points of view and opposing aspects, incoming emotions and sixth's sense signals.

Assessment related influences on the experience

- **Strategies:** access other sources of information, get to know the person and acknowledging that, connecting, naive enquiry, etc.
- **Goals:** connection, engagement, hope, get alongside the client, cement the relationship, be a challenger without scaring them off etc.
- **Content:** family, friends, school, general personal information, weekend activities, favorite sport, interests, cultural identity, problem history and severity, etc.

Counselling related influences on the experience

- **Attitude:** positive outlook/ attitude, present, learning from each client, self reflective, open to new experiences, engaged, etc.
- **Core:** systemic, client centred core, cbt, relationship focused, etc.
- **Strategies:** enable client to solve the problem, client education, self disclosure, working on self esteem, strength, dignity, integrity, using and teaching inner dialog, immersing in client's world, cement relationship etc.
- **Goals:** hope, activate social support, reduce the burden, become an ally, healing, empowering, get client to a coping stage etc.

Individual backgroud

- **Personal information:** self reflective, general positive outlook in life, open to new experiences, appreciates social relationships etc.
- **Values and beliefs:** truth, honesty, respect, trustful, being advocate for change, etc.
- **Educational background and practical experiences:** primary school teacher, graduate diploma in counselling, 14 years of practice, HOD, eclectic, etc.
- **Personal and professional development:** ongoing training, developed inner dialog from a destructive to a productive one, 'voices' always present now, sixth sense/gut/woman's intuition, security in own knowledge, etc.

Complexity

- Lack of time and acknowledgement, no formula/recipe, one of the hardest jobs, uniqueness of clients, complexity of human beings, having to adapt.
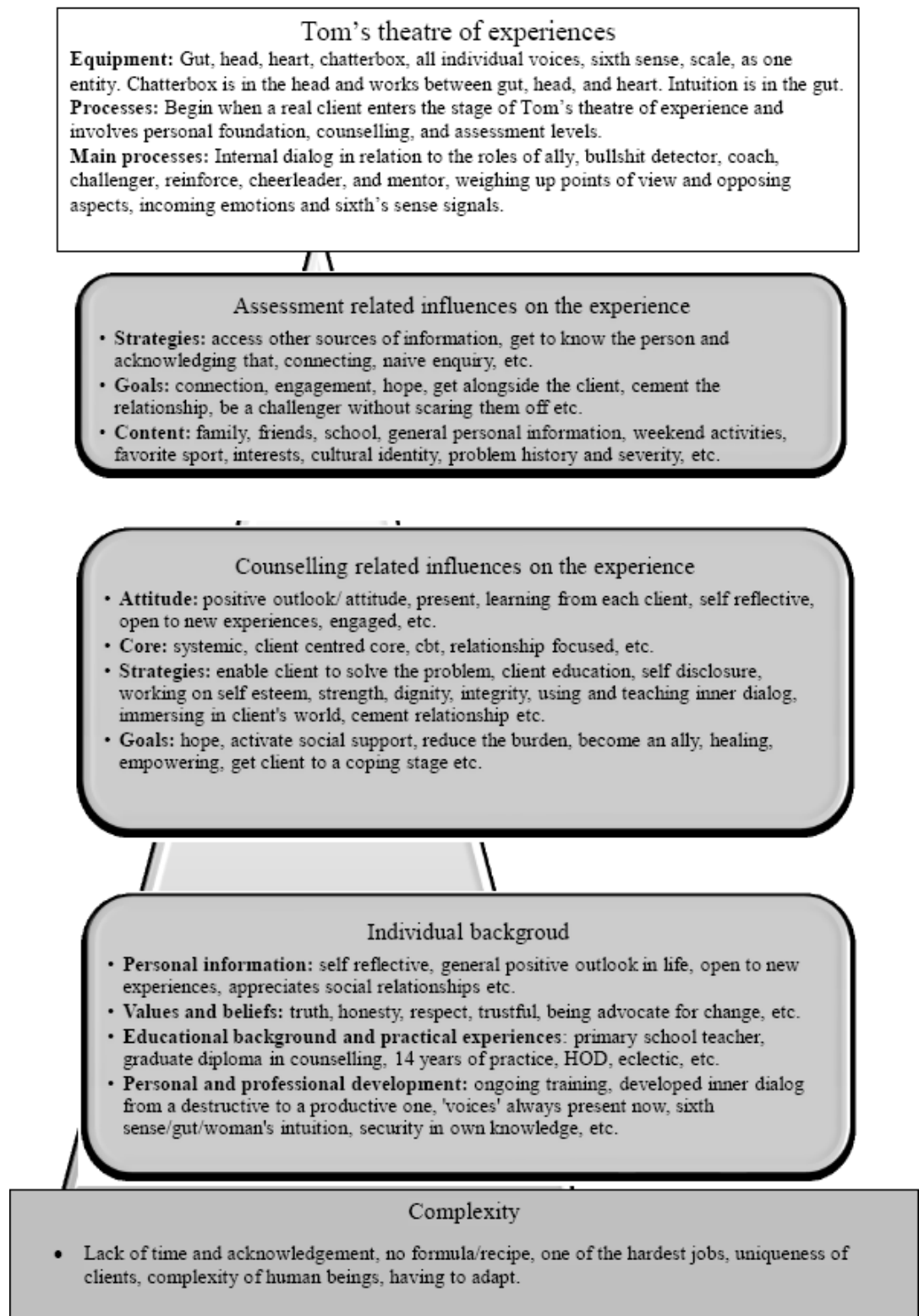
Figure 7 Tom's experience of assessment

Jay

The fifth participant will be referred to as Jay.

Complexity of counselling practice

Jay described his practice as complex due to a lack of acknowledgement (1.3.19), lack of time caused by responsibilities unrelated to counselling (1.3.47), and a general lack of support (1.1.576). Jay compared his school counselling position with an "ambulance at the bottom of the cliff" (1.3.19). He elaborated that the non-counselling staff in the school try to deal with everything "until it becomes too difficult" (1.3.28) and only then come and talk to the counselling team instead of involving them straight away (1.3.18). He described this as frustrating (1.3.29). Jay stated that these colleagues do not have an understanding of his role as a counsellor and ask him for confidential information about his clients (1.1.487), which makes things difficult for him (1.1.492).

Jay pointed out that he can only work with what the client tells him (1.1.445) at that time. However, he is aware that his clients might present in his office with low mood and "everything is so terrible and then he goes out happily running around" (1.1.447), which makes his job tricky (1.1.445). He spoke of a difficult conflict of interests related to his being an advocate at board hearings for his student clients (1.1.189). The difficulty lies in the conflict of interests of being employed by the school but speaking for his client in those meetings (1.1.199); Jay stressed that he takes his client's side if possible (1.1.273).

Jay pointed out that the presenting issues in secondary school counselling have an urgency for the client but that at the same time the influences and causes are far reaching (1.2.392). Jay said that 99 percent of problems are communication difficulties (1.3.840) and the issue for a student might completely change from one session to the next (1.3.313). He stressed that each solution "depends on the situation" (1.3.967) and that "it will just be whatever the situation is at that point in time, depending on the client" (1.3.968). He might check in counselling books for solutions after a difficult client, "but more often than not it is not in there" (1.2.761) because the authors were not writing about this specific client (1.2.762). "It is completely different" (1.2.763). He pointed out that using only one counselling approach is "very narrow" because it does not always fit (1.2.730) and that his work is "really emotionally draining" (1.3.375).

Individual background

This section presents Jay's personal information, values and beliefs, educational background and practical experiences, and development over time.

Personal information about the participant

Jay described himself as open to new experiences (1.1.345), accepting (1.2.21), patient (1.3.542), supportive (1.1.228), respectful (1.2.374), trustworthy (1.1.253), religious (1.2.551), honest (1.1.1035), self-reflective (1.2.333) and as interested in professional and personal growth (1.2.71). He portrayed himself as a person who is able to admit to having weaknesses (1.1.1028) and who enjoys making positive contributions to other people's lives (1.2.179).

Individual participant's values and beliefs

Jay stated that "all people are inherently good" (1.3.549). He emphasised that "if you have done something wrong it doesn't make you a bad person" (1.3.549) and that it is natural to make mistakes (1.1.252). He elaborates that there is always a second chance for his clients because "if you can't make mistakes you can't do anything" (1.1.273).

Jay named integrity, loyalty and honesty as important values for his practice (1.1.980). He considered discipline as an important aspect of his work with young people in the sense of teaching his clients that if they break the rules at school there will be consequences such as detention (1.1.1004) and that everything they do has a consequence of some sort (1.1.1006).

Educational background and practical experiences

Jay completed a bachelor's in psychology and an additional honours year focused on counselling theory and practice (1.1.98). He conducted psychometric testing for fifth and sixth form students (1.1.109) and worked as a house master of a boarding house for seven years (1.1.136). Jay stated that during that time he worked as an "incidental" counsellor (1.1.138) and that his door was open 24 hours a day, seven days a week (1.1.139). Jay had been working as a school counsellor full time for seven years before the interviews (1.1.133).

Jay stressed that from the beginning of his career as an incidental counsellor "it was all about trust and forming a relationship with the students" (1.1.150). He felt that he asked too many questions in the beginning of his practice. "I was more like a policeman" (1.2.105). He stated that the more experienced he became the more he was able to identify subtle differences in possible solutions (1.3.945). He pointed out that he "would have freaked out" (1.2.295) and referred his client (1.2.298) in the beginning of his career if he had to deal with a student whose beliefs were opposite to his own. He explained that he has come to an understanding with practice experience that the process is not about him (1.2.299) but that there is a person who is dealing with difficulties (1.2.300), wants to talk to him (1.2.301) and looking for acceptance (1.2.302).

Jay stated that he challenges his clients more in his current practice than in the beginning of his career (1.2.324). He used to struggle with challenging a client when he was supposed to accept them (1.2.325). He has learned through supervision that he can challenge his clients and accept them at the same time when the challenge is done respectfully (1.2.329).

In the beginning of his career Jay did not gather a lot of information and looked at his clients in isolation (1.2.383). He started to realise with practice experience that the client's presenting issue might be something "for them in the here and now but the tentacles are far reaching" (1.2.391) and that "it affects their friends, family, their self-worth and their self-esteem" (1.2.392). He stressed that it is usually a much wider issue than the presenting problem (1.2.393).

Jay stated that at the start of his career he was more directive in influencing the direction of the process (1.3.268). He emphasised that he has come to an understanding that "the answer is not the important thing; it's the journey itself, the self-realisation, and self-actualisation" (1.3.270). Previously he might have manipulated the conversation so that they arrived at his solution rather than theirs (1.3.276), whereas now he tries to "go with them and try and open up certain avenues that they get to an answer that's right for them without giving what I think is a solution" (1.3.278).

Jay pointed out that he wasn't fully aware of his body language in the beginning of his counselling career and that he reacted physically when he picked up important information from the client (1.3.478). He now works with an internal shadow that reacts to important information which is not recognisable for the client (1.3.497).

Counselling-related influences on the experience

This section outlines the attitude, core, strategies and goals of Jay's counselling.

Individual participant's counselling attitude

Jay pointed out that there is a temptation to go into private practice and earn a lot more money, "but being with young students that are going through certain changes in their life and being able to make a positive contribution to that is the thing that fuels me" (1.2.179). He just tries to be himself and to be as open as possible (1.1.345). He emphasised being present with his clients (1.2.370) "because if you are not here and you do not hear what they are saying, you might as well leave it" (1.2.374). He pointed out that it is important for him to show empathy (1.3.202), to sympathise (1.3.373), to accept his clients for who they are (1.2.21/1.2.302) in a non-threatening atmosphere (1.2.306/1.3.699), and to approach his clients with an open mind and without any disturbing preconceptions (1.2.45) via a process of compartmentalising (1.2.257) and clearing the space (1.2.279). He does not want to criticise his client's choices (1.1.396) because he does not want to become a "father figure by saying that is not right" (1.1.397). He does not necessarily "want the truth" (1.3.528) from his clients but rather wants to know that "if he is not telling the truth, why is he not telling the truth" (1.3.529) "and wait for them to come forward" (1.3.542).

Jay stressed that his clients frequently have the answers themselves and in these cases he takes the role of a facilitator (1.1.639). He tries to support his clients in every way possible (1.1.228) and to work empathetically (1.1.839). Jay pointed out that if there was a perception in the school that the students cannot trust him he would have no clients (1.1.253) – instead he is extremely busy (1.1.256). He emphasised the importance of professional growth through the use of relevant literature (1.2.71) and detailed notes from his supervision meetings (1.2.104). Jay stressed the importance of being honest with his students (1.1.1035) and making explicit that he is also human (1.2.310). He would tell his clients that he did not know what to do if he were

confronted with a unique and unfamiliar issue (1.1.1028) because that helps quite often (1.1.1034).

The individual core of counselling practice

Jay stressed that his counselling approach is eclectic (1.2.707) and that the choice of approach depends on the client's situation (1.2.706). His "main flavour would be client-centred" (1.2.703) but he also uses solution-focused (1.2.702) and cognitive (1.2.703) approaches, as well as rational emotive therapy (1.2.705).

Jay pointed out that he uses intuition in his practice (1.3.745) and might use his own reactions to the client issue in form of transference (1.1.1020). He might explicitly explore what happened to him when his own mum passed away (1.1.1022) if that is the issue his client is facing. He might investigate questions such as "how does this sit? Is there anything that I can do to support this student through the hurt and the emotional pain? What are the stages that he is going through in terms of grief?" (1.1.1022).

General counselling strategies

Jay stated that when he enters his office he is able to "compartmentalise" (1.2.257) if his mind is preoccupied with personal issues such as finances or stress with his own children (1.2.255). He emphasised that this is his client's time (1.2.257) and that it is "important to understand what happens between the two of us" (1.2.258). He would explain privacy issues, the code of ethics, and point out the safe and non-threatening nature of his counselling environment to referred clients (1.1.285). He shows empathetic understanding and might say "you don't have to discuss anything with me. But I am here to help you. If I can help you in any way or if I can just walk on the road with you, I will do that" (1.1.292).

Jay described an as example a client whose girlfriend just split up with him. He stated that he gives the client the opportunity to write everything down that he would like to say to her (1.2.340) and suggests burning the paper outside or kayaking to a close island and screaming the frustration from the hills, "and that is the end of the story" (1.2.345).

Jay stated that he often feels what emotions his clients are going through (1.2.767), which he uses for his decision-making (1.2.768). He would like his clients to see him as a human being (1.2.310) who can emphasise with what they are going through

(1.2.315). He pointed out the importance of rapport with his clients (1.2.320) and its positive influence on the client opening up (1.2.322). He lets his clients determine the pace of the process with direct questions about what they want to do (1.3.858).

Jay pointed out that he might reveal some personal information in order to "align with the client" (1.1.346). He stated that if a client has misused his trust, he might be transparent about his emotions, but would give the client a second chance (1.1.262). He clarifies his client's thinking by going through options (1.1.758), client perceptions (1.1.759), and the consequences of specific choices (1.1.791). Jay stated that he focuses on the positives (1.3.558) and that he uses humour at times to get his clients to see the "lighter side" (1.1.1014) of their presenting issue in order to counteract "the pressing society that we live in" (1.1.1015).

Jay emphasised the importance of providing opportunities for his clients "to self reflect and to do introspection to try to understand their own behaviour" (1.2.331) because "if you understand your own behaviour it leads to growth (1.2.333). One strategy is to get his clients to put themselves into another person's position in order to understand their point different of view (1.3.630). He stated that he has a good working relationship with different institutions (1.1.835) and other professionals (1.1.836).

General counselling goals

Jay stressed the importance of the "aha moment" (1.3.606) for his clients in which they come to an understanding of their behaviour and which "leads to growth" (1.2.334). Counselling goals are dependent on where the client would like to go and how they are creating this journey together (1.3.828) and that it is about getting to a possible solution that is right for each client (1.3.829).

Assessment-related influences on the experience

This section presents the strategies, goals and content of Jay's assessment practice.

Individual practitioner's assessment strategies

Jay stated that he prepares himself before each counselling session by going through his notes (1.3.259). He emphasised that this "adds emotional value to what they have said" (1.3.260) while he is replaying the conversation in order to remember what the client

was emotional about during the last session (1.3.261). "It gives me a connection point" (1.3.313).

If Jay has not met clients before he tries to get to know them first by asking them to tell him about themselves (1.2.668) in order to get a broader understanding of the person (1.2.670). He uses a social model of home, school and friends and investigates how these areas overlap (1.2.660) and affect each other (1.2.666). He emphasised that he tries to put his "feelers out into all the areas first" (1.2.662). He explores activities that his clients are and were enjoying (1.1.886) and what stopped them from doing what they used to enjoy (1.1.887). He investigates significant events in the client's life (1.1.934). During this process Jay tries to be "present in the moment" (1.2.370) with the client. He stressed that "it is fairly flexible, it is not a blueprint of what I do every time, it is more flowing" (1.2.680); "I never force the issue" (1.3.451).

Jay asks his clients to make sense of certain situations "that didn't quite make sense" (1.1.387) to him. He emphasises to his clients that "there's nothing wrong with you. We all go through periods where things are not easy; when things are tough" (1.1.912). He stresses in these situation that it is important for his clients to have someone they trust and get along with and move towards a "possible exploration" (1.1.916).

Specific assessment goals

Jay stated that he tries to "get a broader picture of what is going on" (1.1.326), "to live in their world" (1.3.242), and "try and understand where they're coming from" (1.3.244), all of which is dependent on each client (1.2.680).

Individual practitioner's assessment content

Jay stated that he might investigate his client's attendance or reports (1.1.322) and that he usually explores social systems, "because we are never in isolation" (1.1.330). He likes to discuss what the client wants him to do (1.1.406). He explores his client's opinions about other people's point of view by asking questions such as "if we asked your brother what had happened, what would his account be?" (1.1437).

Jay explores thinking processes (1.1.877), educational backgrounds (1.2.688), motives (1.3.467), historical aspects, triggers, and causes of emotions and behaviour (1.1.885). He investigates how the situation needs to change to become better (1.3.693). He tries to

identify resources and strength (1.1.886) and explores the social networks of home, school, friends (1.1.895) and their interrelation and influences on each other (1.1.904). He investigates "social development in terms of social and emotional intelligence" (1.1.930), and significant events (1.1.934). Jay focuses on his client's reactions during the process: "I might have asked something and you could almost see the body language that it was a sensitive topic and it's like: okay, when I mention your father you went rigid, what's going on" (1.3.674).

Merging of personal and professional elements

Jay stressed that "I just try to be myself" (1.1.345) in the first two counselling sessions when his clients are feeling him out (1.1.340). He described himself as "very authentic as a counsellor" (1.3.371) when he sympathises and empathises with his clients (1.3.373). He pointed out that in a particularly difficult situation he might pray to God for help (1.2.129) and that his faith provides him with a sense of "being in the right place, that that is what I'm here for at this point of time" (1.2.177).

Jay uses his diary in both his personal and professional lives to store distracting thoughts at night when he cannot sleep (1.2.259) and to clear space in his counselling practice (1.2.279). If there had just been an especially emotional session, he focuses on something he personally enjoys such as his favourite soccer team in-between clients in order to be able to focus on the next client (1.3.352).

Jay stated that he is "never out of role as a counsellor" (1.3.419) and that he picks up "things" as he goes (1.3.420) in personal areas of life that might be useful for his counselling practice (1.3.421). Sometimes when he is playing golf he thinks "this will be a good thing to do with person X" (1.3.409) or "I wonder what this person is doing" (1.3.404) at four o'clock in the morning.

The essence of Jay's experience of assessment

Jay characterised his practice as complex in that he feels like the "ambulance at the bottom of the cliff". There is a conflict of interests, lack of time, support, acknowledgement, and understanding of his work at the school. Furthermore, each client's situation is unique and support needs to be adapted accordingly.

Jay interacts from a person centred "main flavour" from which he uses techniques from other approaches. He uses his intuition and his own personal reactions to client issues to develop ideas about solutions. He shows empathetic understanding while he explores the social model of home, school and friends, and always gives his clients a second chance.

Jay's theatre of experiences consists of a cleared space for the client, an internal shadow, an internal dialogue, intuition, his reaction to the client, and floating student issues, counselling approaches, ideas, and his individual counselling approach.

Jay's ability to compartmentalise, to clear the space, and "completely clear" his head are an essential part of his experience of assessment. Jay clears his head by doing something trivial and non-counselling-related such as reading the newspaper or checking his emails. He stores possibly distracting thoughts in his diary and "checks them off" during the day, which enables him to be "emotionally in tune" with his clients. Jay tries "to live in their world" by trying "to be myself" which means that he is "never out of role as a counsellor" in his private live. Jay stresses that however trivial the presenting issue might seem to him, "I've got to live in their world" and "I've got to push my world away for that point in time to try and fully immerse and try to understand where they're coming from" because everybody's story is important. It is not all about the problem because "if you have done something wrong it doesn't make you a bad person" and "if you can't make mistakes you can't do anything". Jay does not see his client until he has cleared the space "because if you are not here and you do not hear what they are saying, you might as well leave it"; "it's not fair on the student". He compares this process with "getting the house in order mentally".

While Jay puts his "feelers out into all the areas", he incorporates his intuition in his practice by "picking up something on a different level". He elaborates that whatever the issue might be, "you sometimes get the sense that there's more there, that's not all of it", which makes him wonder "what else is there that might be going on". Jay reflects on his reactions to the client on a "subliminal level" on which he might pick up a resistance in himself or the client. Part of Jay's intuition is his internal shadow which "shows you when you pick up things"; it reacts to important information but its reaction is not recognisable for the client. Jay compares it to *MAD* magazine's "The shadow reveals all", in which a weeping man stands at the grave of his wife while his shadow is

dancing. Jay explains that his internal shadow reacts to important information such as "oh man why aren't you telling me the truth?" but "I never force the issue". He elaborates that his shadow reacts "if there's a dichotomy; that this is what you see and at the background there's something else".

Jay pointed out that possible ideas, student issues, and counselling approaches are "sort of floating around" in his mind: "it is fairly flexible, it is not a blueprint of what I do every time, it is more flowing". Ideas and individual counselling approaches are identified by a quick internal dialogue. This internal dialogue takes place in his mind and "might push something forward and that can be the floating ideas" and identifies "a possible approach for this individual". "I go with them and try and open up certain avenues that they get to an answer that's right for them without giving what I think is a solution", because it is more important to "align with the client" and "to understand what happens between the two of us". In that sense, "the answer is not the important thing; it's the journey itself, the self-realisation, and self-actualisation" in order to get to the "aha moment".

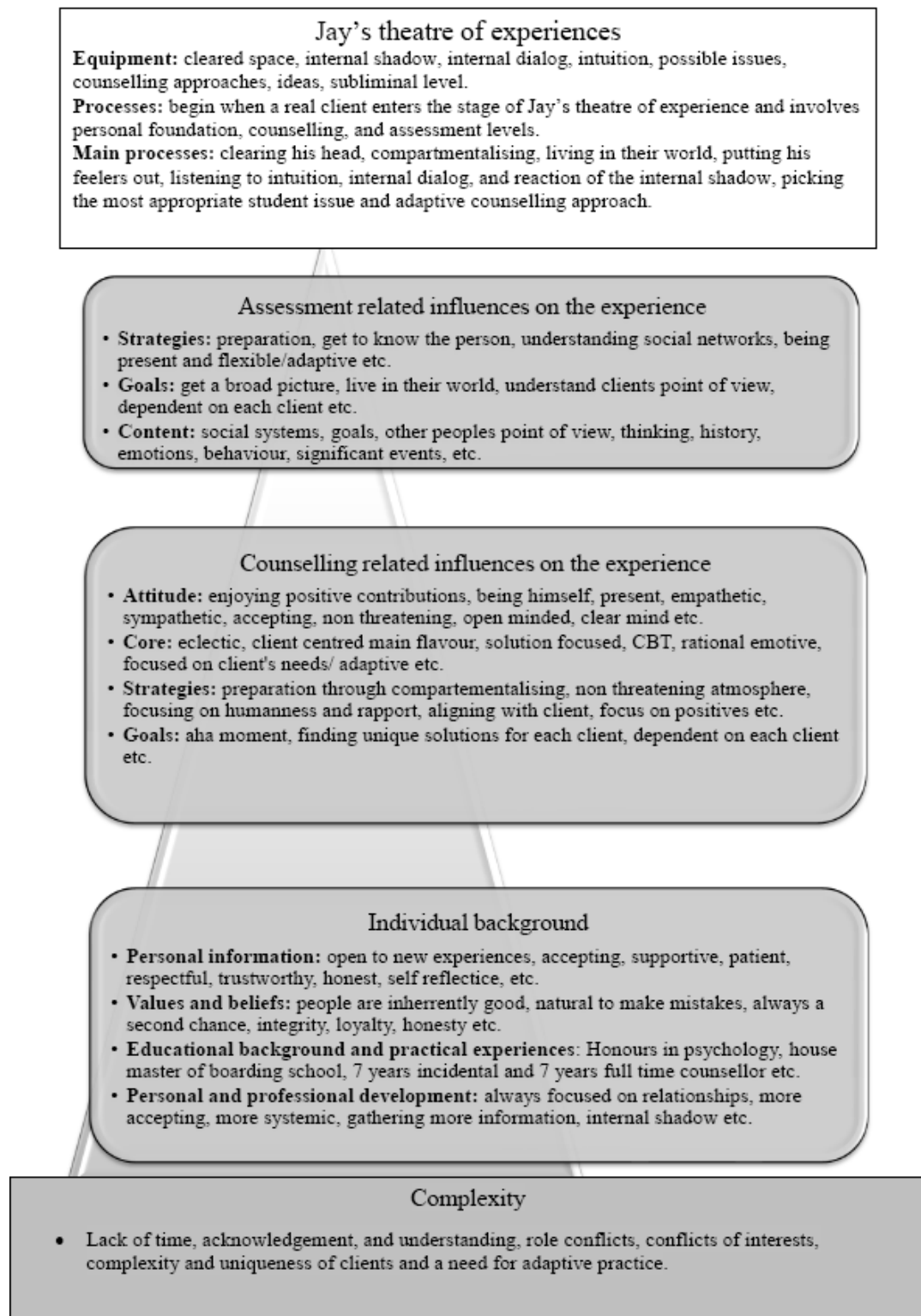Jay's experience of assessment is summarised in Figure 8.

Jay's theatre of experiences

Equipment: cleared space, internal shadow, internal dialog, intuition, possible issues, counselling approaches, ideas, subliminal level.

Processes: begin when a real client enters the stage of Jay's theatre of experience and involves personal foundation, counselling, and assessment levels.

Main processes: clearing his head, compartmentalising, living in their world, putting his feelers out, listening to intuition, internal dialog, and reaction of the internal shadow, picking the most appropriate student issue and adaptive counselling approach.

Assessment related influences on the experience

- **Strategies:** preparation, get to know the person, understanding social networks, being present and flexible/adaptive etc.
- **Goals:** get a broad picture, live in their world, understand clients point of view, dependent on each client etc.
- **Content:** social systems, goals, other peoples point of view, thinking, history, emotions, behaviour, significant events, etc.

Counselling related influences on the experience

- **Attitude:** enjoying positive contributions, being himself, present, empathetic, sympathetic, accepting, non threatening, open minded, clear mind etc.
- **Core:** eclectic, client centred main flavour, solution focused, CBT, rational emotive, focused on client's needs/ adaptive etc.
- **Strategies:** preparation through compartementalising, non threatening atmosphere, focusing on humanness and rapport, aligning with client, focus on positives etc.
- **Goals:** aha moment, finding unique solutions for each client, dependent on each client etc.

Individual background

- **Personal information:** open to new experiences, accepting, supportive, patient, respectful, trustworthy, honest, self reflectice, etc.
- **Values and beliefs:** people are inherrently good, natural to make mistakes, always a second chance, integrity, loyalty, honesty etc.
- **Educational background and practical experiences:** Honours in psychology, house master of boarding school, 7 years incidental and 7 years full time counsellor etc.
- **Personal and professional development:** always focused on relationships, more accepting, more systemic, gathering more information, internal shadow etc.

Complexity

- Lack of time, acknowledgement, and understanding, role conflicts, conflicts of interests, complexity and uniqueness of clients and a need for adaptive practice.

Figure 8 Jay's experience of assessment

Summary

Findings of Phase I and Phase II of this research project were presented in this chapter. Firstly, the results of Phase I's national online survey of secondary school counsellors in New Zealand and the three case vignettes that were designed in relation to these results were described. Subsequently, the findings in relation to the five main participants in Phase II – Bob, Carl, Laura, Tom and Jay – were outlined.

All five participants characterised their practice as complex and interacted from an individually unique background which included personal information, values and beliefs, education and experiences, and a specific development over time. Based on their individual backgrounds, each of the five participants' counselling practices had a unique core, and unique attitudes, strategies and goals, which is represented by the counselling-related influences on their experiences. The specific content, strategies and goals of their assessment, which are represented by assessment-related influences on their experiences, are understood to be embedded in each individual participant's counselling practice. As a consequence, the individual background, counselling, and assessment practices were viewed as deeply intertwined.

Each participant's presentation of experience of assessment was structured in a meta-framework, which outlines the underlying pattern of influences on these experiences of assessment. This abstract meta-framework can be understood as a commonality of all participants, which is then filled with individually unique content when applied to the individual participant. This meta-framework is presented in Figure 9. The grey background in the figure symbolises that assessment practices in secondary school counselling settings in New Zealand are complex. The pyramid represents the deep intertwining of the individual background, counselling related influences and assessment related influences on the experience of assessment. The arrows show that each of these levels influence the experience of assessment. The theatre of experiences at the top of the pyramid represents the hub of the experience of assessment in which all influences interact with each other, with a particular environment and with an individual client at a specific point in time.
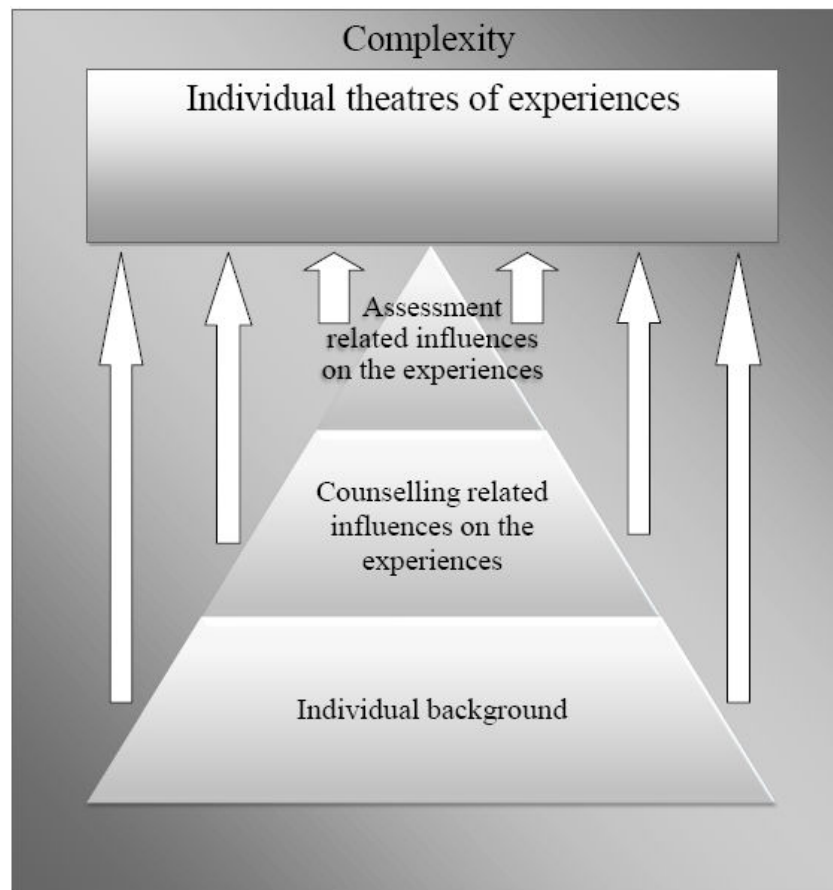
Figure 9 Meta-framework of the experiences of assessment

The researcher has tried to help the reader to come to an understanding of why he has chosen these particular headings, in letting the participants speak for themselves in this chapter. This has been a difficult endeavour for two reasons. Firstly, the process of analysis required the researcher to divide the whole experience into sub-themes and to present these pieces as independent parts. However, the experience of assessment as an entity is more than the sum of its parts due to the deep intertwining of its elements. Secondly, the process of analysis represents a double hermeneutic, with the researcher making sense of the participants making sense of their experiences of assessment. These reasons made it difficult to produce a coherent description of the influences on the experience of assessment without a certain overlap of content. These are the main reasons for some repetitions in this chapter.

The next chapter contains the data interpretation and discussion of these findings in relation to the relevant literature.

CHAPTER 8 DATA INTERPRETATION AND DISCUSSION

This chapter contains the interpretation of the findings and a discussion in relation to relevant literature. It begins with a presentation of commonalities of all five main participants in relation to four key elements:

1. a perception of complex practice;
2. common counselling and assessment influences on the experiences of assessment;
3. merging of personal and professional aspects; and
4. an holistic and unique experience of assessment.

Subsequently, complexity sciences are used as lens to understand the holistic and unique experiences of assessment as a reaction of these participants to the complex practice in secondary school counselling settings in New Zealand. At the end of this chapter, provisional models are outlined that merge and summarise key findings of this research and that may be used as reflective tools for currently practising counsellors, supervisors and counsellor educators.

Complex practice

All five participants described their practice as complex in regards to two broad categories. The first category of contextual factors contains environmental influences on assessment practices in secondary school counselling settings in New Zealand. These are: a lack of resources, time diminishing factors, lack of acknowledgement, and role conflicts. The second category of multifactorial influences includes complicating factors in relation to the nature of assessment processes with adolescents in secondary school counselling settings. These are connected to a conflict between counsellor education and school counselling settings; the large amount of information that needs to be considered; the complexity of human beings in general and adolescents in particular; and the complicated task of integrating all the gathered information into a holistic understanding of the client's situation. These categories are presented with a brief summary of the participants' accounts and an interpretation and discussion in relation to relevant literature.

Contextual factors

Participants described secondary school counselling and assessment practices as complex due to a lack of resources, time diminishing factors, lack of acknowledgement, and role conflicts which are unique to secondary school counselling settings. A lack of resources has been described by all participants who said they were "overworked" and "overloaded" due to understaffing. Similar responses were given in the national online survey regarding barriers to counselling. Particularly "time", being "booked up a week or two in advance", "lack of resources", "workload", "lack of soundproof office", "lack of appropriate facilities", and lack of other support were described as barriers to counselling on several occasions. Additionally, survey respondents reported they would value "more appreciation", "another counsellor", "a colleague", and a formal school counselling body to contact for support. While the findings of this research are not generalisable to all secondary school counsellors, they emphasise Manthei's (1999) concerns regarding the less than optimal conditions and few resources available in secondary school counselling settings in New Zealand. Manthei (1999) and Hermansson and Webb (1993) stated that there is evidence of an increasing need for secondary school counselling services and at the same time they expressed a concern that there is unlikely to be an expansion of resources for school counsellors in New Zealand.

In addition to the lack of resources, participants faced several factors that further diminished their counselling time. These counselling time diminishing factors were related to increasing evaluation activities for accountability purposes and other duties unrelated to counselling such as having to fulfil teaching responsibilities on top of counselling duties. Equally, responses to survey questions about barriers to counselling contained answers such as "other school expectations", "other jobs that are not counselling", and "too many students, too many expectations, and not enough time". The increasing need for the evaluation of services for accountability purposes is echoed in the literature (Eschenauer & Chen-Hayes, 2005; Hood & Johnson, 2002; Manthei et al., 2004). The negative influences of an increasing need for evaluation and diminished time for counselling duties seem to be increased by a lack of clear guidelines about how to use the evaluation and documentation tools provided for practising counsellors. Participants talked about a variety of ways of documenting their effectiveness but these were largely designed by themselves which took more time away from their counselling duties. It seems that the participants were expected to fulfil larger and more complicated

workloads in addition to duties unrelated to counselling with diminished resources. These issues are evident in Crowe's (2006) emphasis that

> It seems strange that a person trained in guidance and counselling, frequently at the expense of the Ministry of Education, may then, in schools, be required to undertake a number of non-guidance and non-counselling roles such as teaching. This is even more curious when there are a significant number of youth in New Zealand secondary schools who are experiencing mental health and well-being issues and who may well benefit from guidance programmes and the work of the guidance counsellor. (p. 23)

In addition to the lack of resources and time diminishing factors there was a common perception of a lack of acknowledgement of the school counsellor role. Participants stated that they are perceived as an "ambulance at the bottom of the cliff" in the sense of only being involved when situations had become especially difficult, and that they had to fight for their status in their school and for acknowledgement of their work. Equally, responses to the national online survey in relation to barriers to counselling were "lack of understanding" from colleagues, "teachers' resistance for students to get time off class for counselling", "misunderstanding of my role as a counsellor: not a magician", misunderstanding in regards to "speed of behavioural changes to occur". They reported expectations of a "quick fix" of students, "others not understanding what counselling is", being "alienated from staff", and "isolation". Furthermore, survey respondents emphasised that they would appreciate "regular meetings with other counsellors", "get[ting] together with others more frequently", and outside "support". These findings reflect the perception of school counselling as a minority profession in schools, suggesting that these practitioners are "isolated by the nature of their employment and by the nature of their profession" (McMahon & Patton, 2000, p. 339). This is particularly relevant in New Zealand where school counsellors are geographically isolated from their peers due to a small population. This isolation is evident in Crowe's (2006) emphasis that in New Zealand the work of school counsellors is "going on mostly unnoticed, often with little acknowledgement or recognition of its value" (p. 24). These findings are evident in Crowe's (2006) observation that

> Working in an education setting in a role quite different to that of the teaching staff has its own issues, especially around being a sole worker, the nature of counselling and confidentiality, the invisibility of a lot of the work done and the perceived workload of the school guidance counsellor. (p. 19)

A possibly negative influence of the lack of acknowledgement might be enhanced by an inherent role conflict in school counselling practice.

The inherent role conflict is related to a clash of interests in secondary school counselling practice in that counsellors are employed by the school but are working with their clients in an exclusive relationship which is based on confidentiality and trust. As Laura stated, "what is expected of you in a school versus what you consider as being healthy for the child" is different. Furthermore, participants talked about principals and colleagues asking about the situation of their clients which put them in a difficult situation – they can either refuse to answer the question or break the confidentiality with their clients. Participants stated that breaking the confidentiality with their clients is not an option unless there is a danger of harm to themselves or others but not answering the question could have a negative influence on their working relationships. Similar answers were given in the national online survey. Practitioners reported issues of "confidentiality", "pressure from colleagues to pass on confidential information", "when counselling is confused with disciplinary action", "different professional code", "different expectations", "when the student associates counselling with being in trouble", "teachers' perceptions of student behaviour … as good/bad", and "staff expecting you to fix students". A similar conflict was described when participants talked about fulfilling teaching duties in their school because they have to switch between teacher–pupil and counsellor–client types of relationships which are different in nature. This difference is evident in Hughes' (1997) distinction between a controlling element in education and an enabling one in counselling, which "is a critical one, not only from the standpoint of values and goals, but also from that of practice" (p. 187). These findings resemble Crowe's (2006) emphasis that

> there is increased credibility, less stress and more reward given to school
> counsellors who are teaching subjects or undertaking other roles that are
> not guidance related. Yet for the students a guidance counsellor who also
> teaches may be less likely to be accessed for counselling support. (p. 19)

This difficult relationship between counsellor and school environment is further echoed in earlier findings (Manthei, 1999; McMahon & Patton, 2000).

These environmental factors which secondary school counsellors have to cope with are likely to lead to a decreasing job satisfaction (Baggerly & Osborn, 2006; Manthei, 1999). In particular Manthei (1999) emphasised the danger of excessive stress and burnout "on a large scale" (p. 37) if no preventative measures were put into place. It cannot be concluded that the participants suffered from low job satisfaction or burnout but the negative environmental influences seem to have increased for these participants since Manthei's (1999) study. The notion of being overworked was common to

participants in Phase I and II. It could be argued that even busier counsellors under more stress might not have agreed to participate in this study because of time constraints. Manthei's (1999) acknowledgement of burnout and stress might still be an issue worth exploring in future research, which further discussed in the conclusion chapter.

The next section outlines multifactorial influences that further complicate secondary school counselling practice.

Multifactorial practice

The second area of complex practice is interrelated with contextual factors and is located in assessment practice itself. The process of coming to an understanding of each client's unique situation seems to be a highly complex activity in which a large number of interrelated factors need to be combined into a unique holistic understanding. The uniqueness of each client was expressed by respondents in that "every situation is different and every reaction to a situation is different" because each of their clients has a personal story in relation to their particular issue which is "completely different from person to person" and "really diverse". The general fact that secondary school counsellors are faced with a large variety of possible issues is reflected in the literature (Manthei, 1999; Hughes, 1997; McMahon & Patton, 2000) as is the consequential complexity of counselling and assessment processes (Bor et al., 2002; Gibson & Mitchell, 2003; Manthei, 1999; McMahon & Patton, 2000). Yet it seems that this complexity did not play a large part in the participants' education. All participants had been educated to a varying extent in the client-centred counselling approach which they found particularly useful because of its focus on the client's needs. However, participants pointed out that it is difficult to apply this approach on account of frequent interruptions of their counselling flow, the lack of resources, lack of counselling time, and irregular client meetings. As Laura described it, education and practice are "streets apart". This conflict may be related to attempts to minimise the subjective influences of counsellors on the counselling process and simplifying practice by proposing the use of therapy manuals which runs contrary to the complexity of counselling in naturalistic secondary school counselling settings. This complexity is evident in Patterson's (1987) description of a perfect study on psychotherapy processes, which would need:

a) a taxonomy of client problems or psychological disorders;

b) a taxonomy of client personalities;

c) a taxonomy of therapeutic techniques;

d) a taxonomy of therapists; and

e) a taxonomy of circumstances, which would lead to 100.000 cells assuming five classes of variables, each with ten classifications.

Patterson (1987) argued that "if we did have such systems of classification, the practical problems would be insurmountable" (p. 247). Hence, the teaching of complex counselling processes may face similar limitations.

Participants further emphasised that "the process itself depends on the person and the particular circumstances", that it is "very client related and very specific to the actual person", and that the counselling and assessment processes need to be related to the "client's specific situation" because clients might change from one session to the next. Similarly, responses concerning assessment practices from the national online survey were "dependent on the client", "difficult to generalise", "depends on the issue", and "difficult and more intuitive than logical and predetermined". It seems that participants needed to develop an approach which is responsive and adaptive enough to cope with the uniqueness of each client. This uniqueness is reflected in Hughes' (1997) observation that

> each particular situation is never quite the same as the last one of its kind, and it is impossible to predict what type of problem will next face a counsellor or other member of staff committed to the personal and social welfare of the pupil as an individual human being. (p. 181)

This complexity of human beings is echoed by Claiborne and Drewery's (2010) social constructionist view of adolescence, which emphasises each adolescent's individual meaning-making in relation to physical, cognitive, social and behavioural changes. These changes may be embedded in a particular New Zealand culture but individual adolescents put meaning onto their individual experience, which makes it highly variable and unique. As a consequence, secondary school counsellors in New Zealand are not only faced with a large variety of general issues in adolescence, but also with the culturally and socially embedded viewpoints of Māori, Pasifika, Asian and European clients on these issues, which seems to reflect the complexity of assessment practice.

Participants stressed that they were "dealing with other human beings that are complex" and their decisions can have severe and far reaching effects. It appears that the participants needed to be responsive in their own ways of dealing with each client's unique set of information. This notion is evident in Whiston's (2009) argument that

counsellors must be able to gather complex information and organise and analyse a large amount of information to make a sound clinical judgement because they are usually dealing with diverse issues and problems. Similarly, Shertzer and Linden (1979) pointed out that "human behaviour is too complex to permit considerations of more than a fraction of the factors that enter into a conclusive prediction of behaviour" (p. 24). As a consequence,

> to understand a person, one must see the individual in his or her personal frame of reference, in his or her world that is composed of the self and all in the world that is related to the person. Appraisal rests on comprehending the phenomenal field of the individual, the individuals' personal universe, including self concept at the time of action. (Shertzer & Linden, 1979, p. 22)

Participants pointed out that they "cannot be alert to all the information" and that it can become confusing when gathering a large amount of information, particularly because they have to keep in mind that there might be a more serious issue underneath. It seems that one aspect of the complexity of assessment is related to the sheer amount of information that practitioners needed to consider in order to create a holistic understanding of the client's current situation. The assessment process has been described as "exhausting" (Bob), "draining" (Carl), "far reaching" (Jay, Laura), "difficult" (Tom), and "really emotionally draining" (Jay). The difficulty of processing large amounts of information is explored by Tetlock (1997), who emphasised that people "are limited-capacity information processors who rely on inferential shortcuts to help them make sense of an otherwise impossible complex environment and to make otherwise hopelessly difficult decisions" (p. 659). Moreover, people rely on "the availability, representativeness, anchoring, and simulation heuristics to make inferences about causality and probability … and rely upon our preconceptions (existing knowledge structures) in interpreting new evidence" (Tetlock, 1997, p. 659) which leads to an "increased susceptibility to error and bias" (p. 659). The complexity of the information integration is further reflected in Mosak and Maniacci's (2008) statement that

> the therapist assesses, follows up, and juxtaposes clues in patterns, accepting some hypotheses and rejecting others in an effort to understand the patient. As therapy progresses, the patient offers information one way or another, and the therapist pieces it together bit by bit like a jigsaw puzzle. (p. 81)

In addition, psychological problems are multidimensional and seldom attributable to one source, situation or factor (Bayne et al., 2008). As a consequence, "it is assumed that people are too complex to be explained by any one theory and that social context

plays an important role" (pp. 52–53). In a related manner, Winslade and Monk (1999) suggested keeping in mind that "there is no foolproof recipe for the complexities of counselling conversation" (p. 20). The client's environmental influences, the counsellor's relationship with his or her own values, beliefs, choice of psychological theories and experiences, the counselling setting, the relationship between counselling and society, and the legitimisation of counselling as a social institution are complicating factors in the counselling encounter (Milner & O'Byrne, 2004).

This complexity is echoed in Freud's comparison of the psychotherapeutic process with a game of chess: it is easy to describe the rules and the different phases of the game "but what happens in between is subject to infinite variation … since every patient (and every therapist) is different, no two treatments are alike" (Luborsky et al., 2008, p. 53). As Applebaum (1990) described it, these in-between moves are

> dependent upon such decisions as when and if to intervene; with what
> content, how to intervene in ways that will make an emotional or cognitive
> difference, (i.e., through tone of voice, choice of words, rhythm, and
> emphasis); whether to use abreaction, clarification, confrontation,
> interpretation; or whether to address defences, to support ego functions, to
> offer content at one or another level of depth or abstraction. (p. 791)

In Conger's (1996) words, "counselling and therapy are complex and delicate processes full of the intrigue and parade of options found in a good mystery story" (p. 16). Applebaum (1990) emphasised that "most psychotherapists recognise that they make choices from virtually limitless possibilities on the basis of assessment" (p. 792). In addition to the limitless possibilities, the therapeutic outcome is influenced by a reciprocal interaction between the practitioner, the client, and each individual's culture, ecosystem and environment, and consequently "no therapy is ever static" (James & Gilliland, 2003, p. 10). There is a

> mutual and dynamic interactive effect as constantly occurring between all of
> the possible factors that affect both the therapist and client: family,
> geographic reason, race, religion, locale, physical ability, gender, economic
> situation, vocation, physical needs, social affiliations and so on. Thus cultural,
> ecological and environmental dynamics are a two way street. No therapy is
> done in a sterile vacuum chamber free from the multiple effects of these
> factors on both therapist and client. (James & Gilliland, 2003, p. 10)

In a similar vein, Conger (1996) stated that "assessment in counselling is very complex and it is possible that the counsellor could lose focus on the client's story and concentrate too much on evaluation" (p. 13). He argued that there is the complicating factor that once the counsellor has come to a conclusion about the client, new clues that

suggest alternative interpretations of the client's situation may be ignored (Conger, 1996). Malan (2004) described assessment as "the most complex, subtle and highly skilled procedure" (p. 233) and pointed out that "the complexity arises because of the many different layers at which the interviewer has to operate, sometimes in sequence, sometimes simultaneously, and all of them overlapping with one another" (p. 233).

In short, "on the basis of hypothesis-testing research, we know less and less, but with higher and higher confidence" (Mahrer, 1988, p. 696). Consequently, it appears to be difficult to prepare beginning secondary school counsellors in regards to these multifactorial influences of practice, which may lead to decreasing job satisfaction, stress and burnout. One way of dealing with this difficulty may in the first instance be to acknowledge this complexity and to enable individual counsellors to cope with these influences through self-reflective tools, which are discussed at the end of this chapter.

The acknowledgement of complexity in counselling practice contrasts with current managed-care movements and their efforts to objectify counselling practice through therapy manuals as described by Beutler et al. (2004a) and Lambert et al. (2004). Hence, these findings add further critique on managed-care systems to those expressed in earlier research (Davies & Meier, 2001, Lambert et al., 2004).

In summary, these practitioners seemed to be working in school environments which complicate their daily work that is already complicated by its very nature. Practitioners were faced with large workloads and variety of student issues and also with the fact that each student presents differently, even within similar categories of issues. In order to assess each individual client, participants needed to gather a large amount of data in order to come to a holistic understanding of their client's situation, which appears to be a difficult and strenuous task. It was suggested that it may be a complicated task to prepare new counsellors for these activities because of the complex nature of counselling. Practitioners described an "element of uncertainty" and said that "it is not possible to prepare for all eventualities", "to have a formula" or a "prescription". The participants' common counselling and assessment practices, which are described in the following section, are understood as their ways of dealing with this complexity and uncertainty.

Commonalities in counselling and assessment practices

This section presents commonalities of participants' counselling and assessment practices which were represented as the middle and top part of the pyramid of the meta-framework. These two parts were deeply intertwined and influenced the experience of assessment of each participant. The notions of eclectic and adaptive practice were omnipresent throughout the interviews. These practitioners had developed a 'toolbox' of various practices and key concepts which they seemed to have integrated into their main theory and used to adapt to the complexity of their clients' unique situations during assessment.

Eclectic and adaptable assessment practice

All participants were educated in and utilised a number of different theoretical counselling approaches, namely client-centred, cognitive behavioural, solutions-focused, strength based, narrative, family/systemic, and rational emotive. Respondents portrayed their application of a range of these approaches as eclectic counselling practice. All the above mentioned approaches were listed in the survey of Phase I, as well as gestalt therapy, dialectic behaviour therapy, transactional analysis, interactive drawing therapy, psychodrama, reality therapy, and eclectic and integrative approaches in different combinations. The common use of a variety of key concepts of different approaches is evident in the literature (Cheston, 2000; Gladding, 2009; McLeod, 2003; Okun, 1990). It appears that the participants utilised various key concepts in order to be responsive to the uniqueness of their clients and to the large amount of information involved (discussed in the previous section). This adaptive notion is evident in Lazarus (2008), who emphasised the possibility of tailoring interventions as an advantage of eclectic and integrative counselling practices. He stated that "the goodness of fit in terms of clients' expectancies, therapist-client compatibility, matching, and the selection of techniques is examined in great detail by multimodal therapists" (Lazarus, 2008, p. 381). In the same way, Okun (1990) suggested that practitioners acknowledge the valuable contributions of different viewpoints, which are represented by different schools of counselling, in order to understand different aspects of human nature and at the same time, to maintain a critical and sceptical stance towards these schools. Cheston (2000) pointed out that "most counsellors tend to embrace an eclectic stance in their practice with an average of 4.4 theories making up their therapeutic work with clients" (p. 254). Similarly, Garfield and Bergin (1994) pointed out that the long-term

dominance of the major theories has passed and that an eclectic position has taken precedence. Corsini (2008) commented on Garfield and Bergin's (1994) statement and stressed that "I would go even further and state that all good therapists adopt an eclectic stance" (p. 10). On the same note, Corsini (2008) highlighted that "technique and method are always secondary to the clinician's sense of what it the right thing to do with a given client at a given moment in time, irrespective of theory" (p. 10).

Tom stated that he describes himself as eclectic but that he never liked the term because it reflects "a jack of all trades and an expert in none". The criticism of eclectic practice as an incoherent application of key concepts without an underlying theoretical framework is evident in Cheston's (2000) emphasis that one risk of following an eclectic approach is related to practitioners becoming technicians who prescribe change without understanding the root of the dysfunction and without grounding their understanding of why they select certain tools, with certain clients, at certain times, and in certain ways. Gladding (2009) referred to this application sarcastically as "electric" (p. 197), to indicate that it can do more harm than good. Cheston (2000) suggested "the ways paradigm" (p. 256) as a way of integrating multiple approaches. It proposes that the subject of counselling theory and practice can be organised around three principles: a way of being, a way of understanding, and a way of intervening.

Bob followed a narrative framework in a responsive and adaptive way and used a variety of different techniques from a narrative viewpoint, while the other participants used their different approaches in relation to a specific "main flavour" of client-centred theory. Hence it seems that the participants located themselves in a theoretical framework and used this predominant framework to ground their understanding of the root of dysfunction, which reflects Cheston's (2000) way paradigm and Lazarus' (1989) systematic (technical) eclecticism. Bob's narrative orientation is in line with Winslade and Monk's (1999) position that narrative counselling is grounded in postmodern thinking – which lies at the centre of learning this approach – rather than simply learning to apply some techniques. They describe narrative counselling as "an ethical stance which in turn embodies a philosophical framework" (p. 21) and stressed that it can be dangerous to apply as "a set of fancy tricks or techniques" (p. 21). Winslade and Monk (1999) outlined a narrative approach in a step-by-step fashion but cautioned that "any breaking down of a complex process into steps runs the risk of oversimplifying or falsely implying an inevitable linear process" (p. 20). Similarly, Okun (1990) suggested

selecting "treatments that can be flexibly and effectively tailored to the needs of clients who are experiencing distress related to today's sociocultural context" (p. 3). This seems to be an important point for school counselling practices in New Zealand due to the importance of biculturalism and the large variety of ethnicities in clients.

The participants' responsive practice outside of a particular theoretical framework is further reflected by Gilbert, Hughes and Dryden (1989), who pointed out that a too strong an adherence to one style, due to a rigidly held personal philosophy, is likely to be a problem:

> Those therapists who are probably the more successful are able to marry pragmatically different sets of styles and approaches which are not a mish-mash of eclecticism but a carefully considered application of approaches to suit different clients at different points on their journey. (p. 12)

Participants of Phase I and Phase II seemed to be responsive in their choice of assessment procedures as well. Responses to the national online survey indicated the use of the following assessment tools:

- Child Behaviour Checklist
- Resiliency Scales
- Beck Youth Inventory
- Connors' Rating Scales
- Children's Depression Inventory
- HEADS
- Strengths and Difficulties Questionnaire (SDQ),
- Personal assessment tool (PACT)
- Adolescent Coping Scale ACS
- NZ Substances and Choices Scale (SACS)
- behaviour analysis sheets
- diary cards
- Myers Briggs type indicator
- ADD/ADHD check list
- Becks depression scale

Participants of the interviews in Phase II also stated that they might use a variety of these assessment tools. The use of assessment tools in counselling is reflected in the literature (Blacher et al., 2005; Ekstrom et al., 2004; Elmore et al., 1993; Groth-Marnat, 2003; Hood & Johnson, 2002, 2007; Maruish, 2004; Shertzer & Linden, 1979; Studer et al., 2006; Watkins & Campbell, 2000; Whiston, 2009). However, the use of these tools did not appear to have a central emphasis in their assessment practice which seems to reflect the perception of assessment tools as one of several ways of gathering data (Hohenshil, 1996) and secondary to building a relationship with the client (Finn, 1996a, 1996b, 1998; Finn & Tonsager, 1997, 2003; Finn & Martin, 1997; Milner & O'Byrne,

2004; Tharinger et al., 2007). The participants' emphasis on the therapeutic relationship is further discussed in the section on strategies and attitudes below.

It could be argued that there is a contradiction between the notion of an systematic eclectic counsellor needing to cover a more extensive range of relevant client information in order to choose an appropriate perspective to fit the client (McMahon, 2006), such as the BASIC I.D. by Lazarus (2008), and the client-centred approach which is "sceptical of diagnostic thinking" (Milner & O'Byrne, 2004, p. 129). A solution may be related to McLeod's (2003) observation that client-centred counsellors might use qualitative methods of assessment in the sense of eliciting the clients' perceptions of significant points in their development, relationships and values. Furthermore, this contradiction may be resolved by interpreting the participants' behaviour using the ways paradigm. The narrative and the client-centred approaches provide a particular way of being, a way of understanding, and a way of intervening. From that point of view, respondents did not use a purely client-centred or narrative approach but a client-centred or narrative framework for integrating other techniques without embracing their underlying theories. Hence, a narrative and a client-centred framework provided a basis for a way of being, understanding and intervening.

In summary, a systematic eclectic orientation of the participants enabled them to utilise their main theory as theoretical framework, to integrate other procedures into this framework and as a consequence, to stay highly flexible and responsive in their practice, to tailor their approach, and to adapt to each individual client in different sessions at various points in time. The assessment part of counselling was not viewed as a different phase of counselling but seemed integrated in each participant's 'main flavour' of theory. The notion of tailoring practice to specific client needs and constantly adapting to the client was predominant and is discussed further in the following section.

Adaptable counselling and assessment practice

Participants emphasised that they were not able to use a formula or prescription for counselling which would work for every student. They stressed that there is "not one approach to counselling". Equally, survey respondents provided answers such as "whatever feels right" and ways of gathering information were related to "asking questions" and "talking with them". In addition, the majority of survey respondents did

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not use an initial theory in relation to assessment but approached their clients more openly. The remaining survey respondents used either a narrative viewpoint or an eclectic orientation which both focus on the perception of the clients. This notion of not being able to use a formula for assessment practices seems to be rooted in the multifactorial influences on assessment and the complexity of human beings discussed above. This notion is evident in Whiston's (2009) emphasis on assessment because there is no "one-size-fit-all approach to the therapeutic process" (p. 7). Similarly, Beutler and Harwood (2000) stressed the importance of considering unique client characteristics and Clarkin and Levy (2004) emphasised that "from a common-sense point of view, all psychotherapy should be targeted to the nature of the client's difficulty, problem, and psychopathology" (p. 198). Hence, the main purpose of assessment is to plan differentiated interventions for an individual because no one counselling approach is equally efficacious for all behaviour changes (Brammer et al., 1993). This is particularly important in relation to the central notion of biculturalism and the multicultural clients of secondary school counsellors in New Zealand. Participants utilised a variety of Māori and multicultural approaches to counselling. However, the way these approaches were implemented was largely influenced by their client's own interpretation of their background. This view is evident in a social constructionist understanding of adolescents, which emphasises every young person's sociocultural context and each adolescent's meaning making within each context (Claiborne & Drewery, 2010). Similarly, "there is no single 'theory' of Māori development" (Drewery & Bird, 2004, p. 28) which further emphasises the need for a responsive approach.

As a response to the need of tailoring the assessment and counselling approaches to their clients' needs, respondents described their approaches as open, broader, adaptable and situational. Bob said that he tries "to go at the pace of what the young people themselves are" and Jay emphasised that his approach "is fairly flexible, it is not a blueprint of what I do every time, it is more flowing". Hence it appears that the participants were highly responsive to changing client situations and adapted accordingly. The ability to choose different techniques in order to adapt to client needs has been described as an element of eclectic and integrative approaches to counselling (Cheston, 2000; Gladding, 2009; Lazarus, 1989, 2005; McLeod, 2003; Norcross & Grencavage, 1989; Okun, 1990). This practice is also evident in matching the counsellor's clinical orientation to the client's world view and psychology of problem

resolution as a way of approaching Māori clients (Duncan & Miller, 2001; Drury 2007). It is echoed by Meier (2003), who opposed counselling practice that "treat clients as if they were largely interchangeable and not individual interpreters and creators of meaning" (p. ix). Meier (2003) argued that case conceptualisations "work best when focused on the relatively unique, idiographic aspects of each client" (p. ix) and suggested "that idiographic measures are needed that a) are sensitive to the specific behaviours of individual clients and b) can be changed during the course of treatment" (p. 65). Correspondingly, O'Connel (2001) highlighted that "a good counsellor will adapt to fit the clients with different problem solving styles" (p. 11) and Whiston (2009) emphasised that "counsellors need to continually conceptualise client issues and, correspondingly, adjust and change the counselling process" (p. 329). This notion of responsiveness to each client appeared to be not only related to the use of techniques but also to interaction strategies. Lazarus (2008) stated that:

> multimodal therapy places primary emphasis on the uniqueness of each person. Hence, there is no typical treatment format. When tuning into the expectancies and demand characteristics of one client, the therapist may adopt a passive-reflective stance. At other times, or with someone else, the same therapist may be extremely active. (pp. 382–383)

As a consequence, counselling reality is viewed not as objective and generic but rather as residing within each individual and as based on the individual's personal preconceptions, biases and history. "Reality is in the eye of the beholder and no two realities are alike" (James & Gilliland, 2003, p. 309), which resembles the relativistic and social constructivist foundation of this study. It may be argued that secondary school counselling and assessment processes may be too complex to be apprehended by only one theory, which resembles Okun's (1990) observation that "no one theoretical viewpoint can provide all the answers for the clients we see today" (p. xvi).

The participants seem to be pragmatically flexible in adapting techniques and interventions from different theoretical approaches to their work. This is supported by Gladding's (2009) statement that it "seems to be of necessity because counsellors must consider intrapersonal, interpersonal, and external factors when working with clients, and few theories blend all these dimensions together" (p. 196). Gladding (2009) also stressed that "effective counsellors scrutinise theories for proven effectiveness and match them to personal beliefs and realities about the nature of people and change" (p. 196). Whiston (2009) also emphasised the notion of adaptation in relation to the therapeutic alliance and assessment, arguing that

because there are no universal guidelines for developing a therapeutic relationship, counsellors need to adapt their style to the individual client. Both formal and informal assessment measures can provide information useful in determining methods for enhancing the therapeutic relationship. (p. 330)

Andrews (2000) pointed out that in regards to therapy manuals, which have their advantages in providing space for important parts of the treatment such as explicit homework supervision and ensuring treatment integrity, there is a need for "personalising it for each patient" (p. 266). It seems however, that the necessary degrees of flexibility, responsiveness and adaptivenss of the participants are in conflict with the concept of therapeutic manuals. These manuals represent to some extent the notion of 'one approach for all clients', which clearly is at odds with the participants' view of practice. These findings rather resemble Wilson's (2008) notion that "both science and art influence clinical practice, and the most effective therapists are aware of the advantages and limitations of each" (p. 241).

In order to be able to adapt to idiosyncratic and unique factors of each individual client, the participants seemed to have developed general meta-strategies and attitudes which supported them in their responsive behaviour. These meta-strategies and attitudes are viewed as deeply intertwined with their main theory and as influencing their individual practice of systematic eclecticism. The meta-strategies and attitudes influenced participants' assessment practice and consequently their experience of assessment. These strategies and attitudes are described in the following section.

Strategies and attitudes

The common strategies and attitudes seemed deeply intertwined with each participant's main theory and may have enabled participants to be responsive to situational factors and constantly changing clients' needs. These strategies and attitudes were

a) creating hope in the client by focusing on positives;

b) creating a holistic understanding from the client's point of view through empathy;

c) becoming an ally through a non-expert attitude; and

d) building rapport through congruence and unconditional positive regard.

Creating hope in the client through a focus on positives

The participants described creating hope as one of the most important goals of assessment. Relevant comments included "generating hope" (Bob), creating hope through the outlook on a better future "that their life can be different", "if there's no vision, there is no hope", and as "a good reason to come back" (Laura); hope about "possible solutions that are right for each client" (Jay); hope as "a step towards solving a problem" (Carl); "hope that it doesn't have to be like this" (Tom). The emphasis of hope in the assessment process is evident in McLeod's (2003) description of assessment purposes: giving hope, enabling the client to feel understood, and motivating the client. Correspondingly, Tasker (2005) stated that "being listened to can evoke hope and the feeling for the client that something is at last being done" (p. 27). Beutler et al. (1994) argued that psychotherapy, as a whole, is a process of interpersonal persuasion in which therapists' values, beliefs and optimism serve to overcome demoralisations, instil hope and provide a believable meaning of life for clients. Iveson (2002) stressed that not the exploration of "present problems of past causes, but of current resources and future hopes" (p. 149) is central. On a similar note, Mosak and Maniacci (2008) emphasised that each therapist must keep the client's hope elevated and proposed the use of encouragements. They stated that

> expressions of faith in the patient, noncondemnation, and avoidance of being overly demanding may give the patient hope. The patient may also derive hope from feeling understood. Accordingly, the construction of therapy as 'we' experience where patients do not feel they stand alone, where they feel security in the strength and competency of their therapist, and where they feel some symptom alleviation might prove helpful. (Mosak & Maniacci, 2008, p. 79)

Hence, creating hope seems to be interrelated with the other identified strategies of creating a holistic understanding of the client's situation through empathy, becoming an ally, and building rapport. Mosak and Maniacci's (2008) statement echoes the deep intertwining of these strategies and attitudes and reflects the wholeness of the experience of assessment, which is described later in this section.

Participants focused on the positives and strength, which created or increased hope that a currently problematic situation can be positively changed. They focused on their clients' "strength and that beauty" (Laura) "what's going right", "what can you hold onto" (Carl), and "an awareness of how they can solve their problems" (Bob). Participants emphasised to various degrees "strength", "dignity", "integrity", "self-esteem", "self-worth", "coping abilities", "resilience", "self-efficacy", "authoring a

new, positive story for the client" and "turning bad things into good things". There is a wide acknowledgement in the literature of the importance of assessing strength as well as deficits (Beck & Weishaar, 2008; Harris, Thoresen & Lopez, 2007; Lopez, Snyder & Rasmussen, 2003; McLeod, 2003; Whiston, 2009). More specifically, Milner and O'Byrne (2004) emphasised assessment of the client's strength, resources and aspirations, rather than problems or psychopathology. McLeod (2003) described the assessment of the clients' strengths as an important part of assessment and Whiston (2009) stated that "assessment procedures should focus on more than simply identifying client deficits, because counselling also often involved building and expanding client strengths" (p. 328). She argued that the focus on limitations is inconsistent with counselling's developmental and preventative foundation. "Hence, if practitioners want to build on positive processes, outcomes, and environments, they should also assess the degree to which these positive factors are present" (Whiston, 2009, p. 9). The practice of focusing on strengths is emphasised in solution-focused approaches in that the client's present situation and the problems that are standing in the way of healthy functioning are explored in an optimistic style (Lines, 2002). Lines (2002) stated that the practitioner helps the client to understand that the present issue does not need to be a permanent condition. The emphasis is on helping the client to manage a current situation better. This focus on positive aspects of the client's life is also evident in positive psychology.

Positive psychology refers to developing strength and enhancements of wellbeing, while at the same time not ignoring weakness. Lopez and colleagues (2003) stated that counsellors have been biased towards identifying client problems and psychopathology and have neglected the anatomy of optimal functioning and enhancing human strengths. They recommended allowing equal space and time to the assessment of client strength and weaknesses. Equally, Harris et al. (2007) stated that some positive psychology constructs such as increasing client self-efficacy and self-regulation processes have reached mainstream status. "The most efficient way to reduce stress and upset and increase calm and tranquillity may be to focus on increasing positive states, such as positive emotions (e.g. hope, joy)" (Harris et al., 2007, p. 4). They suggested infusing counselling with a focus on strength by indentifying strength and using strength oriented language and by expanding the framework of problem conceptualisation and assessment and gathering information on strength and resources. Focusing on positives is echoed by Whiston (2009), who stated that optimism refers to hopeful expectations

and a general expectancy that the future will be positive. She referred to other constructs of positive psychology such as hope, subjective wellbeing, problem-solving ability, coping skills, forgiveness and gratitude. She emphasised that "in treatment planning, the importance of assessing strengths, resources, and healthy processes cannot be overstated" (Whiston, 2009, p. 329). There is an increasing amount of international literature on benefits of positive psychology in schools (Clonan, Chafouleas, McDougal & Riley-Tillman, 2004; Gilman, Huebner & Furlong, 2009; Park & Peterson, 2008) and in assessment (Lopez & Snyder, 2003; Wright & Lopez, 2002) which echoes these findings. Future research might shed light on this trend and possible benefits for secondary school counselling practices in New Zealand.

The participants' style of creating hope in the client was mainly related to a focus on the positives and to detach or externalise the problem from the client. The practice of "externalising the problem" can be accomplished by relabeling problematic behaviour and viewing it in a more positive light and externalising it by relocating it outside the individual (Goldenberg & Goldenberg, 2008). White and Epston (1990) outlined the following benefits of externalising the problem:

- It decreases unproductive conflict between people, including the dispute of who is responsible for the presenting issue.
- It undermines the client's sense of failure.
- It provides the means of cooperating with each other to solve the problem.
- It opens up new opportunities to solve the problem.
- It frees clients to take a less stressed and more effective approach towards problems.
- It presents options for dialogues rather than monologues about the problem.

The participants' focus on positives did not seem to be related merely to asking questions about client strengths. This focus appeared to be deeper seated and related to a general positive attitude towards their clients which was then expressed in an interest in client strengths. This was articulated by recognising "that strength" and "the beauty of the moment and the integrity of the person and the gift that this person is giving me by telling me about their life", and taking "that beauty that I see [in the client] and I try and disassociate her from this crap". This positive attitude and strategies of externalising the problem and exploring client strengths and resources seemed to have supported the

participants in dealing with complex practice, as did creating a holistic understanding through empathy, which is described in the following section.

Creating a holistic understanding from the client's point of view through empathy

Participants tried to understand their clients' situations from their point of view by putting themselves empathetically into the client's world. Participants variously described the first part of this process as "listening to the internal voice" (Tom), "clearing the mind", as being in the client's place, and as getting out of one's own world and immersing in the client's world (Bob), being "mindful" (Laura), clearing the space, compartmentalising, "bringing the house in order" and being present (Jay), and as getting into a different space and into the right frame of mind without preconceptions (Carl). This first step of preparation in order to be able to empathetically enter the client's world seemed an important part of assessment. These findings resemble Bion's (1967) suggestions of not remembering past sessions and of avoiding desires in relation to a specific psychotherapy session outcome. Bion (1967) argued that memory is misleading and that desires interfere when observation is necessary in psychoanalysis and that consequently every session "must have no history and no future" (p. 260). This kind of preparation is evident in Coltart's (1990) notion of "bare attention" (p. 167), which has the quality of "profound and self-forgetful opening of oneself to another person" (p. 167). Rubin (1985) reflected on meditation and psychoanalytic listening and emphasised that "without quieting the mind and focusing attention, it is nearly impossible to truly listen" (p. 607). Rubin (1985) argued that increasing the mental quietness and attentiveness are prerequisites for "accurate and penetrating listening" (p. 606). He stated that

> attempting to listen, investigate, and understand ourselves and others without developing heightened attentiveness is like taking a photograph with a strong and sensitive lens and an unsteady hand: even if the lens (the investigative tool) is refined, if the camera is unsteady (if attentiveness is lacking) the picture (the view of the mind) will be blurred. … if one attempts to observe and listen without quieting the mind, then one has greater difficulty becoming aware of phenomena that are accessible when attentiveness is also developed and then combined and integrated with it. (Rubin, 1985, pp. 608–609)

Rubin's (1985) comparison seems to resemble the purpose behind these participants' ways of preparing themselves closely: they want to be able to understand what their clients are really experiencing. These practices are also evident Milner and O'Byrne's (2004) observation that in order to facilitate change in clients

> we need to begin with open minds, holding on to uncertainty rather than
> the security of a pet theory, developing several hypotheses perhaps, and
> comparing various understandings for fit with the client's meanings. Thus
> the process becomes one of mutually building and negotiating meanings
> that empower clients and restore their control over their lives. (p. 53)

Participants explained that they were clearing their mind in order "to live in their world", "to understand where they're coming from" (Jay); "what they are really experiencing", "what it's like to be them" (Bob); what they are "really thinking and feeling" (Laura); "empowering them to see what's going on" (Carl); and to validate them for who they are (Tom). The first part of clearing the mind seemed to have the goal of entering the client's world in order to understand how the client understands and makes sense of the presenting situation. These practices appeared to have enabled participants to deal with the uniqueness and the large amount of information of each client's situation. The importance of the client's point of view is widely acknowledged (Beutler & Harwood, 2000; Clarkin & Levy, 2004; Finn, 1996a, 1996b; 1998; Finn & Tonsager, 1997, 2002; Finn & Martin, 1997; Goldman, 1992; Hood & Johnson, 2002; Tharinger et al., 2007; Milner &O'Byrne, 2004; Whiston, 2009). The centrality of the client's understanding is evident in Milner and O'Byrne's (2004) comments in relation to theory:

> the subjective meanings of the individual experiencing a difficulty should be
> seen as central, and their 'story' seen as mattering as much as any theory.
> Their attributions and explanations are part of the 'reality' and even serve to
> create that reality, what matters is the currently created 'truth' of the person
> and, secondarily, considerations of how a theoretical map might help us to co
> construct with the person a more helpful and empowering account. (p. 53)

The prioritisation of the client's view over the theoretical interpretation of that view seems central to the participants' strategies and attitudes towards assessment, and is something which appears also to be reflected in their responsive, adaptive and technical-eclectic practice.

Participants aimed at creating a holistic understanding of their clients' situations by asking them to talk about themselves and acknowledging the client as an individual person (Tom); taking their time in order to get to know them and to get a broader understanding of the person behind the client role (Jay); focusing on "what's going on for the client" (Laura); acknowledging the complexity of the client's situation (Bob); and letting the clients "be themselves" (Carl). The necessity of developing a holistic understanding of the client's situation is generally supported by assessment literature

(Clare, 1980; Gladding, 2009; Groth-Marnat, 2003; Feltham, 2006b; Lazarus, 2008; Meier, 2003; Milner & O'Byrne, 2004; Mosak & Maniacci, 2008; Ruddell, 2004). The practice of getting to know the client as a person seems to further deepen the assessment process by introducing an explicit human element. This human element seemed to be reflected in these participants' dislike of the term assessment because of its technical and medical connotations. The researcher decided to keep the term assessment in order to avoid confusion and because of a lack of alternatives. From this point of view, the term 'assessment' seems to include a human dimension in addition to technical information gathering procedures; this is discussed further in the conclusion chapter.

The practice of acknowledging the client for who they are resembles Māori approaches to counselling in which the client's relationships with their whakapapa, iwi, hapu, and whānau are explored (Drurie, 2007). Māori identify themselves in naming their mountains, rivers, lakes, parents and ancestors (O'Conner & Marrarlane, 2002). The human element is evident in Durie and Hermansson's (1990) emphasis on the Māori perspective which is a "reminder to all that there are some very basic humanistic principles western thinking has gradually devalued" (p. 117). The consideration of the humanity of each client is further reflected in Gilbert and colleagues' (1989) statement that there is increasingly a recognition within psychotherapy "that clients do not seek help as de-contextualised subjects ready for corrective education as one might approach a malfunctioning machine" (p. 9). This is further supported by Shertzer and Linden's (1979) suggestion that "collecting and appraising the best obtainable information in a systematic manner need not require a cold, aloof, 'professional', attitude" (p. 6). Their description of a client as "a warm, flesh-and-blood person, a complex pattern of hopes and enthusiasms, strengths, fears, inconsistencies, repressions, and weaknesses" (p. 6) further emphasises the human side of interacting with a client.

Emphasising the client's point of view, a holistic approach to assessment, and a human element are all in line with qualitative approaches to assessment (Goldman, 1990, 1992) and idiographic measures (Meier, 2003). Goldman (1990, 1992) emphasised that qualitative approaches allow for more flexibility on the part of the counsellor, foster an active role for the client, a more open-ended, divergent, integrative and holistic study of the individual, emphasise the concept of learning and development in the assessment process, and reduce the distinction between counselling and assessment through an intimate relationship with the counselling process itself. Goldman, (1992) argued that

because the qualitative methods do not attempt precise measurement or numerical comparison with normative samples, they may be modified and adapted in both their contents and interpretation in order to take into account experience of lack of it, reading ability, and, in fact, any pertinent life experience of the population assessed. (p. 207)

The humanness that the individual practitioner brings to the counselling encounter is reflected in Goldman's (1990) statement that his characterisations of qualitative assessment grew out of his own preferred ways of relating to clients, "which are non manipulative, collaborative in deciding on the goals of counselling and candid and open regarding the process" (p. 207). This statement relates to Cheston's (2000) ways paradigm in that it provides a way of being but seems to add a deeper level of meaning to it in that it explicitly emphasises the human quality of being.

Goldman (1990) pointed out that qualitative assessment methods should appeal to those practitioners,

who prefer concepts that are holistic, global, and integrative, who value an active client role in the counselling process, and who would like to see their assessment activities more closely interact with the self concept, problem resolution, and decision-making aspects of their work with clients. (p. 112)

This reflects the respondents' perception of assessment as a process in which they are trying to live in the client's world, something which appears to be unique for each client and too complex to be influenced by a formula. Empathy seems to have played an important role in this process.

All participants explicitly stated that they use empathy. Jay for example stated that "I've got to push my world away for that point in time to try and fully immerse and try to understand where they're coming from". The participants seemed to use empathy as one of the major means of capturing the client's understanding in a holistic way. This use of empathy and the explicit focus on the humanity of clients resemble Rogers' (1957) client-centred approach to counselling, particularly his fifth condition of therapeutic personality change: "that the therapist is experiencing an accurate, empathic understanding of the client's awareness of his own experience" (p. 243). "Empathic understanding" means to "sense the client's private world as if it were your own, but without ever losing the 'as if' quality" (Rogers, 1957, p. 243). "Being empathetic reflects an attitude of profound interest in the client's world of meanings, beliefs, values, and feelings" (Raskin et al., 2008, p. 144). Benjamin (1981) defined empathy as "feeling yourself into, or participating in, the inner world of another while remaining

yourself" (p. 49). Raskin et al. (2008) stressed that a most common stereotype of client-centred therapy is the notion that empathetic understanding involves nothing more than parroting the client's words. They pointed out that unfortunately much active listening is taught as a technique to keep the client talking and to 'show' that one is empathetic, which is

> a manipulative stance totally at odds with true client-centred work. Instead, an interaction occurs in which one person is a warm, sensitive, respectful companion in the sometimes difficult of another's emotional world. The therapist's manner of responding should be individual, natural, and unaffected. (Raskin et al., 2008, pp. 144–145)

In summary, participants' emphasis on acknowledging the clients for who they are appeared to be related to a humanistic understanding of clients in counselling. Trying to understand the adolescent's holistic story by clearing their mind and entering their client's world seemed more important as a starting point than a predefined theory. This does not mean that theories were not used but that the limitations of these theories in comparison to complex practice seemed to be acknowledged. To what extent such an acknowledgement might be useful for other counsellors, counsellor supervisors and educators is discussed in the model development section at the end of this chapter.

The difference between acting empathetically and being empathetic was viewed as an essential factor in the participants' discussions of their strategies and attitudes. They appeared to use empathy not as a technique but as an overarching attitude which then influenced their responsive interaction with their clients. Empathy was viewed as an essential element in being able to decide which intervention was most appropriate at that point in time and how to adapt. From that point of view, a comprehensive focus on empathy in practice may have provided these practitioners with a 'guideline' of how to react in complex situation. These practitioners appeared to use all their senses to grasp their clients' world and to adapt accordingly. This notion of utilising personal strengths for assessment practices is discussed in the section on the holistic and unique experience of assessment below.

The following section outlines how the participants sought to become an ally of their clients through a non-expert attitude which appears to be closely related to creating hope and entering the client's world.

Participants held a non-expert attitude in focusing on the uniqueness of each client, as expressed in "completely divesting myself of a position of expert", perceiving clients as "completely unique and special" (Bob), and approaching them in the sense of a "naïve enquirer" (Tom). All participants stated that they learn something from individual clients by being open to new experiences. The practice of being open to new experiences was very common and seemed to closely relate to clearing the mind. The main difference may be that clearing the mind is a preparatory activity whereas being open to new experiences applies to the whole session. The commonality might be that they both enabled the participants to grasp complex interrelations of multiple pieces of information, which they are required to combine to gain a holistic understanding of the client's current situation. The activity of putting their own issues aside in order to focus on the client is widely recognised (Gladding, 2009; Myers, 2000; Rogers, 1951, 1957, 1980; Wilcox-Matthew, Ottens & Minor, 1997). This practice is evident in karakia (Māori prayers and incantations as part of counselling Māori), which means opening to the divine in the sense of a naïve or unknowing stance in relation to the client (Drury, 2007). Winslade and Monk (1999) suggested that the counsellor practise with an attitude of "passionate curiosity" (p. 29). Practitioners should communicate that they do not know the world of the client but are intently curious to find out through a "spirit of naïveté" (Winslade & Monk, p. 29). Narrative counsellors ask questions "from a position of genuinely wanting to learn about the meanings of the child's world" (p. 29), rather than seeming to interrogate the client. The narrative practitioner holds an attitude of respect for the client's knowledge and presents with a "constant vigilance about imposing his or her own cultural locatedness upon the client" (Winslade & Monk, 1999, p. 30). In this way,

> the counsellor retains a curiosity and willingness to ask questions to which
> they genuinely don't know the answer (and get worried if they think they do
> know the answers to questions), and that there is no single correct direction a
> narrative conversation can take. (Milner & O'Byrne, 2004, p. 153)

These narrative practices reflect Bob's narrative framework. However, the non-expert attitude is also an essential part of client-centred counselling (Rogers, 1951, 1957, 1980), which the remaining participants seemed to have used as a predominant theory. Their practices are reflected in Milner and O'Byrne's (2004) statement that "what mattered to Rogers was not how a counsellor assesses a client but how a client assesses herself" (p. 130). Similarly, Gladding (2009) emphasised that "the goals of person-

centred counselling centre around the client as a person, not his or her problem" (p. 208), which represents a more holistic view of the client.

Participants' non-expert attitudes might have enabled them to create a holistic understanding which resonates with the client and facilitates the process of becoming an ally. Participants stated that they try to "align with the client" (Jay), to become an "ally" of the client (Tom), to "hold their hand in their uncertainty" (Bob), "being the most genuine and caring person right now" (Carl), "giving them the feeling that it is ok to talk to me" (Laura). These activities resemble the therapeutic model of assessment, which views assessment as part of the counselling process (Finn, 1996a, 1996b; 1998; Finn & Tonsager, 1997, 2002; Finn & Martin, 1997; Tharinger et al., 2007). These practices are in contrast to demarcating assessment as something separate from counselling (McLeod, 2003). The establishment of a productive working alliance after the assessment phase does not reflect the assessment practices of these participants. Their practices are aligned with the therapeutic model in which assessment activities are understood as a therapeutic intervention (Whiston, 2009). Whiston (2009) stated that the assessor's primary task is to be sensitive, attentive and responsive to clients and to foster opportunities for clients to gain information about themselves. She highlighted the importance of "establishing a relationship with the client and then working collaboratively" (p. 10) in this process. From this point of view, counsellors use client information "to 'get in their shoes' and empathically comprehend their experiences and perspectives" (Tharinger et al., 2007, p. 297).

Becoming an ally through a non-expert attitude seems to reflect the human side of counselling which may be related to Finn and Tonsager's (1997) basic human motives that are addressed in the therapeutic model of assessment. These are a) self-verification through an affirmation of the client's self concept and reality and through maintaining a stable and coherent sense of self; b) self-enhancement through creating feelings of being loved, praised and cherished by important others and thinking well of themselves; and c) self-efficacy and self-discovery through enabling clients to grow and strive creatively, to learn about themselves, and to develop more mastery over their worlds. They emphasised that "assessment – especially when conducted in a collaborative fashion – is a powerful brief intervention, because it potentially addresses all three of these basic motives in a unique way" (Finn & Tonsager, 1997, p. 382). They highlighted

accurate mirroring, empathetic attunement, and the healing power for clients of feeling understood as central features of therapeutic assessment.

Finn and Tonsager (2002) discovered their humanistic background in hindsight, which is very similar to this research project:

> looking back now, we see that our methods at this time were largely humanistic in that we emphasised showing respect for clients, reducing the power imbalance between client and assessor, and dialoguing with clients about test results – instead of insisting that test findings were 'true' in some objective sense. (p. 11)

A shift from a test-orientated to a client-centred assessment model occurred in that assessment activities were embedded in "an explicitly human science or humanistic framework" (Finn & Tonsager, 2002, p. 12). This shift seems to be evident in the participants' use of assessment tools, which was discussed in the section on eclectic and adaptable practices above. Finn and Tonsager (2002) stressed enlisting clients in setting goals for the assessment, using psychological tests as 'empathy magnifiers', sharing practitioners' reactions with clients – including what they have learned – and believing in an innate healing potential as explicit humanistic elements in therapeutic assessment. Similarly, Ackerman, Hilsenroth, Baity and Blagys (2000) emphasised that

> undeniably, the collection of information is an important facet of psychological assessments. However, when patients are treated as points on a graph, it may become easier to minimise the intimidating effects an evaluation might have on a patient's already fragile or damaged sense of self. It is through the expression of thoughts and feelings under a nurturing, therapeutic light that clinicians can best help patients come to understand themselves and their relations to the external world. (p. 103)

The following section presents participants' creating of rapport through unconditional positive regard and congruency as an overarching strategy and attitude.

Creating rapport through unconditional positive regard and congruency

Relationship building was seen as the most important task of assessment by all participants. They stated, for example, that their practice is "all about relationship", "all about building that rapport, that empathy". They said that if they are able "to cement the relationship" with the client "then the second part [of counselling] is quick". It appears that all the strategies and attitudes discussed in this chapter are interconnected. Creating hope, focusing on positives, creating a holistic understanding from the client's point of view, being empathetic, and becoming an ally through a non-expert attitude seem to have been parts of participants' strategy to build rapport with their clients. The notion of

establishing rapport as an inherent purpose of assessment and the importance of rapport for counselling processes is widely reflected in the literature (Douglas, 2008; Gladding, 2009; James & Gilliland, 2003; McLeod, 2003; Mosak & Maniacci, 2008; Okun, 1990: Raskin et al., 2008; Rogers, 1951, 1957).

Participants' emphasis on building a relationship with the client resembles Drury's (2007) first stage of the Māori approach to counselling, which is called Mihi. Participants' decision on using a particular cultural approach to build a relationship seemed dependent on their clients' ethnical background and their client's own interpretation of their background. Participants' relationships with their clients resonate with James and Gilliland's (2003) illustration of the relationship between counsellor and client as one of safety and mutual trust, and as building the essence of counselling. Concerning the person-centred relationship they state that

> since person-centred counselling is essentially a 'being' and relationship oriented approach, it is important to note that Rogerian strategies for helping people are devoid of techniques that involve doing something to or for the client. There are no steps, techniques, or tools for inducing the client to make measured progress toward some goal; instead the strategies are geared to experiential relationships. (James & Gilliland, 2003, p. 24)

The specific relevance of this relationship for the participants was reflected in their narrative and person-centred framework in relation to the ways paradigm (Cheston, 2000). Similarly, Tursi and Cochran (2006) described a person-centred framework in which they advocated for an approach that honours the Rogerian core conditions and helps practitioners to be thoughtfully integrative rather than haphazardly eclectic:

> we advocate for a person-centred relational framework, in which the ideals and methodology begun by Rogers are honoured while techniques from other therapeutic approaches may be carefully applied to offer a full range of services to a diversity of clients with wide ranging needs, wants, and tolerances. (Tursi & Cochran, 2006, p. 394)

In this framework the importance of the client–counsellor relationship is emphasised and the role of a client-centred counsellor is related to promoting a climate in which the client is free and encouraged to explore all aspects of the self (Gladding, 2009). In this framework, the role of a person-centred counsellor is connected to focusing on the uniqueness of each client, and emphasising personal warmth, empathy, acceptance, concreteness and genuineness (Gladding, 2009).

This framework seems particularly suitable for interpretation, because the participants emphasised the importance of attitudes of authenticity and congruency in their relationships to their clients. "I just try to be myself", "trustworthy", and "very authentic" (Jay); "honest" (Carl, Tom, Jay), "the most genuine person" (Carl); "to be consistent and true" to whoever you are and offering authentic support (Bob); "counselling is my second nature, I just do it without thinking too much about it" like an "automatic pilot" (Laura). These attitudes seem to reflect the humanity of the participants' practice again, which was described in the section on creating a holistic understanding above. These attitudes are evident in Rogers' (1957) third condition, relating to the therapist's genuineness in the relationship in which the therapist should be a congruent, authentic and integrated person. That means that the practitioner is "freely and deeply himself, with his actual experience accurately represented by his awareness of himself" (Rogers, 1957, p. 242). Rogers stated that "this degree of integration, of wholeness" (p. 242) is not necessary or possible to exhibit in every aspect of the practitioner's life but that "it is sufficient that he is accurately himself in this hour of this relationship, that in this basic sense he is what he actually is, in this moment of time" (p. 242). Similarly, Rasking et al. (2008) described congruence as "a state of internal wholeness and integration between the therapist's ongoing experiencing and the symbolising of that experiencing in awareness" (p. 144).

Respondents showed attitudes of unconditional positive regard. They all stated that they have a positive understanding of human beings in general and of their clients in particular. Bob understands the student issue as separate from the client and as "a gift that the young person brings to the office". Participants tried to be "accepting" (Carl, Laura, Jay), "supportive" (Tom, Jay), "non-judgemental" (Carl, Laura) and "respectful" (Tom, Jay). They described feelings of being "privileged", "honoured" (Laura) and "thankful" (Bob) towards their clients. Jay accepted their clients "for who they are", sympathised with and prioritised his clients, and enjoyed "making positive contributions to other people's lives". Laura stated that "the first priority is the kid; it's not the school, it's not the parent, it's not anybody else". These practices appear to reflect the importance of the human side of counselling to these participants. The counselling interaction does not appear to be a mere application of psychological theory but a deep and meaningful human encounter. The findings of unconditional positive regard are related to Rogers' (1957) fourth necessary condition for personality change: that the practitioner "finds himself experiencing a warm acceptance of each aspect of the clients

experience as being part of that client" (Rogers, 1957, p. 243). There are no conditions of acceptance and this means caring for the client (Rogers, 1957). Unconditional positive regard refers to a warm appreciation and prizing of the client. Raskin et al. (2008) stated that unconditional positive regard "means the therapist accepts the client's thoughts, feelings, wishes, intentions, theories, and attributions about causality as unique, human, and appropriate to the present experience" (p. 144).

Rogers' (1957) conditions are intertwined in that empathetic understanding results in a deeper appreciation of the client. For Raskin et al. (2008), "this quality of warm acceptance and regard is often perceived by the client through the therapist's consistent attempts to understand whatever the client expresses without suggestions, advice, argument, challenge, or disapproval" (p. 144).

These practice attitudes may help the client to take away from the interview that the practitioner may be trusted and that the client is respected (Benjamin, 1981). These attitudes may create an atmosphere which is "determined most by the interest we take in what the interviewee is saying and by the understanding we show of him, his feelings, and his attitudes" (Benjamin, 1981, p. 5). This atmosphere may be communicated by the practitioner's non-verbal clues, facial expressions, and tone of voice. "For better or worse, we are exposed to the interviewee; and nearly everything we do or leave undone is noted and weighted. And so we come back to ourselves" (Benjamin, 1981, p. 6). Benjamin (1981) argued that the more practitioners know themselves the better they can understand, evaluate and control their behaviour, and the better they can understand and appreciate the behaviour of others. The benefits are outlined as twofold: as long as practitioners continue to examine, discover and explore it is possible for them to change and grow; and because the practitioners are at ease with themselves there will be less of a tendency for internal conflicts to get in the way of the understanding another self during the interview.

> Such an attitude will help the interviewee to trust us. He will know who we are, for we, having accepted what we are, shall feel no need to hide behind a mask. He will sense that we are not hiding, and as a consequence he will hide less. (Benjamin, 1981, p. 6)

Conclusion

All of these strategies and attitudes appear to be closely related with Cheston's (2000) ways paradigm. They seem to have provided the participants with a way of being, a way

of understanding and away of intervening. Consequently, Cheston's (2000) ways paradigm might provide a theoretical framework for conceptualising the participants' systematic eclectic practice which supported participants in dealing with complexity.

Additionally, participants appeared to have utilised the human side of counselling in their strategies and attitudes. This practice is evident in the narrative theory (Winslade & Monk, 1999), the therapeutic model of assessment (Finn, 1996a; 1996b, 1998; Finn & Tonsager, 1997, 2002; Finn & Martin, 1997; Tharinger et al., 2007), and the necessary but sufficient attitudes of the client-centred approach to counselling (James & Gilliland, 2003; McLeod, 2003; Milner & O'Byrne, 2004; Raskin et al., 2008; Rogers, 1951, 1957, 1980). Raskin et al. (2008) description seems to summarise the participants' attitudes:

> the therapist respects clients, allowing them to proceed in whatever way is comfortable for them, listening without prejudice and without a private agenda. The therapist is open to either positive or negative feelings, to either speech or silence. … There is a willingness to stay with the client in moments of confusion and despair. There is an assumption that reassurance and easy answers are not helpful and show a lack of respect for the client. (p. 159)

It has been argued in this section that a humanistic framework may provide certain guidelines of when and how to integrate other counselling techniques. Finn and Tonsager (2002) came to a similar conclusion:

> in closing we are pleased and bemused to report that by searching for ways to conduct psychological assessments in ways that are helpful to clients, we ended up with practices and principles that are clearly humanistic. This provides fresh validation for the principles of humanistic psychology and speaks to common truths that may be discovered by any open-minded clinician through deeply listening to clients. (Finn & Tonsager, 2002, p. 18)

In addition, the discussed humanistic strategies and attitudes reflect the human side of counselling. These participants were not counselling technicians who merely applied a set or different sets of counselling techniques that are grounded in psychological theory but they emphasised "the humanness of counselling" (Gladding, 2009, p. 340).

> Concepts such as performance, intelligence, learning ability, fatigue, and sense perception, which lend themselves to objective description, measurement, and replication and which appear to be relatively independent of whether the observer is concerned with a robot, a living but mindless organism, or a human person with feelings and emotions, have become the preferred objects of study by many psychologists (and, indeed, some psychiatrists). (Clare, 1980, p. 80)

These assessment practices are in line with Gladding (2009) who emphasised that there is "no formula for beginning the session" and that the initial interview "is as much an art as a science, and every counsellor must work out a style, based on experience, stimulation, and reflection" (p. 138). One way of starting the interview is to make the client feel comfortable (Cormier & Hackney, 2008). It has been recommended that counsellors set aside their own agendas and focus on the person of the client, including listening to the client's story and presenting issue (Gladding, 2009; Myers, 2000; Wilcox-Matthew et al., 1997). During this process, a genuine interest in and accepting of a client, which is described as rapport, empathy and attentiveness, is considered to be important (Gladding, 2009).

The participants appeared to have interacted with their clients from this humanistic point of view and to have additionally used their 'main theoretical flavour' and various counselling key concepts and techniques in order to adapt to the unique situations of their individual clients. It is hypothesised that the participants went through a process of merging personal and professional elements which could be described as theory integration. This process enabled them to interact as the human being they are and use distinctively human qualities in their counselling and assessment practice, which in turn further enabled them to deal with complexity. This process of merging is discussed in the following section.

Merging of personal and professional elements

In this section, the process of merging personal and professional elements is discussed in relation to the participants' professional development, the development of a sixth sense for counselling practices, and their becoming a school counsellor. The notion of theory integration provides a framework to understand each participant's holistic and unique experience of assessment. It reflects a process in which the individual and professional elements of assessment practices merge over time. The individual background level merges with the counselling and assessment influences on the experiences of assessment and provides the basis for the experience of assessment.

Professional development

All participants have continued to develop their counselling practice since the completion of their formal training. This development has included a process of

merging personal and professional elements which could be described as theory integration.

Bob transformed his initial eclectic approach into a narrative and technical-elective orientation which fitted his personal philosophy and is "consistent and true" to who he is. He accomplished this development through experience, training, reading relevant literature, self-reflection, emerging in different approaches, and constant dialogue with other practitioners. Furthermore, he highlighted that he had a clear view on what it means to be a person and what has made him the way that he is. He was not fixed in any sense but able to explore and develop other experiences that add to the person he is.

Carl identified his "own personal style" after an exposure to all main modalities by reminding himself of who he was. He developed his questioning abilities, accepting attitude, his ability to tap more quickly into resources and feelings, and his ability to integrate the body language of both his client and himself into his counselling and assessment activities.

Laura extended her education in Rogerian, CBT and narrative approaches by integrating her personal ability of building rapport with young people, which she developed through her long involvement in working with young people. She pointed out that she realised that school counselling clicked for her and was within her niche.

Tom refined his ability to use multiple models with each client by acknowledging more and more the uniqueness of his clients and evolving his internal dialogue from a destructive to a supportive and productive one. He integrated his positive outlook into practice which enabled him to get to the core of the issue quicker. He emphasised that he has "learned to use that tool [internal dialogue] and develop that tool personally and professionally" and points out that these inner voices are almost always present. He developed a security in his own knowledge and "wisdom" for his practice through self-reflection, further education and practice experience.

Jay stressed that his counselling approach became eclectic with a focus on the unique client situation and acknowledgement of social systems. He always focuses on the relationship with the client and became even more accepting and less directive, and focused more on the process instead of outcome. He asked fewer questions and

integrated his 'internal shadow'[34] into his counselling practice. The internal shadow enabled him to reflect on his reactions to the client before deciding on a way of dealing with this reaction.

It appears that the participants have modified their initial counselling approach in accordance with what the client needs and the personal and professional abilities each participant possessed to meet these needs. These developments are in line with Corsini's (2008) observation in regards to the development of one's own personal style in counselling. He suggested that

> initially, the neophyte therapist is best served by operating as strictly as possible within the limits of a given system, with close supervision by a skilled practitioner of that system. Later, with experience, one can begin to develop one's own individual style of therapy. (p. 10)

The merging of personal and professional elements might have led to a deep intertwining of the professional and personal identity, which is evident in Strupp's (1989) statement that "just as the choice of a career is deeply embedded in one's personality, so is one's theoretical orientation" (p. 110). The notion of the gradually merging professional and personal elements over time is in line with Milner and O'Byrne (2004), who related two types of eclecticism to different stages in the professional development of counsellors. The unsystematic adoption of counselling techniques without coherent rationale and the systematic use of one theory while borrowing other techniques

> reflect different stages of personal development on a trajectory that is impelled by the need to do something different when stuck, or respond to a newly emerging set of problems, or to 'touch base' after exposure to newer thinking in order to confirm an original theoretical perspective. (p. 175)

The identification of an individualised counselling approach resembles Gilbert et al.'s (1989) observation that "many clients and professionals have expressed the view that the success of a therapy depends on finding the right person (i.e. therapist) as much as in finding the right school of therapy" (p. 12). Equally, Street (1989) described his own development as a psychotherapist as deeply connected to his personal life. He stated that

> there was the move from the general eclecticism of my professional training to the Rogerian based adult individual therapy; from there was a move into family therapy based on structural/strategic formulations and then a move towards experiential and historical explanations and approaches. Each move has left its mark and each element is hopefully integrated into some whole. I

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[34] Jay developed his 'internal shadow' during his practice years, which reacts to important information but its reaction is not recognisable for the client.

am aware that each of these changes also marked important transitions in my
personal life. (p. 142)

Street (1989) stressed that there can be no sense of an end point on a journey such as
becoming a psychotherapist and concluded that "every moment is just a point on a path
and also a whole path at that moment" (p. 146), which further supports the notion of
merging personal and professional elements of individual counsellors.

The participants may be described as counselling experts because they have been
practising for several years: Bob had worked for eight years, Carl for ten, Laura for two
– but she stresses that she had "always worked in schools" and "being in the business of
being" – Tom for 14 years, and Jay had worked as a full-time counsellor for seven years
and as an "incidental" counsellor for another seven years before that. It seems that the
relatively large amount of practice experiences might have supported the process of
developing an individualised counselling approach. Laura's working experiences in
schools may have enabled her to develop her ability to build rapport with adolescents
which later became an essential part of her individual approach to counselling. The deep
intertwining of personal and professional elements is evident in Benbenishty's (1992)
argument that there are various reasons to believe that there are discrepancies between
what experts say about their practice and what actually happens:

> these discrepancies are due to factors such as the inaccessibility to the expert
> of his or her own thought processes to awareness and the difficulties in
> intelligible expressing complex thought processes of which one is only partly
> aware. (p. 600)

This notion might reflect that participants' personal and professional identities were
intertwined to the extent that how they interacted with a client in assessment activities
became part of their natural behaviour. This process was termed 'becoming a school
counsellor' which is discussed in more detail at the end of this section.

Trying to understand counselling purely from a cognitive perspective, i.e. that it consists
only of different decision-making processes (Eatwell & Wilson, 2007; Hillebrand &
Claiborn, 1990; O'Byrne & Goodyear, 1997), seems incomplete in the light of the
results of this research project. Participants' focus on the human elements of counselling
appears to contradict this perspective. Skovholt et al.'s (1997) argued that counselling
practice involves more than cognitive activity and includes a "cognitive, relational, and
emotional component" (p. 363). It may be concluded that the participants' elements of

knowledge become more interconnected with experience, as described by O'Byrne and Goodyear (1997), and that they also merge with personal aspects of each individual practitioner. This is supported by Strupp and Anderson's (1997) observation that "the reason that some 'master therapists' have had difficulty teaching their strategies to others may be due to the fact that their techniques are intertwined with their very being" (p. 78).

In summary, the process of merging personal and professional elements, which could be described as theory integration, is reflected by the participants finding their own personal and individualised approach to counselling by matching theoretical key concepts with their own individual background and practice experiences. This relates again to a humanistic element in counselling which seems to have played an important part in developing participants' individualised approaches. The human element in counselling appears to be an essential theme in this research in general and in the experience of assessment in particular. The deep intertwining of personal and professional elements is also witnessed in these participants' integration of intuition and a sixth sense into their practice which is described in the following section.

Development of intuition and a sixth sense

All participants developed some form of intuition and sixth sense during their practice. The former was variously described as "intuition" (Bob, Jay), "ordinary intuition" (Laura), a "hunch" (Bob, Laura), "intuitively guessing" (Carl), and "women's intuition" (Tom). The notion of a 'sixth sense' might be more closely related to assessment activities and was expressed as "a radar", "another level of alertness" (Carl), "sixth sense" (Jay, Tom), "reading body language and acknowledging that", "reading people but it's more than that" (Tom), "tracking the client" (Bob) and a " gut feeling" (Laura). The practice of utilising intuition for psychological practice is evident in Feltham's (2006b) description of an assessment session in which the therapist should rely more on clinical experience, impressions, and intuition than objective criteria as a useful alternative to a full, formal, written assessment. The intuition referred to by participants is echoed in Bayne et al.'s (2008) understanding of intuition as "insights without deliberate effort of thought" (p. 110). The participants' way of using intuition resembles Bruner's (1961) understanding of it as an "intellectual technique of arriving at plausible but tentative formulations without going through the analytic steps by which such formulations would be found to be valid or invalid conclusions" (p. 13).

The use of intuition for the formulation of tentative hypotheses is in line with Hammond's (1996) illustration of "two forms of cognition – analysis and intuition" (p. 60). Analysis "signifies a step-by-step, conscious, logically defensible process" whereas intuition is defined as "a cognitive process which somehow produces an answer, solution, or idea without the use of a conscious, logically defensible, step-by-step process" (Hammond, 1996, p. 60). Participants' use of intuition is closely related to Hammond's (1996) idea of employing intuition in order "to cope with uncertainty" (p. 84). From this point of view, participants viewed their intuition positively, which resonates with Hammond (1996) who suggested "seeing it as an unmitigated cognitive asset that allows the enormous benefit of unconscious 'leaps' to new discoveries" (p. 85). The development of intuition for counselling practice is evident in Bayne et al.'s (2008) suggestion that "counsellors need to analyse their interventions and therapeutic strategies as well as develop their intuition: to treat their intuition as meaningful, but to check them out" (p. 110).

The participants' notion of a sixth sense in assessment activities is closely related to the German psychologist Egon Brunswik's (1955) lens model, which presents an uncertain world with many fallible indicators and organisms that can be integrated without awareness into a judgement that shows remarkable accuracy (Hammond, 1996). The participants' use of a sixth sense in assessment is also related to Brookfield's (2008) notion of scanning, gathering and critical appraisal as three interrelated skills at the heart of clinical reasoning (Brookfield, 2008), as well as to Reik's (1975) notion of listening with the "third ear" (p. 144). Reik wrote about one mind speaking to another beyond words and in silence from a psychoanalytic point of view. "The 'instincts' which indicate, point out, hint at and allude, warn and convey, are sometimes more intelligent than our conscious 'intelligence'" (Reik, 1975, p. 144). A sixth sense can be used to hear "what is expressed almost noiselessly, what is said pianissimo" (Reik, 1975, p. 145). Reik (1975) stressed that the impressions which are picked up by the 'third ear' concern "little peculiarities, scarcely noticed movements, intonations, and glances that might otherwise have escaped conscious observations because they were inconspicuous parts of the person's behaviour" (p. 148). As a consequence, a sixth sense can be extremely powerful in identifying clues which are hard to recognise with analytic cognition. Reik (1975) suggested that "young analysts should be encouraged to rely on a series of most delicate communications when they collect their impressions; to extend their feelers, to seize the secret message that go from one unconscious to another" (p.

144). These unconscious feelers can be used to identify important clues to the internal world of the clients and reduce the risk "that these seemingly insignificant signs will be missed, neglected, brushed aside" (Reik, 1975, p. 145). In other words, the practitioner "who hopes to recognise the secret meaning of this almost imperceptible, imponderable language has to sharpen his sensitiveness to it, to increase his readiness to receive it" (Reik, 1975, p. 147).

In summary, the participants seemed to have developed both intuition and a sixth sense in their own practice over the years. Intuition may have been used to deal with especially large amounts of information and for making sense out of this information, while a sixth sense might be more closely related to the experience of assessment in the sense of it being like a "radar". Intuition and a sixth sense are viewed as cooperating in certain situations. This cooperation is related to Reik's (1975) observation that intuition can be used to recognise meanings which might have passed without recognition in relation to peculiarities of voice and of glancing, which "often reveal something that was hidden behind the words and the sentences we hear" and "convey a meaning we would never have guessed" (p. 149). This illustrates how a sixth sense might identify a piece of information which intuition then integrates into the holistic picture of the client's situation. The notion of becoming a school counsellor was seen as a further step in the process of merging personal and professional aspects, in which these two kinds of aspects became one and can no longer be separated.

Becoming a school counsellor

The process of merging personal and professional elements, developing an individualised counselling approach, and utilising intuition for their practice seems to have led to a progression of 'becoming a school counsellor' as opposed to 'working as a school counsellor'. The participants appeared to have merged these elements to the extent that they became inseparable, which seemed to have led to several essential key concepts and views being present in professional and personal life.

Bob was living the performative function of language instead of merely using it in his counselling practice: "I am constantly creating myself and kids can do the same", clearing the mind in his personal and professional life when he cannot sleep at night: "I empty my mind … then I can go back to sleep and the same way I do in my

counselling". He used his coping strategy of screwing his work related thoughts "into a ball and throw them out of the [car] window" in his personal and professional life.

Carl's 'school counsellor being' was reflected in his problem-solving technique of sleeping on difficult student issues and interpreting his dreams. He would "brainstorm" and "throw down ideas and then look at my thoughts", a process he used for his own personal problems as well. He reminded himself of who he was during difficult situations in his practice. Carl merged personal and professional elements to the extent that he relied on his internal reaction to complex information in the sense of "I worry, that would be my concern[35]".

Laura described her counselling practice as "second nature": "you just do it without thinking too much about it". It was like being on "automatic pilot" when she asked the right questions without consciously thinking about it. Laura stated that she brings her character into the counselling process and that the automatic pilot is a "subconscious thing".

Tom stressed that his personal life is an important part of his counselling practice because "we always go back to personal stuff when we are working with clients". He pointed out that "the more experienced you are the more innate stuff happens". Similarly, Tom pointed out that he does not consciously reflect on which theoretical approach he might use but that "it just happens and it happened as a consequence of what's happened in my life … it's an evolution, and it's part of me, it's who I am". Tom developed his internal voice as a "tool I use in my own personal life as well as my therapeutic life". He stated that his internal voice has evolved and matured in the same way as he has. He described this process as "a natural process as what one might call wisdom". He highlighted that he is now much more "in tune" with himself.

Jay stressed "I just try to be myself" and "very authentic as a counsellor". He pointed out that he focuses on something he personally enjoys, such as his favourite soccer team, in-between clients if there had been a very emotional session in order to be able to focus on the next client and "to bring the house in order mentally". Jay stated that he is

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[35] Carl described a process in which he starts to worry about a particular client situation but is directly able to understand the cause of the worrying. However, the fact that he is worried is reason enough for him to gather further information about this situation in order to exclude the option of danger or harm for the client. Hence, when he starts to worry about a client on some level he becomes concerned.

"never out of role as a counsellor" and that he picks up "things" in non-counselling-related areas that might be useful for his counselling practice. He pointed out that sometimes while he is playing golf he thinks "this will be a good thing to do with person X" or finds himself thinking "I wonder what this person is doing" at four o'clock in the morning.

This degree of merging and integration is evident in how Thorne (1989) described himself becoming a psychotherapist, referring to "the way in which I have somehow incorporated therapy into the overall understanding and conduct of my life" (p. 67). Thorne (1989) described Lyward's, Shertzer's and Rogers' therapies as "an extension of their personalities or an expression of the values which permeated their lives" (p. 67). Furthermore, Street (1989) highlighted the need "for all professionals-in-training to be given some type of individual assistance integrating all the different theories and strategies into a whole that fits for them as a professional self" (p. 145). Fransella (1989) pointed out that psychotherapy students are constantly in therapy themselves while they are progressing in their courses. She argued that students have to work on themselves while clients or theories are discussed or skills are practised and that this is particularly the case in supervision. "No discussion of a client can take place without a detailed analysis of the student's construing of their interaction with that client" (Fransella, 1989, p. 133). Gilbert et al. (1989) pointed out that the orientation of a practitioner reflects complex personal construct systems and ways of appraising life in general. They referred to personal philosophy and argued that if a practitioner evaluates life as an essentially meaningful spiritual process then the orientation to practice is going to be different from those who regard life as rather meaningless, apart from the positive reinforcers one can control.

The deep intertwining of personal and professional identities and the notion of becoming a counsellor is further supported by Okun's (1990) observation that theories of human behaviour and psychotherapy reflect practitioners' personal temperament, character, values, attitudes and beliefs. He stressed that practitioners construct theories that serve as explanations for their experiences and that "since their experiences have been filtered through their own lenses, their theories cannot be separated from their personal values and beliefs, which, in turn, have been shaped by their sociocultural context" (Okun, 1990, p. 2). Corsini (2008) proposed that a practitioner "needs to know as many different theories and systems as possible, from which one can develop a

personal theory, a personal system, and an integrated approach" (p. 10). He argued that Freud's approach to psychotherapy "fits exactly his manifest personality" (p. 13); that "Rogers, whether in his social life, as a teacher, or as a therapist, was exactly the same" (p. 13); and that there is no question about the congruence of Moreno's unique personality and his methodology. Corsini (2008) emphasised in regards to Moreno that "again, the system and the man were identical" (p. 13). Corsini (2008) emphasised that for each practitioner, "the best theory and methodology to use must be one's own" (p. 13) and that "truly successful therapists adopt or develop a theory and methodology congruent with their own personality" (p. 13). He proposed that the practitioner should determine which school of therapy seems most sensible, and attempt to identify a theory that fits with his or her personal philosophy, one whose theoretical underpinnings seem most valid, and "one with a method of operation that appears most appealing in use" (Corsini, 2008, p. 13).

The deep intertwining of personal and professional identities is evident in the concepts of transference and counter transference which, according to Douglas (2008), do not view therapy as being done by one person to another but rather emphasise that "the therapist needs to be affected before transformation can occur in the patient" (p. 121). In these processes the influence of the patient's unconscious on the analyst becomes very important and "the therapists' own analysis and continued self-examination are essential if the therapist is going to maintain a beneficial role" (Douglas, 2008, p. 121). As a consequence, "the therapist's character, training, development, and individuation are crucial to the healing process" (Douglas, 2008, p. 120). Barton (1974) emphasised that "the therapist's individual style, temperament, background of lived-values, and specific cultural modes of expression all participate in, and shape the space of, the therapeutic interaction" (p. 253). Barton (1974) investigated the interrelation of Freud's, Jung's and Rogers' lifeworlds and their individual approach to psychotherapy from the following view point:

> every psychological counsellor, psychiatrist, or psychotherapist has his
> own somewhat involved story as to how he developed his professional
> interest, how he moved toward a psychological perspective in order to
> fulfil himself and to answer questions and problems that had become real
> to him. (Barton, 1974, p. 6)

Similarly, James and Gilliland (2003) stated that it is important to consider the vast variety of theoretical approaches in the way they "fit" (p. 9) each practitioner and what

they may represent for particular clients under particular conditions. Chaplin (1989) wrote on the process of becoming a psychotherapist that

> we are the products of our times and of our personal histories. There are no absolute 'true' theories of psychotherapy approaches. We need to have the courage to travel our *own* journeys, not those of Freud, Jung, or anyone else. We need to find our *own* 'truths'. (p. 188)

Summary

In this section three aspects of merging personal and professional elements were described and discussed. The first aspect was professional development in the sense of each participant identifying his or her own individualised approach to counselling that best fitted with their unique background. The second aspect was the development of intuition and a sixth sense for their counselling and assessment practices. The third aspect was the process of becoming a school counsellor in which personal and professional elements were merged to a degree such that they could no longer be separated. The main point of this section is that the participants appear to have interacted with their clients as unique individual human beings who have integrated personally fitting key concepts of counselling theory. This view is in contrast to a perception of counsellors as technicians who apply objective counselling theories in a prescriptive format through the use of therapy manuals. As a consequence, the humanness of counselling seemed to play an essential part in these participants' experiences of assessment. Their holistic and unique experiences of assessment are interpreted and discussed in the following section.

Holistic and unique experiences of assessment

This section contains an interpretation and discussion of the participants' holistic and unique experiences of assessment. The deep intertwining of personal and professional identities in the process of becoming a school counsellor seem to be important notions in understanding each participant's holistic and unique experience of assessment. The essence of each participant's experience of assessment was presented as a combination of their individual background and the counselling and assessment influences on their experience which interacted within their individual theatres of experiences. The theatre of experiences was conceptualised as a hub of these influences on the experience of assessment, with individual content and processes. The theatre of experiences, the

content, and the processes were unique for each participant and intertwined to the extent that it was not possible to present each part separately.

Bob's theatre of experiences was filled with the state of Zen mindfulness. Preconceptions, preoccupations and thoughts were pushed into the back of his mind and shielded by an inner voice which reminded him to focus on the client as soon as something was distracting him. Additionally, his intuition and sixth sense played an important role in his framework, which supported him in his assessment practice. In this theatre, Bob interacted out of his self-reflective, self-aware, curious and sensitive individual background, which was based on his personal and professional core values of justice, mercy and humility.

Carl's theatre of experiences involved of a radar, and a mirror/screen. The mirror/screen enabled him to explore different points of view and piece together the puzzle of the client's situation. Processes of weighing up and balancing the various aspects of assessment and constantly switching points of view were present. Carl used the metaphor of a radar which he used to gather subliminal information and the active use of his own reaction to his clients on a conscious and unconscious level. The radar was working all the time, and he sent out waves like a bat which he then translated into messages and feelings. The crystallisation of a unified understanding of the client's current understanding and the most appropriate way of supporting the client on the mirror/screen during the process of switching points of view and weighing up were central.

Laura's theatre of experiences involved the numerous compartments in her mind which she filled with clustered information. She used an internal dialogue and two kinds of intuition during this process. The most essential processes were filling those compartments, interrelating the information of the compartments, wondering about the usefulness of information in the compartments, and making decisions about keeping or deleting specific information in her mind until a holistic picture emerged. Laura used the metaphor of Pacman to describe the process of wondering and deleting compartments. This Pacman 'walked' through her head in the process of wondering and deleted unneeded bits of information while connecting other ones. Intuition could steer this Pacman in her head in the sense of illuminating connections of certain parts of

information and pointing out missing pieces of information for a tentative holistic understanding of the client's situation.

Tom's theatre of experiences contained his gut, head and heart which were deeply intertwined elements of his entire being and connected through a chatterbox. The chatterbox was located in his head and worked "between gut, heart and head". The gut incorporates his intuition and sixth sense. The chatterbox could take on the different roles of an ally, bullshit detector, coach, challenger, reinforcer, cheerleader and mentor, which covered "all the eventualities". Tom's chatterbox was located in his head and received information from his gut and his heart. His inner voice helped him "to filter some of the heart stuff that comes through". Tom could not isolate any of these elements because they are all connected.

Jay's theatre of experiences consisted of a cleared space for the client, an internal shadow, an internal dialogue, intuition, and his reaction to the client. Additionally, student issues, ideas and individual counselling approaches, which he used to adapt to each client, were "sort of floating around" in his mind. "It is fairly flexible, it is not a blueprint of what I do every time, it is more flowing". While Jay put his "feelers out into all the areas", he utilised his intuition and sixth sense for his practice in "picking up something on a different level" while aligning with the client in order "to understand what happens between the two of us".

The concept of theatre of experiences was developed by the researcher as a hub of influences where the participants' deeply intertwined personal and professional elements interact with each other, a unique client, and environmental influences. This conceptualisation relates to a certain extent to the meta-models of decision-making of Smith et al. (2008) in that personal values and beliefs, education and practice experience are integral in professional practice. Smith et al. (2008) stated that attributes of decision-makers, such as their capabilities, confidence, self-efficacy, emotions, frames of reference, and degree of expertise influence decision-making. They reported the following frames of references that guided physiotherapists' decision-making:

- a multidimensional professional knowledge base;
- a conceptual framework;
- individual practice models; and
- personal frames of reference that included their values, beliefs and attitudes. (p. 94)

The difference between the theatre of experiences and Smith et al.'s (2008) model is the conceptualisation of the theatre of experiences as the hub in which these major influences interact. This conceptualisation and its explicit outline of influences and interactions might be beneficial for reflective purposes for counsellors, supervisors and counsellor educators, and this is covered in the conclusion chapter.

The findings on the theatre of experiences are evident in Bandura's (1986, 1992, 1997) social cognitive theory in relation to counselling research because of its emphasis on the individual counsellor. From this point of view, counselling can be seen as an irreducible social process which takes place as soon as we enlist others in concrete situations (Brookfield, 2008). However, this process becomes highly complex by introducing two independent meaning-making systems of counsellor and client. Current research on counselling practice does not account for this complexity, which is expressed in efforts to integrate science and practice by focusing on empirically validated treatments (EVTs) or empirically supported treatments (ESTs) and their manuals. "These methods employ the results of randomised clinical trials, comparing treatment and control group to specify the most efficacious treatments for particular problems or diagnoses" (Meier, 2003, p. 162). Nevertheless, Meier (2003) stressed that

> ESTs tend to ignore important aspects of clinical culture and situations. ESTs apply to general diagnostic categories, use specific therapeutic techniques, and emphasise adherence to a treatment manual; in contrast, clinicians in most practice settings tend to focus on an individual client and the therapeutic relationship, while valuing treatment flexibility. (Meier, 2003, p. 163)

In a similar vein, Barton (1974) emphasised that

> the attitude that everything is fixable, changeable, manipulateable, calculable, and handleable and that it is necessary to reduce 'nature' to the size of the grasping consciousness and technology has led in modern times to an enormous variety of specialisations between and within fields. This reduction of a complex life-field to the technical grasping consciousness always means a reduction and focusing of consciousness on only a few aspects of reality. Such reductions are manifest within psychotherapy, in which each traditional orientation focuses on a special aspect of reality, constitutes a specialised consciousness, overlooks much of the life-world, and does so in principle. (p. 247)

From that point of view "each theory selects rather arbitrary from the richness of the life-world" and hence merely provides "a set of spectacles, a template for viewing reality" (Barton, 1974, p. 249). The differences between the richness of the lifeworld and the simplicity of theories are emphasised by Reik (1975) when he states that

the narrowness and specialisation of these traditional theories make them radically unable to comprehend the dialectics of psychotherapy. They can adequately describe neither the common values lived in the therapy nor, indeed, the concrete particularities of the therapist and patient. (p. 255)

Reik (1975) pointed out that an orientation towards the lifeworld has begun in client-centred and existential-phenomenological practice and this is supported by this project's findings that emphasise the holistic and unique nature of the experience of assessment. Additionally, these findings reflect Skovolt, Ronnestad and Jennings' (1997) observation that a translation of a purely cognitive based literature on counselling and psychotherapy practice seems problematic because "it is incomplete" (Skovolt et al., 1997, p. 362). They stressed that "expertise in counselling, therapy, and professional psychology is much, much more than a cognitive dimension" (p. 362) and suggested going "beyond the cognitive realm" (p. 361) because an ability to establish a working alliance, which seems crucial in counselling, includes "cognitive, relational, and emotional components" (p. 363). As a consequence, the experience of assessment does not reflect a mere cognitive function that can be explored through decision-making research alone. The influences on each participant's theatre of experiences of assessment are multifaceted and deeply intertwined with personal elements of the practitioner. These personal influences appear to become an essential part of the counselling equation as soon as counselling theory is applied by a human being. This seems to be related to the theory-practice dilemma of counselling.

Meier (2003) stressed that attempts to bridge science and practice have a long history but have failed or at least have failed to meet expectations for the following reasons:

a) scientists and practitioners have different purposes;

b) students are usually more interested in techniques than research publications;

c) evaluation efforts are related to more workload for clinicians and include a potential for critical feedback; "scientific methods have been perceived as having little to offer clinicians except negative consequences" (p. viii); and

d) scientific methods and clinical practice are taught in different courses and rarely integrated.

He suggested incorporating a scientific method into clinical practice by integrating conceptualisation, assessment and analysis of intervention effects into the clinical process in order to improve clinical outcome based on four basic themes:

1) Every client is unique and the therapy needs to be tailored accordingly.
2) An emphasis of assessment data into the intervention process.
3) A structured feedback is critical to learning about one's own practice successes and failures.
4) A focus on the scientific method which is trans-theoretical and can potentially be applied by practitioners of any school of counselling.

These suggestions were echoed by this project's findings and the conceptualisation of the theatre of experiences might be helpful in addressing this gap with current practitioners. Meier (2003) proposed a flexible feedback loop as a way of integration which consists of

> a conceptualisation and corresponding selection of clinical measures for a specific client that leads to a selected intervention (or interventions) whose effects are examined empirically, with those results then fed back to the clinician (and perhaps, the client) so that the intervention (and perhaps, the conceptualisation and assessment) can be reconsidered and adapted if necessary. (p. 2)

The objective side of counselling, which stand in contrast to these findings, is reflected in the managed-care systems. Davis and Meier (2001) pointed out that managed-care companies "have demonstrated little concern about the welfare of clients or counsellors" but "have typically reduced costs not through increased efficiency, but by simply reducing mental health services to clients and cutting funding to service providers" (Davis & Meier, p. viii). They argued that the effect of managed care on counselling and psychotherapy has been to shorten the number of sessions delivered, constrain costs, and move practice towards cognitive behavioural orientations and techniques. No current evidence indicates that managed-care has improved outcomes (Davis & Meier, 2001). However, "one overall effect of many of the rules, procedures, and processes of managed mental health care is to discourage the use of counselling services" (p. 34). They stated that clients must deal with delays, less choices, limits of the number of sessions, and higher costs for the service whereas counsellors have to cope with restricted provider panels, extensive application contracts, intrusive reviews, delayed payments, and greater expenses and effort in relation to administrative work.

Davis and Meier (2001) stressed that the content of the first counselling sessions is influenced by managed-care by shifting the focus from clients' concerns to gathering the necessary data for an utilisation review. Each company requires different

information but some categories are more common than others. "The medical model prevails, so difficulties such as existential anxiety, feeling stuck, loneliness, or career indecisions may not be accepted" (Davis & Meier, 2001, p. 37). They argued that as a consequence, counsellors are forced to describe client difficulties in DSM-IV-TR terms. A further difficulty arises from the limitation of number of sessions available for the client. Davis and Meier (2001) stated that "even within a brief therapy model, the average number of sessions recommended for a satisfactory outcome may be greater than the number allocated by some managed-care companies" (p. 45). They concluded that "with the constraints introduced by managed-care, counsellors often have less time to gather information, establish rapport, and intervene in a therapeutic manner" (p. 53). It has also been argued that "the obsession of many therapists with efficiency, their emphasis on speeding up the therapeutic process, and their desire to achieve results quickly may have some significant disadvantages, even undesirable results for clients" (Patterson & Watkins, 1996, p. 215).

These developments are rather surprising because the importance of the human dimension of counselling is not a new discovery. Street observed in 1989 that "how a therapist thinks, acts, and feels will be a mixture of the past and the present; there is beauty in the way that the historical processes of our lives interplay with the here and now experience" (pp. 145–146). Similarly, Milner and O'Byrne (2004) pointed out that "there is therefore consistent evidence that the Rogerian concept of the therapeutic relationship is the single most important factor in effective counselling" (p. 177). Benjamin (1981) stressed that "above and beyond every other consideration, the interviewer ought to behave as a human being in the interview, exposing as much of his humanness as possible" (p. 53). Benjamin (1981) elaborated that the counsellor

> should behave neither like a puppet nor like a technician. He should cast aside any mask, facade, or other 'professional equipment' that creates barriers between the interviewee and himself. He should bring himself into the helping interview in so open a manner that the interviewee may easily find him and through him come closer to himself and others. (p. 53)

In addition, Benjamin (1981) stressed that counsellors must be sincere, genuine, congruent and most importantly "not act so, but be so" (p. 54). Benjamin (1981) argued that "being human in the helping interview refers to – beyond what has been said about respect, interest, listening, understanding, acceptance, genuine liking, and empathy – that something about our own behaviour which gives substance to those very attitudes" (pp. 53–54) because "as long as the interviewee entertains any doubts about us as

human beings, he will not allow himself to trust us" (p. 54). Benjamin (1981) stated that is it unlikely to reach perfection in interviewing but "I am firmly convinced that we can approach the humanness that constitutes its essence" (Benjamin, 1981, p. 54). Equally, Strupp (1989) highlighted the human dimension when he described the essence of psychotherapy as

> the special use of a relationship for the purpose of helping a fellow human being come to terms with the troublesome consequences of a traumatic past and the maladaptive learnings deriving from it. It means to become a companion to a fellow human being over a more or less extended period of time and to assist that person in extricating himself or herself from the painful and self-defeating hangovers attributable to earlier learnings. (pp. 113–114)

In summary, the literature seems to reflect a tendency in which the human dimension loses its centrality in counselling and assessment practices. However, this research's concept of theatre of experiences and the centrality of the humanness of counselling in making sense of the holistic and unique experiences of assessment may be useful to bridging the theory-practice gap in counselling by reintroducing the human element and the complexity of assessment reality into the counselling equation. More specifically, the importance of personal factors, the merging of personal and professional elements over time, the theatre of experiences, and the individual influences on the experience of assessment provide information on the application of assessment theory in real-life practice. Although these findings may not be generalisable, they might be useful for reflective purposes for counsellors, counsellor educators and supervisors. Reflective models will be discussed in the model development section at the end of this chapter.

Viewing these findings through the lens of complexity sciences might provide further insights on bridging the theory-practice gap in counselling through an explicit acknowledgement of real-life-assessment complexity. The experiences of assessment and their relationship to the complexity sciences will be discussed in the following section.

Complexity sciences and the experience of assessment

This section discusses the use of complexity sciences as a lens for understanding the experiences of assessment. The first part outlines the rationale for including the complexity sciences, while the second part discusses their relations to counselling and assessment.

Participants described their practice as complex in relation to contextual factors and multifactorial influences. Eclectic and adaptive practice and the use of humanistic strategies and attitudes are seen as reactions to this complexity. A humanistic framework, as represented by these common strategies and attitudes, provides a fertile ground for the human encounter of assessment and a further means of dealing with complexity. Another way of dealing with complexity is evident in Milner and O'Byrne's (2004) proposition to view the different theories of counselling which influence assessment practices as metaphors for different truths rather than competing for *the* truth. "Maps are versions of the territory – they are not the territory" (Milner & O'Byrne, 2004, p. 16). They used the metaphor of a map for these different truths because it conveys a sense of a process in the form of a journey, instead of viewing assessment outcomes as fixed:

> Assessment is a journey, undertaken with the client, hoping to find the best route towards a goal. Many different maps are more or less useful, depending on the method of travel, be it by land, sea or air, for example. (Milner & O'Byrne, 2004, p. 16).

Professional formulation can be viewed as involving one or more theoretical maps in order to give meaning to the assessment data and to be able to make informed decisions about the best way towards a particular client's goal. From this point of view,

> each map raises a different set of questions, the replies to which give directions to the work. Theories provide a language for the writing of assessments, signposts to meaning-making and to decision-making. (Milner & O'Byrne, 2004, p. 17)

Furthermore, the process of assessment is not a one-way street but a negotiation of meanings, metaphors and decisions between the counsellor and the client (Milner & O'Byrne, 2004). Each of these decisions seems to change the assessment process. Hence, assessment can be viewed as a transformational rather than interactional process which further complicates the understanding of the very nature of assessment. It seems that an explicit acknowledgement of complexity might provide a comprehensive conceptualisation of assessment practice in secondary school counselling settings. As a consequence, complexity theory might provide valuable insights into assessment.

Within scientific disciplines there is a "shift from the reductionist analysis to those that involve the study of complex adaptive ('vital') matter that shows ordering but which remains 'on the edge of chaos'" (Urry, 2005, p. 1). From this point of view, social sciences are characterised by complexity and "complex systems analyses investigate the

very many systems that have the ability to adapt and co-evolve as they organise through time" (Urry, 2005, p. 3). Complexity sciences focus on complex adaptive networks and systems (Mathews, White & Long, 1999). Central notions are related to change, evolution, adaptive and emergent behaviours; the focus is on the development of an understanding of how complex systems with a large number of interacting components produce complex, but organised and patterned, behaviours and how organised large-scale structures function when their elements are in chaos (Mathews et al., 1999). This approach suggests that "the system and its environment are inextricably intertwined and that both internal and external factors must be considered in attempting to understand system change and transformation" (Mathews et al., 1999, p. 448).

The relationship between order and chaos of these systems is considered important in that unsuccessful systems might fall into extremes of inertia and stasis or, on the other hand, into extremes of disorder and chaos. Mathews et al. (1999) pointed out that "it is at this transition point between order and disorder (i.e., at the edge of chaos) where new structural arrangements and morphogenic changes are most likely to emerge" (p. 448). They argued that social organisations and their members are faced with increasing rates of change, that it is "commonly asserted that we live in an age of increasing complexity, dynamism, and uncertainty" (Mathews et al., 1999, p. 457), which is one of the major outcomes of this project as well. Practitioners and researchers are facing this development alike but an inability "to deal with change phenomena at a fundamental and theoretical level offers little guidance" (Mathews et al., 1999, p. 457). Masterpasqua (1997) stated that "chaos theory and the broader study of complexity offer a strong scientific underpinning for the acceptance of holistic, dynamic understanding as the primary means for studying human development" (p. 29). He argued that "complex adaptive systems are poised somewhere between predictability and chaos and are those most adaptable to changing contexts" (Masterpasqua, 1997, p. 29).

Mathews et al. (1999) argued for the inclusion of complexity sciences in the social sciences because of increasing rates of change in environmental aspects. Such increasing rates of change have been found to be closely related to assessment practices in secondary school counselling settings as presented in the complexity section at the beginning of this chapter. Furthermore, increasing rates of change might be applicable to adolescent clients as well. Adolescence has been outlined as a developmental stage involving various changes which are culturally, socially and individually contextualised.

A social constructionist view emphasises the different meaning-making processes that take place between the counsellor and the client and which further complicate the nature of assessment activities. As a consequence, it might be beneficial to approach student clients with an open mind, empathy, congruence, and positive regard in each session because the client's, the counsellor's, or the environment's influences might have changed. This notion of complexity in an assessment system, which consists of counsellor, client and environment, is closely related to Mathews et al.'s (1999) suggestion that "at a substantive/practical level, then, the complexity sciences may represent a perspective that will lead to a better understanding of the behaviours of social and organisational systems as they are faced with increasing amounts of uncertainty, both internally and externally" (p. 451).

Mathews et al. (1999) described a second reason for the inclusion of complexity sciences into social sciences as being related to an increasing emphasis on process research. From that point of view,

> social systems can also be characterised as having a) dynamic nonlinear relationships among a multitude of components, b) complex, recursive, or highly iterative interactions among components, and that c) systems with these characteristics may have potential to evolve dynamically over time. (Mathews et al., 1999, p. 451)

Applied to assessment research in counselling, a complexity sciences view of the transformational processes of assessment, and the dynamic relationships between counsellor, client, environment and assessment processes might provide a more appropriate framework than a reductionist and linear one. This view is echoed by Mathews et al. (1999) who stated that

> instability and unpredictability appear to be inherent to the social world and cause and effect relationships often seem to be inextricably intertwined. To the extent that the complexity sciences can help to explain, explicate, and illustrate dynamic processes in natural and physical systems, they offer the potential for a better understanding of similar processes occurring in social systems. (p. 451)

Mathews et al. (1999) described an additional two reasons for using complexity sciences that are related to existing models of social behaviour and to disappointing results and lack of relevance. Although Mathews et al. (1999) related disappointing results to organisational literature, similar claims could be made in relation to counselling research as presented herein in Chapter 2 in general and in Chapter 3 in the section on 'The therapist as the neglected variable' in particular. It has been argued that

research which is focused on the specificity of treatments, dysfunction, therapist variables and client variables is characterised by fragmentation, few replications, and lack of generalisability (Patterson & Watkins, 1996; Stupps & Bozarth, 1994). Mathews (1999) pointed out that "it seems reasonable that insights from the complexity sciences should be examined with the goal of furthering our understanding how complex systems … change and transform over time" (p. 454). As a consequence, a reintegration of the complexity in the interaction of counsellor, client, environment and processes at a particular point in time could be accomplished by using the lens of complexity sciences, and this might provide valuable insights into counselling and assessment practices. How such integration might be accomplished in the future is provisionally formulated in the following section on model development in this research.

Model development

This section outlines four different models developed by the researcher to assist in the explication and interpretation of the findings. These are:

- a 'meta-framework of the experiences of assessment';
- a model of 'theory integration';
- a model 'theatre of experiences'; and
- a model of 'complexity of an assessment system'.

These models may be useful for reflective purposes for counsellors, supervisors and counsellor educators.

Meta-framework of the experiences of assessment

The meta-framework of the experiences of assessment was developed out of the participants' rich descriptions of their experiences of assessment. Each participant's influences on their experience of assessment were outlined in the results chapter in a specific structure, which reflected the influences from general to more specific aspects. This structure was used to present the overview of each participant's experience of assessment at the end of each main participant's section. The meta-framework provided the abstract structure which each participant filled with their individual content in regards to their influences on their experience of assessment.

The meta-models of clinical reasoning provided a useful background for the development of the meta-framework of the experience of assessment. They include idiosyncratic variables of individual practitioners such as personal beliefs and values and professional aspects such as education. Furthermore, the mutual decision-making process, the contextual dimension, and the emphasis on an interactive process between client, practitioner, situation and environment (Hicks & Jones, 2008) are related to these findings.
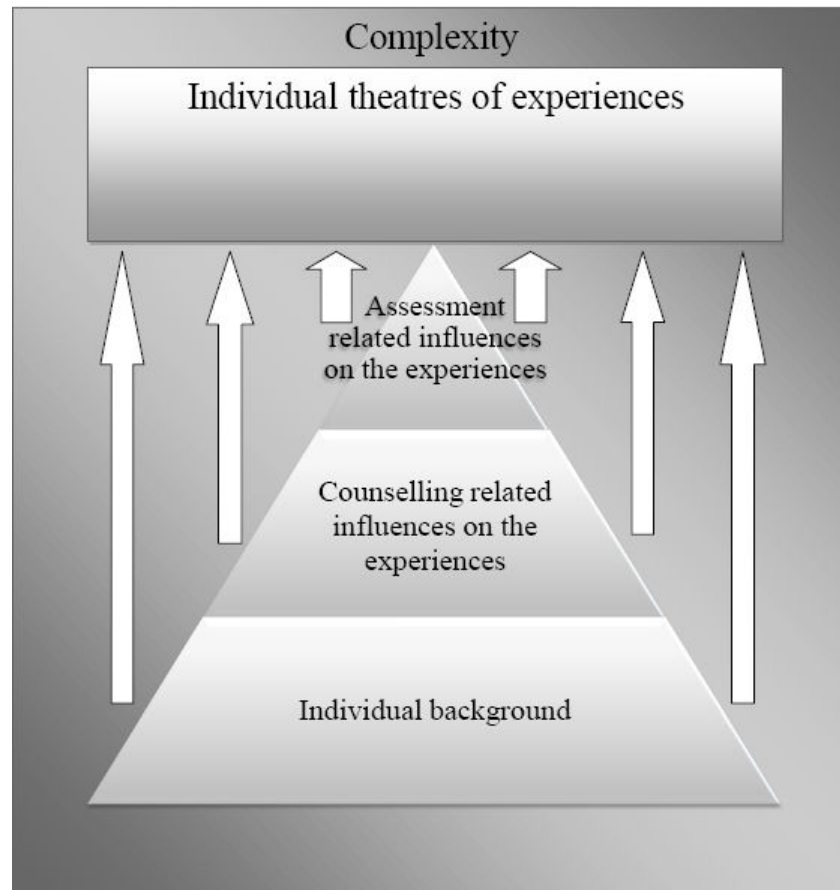
Figure 10 Meta-framework of the experiences of assessment

Figure 10 presents the abstract meta-framework of the experiences of assessment. It shows the deeply intertwined influences on the experiences of assessment in the pyramid shape. The individual background is located at the base of the pyramid, which reflects the most general level. Embedded in the individual background are the counselling related influences in the middle of the pyramid. The assessment related influences at the top of the pyramid are intertwined with the individual background and counselling related influences and were most closely related to the experience of assessment. The rectangle on top of the pyramid represents the theatre of experiences

which was described as the hub in which all influences of the three levels of the pyramid interact with each other and a particular client and environment. The arrows symbolise the influences of these elements of the pyramid on the content and processes of the theatres of experiences. The influences and the theatre of experiences are themselves embedded in complexity which is represented by the grey background. The model as a whole represents an abstract understanding of the experiences of assessment. The experience of assessment is viewed as taking place within the theatre of experiences in which all personal and professional elements interact with a unique client and environment in a specific point in time. Hence, the uniqueness of the experience of assessment was conceptualised in relation to the multiple and individually different influences.

The notions of theory integration and theatre of experiences might be useful to represent the specific lifeworld of individual practitioners. Particularly, the individual influences on the experience of assessment and the theatre of experiences as the hub could be useful to reflect on secondary school counsellors' experiences of assessment. Furthermore, each of the five main participants' rich descriptions and overviews of their experience of assessment might be useful to counsellors for self-reflective purposes. These individual practices may catalyse reflection through a comparison with their own practices and through discussing similarities and differences with colleagues, teachers, students and supervisors; this is further discussed in the implication section of the conclusion chapter.

Model of theory integration

The model of theory integration was developed in relation to the explication of participants' deep intertwining of personal, theoretical, and practical influences on their experiences of assessment. It was hypothesised that the participants went through a process of merging personal and professional elements over time in order to utilise their personal strengths and cope with complexity. The model of theory integration represents this process of merging and played a central role in understanding the holistic and unique experience of assessment of each participant.

Bandura's (1986, 1992, 1997) social cognitive theory provided a useful background for the development of the model of theory integration. The social cognitive lens enriched the somewhat mechanical and technical literature on assessment through an emphasis

on the individual practitioner. Participants' practices, views, and experiences of assessment seemed largely influenced by the individually unique background of each practitioner. Participants seemed to have gone through a process of 'becoming a counsellor' in which personal and professional identities merge over time to the extent that they could no longer be separated. Hence, a process of merging personal and professional elements, which could be described as theory integration, was considered important.

Figure 11 Model of theory integration

The model of theory integration in Figure 11 outlines the process of merging of personal, theoretical and practical elements over time. On the right side of the model are the personal, theoretical and practical elements which will be unique for each person. The term 'other' acknowledges other influences that might not have been identified in this research project. These elements merge over time into educational background,

professional experiences, personal background and personal experiences which are located to the left of the elements. These merge into professional elements and personal elements which are located further to the left. The professional and personal elements merge into an individual approach to counselling and assessment which is located on the far left of the model. The personal and professional development over time needs to be read from right to left but can be completed in hindsight (in reflection of one's current practice) from left to right.

This model may be valuable to counsellors, educators, and counsellor supervisors through enabling them to identify personal and professional influences on their daily practice; this is discussed further in the implications section in the conclusion chapter.

Theatre of experiences

Another way of presenting the experience of assessment and the multifaceted influences on these experiences is outlined in the theatre of experiences in Figure 12. Figure 12 was developed to further emphasise the centrality of the theatre of experiences for the experience of assessment and consequently the human element in assessment practices.

The emphasis of the human dimension of counselling (Benjamin, 1981; Douglas, 2008; Milner and O'Byrne, 2004; Rogers, 1950, 1957, 1980; Street, 1989) and the utilisation of the complexity sciences (Mathews et al., 1999; Masterpasqua, 1997; Urry, 2005) as a lens for understanding the holistic and unique experiences of assessment provided the background for Figure 12. It was hypothesised that any of the surrounding influences can become part of the experience of assessment at any time and that there is always an element of uncertainty involved in assessment. One way of dealing with complexity seems to be the acknowledgement and utilisation of the human dimension in counselling and assessment.
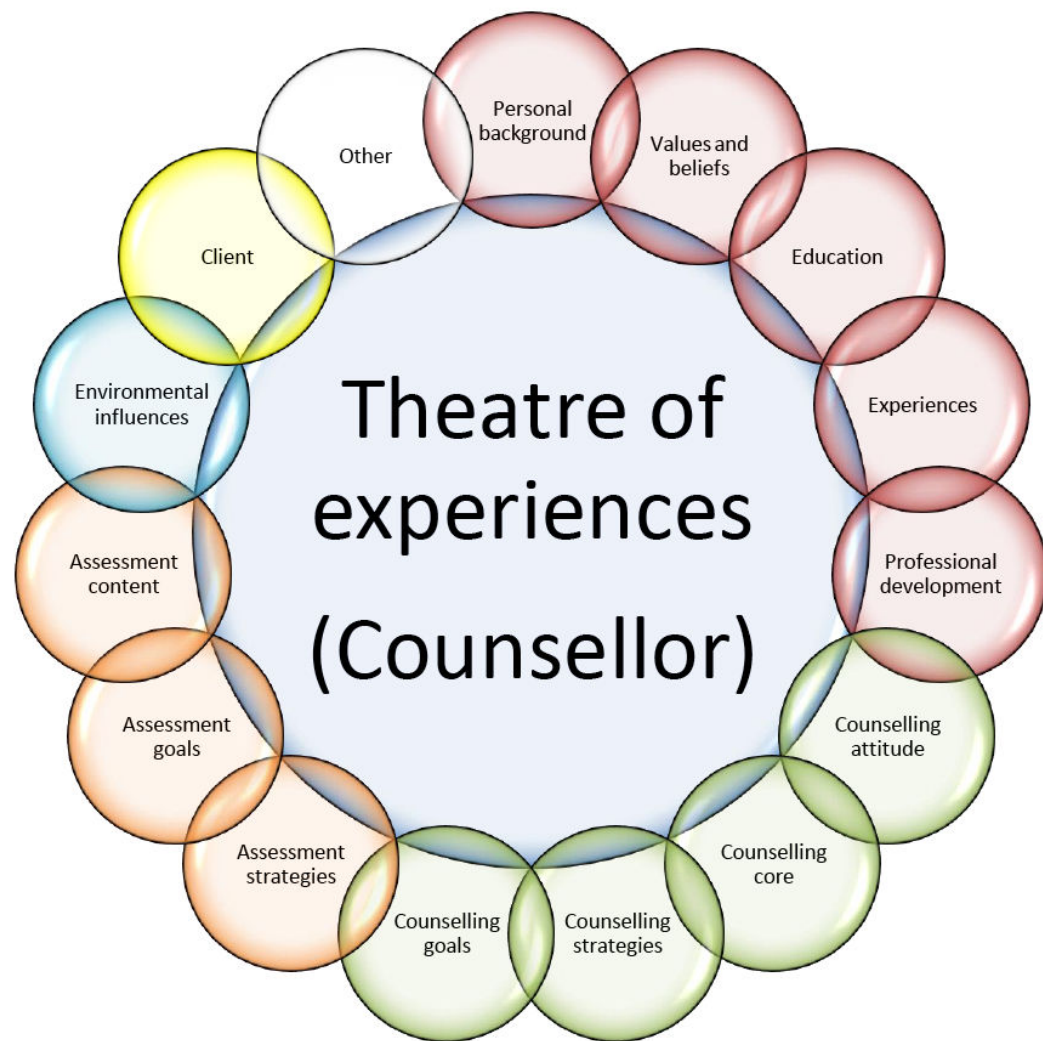
Figure 12 Theatre of experiences

Figure 12 represents the theatre of experiences and emphasises the complexity and the humanness of assessment practice. The red bubbles represent the individual background which was located at the bottom of the pyramid in Figure 10. The green bubbles represent the counselling related influences and the orange bubbles the assessment related influences on the experience of assessment which were located in the middle and the top of the pyramid in Figure 10. The blue bubble represents environmental influences and the yellow the client influences. The term 'other' indicates again that there might be other influences that were not identified. The bubbles around the theatre of experiences represent the multifaceted, complex and individual influences on the experience of assessment that might be triggered at any time in the assessment process when a particular client enters the theatre of experiences. Figure 12 emphasises the

centrality humanness of the process and of the theatre of experiences and highlights the complex nature of assessment in secondary school counselling settings.

The complexity of an assessment system

The model of 'complexity of an assessment system' represents an extension of the interpretation of these research findings by widening the angle of consideration and including a client system and an environment system. It was theorised that a real-life assessment process introduces a client system and a particular environment which increases the complexity exponentially. In a real-life situation, the counsellor system, an individual client system, and a unique counselling environment are introduced and constantly interact with each other. Additionally, counselling contains a transformational element, which transforms each single system and the counselling system as a whole over time. This is in contrast to the multiple-level system that reflected the researcher's understanding of assessment before he started the data collection, which was described in the bracketing part of the results chapter, and now seems rather mechanical and unilinear. Figure 13 represents this new understanding graphically.

The notion of a complex assessment system is related to Smith et al.'s (2008) description of the decision-making process of health practitioners as a complex and contextually dependent process with multiple foci, dynamic contexts, diverse knowledge bases, multiple variables and individuals, and situations of uncertainty. It is also related to Christensen et al.'s (2008) description of the thinking involved in clinical reasoning processes as a systems way of thinking rather than a linear and a stepwise single-dimensional process. Additionally, the understanding provided by the emphasis of the human dimension of counselling (Benjamin, 1981; Douglas, 2008; Milner and O'Byrne, 2004; Rogers, 1950, 1957, 1980; Street, 1989) and the utilisation of the complexity sciences (Mathews et al., 1999; Masterpasqua, 1997; Urry, 2005) as a lens for understanding the holistic and unique experience of assessment played an important role.
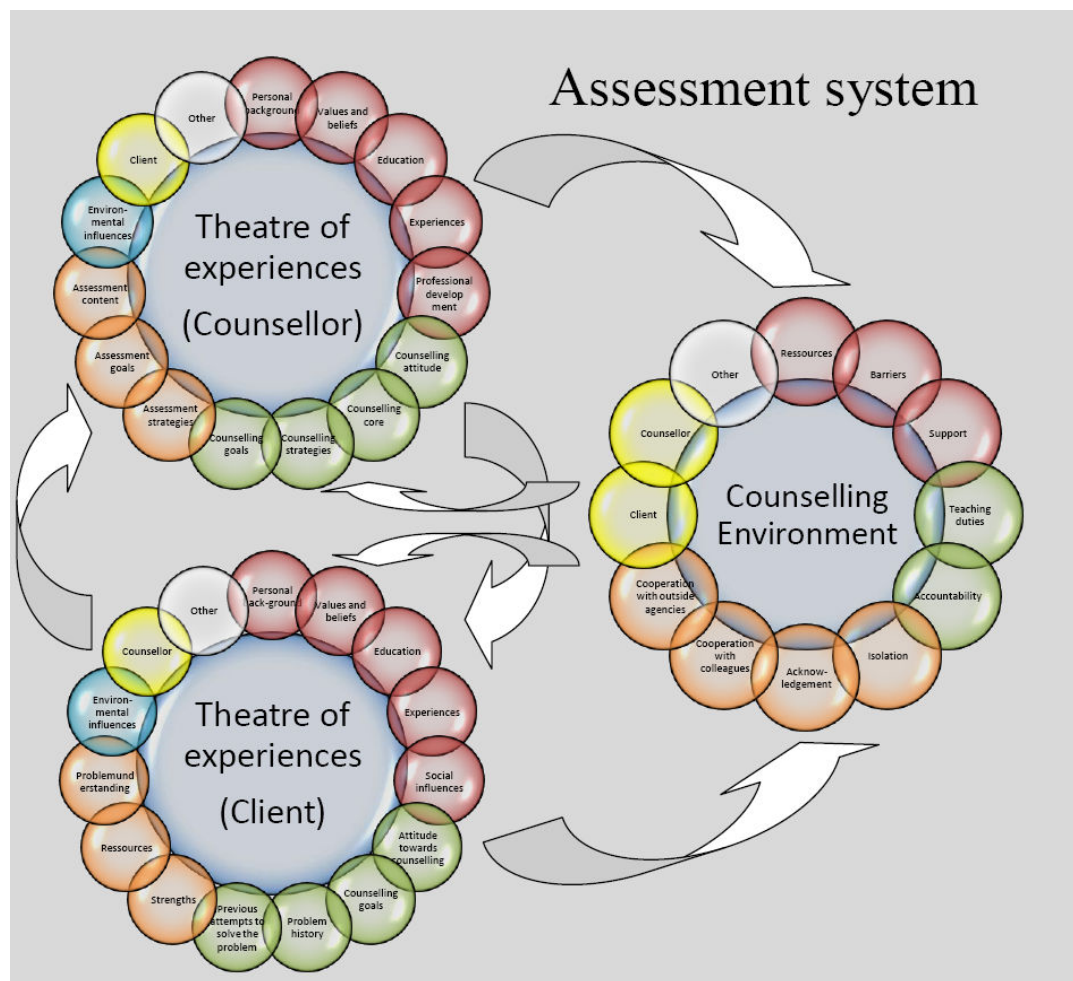
Figure 13 Complexity of an assessment system

Figure 13 represents the complexity of an assessment system model as an expansion of this research project. The counsellor system represents the outcome of this study while the client and environment systems were designed in regards to this project's a) literature review, b) findings of Phase I and Phase II and c) the new understanding provided by the emphasis of the humanness and the utilisation of the complexity sciences as a lens on this project's major findings, notions, and conceptualisations.

For the counsellor and the client system the meanings of the smaller bubbles are similar. The red bubbles represent the individual background, the green bubbles the counselling influences and the orange bubbles represent the assessment related influences. The blue bubble represents environmental influences and the yellow the specific counsellor or client. For the counselling environment system the coloured bubbles represent different levels of influences on the environment system itself and consequently on the whole assessment system. The red bubbles represent professional body influences, the green

bubbles political, the orange bubbles institutional, and the yellow bubbles human influences. The term 'other' indicates again that there might be other influences that were not identified. The arrows represent the element of uncertainty in assessment encounters in the sense that it seems to be impossible to know what might be triggered in the client, counsellor, or environment and how this will affect the whole system.

The main aim of this model is to conceptualise the multi dimensional complexity and consequential uncertainty of assessment activities in secondary school counselling settings in New Zealand. The multiple influences that might be triggered in the counsellor and/or client and the numerous effects of the environment on this transformational interaction between counsellor and client seemed to be essential when trying to understand secondary school counsellors' experiences of assessment.

Figure 13 might be a useful conceptualisation of the assessment system for reflective purposes. It could prove to be valuable in bridging the theory-practice gap by encouraging individual school counsellors to complete the model for their particular situation. This would enable them to draw a holistic picture of their current assessment system which includes personal, professional, theoretical and practical information, as well as their interrelations with specific influences from a unique client and environment. The environmental system enables counsellors to express positive and negative influences of their profession, institution, politics, and human elements. The usefulness of these models will be further discussed in the implication section of the conclusion chapter.

In summary, the experience of assessment of these participants may be described as an essentially human encounter which, from a complexity sciences point of view, interacts, transforms and changes during assessment practice. The counsellor, the client and the environment are complex dynamic systems that become more complex when combined in a real-life assessment encounter. Hence, in order to understand assessment processes in real-life the humanistic and the complexity sciences lenses might provide valuable insights for currently practising counsellors, and counsellor supervision and education, which will be discussed in the conclusion chapter.

Summary

In this chapter the main findings were interpreted and discussed in relation to the relevant literature. The complexities of secondary school counselling and assessment practices were omnipresent in the interviews. Particularly, environmental influences and multifactorial practice were common themes which were related to counselling and school counselling literature. Commonalities in relation to the counselling and assessment influences on the experiences of assessment as presented in the meta-framework of the experiences of assessment were discussed in correspondence with eclectic and adaptive practice and the use of positive and humanistic strategies and attitudes. These were viewed as a reaction to complex practice. The uniqueness of participants' experiences of assessment was seen as closely related to a process of merging personal and professional elements which could be described as theory integration. This integration was presented in relation to professional development, use of intuition and a sixth sense, and becoming a school counsellor. Theory integration in general and becoming a school counsellor in particular were viewed as important factors for explaining the holistic and unique experience of assessment of each participant. The individual theatres of experiences were emphasised as providing the equipment, structure and content of each participant's experience of assessment. These theatres of experiences were conceptualised as central hubs in which the deeply intertwined individual background, counselling influences and assessment influences on the experience of assessment interacted with each other, with the client, and the complex environment. Complexity sciences were used as a lens to understand the participants' holistic and unique experiences of assessment in secondary school counselling settings in New Zealand. At the end of the chapter, provisional models were outlined that merge, summarise and extend key findings of this research. These models may be used as reflective tools for currently practising counsellors, and counsellor supervisors and educators.

CHAPTER 9 CONCLUSION

As discussed in the introduction, school counsellors are in a unique position to identify emergent issues in the lives of adolescents and to intervene at an early stage in order to reduce the impact of negative influences in later life. However, there is a paucity of research on New Zealand secondary school counsellors' practices, views and experiences of assessment with troubled adolescents[36]. Research on assessment has been focused on the objectified application of counselling theory in relation to cost effective treatments, managed-care, and therapeutic manuals. The subjective side of counselling, which could be described as the real-life application of counselling and assessment theory by an individual practitioner, with a specific client in a particular environment, has been less well researched. This project addressed the dearth of research on New Zealand secondary school counsellors' practices, views and experiences of assessment by using a sequential transformative design in which the methodology evolved as the enquiry progressed: the national online survey data obtained in Phase I informed subsequent interviews, case vignettes and practice reflections in Phase II. Interpretative phenomenological analysis (IPA) was used as the main method of data gathering and analysis.

The results showed that the experiences of assessment are influenced by each participant's personal and professional history. This makes them highly unique.
It was hypothesised that the participants went through a process of merging personal and professional elements as a reaction to complex practice. The experiences of assessment were conceptualised as taking place in a unique 'theatre of experiences' which was described as a hub in which the deeply intertwined personal and professional elements interact with each other and with a unique client and counselling environment in a particular point in time. This conceptualising of the experience of assessment in secondary school counselling settings in New Zealand highlighted:

a) the deep intertwining of personal and professional elements in assessment;
b) the significance of subjective lifeworlds in assessment;
c) the human dimension of counselling and assessment practice; and
d) the complexity of the multifaceted influences on the experience of assessment in secondary school counselling.

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[36] The term 'troubled adolescents' was chosen to exclude clients of guidance counselling activities.

Humanistic theory and complexity sciences might provide appropriate frameworks for acknowledging and working with the immense complexity in assessment. These stand in opposition to objectified, reductionist and unilinear conceptualisations in counselling. In this project, several reflective models have been developed which are based on the researchers' notion of merging of personal and professional aspects, the concept of theatres of experiences, an emphasis on the human dimension of counselling and the utilisation of the complexity sciences as a lens for understanding the experience of assessment.

This chapter contains an overview of previous chapters, this project's contributions to knowledge, implications, limitations and strengths of this research project, and suggestions for future research.

Overview of thesis

Following a general introduction and contextualisation of the thesis, the literature review focused on adolescence, counselling and assessment theory and research on real-life counselling processes. It was argued that from a developmental point of view, adolescence involves physical, cognitive and behavioural changes. The search for identity is understood as the primary developmental task of adolescents (Broderick & Blewitt, 2006) and this can be hindered by negative societal and environmental circumstances. Furthermore, a social constructionist perspective (Claiborne & Drewery, 2010) emphasises the cultural and social context of adolescents (Vygotsky, 1978, 1962) and their individual meaning-making, which in turn highlights the variety of possible issues during this phase. A significant proportion of adolescents in New Zealand are currently faced with issues in regards to mental illnesses, suicide, alcohol and drug abuse, violence and other problems which often have their onset around the age of 16 in their last few years of secondary school. The secondary school counsellor is in many cases the first contact point of the adolescent with the wider helping system in New Zealand.

Counselling is a widely used support service for young people who find themselves in difficult situations in New Zealand. The most commonly used counselling approaches are related to psychodynamic, cognitive behavioural, humanistic, and eclectic / integrative schools. These theoretical approaches are taught to various degrees in New

Zealand and as a consequence were likely to be used in secondary school counselling settings. Research on secondary school counselling practices in New Zealand is sparse and there is a paucity of research on secondary school counsellors' practices, views, and experiences of assessment. The available research emphasised the complexity of cases and the increasing demand for school counsellors' services. Secondary school counsellors are recognised to be in a unique position to identify, prevent and treat issues in adolescent students due to their contact with a large population of adolescents in New Zealand school systems.

Assessment activities play an important role in enabling school counsellors to identify, prevent and treat adolescent problems. There is a large variety of qualitative and quantitative techniques and tools that school counsellors can use in their assessment activities. Nevertheless, it is the practitioner's task to integrate the gathered information into a holistic understanding of each client's unique situation in order to make informed decisions about the most appropriate support for each client. Although there is a significant amount of research on the efficacy and effectiveness in counselling and psychotherapy, there is a lack of research on how practitioners integrate information.

Efficacy and effectiveness research studies approach research on counselling processes from two different angles. Efficacy research has been conducted in the form of clinical trials and has investigated the efficacy of theoretical approaches to counselling in controlled environments, whereas effectiveness studies focus on the application of counselling theory in naturalistic settings. A review of these studies revealed that a) the magnitude of benefit is more closely related to the individual practitioner than the type of psychotherapy that the practitioner uses and b) that some practitioners produce more positive outcomes than others irrespective of their theoretical approach (Beutler et al., 1994).

These outcomes can be partly explained using Bandura's (1986, 1992, 1997) social cognitive theory which emphasises the uniqueness of individual thinking processes in explaining behaviour. Research on thinking and decision-making processes of counsellors who are engaged in assessment activities is relatively rare. The research available is highly cognitively orientated, theoretical and abstract but does not include data on real-life decision-making processes, which reflects a theory-practice gap in counselling. The process of clinical reasoning contains a more holistic view on

influences on decision-making processes in occupational therapy, nursing and physiotherapy. Such an overarching understanding of assessment, which could be used to bridge the theory-practice gap, is missing in the field of counselling (Feltham, 2006b). Data on the experience of assessment of secondary school counsellors in New Zealand is absent.

In order to investigate secondary school counsellors' experiences of assessment with troubled student clients, the following research questions were formulated:

1. How do secondary school counsellors experience assessing their adolescent clients?

2. What views do secondary school counsellors have on assessment practices with clients and how do they attribute these views to their own practice and experience of assessment?

3. What do secondary school counsellors identify as sources of influence on their views about their assessment experience?

4. What are contextual factors that influence their views and practices of assessment?

5. What consistencies and commonalities are evident in their experiences of assessment?

An interpretivist research paradigm was chosen to answer these research questions. More specifically, the researcher positioned himself in a relativistic ontology, a social constructivist epistemology, and phenomenological theory and used an interpretative phenomenological analysis (IPA) methodology. Employing a sequential transformative design, the national online survey of secondary school counsellors in New Zealand in Phase I informed subsequent interviews, case vignettes and practice reflections in Phase II. 25 interviews with 10 participants were conducted in Phase II. In the first set of interviews, case vignettes were used which were based on Lazarus' (1999) cognitive-motivational-relational theory of emotion and designed according to the outcome of the national online survey. Five participants were interviewed twice. Five participants were interviewed an additional third time due to their elucidation of unforeseen data. The participants were encouraged to self-reflect in between the interviews.

The findings of the national online survey were summarised and the design of the case vignettes for Phase II was outlined. The case vignettes and the multiple in-depth

interviews revealed idiosyncratic experiences of assessment and the findings of Phase II were reported in relation to the five main participants who were interviewed three times. Each of the main participant's findings were structured and reported in accordance with an abstract meta-framework which was developed by the researcher.

The results were discussed in relation to relevant literature on complex practice, commonalities in counselling and assessment practices, merging of personal and professional elements, a holistic and unique experience of assessment, complexity sciences, a holistic and unique experience of assessment, and model development.

The following section outlines this research's contributions to knowledge.

Contributions

The main contributions to knowledge are:
 a) the explication of the protocols;
 b) the design of several reflective models that are based on the participants' rich descriptions;
 c) the development of the concept of 'theatre of experiences' by utilising complexity sciences as a lens; and
 d) a preliminary conceptualisation of 'assessment as a complex system'.

Theoretical, practical and personal elements seemed deeply intertwined in participants' descriptions of their assessment practices. Rich descriptions of how the counsellors used their human side to build rapport, develop the therapeutic relationship, and enter the client's world were analysed. Explication of the protocols showed that participants' personal and professional identities merged over time in a process that was termed 'becoming a counsellor'. This process seemed to have enabled participants to utilise their personal strengths and integrate them with their theoretical education and practical experiences. Participants' descriptions were used to design five reflective models which outline each participant's influences on their unique experience of assessment, an overarching and more abstract meta-framework of the experience of assessment, and a model of theory integration, which presents theoretical, practical and personal elements that merged over time.

The lens of complexity sciences was used to make sense of the multifaceted and highly complex nature of assessing troubled adolescents in secondary school counselling settings in New Zealand. A combination of the reflective models developed, the insights provided by the emphasis on the human dimension of counselling and the complexity sciences led the researcher to postulate the explanatory concept of 'theatre of experiences'. This concept was employed to describe the experience of assessment as taking place within a hub of influences in which the participants' deeply intertwined theoretical, practical and personal elements interacted. Based on this understanding, a model of 'theatre of experiences' and a conceptualisation of 'assessment as a complex system' was developed. 'Assessment as a complex system' represents an extension of this project's main findings and represents the whole assessment system, in which the counsellor, client and environmental elements constantly interact and transform each other.

The rich descriptions of the participants' experiences of assessment, the models developed by the researcher based on these rich descriptions, the 'notion of becoming a counsellor', the concept of 'theatre of experiences' and the conceptualisation of 'assessment as a complex system' could prove to be useful for counsellors, supervisors and counsellor educators. The information may be used to assist them to acknowledge complexity, reflect on personal and professional influences on practice, and consequently become more aware of strengths, resources, and possible gaps in their own assessment practices. Future application of these models is outlined in the following section on implications of this study.

Implications

Although these results do not reflect the experiences of assessment of all secondary school counsellors in New Zealand, they might nevertheless provide a basis and tool for reflection for practising school counsellors, school counsellor educators and supervisors. Individual reflection on influences on personal current or future practice plays an important role in counselling and psychotherapy professions. As Rogers (1951) stated, counsellors are expected to have a high level of self-confidence, self-esteem and self-knowledge. Within the field of counselling psychology, the outcome of such studies may lead to "more empowering, research informed, counsellor-client interactions and to overt attempts to change how counsellors are trained and supervised" (Hanson et al.,

2005, p. 227). The following three sections describe the implications for school counsellors, counsellor educators and counsellor supervisors.

Implications for school counsellors

Most of the ten participants described the in-depth interviews as beneficial for themselves because it gave them the opportunity to reflect on their practice in general and on the influences on their practice in particular. Self-reflection in counselling and psychotherapy is considered an important aspect of practice (Gibson, Swartz & Sandenbergh, 2002; Moon, 1999; Schoen, 1986; Stedmon & Dallos, 2009a). Stedmon and Dallos (2009b) consider reflective practice

> in terms of a continuum of evaluation which at one end advocates reflective practice as a liberating force, potentially freeing us from the confines of a rigid evidence-based practice. In this view, reflective practice is seen as offering a less oppressive form of practice and incorporates a wealth of commendable stances, such as attention to diversity, acknowledging the complexity and uniqueness of human experience, and safeguarding against potentially oppressive or even unethical practice in therapy. (p. 177)

These findings are in line with Kenny, Ralph and Brown (2000), who suggested that using reflection "turn[s] experience into learning" (p. 124), and with Bennets (2003) and Egan (1986), who suggested that self-understanding is a start to understanding others.

The rich descriptions of the five main participants' experiences of assessment, the 'meta-framework of experiences of assessment', and the 'model of assessment as a complex system' that were developed by the researcher may be useful for currently practising counsellors for self-reflective purposes. Practitioners might find certain practices resonate with their own practices and find it constructive to fill the meta-framework with their unique personal and professional information in order to increase their self-awareness and self-reflective practice. Furthermore, the 'assessment as a complex system' model could be adapted to different assessment systems by completing and combining individual counsellor, specific client, and the unique environmental information. This assessment system overview could be used to increase awareness of the multiple and complex influences and may support the practitioner to identify barriers and resources of working with current clients on different levels.

Implications for educators of school counsellors

The previous considerations are closely linked with the education of school counsellors. As Manthei (1997b) described it, "one of the main primary objectives of many counsellor training programmes is to foster a critical, self-reflective stance in relation to one's own counselling" (p. 230). These findings suggested that an active reflection on theory integration would be beneficial. It follows that

> those working as counsellors in schools today, therefore, have to deal with not only a vast and ever-expanding range of concepts and strategies but with contradictory philosophies and methods, such apparent contradictions and competing sources can give rise to major issues at both a theoretical and applied level, including that of training. In daily practice therefore, counsellors are required to cope with a diverse and divided knowledge-base at the same time as they seek to establish a secure self-image and a reputation for common sense and consistency. (Hughes, 1997, pp. 188–189)

The meta-framework may be particularly useful for counselling students in the last year of their education or counsellors who are just beginning to practice by helping them to merge personal and professional elements which could be described as theory integration and to identify a personal approach. Consequently, the meta-framework may enable beginning practitioners to align their individual background with their professional approach to counselling and hence to utilise their personal strengths for their practice. The 'model of assessment as a complex system' may prepare beginning counsellors for the complex and multiple influences on their future practice. Furthermore, counselling and assessment strategies and attitudes could be identified and aligned with future practice.

Implications for supervisors of school counsellors

The previous considerations of the benefits of self-reflective practice are also related to the area of supervision of school counsellors. An emphasis on how to integrate specific guidelines in current practices of individual practitioners in supervision settings might be beneficial in a time of increasing pressures of accountability. These findings suggest that a formulation of treatment guidelines might be insufficient and that each school counsellor is faced with the integration of new guidelines in an individualised counselling approach which is deeply intertwined with the individual practitioner. Different ways of integration could be discussed in supervision settings and tailored to each practitioner's specific approach to counselling. The use of the above-mentioned models might provide a basis on which reflections can take place and integrations can

be discussed and put into place. Even if practitioners do not resonate with the models, an explicit reflection on personal influences on counselling practice and integration of new guidelines in supervision settings is part of being a reflective practitioner. The models presented in this research put an increased emphasis on complexity, human dimensions, and the deep intertwining of personal and professional identities, which might provide a basis on which the application of new guidelines can be discussed in more specific and individually relevant terms. Moreover, the developed models may support supervisees to identify resources and barriers in their current practice on different levels. In this way, the models might provide a theory-practice bridge between the abstract levels of theoretical approaches and the daily practice of individual school counsellors.

Strengths and limitations

At this point it is important to explicitly acknowledge that I make no claim to have captured all the influences on the participants' experiences of assessment or to have captured their experiences in their wholeness. I have tried to discover and describe the experiences of assessment in as much detail as my research methodology and PhD timeframe allowed.

A strength of this study may be related to the researcher allowing for and following the elucidation of unforeseen data. The deep intertwining of personal and professional identities, the notion of 'becoming a counsellor', the development of reflective models, the concept of 'theatre of experiences', and the conceptualisation of "assessment as a complex system' were not anticipated at the outset of this study. The researcher's preconceptions of secondary school counsellors' experience of assessment stand in large contrast to this project's findings and explication of these findings.

The convenience sampling in general and the snowball sampling method in particular might have created a self-selection bias and could have limited the variability of school counselling and assessment practices. Although I contacted numerous Māori and Pasifika school counsellors over the whole period of data collection I was unable to identify participants from a larger variety of ethnic backgrounds. It is surprising how dominant Western models of counselling and assessment were in the research outcome. A larger variation and an explicit inclusion of Māori, Pasifika and Asian counsellors

might provide valuable insights in future research. In addition to the limited variation, the small number of participants limits the generalisability of these findings. Therefore, it is not appropriate to generalise these findings in relation to other secondary school counsellors in New Zealand. However, it was not the aim of this study to generalise findings but rather to explore several secondary school counsellors' experiences of assessment in-depth; this data could then be used for reflective purposes, which was described in the implications section above, and for further research with different designs, which is discussed further below.

It could be postulated that the low response rate to the national online survey may be related to two main reasons: first, a lower response rate to online surveys in comparison to paper-and-pencil formats has been identified in previous studies (Tse, 1998; Bachmann et al., 1996; Schuldt & Totten, 1994; Witmer et al., 1999). Second, there were no specific email addresses available for secondary school counsellors and consequently the emails were sent to the main email address of the school. Several participants contacted the researcher after the first or second reminder and stated that they had not received the original invitation. Some invitations may not have been forwarded or may have been blocked by the school's spam filter.

A longitudinal data gathering approach might have allowed for more time for reflection by the participants and been able to capture changes over time. Changes in the theatre of experiences over time might have provided particularly valuable insights. However, the time limitations of PhD research prevented the collection of longitudinal data. Nevertheless, longitudinal approaches might provide valuable data in future research.

Barter and Renold (2000) pointed out that a common theoretical and methodological dilemma is related to participants who "may initially provide socially desirable responses" (p. 312). I tried to counteract this dilemma by using multiple methods and multiple interviews, which is in line with Barter and Renold's (2000) observation, that "only upon probing will they reveal how they truly believe they would actually respond to a particular situation or dilemma and why" (p. 312).

A further limitation of this research project could be related to its positioning in relativism. Relativism has been criticised as a form of ontological nihilism (Greene, 1996) which negates any meaningful outcome. However, a mild form of relativism

seemed most appropriate in order to understand reality as situated in New Zealand culture and history and to approach the reality of New Zealand school counsellors with respect and an open mind. From the point of view of a 'mild relativism',

> different aspects of the world are available to different kinds of creatures, in so far as their sensory systems differ, and to different groups of human beings in so far as they are differently placed and differently equipped. In this sense knowledge of the world tends to be relative. But all such aspects are aspects of one and the same world, and in that sense knowledge of the world tends to the absolute. (Harré & Krausz, 1996, p. 224)

Harré and Krausz (1996) wrote about ontological relativism that

> while we must concede that cultural objects exist only relative to the discourses that permit us to identify, reflect upon and criticise them, the same is not true of the beings of the material world. The human umwelten are indeed diverse, but they are 'slices' of the world. In a sense all cultural objects are but momentary vortices in the flux of human history. What we can glimpse of the material world is a function of our cultural equipment, but those partial views are, when interpreted along the lines of Niels Bohr's philosophy of science, glimpses of an independent reality. (p. 148)

Following the notion "what is important is what we make of the world" (Rosen, 1996, p. 12), multiple methods and interviews and a large variety of guidelines were designed to ensure a respectful and open approach to all participants. This approach might have supported the participants to openly discuss the personal and human factors of their practice. From this point of view, the particular relativist/phenomenological stance might have been a productive one to investigate assessment activities in real-life settings in New Zealand for a researcher with an outsider perspective.

There was a certain inconsistency in the data gathering procedures in this research study. In the data gathering phase of the research I tried to be consistent with all participants. Nevertheless, I found that the case-vignettes approach did not work as well as anticipated in relation to questions of self efficacy. All participants struggled with the fact that their reaction was supposed to be grounded in a few lines of information instead of being embedded in a human encounter with a real client. Questions about their perceptions of self-efficacy in relation to each case vignette triggered this reaction. As a consequence, I changed the research strategy and left out questions about the perceptions of self-efficacy altogether. This is in line with Barter and Renold (2000), who emphasised that "the most frequently cited theoretical limitation of employing this technique surrounds the distance between the vignette and social reality" (p. 311). They argued that

another major criticism, related to the above, centres upon the artificiality of the technique. Integral to social life are the continual interactions between individuals and their environment; as vignettes are unable to duplicate this complexity, findings derived from this method cannot be generalised to any aspect of people's social lives. (Barter & Renold, 2000, p. 312)

However, they continue their argument by emphasising that social processes are complex and multiple and that "vignettes offer researchers the opportunity to manage this complexity by isolating certain aspects of a given social issue or problem" (Barter & Renold, 2000, p. 312). They stressed that the use of simulations recognises that social phenomena require an examination of complex systems and that they should not be viewed as isolated and static entities. The simplification of simulations might make the social system's operating framework more visible and accessible because the natural complexity and detail can be so great that they obscure the phenomenon. From this point of view, a simplification might be beneficial but only if the complexity plays a central part in interpretations and further considerations. The central part of complexity in interpretation and further consideration is reflected in my attempt to view the complexity of the experiences of assessment through the lens of complexity sciences. Additionally, the participants' reaction to the simplified case vignettes provided initial data on one of the main findings in relation to a conceptualisation of assessment experiences as complex human encounters. Hence, more complicated case vignettes might not have worked because the human element was still missing. From this point of view, the case vignette approach in general was a constructive way of gathering important humanistic data. Additionally, it might have supported the participants to build rapport with me because I respected their responses and changed my data gathering strategy.

With regard to research methodology, the adaptations of research strategies to individual participants in phenomenological studies in general and IPA in particular are related to an explicit focus on the participant's lifeworld (Husserl, 1970c; Langdrige, 2009; Van Manen, 1990). This focus was supported in the general guidelines of this research, which were outlined in the methodology chapter. I aimed to conduct the "most sensitive and responsive" (Larkin et al., 2006, p. 108) research project I could. Additionally, my decision not to force the participants in a certain research direction might have further built up their trust in the study and they may have been more open about their experiences of assessment as a consequence.

I attempted to conceptualise the experience of assessment of the participants in relation to complexity. Due to the multiple and multifaceted influences on these experiences, I used complexity sciences in an attempt to represent the experiences in their complexity. But because human beings are extremely complex these conceptualisations can only be understood as an initial schema that represents my current understanding of the research topic, which is in line with an interpretivist research paradigm. Hence, only parts of the whole could be revealed while other parts might still be concealed (Husserl, 1980). Barter and Renold (2000) emphasised that "ultimately no research tool can completely capture the complexity of social existence; however, by adopting a multi-method approach, researchers can build on the individual strengths of different techniques" (p. 312). This was incorporated in this research design by using a transformative sequential design, a national online survey in Phase I and case vignettes, practice reflection, and multiple in-depth interviews in Phase II.

Future research

These research findings and possible implications were formulated at a time in which counselling activities are largely defined in terms of efficacy and cost effectiveness. Managed-care movements limit the number of sessions available for clients and dictate what approaches to use, irrespective of the individual practitioner's preferences. However, there is an increasing number of research studies evaluating the effects of managed-care movements and voicing concerns about their effectiveness in real-life (Davis & Meier, 2001; Lambert et al., 2004; Patterson & Watkins, 1996). Efficacy studies have yielded valuable insights into counselling processes but it needs to be acknowledged that there are elements that this research approach cannot explain. One of these is the individual practitioner and the way they apply empirically validated treatments. From that point of view, this research project seemed to fit well into its time and place; while generalisations cannot be made from the findings, many additional questions emerged that future research projects could investigate. Some of these questions are:

1. What do other secondary school counsellors think about these findings and developed models?
    a. Can they resonate with them?
    b. Could they be useful for reflection purposes for currently practicing counsellors, counsellor educators and supervisors?
    c. If they might be useful, how could they be implemented?
2. How would a larger ethnic variety in participants or an explicit focus on Māori, Pasifika and Asian counsellors complement these results?
3. What does the complex interaction of education, practice experiences, professional development, and theory integration look like?
4. What relationship is there between education, individual practice approach and personality?
5. How can the term 'assessment' be moved further away from the technical and medical connotations towards an inclusion of human dimensions?
6. What role does positive psychology play in secondary school counselling practice?
7. Could other research approaches to experiences of assessment yield similar/complementary data?
8. What role do perceptions of self-efficacy play in the experience of assessment?
9. And last but not least, what needs to be done in order to improve the currently under resourced and under acknowledged situation of secondary school counsellors in New Zealand?

I started this research project by developing my understanding of assessment practices in secondary schools through reviewing the literature and situating myself in this knowledge. Over the last years, in which I have deeply immersed myself in the world of the participants, I have further developed my understanding and appreciation of the research area. I have come to a better understanding of the complexity that these practitioners are dealing with on a daily basis; the importance of the uniqueness of individual counsellors as human beings for the way they practice; the deep intertwining of personal and professional elements; and of the human dimensions of counsellor–client encounters during assessment activities. This understanding has increased my interest in this area and I am keen to investigate further the interrelation of complexity, counselling theory and practice, humanistic frameworks, and theatres of experiences. I can only hope that my research will contribute to an understanding of these

interrelations and will influence future research and discussions in this immensely important area of research and practice, in the spirit of both the call to "explore in a realistic fashion the complexities of counselling in schools" (McLaughlin, 1995, p. 63) and Gordon Paul, who asked in 1967: "what treatment, by whom, is most effective for this individual with that specific problem and under which set of circumstances" (Paul, 1967, p. 111).

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APPENDIX I DEFINITIONS

Adolescence: Adolescence or the teenage period is defined as "the period of physiological, psychological, and social maturation that occurs in individual humans between the ages of approximately 11 and 18 years" (Claiborne & Drewery, 2010, p. 210).

Counselling: Counselling is described as "a principled relationship characterised by the application of one or more psychological theories and a recognised set of communication skills, modified by experience, intuition and other interpersonal factors, to client's intimate concerns, problems or aspirations" (Feltham & Dryden 1993, p. 6).

Assessment: Assessment refers to the "procedures and processes employed in collecting information about or evidence of human behaviour" (Shertzer & Linden, 1979, p. 13). It is described as information gathering activities with varying degrees of formality which aim to answer the question of what's going on for the client (Bayne et al., 2008) and as a systematic method of obtaining information from tests and other sources in order to draw inferences (Hood & Johnson, 2002). Assessment is also defined as "to sit by" (Ruddell, 2004, p. 7) and as "the procedures and processes of collecting information and measures of human behaviour outside of test data" (Gladding, 2009, p. 340).

Ontology: "Ontology is a study of the nature of being" (Rosen, 1996, p. 6). Ontological considerations address the form and nature of reality and being (Guba & Lincoln, 1994; Ponterotto, 2005). The central questions of ontology are "what is the form and nature of reality and what can be known about that reality?" (Ponterotto, 2005, p. 130).

Epistemology: "... epistemology is concerned with the nature of knowledge" (Rosen, 1996, p. 6). Epistemological considerations extend the nature of reality to the definition of "the relationship between the 'knower' (the research participant) and the 'would-be knower' (the researcher)" (Ponterotto, 2005, p. 130).

IPA: IPA stands for "Interpretative Phenomenological Analysis" and is described as one of the most widely used research approaches to phenomenological psychology in the UK today (Langdridge, 2007) which is informed by phenomenological philosophy and has hermeneutic phenomenological roots (Smith et al., 2009).

Epoche: Epoche is described as a suspension of assumptions and as "a change of attitude that throws suspicion on everyday experiences" (Armstrong, 1976, p. 252). It consists of the researcher's effort to "acknowledge, describe, and 'bracket' his or her values, but not eliminate them" (Ponterotto, 2005, p. 131).

School counselling practice and professional needs[37]

<table>
<tr><td>Instructions
The completion of the questionnaire will take approximately 25 - 45 minutes. If you chose to participate, please try to answer all questions. However, you do not have to answer any question you do not want to answer. Completion of the questionnaire indicates your consent to participate in the study. All information and its source will remain confidential. Thank you very much for your time.</td><td>AUT
AUCKLAND UNIVERSITY OF TECHNOLOGY
TE WĀNANGA ARONUI O TAMAKI MAKAU RAU</td></tr>
</table>

Q 1: What decile is your school? (Please underline)

    1   2   3   4   5   6   7   8   9   10

Q 2: In which area is your school located? (Please underline)

    Urban   Suburban   Rural

Q 3: How many students are currently enrolled in your school? (Please underline)

    Under 200   200-400 400-600 600-800 800-1000   1000-1200
    1200-1400   1400-1600   1600-1800   1800-2000   2000-2200 more than 2200

Q 4: Please put the following ethnic groups of students in order regarding the **representation in your school**. Please put the ordering number into the brackets after each group (3.), (1.), …

    Māori( )   Pākehā/ European( )   Pacific Peoples( )   Asian( )   Other( )

Q 5: How many students would you counsel individually in a typical week? (Please underline)

    1-3   4-6   7-9   10-12   13-15   more than 15

Q 6: How many of those students are self referred? (Please underline)

    less than 20%   20-40% 40-60% 60-80% 80-100%

Q 7: Please put the following ethnic groups in order regarding the **representation in your caseloads**. Please put the ordering number into the brackets after each group (3.), (1.), (2.) …

    Māori( )   Pākehā/ European( )   Pacific Peoples( )   Asian( )   Other( )

Q 8: Describe the most common **initial problem** that students present with:

Q 9: What is a typical **underlying issue** of the most common initial problem described in question 8:

Q 10: How many counselling sessions do you usually provide for the problem described in question 8? (Please underline)

    1-3   4-6   7-9   10-12   13-15   more than 15

Q 11: Describe the **second most common initial problem** that students present with:

Q 12: What is a typical **underlying issue** of the second most common initial problem described in question 11:

Q 13: How many counselling sessions do you usually provide for the problem described in question 11? (Please underline)

    1-3   4-6   7-9   10-12   13-15   more than 15

Q 14: Which other student issues are commonly presented in your school counselling practice?

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[37] The version in appendix contains all questions but the spaces for the responses were deleted to shorten the length of the appendix.

Q 15: Describe when you might refer students to other professionals:

Q 16: Are there particular **theories or approaches** that influence your **counselling practice**?
      If no, please proceed to the next question.
      If yes, which one(s)?

Q 17: Describe any barriers that you experience in counselling:

Q 18: How much time do you spend gathering information in (a) the first and (b) the second session?

Q 19: Describe the way(s) you would gather information about a student:

Q 20: Describe the types of information you generally gather in order to decide about an individual intervention:

Q 21: Do you use information gathering/assessment tools?
      If no, proceed to the next question.
      If yes, describe the tool(s) and its utility:

Q 22: Do you use one particular **theory or approach in assessment** in order to understand problem causation?
      If no, proceed to the next question.
      If yes, which one?

Q 23: Do you gather information about the effectiveness of your counselling?
      If no, proceed to the next question.
      If yes, in which way?

Q 24: What would you consider useful to improve your information gathering practice?

Q 25: How many hours do you work per week (as a guidance counsellor)? (Please underline)
      Under 5 5-10   10-15   15-20   20-25   25-30
      35-40   more than 40

Q 26: How much of your time do you spend counselling individual students? (Please underline)
      less than 20%   20-40% 40-60% 60-80% 80-100%

Q 27: How long is a typical counselling session (in minutes)? (Please underline)
      Under 20   20-30   30-40   40-50   50-60   more than 60

Q 28: What is your area of responsibility?

Q 29: Are there other guidance counsellors at your school?
      If no, proceed to the next question.
      If yes, how many other (a) part time or (b) full time school counsellors are at your school and what is their area of responsibility?

Q30: How many years of school counselling practice experiences do you have? (Please underline)
      Under 5 5-10   10-15   15-20   20-25   25-30
      35-40   over 40

Q31: Describe your professional education:

Q 32: What is your age? (Please underline)
      20-24   25-29   30-34   35-39   40-44   45-49
      50-54   55-60   over 60

Q 33: What is your gender? (Please underline)   Male   Female

Q 34: Describe useful resources or support you would like to have for your school counselling practice:

Q 35: What areas of in-service education would be most useful for you in your counselling practice?

APPENDIX III THEORETICAL BACKGROUND OF CASE VIGNETTES

Theoretical background of case vignette I: student–family relationship:
The student might have appraised the established fact of the divorce as stressful in the primary appraisal. The core relational themes were "facing an uncertain and existential threat" (Lazarus, 1999, p. 235) because of an unknown future; "failure to live up to an ego ideal" (Lazarus, 1999, p. 239) because of self blame; and "experiencing an irrevocable loss" (Lazarus, 1999, p. 242) because of a loss of an intact family. The student used emotion-focused coping because he/she felt that he/she could not change this situation. This led to smoking more illicit drugs/cigarettes and drinking more alcohol. The revised relational meaning is unchanged after the emotion-focused coping which resulted in emotions of anxiety, shame and sadness/depression. Emotions of anxiety about the future related to the core relational theme of "facing an uncertain and existential thread" (Lazarus, 1999, p. 235). Emotions of shame about the student's own behaviour which might have contributed to the divorce are related to the core relational theme of "failure to live up to an ego ideal" (Lazarus, 1999, p. 239). Emotions of sadness are related to the core relational theme of "experiencing an irrevocable loss" (Lazarus, 1999, p. 242) and maybe even depression, which is related to "a sense of hopelessness about restoring a worthwhile life following major loss" (Lazarus, 1999, p. 242). Prolonged engagement with these kinds of thoughts might lead to low self-esteem and to threats of running away as made by the student in this case example. Those resulting and overwhelming emotions are understood as the reason for the student to contact the school counsellor. Lazarus (1999) described shame as "one of the most distressing, devastating, and painful of all the emotions, and the most difficult emotion with which to cope" (pp. 238–239) because it is not the shame-provoking act per se but the interpretation of it as an characterological failure which implies that the person deserves to be disgraced.

Theoretical background of case vignette II: student–teacher relationship:
The student client appraised the repeating humiliations of his father as stressful and harmful to self-esteem in the primary appraisal. The core relational theme could be a demeaning offence against me and mine (Lazarus, 1999, p. 217). The student used emotion focused coping because he felt that he could not change this situation. Aggression towards his father was inhibited and mixed with anxiety because of the threat of retaliation. "If the threat of retaliation is too great to be tolerated, the expression of anger will either be mixed with anxiety and inhibited, or anxiety will be the dominant or sole emotion" (Lazarus, 1999, p. 217). The revised relational meaning after emotion focused coping remains unchanged. Resulting emotions were related to anger towards teachers to protect lowered self-esteem (Lazarus, 1999, p. 217) and anxiety about further humiliation and physical harm from his father (Lazarus, 1999, p. 217). Based on the key appraisal-based meanings of harm to the self and the assignment of blame at the heart of anger, the perceived anger is directed outward if the individual blames another person, in this case the father. As a consequence, this student's actions might be aggressive behaviour and continual disobedience towards teachers.

Theoretical background of case vignette II: student–peers relationship
The student appraised the exclusion from the peer group as stressful in the primary appraisal. The core relational theme is failure to live up to an ego ideal (Lazarus, 1999, p. 239) and the possibility of "experiencing an irrevocable loss" (Lazarus, 1999, p. 242). The student client used problem focused coping. In the first instance, she tried to take drugs which made her sick and then tried to conform to dangerous behaviour but was too anxious to complete the action. The revised relational meaning is unchanged after the unsuccessful problem focused coping which resulted in emotions of shame and sadness. Shame in this example relates to a "discrepancy between what the person wants to be and the way the person is identified socially" (Lazarus, 1999, p. 239) and sadness to the perceived possibility of losing all her friends at once. These emotions and the loss of friends could be causes for the student to contact the school counsellor.

APPENDIX IV INTERVIEW PROTOCOL

The following questions outline a guide to the questions asked in the interviews of Phase II of this research project. The only reflect a guide in that each participant's way of responding influenced the questions asked in relation to prompting and following up of unforeseen data:

- What do you do in assessment?
- What are you aware of?
- What do you pay attention to?
- What do you think about?
- What do you make sense of?
- What do you believe in when engaging in assessment?
- And why do you do it?

These main questions were approached from different angles by other sub questions in relation to a general introduction and the case vignettes in the first set of interviews:

General introduction:
- Do you have any questions about this research project?
- Do you have any questions that you would like to ask me?
- Please tell me about yourself.
- Please tell me about your education.

Case vignettes:
- What goes through your head after reading the first part of the case vignettes?
- What kind of questions would you ask the client and why?
- Do you use any strategies of information gathering and assessment?
- What goes through your head after reading the second part of the case vignettes?
- Has anything changed in your thinking, decision making, strategies and/or approach?
- Are there any differences in your approach in relation to clients with different ethnicities?
- How would you rate your perceptions of self efficacy of working with each of these clients?

Further sub questions were used in the second and third set of interviews:
- Have you thought about our last interview?
- Have you found some time to self-reflect on your practice in between interviews?
- What is the outcome of your self-reflection?
- What (else) influences your counselling and assessment practice?
- Are there any differences in "being" a counsellor in assessment" in comparison with "being" a counsellor in later stages of the process?
- What entails/embodies your experience of assessment?