Role of Client Dynamics in the Counselors' Therapeutic Competence

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Abstract

The current study seeks to understand the role of client dynamics in counselors' therapeutic competence. It involved 20 participants, of whom 5 were male and 15 were female. The interviews were taken from a convenient subset of the population, which was peers, seniors, and mentors who were currently practicing as counsellors. They could have any kind of theoretical modality and could be practicing any kind of therapy or counselling technique. The study explores the depth of how different types of challenging client behaviors affect the therapeutic competence of the counselor or therapist. It also aimed to introduce the term "client dynamics."

Index term- Client Dynamics, Counselors and Therapeutic Competence

1. Introduction

Counseling is a dynamic connection between two people where the experienced person assists the less experienced person in coming up with a self-determined solution to his or her problem (Zarawi Mat Nor, 2020). Interlocutors (here referred to as counsellors) in human relationships create an impression at the start of a new relationship (e.g., Bodenhausen et al., 2012). If someone makes a good or bad impression, it will affect whether or not the connection will last (e.g., Human et al., 2013). Client satisfaction is likely to be directly impacted by the psychotherapist's initial behavior, or the first impression that is made, among other elements affecting client satisfaction. However, only a few studies have looked at this issue (Moors & Zech, 2017).

However, when we look at it from another point of view, where we observe the impact of variation in client behaviour and its effect on counselors' psychosocial health and, in turn, their therapeutic competence, we find a really big gap in research. where everyone has high expectations of the counsellor and a blind trust in their therapeutic skills and experience. where the counsellor has no room for human error; otherwise, they are not capable of practising as a counselor.

There are numerous studies that link different sorts of demanding client behaviour to higher degrees of burnout in professional psychologists and counsellors (e.g., aggressiveness,

hostility, violation of boundaries, etc.). Similarly, studies and research have shown a connection between stressors like demanding, uncooperative, or aggressive client behaviour that causes distress and emotional exhaustion (depersonalization) in therapists and other health care facilitators working in clinical settings or as frontline staff (Berger, 2011).

However, no study exists that directly focuses on what role client dynamics or changing client behaviour play in increasing or decreasing the therapeutic competence of the counselor, especially in Pakistan.

Connecting with clients is one of, if not the most, crucial elements of building a relationship of trust with them as a counselor. However, you cannot guarantee a 100 percent positive response from the clients because of their exposure to the many types of people who attend therapy. Furthermore, phrases like "client dynamics" or "difficult client behavior" are ill-defined in the literature, particularly when it comes to how they affect the professional or therapeutic competence of mental health workers or counsellors.

Before getting into the relationship between client dynamics and the therapeutic competence of the counselor, it is important to understand why the terms "counsellor and "therapist" are being used in place of each other in this research.

1.1 Who is a counselor?

Counselor is a term that is broadly used to refer to a professional who is trained in the field of psychology. This includes counselling and social work. When it comes to mental health counselors, those who work in that capacity are especially important.These professionals perform many functions and responsibilities. duties such as evaluating patients and providing resources related to education and information to the clients. Most importantly, make suggestions that the client can use to solve the problem they are seeking counselling to address. The division may now enter the area where the counsellor is making suggestions.It can be substance abuse, sexual abuse, marriage and relationship counselling, or family counseling, among others (Tim Stobierski, 2021).

A therapist is someone who has been specifically trained to provide therapy to a patient or client. The therapy could be given to address either a mental or physical disorder. For mental health, we use the common terms "psychotherapist" and "mental health therapist." As with counselors, therapists will often specialise in addressing particular client issues, such as marriage and family issues, substance abuse, etc. (Tim Stobierski, 2021).

1.2 Understanding the difference between a counselor and a therapist

Mental health counsellors and therapists work in the same field, addressing similar problems within similar populations. In some instances, the names are even used synonymously inside the industry. In some instances, the names are even used synonymously inside the industry. Therapists frequently offer the same guidance that

counsellors might in order to assist their patients in addressing similar concerns. The fact that a therapist frequently tries to go farther by assisting the patient in understanding the how and why of an issue marks a significant difference. What circumstances, for instance, are more likely to cause an alcoholic craving and why? What circumstances are more likely to cause a panic attack, and why? What is at the heart of these problems? Through a combination of talk therapy and other frameworks, they aim to pinpoint the origin of these problems.

Counseling as a technique frequently targets particular issues, difficulties, or "behaviors" in a patient's life in a highly practical way. For instance, a counsellor working with a patient who experiences anxiety might give the patient various strategies they might employ to prevent an impending panic attack. Or they might lay out a specific set of instructions for an alcoholic patient to follow whenever a craving strikes. Counseling has an intrinsic problem-solving methodology in this regard.

As a result, counselling is frequently (though not always) a short-term strategy that gives the patient resources they can use right now to start leading a healthy life. As the therapist and client look for the source of the difficulties being treated in order to bring about lasting change, therapy, on the other hand, is frequently a longer-term process that can span months or even years. Despite these distinctions, therapists and counsellors have a lot in common, and they frequently take a page out of each other's playbook. (Tim Stobierski, 2021).

1.3 Competence motivation theory

The idea of competence motivation theory came about due to the contributions of Susan Harter and Robert W. White (Silon & Harter, 1985) in which they propose that the sense of one's own competence may rise overall as a result of task success or mastery. The opposite outcome, however, may occur if the person consistently fails at a task or does not receive peer support.

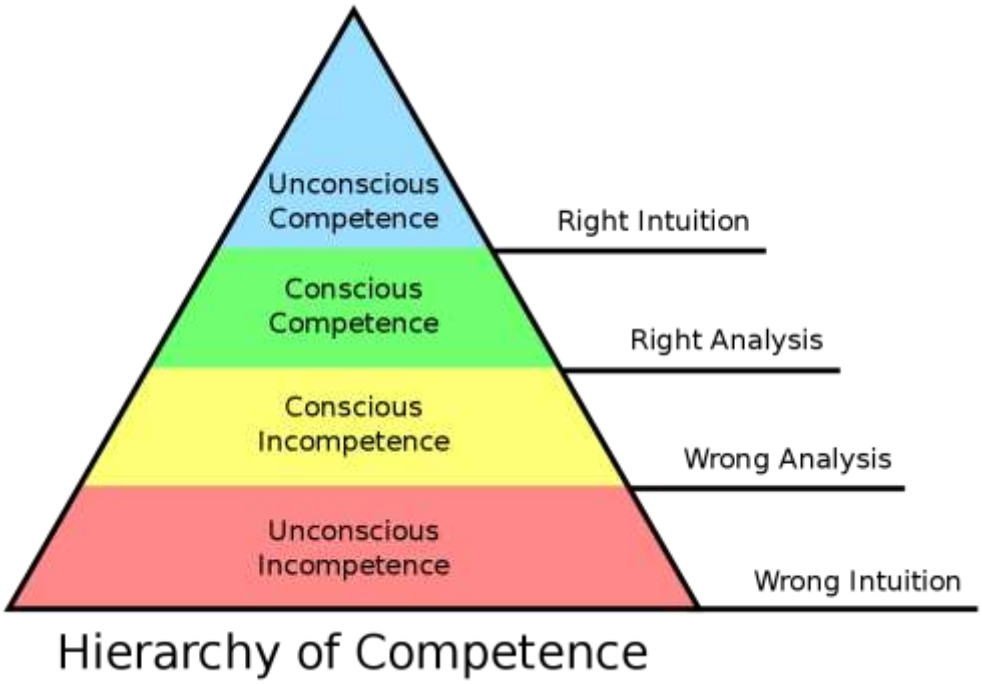

Figure: 2 Hierarchy of Competence (Janse, 2020)

A paradigm called the Hierarchy of Competence, created by Noel Burch in the 1970s, aims to describe the stages of skill acquisition (Janse, 2020).

1.4 Unconscious incompetence (Ignorance)

Here, the individual may not necessarily be aware of the deficiency and may not comprehend or be able to accomplish something. They might dispute the worth of their own talent. Before employing the new skill, one must own their ignorance of it and its significance before moving on to the next phase. Depending on how intense the learning stimulus is, a person may stay in this stage for a short while or for a long time.

1.5 Conscious incompetence (Awareness)

In spite of not understanding or knowing how to do something at this stage, the person is aware of their shortcomings and the significance of learning a new skill to fill those gaps. At this phase, learning can sometimes depend on making mistakes.

1.6 Conscious competence (Learning)

The person is competent to comprehend or carry out a task. However, in order to employ the skill or knowledge, a particular focus is required. There might be a process, and employing the new skill demands a large amount of purposeful, conscious effort.

1.7 Unconscious competence (Mastery)

In the last level, the person has mastered the talent to the point where it is "second nature" and comes naturally to them. The skill can therefore be used while doing another work. Depending on how and when it was learnt, the person might be in a position to teach it to others.

Figure 3: The Four Stages of Competence (Silon & Harter, 1985)

Contributing factors in therapeutic relationship

The therapeutic partnership is a key element in influencing the success of psychotherapy, according to prior research. Many people, however, are unaware of how additional factors, such as empathy, the therapist's experience, the therapeutic strategy, the client's level of motivation, personality, and symptomology, enhance good therapeutic results. Achieving successful outcomes in psychotherapy still depends on the therapeutic relationship. Empathy is still essential for growing the relationship and improving a client's ability to feel heard and understood. It appears that having more experience does not always increase the possibility of successful outcomes in therapy, and no therapeutic strategy is superior to another (Lynch, 2012).

But it does effect the likelihood of the therapist being affected by challenging behavior of the client. This continues to demotivate the counselor that, in turn, affects the outcome of the session. The lack of self-esteem boosting and skill building opportunities for counselors and therapists increases the chance of unskilled and inexperienced counselors. This later on can result in counselors quitting their jobs.

Around the world, many therapists are interested in receiving training in how to provide psychological therapy. Because they are expensive and call for limited knowledge, current training approaches are not well adapted for this purpose. Therefore, more scalable and

cost-effective training methods must be created (Fairburn & Cooper, 2011). These must be able to evaluate the therapist's understanding of the treatment and its application, as well as the therapist's aptitude for using this understanding in clinical practice. In this regard, standardized role-playing approaches may be useful.

It is astounding that so little attention has been given to therapists' capacity to offer these treatments in this period of fervor for empirically supported psychological therapies. Little has changed in training techniques throughout time, and evaluation of training results has received little attention. These interconnected subjects will be discussed in this two-part article, beginning with therapy quality and therapist competency.

To do this, a huge number of therapists must be trained until they are "competent," but little discussion has been given to what this term entails or how it should be measured (Sharpless & Barber, 2009).

It is important to distinguish between the quality of the therapy and the competence of the therapist, the latter term referring to a trait of the therapist and not a type of care. In this context, "the amount to which a therapist possesses the knowledge and ability required to give a treatment to the standard needed for it to produce its predicted results" may be used to describe therapist competence. So, when evaluating a therapist's competence, one is evaluating that therapist's ability to deliver a therapy at a level that is acceptable. This necessitates assessing the therapist's understanding of the treatment, its application, and their capacity to carry it out. The ability of the therapist to carry out a particular sort of treatment has been referred to as "limited-domain intervention competence" (Barber et al., 2007). Nevertheless, how it affects the counselor himself is a different debate.

II. IDENTIFY, RESEARCH AND COLLECT IDEA

It's the foremost preliminary step for proceeding with any research work writing. While doing this go through a complete thought process of your Journal subject and research for it's viability by following means:

1) Read already published work in the same field.

2) Goggling on the topic of your research work. 3) Attend conferences, workshops and symposiums on the same fields or on related counterparts. 4) Understand the scientific terms and jargon related to your research work

2. Rationale

According to the U.S. Department of Education, psychology is the fourth most popular individual major overall, trailing only business, health professions and allied degrees, social sciences, and history. Schools conferred more than 117,000 bachelor's degrees in psychology during the 2014–15 academic year.

The study of psychology at the graduate level is expanding. According to a CWS analysis of data from the U.S. Department of Education, the number of master's degrees issued increased by 54% between 2004 and 2013, and the number of doctorates given increased by 32%. Clinical, counselling, and school psychology made up 58 percent of psychology master's degrees and 56 percent of doctoral degrees awarded in this year. With a growth rate of 34% compared to 29% over the past ten years, doctorates in the subfields that provide health services are surpassing those in research (Clay, 2017).

2. Notions of Research

To identify the role of client dynamics in therapeutic competence of counselors in Pakistan.

To inquire if challenging client behavior drives counselor into quitting their job.

To identify how counselors' deal with challenging client behavior.

3. Research design

The current study used a qualitative exploratory research strategy to investigate and interpret findings based on research topics by gathering qualitative data through semi-structured interviews with working counsellors. The semi-structured interview schedule consisted of extensive open-ended questions to elicit meanings and themes from the responses of the participants.

4. Sample

Convenient sampling was opted, to select interviwees who were available and had access to at a moment in time, as opposed to selecting a truly representative sample of the population. Rather than selecting participants from the population at large, the researcher recruited participants from a convenient subset of the population that was peers, seniors and mentors who were currently practicing as counselor.

This study aimed to explore the counselors subjective experience of client non-response, how they made sense of their experience and how they managed the experience. In this regard, up to 20 counselors will be interviewed with more than two years of professional expereince. The sample size also depended upon the point of saturation.

5. Procedure

The following tasks were required of participants if they accepted to take part in the study: Respond to interview questions about private therapy and counselling. The interview was conducted over the phone and lasted about 30 minutes. The researcher recorded our entire chat on audio, which she later converted to text. The interviewee also had the option of providing a thorough written response to the inquiries made in the form below. The obtained data was subsequently examined, presented in the project paper's outcomes section, and discussed in a presentation.

6. Result

The thorough analysis and research findings are presented in this section of the study. Counselors and therapists in practice, both men and women, discussed their common professional experiences. The analysis and exploration process produced a number of themes and subthemes.

Utilizing interviewing techniques that forced the participants to discuss the study's subject, the data was gathered. Despite the fact that some interviewers opted to provide written answers. Depending on how comfortable the participants were, the questions were asked in English. The majority of the participants agreed to provide written responses, but some also agreed to conduct face-to-face interviews.

7. Transcriptions

The interviews could not be recorded because they were conducted in therapeutic facilities and it was against the law for someone from outside the facility to film them.

Many patterns and themes occurred throughout the conversation, which were put down to aid in recollection. Identifiable themes were highlighted and underlined after each interview response had been written down verbatim and combined with all of the written responses on Google Docs. After reviewing several draughts, recurring topics were discovered and emphasized.

Additionally, to get a different viewpoint, the manuscripts were given to another researcher who was requested to list any emerging themes in case there had been any biases or omissions during the initial phase of developing topics.

8. Discussion

In the discussion phase, several of the key points made by the interviewees are reaffirmed and expanded upon in relation to possible factors that could support a successful psychotherapy outcome from the perspectives of both the client and the therapist. It will also demonstrate how those findings relate to the literature review. The study's limitations and potential effects on future social work practice will next be discussed.

8.1 Client dynamics

Themes from this study's findings generally concur with earlier research that was assessed in terms of the therapeutic alliance, empathy, therapist experience, therapy modality, and client motivation, personality attributes, and symptomology. The fact that none of the study's interviewees had a firm grasp of what "client dynamics" included or how vital it was for developing rapport and achieving therapeutic success should be

emphasized. However, every interviewee concurred that establishing an alliance with the client is crucial to getting the best results from therapy.

One theme that came out of the interviews was the consensus among the respondents that establishing a therapeutic bond with the client begins with meeting them where they are at, being honest, and having the ability to forge a cooperative relationship. The interviewees also concluded that a greater therapeutic connection was facilitated by being open to the client's issues, approachable and unhurried, as well as friendly, courteous, and polite. The literature study referenced (Sharpley et al., 2006) as saying that therapists can establish rapport with their patients by showing an interest in them, being involved, understanding their goals, and finding it interesting for them to communicate both their issues and their feelings. Additionally, according to (Sharpley et al., 2006) critical factors like the therapist demonstrating warmth, empathy, and respect may account for over 80% of beneficial outcomes.

Participants thought that the therapeutic connection develops over the course of two to four sessions, on average. One interviewee claimed that it starts as soon as you meet the client, and other interviewees agreed that it might happen during the first session. According to the research, a good connection between a client and therapist can happen quite quickly, even in the first 10 minutes, but on average it may take a little bit longer (Littauer et al., 2005). "On average it takes 2-3 sessions, however sometimes I can feel a bond immediately after 1 session, but for good measure I would suggest three in order for them to feel safe and vulnerable," said one interviewee. According to both the study's respondents and prior research, it appears that the relationship developed with the client is indicative of successful outcomes, regardless of how long it takes to establish the relationship or the particular strategies therapists use to enhance the alliance.

8.2 Experience of the therapist

In the previous studies, there was no clear evidence about how the therapist's experience affects therapeutic success. Past researches have also sparked controversy on this topic, as indicated in the literature review, with arguments on both sides. Nevertheless, in the current study, it has proved that experience does contribute in the successful outcome of a therapy. Of the interviewees in the study, every single person agreed to the fact that by experience, one can become more skilled and according to an interviewee "They learn to read clients behaviors more than words and read between lines. Thus, can see through clients attempts at faking. They get to know k what works most with a specific issue. Getting better at decoding behavior."

Other natural qualities cited by the interviewees were life experience, relationship-building abilities, the capacity for empathy and communication, and the capacity for

interpersonal connection. A better working alliance is not always guaranteed by a therapist's level of expertise, as Hersoung discovered in a survey of literature on this subject (Hersoug et al., 2001). Interviewees concurred that each therapist must begin somewhere, regardless of theoretical training. In order to increase the possibility that therapy will be successful, it may be advised that professional therapists remain adaptable despite their years of expertise, modify treatments as needed, be positive, communicate clearly, and build meaningful relationships (Hoglend, 1999).

8.3 Therapeutic Modality

According to research, most techniques can lead to positive change, and using a particular treatment technique does not increase the likelihood of a successful outcome (Sullivan et al., 2005). The study's conclusions do appear to be in line with the existing body of knowledge. Nineteen of the twenty individuals who participated in the interview believed that treatment is more successful when a particular modality is used, especially when addressing specific symptoms. However, overall, they continue to use an eclectic approach, and no one therapy method stood out as being superior.

"I think there is a form of therapy for everyone, you just need to discover out what works for whom", said one interviewee. Only one participant believed that the theory being applied to cure the client's symptoms was more crucial to success than the client's personality, symptoms, level of motivation, and beliefs. Although therapists believe using a therapeutic method as a guideline is crucial, it can be deduced from both prior research and the current study that no one particular technique increases good outcomes.

8.4 Effect of clients' and therapists cultural background on rapport building

The best representation of the answer given by majority of the interviewees is "It can have an effect to a certain extent because we know that there are many cultural differences here in Pakistan. For example, if you are a Punjabi and your client is a Pakhtoon, there automatically is a barrier. Now that barrier can be because of language or the attitude of them towards a Punjabi or the therapists' attitude towards a Pakhtoon. That surely affects the rapport. Now what we can do is that we can refer them to a therapist who might know their language or is from same cultural background with whom the client is comfortable with. Or else if it's just the therapists' attitude towards the cultural background of the client, then I try to leave my subjective opinion aside and try my best. Cause that is our job.

To leave subjectivity behind. And if the client is not rude or is not misbehaving with you in any way, and is truly eager to find a cure for their mental illness then it's better to just be professional." Research has shown that exposure to racism and discrimination has a negative impact on ethnic minorities' well-being (Hughes & Thomas, 1998). It also has the same effect on the therapist regardless of the subjectivity.

8.5 Client Success

This study noted that assessing a client's therapeutic success can be overly subjective and that each client's success is unique and individual, just like the person getting therapy. When asked how they gauge a customer's success, every interviewee concurred that they base it on how the client views their own success. There is no clear way to respond to this question based on the interviewees' experiences, but a number of themes surrounding the traits and abilities they consider important when evaluating success emerged.

Maintaining and evaluating a client's treatment plan and shared goals may help the ability to analyze and examine a client's development in a genuine and concrete way. Effective outcomes, according to interviewers, are those in which clients begin to feel better, have learned new habits, have increased coping skills, have enhanced self-esteem, or are experiencing fewer symptoms.

8.6 Behavior of a client that discourages the therapist

When it came to what discourages therapists, the answer revolved around the same theme which was rudeness, resistance, lack of seriousness, and poor acknowledgment of the psychological illness. "Rudeness, beholding important information is unacceptable. Cause that effects the rapport and also the whole thing is based on the information shared by the client. If that's not complete or not true, thing scan really go south." Is what one interviewee said. On questioning about times when they were ever disrespected or insulted by clients or their families, thirteen of the interviewees agreed to many times being insulted and reported that "Yes, many times. They thought that the treatment is not influential and there are no improvements at all." Five of the interviewees said that they make their clients sign a consent form which includes this clause of avoiding any disrespect.

8.7 Desire to quite working as a therapist/counselor

Despite all the hardships regarding opportunities in this field and lack of appreciating in the Pakistani society, fifteen of the interviewees denied the fact that they get discouraged and want to leave their job as a counselor/therapist. Where some therapists said that "Yes, because there are little chances of having a bright career in this field of study because of fewer opportunities and people conceptions about psychology" upon questioning about if they desire to leave their job. Others reported that "No. I really enjoy my job. Being a counselor is a responsibility and so far i love it."

The contributions of Susan Harter and Robert W. White (Silon & Harter, 1985), who postulate that task success or mastery may cause one's perception of one's own competence to rise generally, gave rise to the concept of competence motivation theory. If the person regularly fails at a task or does not receive peer support, the consequence could be the opposite. Nevertheless, in this study, we see that in our society, where there are a lot of graduates of psychology, thus, a lot of competition; people try to stay loyal to this job.

The study's key findings and the data provided by the interviewees are comparable to those of past investigations and written works. It turns out that even with the hard circumstances (client dynamics) and lack of attention towards the therapists' mental needs; practicing therapists do not resort to quitting or leaving their job just because of hardships.

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