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Client satisfaction and goal achievement: From a client's view at Cambridge Interfaith Family Counselling Centre

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CLIENT SATISFACTION AND GOAL ACHIEVEMENT:

FROM A CLIENT'S VIEW

AT CAMBRIDGE INTERFAITH FAMILY COUNSELLING CENTRE

by

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ABSTRACT

Qualitative interviews were conducted with eleven clients, former and active, at CIFCC (Cambridge Interfaith Family Counseling Centre) to understand how client satisfaction and goal achievement in therapy were related. Content analysis of the interviews revealed that satisfaction with the counsellor, especially rapport building, is the greatest contributory to client satisfaction. This observation is discussed for counselling practice.

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1. INTRODUCTION

A study was conducted at Cambridge Interfaith Family Counselling Centre in Cambridge, Ontario, to explore what makes for satisfaction in the counselling experience from a client perspective. The study was designed to focus on:

1. the relationship in the therapy
2. the goal achievement in the therapy
3. the relationship between 1 and 2

The study was qualitative in nature, chosen because of the assumption that this is one of the more appropriate methods to use when one is interested in understanding the response of the whole human being and the meaning of an experience for an individual. A basic principle held in qualitative research is a valuing of people and their experiences, ideas, and needs.

The methodology selected was ethnographic in nature because, as Berg states, it is an approach that accesses "everyday community life from the perspectives of participants" (Berg, 1989). Persons interviewed in ethnographic research are not regarded as subjects, but as participants and co-researchers in the study.

It is the question of the study whether the major contributor to client satisfaction in counselling is the therapeutic alliance that is established between client and therapist. There needs to be trust and rapport in order for a positive outcome to occur, but even if treatment does not end in goal achievement, satisfaction rests more on the way clients are treated.

2. REVIEW OF THE LITERATURE

The literature on client satisfaction from clients' perspectives is sparse. One of the weaknesses of the existent literature is that it generally focuses on the counselling process, theory and practice, and case studies with respect to a particular school of therapy (Rose, 1996). In addition, most of what has been written and discussed about the client's experience and satisfaction in therapy has been based on the impression of therapists, researchers, and theoreticians rather than from the clients themselves (Kuehl, Newfield & Joanning, 1990). A common theme running through the literature is that outcome, as defined by the professional, is more important than client's experience. However, in the past few years, there seems to be a growing awareness of the need for better evaluation designs in order to more successfully evaluate therapy, and of the importance in asking subjective questions about aspects of care that both clinicians and patients think represent quality. Responses to surveys are often objective and difficult to interpret since they are a complex function of expectations that may vary greatly among patients with comparable care (Cleary, 1999). It is evident from the literature that there is a need for a client-based description of what constitutes a satisfying therapeutic experience. In recent years, scholars are pointing out the importance of incorporating client feedback into outcome research (Laszloffy, 2000). This is a position supported by O'Connor et al. who believe that improved understanding of clients' perceptions and meaning can help therapists to develop more helpful practices (O'Connor, Meakes, Pickering & Shuman (1997).

Although this is a qualitative study, some of the articles reviewed were based on quantitative research that employed client surveys, questionnaires, evaluation forms, rating scales or comparative studies of other researchers who had themselves used surveys to reach conclusions regarding client satisfaction. It was felt that they all provide a basis of

comparison with the results discovered through ethnographic methods. Studies conducted by medical researchers were also consulted.

The strengths of the existing literature is that it provides some guidelines regarding the factors that contribute to effective counselling and positive evaluation of the experience, such as importance of therapist characteristics (Kuehl et al., 1990), strong rapport with clinician (Priola, 1999), therapist skill, outcome or problem resolution (Rhudy, 1999), therapeutic relationship, clinician training and availability (Nabors et al., 1999), problem-focused therapies (Frager, Coyne, Couleter, Graham, Sargent & Allen, 1999), and verbal and non-verbal behaviours (Gold & Dole, 1989).

The concept of therapeutic alliance, which is now used in many forms of treatment, is not something new. It derives from Freud's notion that a rapport is required to conduct the work of psychoanalysis and psychoanalytic psychotherapy. Early during the 20th century, Sigmund Freud recognized the importance of the therapeutic relationship in his use of transference, counter-transference and client/therapist benevolence.

Carl Rogers in the 1950's and 1960's argued that the therapeutic relationship was more important than the expertise of the therapist. Rogers stated that therapeutic movement does not depend upon the counsellor's personality, techniques or attitudes, but upon the way all of these are experienced by the client in the relationship. Rogers based this assumption on research that studied the reactions of a woman who had eight sessions with a client-centered therapist. In order to add to the existent knowledge of therapy, the therapist encouraged the woman during the first session to document her reactions very fully. Although the counselor felt the second session had been successful, it was evident from the client's documentation that she had left the session with a catastrophic sense of discouragement. One important assumption from the research is that you must let your own experience tell you its own meaning (Rogers, 1951). Rogers asserted that a

client-centred interpersonal relationship promoted three crucial conditions: empathy, genuineness and unconditional positive regard. These in turn provided the ideal atmosphere for change. Because of the safe and supportive atmosphere created, clients are enabled to explore their experiences openly and reach resolution of their own problems. Rogers claimed that the above factors were both a necessary and sufficient condition for activating personal growth in most people. Manifestation of these crucial conditions has been found to promote therapeutic change in general and recovery from addictive behaviours in particular (Miller & Rollnick, 1991). People are able either to make the necessary changes or adapt their understanding sufficiently to accept life with new faith and vigor once they hear themselves in an accepting and warm atmosphere (Dillon, 1992). One of Rogers' major contributions has been his insistence on research to back up his claims, and results of these investigations have provided confirming data that the attitudes and behaviour of the therapist are crucial elements in therapeutic movement and change.

Over the years, other people in the field of psychotherapy such as Hans Trub and Victor Frankl have also argued that the human relationship between the clinician and client has been more determinative than applied methodology and technique (Krasner & Joyce, 1995).

In the past decade, measuring patient satisfaction has been recognized as the method of choice for obtaining patients' views about their care. the research literature assessing satisfaction from the client's perspective has been growing not only in the psychotherapy discipline but also in the medical field overall. There are currently numerous studies showing that a therapeutic alliance is predictive of positive treatment response in psychoanalytic and other forms of therapy (Doidge, 1998).

The findings may have important implications for many reasons, a few of which may be: to assess effectiveness of therapeutic styles; to understand

how services can be enhanced to promote satisfaction and successful outcome of therapy in a time when brief therapy may become a necessity due to budget constraints; to understand what factors promote successful outcomes; to understand what motivates clients to complete the therapeutic process; and to enhance therapist training. One of reality therapy's continuing goal is to create a choice-theory relationship between the client and counsellor because it is believed that, by experiencing satisfying relationships, clients can learn about how to improve the troubled relationship that brought them into counselling (Glasser, 2000).

In an effort to evaluate therapy from the families' point-of-view, and to emphasize the various aspects of narrative therapy that are most helpful to clients, ethnographic research was conducted with eight families to determine their experience of therapy. The interview was semi-standardized in format and designed to develop a rich description of clients' perceptions of narrative therapy. The findings showed clients appreciated that their perceptions and experiences were valued by the therapists; they felt listened to, acknowledged, not blamed and respected. Above all, they were treated as experts on their own family experiences. All families reported some reduction in the presenting problem (O'Connor et al., 1997).

Williams et al. reviewed the existing literature concerning healthcare outcomes associated with relationship-centered patient care and suggest that a biopsychosocial model of medicine contributes to greater rates of client satisfaction and enhanced health. They state that studies show when primary care physicians are more relationship-centered, compared to being physician-centered, patients are likely to display higher satisfaction, better adherence to prescriptions, more maintained behaviour change, better physical and psychological health, and less of a tendency to initiate malpractice litigation. Studies also reveal that when the patients' families have more positive interactions with the health care providers, patients have better

physical and psychological health and use healthcare less often (Williams, Frankel, Campbell & Deci, 2000).

Studies have shown that counselling represents an interpersonal influence process. Client perceptions of the therapist might be influenced by counsellor behaviour indicative of expertness, credibility, trustworthiness and attractiveness, and determines to a large extent the effectiveness of the counselling interview (Barak & LaCrosse, 1975).

In a study of thirty-five families, the results showed that family members' perception of the therapist does have an impact on treatment outcome. It revealed that all approaches to individual therapy are more or less equally successful, but the non-specific factors, such as relationship, account for some of the differences, and similar arguments may hold true for family therapy (Bennun, 1989). While in individual psychotherapy the quality of the therapeutic alliance has been shown to be the most important contributor to treatment success, family therapy researchers haven't yet studied the therapeutic relationship in all its complexity. However, there is increasing evidence to suggest that the therapist's warmth, support and general caring are necessary ingredients and that therapist defensiveness can negatively affect the outcome of treatment (Nichols & Schwartz, 2001). Rait states that the therapeutic alliance is central to couples and family therapy. Although this concept has not been used widely within the family therapy field, virtually every prominent theorist has addressed how important it is to establish and maintain a positive therapeutic relationship with the family. The alliance in couples and family treatment differs from that in individual psychotherapy in that the couples and family therapist must establish and maintain multiple alliances (Rait,2000).

Measurement of satisfaction is an important tool for research, administration and planning. There has been a recognition of two main principles: patients are an essential source of data about how the service

functions; and that patients have a right to have their views taken into account when planning and evaluating services. It is argued that client satisfaction is of fundamental importance because it gives information on the provider's success at meeting values and expectations which are matters on which the client is the ultimate authority (Avis, Bond & Arthur, 1995).

In the development of a psychogeriatric unit, 69 patients over the age of 65 who were being discharged were interviewed. They emphasized the importance of a good contact with their fellow patients and being treated with respect, politeness and friendliness. The staff have found that using these results from the user satisfaction study has contributed to a positive dialogue with their patients (Sand, 1999).

One researcher stated that in the U.S.A., given the increasingly competitive health care environment, providers must continually identify strategies that enhance customer service. From the surveys completed by 52 patients, it was discovered that key to the patient satisfaction was the courtesy and respect they received from the staff together with the preparation for discharge into the community and the individual therapy received (DiBenedetto, Lewis, Conroy & Brendan, 1999).

The findings of Texas Rehabilitation Commission's 1996 Client Satisfaction telephone survey of 11,959 clients suggested that measuring client satisfaction is a multidimensional concept, but more importantly, rehabilitation staff should recognize that satisfaction with services rests more on the way clients are treated than any other variable, including whether or not their rehabilitation ends in employment (Schwab, DiNitto, Aureala, Simmons & Smith, 1999).

An exploratory study was conducted with selected matched psychotherapists and non-therapists during brief interviews to ascertain how professional training and experience impact the behaviours and satisfaction

of clients. On average, the therapists trained and experienced in building relationship were preferred by their clients (Gold et al., 1989).

Communication style has been found to have an impact on client beliefs and medication behaviour during treatment for depression. In a study with 100 clients ranging in age from 18 - 84 years who were suffering from major depression, it was found that the physician's initial communication style positively influenced client knowledge and initial beliefs about medication. The clients with more positive beliefs about their treatment were more likely to see the physician in follow-up and were more satisfied with the treatment they received. Physician follow-up, communication style and client satisfaction are both predictive of better medication adherence with antidepressant treatment (Bultman & Svarstad, 2000).

In a research study that looked at illness and satisfaction with medical care, researchers found that dissatisfaction follows from poorer health rather than vice versa, and moreover that sicker patients' negative outlooks is a pervasive cause of their lower satisfaction. However, they also found evidence that the physicians' reactions to sicker patients, in the form of curtailed social conversation, also played a role in the reduced satisfaction of these patients (Hall, Roter & Milburn, 1999).

An ethnographic study of 37 individuals from 12 families reaffirmed the importance of therapist characteristics with regard to therapeutic outcome. It found that clients who viewed their therapist as being personable, caring and competent were more likely to be satisfied with the therapeutic experience. When the therapist was perceived as just doing a job and not really caring about the clients as a family, or when the questions and suggestions made indicated that the therapist did not really understand what family members were thinking or feeling, the family was less likely to put a suggestion into practice (Kuehl et al., 1990).

Two studies, from the client's perspective, were done in the 1990's in counselling centres similar to CIFCC, and the results have implications for counselling practice, training and centre operation.

In 1993, a research project was initiated to explore how clients evaluated their experience at Kitchener Interfaith Counselling Centre. Ten informants were interviewed regarding their counselling experience beginning with their initial contact with the agency until termination. The results supported other research findings that the therapist's ability to build a trusting relationship, while at the same time moving the process forward is crucial. Secondly, there is a need for counsellors to see the therapeutic process as a whole. Also the ambience and hospitality of the counselling center is important to clients. Thirdly, the study's focus on client experiences suggests a valuable technique in program or counselling evaluation. Themes emerged in the data that were unexpected based on the review of literature. In particular, the issue of physical contact between client and therapist had not been cited in the literature, but was an important feature of the clients' experiences in the study. Also, the use of rituals in counselling and termination emerged as an important feature (Hanna, Henderson & MacDonald-Kelloway, 1993).

In 1997, an ethnographic research project was completed at the Pastoral Institute of Northern Ontario (PINO). The emphasis of the study was to find out what clients thought to be helpful in the therapeutic process and to address implications for counselling practice, training and center operations. The main focus was to hear the voices of the real experts, namely the client. Ten specific findings were identified: therapy needs to be understood as a process; the decision to seek therapy is an anxiety ridden decision; the therapeutic process begins long before the client comes to the first session; arriving for counselling for the first time, like making the initial call, is an anxiety producing experience for clients; the initial

interview is key in determining whether a client will return or not; therapist personal and professional characteristics remain instrumental throughout the course of therapy; client motivation is a key factor in a satisfactory therapeutic outcome; goal completion needs to be the determinative factor upon which length of therapy rests; peripheral aspects are influential in client satisfaction; and therapy is not an ending but at best a conclusion. The researcher stated the findings had five implications for practice: the results confirm a wholistic training model; therapist and counselling centre personnel need to view the therapeutic process as a wholistic process; in confirmation of the research literature, their findings confirm that therapeutic effectiveness cannot be measured simply on the basis of the number of sessions; successful therapeutic outcome is a result of a combination of client motivation and therapist affability and ability; and PINO needs to discover better means of advertising its services and heighten its visibility, both amongst the general population as well as amongst community resource people (Rose, 1996).

Studies of customer satisfaction support the idea that clients who return for counselling after the initial session have become engaged, along with their counsellors, in the counselling process during intake. In a study conducted with 290 college-student clients, those who returned for counselling were significantly more satisfied with initial interviews than were clients who did not return. The study suggested that, for a positive outcome to occur, clients and counsellors generally need to be engaged in a helping relationship (Tryon, 1990).

Results of follow-up interviews with 100 16-68 year-old new referrals to two outpatient clinics suggest that seemingly impersonal consultations and failure to engage with underlying problems contributed to a high drop-out rate (Morgan, 1999).

From the review of literature, it would seem that there is little research done to date on whether gender affects satisfaction outcomes. Semi-structured interviews of 30 therapists were conducted in 1985. The results showed that, along with the well-known relationship aspects of empathy, warmth, humor, and genuineness, therapists felt that connection, encouragement and respect were critical to forming trusting interactions with client families. It was found that female therapists value the quality of genuineness more highly than their male counterparts but the most outstanding finding was gender, rather than theoretical orientation, has the strongest impact upon how therapists make use of themselves in the therapeutic relationship. Females were more likely to use personal life examples and present feelings with their clients, whereas males frequently focused on other people's feelings and situations when relating to their client's experience (Shadley, (1987).

Little research has been done concerning what constitutes client satisfaction with youth. However, a study conducted with 71 adolescents, who ranged in age from 14 to 19 years, revealed that the therapeutic relationship, clinician training and availability were factors that influenced their high level of satisfaction with the services they had received from a school mental health program. The students were predominately minority youth residing in an urban area (Nabors, Wesits, Reynolds, Tashman & Jackson, 1999).

3. THE CURRENT STUDY - CIFCC CLIENTS

The present study is the only one of its kind that has been conducted at CIFCC. It is a practice at CIFCC to provide clients with an evaluation form at the conclusion of their counselling, which they are asked to answer, anonymously. Clients are requested to respond honestly, whether positively or negatively, to nine questions that are based on a 1-5 scale, plus one question asking for their opinion of what CIFCC could do to improve services. Results of the questionnaires reveal that 97% of the respondents were satisfied with the service they received, and 96% felt they had reached goal achievement. Quantitative research in studies of this type have shown that failure to achieve a satisfaction rate of 70-75% is an indication that a problem exists within the service delivery system (Rochileau & Mackesey, 1980). CIFCC more than meets the norm based on quantitative measures regarding satisfaction by clients. The difficulty with quantitative measures is not having specific content regarding satisfaction. The aim of this particular study is to gather subjective information; in other words, to conduct a client-based evaluation of satisfaction. Throughout this paper, the term "informant" (Berg, 1989) will be used interchangeably with client.

3.1 METHOD

3.1.1 Informants

The informants in the study were eleven clients of CIFCC; five were women and six were men; seven had completed their counselling, and four were presently nearing the end of their counselling. All informants were living in the Cambridge area at the time of the interview.

The informants ranged in age from 22 to 74 years of age. The age of the females ranged from 22 to 74 years. The age of the men ranged from 25 to 52. The number of sessions completed ranged from 6 to over 174.

The participants had come to CIFCC for treatment of a variety of problems which included grief, family violence, addictions, stress, depression leading to suicide attempts, parenting issues, marital problems and relationship issues. In some cases, these problems were manifested by inappropriate behaviors in a variety of contexts (home, school, community).

Counsellors at CIFCC were asked to recruit informants from their past clients or current clients nearing completion of their therapy. The counsellors were provided with Client Information Sheets (Appendix A), as well as Client Satisfaction Questionnaires (Appendix B) to give to those interested in participating in the study. The names and telephone numbers of those agreeing to be interviewed were passed on to the Researcher, and a time convenient to the participant was arranged. Eleven names were submitted, and 11 people were subsequently interviewed.

3.1.2 Procedure

At the beginning of each interview, the informant was briefed on how it was to be conducted and the type of questions that would be asked. They were asked to read an Informed Consent Statement (Appendix C), which the Researcher reviewed with them. The Statement provided information on the purpose of the study, risks and benefits, confidentiality and anonymity, and contact numbers of the researcher as well as the Faculty Advisor and Dr. Bill

Marr, Chair of the University Research Ethics Board, should the informants have further questions or any concern. The researcher underlined that participation in the study was voluntary, that the informant only had to answer questions with which they were comfortable, and that he/she could decline to participate at any time throughout the interview. The informants were asked to sign the Consent Form if they wished to proceed with the interview. All informants were asked if they would like to be sent a summary of the research once it was completed. Nine said "yes"; two said "no".

Interviews were semi-structured, consisting of a set of questions that were common across all interviews (see Appendix B).

The interviews were all audio taped and transcribed by the researcher. The transcripts and completed questionnaires provided the data for the study.

3.1.3 Setting

All 11 interviews were conducted at CIFCC. CIFCC is a not-for-profit agency that provides confidential counselling services to individuals, couples, families and groups regardless of religion, ethnicity or ability to pay. Pastoral counselling education and training in counselling skills has also been CIFCC's mandate since it was established in 1976. Since 1991, CIFCC has offered approved CAPPE programs of PCE, and in 1994 received Centre Accreditation. In 1996, CIFCC unified their partnership with a longstanding community partner, Community Opportunities Development Association (CODA). In 1998, CODA-Cambridge combined resources with another social service organization in the region, which led to the formation of Lutherwood Community Opportunities Development Association (Lutherwood-CODA), of which Cambridge Interfaith became a program unit.

From April 2002 to February 2003, CIFCC delivered over 4,681.75 service hours of counselling. These hours were provided by seven interns, seven externs, four volunteer counsellors, three staff counsellors, and five professional staff. Telephoning the Centre accesses the services of CIFCC

and a brief intake is done, written up and then assigned to the appropriate therapist. Sessions are audio or video taped, with the client's authorization, for supervision.

CIFCC has consistently ranked high in customer satisfaction with its goal-oriented treatment plan. Currently, when clients conclude their counselling at CIFCC, they are asked to fill out a questionnaire, and statistics gathered from this show that there is a 97% client satisfaction and a 96% goal achievement rating.

3.1.4. Method of Data Analysis

The researcher reviewed the transcripts and questionnaires separately in order to look for themes in the responses to specific questions asked. The transcripts were reviewed again to search for cases that did not illustrate or that contradicted identified themes.

4. FINDINGS

Eleven clients of CIFCC (both former and active) were interviewed and asked eight questions designed on a rating scale of 1-5 around four main areas of the counselling experience in order to discover what were the major contributors to the clients' satisfaction:

1. Informant's level of satisfaction with the quality of service provided.
2. Informant's level of satisfaction with the degree of solution achieved through counselling.
3. Informant's satisfaction with their counsellor.
4. Level of satisfaction with the Centre overall.

4.1 Satisfaction with the quality of service provided:

Three informants stated they were (4) satisfied, and eight were (5) very satisfied with the service with which they were provided.

Interview # 1 - (4) satisfied. "Counsellor was very good. She listened; she gave me good books that I really needed."

Interview # 2 - (5) very satisfied.

Interview # 3 - (5) very satisfied. "I have come a long way."

Interview # 4 - (5) very satisfied. "I came in here a mess, and I am not a mess no more. I am thinking clearly, although things have happened, and I am thinking clearly. I get a lot from these sessions."

Interview # 5 - (5) very satisfied.

Interview # 6 - (4) satisfied.

Interview # 7 - (5) very satisfied.

Interview # 8 - (5) very satisfied. "I keep coming back, so that tells you everything. And I hate to miss appointments. I very much benefitted from the visits. And I like to think that I can help whomever I see too. The better I get, the more everybody benefits."

Interview # 9 - (5) very satisfied.

Interview # 10 - (5) very satisfied.0

Interview # 11 - (4) satisfied.

4.2 Level of satisfaction with the degree of solution achieved through counselling:

One person stated they were (2) dissatisfied with the degree of solution arrived at in counselling; one was (3) uncertain; two were (4) satisfied; and seven were (5) very satisfied. One person said they had completed (1) none of their goals; two had completed few; six had completed most; and two had completed (5) all of their goals.

Interview # 1 - (4) completed most goals and (4) satisfied with degree of solution. "I don't know if there is a solution to my problem but it is dealt with, and I have learned to cope with it."

Interview # 2 - (5) completed all and (5) very satisfied with degree of solution. "I came here not because I was charged but needed some answers. Even if it means jail time, I am ready to face consequences because of counselling."

Interview # 3 - (4) completed most and (5) very satisfied with degree of solution. "I have achieved quite a bit. I've had a lot to deal with. I have completed most of them (goals)."

Interview # 4 - (2) completed few and (4) dissatisfied with degree of solution. "Just because again I have a lot farther to go. Although I am feeling better, my goal was to be happy with myself. I am still going after that."

Interview # 5 - (4) completed most and (5) very satisfied with degree of solution. "Completed most goals. What brought me here was I found that in myself I had problems. I thought something was wrong so I seeked some help. In other programs before coming here, I was downspirited. Did not complete all (goals) but completed most. Since I have been coming to see C, I can

talk with her (ex-wife) and I can say to her, 'can I call you back', instead of negativity and putting her down. C has taught me."

Interview # 6 - (1) completed none and (4) satisfied with degree of solution. "Actually I had three different topics to talk about. Depression - I felt that was important to discuss, but few goals have been completed." Informant felt that he was satisfied that he was working towards resolution.

Interview # 7 - (4) completed all and (5) very satisfied with degree of solution. "Absolutely."

Interview # 8 - (4) completed most and (5) very satisfied with degree of solution. "I have completed most, and I look forward to completing the rest. It is an ongoing process."

Interview # 9 - (4) completed most and (4) satisfied. "The problem is that new things keep surfacing. At the time I came here, it was because of grief, but new things would surface that had to be dealt with. I would say almost all."

Interview # 10 - (4) completed most and (5) very satisfied with degree of solution.

Interview # 11 - (2) completed few and (3) uncertain with degree of solution. "That's (question) hard to answer because I had a lot of goals, and I have completed very few because they have to do with outside problems such as compensation, losing my job, and EI. So I would say I have completed few." "Again, I haven't been able to solve any problems because they're outside of my control. So I would say 'uncertain'."

4.3 Satisfaction with Counsellor:

One informant was (4) satisfied with the counsellor, while ten were (5) very satisfied.

Interview # 1 - (4) satisfied. "She was really good. "She listened, and she gave me good books that I really needed. Feedback, was heard and resources given."

Interview # 2 - (5) very satisfied.

Interview # 3 - (5) very satisfied. Informant gave counsellor an 8 or 9 on a scale of 1 - 5. "Felt comfortable sitting with C, as if she is a friend. I listen for advice. Learned to control my anger, and it has made a great difference."

Interview # 4 - (5) very satisfied. "I have to give her a five, even though we had a disagreement about something, she still shoots from the hip, and I like that. It's okay to disagree." "I would like her to tell me that I am right. No! No! No! I sometimes have a real hard time hitting it off with people. I was extremely comfortable with C from the start. I wouldn't want her to change anything. She does an awesome job."

Interview # 5 - (5) very satisfied. "My counsellor? I haven't got words to describe that guy. He is a 2-in-1. He is a counsellor; sometimes he comes across as a big brother; he comes across like your preacher. Very satisfied. C is first class."

Interview # 6 - (5) very satisfied. "I think she is cool. I like her; she understands. Very satisfied. I have had other counsellors before and I think she is best." "Other counsellors didn't exactly help. We had a problem. I saw one counsellor--I only saw her for about two weeks and that was it, during the school time. With others, I didn't feel that they actually sat down and listened to me. You would think other counsellors would listen, but I guess not."

Interview # 7 - (5) very satisfied. "I was very satisfied. He was a great guy. I found him very entertaining. We would have a discussion, and almost get off topic. We could talk about almost anything. I found him very

easy to open up to; very easy to say things to. He laughed a lot so like he made me comfortable right off the bat."

Interview # 8 - (5) very satisfied. "I am very satisfied with C. And you people. Oh, give him a 6. We've developed a friendship too. I don't know whether I should say that but I don't know if that is normal with counselors and people needing counselling."

Interview # 9 - (5) very satisfied. "Oh, he is so wonderful. He is 100%. He is so sensitive. I believe in my heart that I really could tell him anything. I hesitated to tell him something. I was very, very embarrassed. It was not C, but it was my trying to perceive the issue--what it was when it was developing. So I held back. Well, I brought it out, and he gave me advice."

Interview # 10 - (5) very satisfied. "I found that I made a really good connection with C, and very comfortable with talking about any difficulties that I am going through. I feel no judgment, and I feel that is really important. She really listens to me. That's also very important."

Interview #11 - (5) very satisfied. "I am very comfortable with C. She is non-intimidating. She isn't judgmental. I feel she genuinely cares, and she listens to me. She also gives me hand-outs and information to read."

4.4 Level of satisfaction with the Centre overall:

Six of the informants said they were (4) satisfied with the Centre, and five were very satisfied. Asked to what extent they would recommend the Centre to a friend, two would (4) recommend and nine would (5) highly recommend. One person said they would (4) likely return to the Centre if they were to seek help again, while ten said they (5) very likely would do so.

Interview # 1 - (4) satisfied. "Everybody was so nice. A little bit disorganized. Some days we were in one room, sometimes in another. Sometimes

times were changed around. It would have been more comfortable to be in one room." "I would highly recommend my counsellor because I know her. But even if not, would still recommend it (the Centre)." Informant #1 would likely return to the Centre. Asked what the Centre could do to improve its services, the informant said: "No complaints. It might have been good for people like me who like one particular time per week so I can work my life around it to have a set time. Also, there were times when we would get mixed up about the time." Asked if there was anything the informant would have liked to be done differently during the counselling process, the reply was: "The video machine and tape machine inhibited me from saying things. At first, I was really nervous, but became used to it." Asked about what the most important factor in helping the informant cope with their problem, the answer was: "Getting in touch with my feelings, or at least finding ways of going at them." (4) would recommend to a friend, and (4) would likely return to program if seeking help again..

Interview # 2 - (5) very satisfied with Centre and would recommend to a friend in need of similar help. Informant added: "I would recommend the Centre in itself. I would direct it to C. I wasn't expecting to get C. I was willing at the time to talk to anybody. I was so overwhelmed with the problem that I needed to talk with somebody. My family didn't understand. I tried to talk with my family about it, my brothers and sisters, and I guess we are a dysfunctional family to a degree that they like pointing the fingers. They said, if it wasn't for this one or wasn't for that one, you wouldn't have this problem; not seeing the true nature of the disease of alcohol. I needed someone to talk to. I just dumped it all out, and I got answers. Answers today that I can see beyond, and I pretty well know what the outcome will be, and I am ready to face the day that it happens. So that's a long way from being down and from where I am today, and six months ago." "I know going back and looking at the situation from day one and where

I am today, it is hard to describe. I felt in despair where I thought maybe the world would be a better place without me. So I contemplated suicide. I went to my doctor first, family doctor, and he suggested to me right away to go to the Mental Health Clinic at Cambridge Memorial Hospital. It seemed like, because to them I didn't look suicidal, I guess it is alright to have the talk, but it seemed like I got taken from there and pushed over here to a mental doctor who had no concept whatsoever about how I felt at the time. All he gave me was a little pill, and said take that pill and get some sleep. It was very frustrating. It seemed I was just pushed aside, and I never got my answers. Again, I don't how I felt that day. I truly don't want to go back there." The informant did not think there was anything the Centre could do to improve its services. "Where I am today I would say is because of the service itself." Informant would (4) recommend to a friend, and (5) would very likely return to the program if seeking help again.

Interview # 3 - (4) Satisfied with Centre, "Most definitely recommend - highly recommend. Pretty happy with the centre," (5) would highly recommend it to others, (5) would very likely return if seeking help again.

Interview # 4 - (4) satisfied with Centre. "It is in a nice location - air conditioned." (5) would highly recommend "I have already recommended somebody here, and she is going here now. So I would have to give that a 5." (5) would very likely return to the program if seeking help again.

Interview # 5 - (5) very satisfied. "Reception and friendliness and stuff like that? I find it to be good too. The ladies at the desk, they keep changing faces, but they are great -- one big smile. Yes, very satisfied." (5) would highly recommend. "I recommend it to people all the time. (5) would very likely return to the program if seeking help again. "I still want C to have input. I haven't seen him lately but in relation to the parenting situation, I rang him last month to talk with him." With regards

to what the Centre could to improve its services, the answer was "expand with more counsellors. If I won the lottery, I would donate money to the Centre."

Interview # 6 - (4) satisfied with the Centre. (5) most definitely would recommend to a friend. (5) would very likely return to the program if seeking help again. "You never know when other problems will come up."

Interview # 7 - (5) very satisfied. "I felt totally comfortable. I got great service from everybody here, but it was a pain in the butt with the doors down there, getting into the actual Centre. Like, the first time I came, I didn't know where it was. I saw the sign outside, and went to the door and it was locked; had to go to the other door, and it was apparently a totally different business down there. It felt a little awkward getting up here. The satisfaction of the service was phenomenal for sure. Actually finding Cambridge Interfaith here was a little bit of trouble. It wasn't that much work but the service itself was great. It was a bit of a run-around to find the place; even when I came up, I walked right by it the first time." (5) would highly recommend to a friend, and already has. (6) He would very likely return to program. Asked what the Centre could do to improve its services: "First of all, there was a long waiting period before I could get in. I understand that you are all very busy. Maybe you could have a couple of more counsellors on hand. You rushed me through to see a counsellor, if I recall correctly, in a month. You could have a few more updated magazines in the waiting room -- it might be a good idea. Other than that, to improve its service, like I said, the service was great. The waiting period was more than I expected for sure. The pay schematic was fair. I should have told them I made less money than I really did. I thought it was odd, she asked how much money I made. Overall, though, there is really not a whole lot of improvement I think needs to be made. Everything ran smooth. I definitely would have liked to have got in sooner and completed my counselling sooner. In light of the fact that I was late, today is the day I

was supposed to be in my testing for employment; so because I didn't get finished counselling sooner, I had to postpone the testing date. It's not a big deal but, at the time, had I gotten in within a week or two weeks, that would have freed me up to get things in order sooner. Definitely something I said could be improved -- maybe that's not reasonable." Informant said he would (5) very likely return to the program if he needed the services again.

Interview # 8 - (4) satisfied. "How it is constructed, laid out, aesthetics? The stairs might be a problem as I get older." (5) would highly recommend. "I have recommended to my friends." (5) would very likely return to the program if seeking help again. Asked if there was anything the centre could do to improve its services, informant said: "Nothing. Reception is good. I would have preferred two-hour sessions at times instead of one hour." The informant added: "They like my pet here. You like him too. It is a very big factor with me. I am so close to my dog. It really helped that I could bring him -- he'd give everybody an "A" plus. He loves coming here."

Interview # 9 - (5) very satisfied. "The receptionist greets me like an old friend. She has a great smile." Asked about the aesthetics, the informant said: "I think it could improve considerably. The rooms aren't very well lit. They are claustrophobic. I soon forget about all those things, but definitely think it would be a good idea to improve." (5) would highly recommend. "I have been able to feel so at home, helped. I look forward to coming, and I think whatever would I do if I couldn't come?" (5) would very likely return if seeking help again. "I came here before. Do you know D? He was excellent too." The informant felt there could me more counsellors. She stated she had to wait a long time, six to eight weeks, to see a counsellor.

Interview # 10 - (5) very satisfied. "When I was younger, I did counselling at Interfaith down at the Church. I really like this setting. I

find it is really comfortable." (5) would highly recommend. "Recently, I also took a 'small steps to success' program through the Self-Help Food Bank, and told others about my experience here at Interfaith. I am really pleased with it." (5) would very likely return if seeking help again. The informant had indeed; she had received counselling years before with her mother at Interfaith.

Interview # 11 - (4) "It is okay". (5) would highly recommend. (5) would very likely return to the program if seeking help again. Asked if there was anything the Centre could do to improve, informant said: "I asked C if there was anyone here who could use hypnosis on me so I could recall past things in my life that are repressed. But there isn't anyone." "I wish this could be on the ground floor." "I also wish there were more booklets or books to borrow." "I realize the rates are low, some sort of subsidization. But it is very hard for people like me who are unemployed. I haven't worked since October, and I have had to borrow the money to pay the little bit I am charged. But I am very satisfied."

5. DISCUSSION

The goal of this particular study was to gain from the client's perspective if their level of satisfaction was related to his/her satisfaction with goal achievement. The hope was to learn more about what is the primary contributor to client satisfaction.

Looking at the results of the interviews, there was a 100% satisfaction rate with the counsellor. One informant rated satisfaction with their counsellor as (4) satisfied, while ten clients were very satisfied (5). They felt comfortable and listened to by their counsellors. One informant stated that they had a hard time "hitting it off with people" but had been comfortable with their counsellor from the beginning. There were informants who had previously sought counselling from other agencies or institutions but, feeling that they had not been listened to or not understood, had decided against returning there.

Again, a 100% rating was given to the quality of service provided and to the Centre overall. This information is based upon three informants rating the service as four-out-of-five (satisfied), and eight rating the service as five (very satisfied). Six rated their satisfaction with the Centre as (4) satisfied, and five gave a rating of (5) very satisfied. All would recommend the program to others who were in similar need of counselling. In fact, two have already done so. They found it a friendly atmosphere, and felt welcomed by the receptionist. A surprising finding was that the centre's appearance did not detract from overall satisfaction. One informant mentioned that she was initially very nervous and felt inhibited by being audio or video taped but became used to this. There was no mention of the taping during sessions by the other clients.

When asked about the level of satisfaction with the degree of solution attained, 63.6% or seven informants were very satisfied, 18.2% or 2 were

satisfied , making a total satisfaction rate of 81.8%; while 9.1% or 1 was dissatisfied; and 9.1 % or 1 was uncertain.

18.18% or two informants stated they had completed all their goals; 54.54% or six clients had completed most; 18.18% or 2 had completed few; and 9.1% or one had not completed any goals.

From this study it can be learned that clients were satisfied with the counselling experience even when their goals had not been achieved. The therapeutic relationship with the counsellor and service provider seemingly is the primary contributor to satisfaction.

6. IMPLICATIONS FOR PRACTICE

The findings of this study can contribute to family therapy practice by encouraging counsellors, trainers and trainees to remember the value of rapport building and building up a trusting relationship with clients. Perhaps many therapists may read this study and think "that's nothing new". However, the value of the results may be in reminding us of something old and sometimes forgotten: the therapeutic importance of establishing a positive client-therapist relationship. As Laszloffy has suggested, it is important to remember the value of going back to the basics (Laszloffy, 2000).

Beginning counsellors can be confused and overwhelmed by what they perceive to be the complexities of therapy. While it is important to know as much theory and technique as possible, it may be also helpful for trainees to realize that building up a trusting relationship may be a factor that divides an extremely satisfying outcome from an extremely dissatisfying one, at least from clients' perspectives (Laszloffy, 2000).

We are seeing the increasing use of information and communication technology in every facet of our lives. The advent of new technologies has opened up a new era in the counselling profession, and it is apparent that the electronic means of conducting counselling has become a reality. E-counselling relates to having counselling sessions across a distance, and is operationally defined as conducting counselling sessions using telecommunication technologies, i.e. telephones and the Internet. The arrival of online counselling is again recasting the counselling relationship from both the practitioner and the client's point of view. In 1996, there were 12 online therapy Web sites. Now there are more than 200 Web sites where at least twice that many counsellors and therapists offer legitimate online, interactive services. E-counselling allows for short-term therapeutic relationship. Research has shown that the main healing factor in counselling is the therapeutic alliance irrespective of any methods of

techniques the counsellor employs. It is the relationship that heals, and this form of online counselling offers a viable one (Speyer, 2000).

A recent study was conducted in Malaysia to assess whether computer literate respondents were willing to participate in e-counselling sessions. The results showed that the respondents were generally reserved to using e-counselling services and still insisted that the physical presence of a counsellor was important in the counselling process for it to be successful. It was felt that the lack of non-verbal communication like eye contact, facial expression, body posture and gesture might deter the counsellor from really understanding the client and making appropriate interpretations of the responses provided by the client. The findings did indicate that the e-counselling method is much more favorable to the needs of young people aged between 25 to 35 years, especially females. It was revealed in the study that females were able to relate their emotions more readily and easily than males. The study indicated that e-counselling could save time, cost and distances to travel in seeking counsellor's assistance (Harun, 2000).

Further research will be necessary to determine if computer-mediated counselling will threaten the integrity of the therapeutic alliance.

Because of current economic conditions that have led to budget cutbacks and lack of funding, there is a growing necessity for briefer models of therapy. Catholic Family Services of Hamilton has been challenged to come up with a system that provides quick and effective service to people when they need it. After analyzing the services they provide, they realized their system could no longer be based on the assumption that twelve sessions of counselling would be required, and that their counselling service had to be completely re-organized. Clients are asked to initially attend a walk-in clinic, which is held every Tuesday from noon to 8 p.m. It is Hamilton's first-ever walk-in counselling service and matches modern expectations about convenience and accessibility. Therapists work with clients in teams of two

to determine what the most pressing problem is in their lives in order to help identify ways to address those problems. The goal is for clients to leave with a plan of action. Catholic Family Services claim that single-session counselling is a trend throughout North America and in other parts of the world. It is felt that 50 to 60 percent of clients will not need more than one session, but it is also recognized this is not the answer for everyone. Additional counselling sessions will be available for those who need them (Dayler, 2003). Research that focuses on clients' perspective of what constitutes for satisfaction can help trainers, researchers and therapists be more effective, especially when faced with limited time factors. In this case, it would be remembering the value of therapeutic alliance.

7. LIMITATIONS OF THE STUDY

Given that the study's sample was relatively small and context specific, it is important to caution against making generalizations. Although the study was aimed toward understanding client experiences, the extent to which these findings generalize to all CIFCC clients (or to other agencies) is open to question.

The counsellors of these informants had all participated in the PCE (Pastoral Counselling Education) units at CIFCC Two of the counsellors had received their post-graduate education in counselling at the same institution. All except one had been counselling for less than five years. The education and supervision they had received at the Centre was client-centered with an emphasis on listening to the client and the importance of rapport building. The centre also emphasizes goal setting. There is a possibility that this contributed to the overall satisfaction rate. If the same research design was implemented with different samples and researchers and similar results emerged, the reliability would be greatly enhanced.

There exists a possibility that only satisfied clients or those who had relatively positive experiences agreed to participate. While inspection of the data revealed that only two of the informants had successfully reached all their goals, there was one who had not completed any goals. Six informants said they had completed most goals, while two had completed few. However, all informants were satisfied with the counsellor and the quality of service provided.

The design of the study did not allow for interviewing of those persons who only attended one or two sessions, or those who were constant "no shows" and ultimately dropped-out of therapy. Further research at CIFCC might explain why this group of people was not motivated to continue therapy and might also add more insight into what constitutes client satisfaction.

7. SUMMARY, CONCLUSION AND THEOLOGICAL REFLECTION

In the present literature, there is a growing acknowledgement that the client perspective is important for understanding what constitutes satisfaction with the therapeutic process.

The findings of this study indicate from the client's view that the person of the therapist as well as the friendliness of the Centre is important to client satisfaction. It was also revealed that, even though all informants did not reach their stated goals, they were satisfied with the therapeutic experience. It would seem that the positive relationship they had with their counsellor was the primary agent that shaped their satisfaction with the therapeutic process.

It is acknowledged that the helper-helpee therapeutic alliance is a very powerful tool in all psychotherapy. A strong counselling relationship is critical for helping people bring about change. Within pastoral counselling, this also applies. Even as the pastor must preach and teach, he/she must do pastoral work. The primary context of pastoral counselling is the congregation, to whom pastors offer counsel in many forms in the course of pastoral conversation with those they serve (Stone, 2001). In most if not all cases, the pastor has already formed a relationship with those seeking counselling. However, the results of this study reinforce the importance of establishing those conditions that will nurture and further the development of a therapeutic alliance. Pastoral ministry has opened itself up to receive what the personality sciences have to offer, but the challenge has been to incorporate these insights of science into a fundamentally theological motif (Hulme, 1962). Pastoral counselling is unique in that there may be an expectation, in some mysterious way, that as we experience others we may experience Christ. Christ broke into history and helped people realize they were human beings, even when they were being treated like property. Martin Buber has given an example of this when he moved both interpersonal

psychiatry and pastoral counseling into a realm of I-Thou relationships as over against I-It relationship whereby counselling becomes a meeting of thou's (Oates, 1974). Based on Jesus' words, the pastoral counsellor knows that one does not stand among people as a master but as one who walks alongside. The primary role of a pastoral counsellor is relating to an individual client. It can be likened to that of the biblical image of the shepherd. Love of the shepherd is personal and concrete, and the pastor's attention and concern are given totally to the individual client. There is a secondary role in that the pastor builds the community so that its members are able to live fully as human persons, freely choosing to in turn express their care and love for others in valuable ways. Pastoral counselling may be thought of as a process of liberation based on the ministry of Jesus. Its goal is founded upon the desire to see clients whose enthusiasm for life and whose ability to make sound choices is greatly enhanced, and who are freed to see themselves as a people of God who share in a new life (Estadt, 1983). I am convinced as a pastor and counsellor that, along with the formal education I have received, key to being able to provide effective counselling that will aid parishioners and clients work through their difficulties and regain hope is the therapeutic alliance that is developed.

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WILFRID LAURIER UNIVERSITY

INFORMATION LETTER

CLIENTS' SATISFACTION

Principal Investigator: Dawn Diane Yarker, BA., MDiv.
Student: Master of Theology in Pastoral Counselling

You are invited to participate in a research study on clients' experience of counselling. The purpose of this study is to discover your experience of counselling at Cambridge Interfaith Family Counselling Centre. Dawn Diane Yarker is a part time graduate student at Waterloo Lutheran Seminary, Wilfred Laurier University.

INFORMATION

You are being asked to participate in an interview on your experience of counselling at Cambridge Interfaith Family Counselling Centre. Your name was submitted by your counsellor as a potential participant after he/she had spoken with you regarding this. You will be asked to fill in a questionnaire, and during an interview, the interviewer will ask a number of questions. The interview will be audio-taped and should last no longer than 1 hour. You do not have to answer all the questions and can stop the interview at any time. Ending the interview or not answering a question has no consequence for you, especially with respect to future counselling services. The interviewer will then transcribe the interview. Any identifying marks such as your name, names of other persons, places, third parties, etc. will be removed from the transcript. After transcription, you will be given the opportunity to edit the interview. Sample size for the research is 10 participants. The interviewer for this study is a graduate student at Waterloo Lutheran Seminary, Wilfred Laurier University in the research course Th6641. The researcher may seek to present the findings at a conference and may publish the research in a peer reviewed Journal. Any quotations that appear in publications or presentations will not have the participant's name or any other identifying marks. After the research is completed, you will be invited to examine the research report by contacting Dawn Yarker or by indicating on the "Informed Consent Statement" that you would like a summary of the research to be sent to you when it is completed. Cambridge Interfaith Counselling Centre will also receive a copy of the research report.

RISKS

There are no major risks in this research. Possibly, you might disclose personal information that might leave you feeling uncomfortable. The interview can be stopped at any time, and you have the right not to proceed further. The interviewer will offer support and, if appropriate, make a referral to an appropriate professional.

BENEFITS

You might find it helpful to discuss your experience of counselling at Cambridge Interfaith Family Counselling Centre. This research could also benefit a wider audience of counsellors as well as the Centre in examining what constitutes clients' satisfaction in the counselling process.

CONFIDENTIALITY

All that you say is confidential. Confidentiality will be maintained by removing your name from the transcripts and replacing it with a number. Any identifying marks such as names of other persons, places, third parties, etc. will be removed from the transcript. Only the researcher, Dawn Yarker, and the faculty advisor, Dr. Peter L. VanKatwyck, will have access to all the data. Dr. Peter L. VanKatwyk is the Director of the Pastoral Counselling Programs and Associate Professor of Pastoral Care and Counselling at Waterloo Lutheran Seminary, e-mail: pyratec@golden.net , telephone (519) 884-1970, ext. 3586. The audio-tapes will be erased after transcription. The audio-tapes and the transcribed interviews will be kept in a locked personal safe at the researcher's home. After the project is finished, the transcribed interviews will be destroyed.

CONTACT

If you have questions at any time about the study or the procedures, (or if you experience adverse effects as a result of participating in this study), you may contact the researcher, Dawn Diane Yarker at (905) 528-3590. This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfred Laurier University, (519) 884-0710, extension 2468.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from this study before data collection is completed, your data will be returned to you or destroyed. You have the right to omit any question(s) with which you are uncomfortable.

APPENDIX B

CLIENTS' SATISFACTION QUESTIONNAIRE

1. WHAT (IS) WAS YOUR LEVEL OF SATISFACTION WITH THE QUALITY OF SERVICE PROVIDED?

Very Dissatisfied	Dissatisfied	Uncertain	Satisfied	Very Satisfied
1	2	3	4	5

2. INDICATE THE DEGREE TO WHICH YOU ACHIEVED YOUR STATED GOALS FOR COUNSELLING.

Completed None	Completed Few	Uncertain	Completed Most	Completed All
1	2	3	4	5

3. IN TERMS OF THE PROBLEM FOR WHICH YOU SOUGHT COUNSELLING, INDICATE YOUR LEVEL OF SATISFACTIN WITH THE DEGREE OF SOLUTION ARRIVED AT IN COUNSELLING.

Very Dissatisfied	Dissatisfied	Uncertain	Satisfied	Very Satisfied
1	2	3	4	5

4. WHAT IS (WAS) YOUR LEVEL OF SATISFACTION WITH YOUR COUNSELLOR?

Very Dissatisfied	Dissatisfied	Uncertain	Satisfied	Very Satisfied
1	2	3	4	5

5. WHAT IS (WAS) YOUR LEVEL OF SATISFACTION WITH THE CENTRE?

Very Dissatisfied	Dissatisfied	Uncertain	Satisfied	Very Satisfied
1	2	3	4	5

6. IF A FRIEND WERE IN NEED OF SIMILAR HELP, TO WHAT EXTENT WOULD YOU RECOMMEND THE CENTRE TO HIM/HER?

Definitely Not	Not Recommend	Uncertain	Recommend	Highly Recommend
1	2	3	4	5

7. IF YOU WERE TO SEEK HELP AGAIN, INDICATE YOUR LIKELIHOOD OF RETURNING TO THIS PROGRAM.

Very Unlikely	Unlikely	Uncertain	Likely	Very Likely
1	2	3	4	5

8. WHAT, IN YOUR OPINION, COULD THE CENTRE DO TO IMPROVE ITS SERVICES?

_____

_____

_____

_____

_____

WILFRID LAURIER UNIVERSITY

INFORMED CONSENT STATEMENT

CLIENTS' SATISFACTION

Principal Investigator: Dawn Diane Yarker, BA., MDiv.
Student: Master of Theology in Pastoral Counselling

You are invited to participate in a research study on clients' experience of counselling. The purpose of this study is to discover your experience of counselling at Cambridge Interfaith Family Counselling Centre. Dawn Diane Yarker is a part time graduate student at Waterloo Lutheran Seminary, Wilfred Laurier University.

INFORMATION

You are being asked to participate in an interview on your experience of counselling at Cambridge Interfaith Family Counselling Centre. Your name was submitted by your counsellor as a potential participant after he/she had spoken with you regarding this. You will be asked to fill in a questionnaire, and during an interview, the interviewer will ask a number of questions. The interview will be audio-taped and should last no longer than 1 hour. You do not have to answer all the questions and can stop the interview at any time. Ending the interview or not answering a question has no consequence for you, especially with respect to future counselling services. The interviewer will then transcribe the interview. Any identifying marks such as your name, names of other persons, places, third parties, etc. will be removed from the transcript. After transcription, you will be given the opportunity to edit the interview. Sample size for the research is 10 participants. The interviewer for this study is a graduate student at Waterloo Lutheran Seminary, Wilfred Laurier University in the research course Th6641. The researcher may seek to present the findings at a conference and may publish the research in a peer reviewed Journal. Any quotations that appear in publications or presentations will not have the participant's name or any other identifying marks. After the research is completed, you will be invited to examine the research report by contacting Dawn Yarker or by indicating at the bottom of this "Informed Consent Statement" that you would like a summary of the research to be sent to you when it is completed. Cambridge Interfaith Counselling Centre will also receive a copy of the research report.

RISKS

There are no major risks in this research. Possibly, you might disclose personal information that might leave you feeling uncomfortable. The interview can be stopped at any time, and you have the right not to proceed further. The interviewer will offer support and, if appropriate, make a referral to an appropriate professional.

_____
subject's initials

BENEFITS

You might find it helpful to discuss your experience of counselling at Cambridge Interfaith Family Counselling Centre. This research could also benefit a wider audience of counsellors as well as the Centre in examining what constitutes clients' satisfaction in the counselling process.

CONFIDENTIALITY

All that you say is confidential. Confidentiality will be maintained by removing your name from the transcripts and replacing it with a number. Any identifying marks such as names of other persons, places, third parties, etc. will be removed from the transcript. Only the researcher, Dawn Yarker, and the faculty advisor, Dr. Peter L. VanKatwyck, will have access to all the data. Dr. Peter L. VanKatwyk is the Director of the Pastoral Counselling Programs and Associate Professor of Pastoral Care and Counselling at Waterloo Lutheran Seminary, e-mail: pyratec@golden.net , telephone (519) 884-1970, ext. 3586. The audio-tapes will be erased after transcription. The audio-tapes and the transcribed interviews will be kept in a locked personal safe at the researcher's home. After the project is finished, the transcribed interviews will be destroyed.

CONTACT

If you have questions at any time about the study or the procedures, (or if you experience adverse effects as a result of participating in this study), you may contact the researcher, Dawn Diane Yarker at (905) 528-3590. This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfred Laurier University, (519) 884-0710, extension 2468.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from this study before data collection is completed, your data will be returned to you or destroyed. You have the right to omit any question(s) with which you are uncomfortable.

_____
subject's initials

CONSENT

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study.

Subject's signature _____ Date _____

Investigator's signature _____ Date _____

I would like to be sent a summary of this research Yes _____ No _____

Please send to: _____

Street Apt./Unit

_____

Town/City Postal Code

Wilfrid Laurier University

Founded 1911

March 27, 2002

Dawn Yarker
Waterloo Lutheran Seminary

Dear Ms. Yarker:

Re: Your Research Proposal Entitled, "Client Satisfaction and Goal Achievement"

The Research Ethics Board of Wilfrid Laurier University has reviewed the above proposal and determined that the proposal is ethically sound.

If the research plan and methods should change in a way that may bring into question the project's adherence to acceptable ethical norms, please contact me as soon as possible and before the changes are put into place.

Upon completion of your research project, you must submit a final report. You can use the "Final Report on Graduate Student Projects", found on the Research Office web site (http://www.wlu.ca/~wwwroff/humanethics.shtml), as a template.

Yours sincerely,

B. Marr, PhD
Chair, WLU Research Ethics Board

BM/jb

Cc: P. Van Katwyck