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THE DANCE IN CONTEXTS:
EXPLORING THE COMPLEXITY OF THE HELPING / HEALING PROCESS
WITH A FOCUS ON CLIENT SATISFACTION

by

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DISSERTATION

Submitted to the Faculty of Social Work

In partial fulfillment of the requirements

for the Doctor of Philosophy degree

Wilfrid Laurier University

2010

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Abstract

This multiperspectual study was undertaken to explore and describe the complexity of the helping / healing process in a community-based counselling centre. The standard for evaluation was client satisfaction. Client and worker participants' perspectives were sought in an exploration of whether and / or how the client as an individual, the worker both as an individual and as a staff member, the therapeutic relationship, and the organizational setting impacted client satisfaction.

Former clients of the agency (N=400) were asked to complete Greenfield, Attkisson, and Pascoe's (©2005) Service Satisfaction Scale (SSS-30). Respondents (N=73) were profiled using descriptive statistics which led the researcher to a further sample of client participants who agreed to follow-up interviews. Overall, twenty-two former clients made up the client participants' voices captured in the in-depth qualitative study (N=22). Simultaneously, worker participants were asked to take part in focus groups to lend their perspectives on their work and on client satisfaction (N=7).

Grounded theorizing characterized the qualitative portion of the study. The analogy of *the dance* was developed to frame participants' experiences exploring the process of reaching out and asking for help, what was brought to the dance, the dance itself, the dance floor as context and what elements contributed to extremely satisfied dancers. Constructs related to client participant identity, social taboos, and risks of rewounding emerged. Clear negotiation and communication,

the development of a trusting and meaningful connection, working through missteps, intentional endings, and the quality of the counselling experience were found to be important contributors to satisfaction. Worker participants made connections between organizational and supervisory provisions and client satisfaction. Intangible provisions such as validation, support and positive feedback, interested and involved leadership, autonomy, and the promotion of self-care were named and explored. Concrete provisions including training, time and staffing, regulation in caseload, flexibility in scheduling, and adequate remuneration were also recognized for their influence on client satisfaction. Organizational context, climate, and culture were identified as important for both client and worker participants in this study of satisfaction. The ability to grow beyond life challenges also proved relevant to the discussion.

Models for empowering and disempowering contexts emerged and were constructed to frame the discussion. The sent message, *I value you* and the internalized message, *I feel valued* were explored in the context of evaluations. Recommendations were made regarding evaluation of practice and about what social workers and their organizations need to consider in light of the study. Further research is suggested to explore relevance and applicability to other contexts.

Dedication

For Bill Bell –

a lifelong learner and educator; a tower of strength with a compassionate heart.

... there is reward in working hard.

Acknowledgements

It takes a village to raise a pracademic...

I am appreciative of my tribe in particular; for Michael, Julian, and Abbey for the love and laughter, support and grounding I experience every day. For my wider community of family and friends who have seen me through this journey and offered a reassuring word, a helping hand or the seed for a thought; for David and Pavla and Bob, for Linda and Buddy, Clare, Anneke, and Nancy, for Christine, Paul, and Jaron, and for Maisie, I say a word of genuine thanks.

We are born and created and then recreated by those close to us. There have been many women in my life who have helped shape who I am and who have allowed me to make mistakes and to learn and grow from them without judgment; for my sisters at Muskoka Interval House, my Peterborough family and my phellow Phab Phivers – Angela, Dawn, Gabriela, and Jill (*we can do it!*).

There are those associated in particular with this project that I would like to acknowledge and thank. My academic advisory committee is comprised of yet another group of women; intelligent, competent, accomplished and each with her own strengths and gifts. Thank you to Anne Westhues, DSW, Cheryl Harvey, PhD, Carol Stalker, PhD, and Jill Grant, PhD. I feel privileged to have assembled and received guidance from such a group.

I have also relied on the “kindnesses of strangers” throughout this learning journey – though they are no longer strangers - and I wish to acknowledge the

support and expertise of Tony Alberg, 'Mac' McTeer, Maralynne Mitcham, Geoff Navara, Anne Osborne-Kilpatrick, and Jim Zoller.

This project grew out of and with my village of clients and colleagues. In particular, I wish to thank the members and the leadership of the agency in which the study took place. There is risk in opening up our worlds to others, thank you for taking the risk and for being role-models. To the members of my Advisory group who challenged and encouraged me and who bravely opened themselves to the process, I say a big Thank You! Finally to the project's participants, thank you for helping me to better understand your lived experiences and for lending your voices in communicating these to others. You are the reason for my return to school and the reason for this work and it has been my privilege to do it.

TABLE OF CONTENTS

CHAPTER 1: CONTEXT FOR THE STUDY -----	6
<i>Situating Myself</i> -----	9
<i>Overview of the Paper</i> -----	12
<i>Theoretical Framework</i> -----	13
<i>Ecological Systems Perspective</i> -----	13
<i>Issues of Power and Inclusion</i> -----	17
<i>Conceptualization and Definition of Client Satisfaction</i> -----	20
<i>Criteria of Client Satisfaction</i> -----	23
<i>Methods in Client Satisfaction Research</i> -----	26
 CHAPTER 2: LITERATURE REVIEW -----	 29
<i>The Client and Client Satisfaction</i> -----	31
<i>Worker Characteristics and Client Satisfaction</i> -----	33
<i>Therapeutic Relationship and Client Satisfaction</i> -----	36
<i>Worker as Staff Member and Client Satisfaction</i> -----	38
Job Satisfaction-----	38
Burnout-----	41
Supervision and Support-----	44
Psychological Trauma Perspective-----	45
<i>Organizational Setting and Client Satisfaction</i> -----	49
<i>Discussion</i> -----	52
 CHAPTER 3: METHODOLOGY -----	 55
<i>Purposes</i> -----	55
<i>Methods</i> -----	59
<i>Phase One: Administration of the SSS-30</i> -----	60
Procedures-----	64
<i>Phase Two: Grounded Theorizing</i> -----	71
Procedures-----	72
<i>Ethical Considerations</i> -----	78
<i>Trustworthiness</i> -----	79
<i>Strengths and Weaknesses of the Design</i> -----	80

CHAPTER 4: FINDINGS -----	82
<i>Description of the Counselling Centre and its Program</i> -----	82
<i>Description of Respondents</i> -----	82
<i>The Use of the Dance Analogy to Frame the Helping / Healing Process</i> -----	84
<i>Overview of the Chapter</i> -----	85
Section I: -----	87
<i>The Journey to the Dance</i> -----	87
Hard to Ask for Help: Personal Reasons -----	88
Hard to Ask for Help: Social Reasons -----	91
Tipping Point -----	95
What Client Participants Brought to the Encounter and an Assessment of Fit -----	98
<i>Descriptive information about client participants.</i> -----	98
<i>Worker participants' perceptions of agency purpose.</i> -----	101
<i>The need for empathy.</i> -----	103
<i>Shall We Dance?</i> -----	107
Commitment -----	108
Client Participants' Assessments of the Worker, Process and Setting -----	108
<i>Positive first impressions.</i> -----	108
<i>Negative first impressions.</i> -----	113
<i>Worker Participants' Perspectives on the Tasks that Occurred Early in the Process</i> -----	117
<i>The Dance</i> -----	120
Who Leads? -----	121
<i>Questions, knowledge and power.</i> -----	121
<i>Determining the structure and rules for counselling.</i> -----	123
<i>Compatibility and the Relationship</i> -----	128
<i>Barriers to building relationship.</i> -----	134
<i>Moving toward connection, intentionally.</i> -----	136
Development of Trust and Safety -----	140
Stepping on Toes: The Missteps-----	143
Who Ends the Dance?-----	149
Quality of the Dancing Experience -----	156
<i>The Dance Floor</i> -----	160
Organizational Environment and Atmosphere-----	160
Policies and Procedures -----	167
<i>Inclusion, affordability and access.</i> -----	167
<i>Organizational flexibility.</i> -----	170
<i>Intake and referral procedures.</i> -----	173
<i>Evaluation.</i> -----	175

Section II:	179
<i>Behind the Scenes</i>	179
What Worker Participants Brought to the Encounter	180
<i>Benefits derived from being helpers.</i>	180
<i>Worker participant fatigue and the need for co-worker support.</i>	182
<i>The Worker / Supervisor Dance</i>	186
<i>Refreshments</i>	188
Intangible Provisions	188
<i>Validation, support and feedback.</i>	188
<i>Autonomy and organizational leadership.</i>	192
<i>Self-care.</i>	195
Concrete Provisions	196
<i>Training, staffing and supervision.</i>	196
<i>Caseload regulation.</i>	198
<i>Flexibility in scheduling.</i>	199
<i>Loyalty and remuneration.</i>	200
<i>The Dance Floor: Organizational Culture and Climate</i>	205
<i>Common Elements and Parallel Process</i>	209
 Section III:	 212
<i>Better-Off-Than-Before Assessments</i>	212
Mapping the Healing Journey	213
<i>The Review</i>	222
Recommendations	222
Appreciations	223
 CHAPTER FIVE: DISCUSSION	 227
<i>Findings as Viewed through the Lenses of Literature and Theory</i>	228
The Client Revisited	229
Worker Characteristics Revisited	234
The Therapeutic Relationship Revisited	238
The Worker as Staff Member Revisited	249
<i>Compassion satisfaction, compassion fatigue, and self-care.</i>	251
The Organizational Setting Revisited	255
<i>Empowering / Disempowering Contexts</i>	259
<i>Ecological Systems Theory Revisited</i>	262
<i>The Models</i>	265
<i>The Study's Purposes Revisited</i>	271
<i>Limitations</i>	274
<i>Implications for Social Work Research</i>	275
<i>Implications for Evaluation</i>	277
<i>Implications for Social Work Education.</i>	280

List of Appendices

Appendix A: The Survey-----	284
Appendix B: Invitation to former clients to be part of the study's advisory group ---	295
Appendix C: Client Participant Information and Informed Consent Statement-----	297
Appendix D: Survey follow-up Post Card Reminder -----	301
Appendix E: Client Participant Interview Recruitment Telephone Script -----	302
Appendix F: Recognition of Receipt of Compensation -----	303
Appendix G: Client Participant Interview Questions-----	304
Appendix H: Worker Participant Focus Group Questions -----	306
Appendix I: Worker Participant Focus Group Informed Consent Statement-----	307
Appendix J: Contact Information Sheet-----	311
Appendix K: Consent Form - to be contacted for a follow-up interview-----	312
Appendix L: Confidentiality Agreement -----	313

List of Figures

Figure 1.1: Elements of the research design	20
Figure 2.1: Client satisfaction literature visually reviewed	30
Figure 3.3: Sample journal entries	75
Figure 4.1: Client participants' mapped healing journeys	215
Figure 5.1: Client characteristics isolated from Figure 2.1	227
Figure 5.2: Worker characteristics isolated from Figure 2.1	232
Figure 5.3: The therapeutic relationship characteristics isolated from Figure 2.1.	236
Figure 5.4: Lambert & Barley's (2001) summary of factors contributing to variance in therapy outcome	241
Figure 5.5: Worker as staff member characteristics isolated from Figure 2.1	247
Figure 5.6: Organizational characteristics isolated from Figure 2.1	254
Figure 5.7: Reciprocal influences of the client, worker, and organization.	262
Figure 5.8: Empowering Contexts in the Dance	267
Figure 5.9: Disempowering Contexts in the Dance	268

List of Tables

Table 3.1:	Newman, Ridenour, Newman, and DeMarco's (2003) typology of purposes applied to the project	57
Table 3.2:	Research questions linked with elements of design	60
Table 4.1:	Prevalence of types of abuse for client respondents	93
Table 4.2:	Respondents' ages, numbers of sessions and time since last appointment	100
Table 4.3:	Client participants' reasons for attending counselling.....	101
Table 4.4:	Respondents' levels of commitment	108
Table 4.5:	How the decision was made to end counselling	150
Table 4.6:	Common elements of satisfaction for participants	209
Table 4.7:	A comparison of life satisfaction	217
Table 5.1:	Newman's et al. (2003) typology of purposes reapplied to the project	270

REFERENCES-----314

CHAPTER 1: CONTEXT FOR THE STUDY

The National Association of Social Workers¹ conducted a study of its membership and found that the majority of social workers (96%) spent their time providing direct client services (Whitaker, Weismiller, & Clark, 2006). According to the report,

There are only four tasks that significant numbers of social workers report spending more than half of their time on: individual counseling (29%), psychotherapy (25%), case management (12%), and screening/assessment (10%). Fewer than 10 percent of social workers report spending more than half their time on any other task (p. 19).

Social work is made up of a workforce of people willing to help others. Contained within any gesture of help is inequality (Rossiter, 2001) between helper and helped, between strength and vulnerability. Human capacity to make choices and decisions means that social work clients are free to accept or reject the gesture of help, to engage or not engage with the helping process. The gesture of help is in itself contained within a larger social, cultural, political, and economic context. Indeed, the helping process in social work is more than merely the delivery of service, which often implies a simple and linear offering of aid or

¹ No recent information profiling the workforce of Canadian social workers was located.

support. Instead, the helping process in our systems of care involves a complex social system (McCubbin & Cohen, 1999; Nelson, Lord, Ochocka, 2001) directly involving the client, the helper, and the organizational setting; with each aspect impacting, and being impacted by, the other. It is not a faceless, decontextualized interaction, rather it is situated in time and place and relationship and often permeated by power and risk. Indeed, the helping process is complex and multiperspectual.

This dissertation discusses a mixed methods research project designed to explore and describe the complexity of the helping process; in particular, it sought to explore factors or situations that had an impact on clients' assessments of satisfaction and / or dissatisfaction in a community-based counselling setting. Due to the nature of social work within this context, the inclusion of a psychological trauma perspective offered grounding and understanding.² While honouring the many approaches to trauma-related work, one perspective is that experiences of abuse in the context of human relations inherently involves the stealing or usurping of one's subjectivity or power by another, who treats him or her as an object and not as a subject (Shengold, 2000; David A.S. Wright personal email communication 04/23/07). The path to healing within a counselling milieu takes the form of a restorative relationship, respecting subjectivity and personal power and helping to create the potential to weave a renewed narrative (David A.S. Wright personal email communication, 04/23/07,

² It is my belief, after years of practising community-based clinical social work, that many people who present for social work services have experienced abuse in some form; although this may not be the stated reason for seeking service. Abuse, healing, and qualitative inquiry all occur primarily in the context of human interaction; and so intentional effort was made in this project to understand psychological trauma, and the research related to it and to client satisfaction.

12/13/09). If our models of care and our models of research do not reflect the centrality of the client's subjective experience, then do we not run the risk of employing an intervention or a methodology that rewounds or re-enacts the original trauma? "The dynamic of help (and inquiry, I would add) must differ from the dynamic of injury and pain" (David A.S. Wright personal email communication, 04/23/07).

The study of clients' satisfaction with services is not new (Attkisson & Zwick, 1982; Fontana, Ford & Rosenheck, 2003; Lebow, 1983b), and with growing interest in including the voices of consumers in shaping policy and program development (Chamberlin & Rogers, 1990; Dominelli, 2005; Fetterman, 2005; Zimmerman, 2000), client satisfaction is increasingly viewed as an important indicator of quality of care (Druss, Rosenheck & Stolar, 1999; Kingston, 1998; Middelboe, Schjodt, Byrstring, & Gjerris, 2001; Williams, 1994). It has been argued, therefore, that it is in the best interests of professionals and administrators broadly to understand the factors that contribute to client satisfaction so that they may be addressed in the design and delivery of services (Fontana et al., 2003) and to explore whether the helping process is indeed helpful. Current understandings of client satisfaction vary, as the reviewed literature will describe.

Emerging methods have the potential to open up the study of client satisfaction in keeping with postmodern sensibilities, acknowledging the controversies and contradictions inherent both within and between individuals and within and between social groups. This project sought to capture the

complexity anticipated in asking clients about their experiences; to create space for and actively engage with client participants to genuinely hear and explore with them their experiences with our systems of care and specifically the helping process in the program that was the subject of this study. Further, program worker participants were asked to lend their perspectives to the project, exploring their opinions and experiences of the work and of client satisfaction. It is hoped that the contribution of this project is to note the variations, differences and complexities about what has been constructed about client satisfaction and what client and worker participants told me of their lived experiences.

Situating Myself

There are a number of aspects related to who I am that necessarily and naturally influenced the development of this project. Professionally, I came to study social work from a grassroots women's shelter experience and a feminist orientation. My work experience since completing a Masters degree in social work in 1993 has been limited to a small-sized city, community-based counselling agency as frontline staff, supervisor, manager and consultant. While I bring all of my professional experiences to this academic endeavour, my role as consultant can most easily illustrate my motivation for this project. The organization where I was employed, and subsequently where I was a consultant, was contracted by the provincial government to administer a "healing package" to former residents abused while at a provincial training school for girls. During my tenure, I grew increasingly aware of the impact of systemic factors on our clients. While the original intent of the healing package can be debated (some saw it as an honest

attempt at an apology; others saw it as a way to avoid litigation), there were opportunities for both empowerment and disempowerment. On the one hand, a video was produced to name and document the women's experiences, and resources were offered as a means to rebuild broken lives. On the other hand, in signing on to the agreement, women abdicated certain rights and were restricted in some of their choices. The experience has left lasting questions in my mind as to when and how our helping systems actually help and if and when and how they actually hurt. These questions hold one of the filters through which I view and behave in my world – “is what I'm saying or doing helping or hurting in this situation? and for whom?” Further, it is important for me to name the complexity inherent in any situation where there are actors and actants³, agendas and perspectives that serve varying purposes and hold varying degrees of power. There are very few things in life that are either right or wrong, good or bad; rather there are shades of gray and the ways in which we seek to create new knowledge and discourse is important in reflecting our understanding of this.

Personally, it is because of my positions of privilege that I am able to return to school and undertake this project. I am white, physically able, middle class, heterosexual and married, university-educated and socially supported. I also believe that my abilities to learn and grow from my positive and negative life experiences lend strength to me as a person and aid me in my offering of help to others. In addition, I hold a spiritual life that I consider to be private from my professional life; however, because of my position of privilege having an Anglican

³ Clarke (2005) refers to actants as “nonhuman elements in the situation of inquiry” (p. 63) that influence interactions.

priest as a spouse, I have and use access to community resources as I believe they benefit individual clients or client groups. Having (inside) knowledge of the institutional church reinforces my awareness of systemic issues and the power held within such structures; power to help and power to hurt.

One of my favourite words is “congruence” and I attempt to incorporate it not only into my language but into my daily life. I strive for congruence between what I believe and how I live, what I say and how I say it. My values as a social worker, as a feminist, as a mother, and as a woman of faith hopefully combine and are enacted in ways that respect and honour the value of others. It is my hope that the process executed in this research project reflects and is congruent with my values. Central to my perspective is the knowledge and lived experience that change often comes from the margins. Often, those with power have much invested in maintaining the status quo; it is those who are perceived as marginalized, those living “subjugated discourses” (Foucault, 1980) who are sometimes better able to sound the alarm and help bring about change. In the context of this project, clients’ voices were sought and their opinions, both positive and negative, about their experiences in our care were amplified.

As will be noted in the final chapter of this paper, the results of this project have been constructed through interaction and involvement, both past and present, with the individuals, the organization and community being studied. What is presented here is an interpretive portrayal rather than an exact rendering (Charmaz, 2006). Postmodern sensibilities of intersubjectivity, co-construction, inclusion and empowerment are featured in this study and reflect my worldview.

At this point in my development, I do not see myself as an academic, rather I consider myself a practitioner (terming me a “pracademic” by one account⁴). I am by nature, practical and by choice, feminist and as such I need to ask “what’s in this for participants and clients?” It is my opinion as a social worker / researcher that clients and participants need to benefit somehow for their offerings to the process. It is hoped that the results of this project will in some measure give back to those who directly and indirectly made it possible. The final section of the paper will address implications for research and education.

Overview of the Paper

By way of organization, the remainder of this chapter contains the theoretical framework for the study and the conceptualization and definition of client satisfaction and corresponding implications for its study and methods. Chapter two briefly reviews the vast amounts of literature deemed relevant to the project’s scope. The study’s research methodology is described in chapter three. Chapter four presents the findings of the study using the analogy of *the dance* as a framework. Chapter five discusses the findings in relation to theory and the literature and explores models of empowering and disempowering contexts; further, the chapter explores implications for future research and education.

⁴ Thanks to Anne Osborne-Kilpatrick.

Theoretical Framework

This project involved an assessment of counselling as a helping process, within the context of an organizational setting. The discussion needed to be framed by a theory that sees the interconnectedness among the various components of the helping process. To be precise, the helping process was conceptualized to be predicated on the connectedness and iterative nature of the following: *the client, the worker both as an individual and as a staff member, the process of interaction or relationship between the client and the worker, and the organizational setting.*⁵ Further, a particular viewpoint was being privileged in that client satisfaction was the standard for assessment. The choice of theory needed to address elements of agency and structure given the complexity inherent in such a discussion. An ecological systems perspective, informed by issues of power and inclusion, was chosen as a meta-theoretical framework for the discussion. Suggesting that this be viewed as a meta-theory allows for the possibility of practice theories within the framework to complement and expand its utility.

Ecological Systems Perspective

Systems theory has a long history in social work (Siporin, 1977) due to the field's holistic concern with the individual-in-environment. Ecological systems theory, or ecosystems theory, adds dimensions to systems theory especially related to the "web of life" (Siporin, 1977) as a metaphor seeking to understand

⁵ The organizational setting is located within a socio-political, cultural and economic context but addressing what this means is best left for another time.

the quality of transactions between people and environments (Germain, 1973). An ecological systems perspective honours mutuality in relationships. It theorizes that all living things are part of an open, interrelated, and interdependent system. Each part of the system adapts in response to shifts and changes in other parts of the system and to disturbances that arise within and outside the system (Germain & Gitterman, 1996). Reciprocal adaptation can result in a “goodness of fit” between the individual’s and the environment’s capacities and resources. In contrast, imbalance or disequilibrium signals a poor fit between capacities and resources (Germain, 1973). Applying an ecological systems model to social work practice, therefore, conceptualizes that issues brought to counselling by clients are viewed in relation to an inadequacy of fit between people and between people and their environments (Besthorn, 1997; Kemp, 1994; Kemp, Whittaker, & Tracy, 1997; McDowell, 1994). Interactions within open systems are understood to be complex and non-linear, and knowledge is understood to be created in the process of interacting and learning (Mayes, 2003; Warren, Franklin, & Streeter, 1998); therefore, there is potential for ongoing evolution within dynamic open systems. A successful system is one that manages to adapt and continues to function, even though its structures may change, or individual components may cease to exist (Chiari & Nuzzo, 1996). Individual freedom and structural constraints are in tension with one another, each shaping the other.

Constructs associated with an ecological systems perspective are reviewed briefly using Val Mayes’ (2003) conceptualization, and applied to the topic of this paper, namely client satisfaction with the helping process. *Emergence* refers to

patterns, structures or properties that arise during the course of interaction among parts of the system, which have the capability to create new knowledge and a new way of being for the system. In relation to this project, any combination of client / worker / organizational factors interacts with the potential for individual agency and collective action or reaction. An exploration of client satisfaction, in particular, holds the potential for self-reflection at each level and corresponding responsiveness or improvement. *Complexity* refers to the degree of uniqueness inherent in each situation due to the unpredictable differences of each part of the system. Because of a multiplicity of factors in and around the system, the system cannot be controlled, only influenced. Each clinical presentation, each worker's response to the telling of a client's story, each organizational setting is local and unique, thus generalization is an unattainable and undesirable goal. *Chaos* is an expected part of any living system. Chaos theory seeks patterns and relationships in apparent randomness and looks for a balance between "designed structures" and "emergent structures" (Capra, 1996). Designed structures "enable the organization to operate according to certain specifications. They allow the formation of the rules and regulations that are necessary for the day-to-day management of the organization" (Capra, 1996, p. 6). Important to this discussion is the question of who determines designed structures. Emergent structures "adapt, develop and evolve. They are expressions of the organization's collective creativity" (p. 6). How these emergent structures surface and how they are received, again, are important to the present discussion. Holding a balance in the tension between stability and creativity can

be difficult. Too much change risks the security of a system, too little could result in stagnation within a system. *Strength in Diversity* frames complexity and chaos not only as challenges, but also as strengths. While not all perspectives will be agreed upon nor differences celebrated, they add to a repertoire of possibilities. Greater diversity within living systems offers more potential options and solutions in the face of challenges. The same holds true for individuals as well as organizations. *Self-organization* refers to the response following a disturbance in the system. A healthy system reorganizes itself in the face of disequilibrium, using individual agency, diverse resources and capacities, and based upon new knowledge. A system (or organization or worker or client) that is static and inflexible may not survive a disturbance, perhaps because it has chosen to ignore the disequilibrium or it has not been able to reorganize itself or use its available capacities and resources in response to the need to change. *Permeable boundaries* characterize open systems; and interdependence and reciprocal learning at all levels of a system are keys to effective and beneficial collaboration.

The constructs outlined here seem appropriate and applicable to this paper's focus. They offer tools for broadly conceptualizing agency and structure, relations and context, as well as for more specifically conceptualizing the helping process and clients' satisfaction with it.

The theory is not without its critics. Ecological systems models have been criticized for having an inherently conservative sociopolitical orientation and lacking a comprehensive critical perspective (Kondrat, 2002). While the approach

purports to focus on the mutuality in relationships and the adaptation across systems, in practice it is more likely that the individual rather than the system will adapt to environmental disturbances (Besthorn & McMillen, 2002). With this in mind, the ecological systems framework is informed by theory about issues of power and inclusion.

Issues of Power and Inclusion

Within nature's ecosystem, social and natural hierarchy is supported in Darwin's "survival of the fittest" and natural selection theories (1859). Within our human ecosystems the same exists, although not with perhaps such brutality as might be seen on the Discovery Channel. Social conscience and collective responsibility buffer the fight for survival and elements of hierarchy and patriarchy are somewhat concealed. Power and social stratification exist, however, and inform the construction and configuration of systems. Any discussion of a system and of the interactions of its members needs to address the issue of power. Power is conceptualized in many ways. Pinderhughes (1983) defines power as the capacity to influence the forces that affect one's life; in contrast, powerlessness is the incapacity to do so. Foucault (1980) speaks of the interconnectedness of power and knowledge and its development through social relations. Giddens (1994) writes of power in the context of human agency and the capacity to make decisions. Dominelli (2005) explores the place of power in society and explicitly in research. Power establishes control and ownership – who's in and who's out. "Power in interactional processes (re)produces social inclusion and exclusion" (p.15): at the macro-level via strategic cultural, social,

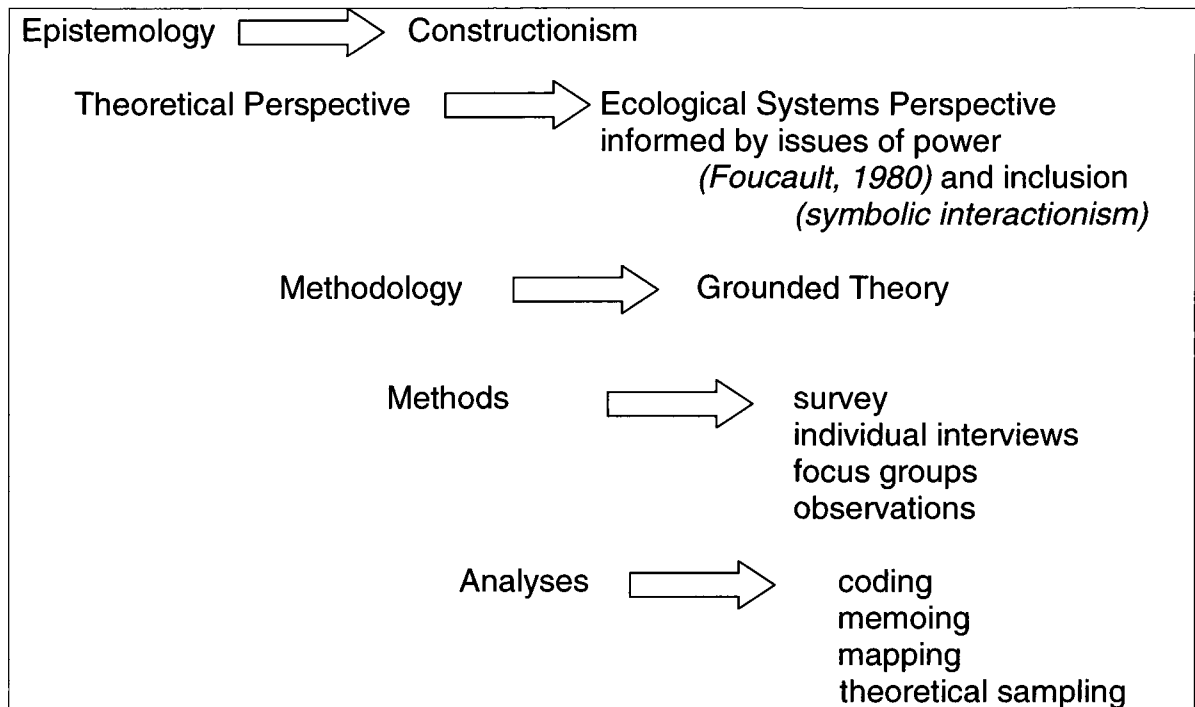
political and economic contexts; at the meso-level through institutions; and through interactions at the micro-level. In research, identity impacts upon power relations as it shapes positionality and the marginalization of identities (Hall, 1992; hooks, 1994). The researcher / researched duality echoes the subjectivity / objectivity and social inclusion / exclusion realities; these processes of interaction can become “sites of power and empowerment or sources of disempowerment.” (Dominelli, 2005, p.16). This is as true for the helping process as it is for the research process. If power and empowerment are truly to be aims of research, then the sharing of power calls for multiperspectual views within the context of interaction and relationship (Stanley & Wise, 1997). Contained within any gesture of help is confirmation of inequality (Rossiter, 2001). While the intention to help may be born out of a noble impulse to help the vulnerable Other (Heron, 1999), we as social workers need to acknowledge that social work is the site of constant tension between social control and social change and that our everyday tasks may be perceived by some (or “Others”) to be “trespasses” (Orlie, 1997). According to Orlie (1997),

... trespasses are the harm brought to others by our participation in the governing ways of envisioning and making the world.... Trespassers are not the active hands-on instruments of wrong-doing, but the ‘responsible’, well-behaved predictable subjects of social order who reinforce and extend its pattern of rule (p.23).

Consideration of the helping process requires an understanding of the power differentials that exist between clients and workers, and between workers and supervisors, and for all within the organizational structure. In asking clients to share stories of their experiences in our systems of care and in privileging their voices, an intentional effort is made to hear those “subjugated discourses” (Foucault, 1980) often silenced or dismissed by “dominant discourses” (Foucault, 1980). I would argue that dominant discourses have constructed our current conceptualization and understanding of client satisfaction. It is unknown to me whether this conceptualization is genuinely inclusive of clients’ perspectives. The existence of survivor activists and self-help advocates suggests that there are some voices still needing to be heard (Chamberlin, 1997; Chamberlin & Rogers, 1990).

Before turning attention to a review of the literature, the design elements for this particular research study are visualized in Figure 1.1. Crotty (2003) proposed that identifying methods, methodology, theoretical perspective and epistemology help to construct the scaffolding around which the edifice of the project is built. Transparency in these elements will hopefully give the reader a sense of the form and foundation for the study.

Figure 1.1: Elements of the research design



Conceptualization and Definition of Client Satisfaction

Extensive and overlapping bodies of literature exist related broadly to the topic of satisfaction. The terms patient satisfaction, client satisfaction and consumer satisfaction were found in the literature concerned with assessing and evaluating health and mental health care and the general offering of products and services. Satisfaction with a product was differentiated from satisfaction with a service (Lee & Kolodinsky, 1999), though the assessment processes of each bore resemblance. It was believed that manufacturers of a tangible commodity were able to assess satisfaction by breaking the customer's acquisition process down into its various components: first, the "search properties" (Nelson, 1974), which spoke to the ease with which the customer found the product, the

purchasing experience (for example the retail environment or the knowledge, helpfulness and friendliness of sales staff), and the cost of the item; second, the “experience properties” (Nelson, 1974), which were those evaluated via the actual consumption of the product; and third, the “credence properties” (Darby & Karni, 1973), which were discerned only after the product had been purchased and consumed for a time, such as its level of usefulness or function in the customer’s life. These properties were thought to form a continuum in terms of ease of evaluation, with search properties at one end and relatively easy to assess and credence properties at the opposite end and often more difficult to evaluate (Lee & Kolodinsky, 1999). According to this model, the assessment of a service such as psychotherapy or social work counselling, which is thought to contain many credence properties, is seen as complex and difficult. Because no tangible item is exchanged, the consumer bases his or her evaluation of the experience primarily on the service provider (Bitner, Booms & Tetreault, 1990); thus the *interaction* is deemed to be the service. This interaction was conceptualized in the literature in a number of ways. It was viewed as a series of role performances according to a predetermined “script” (Alford & Sherrell, 1996; Bitner et al., 1990) and based on stereotypical sets of actions expected to occur (Shank & Abelson, 1977). Similarly, another theory of satisfaction is based upon a “discrepancy” model suggesting that satisfaction is entirely relative, defined by the discrepancy between the client’s expectations and actual experience. Williams (1994) posited that dissatisfaction is only expressed when an extremely

negative experience happens; thus positive satisfaction responses indicate only that nothing “bad” occurred rather than indicating that care was actually “good”.

The literature held a host of perspectives on whether client satisfaction was a single construct or comprised of multiple constructs. For some, client satisfaction was conceptualized as a global rating of perception of care (Larsen, Attkisson, Hargreaves, & Nguyen, 1979; Pascoe, Attkisson, & Roberts, 1983). For others, it involved assessing the match between clients’ cognitive expectations and their affective perceptions of the care actually received (La Monica, Oberst, Madea, & Wolf, 1986; Linder-Pelz, 1982a, 1982b; Risser, 1975; Ryan, Collins, Dowd, & Pierce, 1995). Some researchers promoted the idea that satisfaction and dissatisfaction lay at ends of the same continuum (Pascoe, 1983; Ware & Davis, 1983), while others argued that they were entirely separate constructs (Comley & Beard, 1998; Eriksen, 1995; Forbes, 1996; La Monica et al., 1986). Satisfaction with service was also conceptually combined with outcomes (Donabedian, 1980; Pascoe, 1983) and quality of care (Beaulieu, 1991; Berry, Zeithaml, & Parasuraman, 1985; Davis & Hobbs, 1989; Russell, 1990). Due to the complexity of the construct(s) of client satisfaction, agreement regarding its definition and determinants had not been reached (Boechler, Neufeld, & McKim, 2002; Forbes, 1996; Haas, 1999; Pascoe, 1983).

Mindful of this lack of consensus in the field related to the conceptualization and definition of client satisfaction, for purposes of this paper, client satisfaction is defined along the same lines as those drawn by Strasser and Davis (1991) as *a value judgment on the part of the client, as a response to personal encounters*

with the provider and experienced within the context of the organizational setting.

With this conceptual definition in place, it is assumed that client satisfaction is a multidimensional construct rather than a unidimensional one. Determining the criteria deemed to be important to the assessment of client satisfaction opens the door for further debate in the field. In question is the establishment of measurement criteria, and whose perspective is sought in the determination of such criteria.

Criteria of Client Satisfaction

For each definition of client satisfaction found in the literature, there were corresponding dimensions to be measured encompassing such things as cognitions, feelings, behaviours and expectations in relation to specific service delivery, provider interactions, and client characteristics.

Some researchers sought an overall rating of client satisfaction, perhaps through a standardized scale such as the Client Satisfaction Questionnaire (CSQ-30 or CSQ-8) (Larsen et al., 1979), and thus treated satisfaction as a unidimensional construct. With over twenty-five published studies involving the CSQ and translations in three languages, the instrument was reported to be parsimonious and serviceable (Greenfield & Attkisson, 1989). Other studies conceptualized satisfaction as multidimensional. Gilleard and Reed (1998) differentiated between the personal and professional aspects of care and their relative impact on client satisfaction. Yucelt (1994) identified seven aspects of satisfaction related to patient care including: the interpersonal skills of the physician, major/minor medical reasons to visit a physician, socio-demographic

background of the patient, the quality of the physician's manners, the physician's competence and knowledge, information sources used by the patient to select a physician, and the physician's reasons for becoming a doctor. Russell (1990) identified quality of care, resource availability, and accessibility to be important factors in assessing satisfaction with physiotherapists and occupational therapists. The communication style of the worker was also named as important in the assessment of client satisfaction (Lee & Kolodinsky, 1999).

A review of the literature suggests that Ware, Davies-Avery, and Stewart (1978) established the gold standard for client satisfaction measures (Boechler et al., 2002). The various dimensions identified by Ware et al. were specific to either setting or provider or else they crossed boundaries between the two (Forbes, 1996). Ware and associates (1978) discerned the following dimensions in their taxonomy of satisfaction: accessibility / convenience, availability of resources, continuity of care, efficacy / outcomes of care, finances, humaneness / interpersonal manner, information gathering, information giving, pleasantness of surroundings (physical environment), and quality / competence. These criteria seem to offer an encompassing list from which to choose, informed by the researcher's theoretical assumptions and the appropriateness of each dimension to the particular client setting.

Before agreeing upon any list of criteria deemed to be valid in assessing client satisfaction, however, key questions must be posed about whose views of satisfaction are privileged and who has historically defined the criteria for it. According to Lebow (1983a), workers were not good at predicting the items on

which clients revealed dissatisfaction. Harris and Poertner (1999) noted that the rating of criteria importance varied according to whom was asked: clients identified themes related to communication, the waiting and evaluation time, persons in the clinic, process choice, responsibility, and organization; workers typically generated items from documents such as reports of progress and improved mood and behaviour change; and finally, the professional literature seemed to follow the work of Larsen and colleagues' (1979) Client Satisfaction Questionnaire assessing physical surroundings, type of treatment, treatment staff, quality and quantity of service, outcome, general satisfaction and procedures. Concerns are raised that speak to the level of input clients had into the development of such assessment criteria. There was evidence to suggest that differences in perceptions and goals existed between clients and providers (Perkins, 2001; Ruggeri & Tansella, 2002; Young, Nicholson, & Davis, 1995) and until recently it was providers alone having input into the selection and development of satisfaction criteria (Hopkins & Niemiec, 2006; Perschel, 2001). Calnan (1988) argued that, until recently, the components of satisfaction represented management agendas rather than client needs. Concerns that satisfaction surveys, and potentially the whole process, were flawed due to issues of power and passivity (Hopkins & Niemiec, 2006) led to the invitation to clients to offer their views about what was most important to them about receiving service. The result was that increasingly, client input was sought into the selection of criteria for client satisfaction surveys and tools for specific services and contexts. Careful consideration of methodology is warranted in

order to achieve an accurate reflection of clients' satisfaction rather than workers' / researchers' perceptions of clients' satisfaction.

Methods in Client Satisfaction Research

Given the definition of client satisfaction to be used in the context of this paper, and that the multidimensional nature of satisfaction is assumed, dimensions relating to the client, the worker and the organizational setting are likely to be deemed important to the exploration. How to achieve a meaningful (that is, helpful to clients) gathering of information requires careful consideration of methods. In determining methodology, the parameters for any rigorous investigation apply. The nature of inquiry suggests the presence of unanswered questions; and the literature related to client satisfaction holds contentions about the priorities and the processes for studying it. Understanding context, determining which dimensions should be studied, how data should be collected from whom by whom and when, reliability and validity of measurement tools, and ensuring that the interpretation of results capture the full range of lived experiences, are important considerations.

At the outset, there are a number of challenges that arise in the measurement and evaluation of client satisfaction. Powell and his fellow researchers (2004) noted that after years of disempowerment it may be difficult for clients to offer critical reviews of services. This may be coupled with a fear of jeopardizing access to service by expressing dissatisfaction, or else skepticism that anything will change as a result of assessment (Powell, Holloway, Lee, & Sitzia, 2004). Some clients, even though disappointed with service, may not

evaluate it critically or negatively because of an acceptance of system paternalism or mitigating circumstances (Williams, Coyle, & Healy, 1998; Williams, 1994). Clients who drop out of service may not be included in studies, yet dissatisfaction with services or with workers was often cited by clients who prematurely and unilaterally terminated (Acosta, 1980; DuBrin & Zastowny, 1988; Gill, Singh, & Sharma, 1990; Pekarik, 1992; Reis & Brown, 1999).

It has been demonstrated that clients' perceptions of care transform over time (Williams et al., 1998). In one study, initial responses were often more negative and opinions transformed due in part to factors such as dependency on the system, the need to maintain constructive working relationships, and the preference for holding a positive outlook (Edwards, Staniszweska & Crichton, 2004). Inquiry that accounts for the timing of client feedback may be important.

Satisfaction ratings, often counter-intuitively very high and with minimal variability (Elbeck & Fectuea, 1990; Stallard, 1996), were contradicted with further, more in-depth exploration (Williams et al., 1998). Indeed, it was shown that quantitative measures do not fully capture client dissatisfaction (Crawford & Kessel, 1999). Quantitative studies alone tended to overestimate client satisfaction and when coupled with a mixed methodology, captured decreased client satisfaction and increased client dissatisfaction (Svensson & Hansson, 2006).

As previously mentioned, while good psychometric properties existed in well established instruments such as the CSQ (Larsen et al., 1979), they may or may not have reflected client priorities in assessing satisfaction. On the other

hand, locally developed satisfaction surveys while perhaps more responsive to setting specific agendas, may have lacked generalizability and comparability across sites or across services (Acorn & Barnett, 1999; McKinley, Manku-Scott, Hastings, French, & Baker, 1997). Frequently low response rates in satisfaction surveys, and service “drop-outs”, made non-response bias a potential problem (Lebow, 1983b). Moreover, anonymous responses posed difficulties in representation and interpretation (Boechler et al., 2002).

There was evidence that clients responded differently in interviews led by professionals than in those led by former clients (Clark, Scott, Boydell, & Goering, 1999; Powell et al., 2004). Former clients’ reassurances of a “been there” attitude seemed to help establish rapport and elicit frank and honest conversations (Rose, 2001; Rose, Ford, Lindley, Gawith, & the KCW Mental Health Monitoring Users' Group, 1998). Powell and his associates suggested that “carrying out service user-led evaluations of user satisfaction that address user-defined areas of concern has considerable value” (2004, p. 18).

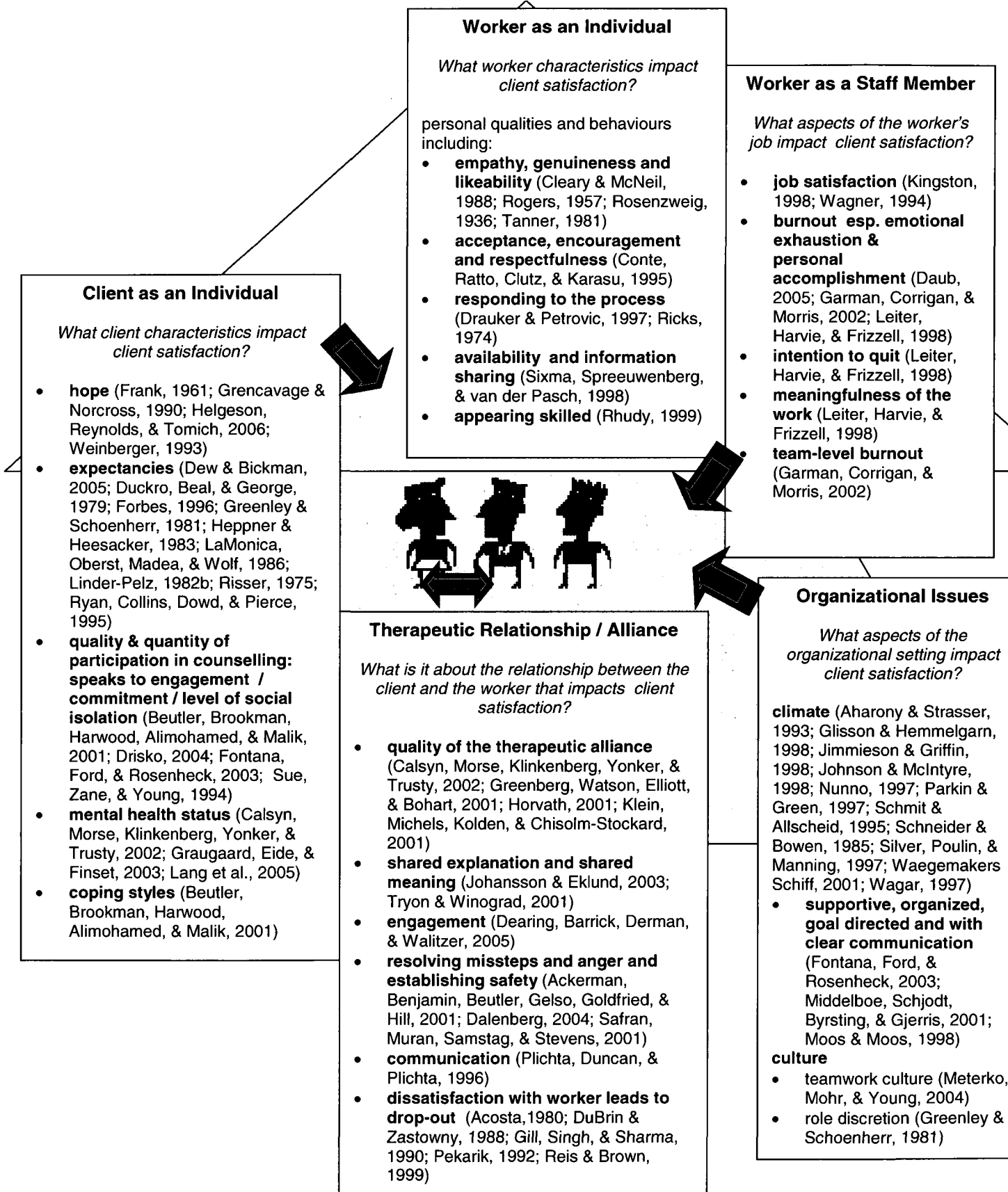
While this review of methods may seem like a list of “what not to do” and make the task of assessing client satisfaction seem overwhelming, important knowledge can be gained from a careful and in-depth exploration with clients about their experiences in the helping process. Mindful of these methodological considerations, we turn now to an exploration of what is known about the topic of client satisfaction; the next chapter reviews the literature.

CHAPTER 2: LITERATURE REVIEW

Practically speaking, I sifted through a great deal of literature from a range of disciplines so that insights beyond my own system of influence might be explored. Literature from the fields of medicine, business and economics complemented the view from the social science and humanities perspective.

From this literature, a visual compilation of what is currently known about client satisfaction and / or dissatisfaction was developed. Figure 2.1 displays this work. It is understood that writings on the subject may have been overlooked and my apologies go to the authors. The figure is to be considered a work in progress, a living document that captures the dynamic field of client satisfaction. With this in mind, lines between the various components of the helping process are drawn arbitrarily and in theory. In actual practice, there is a blurring of boundaries and overlap between each aspect. "In fact, client, therapist, technical, and relationship elements are unavoidably interrelated" (Grencavage & Norcross, 1990, p. 377) and I would add organizational elements to this statement as well. Supported in the literature is the conceptualization that client satisfaction and / or dissatisfaction is dependent on a host of factors including what the client brings to the encounter, what the worker brings, the development of a therapeutic relationship and the organizational context in which the encounter occurs. This chapter explores each aspect of Figure 2.1 in turn.

Figure 2.1: Client satisfaction literature visually reviewed



The Client and Client Satisfaction

The literature revealed that an exploration of links between client characteristics and satisfaction was not new. Generally, client characteristics were those identified as being brought to the helping process by the client. In an early review of the literature, Tanner (1981) reported that there was no evidence of a stereotypically satisfied or dissatisfied prone client type, due to inconsistency in findings. Generally, the literature suggested that investigation into client characteristics focused on two areas: socio-demographic variables and psychological characteristics.

In the first case, socio-demographic variables such as age, education, socio-economic class, employment status, gender, marital status and ethnicity were studied (Balch, Ireland, McWilliams, & Lewis, 1977; Carr-Hill, 1992; Distefano, Pryer, & Garrison, 1980; Fontana, Ford, & Rosenheck, 2003; Greenwood, Key, Burns, Bristow, & Sedgwick, 1999; Hall & Dorman, 1988; Lang, Rodgers, Moyer, Satz, Dresselhaus, 2005; Lebow, 1983b; Locker & Dunt, 1978; Pascoe, 1983; Rosenheck, Wilson & Meterko, 1997; Svensson & Hansson, 2006; Tucker & Kelley, 2000); however, socio-demographic variables did not seem to be consistent predictors of client satisfaction.

While socio-demographic variables proved to be inconsistent predictors of satisfaction (Lebow, 1983b), the study of psychological characteristics offered more interesting findings. Expectancies (Dew & Bickman, 2005; Duckro, Beal, & George, 1979; Forbes, 1996; Greenley & Schoenherr, 1981; Heppner &

Heesacker, 1983; LaMonica, Oberst, Madea, & Wolf, 1986; Linder-Pelz, 1982; Risser, 1975; Ryan, Collins, Dowd, & Pierce, 1995) and holding some element of hope for improvement (Frank, 1961; Grencavage & Norcross, 1990; Helgeson, Reynolds, & Tomich, 2006; Weinberger, 1993) emerged as possible predictors of satisfaction. The quality of a client's participation, engagement and commitment and contrasting barriers to participation such as social isolation and lack of social support were also explored (Beutler et al., 2001; Drisko, 2004; Fontana et al., 2003; Sue, Zane, & Young, 1994).

Any attempt to make generalizations about the influence of client characteristics on client satisfaction was difficult due obviously to the range of client characteristics, contexts and life experiences. A call for further research was made into such client characteristics as expectancies and the predisposition to be satisfied in general, as well as personality characteristics such as optimism, resilience or locus of control.

Psychological trauma theorists agreed it was unreasonable to expect those clients who experienced psychological trauma⁶ to quickly trust a worker (Briere, 1992; Herman, 1992). Extra effort may be required on the part of the worker to ensure feelings of safety and trust and to secure a level of engagement and commitment with a client before proceeding with the therapeutic process. Indeed, as evidenced by Fontana, Ford and Rosenheck (2003) in their study with clients diagnosed with post-traumatic stress disorder (PTSD), engagement in treatment was a prerequisite to tolerating and then participating in the difficult aspects and

⁶ For ease of reading, the term 'psychological trauma' may occasionally be used interchangeably with the term 'trauma'. Doing so does not change the scope or the nature of this discussion.

tasks of trauma work that ultimately led to client satisfaction. A word of caution is warranted. In any investigation of what clients bring to the helping process or of what judgments clients make about their satisfaction, care needs to be taken not to view findings through the lens of defect or blame, as has sometimes been the case historically,⁷ by intimating that there is something inherently different, bad or wrong about those clients who are not satisfied.

Given the prevalence of psychologically traumatizing experiences that occur within the interpersonal context, the presentation of the worker is especially important. We turn now to an exploration of the literature related to the influence of the worker on client satisfaction.

Worker Characteristics and Client Satisfaction

Just as each client brought his or her own self and experiences to the helping process, so too did the worker. Reviewing Ware and colleagues' (1978) dimensions of client satisfaction (*accessibility / convenience, availability of resources, continuity of care, efficacy / outcomes of care, finances, humaneness / interpersonal manner, information gathering / information giving, pleasantness of surroundings, and quality / competence*) revealed that in theory about half of the criteria for client satisfaction were embodied in the qualities and behaviours of the worker.⁸

⁷ A trauma perspective evolved from early attitudes that clients were constitutionally inferior or prone to symptoms of hysteria. Further discussion and references can be found in de Zeeuw Wright, 2007.

⁸ Therapist behaviours in the form of specific therapeutic strategies and interventions are not included in this discussion. Instead, this paper focuses on those things deemed to impact on client satisfaction generally. Linking specific client presentations and corresponding clinical interventions with client satisfaction, while interesting, is well beyond the limits of this project.

Indeed, the literature exploring the impact and importance of therapists' personalities on the helping process dated back seventy years (Rosenzweig, 1936). Qualities and behaviours of workers were studied and found to be associated with client satisfaction. Client perception of worker likeability, acceptance, encouragement, respectfulness, helpfulness (Conte, et al., 1995) caring, empathy, clear communication (Cleary & McNeil, 1988), responding to the client's process (Drauker & Petrovic, 1997), availability, humaneness, information sharing (Sixma, Spreeuwenberg, & van der Pasch, 1998), and appearing skilled (Rhudy, 1999) emerged from the client satisfaction literature as being important worker characteristics.

In a general summary of factors that influenced client satisfaction with mental health services, Tanner (1981) suggested that the satisfied client was likely one who had:

... been in treatment a long time and who terminated in mutual agreement with the worker. This client would describe the worker as active, warm, empathic, and showing interest and the treatment as helpful. In contrast, the dissatisfied client would likely have dropped out of treatment early in the process and would describe the worker as passive, aloof, not caring and not understanding and the treatment as not helpful (p. 284).

Exploring studies specific to psychological trauma, Drauker and Petrovic (1997) conducted a qualitative study with male sexual abuse survivors in which

participants were asked to offer advice to therapists working with this particular client issue. Participants described therapy as a journey and the therapist as a guide. They then went on to describe those therapists' traits deemed to be most helpful in their estimation: being informed and informing the process, being connected with the client, respecting the client's process, going the distance with the client and then letting go at the right time. In another qualitative study, this time with incest survivors, Stanton (1996), noted that therapists must be prepared not simply with information for clients, but with understanding, as "bad therapy" or even uninformed or indifferent therapy risks retraumatizing clients. According to Stanton (1996), therapists deemed to be "effective" in childhood sexual abuse cases: tolerated ambiguity, were adept at translating theory into practice, were cautious with clients, were empathic, viewed clients as capable, and struggled at times to engage the trust of clients.

It makes intuitive sense and it is consistent with an ecological systems perspective that a worker's presentation, style and ways of being impact upon a client's perceptions. The literature is, in my opinion, scant regarding connections between therapist characteristics and a lack of client satisfaction or indeed client dissatisfaction. Mindful once again of the dangers of blame, it is unknown whether there are presentations, styles and ways of being that generally negatively impact on a client. In keeping with an ecological systems perspective, a goodness of fit must be present between parts of the system or else a disturbance is likely to result. We turn our attention now to the therapeutic process and in particular, the therapeutic relationship.

Therapeutic Relationship and Client Satisfaction

The literature provided evidence that attributes of both the client and worker contributed to clients' assessments of satisfaction with the helping process. These individual attributes also contributed to the development of the therapeutic relationship. This relationship was found to contribute consistently and significantly to client satisfaction, and was known by a variety of names: therapeutic alliance (Grencavage & Norcross, 1990), therapeutic bond (Orlinsky & Howard, 1987), therapeutic relationship (Grencavage & Norcross, 1990), therapy relationship (Norcross, 2001), and working alliance (Bordin, 1979).

The therapeutic relationship was deemed multiperspectual and multidimensional. The nature of the relationship was dynamic, interactive, reciprocal, and influenced (Sexton & Whiston, 1994), suggesting that it was not static and that it likely changed over time. Indeed, the therapeutic relationship was conceptualized as evolving in stages (Klee, Abeles, & Muller, 1990; Tracey & Ray, 1984).

Within the literature considerable evidence can be found supporting the idea that the therapeutic relationship contributes generally to client satisfaction (Drauker & Petrovic, 1997; Frager, Coyne, Lyle, Coulter, Graham, & Sargent, 1999; Sixma et al., 1998). Investigating what aspects of the therapeutic relationship in particular contributed to client satisfaction revealed that the quality of the relationship was important. In a qualitative study, Johansson and Eklund (2003) explored patients' opinions on what constituted good psychiatric care and determined that the quality of the helping encounter emerged as an important

factor. In particular, outpatient participants identified that they valued the time, openness, supportive climate, and shared explanation and meaning between themselves and their workers. Calsyn and colleagues (2002) explored mediators to client satisfaction and discovered that the intensity and continuity of program contacts, supportive services, and the strength of the helping alliance as perceived by the client, were important factors for clients with severe mental health issues.

Client engagement as a component of the alliance was linked with satisfaction (Dearing, Barrick, Dermen, & Walitzer, 2005). Dalenberg (2004) explored anger and safety as components within the therapeutic relationship and reported that workers who were emotionally disclosing (versus blank screens) following an angry episode with a client and who took partial responsibility in the encounter were better able to maintain the relationship. This echoed the American Psychological Association (APA) Task Force's (Ackerman et al., 2001) finding regarding the importance of repairing ruptures within the therapeutic relationship. In particular, workers were encouraged to attend to missteps in the process, to explore client's negative feelings and to respond in an open and nondefensive manner (Safran, Muran, Samstay, & Stevens, 2001).

Additional risks to the relationship included poor communication contributing to lower satisfaction with care (Plichta, Duncan, & Plichta, 1996) and unresolved perspective divergence (e.g. a lack of shared common ground and understanding in the process) between worker and client being linked with client dropout (Reis & Brown, 1999). Reis and Brown (1999) reviewed the literature related to client

drop-out rates and reported dissatisfaction with services or with workers was mentioned as their reason for leaving by clients who unilaterally terminated counselling (Acosta, 1980; DuBrin & Zastowny, 1988; Gill, Singh, & Sharma, 1990; Pekarik, 1992). Moreover, levels of satisfaction for clients who left were significantly lower than for those who stayed and completed the work (McNeill, May, & Lee, 1987; Papach-Goodsitt, 1986; Zisook, Hammond, Jaffe, & Gammon, 1978). When and how clients ended their involvement with the helping process, likely offered workers some clues as to levels of client satisfaction.

For purposes of this paper, the worker presents not only in the role as a therapist but also in the role as a staff member within an organizational setting. As a staff member, the worker is a part of a larger system. Attention will now turn to exploring what aspects of a worker's job impact upon client satisfaction.

Worker as Staff Member and Client Satisfaction

When it comes to assessing what impact workers' job-related experiences have upon client satisfaction, several components were explored in the literature. In particular, worker job satisfaction, worker burnout and the experience of supervision are highlighted here. While studies associating client satisfaction and trauma are woven throughout the literature review, a psychological trauma perspective is also explicitly explored in this section.

Job Satisfaction

Within the health services field, it was noted that "(d)issatisfied providers not only create unstable organizations and bad marketing, they give poorer quality,

less efficient and less satisfying (to patients) healthcare” (Wagner, 1994 as cited in Kingston, 1998, p. 33). There was a dearth of literature to support this assertion. One explanation for the scarcity of evidence was that worker job satisfaction was viewed as an outcome of climate or organizational effectiveness variables rather than an intervening variable related with clients (Weisman & Nathanson, 1985 as cited in Kingston, 1998). Further, as Kingston noted, with workers socialized to leave personal issues outside the therapy session perhaps little thought was given to exploring worker dissatisfaction impacting upon clients. Workers are not blank slates, however, and their levels of satisfaction and / or dissatisfaction influence the helping process.

Pascoe (1983) suggested that in the realm of health services, patients evaluated satisfaction both cognitively and affectively. Results from studies (Leiter, Harvie, & Frizzell, 1998; van Campen, Sixma, Friele, Kerssens, & Peters, 1995) support the assertion that clients who complete satisfaction questionnaires are “indicating their general feeling about care, rather than critically evaluating the technical aspects” (Leiter et al., 1998, p. 1615). Indeed, the authors go on to say that the goal of client satisfaction “may best be reached by providing a supportive environment that promotes meaningfulness of work and reduces or prevents burnout. ... (N)eglecting staff well-being in the short-term may result in patient dissatisfaction” (p. 1616). In addition, Daub (2005) reported a significant positive correlation between staff personal accomplishment and client satisfaction in an outpatient community mental health study. These studies make a link, therefore, between client satisfaction and worker job satisfaction. Other

studies, while not directly measuring client satisfaction, are included in this section of the review as evidence of what contributes to worker job satisfaction.

Many job-related organizational factors were reportedly significant to social worker job satisfaction in general. Better trained workers were better able to handle complex cases (Albers, Reilly, & Ritter, 1993; Booz-Allen & Hamilton, 1987; Dhooper, Royse, & Wolfe, 1990; Olsen & Holmes, 1982) and because of this, workers were able to perform their tasks more competently contributing to greater job satisfaction (Cahalane & Sites, 2008; Ryan, Garnier, Zyphur, & Zhai, 2005). Job autonomy, role ambiguity, role conflict, skill variety, feelings of achievement, job challenge, workload, and task significance were predictive of job satisfaction (Barber, 1986; Glisson & Durick, 1998; Jayaratne & Chess, 1984; Poulin & Walter, 1992; Siefert, Jayaratne, & Chess, 1991). Further, Poulin (1994) suggested that factors such as autonomy, influence over decisions affecting the job, flexibility, caseload size, supervision and professional development opportunities influenced social workers' job satisfaction over time. Silver, Poulin, and Manning (1997) pointed out, however, that there was little agreement about the relative contribution of each.

Autonomy was found to be an important factor in job satisfaction among social workers (Abu-Bader, 2005; Henry, 1990; Poulin & Walter, 1992) although this varied with tenure as it was also reported that additional organizational supports for child welfare workers within their first two years of employment was recommended in order that workers may develop competence (O'Donnell & Kirkner, 2009). "Receiving a full caseload too soon after beginning work does

drive workers to leave the job” according to another study (Weaver, Chang, Clark, & Rhee, 2007, p. 20).

Worker dissatisfaction was associated in the literature with a lack of resources, less than rewarding work conditions, lack of support from supervisors and coworkers, and heavy workloads (Mueller & Wallace, 1996; Tyler & Cushway, 1998).

Burnout

Maslach and Jackson’s (1986) model of burnout was used widely in the literature and was conceptualized to include three factors: *emotional exhaustion* spoke to the extent to which workers felt emotionally drained and overwhelmed by their work; *depersonalization* related to the level of emotional withdrawal workers felt from both their work and their clients; and *personal accomplishment*, negatively correlated with the previous two factors, measured the extent to which workers felt that their work made a difference or a contribution to clients and the team. Personal accomplishment speaks to literature already referenced above and was shown to contribute to worker job satisfaction and client satisfaction (Daub, 2005).

Based upon the assumption that the interaction and relationship developed between the worker and client held the key to client change, success and satisfaction, anything that interfered with the worker’s ability to develop therapeutic relationships would be expected to decrease client satisfaction. This assumption was supported in the literature. Worker emotional exhaustion was linked with lower levels of client satisfaction (Garman, Corrigan, & Morris, 2002;

Leiter, Harvie, & Frizzell, 1998); however, surprisingly, Garman and his colleagues (2002) reported that depersonalization did not significantly relate to satisfaction variables.⁹ Again, these studies link the burnout / emotional exhaustion construct specifically to client satisfaction. Additional literature explores what contributes to worker emotional exhaustion and while not directly linked to client satisfaction, it is included here for context.

Workload, role conflict, role ambiguity, variables related with agency change, and lack of job challenge were found to factor into emotional exhaustion for workers (Bhana & Haffejee, 1996; Jayaratne, Himle, & Chess, 1991). Further, burnout influenced job satisfaction (Jayaratne & Chess, 1984; Onyett, Pillinger, & Muijen, 1997). In particular, “agency-specific policies and procedures that interfere with the felt ability of workers to carry out their jobs” were cited (Weaver et al., 2007, p. 21); and Lewandowski (2003) reported that bureaucratic paperwork and rules contributed to worker frustration and subsequent burnout.

Studies reported that the worker-client relationship, particularly when working with those who were suffering, angry, or difficult to help, contributed to burnout (Leiter & Harvie, 1996). One study (Mor Barak, Levin, Nissly, & Lane, 2006) asked specifically what caused workers to stay despite the stressful nature of the job and difficult organizational environment. In this case staying was seen as an active choice rather than simply not leaving. Respondents reported that the clients were the reason they stayed in their jobs, along with good supervision, benefits and flexibility, and making a difference. A personal commitment to the

⁹ There is growing evidence to suggest that emotional exhaustion best conceptualizes the burnout construct and further research is called for (Stalker, Harvey, Frensch, Mandell, & Adams, 2007) to ensure a relevant and clear measure of burnout.

work may also explain why some workers remained despite the emotionally intense nature of the work. Workers,

...often feel a greater responsibility and commitment to their clients than they do toward their work organizations. The conflict between organizational conditions (e.g. high caseloads) and workers' own professional expectations may lead employees to keep up with their very demanding work commitments at the expense of their own emotional health, with high levels of burnout as a result. (Mor Barak, Nissly, & Levin, 2001, p. 653).

Baines (1998) identified women's commitment to an "ethic of care"; and this may enable tolerance for the contradictory reality of exhaustion, low status and low income and simultaneous satisfaction (Stalker, Mandell, Frensch, Harvey, & Wright, 2007).

Interestingly, from the perspective of ecological systems, Garman, Corrigan, and Morris' (2002) use of a multilevel analysis (hierarchical linear modeling) supported the construct of team-level burnout. The authors speculated about the potential effects of either organizational leadership or team member "fit" with others of similar burnout levels in explaining the phenomenon. Further, team-level burnout accounted for between ten per cent (for satisfaction with the therapist) and 25% (for satisfaction with the environment) of the proportion of variance for client satisfaction resulting in an overall average of about 16% of

variance (Garman et al., 2002), presumably affected by the frequency of contact between team and client. The idea of “social contagion” related to burnout was explored suggesting that workers more susceptible to emotional stimuli may be more influenced by colleagues’ burnout (Halbesleben & Buckley, 2004). Similarly, Leiter and Harvie (1996) reported that 41% of the emotional exhaustion of staff in their study could be predicted by the staffs’ supervisor variables. Such findings supported the notion that stress had mutual or transactional effects.

Supervision and Support

The literature reported that lower levels of burnout were associated with affiliative leadership style, perceived support from management, the provision of structure and clear expectations, and involvement of staff in decision-making (Leiter & Harvie, 1996). In addition, lower levels of burnout were associated with perceived opportunities to be innovative and to participate in decisions affecting work (Lee & Ashforth, 1996). Good quality supervisor support was found to reduce depersonalization and emotional exhaustion (Gant, Nagda, Brabson, & Jayartne, 1993; Mor Barak, Travis, Pyun, & Xie, 2009; Webster & Hackett, 1999) and was negatively related to burnout (Siebert, 2005). Further, studies provided evidence that social and organizational support (Acker, 1999; Koeske & Kelly, 1995; Martin & Schinke, 1998; Um & Harrison, 1998) and satisfaction with promotional process and decisions (Jayaratne & Chess, 1983) buffered the relationship between emotional exhaustion and job satisfaction.

Conversely, lack of supervisor social support was linked to burnout and emotional exhaustion (Lee & Ashforth, 1996). Studies suggested that burnout

was a major contributor to poor morale and subsequent turnover (Geurts, Schaufeli, & De Jonge, 1998) and turnover and intention to leave (Mor Barak et al., 2001; Rosenthal & Waters, 2006).

Making the link with client satisfaction, employee turnover was found to be disruptive to continuity of care and to the quality of service offered to clients (Braddock & Mitchell, 1992; Mor Barak et al., 2001). Another study, reported that “people who are actually acting out their burnout through depersonalization are not more likely to leave the field than those who are expressing feelings of emotional exhaustion, suggesting possible negative outcomes for children and families” (Strolin, McCarthy, & Caringi, 2007, p. 33). It was demonstrated that it was possible to reverse feelings of burnout and dissatisfaction among workers who were contemplating leaving (Cooley & Yovanoff, 1996; Winefield, Farmer, & Denson, 1998).

The link between workers’ experiences of their jobs and client satisfaction is a relatively weak one in the literature, but the strands of connection do exist. This realm of influence seems fertile ground for further exploration.

Psychological Trauma Perspective

As mentioned in the introduction to the paper, a psychological trauma perspective will overlay the client satisfaction research. Doing so helps to maintain focus on the importance of respecting subjectivity and exploring issues of power within the helping context.

In keeping with an ecological systems perspective, just as a client is impacted by the presentation of a worker, a worker is also impacted by the

presentation of a client. The literature related to psychoanalytic dynamics of transference and countertransference and re-enactment provides evidence of the reciprocal processes that occur in the therapeutic realm. The literature related to a psychological trauma perspective addresses this influence in a slightly different way. For purposes of this discussion, one side of this mutual interaction will be focused upon – the impact of working with trauma survivors on the worker. This impact can be viewed as positive or negative or some combination of both.

There are a number of terms used to describe the “cost of caring” for others in emotional pain: compassion fatigue (Figley, 1995), secondary victimization (Figley, 1982), secondary traumatic stress (Figley, 1982, 1985; Stamm, 1995), vicarious traumatization (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995) and secondary survivor (Remer & Elliott, 1988). Compassion fatigue (Figley, 1995) has to do with the trauma experienced by the helper and was defined as a combination of secondary traumatization and burnout. Secondary traumatization paralleled PTSD in symptoms (e.g. re-experiencing, avoidance/numbing, persistent arousal) although it arose out of the sharing of the psychologically traumatic story. Vicarious traumatization (VT) was the result of an accumulation of therapeutic experiences that affected the therapist both personally and professionally (Saakvitne & Pearlman, 1996). Vicarious traumatization was the “transformation or change in a helper’s inner experience as a result of responsibility for and empathic engagement with traumatized clients” (Saakvitne, Gamble, Pearlman & Lev, 2000, p. 157). Intuitively, one would suspect that compassion fatigue or vicarious traumatization in its impact

on the worker would naturally affect the worker's ability to be present and attend to a client's needs. Indeed, workers affected by vicarious traumatization or secondary traumatic stress were at higher risk of making poorer professional judgments than workers who were not affected (Munroe, Shay, Fisher, Makary, Rapperport, & Zimering, 1995; Pearlman & Saakvitne, 1995; Stamm, 1995).

While it was thought that years of experience, a personal history of trauma, and self-care strategies factored into a worker's experience of, and reaction to, the material presented by clients (Saakvitne & Pearlman, 1996), further study is required. Secondary traumatic stress theory "predicts that personal, professional, and organizational support may provide protective factors to mediate against some of the risks relating to the development of secondary traumatic stress" (Collins & Long, 2003, p. 423). The literature that suggests that good quality supervisor support reduces depersonalization and emotional exhaustion (Gant et al., 1993; Mor Barak et al., 2009; Webster & Hackett, 1999) and mitigates against burnout (Siebert, 2005) supported this assertion. To counteract the negative effects of burnout, O'Donnell and Kirkner (2009) suggested "(w)orkers may need support to recognize and celebrate the successes that do occur in their jobs or to feel that their efforts to help children and families are paying off, that they are making a difference" (p. 80).

From another perspective, the literature is scant with respect to the potential benefits that can be experienced from struggling with life challenges. Gaining strength in the literature related to psychological trauma is the idea of posttraumatic growth (Tedeschi & Calhoun, 2004). The term refers to the

potentially positive psychological changes that can be experienced as a result of a struggle with highly challenging life circumstances. In effect, the idea is that a person can grow through life's challenges and find him/herself better off than before. Similar constructs to posttraumatic growth are: positive psychological changes (Yalom & Lieberman, 1991), finding benefits (Affleck & Tennen, 1996), and stress-related growth (Park, Cohen, & Murch, 1996). Compassion satisfaction (Stamm, 2002) describes the construct as it relates specifically to workers' experiences.

The positive changes that sometimes accompany the struggle with a major life crisis can be organized into three basic categories: changes in self-perception, interpersonal relationships, and philosophy of life (Calhoun & Tedeschi, 1999). The authors speculate about anecdotal evidence of therapists' perceived growth in these same three ways following vicarious brushes with trauma in their practices. It is thought that compassion satisfaction may help mitigate the effects of burnout and compassion fatigue (DePanfilis, 2006; Stamm, 2002).

Steed and Downing (1998) note that recognition of the positive as well as the negative impacts of trauma therapy on workers (and I would add on clients as well), would contribute to expanded discussions of the phenomena. It is from this place of wanting to expand discussion that decisions were made in the project to explore client participants' journeys, paying attention especially to stories of growth beyond challenge.

Organizational Setting and Client Satisfaction

It has been stated that characteristics of the organization in which services are delivered are likely to be important determinants of client satisfaction. Lebow (1983) noted “the management and structure of the organization in which treatment is delivered are likely to be important to satisfaction; however, these aspects of treatment have received almost no attention in the research.” (p. 219). The literature providing evidence of this link continues to be scant. Often, organizational characteristics deemed to impact client satisfaction focused on service-related practices such as procedures, location, size of facility, fees, confidentiality, and the quality of support staff (Berger, 1983; Young, Meterko, & Desai, 2000). Organizational climate and culture are privileged in this discussion linking how the organizational setting impacts on clients’ assessments of satisfaction.

Workers’ collective perceptions of the organizational environment, also known as climate (Glisson & Hemmelgarn 1998), factored into client satisfaction according to a number of studies. Indeed, workers’ attitudes regarding their employment environments were found to impact on job satisfaction, client satisfaction, service quality, client outcomes, and risk of child abuse by staff (Glisson & Hemmelgarn, 1998; Jimmieson & Griffin, 1998; Johnson & McIntyre, 1998; Nunno, 1997; Parkin & Green, 1997; Schmit & Allscheid, 1995; Silver et al., 1997; Wagar, 1997). A working environment that promoted well-being among its workers facilitated quality client service (Johnson & McIntyre, 1998; Schneider & Bowen, 1985). Similarly, workers who were satisfied with various aspects of

their working environment behaved in ways that were likely to increase client satisfaction (Aharony & Strasser, 1993). It was noted, "(i)n essence, employees' interaction and experience within the organization in which they work is replicated with those who receive their services" (Cahalane & Sites, 2008, p. 96).

In a study of inpatient clients, Fontana, Ford, and Rosenheck (2003) hypothesized that the social climate of the setting was the result of both the program structure and the client's experience of it. Their results indicated that a residential milieu that was experienced as organized, supportive and grounded in clear communication between workers and clients was equally important to client satisfaction as any other aspect of the treatment process or program. These findings supported others in which the role of perceived social climate impacted on variance with satisfaction. Moos and Moos (1998) investigated the connection between work environments and impacts on clients and concluded that in substance abuse treatment settings, clients in programs with a supportive and goal-directed work environment tended to participate more actively and be more satisfied with treatment. Glisson and Hemmelgarn (1998) explored whether organizational climate and inter-organizational coordination predicted service quality and outcome and reported that only climate was a significant predictor. Middelboe, Schjodt, Byrting, and Gjerris (2001) reported that client perceptions of a psychiatric ward's atmosphere were a strong predictor of satisfaction. In particular, support, order and organization characterized the dimensions most valued by inpatients. Middelboe and colleagues (2001) determined that mental health inpatients were able to assess ward atmosphere. It is unknown how and

whether outpatient clients assess the social climate within organizations in the same way that inpatients do, and what impact it has on their levels of satisfaction.

Organizational culture refers to workers' collective learning that creates and recreates shared assumptions and beliefs into which new members are socialized within a setting (Schein, 1992). Meterko, Mohr, and Young (2004) addressed the relationship between organizational culture and various performance measures. In particular, their study examined the relationship between teamwork culture in a healthcare setting and patient satisfaction with care. Results indicated a significant and positive relationship between teamwork culture and client satisfaction for inpatient care, and a significant and negative relationship between bureaucratic culture and patient satisfaction for inpatient care. In their study of one aspect of client satisfaction, namely humaneness of service, Greenley and Schoenherr (1981) found evidence that organizational attributes were independently related to client satisfaction. In this case, role discretion (flexibility in handling tasks) was used to characterize the organization's internal structure and processes. They went on to report that role discretion related to greater work-group satisfaction of staff, lower intrastaff conflict, and lower staff frustrations with clients. Waegemakers Schiff (2001) also supported the idea that there were dimensions of organizational culture that related directly with client satisfaction with intake services in mental health clinics.

In a review of the literature, Nunno (1997) addressed the issue of disempowered staff using the construct of organizational culture and noted the potentially devastating effects of this on vulnerable client groups such as children. In particular, he spoke to the maltreatment of children and the role of supervision to avert such occurrences.

An ecological systems perspective overlaid with the context of the organization raises the idea that workers and clients, although they function within the organizational culture and climate, also belong to subcultures both inside and outside of the setting. Therefore, while there may be common beliefs and assumptions shared across the organization, subcultures also experienced their own group learning and created (and so over time, could recreate) their own realities (Morgan, 1997). Attention to the issue of power was noticeably lacking in the literature related to the organizational setting, with a few exceptions (Karabanow, 2004; Nunno, 1997).

Discussion

The client satisfaction literature reviewed here reflects the “dominant discourse” (Foucault, 1980) of current thinking in the field. There are assumptions in its construction that need to be explored with clients and tested for their soundness. The helping process within our systems of care is complex, multiperspectual and multidimensional. The questions that arise out of the review of the literature relate to the complexity of what clients would say affects their assessments of satisfaction and whether the proposed framework reflects their

actual experiences of the helping process. A danger of acknowledging only the writings of those who research or practice is that we continue to reproduce the same knowledge and expect the same roles of individuals (Jill Grant personal email communication, 04/23/07). Seeking out and collaborating with clients and creating space for their stories, provides an opportunity for newness in the field. There is an opportunity to ask questions emerging from the voices of clients themselves and from new methods cultivated to respond to postmodern sensibilities. From this place of inclusion arises the challenge and potential for personal and professional self-reflection or critical reflectivity (Kondrat, 1999) to question structural relations and provide an opportunity for growth. Seeking inclusion is not without its challenges and maintaining the status quo and administering tools proven to obtain the results we expect is easier than the proposed alternative. Further, some clients who are suspicious or who have grown weary of the lip service paid to client participation, have opted out of the process entirely and sought alternative systems. Within this context, I attempted to seek out “subjugated” (Foucault, 1980) or silenced voices by trying to be intentionally inclusive.

Ultimately, the contribution of this project may be to draw comparisons and contrasts between what we think we know – what we have constructed about client satisfaction – and what clients and workers tell us of their lived experiences. The project was undertaken in the spirit of inclusion and shared power; whether this was achieved remains to be evaluated (Dominelli, 2005). The ideal project, from my perspective, was to create space and to engage with

all participants in the study to genuinely hear them and explore with them their experiences within our systems of care. There are degrees of, and benefits and risks to, relatedness. Some worker / client, worker / organization, organization / client relationships may be negotiated to be mutually beneficial, some may be innocuous but not necessarily useful; some relationships may be exploitative. We need to be prepared for the almost inevitable response that the helping process does not work at times and we must have the courage to pursue the honest, challenging responses that may surface with those clients brave enough to share them with us. As social workers we need to be vigilant or “suspicious” (Rossiter, 2001) about our work and its impact on us and on those beyond ourselves.

A review of the study’s methodology is presented in the next chapter. This methodology was born out of the knowledge presented here. This knowledge is filtered through lenses of priority and preference. The choices about how to proceed, while honouring what has been done in the past, also honour my perceptions of what still needs to be done and how. With this in mind, my values and philosophies are reflected in the choices that were made. They reflect my philosophies that client satisfaction is, among other things, multidimensional, best understood from a multiperspectual and multilayered stance, enriched through a respectful privileging of client participant voices and perspectives, and dependent upon self-reflexive practice and research. We look now to the details and practicalities of the project itself.

CHAPTER 3: METHODOLOGY

This chapter outlines the specific details of what occurred during the study beginning with its purposes and questions. An explanation for the use of a sequential mixed method research design is provided. Procedures for the two phases of the project are then outlined; phase one explores the quantitative portion and the use of the SSS-30 (©Greenfield, Attkisson, & Pascoe, 2005) and phase two relays the grounded theorizing employed in the qualitative portion. The chapter concludes with ethical considerations and reflections on the study's strengths and limitations.

Purposes

According to Newman, Ridenour, Newman, and DeMarco (2003) without taking time to clarify and reflect on purposes, a researcher risks not having a question that will lead to suitable methods. "The researcher must understand the purpose of his or her study in all its complexity so as to make appropriate methodological choices" (p. 168). The meaningfulness and usefulness of research is born out of such thinking; in essence, the researcher must ask about the reasons for undertaking a project, why it is worth pursuing and how to go about it. Newman and associates (2003) present a typology listing nine purposes as a framework for clarifying a project. The purposes include: to predict; to add to the knowledge base; to have a personal, social, institutional, and/or organizational impact; to measure change; to understand complex phenomena;

to test new ideas; to generate new ideas; to inform constituencies; and to examine the past (p. 176-7). The general purpose of the present study was to explore and understand the lived experiences of counselling participants and the complexity of the helping / healing process and begin to theorize about those elements that contribute to client participants' assessments of satisfaction and / or dissatisfaction. A typology (Newman's et al., 2003) is presented to further elucidate the project's purposes (Table 3.1).

Table 3.1: Newman, Ridenour, Newman, and DeMarco's (2003) typology of purposes applied to the project

Purpose:	Implementation:	Application to my study:
Add to the knowledge base.	<ul style="list-style-type: none"> confirm findings strengthen the knowledge base 	<ul style="list-style-type: none"> administer a standardized client satisfaction tool interviews observations employ grounded theory method
Have a personal, social, institutional, and/or organizational impact.	<ul style="list-style-type: none"> deconstruct / reconstruct power structures promote questioning improve practices 	<ul style="list-style-type: none"> break down clinical practices to reveal how they work and rebuild them with renewed understanding question impacts of current practices encourage organizational change if it is warranted to better meet clients' needs
Understand complex phenomena.	<ul style="list-style-type: none"> understand phenomena understand people 	<ul style="list-style-type: none"> explore the helping process with client and worker participants explore facets of client satisfaction / dissatisfaction and what contributes to experiences
Generate new ideas.	<ul style="list-style-type: none"> generate sensitizing concepts generate theorizing 	<ul style="list-style-type: none"> in keeping with postmodern sensibilities, name experiences and honour their value in the emergence and creation of new knowledge
Inform constituencies.	<ul style="list-style-type: none"> hear from those who are affected by treatment / program describe the present 	<ul style="list-style-type: none"> engage with and offer an opportunity for subjugated discourses to be voiced offer a means of accountability related to the purposes of the program in meeting the needs of those it serves

The general question guiding the study was this: “What elements of the helping / healing process contribute to client participants’ assessments of satisfaction and / or dissatisfaction? “ More specific questions that emerged from the review of the satisfaction literature further refined the study:

1. What *client characteristics* impact client participants’ satisfaction?
2. What *worker qualities or characteristics* impact client participants’ satisfaction?
3. What is it about the *relationship* between client and worker participants that impacts client participants’ satisfaction?
4. What aspects of the *worker participants’ jobs* impact client satisfaction?
5. What aspects of the *organizational context / setting* impact client participants’ satisfaction?
6. Are there aspects of both *satisfaction and dissatisfaction* in client participants’ experiences?
7. How do the findings of this project *compare* with what the literature deems to impact client satisfaction –sites of convergence, divergence and silence - in client and professional discourses?

Specific methods were chosen as a means to answer these questions. These methods will now be examined.

Methods

Sequential mixed methods research design includes both qualitative and quantitative data collection and analysis in which one set of data provides a basis for sampling. In this project quantitative data gleaned from a survey provided a basis for selecting a sample for the qualitative grounded theory. There has historically been some debate over the (in) compatibility of qualitative and quantitative approaches based on paradigm-method links (Tashakkori & Teddlie, 2003). A further concern about mixed methods relates to conclusions or inferences; what if the quantitative and qualitative components lead to different or contradictory findings (Tashakkori & Teddlie, 2003)? In keeping with postmodern sensibilities, such an outcome speaks to the diversity contained within situations and reflects a range of voices and perspectives. Conflicting findings can signal the need to re-examine “taken for granted assumptions” or “dominant discourses” (Foucault, 1980). Indeed, the mixed methods literature supports the value of divergent views and the opportunities to be found in such situations (Kelle & Erzberger, 1999; Sandelowski & Barroso, 2003; Tashakkori & Teddlie, 2003).

The incorporation of qualitative and quantitative methods speaks to new methodological choices to capitalize on the knowledge potential of a single project (Currall, Hammer, Baggett, & Doniger, 1999). As mentioned previously in the review of the literature, it has been shown that quantitative measures do not fully capture client dissatisfaction (Crawford & Kessel, 1999). Quantitative studies alone tend to overestimate client satisfaction and when coupled with a mixed methodology, capture decreased client satisfaction and increased client

dissatisfaction (Svensson & Hansson, 2006). A choice was made, therefore, to administer a survey to participants and follow-up with interviews and focus groups. Results from both the qualitative and quantitative data have factored into the interpretation of results, and have contributed richness to the study's models. Table 3.2 identifies and displays the specific research questions and the corresponding design elements chosen to address each question area in turn.

Table 3.2: Research questions linked with elements of design

Question regarding:	Elements of research design used to explore the question
client participants' characteristics	<ul style="list-style-type: none"> • client participant survey • client participant interviews • worker participant focus groups
worker participants' qualities or characteristics	<ul style="list-style-type: none"> • client participant survey • client participant interviews • worker participant focus groups
worker participants' jobs	<ul style="list-style-type: none"> • worker participant focus groups
relationship between client and worker participants	<ul style="list-style-type: none"> • client participant interviews • worker participant focus groups
organizational context / setting	<ul style="list-style-type: none"> • client participant survey • client participant interviews • worker participant focus groups • observations
elements of both satisfaction and dissatisfaction	<ul style="list-style-type: none"> • client participant survey • client participant interviews
convergence / divergence/ silence	<ul style="list-style-type: none"> • grounded theorizing

Phase One: Administration of the SSS-30

Boechler, Neufeld and McKim (2002) reviewed the literature in search of a client satisfaction instrument that met the following criteria: 1) the stated purpose of the tool was to measure the construct of client satisfaction using Ware's et al. (1978) typology, and was appropriate to a community health centre setting; 2)

psychometric properties were reported and met standards; 3) the tool was acceptable to a population using the community health centre, meaning that clients had input into its use; and 4) the time required to complete the tool was feasible. While this study's setting was a community based counselling centre rather than a community health centre, the similarities in criteria make Boechler's et al. (2002) results applicable. "In a CHC (community health centre) that uses a PHC (primary health care) service delivery model in which community participation is a guiding principle, it is important that client satisfaction evaluation reflect clients' perspectives on satisfaction" (Mahon, 1996 as cited in Boechler et al., 2002, p. 109). The researchers selected thirteen satisfaction tools meeting at least one of the outlined criteria. Ultimately, the Service Satisfaction Scale (SSS-30) (©Greenfield, et al., 2005) was chosen as the most comprehensive tool. Boechler et al. (2002) judged the SSS-30 superior for several reasons: it captured the multidimensional nature of client satisfaction, item wording was clear and item comprehension "perfect" or "good", it was relevant to heterogeneous client types and service settings, and it addressed lack of variability in degrees of satisfaction by using more extreme rating markers ("delighted" and "terrible") to reduce the negative skew and ceiling effect (Boechler et al., 2002). The development of the tool drew on the scaling approaches used in life satisfaction (Andrews & Withey, 1976; Greenfield & Attkisson, 2004) and quality of life research (Lehman, 1988; Greenfield & Attkisson, 2004) in an attempt to capture sensitivity in item responses. The SSS-30 was designed to "serve as a consumer voice in service system evaluations"

(Greenfield & Attkisson, 2004, p. 817) and to be relevant across a range of service groups evaluating a diversity of service types (Attkisson & Greenfield, 2004). In relation to psychometric adequacy, the tool's authors reported that the SSS-30 "meets requirements for reliability, validity, and nonreactivity to extraneous situational factors" (Greenfield & Attkisson, 2004, p.832). Experience with consumers and staff was said to confirm the scale's face validity (Greenfield & Attkisson, 2004). Content validity was supported in a study focusing on content analysis in which good inter-rater reliability was demonstrated. It was found that the instrument's item content represented the satisfaction domain well (Greenfield & Attkisson, 2004; Ruggeri, Dall'Agnola, Agostini, & Bisoffi, 1994). The SSS-30 was compared to its well-established sister scale, the Client Satisfaction Questionnaire (CSQ-8) (Larsen et al., 1979). The correlation between the total sum score of the SSS-30 and the CSQ-8 was examined in one study and found to be .70 ($p < .0001$); thereby supporting the construct validity to the SSS-30 as a composite measure of general client satisfaction. Further, the skew of the SSS-30 was lower than that of the CSQ-8, demonstrating a better distribution at the high end of the scale (Greenfield, 1989). In terms of replicability, there is evidence of factorial invariance across health and mental health services using Harman's coefficient of congruence, ranging from .88 to .93 (Greenfield, 1989) to .95 to .97 (Greenfield & Attkisson, 1989). Reliability information is available on the instrument's internal consistency assessed using Cronbach's coefficient alpha on the measure's two main subscales (Manner and Skill and Perceived Outcome). Alphas range from .85 to .93 (average .88) for the

nine-item Manner and Skill subscale and from .80 to .91 (average .87) for the eight-item Perceived Outcome subscale. Internal reliability for the measure's smaller subscales are lower (average .74 for Office Procedures and average .67 for Access). The SSS-30 total sum score serves as a composite satisfaction measure with high internal consistency, with alphas ranging from .93 to .96 across service settings. The decision was made, therefore, to administer the Service Satisfaction Scale - 30 (©Greenfield, et al., 2005) in this study (Appendix A).

The quantitative tool was administered for two potential purposes. First, it would provide a means for assessing the experiences of satisfaction and / or dissatisfaction for a sample of respondents, and second, it would be a way to identify potential candidates for the qualitative follow-up interviews.

Supplementary questions were asked about respondents' experiences of abuse and coping styles in an effort to determine whether either of these had any bearing on participants' levels of satisfaction and / or dissatisfaction. I was less tied to the coping question than to the question exploring experiences of abuse. The literature suggests that coping style may moderate treatment effects (Beutler, Brookman, Harwood, Alimohamed, & Malik, 2001) and so information was sought about respondents' typical coping patterns. The purpose for including a question exploring abuse experiences was not so that respondents would be defined or labeled as victims or survivors or in any way; but rather, to raise awareness about the potential prevalence of abuse and to expand discussion about what this may mean for our interactions and for power in our interactions.

Procedures

The proposed study was approved by the Wilfrid Laurier University Research Ethics Board. The project focused on a community-based counselling program situated in a central Ontario community-based counselling centre. The program was funded by the Provincial government, the United Way, fundraising and geared-to-income user fees. The selected program served a range of clients seeking individual, couple, family and group counselling, not uncommon in the realm of community-based social work services. The use of a single site offered the chance for in-depth and thick description of the situation.

The site was chosen because of my familiarity with the work carried out at the agency. This knowledge helped me better understand the positions, situations, discourses, elements, actors, actants, and social worlds present in this particular arena of the helping process. With my return to school six years ago, and with time and distance, I did not assume to know and understand details of the clinical work being performed. Therefore, I was curious and open to being surprised by what I heard and saw.

At the outset, the agency staff were asked by their clinical manager, and followed up by the researcher, to recommend former clients of the agency who were known to take an interest in community and / or consumer advocacy issues, and who might agree to be part of the study's advisory group. Potential advisory group members were invited to participate in the project by letter (Appendix B) and telephone follow-up was conducted with twelve potential members. The first six to respond and agree to it, were asked to participate. It should be noted that

membership on the advisory group may not have been random in that several members were familiar to the researcher and likely followed up faster than those who were unfamiliar. Nonetheless, when six members agreed to participate, the remaining potential members were written notes thanking them for considering the request, but due to manageability issues membership was limited. I thought trying to co-ordinate six members' schedules from the distance I was from the site, was what I could manage.

The role of this group was to offer feedback and input into the study; in particular they were asked to offer opinions about accessing hard-to-reach clients, and check the language used to communicate with participants. The advisory group also served as a pilot group for the study's tools and questions. The instrument and interview questions were administered to these six participants using a focus group format and their responses are incorporated into the findings.¹⁰ Discussions of the study's tools and questions occurred after their administration to the advisory group, and revisions were made to the original proposal as a result of these conversations. These revisions were subsequently approved by the University Ethics Board. I am indebted to each member of this group for bringing himself/herself fully to discussions we had. Each possessed a unique perspective, and each had his/her own life experiences that definitely helped to expand the conversation and as a result strengthen the project as a

¹⁰ There are a proportionate number of supporting quotations in the findings chapter from advisory group members (who were questioned using a focus group format) in relation to the remaining client interview participants (who were interviewed individually). That is, the advisory group comprised six of the twenty-two client participants (27% of the total number of participants) and their views are expressed in thirty-five of the 150 quotations (23%) found in the chapter. The point is made that despite their increased level of involvement in the project, as compared with the other client participants, their views are not overrepresented in the chapter.

whole. In particular, the advisory group indicated a reaction to the use of “delighted” as a rating in the SSS-30. They suggested that given the nature of the service being evaluated, “delighted” seemed like a misnomer and instead, they preferred the more generic “very satisfied”. Other suggested modifications to the survey included eliminating questions deemed irrelevant to the setting, clarifying wording in several questions, adding a general question at the beginning to get at the possibility that experiences were both “good” and “bad” and to indicate which experiences would be kept in mind when completing the survey. As for the information package that accompanied the survey, the group suggested that the information and consent letter not be as formal as it was presented and to eliminate having participants initial each page. Further, the returning of the survey was to be considered consent to participate and an additional signature line was deemed to be unnecessary. Finally, the advisory group made the recommendation that a “poster-like” cover page accompany the information letter and survey as a way to attract attention and offer an eye-catching overview of what was being asked of participants.

A list of potential survey respondents was provided by the agency. This list was generated from all cases closed within a one year period prior to the project beginning. In actuality, some case closings dated back further than that. With permission from the agency’s clinical manager, I went through each closed file to ensure the presence of a signed “consent to contact for follow-up” form. This form ensured that potential participants were willing to receive correspondence. With the assistance of the program’s support staff, a letter of introduction was

mailed to 400 former clients of the selected program under study (Appendix C). The letter was endorsed by the agency and with appropriate permission, contained the Wilfrid Laurier University crest as letterhead. Permission was granted by the authors of the SSS-30 to use the instrument and it was included in the mailed package. Respondents were invited to return the paper survey in the enclosed self-addressed and stamped envelope, or else complete the survey online at www.surveymk.com/whatuthink. Follow-up reminder postcards were mailed to participants three weeks following the initial mailing (Appendix D). Paper surveys were returned to and collected by staff at the Faculty of Social Work, then forwarded to me in batches.

Incentives were a part of this study. Each respondent who returned his/her survey and wished to do so had his/her name entered into a draw for \$100.00. The winner of the draw was visited in her home and the money awarded on November 9, 2008. The draw's winner signed a form indicating that she had in fact, won and received the prize.

Despite efforts to capture an adequate response rate, this did not happen, as outlined later. Generally, response rates for mailed client satisfaction surveys fall around 40% (Lebow, 1983b). A number of factors influence the rate of response according to Lebow (1983b), including timing and treatment characteristics. Initial responses may be more negative than those captured later; however, the longer the time between treatment and the survey, the lower the response rate (Lebow, 1983b). While demographic differences were not conclusively found between responders and non-responders, Lebow (1983b)

found a higher response rate in cases when termination was mutual, treatment was longer in duration, and outcomes were rated higher.

Recent research beyond the client satisfaction field has called into question the assumption that a low response rate guarantees low survey accuracy. In a study that compared results from a survey that employed “usual” methodologies (response rate was 25%) against one that employed “more rigorous” methodologies (response rate was 50%), in 77 out of 84 comparisons, the surveys produced results that were statistically indistinguishable (Keeter, Kennedy, Dimock, Best, & Craighill, 2006). Instead, it may be more accurate to suggest that a low response rate *risks* low survey accuracy. Warriner, Goyder, Gjertsen, Hohner, and McSpurren (1996) while exploring the effectiveness of paying respondents in order to improve response levels, posited that response rates are fluid and have been declining slowly in recent years because of survey saturation from market research and polling.

Of the 400 surveys mailed to former clients of the selected program, 58 or 14.5% were returned undeliverable, with returned envelopes often citing that the intended recipient had moved or did not reside at the address. This may speak to either the transient nature of the agency’s clientele who often seek service during times of crisis, or the errors made in recording mailing information. Three surveys were returned blank. Notes accompanied two of them indicating that the intended recipients had passed away. Thus of a potential 400 surveys, 339 were presumed to have been delivered and received. Of those 339 surveys, 73 were returned and usable. Six of those responses came from the on-line survey. This

was a response rate of 21.5%. I asked both the advisory group members and the worker participants for their opinions as to why the response rate was so low and by and large their responses converged. Many believed there might be good intentions to fill the survey out but with the passage of time, they were more likely to discard it. They indicated that unless there was a particular comment to be made either positively or negatively, potential participants would be inclined to discard the survey. Further, unless it was made explicit what difference filling out the survey was going to make to them or to the quality of the service, potential participants would again likely discard the package. These thoughts echoed Powell and colleagues' (2004) views of the challenges in measuring client satisfaction (see *methods in client satisfaction research* in chapter one); and the skepticism they heard from clients who questioned that anything would change as a result of their participation. In addition, it was discovered that for a portion of respondents considerable time had passed since they had received service, which may support Lebow's (1983b) notion that response rates decline as the time lapse between treatment and survey increases.

The administration of the survey was another lesson learned in the art and science of conducting research. With the benefit of hindsight, additional steps might likely have ensured a better response rate. While the literature is inconclusive when addressing what difference the length of the instrument makes on completion (Sitzia & Wood, 1998) perhaps a shorter survey (it was an eleven page, 48-item survey) would have mined more responses. Pre-notice on the part of the agency and researcher might have raised the profile of the study.

Surveying active clients, even in the waiting-room, rather than closed cases might have cast the net wider. Securing funding to resource additional mailings and follow-up reminders might also have made a difference.

Regardless, results from the SSS-30 in this study are not viable in a stand-alone analysis. There is too great a risk for non-response bias to make any generalizations. It is not known for certain, but it is presumed that responders are more likely to be satisfied than non-responders (Sitzia & Wood, 1998). As the qualitative portion of the study revealed, however, even satisfied responders held elements and experiences of dissatisfaction; and these would likely not have come to light had a mixed methods design not been used. Indeed with the benefit of hindsight, the qualitative analysis told a slightly different story than the one that may have been written using the survey alone. To be clear, I am indebted to Greenfield, Attkisson, Pascoe and to others who think about the topic of client satisfaction, but had I been able to do so, I might have simply echoed their work rather than see divergences from it. Had it worked out, I might have been able to add another voice supporting the findings of the SSS-30 and answered the question “how satisfied are people with counselling services at this agency, using predetermined questions and conceptualizations of the domains that define satisfaction and dissatisfaction?”¹¹ The domains and conceptualizations turned out to be a rough but not perfect fit for participants in this study. What the survey data did offer were an avenue to interview participants, descriptive statistics profiling who respondents were, and a comparative analysis to the sample’s subset of client participants who agreed to follow-up interviews. The survey was

¹¹ I am indebted to Anne Westhues for her clarification.

a very useful tool in these ways. We turn now to the grounded theory procedures and how findings were gathered and analyzed for the qualitative component of the project.

Phase Two: Grounded Theorizing

Grounded theory guided the qualitative portion of this study. In keeping with Glaser's and Strauss' (1967) approach, the connection between data and context was maintained. Constant comparisons on both the empirical and conceptual levels grounded the results in the data and enhanced their usefulness (Glaser & Strauss, 1967). Growing out of the work of Mead (1913) and later Charmaz (2006) and Clarke (2005), symbolic interactionist sensibilities permeate the project, as the researcher is both a participant in and observer of the community being studied. The contribution that I made was to coalesce and frame participants' experiences and to name them as a *dance*. This interpretation was further contextualized, supporting and extending the field's current thinking about client satisfaction and / or dissatisfaction. Models were conceptualized as part of the grounded theorizing, which may or may not prove to have wider applications.

The methods that were chosen were suitable for this project. The survey served to replicate previous client satisfaction research and offered access to pursue participant interviews. Interviews and focus groups offered ways to hear in greater detail the discourses and perspectives of various participants. Grounded theory provided a way to study social life via rigorous standards of data analysis. In addition to seeking out commonalities as grounded theory does,

postmodern analyses in the form of mapping (Clarke, 2005) and memoing (Charmaz, 2006) embraced differences via complex and extensive analyses. In mapping the data, the situation of the helping process became the unit of analysis (Clarke, 2005) and a focus on actions led to a processual analysis (Charmaz, 2006), both of which added depth to the grounded theorizing. The end result was that client satisfaction and / or dissatisfaction was better understood in this situation – its elements and their relations were explicitly accounted for and analyzed.

Procedures

Picking up where the quantitative procedures left off, survey data were analyzed using “SPSS” computer software. Cases were sorted according to a rating on the global satisfaction question contained in the SSS-30 (©Greenfield, et al., 2005), “In an overall general sense, how satisfied are you with the services you received?” Potential client participants for follow-up interviews were selected using a theoretical / purposive sampling strategy. “The logic and power of purposive sampling lies in selecting information-rich cases for study in depth” (Patton, 1990, p. 169). In this project, extreme case sampling techniques were used to seek out “the most outstanding cases, or the most extreme successes and/or failures, so as to learn as much as possible about the outliers” (Kemper, Stringfield, & Teddlie, 2003, p. 280). Responses on the margins, that is, those ranking at either ends of the global satisfaction scale were sought out as potential candidates for follow-up interviews if respondents had given permission; as I believed that much could be learned from experiences of extreme

satisfaction and extreme dissatisfaction. An intentional inclusion of a respondent who indicated any measure of dissatisfaction was made in order to seek out and hear the voices of “subjugated discourses” (Foucault, 1980). In addition, any respondents whose comments on the returned survey indicated that they had something more to offer (for example “THANK YOU” written in large letters across the survey page) were also sought out. In actuality, convenience also played a part in accessing client participants for follow-up interviews. Consent was indicated by potential interview candidates signing an enclosed form and providing contact information in the returned survey.

A telephone script (Appendix E) was used when inviting potential client participants for a follow-up interview and arrangements were made to visit them in their homes at a time convenient to them. Further, each client participant who took part in a follow-up interview was compensated \$25.00 and indicated receipt of this by signing a form (Appendix F).

In addition to the six former clients who made up the advisory group another sixteen former clients of the agency were interviewed; comprising a total of twenty-two client participants (N=22). Client participants were apprised of the study’s purpose and informed consent was discussed and obtained. Confidentiality and potential risks were also discussed. With further consent, the interviews were audio-taped and client participants were assured an opportunity to review the use of quotes prior to the information being shared.

The semi-structured interviews lasted on average between three quarters of an hour to an hour in duration. An interview schedule (Appendix G) was

followed using prompts to provide opportunities for client participants to elaborate on points in greater detail. My responses during interviews echoed Morrow's and Smith's (1995) "active listening, empathic reflection, and minimal encouragers" (Cresswell, 1998, p. 301).

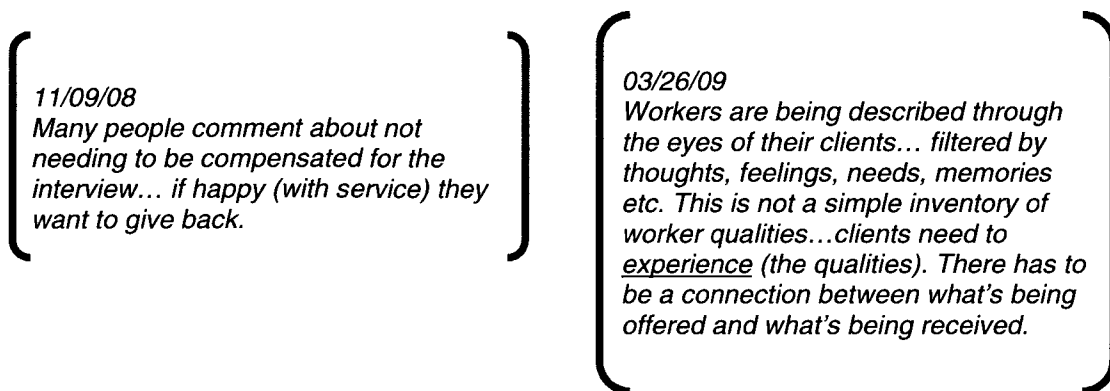
Along with responding to interview questions, client participants were asked to symbolically map themselves and visually document where in their healing journeys they would designate themselves (Appendix G). The map that was presented was an artifact of unknown origin, handed down to me by my colleagues and predecessors, and used as a point of conversation with clients within the clinical setting. Its use was in no way meant to encase a client participant's identity or a means to label and define him/her.¹² On the contrary, as mentioned in the literature reviewing a *psychological trauma perspective*, the purpose was to expand discussion and to intentionally seek out experiences of positive psychological changes (Yalom & Lieberman, 1991) or stress-related growth (Park et al., 1996) so often missed in clinical conversations. My clinical experience informs my belief that people can work through life challenges and grow from them and no longer be identified and defined by them. It was this idea that was the impetus for including the map in client participant interviews.

A journal was maintained throughout the process as a way to document and reflect on what was emerging from interviews and focus groups. These entries contained a myriad of reflections ranging from the level of physical isolation of client participants' homes to the felt sense of atmosphere created

¹² I appreciate the dialogue I was able to have with Jill Grant about these issues (personal email communication, 01/25/10).

there, to my musings about the research process. Mirroring the clinical use of self technique used in clinical social work practice, these journal entries, taken together, were also a source of information (see Figure 3.3).

Figure 3.3: Sample journal entries



Important to the study's conceptualization was consideration of the social worlds pertinent to the topic. Individuals form collectives in the realm of social worlds; they share perspectives and commitments, which structure collective action and construct universes of discourse (Clarke, 2005). The decision was made to talk with agency workers as a group about their work and its impact and about client satisfaction, as this offered the opportunity to hear their potentially varying and / or collective perspectives, commitments, and discourses. It also offered the opportunity to discern in what actions they engage and to what ends. An interview protocol for the worker participants' focus groups can be found in

the appendices (Appendix H). Program workers were invited to participate in focus groups to explore their work as well as the topic of client satisfaction. With permission from the agency's clinical manager, an emailed message of introduction was sent (Appendix I) inviting participation in the study. The agency's support staff provided access and performed the internal mailing. Of a potential sample of thirteen staff members, seven attended one of the two focus groups offered. They comprised the voices of worker participants in the study. By way of incentive, dinner was provided by the researcher prior to the two focus groups.

The data for the qualitative portion of the study came, therefore, from a number of sources. One of the client advisory group's (N=6) meetings was audio-taped with permission and at two other meetings, notes were written. Sixteen individual interviews occurred in client participants' homes and were audio-taped. Two worker participant (N=7) focus groups took place at an off-site location and were both audio-taped and video-taped. All audio-tapes were transcribed by me with the eventual helpfulness of voice recognition software called "Dragon".

The analytic process in this study was characteristic of grounded theory and based on "immersion in the data, and repeated sorting, codings, and comparisons" (Morrow & Smith, 1995). Each participant transcript was colour-coded to visually differentiate voices. Line by line open coding gave an opportunity to get into the language and detail of what was said. A focus on action (Charmaz, 2006) versus topic guided the development of code and category labels and combated the tendency to simply fit the data into what was

already known. These codes and categories were compared and contrasted across participants and across participant groups using flipchart paper. The compilation of voices was visually inspected for variety in colour-codes to ensure that a range of voices were present in each conceptualization of a category. Memos were used as tools for analyzing the emerging categories and theoretical sampling helped to define their boundaries and properties (Charmaz, 2006). In lieu of axial coding, a metaphor or analogy was sought at this point in the analytic process that would reassemble and encompass all of the data. The analogy of *the dance* was chosen for its form and function. Codes and categories were again sorted, compared and contrasted and no new insights were gleaned thus it was determined that saturation had been achieved.

At the point in the project when preliminary findings had been developed I returned to the advisory group for their input. Member-checking (Morrow & Smith, 1995) for accountability in process and outcome was a priority for the researcher. Given the supervisory nature of the academic committee, the advisory group was that, advisory in nature. Their voices were essential to the project, however, and are integral to the results of the study. The advisory group confirmed the relevance of *the dance* analogy and its categories and so a return to the literature and theoretical framework was undertaken. Similarly, permission was sought from each participant before her/his words were included in the final draft of the paper. This was an opportunity to reconnect and to ensure that participants' meanings were captured in what is presented here.

Grounded theory was a useful method for me because, while a review of the literature and a look at theory had been performed in keeping with university guidelines, as a practitioner, I did not come to the study with theoretical presuppositions - I came with life experience instead. So, while initial impressions of appropriate theory were indicated, application was reserved until after data were collected and analyzed (Strauss & Corbin, 1990). Consistent with a constructivist approach, through the writing of the narrative and the reconstructing of the theory, models emerged. The models relate with *empowering and disempowering contexts*. These models were not “discovered” as a positivist paradigm might suggest, rather they emerged and were constructed from the data, the analysis and reflexivity and are a truth in part that is “contextually situated in time, space, culture and situation” (Charmaz, 2006, p. 131).

Ethical Considerations

Ethical research, like ethical social work practice, is not undertaken lightly. Despite our very best efforts, there is always a possibility of risk to participants. Every measure was taken to protect participants in the study. Given the nature of this project, client participants might have expressed dissatisfaction with their experiences in the helping process and alternative services may have needed to be recommended to compensate for this. I possess knowledge of local resources and was prepared to make appropriate referrals as needed. In addition, a contact sheet was provided in order that the research team would be available to receive contact should any questions arise regarding the research project (Appendix J).

Several respondents called for clarification regarding the nature of the study, or to question whether they could actually make a contribution. Informed consent was ensured before proceeding at any level (Appendices C, I, K). Confidentiality was a prerequisite for all who came into contact with participants or their information or data (Appendix L). Every effort was made to ensure that the study's interpretations accurately represented the intended responses of participants. When a direct quotation was used to support or illustrate a point in the narrative, the participant owning the words had an opportunity to review what had been written, consider the context in which it was being used, offer further comments and decide to give permission for their use or decide to omit or amend her/his words.

Trustworthiness

To ensure an evaluation of rigour in this mixed methods project, a standardized survey tool proven for its reliability and validity was employed. In an effort to obtain representation, there was an opportunity to hear participants' views in more than one forum: surveys, interviews, focus groups and member checking.

The goals of exploring and understanding the lived experiences of client satisfaction and / or dissatisfaction were best achieved through a processual analysis (Charmaz, 2006; Clarke, 2005). Seeking differences, variations, complexities, contradictions, silences, multiplicities and ambivalence were acceptable and replaced metaphors of normal curve, assumptions of normativity, and "negative cases" (Clarke, 2005).

Trustworthiness (Padgett, 1998) in the qualitative method was addressed on several fronts. The existing relationship with the study's organization ensured prolonged engagement; distance over the past number of years has meant personnel and policy changes that buffered against researcher overidentification. Mindful that as a researcher I became part of the situation under study, it was important to make opportunities for reflexivity. Reflecting upon the research process and products, using an inclusive approach to all kinds of ideas and differences and attending to issues of power, inclusion and authority became part of the research journal. Further, peer debriefings and support were sought from advisory groups.

Opportunities for triangulation were made via the mixed methods approach to the project. The final narrative reflected the researcher's constant comparative efforts in consulting both the qualitative and quantitative data sources.

Finally, auditing occurred by means of a comprehensive paper trail documenting the thinking, logic and decisions made during the course of the project. Statistical analyses, transcripts of the focus groups and interviews, journals, mapping and their memos would enable an auditor to scrutinize what was done and assess the appropriateness of fit between interpretations and the data.

Strengths and Weaknesses of the Design

There were both strengths and weaknesses in the design of this study. As with any research, the findings of this project are tentative. According to Morse

(2003), some data may be considered supplemental in mixed methods design, and therefore need to be interpreted and linked to the full findings as offering a richer explanation but weaker as stand-alone data. Clearly the quantitative portion of the project fell short of positivist standards for generalizability. No quantitative analysis to identify predictors of satisfaction and / or dissatisfaction was possible with a sample of 73. The qualitative portion of the study offered, in my opinion, a rich exploration and description of participants' lived experiences of satisfaction and / or dissatisfaction; it is left up to the reader, however, to assess this for him/herself.

CHAPTER 4: FINDINGS

Description of the Counselling Centre and its Program

The organization, from which respondents and participants were drawn for this project, was an accredited community-based counselling centre that served a population of about 80,000 urban and rural citizens. The program's focus was on short-term strengths-based counselling for a variety of issues, and used a range of modalities, including individual, couple, family and group counselling. It served 1731 clients in the previous year and provided 9412 direct service hours (Annual Report, 2007-2008). The counselling program was set within a wider agency context that offered services related to issues of housing, poverty, community service orders, and debt. Agency values were listed as respect, commitment to clients, leadership, commitment to community, and volunteerism. A volunteer community Board of Directors governed the work of the agency. Funding was provided by the Provincial Government, The United Way, Employee Assistance Program (EAP) contracts, fundraising efforts and nominally, from user fees.

Description of Respondents

There were three sets of respondents in this project. The first group was made up of the 73 former clients who responded to the mailed questionnaire. The second group was comprised of the twenty-two client participants who

agreed to be interviewed. The third group was made up of the seven worker participants who took part in focus groups.

Descriptive statistics were gathered from the first and second groups (the survey respondents and those agreeing to follow-up interviews), as part of completing the mailed questionnaire. In a departure from expected format, the characteristics of these groups are contained within the body of this findings chapter. My reason for doing this is to weave this information into the qualitative narrative as a way to offer context. Comparisons between these two groups (N=73 and N=22) are also offered using this format. Extensive socio-demographic variables were not gathered from survey respondents as the literature indicated these had no bearing on satisfaction. Observations from home-based interviews suggest that client participants in this study came from a range of socio-economic backgrounds.

Due to small numbers, agency staff was not surveyed. Descriptive statistics were not gathered from the third group as a result. The program's self-described "team" providing service overall was made up of about a dozen members including: an intake worker, support staff, social workers, counsellors in education, group workers and social work students. The counselling team offered service on- and off-site. Members described the operating structure as a "roundtable" rather than a hierarchy, with a supervisor active as part of the team. Worker participants were predominantly white females with a range of clinical experiences.

The Use of the Dance Analogy to Frame the Helping / Healing Process

In this chapter the image of the *dance* is used as an analogy to illustrate and frame the helping and/or healing process in the context of a community-based counselling centre. Many things factor into an enjoyable dance with a partner just as there are many things to consider about what goes into a satisfying counselling experience. On the flip side, not every dance couple executes the moves well and so a breaking down and a reflection on the process can shed light on areas for improvement. Before the dance occurs, there is a desire or at least a willingness to participate, as an unwilling partner can lead to anything from a bungling display to a downright painful or humiliating experience. The introduction and meeting of dance partners sets a tone for what follows as a dance implies engagement between two people, a relationship that involves interaction and responsiveness to one another; a balance of chemistry and technique. It can, but does not always, involve some level of intimacy and previous experience. There are logistics involved in dancing related to music and tempo, leading and following, thus communication, negotiation, and power are considerations. The dance floor as a setting needs to be taken into account as it establishes the atmosphere or the mood for the dance. There is also much that goes on behind the scenes that may or may not directly impact on the dance but contributes to its existence and potential. Refreshments ensure that dancers are nourished for the exercise. Further, there is often more than one couple dancing on the floor, including the dance teachers and those whose job it is to surround and support them and whose dance may resemble that of the first couple. When

the dance has ended, a review provides an opportunity to reflect on how well it was executed and enjoyed.

The researcher is responsible for holding the voices of those with whom she has spoken and honouring what has been shared. Efforts have been made to ensure that the analogy and framework used in this paper are encompassing and comprehensive. Client participant voices, while privileged in this study, are heard in relation to worker participant voices and the two voices together are dialogic forming a conversation about the dance. It should be noted that there is diversity and complexity in participants' opinions and so in addition to sites of convergence and agreement, sites of divergence and sites of silence are also highlighted.

There are an infinite number of verbal and non-verbal details that go into the helping and / or healing process between client participants and worker participants that contribute to satisfaction and / or dissatisfaction. This paper represents an ongoing attempt to understand the processes that facilitate and detract from satisfying experiences in the therapeutic dance.

Overview of the Chapter

By way of overview, this chapter uses the analogy of the dance to frame the findings of this study. The first section privileges client participant perspectives¹³ and begins with *the journey to the dance*. It reveals client participants' struggles to reach out and ask for help. It also reports on the tipping point when action was taken and what was brought to the encounter. *Shall we*

¹³ Client participants shared their life experiences in counselling and not all related to this particular organization.

dance? explores client participants' levels of commitment and the initial meeting between client and worker participants. *The dance* holds and organizes much of the counselling encounter data including negotiation and communication between client participants and worker participants, developing relationship, creating and building safety and trust, attending to missteps, ending the dance and finally, reflecting on the quality of the dancing experience. *The dance floor* reports on client participants' views of the organizational setting and how it contributed to or interfered with a satisfying dance.

The second section privileges worker participants' perspectives on client satisfaction and / or dissatisfaction and mirrors the thoughts, experiences and the framework of client participants. *Behind the scenes* includes the motivation these worker participants had for doing the work and also what they brought to the encounter. *The dance* holds and organizes much of the data related to the dynamic between worker participants and supervisors. It explores such things as commitment and loyalty, negotiation and roles, the connection and relationship, issues of safety and trust, working through missteps, reasons for leaving or intention to quit, and finally the quality of the working experience. *The dance floor* explores the influence of the organizational culture and climate on client satisfaction and / or dissatisfaction from worker participants' perspectives.

The third and final section explores the experiences of extremely satisfying dances and looks at those client participants who found benefit from their life challenges and reported a *better-off-than-before* attitude as a result of their experiences. A *review* incorporates client participants' recommendations to

strengthen services and thus improve the potential to satisfy future clients. The section ends with accolades and appreciations offered back to the organization and its workers.¹⁴

Section I:

The Journey to the Dance

Client participants shared information related to how difficult it was to reach out and ask for help. This journey to the dance can be a disquieting process and there is self-selection based on issues related to senses of self and identity, attachment, gender roles and social taboos. In this section of the paper, the journey to the dance is conceptualized and categorized in terms of personal reasons and social reasons for the difficulty in asking for help. Theories of change help to frame the process and the idea of a “tipping point” (Gladwell, 2000) can shed light on what goes into taking a step toward change. While not speaking directly to the issue of satisfaction with service, it is important to consider context as a way to understand what client participants brought to the counselling encounter. The literature speaks of client expectancies and in this study client participants shed light on what kind of expectations they brought to the counselling process. While there was some acknowledgment of the client participant journey by worker participants, their dance card was so full in this type

¹⁴ For purposes of clarity distinctions will be made between “client participant”, “client”, “worker participant”, and “worker”. “Client participant” refers to those former clients who agreed to be interviewed. “Client” is used most often in the context of worker participants referring to clients with whom they have had contact but who may or may not be participants in the study. “Worker participant” refers to those workers who participated in the study’s focus groups. “Worker” is used most often in the context of client participants referring to workers with whom they have had contact but who may or may not be participants in the study.

of setting that their focus was generally on those who actually arrived rather than on recruiting more partners for the dance. This has implications as will be further explored in later sections related to the evaluation of service.

Hard to Ask for Help: Personal Reasons

Life challenges can confront our senses of self, competence and personal power; they can destabilize the foundation on which our senses of identity are built. Many client participants commented on the difficulty they experienced in reaching out and asking for help. Theories of change may be useful in framing a portion of client participants' journeys. Prochaska, DiClemente and Norcross (1992) name "contemplation" as a stage in their theories of change and suggest that this is a time of self-awareness and increased consciousness about an issue. While increasingly attending to it, individuals at this stage may not yet be ready or willing to commit to a change process. For some client participants in this study, the quandary stemmed from the basic admission of a need:¹⁵

Well you had to be feeling pretty desperate I think and pretty alone. ... it is hard to make that call and to say that you have a mental health problem.

I just thought if I don't get help soon I am going to lose everything that is important me so yes, it was a very hard phone call....I was very nervous going in. I'm sure it is an issue that

¹⁵ Effort has been made to respectfully represent the voices of participants. In order to display the similarity and diversity in their responses and to track their views of satisfaction and / or dissatisfaction throughout the paper, a decision was made to use different colours and fonts. Members of each focus group share a common colour but are represented by different fonts.

many people have. I have great difficulty asking for help, so it was a huge step for me to just phone and ask.

For others, admitting that they could not manage on their own was a big step and cause for concern. Self-definitions related to independence and self-sufficiency emerged in what client participants had to say.

It was a big step for me to even ask to go for help or ask for it. That is a hard thing for me.

Tell me why that is so hard.

I have just always been that way. It takes a lot for me to ask for help pretty much in any situation.

...and it is hard to talk about something that you are having a problem with because I usually do not have any problems (laughter) so it was hard to admit that I actually did have a problem....but going in I was terrified.

Admitting the need and considering asking for help raised fears in the minds of client participants - fear of the unknown, fear of loss of control, fear of needs going unmet. There was risk in the act of reaching out. Issues of client participant shame and fear of worker judgment are alluded to here and will be further expanded in the next section related to the social reasons for difficulty in asking for help.

I was just hoping that once I finally made that decision to ask for help that I would hopefully get something from it, you know you hate to ask... I think

that's part of the difficulty. You get yourself into a situation and you ask for help and the end result is not what you hoped for....For me to reach out is a big thing and then for me to admit that I had gone, sometimes you feel like people pass judgment...

... you weren't sure what to expect, and whether you were going to be told "it's in your mind, it's all your fault" something like that. You're not sure where it's going ...I was a nervous wreck. ... It's all on your shoulders, like you've got big boulders on you.

A previous dissatisfying counselling experience further contributed to reluctance in reaching out and asking for help once again. The fear of re-enacting old patterns of wounding begins to surface at this early stage in the project.

I don't get it but it is very difficult for me anyways to make that first step, to say I need to come back I want to come back because I feel a little gun shy. I don't know why I got dropped. A part of me is probably worried... within the agency nobody's going to take me. I'm afraid to reach out because I'm afraid to get rejected...

... I have a lack of faith in the health system ...

Where does that lack of faith in the health system come from?

Well I have gone to lots of different counsellors... a lot of different things that I've experienced over my life...

Central in what client participants shared about this leg of their journey was that regardless of the nature of the particular issue with which they struggled, what was fundamentally important was the challenge it posed to their self-definitions and self-concepts. Contained within the admission of a need for help was also a risk.

Hard to Ask for Help: Social Reasons

Continuing in 2010 is the social stigma around dealing with a mental health issue. Despite its prevalence and the field's resources, it is still not socially acceptable to struggle with mental health. Social taboos reinforced the desire on the part of individuals to be seen as self-sufficient and competent and to avoid labels often bestowed by the so-called dominant discourse (Foucault, 1980).

A lot of people tend to shun you when you're going to counselling... we're the brave ones.

I THINK THE MENTAL HEALTH ISSUE THING HAS SUCH A STIGMA TO IT THAT I REALLY WISH IT DIDN'T. I WISH IT WAS THE SAME AS "OH, YOU HAVE A BROKEN TOE" OR SOMETHING, BECAUSE PEOPLE DON'T THINK ANYTHING BAD OF YOU WHEN YOU HAVE A BROKEN TOE.

Layered onto social taboos associated with mental illness were issues of gender and abuse. Survey results indicated that about seventeen per cent of the respondents were male; this was not unexpected, given the fact that two-thirds of all clients seeking counselling services generally are women (Collier, 1982; McCarthy & Holliday, 2004; Robertson, 2001). Traditional male gender role socialization may be one factor in this gender gap (McCarthy & Holliday, 2004). One male client participant was clear about the message he received growing up:

I was taught by my father that big boys don't cry... so suck it up and hold it in.

The survey responses in the study also indicated that 71% of all respondents – both male and female - experienced and / or witnessed abuse in some form, which may or may not have been the reason for seeking counselling. It should be noted that survey respondents were asked about their experiences rather than about any diagnoses. What this study sought was respondents' self-determinations and assessments of "abuse" in varying forms. As mentioned in the introduction and methodology chapters, the purpose in asking about abuse experiences was not so that respondents might be labeled or defined in any way, but rather that awareness and information be gained. Survey responses indicated that 52 of the 73 respondents (71.2%) answered "yes" to the question, "Have you ever experienced or witnessed violence / abuse, even if this was not the reason that you sought counselling?" Seventeen of the 73 respondents

answered “no” to this question (23.3%) and four respondents left it blank (5.5%). It should be noted that members of the subsample of client interview participants were more likely to report experiencing / witnessing abuse than the general sample. Table 4.1 reports the prevalence of various forms of abuse, either witnessed or experienced by respondents.

Table 4.1: Prevalence of types of abuse for client respondents¹⁶

	emotional / psychological		physical		sexual		financial		other (verbal & hate crimes)	
	N	%	N	%	N	%	N	%	N	%
survey respondents N=73	N=50	68.5%	N=36	49.3%	N=22	30.1%	N=23	31.5%	N=5	6.8%
client interview participants N=22	N=19	86.4%	N=15	68.2%	N=9	40.9%	N=9	40.9%	--	--

Respondents were invited to add their comments in response to any question that was posed on the survey and while some did offer details of their abuse experiences, others indicated that they did not wish to share further information. Issues of abuse, like mental health, are laden with social stigmas. Important to this discussion is the idea that there remain topics of conversation that are not spoken of openly and which may further contribute to the self-selection process of those attending counselling.

Coupled with client participants’ fears about the unknown, were fears about how they would be viewed by others should they disclose their internal distress. There was potential loss of control in the telling. Client participants risked their

¹⁶ Responses to this question, as for many questions in the survey, were not mutually exclusive. Participants often reported witnessing / experiences more than one form of abuse; therefore, percentages do not sum 100.

client participants' journey to the dance and the circumstances that led to their eventually reaching out for help – the tipping point.

Tipping Point

Malcolm Gladwell wrote a book called *The Tipping Point* (2000) in which he presented his thoughts on what it takes to create a social change. Tipping point in the context of this paper is about the act of beginning a personal change. Client participants in this study suggested the presence of a gestation period before reaching out and asking for help. Some also reflected on previous experiences when they did not exert control over seeking help and instead were mandated to attend. In these cases, there was no tipping point and, I would argue, no bona fide action towards personal change. Using the image of a teeter-totter, a tipping point signifies a shift which results in movement. In this sample, there seemed to be a time when client participants' needs ultimately overcame their fears and the potential benefit of making a move and seeking help outweighed the potential costs.

Client participants spoke of their readiness and willingness to attend counselling. For some who had gone unwillingly – either mandated by a social service or by well-intentioned parents - the process was neither useful nor satisfying.

...it did not help because I was not in the right headspace.

... when I was younger too, I was forced into going to counselling and I just was not ready for it at that time. So now that I was older and I was really searching ... to feel better ... I wanted it myself, it was in my control.

Participants suggested that when the choice to attend was voluntary it signified a readiness, openness and a willingness to do the work. With these came ownership, commitment and an investment in the process.

Definitely, I think you really have to get to the point in your life when you want to make changes and I think when you accept that responsibility, because it is a tremendous amount of work, I believe honestly that the sky is the limit, it really is.

Well I think in order for it to be successful you have to come knowing that you have work to do and you want to do it.

In hindsight, several client participants named the dire straits they were in prior to reaching out for help. They had suicidal thoughts and the call for counselling was a last ditch effort to get their lives back on track. Such was the tipping point for them.

If it wasn't for (worker) I wouldn't be here right now...

Yes I feel (worker) saved my life and helped me get my self esteem and everything back on track, I feel like (worker) saved my life. There was a time there where I wasn't doing too well and I was thinking of ways to end it...

Worker participants also recognized the importance of clients arriving at counselling open and willing to address the issues; and saw this as an important contribution to a satisfying and meaningful counselling experience.

...the client needs to be open to hearing, be open to looking at things in a new way, and be open to the process. Because without that you could be a dynamo counsellor but ...you ain't going anywhere...

SEEING PEOPLE OVER AND OVER AGAIN ...THEY WILL SAY THINGS LIKE "WELL I CAME A COUPLE OF YEARS AGO BUT I WAS NOT READY" AND THEY TAKE OWNERSHIP OF IT A LOT OF THE TIMES. SOMETIMES THEY WILL SAY "YOU KNOW I CAME BUT I DIDN'T LIKE THE COUNSELLOR SO I DID NOT CONTINUE" BUT MOST OF THE TIME IT REALLY WAS "WELL I WAS NOT READY TO DEAL WITH THAT AT THE TIME BUT I AM REALLY FEELING READY NOW"...

...there is some willingness on (the client's) behalf to be vulnerable and be honest about what their experiences are.

While a readiness to attend counselling may be a necessary condition, it alone is not sufficient for client participant satisfaction. Before exploring the dance between client and worker participants, attention will be paid to what client participants brought to the actual encounter in terms of expectancies.

What Client Participants Brought to the Encounter and an Assessment of Fit

This section of the paper offers descriptive information related to age, time since last appointment and the number of sessions attended by respondents of the survey. Further, another table presents their most frequently cited reasons for attendance at counselling. Subsequently, information from worker participants about what they believed to be the purposes of their organization is offered. An assessment of fit between what clients sought and what the agency offered is undertaken. Finally, it is argued that underlying what client participants brought to the counselling encounter was the need to be connected to, understood, and cared about by the worker.

Descriptive information about client participants.

Some general information profiling and comparing the survey sample (N=73) to those who agreed to be interviewed (N=22) is presented. Table 4.2 provides data on respondents' ages, the numbers of sessions they recalled having, and an indication of how much time had passed since their last sessions. The ages of former clients captured in this survey were distributed across the life span from mid-twenties through retirement age. The majority had received between two and

twenty sessions; and for about 70% of them seven or more months had passed since their last session.

It should be noted that there were differences between the general survey respondents and the client interview participants related to the number of sessions each sample reported attending. Fewer than expected in the latter group attended for two to six sessions; and proportionately double attended for twenty or more sessions. Overall, the client interview participants spent more time in counselling than the general survey sample. Indeed, discussion with client interview participants indicated a sense of affinity with the program and a sense of wanting to “give back”.

Table 4.2: Respondents' ages, numbers of sessions and time since last appointment

	survey respondents N=73	survey respondents %	client interview participants N=22	client interview participants %
AGE:				
21-25 years	1	1.4	1	4.5
26-35	9	12.3	1	4.5
36-45	16	21.9	7	31.8
46-55	18	24.7	9	40.9
56-65	15	20.5	4	18.2
66 and older	12	16.4	--	--
# OF SESSIONS:				
1 time only	2	2.7	--	--
2-6 sessions	26	35.6	4	18.2
7-20 sessions	35	47.9	13	59.1
more than 20	5	6.8	3	13.6
TIME SINCE APPT:				
1-3 months	3	4.1	1	4.5
4-6 months	12	16.4	3	13.6
7-12 months	18	24.7	4	18.2
longer than a year	33	45.2	12	54.5

The survey responses also indicated that client participants brought a host of presenting issues to workers at the community-based counselling agency (see Table 4.3). It should be noted that presenting issues overlapped and were not mutually exclusive, so multiple responses were coded. Further, more than one modality might have been utilized, for example individual and group counselling.

Table 4.3: Client participants' reasons for attending counselling

	1 st most cited presenting issue	2 nd most cited presenting issue	3 rd most cited presenting issue	4 th most cited presenting issue	5 th most cited presenting issue
Individual	anxiety (N=35)	depression (N=33)	stress (N=31)	self-esteem (N=29)	coping (N=24)
Couple	communication (N=3)	conflict (N=2)	broken trust (N=1)	--	--
Family	communication (N=6)	conflict (N=4)	parenting (N=4)	coping (N=4)	--
Groups	self-esteem (N=16)	anger mgmt (N=9)	stress mgmt (N=8)	assertiveness (N=5)	caregiver (N=4)

Worker participants' perceptions of agency purpose.

Worker participants in this study viewed the purpose of their agency as filling the gaps in other mental health services offered in the community because their mandate was so broad and because service was affordable. Flexibility in modality also meant being able to meet a variety of client needs. Empowerment of clients was also framed as a purpose for these worker participants, giving insight into their values and principles of practice.

... our criterion ... is so broad compared to other agencies... So we fill a gap that the other services would not. Pretty much anybody can come barring, I guess, severe mental health...

Everybody can afford it so it is the only game in town for people (uh-huh) (yes for sure).

I think we are also very flexible as far as the modality. We use whatever type of counselling we think is appropriate or we think is going to work for the client...

...I think part of it is empowerment and part of it is some prevention. The agency is more than just "fixing things"...

...Well I guess empowering people to recognize that they have got that within them, because I think a lot of times they're struggling and can't find it... don't see it...

Assessment of fit.

Taken together - what was sought by client participants and what was offered by worker participants - there did appear to be convergence and congruence of fit. Client participants attended counselling with a variety of psychosocial issues; issues to which worker participants appeared willing and able to address, given their broad mandate and diverse skill sets. It is important to note that the survey asked respondents to indicate via checklists (Appendix H) what took them to counselling (as represented in Table 4.3) reflecting intake practices of the agency. Potential clients of the agency are asked at intake to identify what they are looking for in seeking counselling, which is likely meant to contribute to a worker's initial formulation of a presenting issue. Numbers

profiling presenting issues, among other client characteristics, are regularly reported back to funders for purposes of agency funding formulations. The noteworthy part of this is that when asked, worker participants did not conceptualize their roles and the agency purpose as responding to particular presenting issues or “diagnoses”; rather, they used the language of “prevention” and “empowerment” to frame their purposes. I would argue that this language signifies a site of divergence. Further, client participants did not use the language used by worker participants, meaning they did not expressly identify that they were seeking counselling to prevent something or to empower themselves. As will be shown later in this section, however, neither did client participants frame their reasons for reaching out and asking for help, when asked in interviews, in terms of presenting issues or “diagnoses”. When asked about what they were looking for they responded in terms of connection and empathy. On the surface then, client participants “should” have been able to obtain the help they sought from these workers and their organization. But did they? Much still needs to be analyzed before making such a determination.

The need for empathy.

The survey administered to client participants in this study inquired about their typical styles of coping, reflecting a question of whether this might have had any bearing on what was brought to the encounter and on satisfaction. Rather than a standardized tool, a simple check-list of problem-focused, emotion-focused, and social support-seeking coping skills (Folkman & Lazarus, 1988; Smith, 1993) was presented (Appendix H). Client participants were asked to

identify all that they employed and to add comments if they so desired. A number of respondents qualified their choices saying that their coping styles depended on the particular situation and the source of their stress. The qualitative analysis gave evidence of this. This was another point of learning in the study; the absence of a standardized tool resulted in data that failed to show with any clarity or meaning what association there might have been between coping and satisfaction. A standardized tool likely would have asked respondents to reflect on coping in relation to a specific scenario. Due to the length of this study's instrument a decision was made not to add to it further with the inclusion of another standardized scale.

On the surface it may be said that each client participant brought his/her own expectancies to the counselling encounter. Some client participants reported a need for advice and problem-solving. Whether these client participants tended to use problem-focused coping skills was inconclusive.

I struggle with things and I try everything I can think of and by the time I go to someone I'm down and I'm saying "tell me" because I don't know, I've tried everything...Or you can try fifteen different things and none of them works and I'm still stuck with my problem and sometimes we need somebody to say try the sixteenth and hope it works. In a situation like that you reach a point where you can't see the forest for the trees (yes) and someone else can point out stuff that you haven't thought of.

Other client participants brought the need for a listener and a sounding board rather than a need for problem-solving. Again, whether these client participants

preferred seeking social support as a means for coping cannot be said for certain.

Well I guess it is just the fact that somebody sort of sits there and listens and they are unbiased and you can tell them things honestly. It is not like a friend... you can just state it as it was whether you feel you are wrong or right, you can just state it and that person who is listening is going to help you work through it...

I know I needed somebody to talk to... to act as a sounding board but not to problem solve because I was going and seeing all of these specialists, I mean my entire life was filled with problem-solving, and I just needed one area where it wasn't going to be a failure.

I wouldn't want them to be telling me what to do. They need to let me decide...

If there was any common denominator for client participants, it was that they brought to the encounter the need to be understood and related to by the worker. Empathy was clearly sought by the client participants in this study.

... you want them to understand and know what it's like even though they can't, so it's kind of nice that somebody is there and they can relate to what you're going through. They may not have been through the exact same thing but you just know there is some empathy.

Yes and also they know where you're coming from; that there is not just, what is that...automatic answers or whatever. I guess that they understand, that they've been there where the person is coming from and take that time.

As mentioned earlier in this section, few references were made by client participants to having expectations related to the particular issue that took them to counselling. That is, when asked what they were looking for from counselling, client participants most often cited needs to be empathized with and understood. In addition, reassurance and normalization were sought. The search for particular skills that one might consider to be a component of seeking counselling, went virtually unmentioned. Whether such details are erased with time and memory is debatable but what is notable is how client participants reflected on what was important to them currently.

Important in this exploration of the pre-dance dynamic is the notion of the tentativeness with which client participants reached out to workers and the system of care. They gathered themselves up and clothed themselves in their

vulnerability, knocked on the door and waited to see what the response would be when the door was opened. We turn now to the meeting between the client participant and the worker participant and the elements contained in those early encounters that contributed to client satisfaction and / or dissatisfaction.

Shall We Dance?

Having made the decision to call and inquire about the dance, client participants took steps to actually attend. This is the meeting; the so-called *shall we dance?* part of the analogy. Client participants gathered information and sized up the situation at a verbal and non-verbal level and their perceptions factored into their determination of whether to stay and dance or not.

This section of the paper begins by establishing more of the context of the dance, specifically with information about respondents' level of commitment. Moreover, during the initial meetings, client participants did an assessment and formulation of the worker, the process and the setting. They got a felt sense of the worker and the atmosphere created at the agency. From the beginning, a relational dynamic played out and contributed to the assessment on the part of client participants that ultimately influenced their levels of attachment with workers and engagement and /or disengagement in the process. Just as a good host welcomes and settles a guest, so too did both the workers and the organization welcome and settle clients. Worker participants reported that they were sensitive to the dynamic that played out during the initial meetings. Their perceptions of the tasks and functions of this time are also offered.

Commitment

The survey offered some information about respondents' levels of commitment about attending counselling (see Table 4.4). It should be noted that it is unknown whether the data reflect the levels of commitment that client participants had at the time of reaching out and asking for help or whether they reflect their levels of commitment after meeting with workers. The survey question was not specific about the time period but statements made by respondents in the comments area on the survey suggest that both time frames were included in their answers. A relatively small percentage of respondents indicated that they arrived at counselling uncommitted (approximately 4%); whereas the majority of respondents indicated that they were "very committed" (over 68%).

Table 4.4: Respondents' levels of commitment

LEVEL OF COMMITMENT:	survey respondents N=73		client interview participants N=22	
	N=	%	N=	%
not committed	3	4.1	1	4.5
somewhat committed / committed	17	23.3	2	9.1
very committed	50	68.5	19	86.4

Client Participants' Assessments of the Worker, Process and Setting

Positive first impressions.

Client participants' initial impressions of their workers were garnered from a myriad of factors from the physical to the abstract.

...and (worker) was not in formal wear and neither was anyone else and that does make a difference, because if somebody's in a suit and tie you're not so open to them. So somebody who's dressed like you, you're more relaxed with them.

In the beginning I sort of expected her to target some things to talk about and she just left it up to me to talk about what was on my mind. During the first meeting she said... "if anything does not feel comfortable or if you do not feel comfortable with an answer I've given..." you know, she was very reassuring, made me feel very comfortable. So I felt really great after the first meeting.

Client participants looked for indicators that contributed to feelings of being valued, respected, supported, validated and wanted; and these indicators factored heavily into what they reported as being important to their levels of satisfaction.

And the most important part is that (worker) made me feel comfortable and made me feel like I was important. And... feeling wanted actually.... I got the feeling

that I was welcome and (worker was) interested in what I had to say. And I think the big thing was that (worker) cared.

In addition, a nonjudgmental stance on the part of the worker, as previously mentioned in *hard to ask for help*, was of continued importance for nearly every client participant.

Actually both... the two people that were there were both great and made you feel comfortable. They actually listened and did not... judge. They ... took everything into consideration, which makes it a lot easier you know?

Sometimes, in personal situations... people can pass judgment on you (uh-huh), just because they do not know it all and maybe at the time you only get so much out and then it is not the same...

... and they were not judging me, I did not feel judged when I went to counselling.

I WOULD SAY THAT CONFIDENTIALITY WAS NUMBER ONE AND ALSO NO JUDGING.

Positive indicators early in the process, according to client participants, contributed to a connection between them and their workers and helped put them at ease. This laid the foundation for the process of building trust.

I think we need somebody to feel we're important because... they need to be able to trust in order to confide in you some really deep things. So you really need to be able to trust your counsellor. You need to know that they're not going to run around and tell the whole world, that's really important.

Okay and how do you know you trust someone enough to share those personal issues, those personal thoughts?

Just the way they are with you, just the way we are talking just now, so you get a sense... so (worker) could relate with I was saying...

How does that trust get built? How do you decide? You know, you're sitting across from someone for a limited time, do you get a feeling? during the first encounter?

I know I have, personally I have. (yes me too)

...it's an instinct really (yes)

You just know.

You just watch and listen. (yes)

Eye contact, you can see (yes), body language. (yes)

... you know that in the very first session... in the first session with you when that happens. What I felt with (worker) was the nurturing (yes) and that's enough that's what made me trust (worker).

For those client participants who encountered a welcoming and validating experience early in their search for help and healing, they voiced a willingness to participate in the process. Certain elements or conditions factored into

assessments of satisfaction for client participants at this stage. These elements included a felt sense of comfort and ease with their workers leading to a personal connection; and a structure and information that were deemed appropriate by individual client participant's standards.

The first time I talked with somebody she was great and I learned a lot from her... it made me stronger.

What made it so great for you? If I could pull that apart a bit...

... I do not know, a lot of it was her wisdom. I could relate to her. I think in a lot of ways she and I were a lot alike. She always gave me materials to take home that she had photocopied.

I felt really comfortable with her. Her personality was very good and she opened up conversations; whereas maybe I had a hard time talking about it, she asked me a lot of questions that I usually would not think about.

...so that's why it worked out really well and why it only lasted the eight months because that is all I needed. I did do the work when I went in because she was that type of worker that I could be capable of doing that with.

Negative first impressions.

On the other hand, client participants also reported being unimpressed by what they encountered early in the process. Negative first impressions resulted from a less than smooth intake / referral and/or return process and client participants reported that this impacted on their assessments of satisfaction. Attention to the instrumental tasks and procedures of accessing (and re-accessing – see *the dance* section of the paper) service was an important factor in the process; when these were not attended to, it unsettled and risked rewounding client participants.

The only person that I got to talk to was the actual receptionist. I was leaving messages with the counsellor and (worker) was not returning my calls. So that was when I thought, well maybe I am supposed to make my appointment through the receptionist. But when I called the receptionist that was when I was told I was no longer a client. ...I didn't know what to do I kind of went "oh" like I didn't know what my options were and I was angry that no phone call got returned to me. ... I did not know what to do. Who I was supposed to talk to? And so I did not talk to anybody. So looking back at that now with some hindsight how do you make sense of that? What are you left thinking?

Well I kind of feel... and I still feel like I've been abandoned like it was "well you missed an appointment, you are no longer my client, you are on your own." That's how I felt then and that's kind of how I still feel. ...Abandonment ...I have not gone

back to pursue even getting a different counsellor..... I don't want to get dropped again...

...So I called them back and they were sort of confused over the whole thing. But I set up an appointment and went in for the first meeting with somebody but it was a very uncomfortable meeting...

Client participants were aware of workers who were not engaged with the process and this, too, had an impact on first impressions. In their experiences, client participants reported workers who pawned them off to other services or who exerted little effort in the counselling endeavour and were just “coasting”. Such a lack of responsiveness on the part of a worker almost certainly prevented development in the relationship and progress in the task.

Well I have never really gotten the help that I sought. “We’ll just pawn you off just go to a group see if that will help”. ... I got to the point where I could not face anything ... I can’t say that help was sought and help was hurtful... I haven't even got to that point yet; I haven't even got to (the help)...

... they just sort of sat there and wanted you to tell them everything. I may have a clear idea now of what I was looking for. I think if they had sort of

prodded a little bit more we could have determined that. They kind of just wanted me to tell them what they needed to do and I didn't know so...

Frustration was evident in client participants' responses to workers' misperceptions, which contributed to their determination that building trust was not a possibility and so they withdrew from the process.

The girl that I talked to seemed to be like "oh that's ridiculous you shouldn't feel that way". She did not validate where I was coming from so... by the time I had left that first meeting... I felt so frustrated I was so low and I thought "I'm done I'm not even going to continue counselling."

... that bothered me... I felt that she should have been asking why I was doing that as compared to telling me that I should not be doing it. I guess I felt from that, that she did not have an understanding of me so I really did not want to (go back).

When client participants received the message that their efforts were not being valued or that there were barriers to receiving help or that the worker did not understand them, it served to interfere with the development of the process. At this point, client participants reportedly made the choice either to drop out of counselling or to continue on, with the likelihood of holding self-blame and anger.

I went back hoping it was going to get better.

That's what we were saying...

we blame ourselves (yes)...

It's very easy to think it was our fault (yes) back in that stage where you were at of course (uh huh) especially if you were the only one (yes that makes sense) "what did I do wrong?"

...well, you know me of small confidence, that little part of me says "it was my fault ... I didn't make more of an effort to fit in, or I was expecting too much" or something. I mean, my competent sense says "don't be stupid", but my emotional self says maybe that's what it was...

And I do not know whether it was because we were a female-female partner I often wonder if that was why it took so long or didn't happen or whether they could not find someone who would know enough... I do not know...

So you end up feeling like there's something wrong with you? (yes, yes)

Or the type of relationship that is, I don't have any reason I do not know.
All I know is that it did not happen.

When you're in counselling and you're committed to making those changes somebody that you were not comfortable with, you could really get your back up “like who are you” you know?

Important in what client participants had to say about the early process was the reminder not to confuse silence with consent. For some, it was an intimidating experience to enter the system of care, particularly if they felt vulnerable. There was a period of discernment and processing at this time, during which client participants may or may not have been vocal about their needs and reactions. Attention now turns to including the voices of worker participants, and to hear what they had say about early encounters with clients.

Worker Participants' Perspectives on the Tasks that Occurred Early in the Process

This particular group of worker participants was reportedly aware of and sensitive to the difficult journey clients took to reach out and ask for help. Worker participants expressed an understanding of clients' fears – fears of being told there is “something wrong with them” or that they “don't measure up”. It seemed that they were attentive to the potentially destructive power that labels can have especially in the early encounters.

I THINK THAT PEOPLE HAVE A REAL IDEA THAT THEY ARE GOING TO BE TOLD WHAT IS WRONG WITH THEM, AND I THINK THAT IS WHAT STOPS THEM FROM MAKING THE PHONE CALL... "I DO NOT WANT YOU TO TELL ME WHAT IS WRONG WITH ME" AND THAT THERE IS A REAL FEAR THERE. ...I THINK TOO PEOPLE HAVE BEEN REALLY HURT AND DAMAGED, THEY ARE SO VULNERABLE WHEN THEY CALL... IT IS SUCH A VULNERABLE TIME SO TO BE TOLD THAT "YOU DO NOT MEASURE UP", "WELL WHAT YOU NEED IS ..." IS PRETTY DIFFICULT FOR SOMEONE...

Recognizing and expecting vulnerability in clients at the point of reaching out for help was a point of convergence between client and worker participants.

Contained within this knowledge and understanding was the potential for a genuine empathic connection; if worker participants responded sensitively and openly to client participant communication and / or non-communication and if they took steps to lay the foundation for trust to be established.

The worker participants in the study seemed mindful of helping clients feel at ease when they first reached out for help. Comfort and safety were byproducts of ensuring that clients had some control over the process. Asking clients to provide information about their goals for counselling, as this particular agency did, served at least a couple of functions; it respected that clients had knowledge and understanding of their own issues and it was a means to ensure that service could be tailor-made to meet clients' needs. Client self-definition and client self-determination appeared to be values of these particular worker participants.

I THINK IT IS REALLY GOOD BECAUSE THEY ARE PUT IN THE DRIVER'S SEAT RIGHT AWAY 'SO WHAT DO YOU WANT OUT OF COUNSELLING' AND USUALLY THEY KNOW. ... (WORKER) WAS TALKING ABOUT THAT COOKIE-CUTTER APPROACH; IT IS ALSO THAT WE DO NOT SAY TO EVERYBODY "YOU HAVE GOT THIS ISSUE YOU HAVE GOT THAT ISSUE..." THEY ARE THE ONES WHO ARE ABLE TO STATE WHAT THEY WANT TO WORK ON.

Worker participants reflected on how they would know if clients were dissatisfied with the early process. They offered comments related to a felt sense they might perceive from non-verbal cues such as posture or body language.

They do not make eye contact, their posture.

You might get it in body language (*yes body language*) and you get it because they don't come back.

Client participants supported the idea found in the literature that dissatisfied clients drop out of counselling, and worker participants acknowledged that this happened. There seemed to be any number of things that determined this from their perspectives. More will be said about workers participants' contribution to client drop-out in a later section entitled *worker participant fatigue and the need for co-worker support*. Worker participants noted the link between client readiness to attend and client satisfaction. In addition, worker participants' workload and organizational processes also seemed to contribute to their lack of availability, time and energy to pursue clients who prematurely ended contact.

Further exploration of this notion will be made in sections entitled *the ending of the dance* and in *the review* by client participants.

The dancers have now met and introductions have been made but there are many decisions going forward related to such things as the kind of dance, the tempo, and questions about “what if...?” There is the potential for both reward and challenge in learning and performing the steps. The next section explores specific elements of the dance.

The Dance

Once the initial introductions have been made, there begins a process, or stages of development as group work literature labels it (Toseland & Rivas, 2005; Wickham, 2003), wherein the client participant and worker participant negotiate and engage in, successfully and / or unsuccessfully, the dance they do together. There are an infinite number of considerations that contribute to client satisfaction and /or dissatisfaction with the helping and / or healing process. The risk in offering an inventory of these considerations is that they be seen as simple, linear and encompassing. They are not. They are dialogic, complex, recursive, iterative and any attempt to capture them all is incomplete. Having said that, there emerged from the voices of client and worker participants some common themes related to who leads and follows in the dance, the connection and relationship, the development of safety and trust, missteps, who ends the dance and finally, a reflection on the quality of the dance. Each of these themes will be explored and supporting quotes offered by way of illustration. This section

focuses on the relational dynamic specific to the client and worker participants in this study. The impact of organizational issues on the dance will be discussed in later sections.

Who Leads?

As this chapter has already explored, client participants brought a host of considerations that needed to be factored into what dance was executed and what roles each of the dancers played. Some client participants were experienced at the counselling endeavour and some were tentatively reaching out for the first time and unaware of how the process might work. Some client participants were looking for a dance partner while others were looking for a dance teacher. Inherent to this discussion are issues of power and knowledge. Both client participants and worker participants held power and knowledge in varying degrees and in different realms. How all of this was communicated and honoured influenced the process and impacted the co-construction of the experience. Returning to the dance analogy, agreeing on the music and tempo for the dance are significant considerations. Determining the structure, communicating the rules for counselling and negotiating the roles that each person would play, among other things, were important to laying a foundation for the counselling process.

Questions, knowledge and power.

Client participants questioned their right to ask workers for self-disclosure related to any number of things from credentials to sexual identity. Encased in

this discussion were questions in client participants' minds of what was acceptable to ask and how their questions might be interpreted by workers.

I found out a bit about them, their background how long they'd been doing this sort of thing and ...

you asked? really?

yes I did.

You're kidding, I would never dare to ask that.

You can do that? (laughter)

It wasn't mean or anything.

I need to stop you then and ask you why you would not... what would prevent you from asking those kinds of questions?

Well it's just not the done thing.

You are in such a state of affairs that that probably wouldn't even enter my mind.

I'd be afraid that it's kind of like questioning their credentials. It's like saying, I don't mean it's a criticism, but for me to come up to you and say ... "now tell me your qualifications, how long have you been practicing, how many people have you pissed off..." it has that kind of feel.

...there were some unanswered questions for me about her background in that...

I wanted to know a little bit more about her and I don't know whether that's

appropriate from a counselling perspective... "But you don't need to know

anything about me because this is all about you”, I don't necessarily agree with that... I can understand that if she is a lesbian her trepidation about telling me because from a clinical perspective it's none of the client's business; but I wanted to know in terms of how that would colour her responses.

Dietz and Thompson (2004) stated that “refusal to answer direct questions about the social worker, as some practitioners advocate (see Streat, 1997), can increase clients' anxieties and make it more difficult for them to evaluate the context from which social workers' interventions and comments derive” (p. 11).

Experienced client participants indicated an increased willingness to ask workers about themselves and their work experience in order to ensure a good fit. Previous bad experiences in particular, accounted for this and contributed to more of a feeling of entitlement and / or empowerment.

Yes definitely because you want... to make sure you don't run into that sort of thing again.

It probably would take everything you've got to get back in (yes) so you're not going to make the same mistake.

Determining the structure and rules for counselling.

Specific information related to the rules for counselling and the structure of the work was needed according to client participants. Such knowledge was power.

...we immediately set up a plan, a game plan, as to where we were going to go and that was important. ...There is a beginning and there is an ending and we will find out between each of us how we will get there. So we made a plan about how to get there. So it wasn't all her dictating, it was both of us needing to know where to go.

She told me all about what the process is. When I first got there I knew there was a waiting list and she told me from beginning to end I could make it six weeks if I wanted or longer if I needed it. I could have as few sessions as I wanted or more if I needed it. And she told me about the process. She was there to listen not to judge. I felt very comfortable with her.

To not have practical information about the process of counselling contributed to feelings of anxiety, anger or even embarrassment on the part of client participants.

...I never knew how to do that I never knew how to say "am I allowed? Can I come back tomorrow or can I come back twice this week?"... It just seemed to be that "we are seeing you once a week or once every other week for this" and I go "okay".

One client participant offered an explicit example about how power between client and worker played out in the counselling dynamic. Reference will again be made to the group work literature which outlines tasks associated with different stages of a group's development. "As members determine that the group is worth their emotional investment, issues of power and control emerge" (Wickham, 2003, p. 76). This is typically conceptualized as a period of testing, the functions of which may be to test the self in relation to other around issues of approval or safety; to test the worker in terms of competence and skill; or to test positions of power and status. According to this client participant, a similar process occurred in the context of dyadic counselling. Implicit in what this client participant had to say was the idea of testing each other and ascertaining whether it was safe for the client participant to trust and form an attachment with the worker and accomplish the work. Passing the test earned the worker some respect in the eyes of this client participant.

... (worker) never let me bow out of it. If I had to take responsibility for myself or my feelings or my actions she would point that out to me. She made me accountable for what I was saying and doing. ... I have had counsellors before who don't do that, so you can talk over them... you can play the game with them. She was not like that. I gained a lot of respect for her and so I didn't want to do that to her. One, she would not let me and two, we had a rapport that I just felt comfortable doing the work with her. I mean you go through people, therapists' games, well not a game, but you feel each other out right? And the testing thing and there really was a whole testing period.

There was a testing period?

Well short but that's what I mean; until I figured out that she was really going to make me do the work and that's what I respected about her....To me it is a test of whether she is going to blame me or make me responsible for the way I am feeling. Or can I pass the buck onto everybody else. She just never let me. She made me responsible where I was responsible and the only way that I could get any work done was when I was responsible. And then there is the testing of trust... she never did anything for me to mistrust her so there was testing for that too, to see whether she would keep to what she said she would do.

The worker participants in this study said they addressed the issue of power by framing the process as collaborative and client-driven rather than counsellor driven. This approach was thought to be respectful of clients. Putting clients in “the driver’s seat” from the beginning of the process enabled clients to take ownership and invest in the process, in workers’ opinions.

It is not having that stance as an “expert” and telling them what they should take out of their experiences.... Instead, asking them what they are looking for. That is a part of being respectful, I think, in building those relationships with clients and helping them have their needs met. It is more collaborative ... It gives them ownership of the process so they are more likely to be invested in it and to feel like it is of benefit.

When time was allowed and attention was paid to the process and the instrumental tasks of negotiation and communication were considered, there was the potential for the development of a therapeutic relationship.

The dancers have now met and have begun to move together. Going forward much depended on the responsiveness of the worker participant to the client participant’s voice and gestures. Together there was an opportunity to co-construct an experience. Client participants related their experiences of good

dances and good dancers and of not so good dances and dancers. We turn now to the connection, the relationship between the dancers.

Compatibility and the Relationship

Both client and worker participants supported and echoed the literature related to the importance of the therapeutic relationship in client satisfaction. Client participants recognized that who the worker was, as a person, was a component in enabling the relationship to be built. They identified particular qualities and characteristics they perceived and appreciated in their workers. These included: being genuine and authentic, respectful, caring and supportive, personable and down-to-earth, understanding and knowledgeable. The point was made by one client participant that the qualities possessed by the worker were indicative of a personality with whom anyone would get along.

not partial and ... very supportive at the same time.

down to earth... very caring very nurturing

they have seen you at your lowest and then they still don't judge you

... doesn't use big terms ... very relaxed. I know (worker) has all of

...schooling but ... just really hands-on and I think (worker) has done a lot of neat things in ... life

PHENOMENAL ... WITH A LOT OF INSIGHT ... KIND AND PATIENT AND WELCOMING.

... personable ... probably laughed at my jokes which helped

lot of respect right from the beginning ... so that is empowering to someone.

not fake... just totally ... a real person

... genuinely concerned about my well-being...empathy and compassion

understanding and up front ...easy going and just a very happy person.

knowledgeable ... just knew what (s/he) was doing. ... Very open, straight

to the point... always had good things to say

upfront, to the point, honest

While client participants were able to offer a litany of qualities and characteristics appreciated in workers, it was the sense of a match and relatedness between client participants and worker participants that emerged as a necessary condition for the development of a relationship. Relatedness was specifically identified by a number of client participants in terms of having similar life experiences and being of a similar age to the worker.

I was really fortunate that (worker) had been through similar issues. If I was matched up with somebody else it might not have been as appropriate a match.

When a person is going for free counselling it's a sometimes arbitrary match but in that situation it was a really good match. I don't know how many people they had to choose from, I was just very lucky that way.

...to have that match with a really good, kind, caring, and compassionate counsellor like I did, I think that really helped me heal and it has gotten me to this point. She really took the time and there was not a whole bunch of fluffy stuff. It was really just a good match. She really listened to me, she did not judge me by any means. She put unconditional support in our counselling sessions and I could have told her anything and she would have been very understanding and I really appreciated that. ...I would like to think that if I probably learned anything I think the right match is probably the key... and I think they really took the time to match me with (worker).

And (clicking with the counsellor) makes a big difference, a huge difference. And age too, age is a big thing. I did go to another counsellor and she was younger than me. She probably just got married and we had nothing in common and it felt really awkward. It was just like telling my issues to my daughter... I just did not feel right about that. I do not want to confide in a child...

Worker participants also recognized the importance of compatibility between clients and themselves and were mindful of assessing this early in the intake process. This was framed in terms of matching client issues with individual worker styles and strengths. Further, there was recognition that the

organization, because of the flexibility and diversity in its worker participants, could offer variety in its service to clients which was seen as desirable.

What I like about it is that it is not a cookie-cutter agency where everybody is doing the same thing in their offices. The clients are matched to counsellors who are suitable and there are different personalities and styles. I think that clients who come there really benefit from that because everybody that comes through the door is not getting the same thing, they are getting a different experience depending on which counsellor they see, how long they are there, the style of the counsellor, how soon they get in lots of different things. ... It is a very multifaceted agency, it allows for variety of styles and personalities, and ways of doing things that are very diverse and it is welcome that it is diverse. We do not all have to do the same thing or adhere to any one structure or ideology ... It is very flexible and individual and I think that has got to benefit clients.

...before they get in there they are already matched up with somebody who will hopefully be the best match.

So how ...?

OKAY I HAVE TO 'FESS UP I DO THAT ABOUT 25% OF THE TIME BUT THE OTHER 75%... THEY GET IT ACCORDING TO WHAT THEIR SCHEDULE IS AND HOW IT MATCHES UP IN FRONT OF ME. EVERY ONCE IN A WHILE

IT IS LIKE...NO "THIS PERSON REALLY NEEDS TO SEE (WORKER)" AND SO EVEN IF SHE DOES NOT HAVE A SPOT IN HER SCHEDULE I WILL GO TO HER AND SAY "I HAVE GOT SOMEBODY FOR YOU ... CAN YOU GIVE ME A TIME?" BUT I DO SAY ABOUT 75% OF THE TIME I DO NOT... BUT I THINK THAT SPEAKS TO THE FLEXIBILITY OF THE COUNSELLORS. I SHOULD NOT HAVE SAID ANYTHING THEY ALL THINK THAT (LAUGHTER) IT IS ALL A MATCH...

Worker participants described that a good connection with a client was evidenced by a felt sense of comfort, seemingly open body language, and client self-disclosure.

I think you can tell that they feel connected if they are talking to you, if they seem like they are comfortable. If they bring up issues they feel safe. Even eye contact, body language, the way they are sitting in your office or if they look relaxed or open. ... It seems almost casual the way they say, "oh this happened". They do not look like they feel awkward.

They further identified that the establishment of a connection was of benefit to the therapeutic process. Strength in the connection signaled engagement and forged mutually increased capacity to endure some of the challenges that surfaced in the process.

It's part of that honesty, we can feel that they are being really true and being really genuine and it changes the flow. Even if it's a really intense session and it is something that is really painful that you are working through, if there is that genuine connection the work is fairly easy to do.

But when people are holding back or are not able or not willing to expose something within themselves or acknowledge something, it's just plodding to try and get through an hour with them.

They can really become partners in the work and give feedback and are interested in trying things, if they are engaged.

Inherent to this discussion was the assumption that worker participants had the capacity and were willing to form attachments with clients and to build therapeutic relationships. Indeed, worker participants in this study discussed the qualities that they believed they possessed and that were relevant to client satisfaction. In particular, their abilities to be present to and interested in clients, to be able to connect, and to convey a sense of compassion and respect were suggested as germane.

I think it has to do with (our) voice(s), (clients) can sense compassion, respect, interest.

If you remember things that are important to them (yes) it makes them feel really 'I have been listened to'.

Yes, if you ask them "so did you get that job... how is it going with your mom..." even remembering names of their children or partner, friends, whoever is important.

And I think it is your ability to be present to them and only them. If they see that you are theirs for that hour you are not thinking about something else or writing down other things... Well I think what makes it really positive is that you can connect and the person believes in you and you believe in that person and then they begin to grow and learn and embrace in that.

Barriers to building relationship.

Client participants reported instances when they experienced barriers to building relationships with workers. In this particular study, obstacles related to a lack of engagement on the part of workers (this reiterates client participants' *negative first impressions* of workers who were perceived to be coasting, identified in the *shall we dance?* section of the paper) and a poor quality

connection as assessed by client participants. Client participants reported that they could assess when workers were faking interest or when there was a lack of caring and the job was just a job for workers.

It is hard to talk with somebody who is fake. You know they are just doing their job... You know when you speak with somebody and they're kind of listening but they're not really caring (have you had those experiences?) Yes... I just felt like I was talking to nobody ...

... (Worker would) ask me a question and I'd answer it and when I'd stop speaking (worker) said "oh I'm sorry, can you repeat that?" I don't know how many times (worker) did that in one session and I never went back. (Worker) wasn't interested at all...

Further, client participants reported instances when they perceived that workers simply wanted to give easy answers or that workers' reactions reflected easy responses, which were less than helpful for their situations.

... she kept saying how... my foot would go up and she would say "well that means that you do not want to talk about him" and I just felt uncomfortable at that point like, I cannot move you know? Well she kept saying, "when you do that it means this, when you do that it means that" and I say to myself, "well, I will do a dance for you and you can tell me how I am doing" (laughter) you know what I mean?... this is just not clicking.

I would tell (worker) some of the stuff that was going on between my husband and me and (worker) would be shocked and disgusted. I remember thinking to myself, it's really cool to have your support but I would have expected some more objectivity... (worker) didn't really hold back in the language use either, so in a way I was a little bit confused...

Moving toward connection, intentionally.

Worker participants in this study noted the inherent ambiguity in developing a therapeutic relationship with clients while at the same time being aware of appropriate professional boundaries. Such a situation calls directly on workers to negotiate and to dance a balance between allowing them to be fully engaged with clients while at the same time maintaining ethical stances. For these particular worker participants, to not form a good quality connection - a mutual attachment - with a client was both a failure and disempowering.

It is about the connection, empowerment and then the difference that they begin to see. I still have people... and I know that this is probably not OK... don't tell... I still have people who have come in for counselling that if they see me out somewhere they come over and give me a big hug (uh-huh)...

Why can't we tell? (Laughter) what is it about that?

...There seems to be this idea that you are not supposed to hug or things like that, you know what I mean? And for some people that is exactly what they need...So, I think that is what makes the difference for people... a good connection, good counselling does all of those things. And if there has been no connection or if you feel that you have failed a client or if you just have not connected, that is disempowering to both of you.

The question arises as a helping / healing relationship is developed between clients and workers, how do worker participants share themselves with clients and how do client participants gain their perceptions of who workers are? In addition to the more obvious aspects of a sense of connection or relatedness and appropriate responsiveness in the client/worker dynamic, there were other less apparent conceptualizations of relationship. For client participants, their sense of being valued by the worker and perhaps also by the organization, was symbolized in a number of ways: in the safe space created in workers' offices, in the image of the simplicity of a circle or a plate, and in the nurturance and hospitality of the coffee and cookies in the waiting room. For client participants these were representative of the authentic, genuine, and uncomplicated nature of the relationship.

... it is a circle, it is simple, it is not like a square where you have to go through the corners. ...When you are going to your counsellor it should be a dinner plate it should be a circle it should be... "I can believe her she is my friend." She is honest, she is not fake, she is going to work as herself. If I speak to somebody I want to speak to them like I am speaking with you. I feel good about speaking with you. I'm not speaking to just this (an object). That's where I get the square from... I'm not speaking to a machine, I cannot be shut off, put on pause or whatever, I don't know, it is so simple.

...she would explain "oh it's going to be about 10 minutes but not to worry sit here have a coffee". So I got into the cookies and got comfy. I forgot about that until we started talking...

So the cookies are important?

The cookies yes... I guess well, cookies go back to childhood and that's another thing right?

Similarly for worker participants, while there may not have been overt self-disclosure on their part, the sharing of feelings, and symbolically, the candy dish and the office as a space, were used as examples of how they were able to share themselves with clients.

... WHEN I HEAR LAUGHTER FROM THE OFFICES, I WILL OFTEN HEAR IT, AND I THINK IT MUST BE SO NICE, YOU HAVE GOT THIS PERSON HERE WHO IS HAVING SUCH A HARD TIME BUT YOU ARE ABLE TO MAKE THEM LAUGH OR YOU ARE ABLE TO LAUGH WITH THEM. I THINK IT MUST BE JUST LOVELY. WHAT A RELIEF THAT MUST BE FOR SOME OF THEM ... A MOMENT OF LAUGHTER.

We were talking about the candy dish earlier (laughter). There are a couple of clients in particular who come in and say “oh I just look forward to coming...”.

It is not actually about what is going in their mouths, it is about (yes) the sense that they are being nurtured and cared for (yes).

...What makes the counselling experience successful or positive? That is a lot of subtle things. It is a lot of overt things as well. ... I have a lot of clients who comment on the space that I create in my office, how things are laid out, how the chairs are or what is on the walls, or the feelings that they get when they come into the room. ...So some of it is how your personality is reflected in your space and I don't know how you even

measure those things because everybody's space is different (yes, right, I think you're right).

...Yes it is actually an indication right off the bat of a good fit (uh-huh). If someone comes in and says "oh this is great" and asks about things and sort of questions you about your taste or whatever it sort of suggests that there is a good rapport right off the bat (uh-huh) . Things seem to go well after that, when you get the impression that they are comfortable with the surroundings.

As this section of the paper has attempted to outline, various aspects contribute to the development of a therapeutic relationship and help to create a foundation for a sense of safety and trust. Whether one comes first or whether they are created simultaneously, trust and safety are essential to the deepening of the therapeutic relationship. Nuanced responses were offered by client participants about issues of safety and trust and these will be explored in the next section.

Development of Trust and Safety

Client participants in this study reported that the establishment of a trusting relationship with a worker contributed to their feelings of satisfaction. Trust in the relationship was measured by how well understood and cared for the client

participant felt in relation to the worker. A trusting therapeutic relationship led to progress in the work and a sense that the effort was worthwhile.

It's going to take a while to get well; and you know you've got the long term help there and you know you'll be dealing with the same person. That in itself makes you feel a lot better.

(Worker) understood exactly what I was saying and it was more like, I now have somebody who is going to believe me and help me instead of "oh well this person is right, this person is always right"...

When they felt misunderstood or judged by a worker, client participants reported that trust in the relationship diminished dramatically. Further, some client participants reported that they perceived they had to prove themselves to their workers, who would not give them the benefit of the doubt, which also was interpreted to be associated with a lack of trust.

Another thing I should say about the whole counsellor thing is that I found that a lot of the counsellors didn't give me the benefit of the doubt. They just assumed that I was in denial about (the issue)... I don't know if they deal with people who have (the issues) at this level, but they just seemed to not trust myself, my judgment, my intelligence anything that I had to do or tell them. So that was the most frustrating because I felt I had to prove myself to them.

And sometimes ... they really didn't believe what you were saying (yes yes) and discharge you or, "yes she just thinks that, but it's not, you know".

I experienced the same thing, it was terrible.

The breaking of trust most often resulted in client participants ending the therapeutic relationship and, in a number of instances, contributed to self-blame, anger and self-doubt (see the *negative first impressions* in the *shall we dance?* section of the paper). Circling back to a point made earlier regarding the initial meetings, if client participants perceived that they were not being valued or if workers' power was wielded insensitively, the helping process could potentially hurt rather than help. In some cases, it appeared that client participants, especially those who were vulnerable, internalized workers' negative perceptions, which further challenged or weakened their senses of competency.

I wish I could trust myself. It almost set me back a little bit so that when I would go and get nothing from it, it just sort of started to feel like not a good thing for me. ... They had their own solutions but they weren't willing to accept that they weren't working, so they'd try and change my mind or else they would say "oh well I've got nothing left to offer you".

... (worker) was disgusted ...and when (worker) gave me that look I said “I’m not going to bother, I’m not here for you” ...I just never went back ...

This section of the chapter has explored elements that contribute to or interfere with the development of safety and trust in the therapeutic relationship. Important in what client participants had to say was the nuanced nature of what was given and received. In a positive therapeutic encounter, it was not only that the worker gave the message “*I value you*” but that the client received and internalized the message as “*I feel valued*”. It is one thing for me to tell my two children “*I love you*”; it is another for each to reflect back to me “*I feel loved*”. To use another example to illustrate the point, the police motto “*To serve and protect*”, needs also to be interpreted and internalized by citizens as, “*I feel served and protected*”. This positive internalization is the ideal, but is not always reality and there are missteps that occur in the therapeutic process. We turn now to an exploration of these.

Stepping on Toes: The Missteps

The fluidity of a dance will depend on, among other things as noted, the skill and experience of the dancers. Stepping on toes during a dance is not unheard of or uncommon. Even seasoned dancers have their share of two-left-feet-itis. Acknowledging and addressing such occurrences when they happen go a long way towards getting back on track and moving on. Missteps occur during the therapeutic process. How these are addressed and handled can either keep the dance going with the potential for growth and added meaning and deeper

trust, or can stop the dance with repercussions. This section of the paper explores missteps as they are identified by the study's participants. This proved to be a site of obvious complexity in the counselling process. Client participants laid responsibility to manage missteps at the feet of the worker, regardless of whether the missteps were identified and expressed. Sending up a distress signal was as difficult as responding to one.

Client participants reported the belief that the responsibility to act rested with the worker. A worker who was attuned to the process and sensitive to client participants' emotional shifts often recognized a rupture in the process. Worker behaviour at that point, according to client participants, typically either helped to resolve the issue, or called into question the relationship that had been established.

I think I was talking about my children and feeling guilty about things and she had said something... I think it just made me feel a little more upset that she did not understand. And she could sense that right away and she could tell that I was a little bit upset about what she had said. She said "do you feel that that was an accurate statement?" not, "why are you upset about that"...

So she sort of sensed ... there is an intuition here that you are talking about (yes)...

I was totally able to say, "I do not think that that is accurate" and then explain why. And I did not have to get defensive about it. I did not have to shut down

because I did not want to talk about that anymore. [It kept the conversation still flowing and made me feel like I could still talk about what I came to talk about ...] might have been offended by what she said. I might have been not so willing to talk about what we were talking about. [It probably would have damaged the relationship feeling like “oh, she does not understand that afterall, what else does she not understand?”

So it would have called into question the relationship that you had developed?

To a certain degree I think, yes, it would have.

The opportunity to handle missteps, however, depended on the assertiveness of the client and on the intuitiveness and sensitivity of the worker. Some client participants reported that their workers were never aware that there had been a misstep as they did not raise the issue for fear of confrontation. Other client participants suggested that they were forgiving up to a point, meaning they overlooked one worker slip-up; but they would not be as forgiving should it happen again.

... sometimes I would feel very defensive and back off of my emotions and then (worker) would say “well why are you down?” and “off you go”. And I don't know what to do with all of this and I'm not going to see you for another week or two ...I don't know what to do with this.

Did that ever get talked about?

No. Maybe I assumed that (worker) would see that and step forward because (worker's)... the professional in this and I'm the one that needed something so...

It would depend on what it was, how damaging it was and whether it happened more than once. I mean the once, I would probably overlook it, a second time I would think "what's going on here" and maybe say something. The third time I'm outta there (laughter)...

OK, so there's sort of a progression, three strikes and you're out?

Anybody can have a bad day but the question is whether there's a pattern of ... (a pattern)

and I mean, but it's still a confrontation. It's saying to the person, you know, "you screwed up" at the confrontation...

I would expect the counsellor not to do something like that (misstep), and if they did do something like that, I would not see them again anyways ...

Many reasons accounted for why client participants did not raise objections in the face of a therapeutic disconnect. These are recorded, not in the spirit of blame, but rather in the spirit of disclosure and furthering professional understanding. In any human interaction, as in a dance, there are moves and counter-moves, actions and reactions and these occurred on the part of both

client and worker participants. In this study, it appeared that some client participants were not comfortable with confrontation and conflict in general. Some were not sufficiently equipped with personal assertiveness tools or the confidence to raise issues. For some, there was not enough trust built in the therapeutic relationship to withstand a test presented by a confrontation. Importantly, some client participants indicated that they had not been given the message by workers that they were free to raise objections.

Client participants distinguished between instances when clinical issues were “triggered” and when missteps occurred during the process of counselling. They were clear about the differences between what was raised and how issues were handled.

...now it's not to say a counsellor wouldn't trigger things because that's what they have to do ... they've got to trigger things or else nothing's going to get done. So it's all in how they do it (exactly)

The mishandling of a triggered reaction on the part of a worker was not only a misstep, but also a trust-buster for client participants. Client participants reported that in their experiences, while some workers had skills for unearthing issues, some lacked skills for knowing what to do with them when they surfaced.

...it wasn't (worker's) fault but it triggered me and I just sat there sort of sobbing my heart out and (worker) just totally ignored me, didn't acknowledge, and didn't offer any support or anything at all...

Worker participants communicated knowledge that their reading or misreading of situations impacted on the therapeutic process. In addition, they expressed some honesty about the ease with which they let clients slip away at times.

... it is rare that people would feel everything was great on all measures you know...

or that you get everything that they are saying (yes)... or that you give it the same depth of importance that they do. Some things you may zero in on because you think that is really critical for them to deal with; whereas, something else for them may have been more important.

...I have done that when a session has not gone all that well, the next time, but as far as going after somebody who has disengaged or that you never really got engaged with in the first place, I do not think I have. But that might be something to think about.

It can be difficult for workers to know that there has been a disruption in the flow of the process if they are not attuned to it or if it has not been raised. In addition, if they possess any inclination towards steering clear of conflict due to

their own personal issues, it can be difficult to address challenges head on.

Workers ultimately have the power to address or not address issues. But if anything worth having is worth working for, then working through missteps can be an enriching part of the dance for client and worker participants alike.

Participants ultimately speak to the *quality of the dance* in an upcoming section, but first there is the *ending* of the dance.

Who Ends the Dance?

The ending of a dance happens for any number of reasons. Perhaps the music has concluded and the closing steps are expected. Perhaps the dance ends abruptly with one partner walking off the dance floor. Perhaps one dance partner is handed over to another partner to finish out the dance. The ending of counselling raises issues for both client and worker participants. The issues may be personal, social, systemic, chosen or imposed. In this section of the paper, endings are explored in a number of ways. Survey respondents offered information about who made the decision to end counselling in their experiences. Some client participants who previously had dropped out of service because of a dissatisfying experience, reported seeking help once again, although tentatively. Client participants reported inconsistencies in messages from workers related to the duration of counselling and the impacts of differences are explored. Good endings and also the transfer of client participants to different workers are framed in the context of grief and loss. Finally, the issue of re-accessing service is explored in the context of endings.

In both the survey and the follow-up interviews respondents were asked how the counselling ended and comparative results are displayed in Table 4.5. It is interesting to note that 11% of respondents identified that counselling was ended unilaterally by workers, calling into question the principle of client self-determination explored previously with worker participants. This is noted as a site of divergence in that there were some discrepancies between participants around endings and re-accessing service, which will be explored later in this section. Respondents, who cited “other” in this situation, often meant that they were attending a closed-ended group and the group ran its course.

Table 4.5: How the decision was made to end counselling

COUNSELLING ENDED:	survey respondents N=73		client interview participants N=22	
	N=	%	N=	%
mutually	29	39.7	9	40.9
by worker	8	11.0	2	9.1
by respondent	15	20.5	7	31.8
other	15	20.5	2	9.1

Client participants reported in interviews that they had dropped out of counselling in some instances when the process had been less than satisfactory; and so in situations where client participants did not feel understood or validated, it appears they used their own personal power and either opted out of the process or sought alternatives by requesting a different counsellor.

I don't think you say it that way...

... but whatever you say, essentially what you're saying is “you screwed up” and for me I couldn't do that. No, I would either put up with it or just stop going...

I was willing to go, to go back to a different (worker) but I did not want to go back to the same (worker).

Some inconsistency was reported by client participants related to the duration of available counselling. Some reported that when they felt their allowable time was coming to an end, their workers would dismiss the limits and continue with the work.

...There was something said to me about "you're only allowed eight or six visits" or something and then when it came towards that time (worker) said not to worry about it.

It should be noted that while there might have been an organizational message, some worker participants decided for themselves how long to provide service and waived agency policy. This will be explored further in the *policies and procedures* section of *the dance floor*.

... you are never really called to task... " why have you seen this person fifty times" or whatever...

But usually it is between the counsellor and the client; they make that decision if they are going to continue or what they are going to do.

The result of this was often that client participants felt their workers were going above and beyond the call of duty and were advocates for them. This contributed positively to their levels of satisfaction.

For other client participants who received the message that service was time and/or session-limited, they also got the implied message that their needs were secondary to organizational needs; and this message resulted in some client participants reporting generalized feelings of anger or discouragement and dissatisfaction.

... I don't know if it's a system error. ... you're informed at the beginning you only get six sessions. How much can you really accomplish with that? ...It was told to me at the beginning that it was short-term counselling and if I wanted long-term that was something that I would have to pay for. And I've never actually been able to find anybody who does long-term counselling, so even if I did find someone that I had a connection with I don't know how good that would be, so that's definitely a system error.

Even while participating in the decision to end counselling, it was described as a time of sadness and loss by client participants that can be framed in the context of a grief reaction.

ENDING USUALLY WAS KIND OF SAD.

I was sad at times. Their professional opinion is that you are ready... At the end it was always emotional, even for them. They're great of course, they left the door open for you if you wanted to call them, that was always an option for sure. But you just sort of carry on...

I was getting ready because we had laid out a plan and even though I missed her, and I still do... The door is left open for me to talk with (worker). I am sure that I could go back at any time. And she certainly left that out there for me.

Carrying the grief framework to another level, client participants who were transferred to another worker reported difficulty in making the shift, likely supporting the idea that grief work is often done in the context of the next relationship (David A.S. Wright, personal communication 04/21/09), and that separation from a well-liked worker may be a process in itself before another attachment is formed. The retention of skilled staff has implications from an organizational standpoint, as client participants reported that worker turnover was unsettling. Once client participants lost the quality relationships some reported having with their workers, it was difficult to begin again.

It's too painful to start over.

It was like I was losing a family member at that point ...And I think that is the other reason why I did not really connect with (next worker) because I was

probably still... in limbo. ...I really believe she cared and everything, but maybe it was the way I described stuff where she didn't quite understand. We didn't quite connect and I did not probably understand where she was going too....It's like going through the scary thing again.

And (worker) moved on as well and there was another (worker) that came after ...and it just wasn't the same I guess.

Often client participants received the message from workers that they could return for future service and this seemed to provide reassurance to them that they might "check-in" occasionally with the worker.

I think about after two visits of me not having too many terrible feelings to talk about anymore, we just agreed that I did not need to come back anymore but that if I did, I could.

I needed something that was probably long-term... and that near the end I was able to call the shots. I was ready and when I needed to go back, I called the shots again.

For some who tried to return, however, the process was not as easy as they envisioned it to be. Worker availability and access proved to be an issue. This was flagged as something to consider as a recommendation to improve service and will be addressed later in the section *the review*.

If I had any problems I could still call her back. And actually I did try to call her back and they had me on the waiting list again and by the time three months rolled around again the problem was already solved. So that was the only thing that was a little bit (dissatisfying)... you had to be on the waiting list. I understand in the beginning but when I needed to talk with her again, maybe just four weeks after, there was already a waiting list again ... Maybe just a half an hour or 15 minutes, this does not have to be an hour.... I am not the kind of person who would call every time I have a problem. But when it is a major problem, I would call again if there was something ...

It got shut down after she had told me to give her a call back and I gave her a call back and she was never available after that, so I just gave up. I thought she left on holidays or was not there for me to reach her. She never phoned me back, so it just got left hanging up in the air.

The issue of re-accessing service proved to be a point of divergence between participants. Inherent in what client participants relayed was the idea that they saw themselves as clients of the worker regardless of whether they were attending. They presumed that when they wanted to see the worker again, they would simply call the worker directly to schedule an appointment. Worker participants acknowledged that they often gave the message that service was “open” and clients were free to call for service in the future; however, they saw service technically ending at the point of termination. This point might have been a mutual ending, or it might have resulted when a client did not attend for scheduled appointments. Worker participants presumed that clients would re-access service by returning through the intake process. Client participants did not have the same understanding. Clarification and communication were needed. It seemed that worker participants’ dance cards were so full that carrying an accumulated caseload of clients seemed overwhelming or not possible.

Endings are as much a part of the process as any other aspect. Ensuring a mindful and purposeful ending to the process contributed in some measure to how client participants ultimately framed the quality of the dancing experience. An exploration of client participants’ reflections on the quality of the counselling process follows.

Quality of the Dancing Experience

What goes into an enjoyable dance or a satisfying counselling experience? In a proverbial “the sum is greater than its parts” way, the components that were dissected to account for the quality of the experience do not do justice to the end

result. In this section, elements reportedly conducive to a satisfying experience are named. In the best counselling experiences, client and worker participants described being mutually enriched for having undertaken the process. The connection was lasting, the progress made towards achieving goals was rewarding and the end result was life-changing (as will be explored in the third section of the paper).

Client participants who expressed sincere appreciation for their experiences of counselling spoke to the progress that was made towards realizing their goals. The process was named as worthwhile and meaningful.

(I'm) not sure how you'd put it but there is meaning in the interaction so that you're making progress and not getting stuck. There's something about the interaction between a client and the counsellor that makes it worthwhile to carry on. If the counsellor is saying things or doing things that are meaningful to me, then I can progress with my stuff and it makes that relationship worthwhile...

...(worker's) interest and (worker's) patience walking me through ... brought me to a place where I was not expecting to go, and I did not want to go at the time I was there, but (worker) helped me face stuff, helped me get stronger along the way. And (worker) was there for the bumps and the crashes...

Both client participants and worker participants acknowledged that there was the potential for, and they had experienced, mutuality in the helping and

healing process. Some client participants related how workers went above and beyond what they would have expected, and tailored the service in order to provide the best experience possible. In the act of going above and beyond, workers conveyed the message “I value you... really” to client participants who were able to internalize it. These were the best kinds of workers according to client participants.

I really wanted to explore my (issue) and she admitted she did not really know a whole lot about it; that it was a very complex sort of (issue). She did not have a lot of information on it so she asked me if I wanted her to look into that a little bit more. I agreed to it and she said she had one particular book in her office that was a very clinical book, probably not very easy for me to understand, but she offered it to me to read or look over it. And by the time I had come back for my next visit she had gotten books from the library; a couple of books that I had suggested to her that I thought were very informative while I was doing my research. One she said she had ordered, the other one she had been looking for in the library or was on a waiting list in the library so it just sort of...

So what did that say to you?

That she was on my side... she did not think I was being ridiculous or "that is a little bit much"... it just sort of felt like she was validating the things that I was saying and the feelings that I was having and the whole thing.

...my counsellor called me on her day off at home - I'm (recovering from an illness) - ...She saw me before the operation she saw me almost directly after the operation, and she knew I was pretty messed up, I was messed up ...

In any successful connection that exists between two people, whether in a dance or in the therapeutic process, both are changed and strengthened because of the experience (Slavin & Kreigman, 1998). Worker participants echoed client participants' words in reporting that the best counselling experiences were those in which there was a connection made and emotion in the steps, and not simply just a technical rendition of the dance.

Because I think you can have all the theory and the strategy but there is the connection. ... You have to have people connect to you. You do not learn empathy in the social work program; you learn empathy through life ...

It is like making music, somebody can sit down at the piano and play and just bring tears to your eyes and

somebody else can be very technical and know the piece and just leave you cold. So I think it is sort of like that, you either have it in you or you do not.

Overall, *the dance* section of the paper has focused upon the relational dynamic between client and worker participants. The dance, however, takes place within a context – an organizational setting. Attention will now turn to the dance floor, the setting and the organizational policies and procedures that also reportedly impact on the dancers' levels of satisfaction.

The Dance Floor

The setting and the management of the organization impacted the perceptions and judgments client participants made of the service and their levels of satisfaction and / or dissatisfaction. Two aspects emerged as important to the purpose of this paper. The environment established within the organization had the ability to help maintain or interfere with the connection forged between participants; and organizational policies and procedures also influenced satisfaction.

Organizational Environment and Atmosphere

Just as client participants offered an inventory of qualities and characteristics that they appreciated in workers, they also offered a litany of qualities and characteristics to positively describe the organizational environment and atmosphere including: friendly, welcoming, discreet, professional, and open to all. It should be noted that their perceptions of the organization were closely

linked with their perceptions of those who worked there. Generally, staff took the time to acknowledge the presence of client participants regardless of whether they were offering direct service to them.

... Everyone I dealt with at that organization was very kind;... very warm and caring right from the intake person to the receptionist and other staff; even other staff just walking by.

Oh they are very friendly.

...it was really a welcoming place.

The physical presence of the building in the community reflected the service offered within its walls. Client participants found it discreet and professional, relaxed versus pretentious.

I liked the discretion about it too. There is not a big sign on it; it is a beautiful older home. I think it is lovely. I like the setup it is not like a big box store. And there is nothing pretentious it is really just a relaxed atmosphere, which I think is nice. It is charming too, the building, it's lovely...

Well I found them to be very professional ... very discreet, very respectful of privacy; and very honouring of my process.

In addition, the organization conveyed messages that were received and translated by client participants. More will be said about organizational climate in a moment; however, of note was the internalized message that the organization was open to all. For one client participant who reported being attuned to this dimension, the organization was gay-friendly. This was determined initially by the presence of visual and visible stickers indicating so, and later, by the experience of a gay-friendly counsellor.

It was gay-friendly that is for sure. You could tell that when you first walked in and that was huge.

I think the counselling centre is there for a lot of people that need help and I think they are great and anybody that needs help ...they can get the help that they need...

Just as positive worker qualities helped to maintain a connection with client participants so too, did the qualities of the organization. Client participants noted the level of comfort, safety and privacy that they perceived was established in the organizational climate. This translated as a felt sense by client participants and was somewhat difficult to describe, but included things such as courteous and discreet telephone contact, refreshments in the waiting room, and not having to wait with a crowd of other clients. In this study, the organizational climate facilitated delivering the message that client participants were valued and that their needs were considered.

... it was a safe place.

Okay how did you know it was safe? What could tell you that it was safe?

The atmosphere.

I was looking for a comfort and safe zone. That's important to me.

OK, how do comfort and safety get created in this context?

The surroundings.

The other thing that was important that I liked was... it did not seem like they had tons of appointments at the same time, so you were not in a room with a lot of people waiting to see somebody. You might have been in there with one other person, which I felt very helpful because it is really intimidating sitting in a room full of people... I think they scheduled their appointments in a way that that never happened and that was really good. So that was really helpful.

There are always those in an organization who work behind the scenes to support all that gets accomplished. Perhaps less visible, they are no less important to the success and satisfaction of the dance. Of special note was the unanimous appreciation among client participants of the support staff. There was a clear sense that these staff members set a warm, welcoming and helpful tone at the first point of contact. This was a critical component in a satisfying

experience according to client participants, as the tone set by these staff enabled the stage to be set for what followed in the dance.

The first thing that was really important was the receptionist. She made you feel at ease. And even if the phone was ringing she did not stop what she was doing to answer the phone. She concentrated on you. And if (worker) was running late or anything she would explain ...

...everybody that I met there, they were very nice and helpful. The secretaries, you know, you did not wait on the telephone a long time when you called up, they did not get upset if you missed an appointment ... It was a nice place to go to.

Client participants raised some issues related to the physical attributes of the organization that potentially interfered with the building of connection, safety and privacy. These had to do with the sharing of space with another community agency, the lack of accessibility due to stairs (although arrangements were made to meet with clients in an accessible space) and the use of an off-site location.

...because you had to go through this other agency I would see people I would know; and I knew that they were not happy seeing me and I really was not happy seeing them because I was not stopping at that agency I was going upstairs. And you knew you were there as clients, not there for a meeting, you knew that. I found that a little disconcerting and at times...

...the stairs were killing me

...but the only thing with me was that (service) was in a basement and I have (health issues) and it got very cold down there and I just found that... I got sick after five or six visits. I got sick and I could not go back.

Worker participants were also mindful of how the physical set-up and use of space affected therapeutic process positively and negatively. Comments were made about the safety and comfort of individual offices and how they reflected who the individual worker participants were.

And you have to have the environment for it too.

What do you mean by environment?

Well I mean you have to have an office where it is comfortable and private that is relaxing...

How does that happen?

Well, you have to make it that way. I mean everybody is different, everybody's office is different. I think for one thing it has to reflect who you are.

It cannot be totally stark.

And I think it is important to have a waiting room that is not in the middle of where everybody has to walk by (*yes, counsellors have to walk by and get water*); but everybody in the building has to walk by and that is not very conducive to... You feel like you're just a fish in a bowl... Also, too much noise... outside your own cubicle where you can hear other counselling sessions going on, would not make you feel very confident that what you're saying is confidential.

In addition, worker participants made comments about the occasional lack of privacy of off-site locations and about how this not only interfered with the therapeutic process but how it potentially violated the client's rights to privacy and safety.

... you cannot get back to where you were (before the interruption) and what does it do to that person? It violates them and makes them feel unsafe.

As has been demonstrated, the organizational environment and atmosphere were palpable for client participants and closely linked with perceptions of those who worked there. Less obviously linked with personnel were the organization's policies and procedures.

Policies and Procedures

Client participants identified that certain aspects of the management of the organization impacted their degree of satisfaction and /or dissatisfaction. Themes emerged related to organizational policies and procedures such as inclusion and accessibility, organizational flexibility, intake and referral procedures and finally program evaluation. Worker participants seemed sensitive to and echoed much of what client participants had to say. Each of these elements will be explored in turn.

Inclusion, affordability and access.

In terms of satisfaction, client participants appreciated that service was equally available to all members of the community regardless of socio-economic status and that it was affordable. This speaks to issues of social inclusion and accessibility.

... that is what I found, that there is help for everybody.

And it is a sliding scale, which is awesome. Financially I probably would not have been able to have the help if I had not had that option.

I was deeply appreciative of the opportunity to come and talk for an hour.

Because...it was given to me gratis.

Worker participants echoed client participant words about the importance of organizational accessibility in providing satisfying service.

Accessibility is important.... you have to be in a place that is accessible and also accessible for disabilities.

And financially (yes financially).

And I think reasonably flexible times... so that people can have more of a range in time when they are available.

Using an example, worker participants related an experience that illustrated how easily a policy change could modify the culture and philosophy of an organization. They cited an experience where a proposed change with regard to the agency's sliding scale might have impacted accessibility issues for clients and their perceptions and feelings of being welcomed. Worker participants feared a two-tiered system of care, in which those who could afford to jump the queue

could do so, and those unable to pay full fee would be left to wait. Such a policy shift could have jeopardized the values of equity and equality that existed and also potentially serve to turn away some clients.

Policy could really change it too, certain policies (could get implemented) and that could change the culture of team.

AND THIS PARTICULAR PERSON REALLY WANTED TO CHANGE A POLICY THAT FELT THAT IT WOULD BE UNSAFE FOR CLIENTS; AND THAT WAS IN TERMS OF THE SLIDING SCALE. WE DID HAVE A WAITING LIST AT THE TIME SO THAT IF YOU AGREED TO PAY THE TOP OF THE SLIDING SCALE, YOU WOULD NOT BE ON THE WAITING LIST. AND SO THAT FELT REALLY SCARY TO EVERYONE. AS WELL, IT FELT LIKE IT WAS GOING AGAINST EVERYTHING THAT THE AGENCY STOOD FOR... WHICH IS ACCESSIBILITY AND THAT YOU ARE TREATED THE SAME NO MATTER HOW MUCH MONEY YOU HAVE IN YOUR POCKET ...

Well the example about a tiered system and if you can pay you are in this line and if you can't pay... That certainly is an agency philosophy or an agency policy that will directly impact on clients' ability to access service.

But also their sense of how they are perceived and how they are

welcomed when they come to the agency ... if they ever got there because if they couldn't pay right?

The small size of the organization and the perception by client participants that they were viewed as people rather than numbers was voiced as contributing to satisfaction. This speaks directly to the importance of client participants feeling known and valued by workers. The organization had a role in supporting this.

I think in bigger set-ups their workloads may be (they're a lot higher) scattered all over the place, too. Many don't know who you are anyway and it's like a revolving door. ...I had a (family member) that went through the social system and ended up at (mental health services) and every other damn thing and ended up committing suicide and I think that if he'd gotten what we've gotten that might not have happened. It's just a different setting altogether....I think you're just a number in a big organization, whereas here you're actually somebody that's what they make you feel...Maybe that's what it is huh? the organization ...

Organizational flexibility.

Organizational flexibility was also positively identified by client participants in terms of the duration and modality of service. As Tables 4.2 and 4.3 showed in *what client participants brought to the encounter*, client participants were able to

access diverse types of services. Worker participants supported the idea that service was “tailor-made” to “custom-fit” the needs of clients.

Client participants noted the importance of having the time to do the work and also having different means for approaching the issues.

And you know what was really good too, was that you're going for the counselling but then you could go to a group and that was really a bonus and it was really a lot of help. You're not expecting that when you go, but it was really a plus because what ended up happening was that you ended up being a lot stronger and seeing things that you weren't aware of.

There was convergence between what participants had to say about organizational flexibility around duration and modality of service being important to client satisfaction.

...I think we are also very flexible as far as the modality. We use whatever type of counselling we think is appropriate or works ... or we think is going to work for the client . So theoretically we are short-term, but that is kind of ridiculous (laughter).

Okay so talk to me about that... what is the gap between theoretically and reality?

Well they say we are short-term on the brochure. I know it says we are a short-term counselling agency, you know for six sessions and we say that to clients and then (laughter) (22 sessions later) (laughter). And that is good though, we can aim for that and there are lots of clients who are short-term. There are lots of people who maybe come for a few times or maybe ten so that does happen but it is... there is still flexibility to do longer-term if you think it is necessary ...

So how do those decisions get made?

Pretty much by the counsellor. You are never really called to task... like, "why have you seen this person 50 times" or whatever.

But usually it is between the counsellor and the client that make that decision if they are going to continue or what they are going to do.

... you never get in trouble for going past the six sessions; whereas for other agencies that have the short-term model there is some expectation that you stick to that or you do not have the choice to just go on because you feel that it is appropriate (uh-huh). And that piece about being able to use the modality that you think is appropriate too, (uh-huh) it's autonomy again to work.

Intake and referral procedures.

The issue of having to wait for service was raised as a problem by client participants, as was the occasionally confusing intake and referral process. These procedural issues were frustrating for client participants and implicitly gave the message that their needs were secondary to those of the organization. As mentioned earlier, timing was important in client participants' *journey to the dance* and it took some effort for them to reach out and ask for help. Given this, and that clients asked for help when they were open and ready for it, to receive the message to wait undoubtedly contributed to client participant withdrawal from the process.

When I first started to seek out counselling I actually called (the agency) and I think during the intake conversation or the interview that they went through, they referred me to mental health services. I guess they felt that they would help me better. ... So when I called them they actually had said that I need to be referred to their services, I could not refer myself. So I told him that I did not have a family doctor at the time and ended up having to go into the emergency room to talk with somebody to tell them what I needed and I was pretty frustrated over the whole thing. They gave me the referral to the mental health services there. I did see somebody once and possibly twice. After

talking with him for a little bit (the worker) referred me back to (agency) and said that they would probably be better to help me with what I needed.

Talk about coming full circle (totally yes).

So I called them back and they were sort of confused over the whole thing but I set up an appointment and went in for the first meeting... but there are policies and procedures that you have to go through so I can understand how I can get bucked around back and forth like that...

...and (worker) said she would get someone but it never seemed to happen... I can always go back to counselling if I need that, always. I would be a little discouraged from couple counselling just because of what my experience was there ... it would be if-y whether I would go...

Worker participants also relayed that the waiting list was a barrier to clients and interfered with meeting clients' needs.

I WOULD SAY A BIG ONE IS THE WAIT TIME, THE WAIT LIST, ... I THINK THAT GIVEN A NORMAL COURSE OF THINGS, THAT WAITING LIST REALLY GETS IN THE WAY....BECAUSE I THINK IT TAKES SO MUCH TO MAKE THAT CALL FOR COUNSELLING AND WHEN SOMEONE SAYS "YES, YES, I HEAR YOUR PAIN, I WILL CALL YOU... I WILL CALL YOU WHENEVER" AND... (just hold onto that) (yes) (put it on ice).

...if the wait list gets too long people just drop out because if you do have a crisis or problem and you have to wait four months the problem is solved one way or the other. You are probably six problems on by that point. So the inability to offer a quick response is certainly a barrier.

Evaluation.

The lack of an explicit evaluation process and the sense that their feedback would not make a difference to the organization was also raised by client participants. Integrating client voices into organizational operations may be an advocacy opportunity that arises out of this project. This idea will be raised again in the *review* section of this paper when client participants' recommendations are presented.

... there's no vehicle ... for me to tell anybody I felt that. On the form I wrote all about it, but I never heard any more. The (worker's) still there evidently, and I don't know beyond what filling out a form... I don't know what else I could have done. I'm not sure who I could have talked to.... what I could have done to say that this is what happened to me. It's not really set up for people to tell you ...

I have to say that both when I made the original phone calls the people that I spoke with were unbelievably understanding and empathetic and sympathetic and just so good. I guess those are the intake people and they were just stellar. But then I think you need to

finish off the sentence. It's like you're in a dangling sentence and you need someone to follow up and say so... "were we able to help you?" and if we weren't able to help you that too, can be an answer. "And if not, are we able to direct you to people who could?" because they are just one of many resources that are out there. I am very thankful that they were there but...

...I don't know whether they have any statistics. I don't know how many people are satisfied as nobody ever asked me. You're overwhelmed and there's nothing from the agency to say how satisfied or dissatisfied with us where you? ... That's just the end.

Worker participants saw the agency's client goal-setting process as one means for client feedback and evaluation. They were unsure, however, about how effective the more formal client evaluation form was as a tool for gathering information or allowing clients to affect agency policy. In addition, worker participants questioned how comfortable clients were to voice complaints or pursue grievances.

Another piece is that whole goal-setting process that we go through with clients where we explicitly have them state what it is they are looking for and how they will know that they got what they came for. So hopefully we are checking in around that and reviewing what they are doing and getting

their feedback about whether their needs are getting met or whether we are off course. You know it helps us to sort out whether or not they are satisfied with the work they are doing and feel like they are understood.

If there is a really good one (evaluation form) or a really bad one and if the supervisor knows that it is us, then yes, we will get to look at it. That is the only time that I have seen it really, when they're really stellar or really awful - less than satisfactory - that is kind of notable to have a look at those.

I am not very good at remembering to offer them.

Yes it is not really integrated into the process well enough. It is kind of random if you think of it or if you catch them on the last session, or if you know it is the last session, because often you do not know it is the last session because often they just do not come back. Or you just don't have the chance to evaluate...

... Maybe the process is not formal enough. Maybe it would be helpful for people if there was something else in place that was more accessible. They

could do a feedback thing at the end but... a suggestion box or something (laughter). For someone to decide to make the call to someone's supervisor that would take somebody who felt confident enough to do that and who felt strongly enough about it who didn't worry that they would hurt your feelings. So there are all those kinds of barriers that a lot of people would not... I don't think would go there. They might just sit there, they might even keep coming and not be completely satisfied... I am sure that happens. Often you can tell with body language or something but I think sometimes people just want to be nice...

According to client participants, for organizations to be truly inclusive, accessible and ultimately satisfying to clients, issues of personnel, size, physical setting and instrumental management tasks that served to support the needs of clients versus the needs of the organization had to be prioritized. Contexts in which this was accomplished contributed to greater client (and I would add worker) participant satisfaction than those that did not.

This section of the chapter has privileged the voices of client participants, although they have been offered in dialogue with worker participants. The next section privileges worker participants' thoughts about the work and about client satisfaction.

Section II:

Behind the Scenes

There is much that occurs behind the scenes at a dance studio; things that dancers may or may not be aware of and which may or may not directly impact their dancing experiences. The same may be said of this helping organization. Client participants may or may not be aware of the social-political-economic factors that influence the nature and scope of service being offered. Questions related to such a context were not directly asked, although they would make for an interesting future study. Despite the absence of a direct question, client participants notably did speak to the organizational context and its impact on their levels of satisfaction, as outlined in the previous section *the dance floor*.

Worker participants also commented on the organization's influence in client satisfaction and / or dissatisfaction. The question that was asked was open-ended. They were asked to reflect broadly on what helps them or interferes with their ability to meet the needs of clients. Much of what they had to say about the relational dynamic between themselves and clients has already been categorized by theme in the previous sections of the paper. What worker participants had to say about their own personal issues and about the dynamics between themselves, their supervisors and their organization, and how they believe this affects client satisfaction and / or dissatisfaction, is reported in this section. This section privileges the voices of worker participants in the study.

What was most striking and most interesting about what emerged during the process of worker participant focus groups were the similarities between what

both worker and client participants said they needed in order to be satisfied in the tasks of counselling, and further, what they had to say about what interferes with satisfaction. The findings that emerged with respect to worker participants echoed the dance analogy and so mirrored the framework used for client participants. This section, therefore, will explore the following: what worker participants brought to the counselling encounter; the dance between themselves and their supervisors including the relational dynamic, issues of trust and safety, autonomy and the quality of the dance. In addition, worker participants' perspectives on the organizational setting - *the dance floor* – via policies and procedures and organizational climate and culture are also explored for impact on client satisfaction and / or dissatisfaction.

What Worker Participants Brought to the Encounter

Worker participants shared insights about themselves and about the work they did, which may not have been known by clients but that they believed impacted the counselling process and further, client satisfaction. These insights had to do with their love of and competence in doing the dance, with their occasional fatigue from performing it, and with their need for co-worker support in dancing. Each is explored in turn.

Benefits derived from being helpers.

Worker participants spoke of their motivation for doing this type of work and the benefits they derived from being helpers. There was a sense of honouring clients' processes and respecting the tasks they set out to accomplish.

It is interesting work, you never get the same story twice. So there is constant variety, there is lots of stimulation in that.

... the human spirit and to see people bring the best out of themselves.

... doing the work, that feels like a privilege...how people share their intimate struggles and challenges and to be able to do the best that I can to help them navigate through that. It just feels like it's ... kind of spiritual in a way...

Inherent in their motivation were the benefits worker participants derived from doing the work. These were conceptualized as personal growth, and the new learning and insights gained from and based in the connection with clients. Thus, there was mutual growth that occurred in the context of the counselling relationships developed by these worker participants.

It is a mutual process and I get things back from clients that help me, make me reflect on things differently, and often how I experience things ...

(yes I agree with that).

IT'S A NEW WAY OF TALKING ABOUT THE CONNECTION THE CLIENT GETS AND HOW IMPORTANT THAT IS, BUT EVERYBODY WHO CONNECTS WITH A CLIENT GETS THAT AS WELL (uh-huh) SO IT REALLY DOES FEED BACK.

Well I think what makes it really positive is that you can connect and the person believes in you and you believe in that person and then they begin to grow and learn and embrace in that. If they get that feedback from you and then really begin to see the difference in their own life I mean then... them being empowered to make changes in their own life that are effective and lasting is so empowering..

Personal growth in the face of challenge speaks to the concepts of compassion satisfaction (Stamm, 2002) and vicarious resilience (Hernandez, Gangsei, & Engstrom, 2007), which seem relevant and applicable to these worker participants. Benefit-finding and posttraumatic growth will be explored similarly for client participants in the third section of the paper; however, discussion will be left for the final chapter. For these particular worker participants it was a privilege to be with clients and honour their process, connect with them and to learn with them.

Worker participant fatigue and the need for co-worker support.

According to worker participants in this study, there were elements they brought to the encounter that interfered with them being able to truly connect and be present with clients; these included both personal and organizational issues. Personally, things like fatigue, isolation from co-workers and personal issues that were triggered during the therapeutic process influenced the connection. Worker participants joked about the fatigue they sometimes felt, which speaks to several things: their attunement with themselves, their willingness to disclose, and their ability to find humour.

So is there anything else that you think gets in the way of you being able to meet your clients needs?

Other than chronic fatigue... (laughter)

I know that you are joking but is there an element of truth in that?

I am and I am not. Yes, for sure there is.

Fatigue stemming from what?

I think it is probably multileveled. Coming up to vacation time you are sort of dragging a little bit and ready for a break. Or maybe there are things on the burner at home and you are too busy outside of work or you are drained coming into your sessions with clients so I am joking and I'm not...

Compassion fatigue can be one consequence or cost of caring as has been discussed in the review of the literature. These worker participants valued

working as part of a team and relied on each other for ongoing support. Isolation from co-workers, especially in new workers, was also identified as an issue that interfered with doing the work.

...I know when I first started I felt isolated because I felt like “wow”, I was getting my head around what the work was and you're in your office a lot and unless you make the connections with each other and look for the debriefing and consultation and all that, it was an adjustment for me. And then if you book a lot, going through without a break... (yes).

This particular group of worker participants reported some awareness and insight into the personal issues they brought to their counselling work and the impact that triggered reactions could have upon the therapeutic relationship. One worker in particular, acknowledged that clients dropped out due to her attitude towards them. She reported being unhelpful to clients when her personal issues interfered with the counselling process. She and other members of the team relied on the intake worker and each other to ward off potentially triggering cases and also to help pick up the slack in cases when clients dropped out and sought assistance from another worker.

I can think of two things that would get in the way. One is if I do not like the client, and there (are)... clients that I do not like... I just do not like them... they bug me (laughter) so that gets in the way...

It is a little hard to explain that particular angle sometimes... usually it is mutual, not always, but it sort of takes care of itself. I find things aren't working and because you don't like them you probably are not doing very well with them and then they just don't come back. Or they do go and see someone else. It just plays itself out.

So is that about personality? Is it about maybe the issue that they are dealing with like... not to get personal but is that about not being a good match like we have already talked about?

Not liking the client?

Yes.

Sometimes the boundaries are not there, the client does not have very good boundaries or they are really needy and demanding, pushy about what they want and they should be entitled to get that and things like that are sort of difficult, I guess, the demands. And my own issues getting triggered, really. That was the second piece that I was going to go into that plays into the first piece. Because some people are probably triggering stuff that I do not even know what it is, and then there is other stuff that I do know what it is.... Well I just cannot work with this person. It is too close or whatever, and that is when I would not be helpful... I would not be helpful.

I think heading off those things ahead of time... (intake worker) is really good at deflecting some of those things if they are known ahead of time (*yes, if they are known*) sometimes they sneak up.

Reiterating the necessity for co-worker support, worker participants indicated that trying to head off anticipated issues was one strategy they used to manage reactions that surfaced out of the relational dynamic with clients. Co-worker consultations and a genuine interest in the well-being of each other also emerged as components of the team culture of this particular organization; and these were believed to be helpful in warding off fatigue and isolation.

...JUST FLOWING OUT OF WHAT WAS JUST SAID ABOUT BEING ABLE TO WALK DOWN THE HALL AND DOING A CONSULT... I THINK ALSO BEING ABLE TO WALK DOWN THE HALL AND JUST CHECK IN WITH ANYBODY ABOUT "HOW ARE YOU DOING?" IS SUCH A PART OF THIS AGENCY.

In addition to the steps associated with the individual worker participant and to those between worker participants, the steps that occurred behind the scenes were also related to the worker / supervisor dance. These will now be explored.

The Worker / Supervisor Dance

There is a dance that occurs between worker participants and their supervisors that was also identified to impact clients and their satisfaction. In a way that parallels what client participants identified, worker participants also identified what they needed in order to be wholly engaged in the dance. Furthering the dance analogy the suggestion was made, during member checking, that *refreshments* might be a good word to describe the provisions and support that worker participants sought and expected while performing their tasks. Ideally, supervisors and organizations equip their workers with the refreshments needed to participate fully in the process.¹⁷

The organization was embodied in the supervisor for worker participants. There were resources and supports supplied via the supervisor that have been categorized here as intangible –they were clearly perceived but difficult to quantify – and concrete provisions. These provisions or refreshments speak to elements that influenced worker participants' job satisfaction. Intangible provisions included validation, support and positive feedback, autonomy, interested and involved leadership, and the promotion of self-care. Concrete provisions included training, time and staff support, regulation in caseload, flexibility in scheduling and adequate remuneration. All of these components combined and impacted the development of an organizational culture and climate; an atmosphere felt by client participants that influenced their degree of satisfaction and / or dissatisfaction.

¹⁷ It is argued that if unable to provide, supervisors and organizations should compensate workers well so that they may then go and acquire the refreshments / provisions they need for themselves (David A.S. Wright personal communication, 04/21/09).

Refreshments

Intangible Provisions

To include intangible provisions to worker participants - such as validation, support and positive feedback, autonomy, leadership, and the promotion of self-care - is to include the notion that worker job satisfaction influenced client satisfaction. That link was expressly made by the worker participants in this study.

Validation, support and feedback.

Worker participants spoke of the need to feel valued and validated by a supervisor. Just as client participants saw the candy dish or the cookies in the waiting room as symbols of nurturance and care, worker participants saw supervisor positive feedback and interest as a “verbal candy dish”. Positive feedback that was offered and importantly, received and internalized (‘I value you’ & ‘I feel valued’), became part of worker participants’ self-definition and, in turn, impacted on the work that they did with clients. Positive feedback from a supervisor that was born out of a genuine interest in them – as people not just numbers, to echo what client participants said about feeling valued by worker participants - had the capacity to strengthen worker participants’ morale and professional development. Fundamental in what worker participants spoke of here was the importance of the connection between themselves and their supervisors.

I think if the counsellors are valued... feel they are valued by management I think that can really help, that can filter down.

Because if you know what your strengths are and you feel that they are being validated by your manager, then that is going to reinforce those skills and strengths, I think, and that is important. I think it is important to get validation periodically for what you do well and the uniqueness of the skills that you bring or your strengths. I think that really helps the work. And some managers are really good at that and like to do that, and some are not and there's a real difference I find. I notice the difference...

In terms of what?

Just not really knowing maybe... if you are not getting enough positive feedback or any feedback really... there is not a lot except at your performance review and I don't know... I guess morale right? Not that morale would be bad if you did not receive positive feedback but (yes) I think it helps.

It does affect morale.

Yes.

The verbal candy dish.

That resonates. (Yes laughter).

When you walk out of something like that just feeling great like you've gotten kudos for something.

IT IS MORE THAN MORALE TOO, IT IS ALMOST LIKE DIRECTION... (yes yes).

It is like, okay, this is my little niche where I do really well... you kind of own it and step into it and feel good about it. I think that is important to the work (uh-huh). Someone says you're really good at this... teenagers or whatever, and you internalize that and then when you get teenagers that is going to play out in your client relationship. (uh-huh) Like if you've been told you're particularly good with teenagers. I think that is a factor in a client's satisfaction for sure or the client outcome at least (uh-huh) because they are bouncing off of whatever we are feeling about ourselves, they are getting that... the client is going to get that (yes).

Or that at least (the managers) are aware and observant enough to spot it in you... you know "this manager is really observing" and not just from a managerial standpoint of who is doing the work. It is more like they are observing you personally... as a person in a positive way.

Worker participants reported awareness that supervisors functioned to intervene in situations where worker participants questioned their handling of a situation or when negative feedback emerged from a client evaluation. Worker

participants reported that they felt more confident about situations in which supervisors demonstrated that they appreciated workers' strengths. Implicit in this discussion were issues that were similarly raised by client participants in previous sections of the paper having to do with issues of trust and safety. There is risk in a relational dynamic where issues of personal concern are being raised. Client participants who reached out and asked for help told of the risks they took in doing so. These risks were born out of fears of labels and judgments bestowed by uncaring or disconnected workers. In a similar way, worker participants hoped and trusted that in moments of vulnerability and in "teachable moments", they too, were well enough known by their supervisor and given the benefit of the doubt, that they could feel confident that they did not need to fear judgment by an uncaring supervisor.

...You also have more confidence than that they would back you if something went astray or if you hit a bump or got negative feedback from a client (*yes*). You would feel more confident that they are aware of your strengths or what you were doing well or what some of your successes have been. (*yes*) Because you are going to have those interactions, you are going to have those situations when somebody is upset with you and wants to take it higher. Or you're getting feedback that you made a

mistake or if you have got a really tricky situation and you are not sure if you handled it well... those happen.

Autonomy and organizational leadership.

One of the many paradoxes that exist in the social work field has to do with the issue of autonomy. Worker participants indicated that having authority to make their own clinical decisions was an important component of the provision of responsive service to clients. Inherent in the autonomy that worker participants felt was the sense that they were entrusted with responsibility by the organization.

I would say the freedom to make your own decisions and your own formulations about cases and to proceed in the way that you think is the best. Like it is hard to explain that but there is a trust there that the clients are going to have their service tailor-made. There is an assumption there I think at the agency that that is going to happen and it is encouraged (that you have the knowledge). Yes, there is a trust there that we have the knowledge to tackle just about any problem that might come through the door and if not, there is help available to do it.

So is that trust on the part of the agency is that trust within yourself?

The agency is what I meant (uh-huh)

...but that promotes confidence within yourself (yes yes).

There is some debate in the social work field, indeed, in the therapeutic realm, between autonomy and the regulation and control of practice. Best practice manuals, accreditation standards, and professional governing bodies' standards of practice all attempt to frame what a worker should do or is expected to do and how s/he should do it. Presumably these standards are born out of the voices of clients themselves. The client participants in this particular study, however, noted two things of importance to them; one was the quality of relationship that was established between worker and client participant and the other was the lack of "automatic answers", labels, "judgments" and definitions made by workers as to what the issue was (see *what client participants brought to the encounter in the journey to the dance*). Worker participants echoed this and noted the importance of offering "tailor-made" service "custom fit" to meet clients' needs. These observations seem to be in conflict with the establishment of generic treatment plans.

Worker participants reported that organizational leadership enabled them to tailor services to meet the needs of clients. Across-organization support and validation enabled worker participants to make decisions that made a difference in the workplace and in the lives of clients. Autonomy was closely linked with empowerment for the worker participants in this study. Empowerment of self, agency empowerment and client empowerment depended on good leadership in the eyes of worker participants. In this case, good leadership was embodied in

an interested and involved supervisor. Warren Buffett suggests that a good leader makes sure workers do not lose their enthusiasm for what they are doing (Schroeder, 2008). One worker participant laid out exactly what a supervisor could do to ensure continued enthusiasm for the work and a certain quality in the dance; it was about encouraging and challenging simultaneously, and taking an interest in helping to make things happen. Again, this harkens back to voices of client participants who indicated that the quality of the dance depended on the quality of the connection and on the meaningfulness and progress in the work.

You need to be supported and valued.

By whom?

Well both by your work mates, but by your superiors.

And you need to have some ability to make decisions

that make a difference, that make the workplace a

place where you want to work and feel good about

working there..... give you some feedback on your

value and give you the ... autonomy, the ability to do

stuff that empowers you and empowers the whole agency

and empowers your client ...And I think that you need

leadership that encourages... that can challenge, in a

positive way. That can give you ideas, feedback,

support, teach you, mentor, that can get excited about

values and ideas and can get excited about helping you

make things happen.... and is sort of interested in what you are doing...

Self-care.

Self-care was another intangible provision identified by worker participants. Those in this study recognized the importance of self-care in sustaining their capacity to meet clients' needs. During one focus group some discussion emerged about whose responsibility self-care was, the individual worker's or the organization's. While some worker participants had experiences of working in settings where self-care was deemed to be the responsibility of the individual worker with a corresponding "well just deal with it" attitude communicated by the organization, there was widespread agreement among these worker participants that self-care should be an organizational not a personal issue – the personal is organizational. Given the high stress nature of the work performed at the agency, it was believed that there was responsibility on the agency's part to acknowledge and promote self-care strategies.

I think self-care is so critical in this work and I think sometimes some agencies do very poorly with it and so it is left with individual counsellors to be aware of that and constantly work with that to prevent some of what you were talking about. And to make sure you are able to be there to meet the needs of the clients' day after day... In other places where you may start to identify with some of these issues and the caseload and the impact that it is having on you, the expectation is "well, just deal with it". So it is turned into more of a

personal issue for the counsellor involved - the individual - as opposed to recognizing that it is something that is connected to the agency; and occurring because of the agency not a particular problem with the counsellor...

Just as client participants identified nurturance and feelings of being valued and cared for as important to their satisfaction, so too, did workers express this. It is difficult to give what one does not or has not received.

Concrete Provisions

In addition to intangible provisions, there were concrete provisions supplied via the supervisor that supported and sustained worker participants to do the work of the organization. These included training, time and staff support, regulation in caseload, flexibility in scheduling and adequate remuneration. Worker participants made the case that organizational attention to these aspects of their positions had an impact on the level of satisfaction and / or dissatisfaction experienced by clients.

Training, staffing and supervision.

Worker participants stated that there were certain tangible provisions that they needed to accomplish the task of counselling. Resources in the form of training, supervision, and time were named.

Resources

Okay what kind of resources?

Well it could be training, it could be somebody to bounce things off of, it could be time.

... like even in training, people choose individually around what their interests, their strengths are, that diversity that you have talked about...

Worker participants identified a link between adequacy of resources in a program and client satisfaction. They reported that while clients may not necessarily be aware of what they were missing in the provision of service at an organizational level, they might have identified the waiting list or inadequate resources as an issue in their dissatisfaction. This speaks directly to the issue of staffing. Securing adequate staff, using staff efficiently and / or creatively to support the work of the organization were functions of the supervisor according to worker participants.

...there is so much potential, things that could happen...
When somebody is supervising you who has a real interest or passion about the things that you have a passion about... making life-changing things happen, you feed off of each other, and you get energy from each other. If you are fighting the battle alone it diminishes your ability.

Clients don't know necessarily what they are missing out on. They obviously have no idea of the possibility, so I do not think you would get

that feedback from them. (no)... They might say "it would be good if there were two people doing the job or if there were more (yes) people doing the job".

Caseload regulation.

Variety in and regulation of caseload emerged from the voices of worker participants as being important concrete provisions supplied via the supervisor. Even though worker participants might have had an area of interest or expertise, some variation was needed. A high concentration of similar clinical presentations contributed to worker participants feeling depleted at best, and looking for new jobs at worst.

Some of it may be sort of what your caseload is comprised of. So I am thinking about (worker who left) who had so many (type of cases). I know it depends on the variety in your caseload. Sometimes you have your specialty or interest and sometimes that gets to be kind of overwhelming and depleting (uh-huh). And not to say that my caseload is any more difficult than anybody else's but it was just feeling for me that it was just getting too concentrated. And there was a recognition on my part that I did not want to have my focus that concentrated, that I wanted a little more

diversity and I wanted to work with other populations or different issues. It is not that mine was any more difficult or that I was any more burdened than anybody else was.

Flexibility in scheduling.

Allowing for flexibility in scheduling emerged as another responsibility of the supervisor according to worker participants. Balancing demands in one's life can be difficult (especially for women who represent the majority of social workers in the field) even without the high stress nature of this particular type of work. Having autonomy to create and adjust one's own schedule accordingly was appreciated by worker participants who again, made links to how this would benefit clients. Meeting worker participants' needs enabled them, in turn, to meet clients' needs.

... our agency does really well in terms of allowing flexible schedules and really practicing what they preach around prioritizing family and self-care. I think those things are really (unique) yes really to their credit and help, you know, that the counsellors be in a place where they can be accessible to their clients and able to meet their needs that they are bringing into the room.

The volume. I think there are expectations about how many you will see in the course of your week. There is also quite a bit of flexibility around your own scheduling and how you might do that... that feels much better.

Loyalty and remuneration.

Worker participants shared some examples of having dissatisfying experiences within organizations – missteps if you will - and how this potentially impacted clients. Loyalty to the organization was jeopardized by a poor worker / supervisor dynamic and by inadequate remuneration.

Well if you are not as happy in your work there is going to be some trickle down...

I don't have nearly as much loyalty to this agency as I used to have.

Why not?

Working conditions...

I guess clients would feel it too, if there were counsellors leaving because of organizational issues; be it one a year (sure) or something else. I mean that probably has not happened as much as you would expect...

"give me the money" but if that was happening, if there was a constant turnover, that would be pretty disruptive or "oh I saw so-and-so six months ago", "well they left" or whatever... that would be (yes).

Given that the connection is so important (yes) it is identified as so important to the client...

Or they might think that that is kind of odd, if people were leaving all the time, they would sort of wonder about the stability of the agency.

I guess the other thing is... we always joke that we get paid so poorly and stuff but that takes people away... I doubt that (workers) would have left if there had been competitive salaries to other agencies... But you know, it is kind of crappy to get paid like one of the lowest of the agencies in town. That is unfortunate because you do lose people that you would not otherwise lose. Despite that, there is a fairly decent retention of staff considering that part, so I mean that says something...

Worker participants reflected in general on the importance of management practices on client satisfaction and / or dissatisfaction. While there was some conceptualization that worker participants buffered or mediated between the organization and the client, a direct path was also drawn. In a "this is not rocket science" way, meeting the needs of worker participants aided in them meeting the needs of clients and contributed to their levels of satisfaction. In contrast, not meeting the needs of worker participants risked losing worker participants and

interfered with the meeting of clients' needs and ultimately impacted satisfaction. A somewhat lengthy but extremely poignant account was offered by one worker participant who made these connections:

I just think that the impact that management has on clients' experiences, based on how they interact with the counsellor, should not be minimized. Doing the EAP work that I've done lately I hear the most horrific stories about people's work environments and really not having any independence or not having any power in their work environment and what that does to people. And how it impacts or detracts from their ability to do their work. And it is profound and affects them personally. And lots of time it disables somebody from doing what they are trained and skilled to do. I think the culture and the climate at our agency is really good in lots of areas but I think it is really important for management to be mindful of the need to continue to offer the counsellors the support ...encouragement, I guess, to develop or take what they need in order to be able to continue to

do the work. And try to nurture that. I think there have been times when that has been done better and times when it has been let slide a little.

So how would you make that link between what a manager does and its impact on clients? can you...

Because I am in the middle of that connection, so what happens is the manager or my supervisor impacts me and then it is going to filter down to the client. So I see myself as being sort of the stopgap in between that but I think it is direct as well.

Can you give me an example of that?

Yes, so if the counsellors are asking for flexibility in terms of their schedules or asking for modifications in what they are doing or asking for - a particular training in order to enable them to do their work - and they are not being supported in achieving that, that is going to directly impact on what happens within them personally and that is going to impact on their ability to be available and present and effective with their clients.

...I guess it would just depend on my ability to buffer. But I think I was losing my ability to buffer ... I can think of a couple of clients where I am

clear on what the impact was, where I was just beyond done with them....

it was starting to get to me. I know I look back on those clients I was not

as available. I was not really working as hard. To pull back to kind of, you

know, protect myself a little bit and so to protect them a little bit from my

own irritability or... I can't find my words... but not knowing what to do with

them.

So if management had not worked with you around your requests (regarding variety in caseload) around the possible scenarios you would have ...

(been) looking a little harder to leave (yes) (yes).

Self-preservation right?

Yes.

Worker participants in this study reported that management practices embodied in their supervisors affected their ability to perform their jobs, which impacted clients' levels of satisfaction and / or dissatisfaction. There was a clearly perceived need for supervisors to advocate on behalf of worker participants to ensure they were refreshed and nourished enough to continue with the dance. Just as worker participants advocated on behalf of client participants, worker participants hoped that supervisors would advocate on their behalf.

While worker participants did see themselves as buffers between the organization and the client, they also made a direct link between the management of an organization and client satisfaction. Things such as the organizational atmosphere and how clients were met at the door were established by management and directly impacted on clients and potentially, their levels of satisfaction. These will now be explored.

The Dance Floor: Organizational Culture and Climate

Both worker and client participants made reference to the atmosphere created within the organization in speaking to the issue of satisfaction. Worker participants, as noted above, believed that there was a direct link between management practices and client satisfaction and it happened through the ways that clients were met at the door (for client participants' voices related to this see the section on *policies and procedures in the dance floor*) and through the atmosphere that was created (for client participants' voices related to this see the section on *the setting in the dance floor*). Organizational climate and culture were created and were felt.

You asked a question earlier, something along the lines of what it would look like, how management affects clients; and I have this total diagram in my mind of management here and the counsellor's like a speed bump in between and the client at the other end of that. So even if you take out the

counsellor, even before they come into your office the first time or after your experiences, that management perspective still impacts on the clients just with things that we talked about - about how they are met when they walk in the door, or what the atmosphere is like, the physical surroundings, or the emotion in the air or not in the air... all of those things flow from management to client. I think it flows through the counsellor primarily, but I think even if you took the counsellor out of that picture it would still impact on clients' experiences.

Worker participants in this particular setting worked as part of a team and identified how important organizational climate and culture were to maintaining a healthy environment for both themselves and clients.

... It is always well received you know everyone is interested in helping each other. ...

Sharing experiences and skills and literature and handouts.

AND NOT JUST ALLOWING FAMILY TIME BUT INSISTING ON IT, IT IS ALMOST PART OF THE CULTURE OF THE AGENCY, THE BOUNDARIES

AROUND WORK. IT IS NOT CONSIDERED A GOOD THING IF SOMEONE IS TO STAY LATE EVERY NIGHT FOR WORK.

Team culture in this setting was characterized by collaboration and sharing, inclusion and relationship. An experience was recounted in which a former manager created divisiveness and was not part of the team culture, which led to exclusion among members. Such an experience challenged the basic philosophies of the organization having to do with inclusion and relatedness. In a parallel way that client and worker participants sought compatibility and relationship, it may be that this particular manager was not a “match” with the organization. The immediate reaction of one worker participant was to consider leaving, paralleling what client participants did in reaction to a poor fit with a worker.

... I THINK ALSO BEING ABLE TO WALK DOWN THE HALL AND JUST CHECK IN WITH ANYBODY ABOUT “HOW ARE YOU DOING” IS SUCH A PART OF THIS AGENCY. WE HAD A SHORT PERIOD OF TIME WHEN IT WAS NOT PART OF THE AGENCY, WHERE NEGOTIATIONS TOOK PLACE BEHIND CLOSED DOORS....IT WAS NOT A GOOD AND OPEN ATMOSPHERE LIKE THAT.

And how... how does a culture get changed in an organization?

I THINK IT TAKES ONE PERSON AND IN THIS CASE IT WAS MANAGEMENT. THOUGH I DON'T THINK IT HAS TO BE, BUT IN THIS CASE IT WAS, SO IT WAS VERY QUICK AND VERY POWERFUL.

... upper management could sense the feedback that was coming from the team about this person so that was heard and respected and acted upon...

So that was really a divisive force on the team... (manager) was deliberately pitting staff against each other and undermining the foundation of the team, so people were not working together.

Yes management being outside of the team rather than part of the team, that is what that was. This person really was not part of the team. She was management but not part of the counselling team whereas the other managers that we have had and have are actually team members. It is not like a (hierarchy) manager is here and the counsellors are over here. It is a roundtable and the manager takes part as an equal roundtable participant in team...yes.

AND I THINK THAT IS SO IMPORTANT... THAT TEAM IS MOST IMPORTANT I THINK IN DOING THE WORK (uh-huh) BECAUSE, AGAIN COMING BACK TO THAT WORD CONNECTION, WHEN YOU ARE PART OF A TEAM AND ARE INCLUDED IN DOING THE WORK THEN YOU ARE NOT DOING IT ON YOUR OWN. AND I WAS JUST THINKING THIS PARTICULAR PERSON WOULD NOT SAY "GOOD MORNING" OR "GOOD

EVENING" TO CERTAIN PEOPLE ON THE TEAM. THAT HAD SUCH AN IMMEDIATE IMPACT OF PUSHING YOU OUTSIDE THE CIRCLE, AND IT WAS REALLY DRAMATIC. I FELT "OH I AM NOT GOING TO BE ABLE TO STAY" AND SO THAT WOULD GET COMMUNICATED TO CLIENTS PRETTY QUICKLY I THINK, THE FEELING OF UNEASE.

You could feel it in the hallways (uh-huh).

YES, CLOSING DOORS AND TALKING BEHIND CLOSED DOORS TOO, WHICH GENERALLY WE DON'T DO.

Common Elements and Parallel Process

This section of the paper has privileged the voices of worker participants who supported and echoed the voices of client participants. In a parallel process (Bloom, 2005), the needs of client participants mirrored in many ways the needs of worker participants in this study. In order to be successful in their respective counselling endeavours each needed certain things including the following: to feel valued, to have a sense of control over the process, to gain a sense of trust and connection, to experience effort by the "other" in the dyad, to have a feeling that the process was meaningful and worthwhile. This has been visually represented in Table 4.6. It is to be considered a work in progress or a living document that will be revised with the addition of future participant voices. It represents commonalities intentionally extracted from the lived experiences of both client and worker participants.

Table 4.6: Common elements of satisfaction for participants

Elements identified to contribute to satisfaction	
Client participants' satisfaction:	Worker participants' job satisfaction:
Worker effort / interest / engagement / an advocate	Supervisor effort / interest / engagement / an advocate
Safety / comfortable atmosphere	Safe space / privacy
Trust & no fear of judgment by worker	Trust & no fear of judgment by supervisor
Be informed about rules for counselling & the process	Info re: caseload stats, documentation, committee membership
Access & resources: procedural issues / wait / re-accessing service	Equipped with resources. Caseload regulation / scheduling
Feel valued by worker	Feel valued by supervisor / organization
Connection / match / relationship	Support from co-workers & supervisor
Work through missteps	Work through missteps / conflict with supervisor
Flexibility in duration & modality	Organizational flexibility/ trust /variety
Sense of control over the process / empowerment	Autonomy / power / empowerment
Sense that process is meaningful / worthwhile	Make a difference / mutuality
Input & feedback that makes a difference	Input & feedback results in change

It would be an error, however, to give the impression that divergence does not exist. Just as there is no one “male” or “female” experience, neither is there one “client” or “worker” experience; and therein lies the complexity of the process. An example of divergence surfaced in one exchange that occurred in a focus group with advisory group members related to the kinds of expectations they had about counselling and the counsellor. It should be noted that the group forum offered an opportunity for members to hear others’ opinions and reflect on their own and to choose to voice agreement and/or opposition. Several members implied that they held the worker and the organization to a “higher standard”, which factored into their expectations.

... but that’s the last thing you want when you enter into a counselling session, to be treated like you're (treated) in society. You are a troubled person... and need help and (you want them to) give you more than (you) say ... (you) need to be acknowledged ...

I would expect the counsellor not to do something like (misstep) and if they did do something like that I would not see them again anyways...

Others disputed this claim, indicating that to do this just resulted in disappointment.

...they’ll just let you down and you’re going to get disappointed...

This discussion tapped into client participants' needs for reassurances that organizations and their workers were doing their jobs and doing them well. Institutions, and those whom they employ, could be sources of "disappointment" and some client participants, rather than get their hopes and expectations dashed, preferred to go into the service with "no expectations". Expectations, it was learned from this exchange, depended upon client participants' previous experiences and their perceptions of those having power and authority.

While there may be sites of convergence among client participants and between client and worker participants, there were also opportunities for and the expectation of divergence. Each individual participant, each therapeutic relationship, each experience of the organizational setting was unique and thus subjectively interpreted. Within these relative interpretations there existed some common themes, however, themes that potentially contribute insights into the field of clinical social work. We turn now to an exploration of a particular subset of client participants who, during the course of the interviews, indicated that out of the challenges they faced in their lives and in association with their satisfying counselling experiences, they found benefit from their experiences and reported better-off-than-before assessments.

Section III:

Better-Off-Than-Before Assessments

As a reminder, the conceptualization of client satisfaction used in this study reflected Strasser and Davis' (1991) as: a value judgment on the part of the client, as a response to personal encounters with the provider and experienced

within the context of the organizational setting. Further, one measure used to capture satisfaction was Greenfield's et al., (©2005) SSS-30. Inherent in these choices was the belief that satisfaction was a value judgment based on a number of factors including, from the SSS-30, the *manner and skill* of the worker, *perceived outcome*, *accessibility*, *procedures*, and *wait time*. The study's sample proved too small to do a quantitative analysis as to whether any of the measure's subscales predicted satisfaction. The qualitative portion of the study, however, was more revealing in this regard. As this chapter has illustrated, client participants supported the notion that the *worker*, as a person, was an important contributor to their levels of satisfaction. Participants in general spoke to issues of *accessibility*, *procedures*, and *wait time* in their satisfaction with the organizational context. In the *quality of the dance* participants identified the rewards in making progress towards goals and more is now offered pertaining to *perceived outcomes*.

This section of the paper presents findings from a map introduced during interviews, on which client participants were asked to track their healing journeys; it also explores the experiences of a particular subset of client participants who grew from their life challenges and reported being better-off-than-before as a result.

Mapping the Healing Journey

During interviews, a map was introduced and client participants were asked to identify where they had been and currently were in their healing journeys. See Figure 4.1 for a visual compilation of where client participants mapped

themselves. The map was used as a point of conversation about the topic of satisfaction / dissatisfaction and to get client participants to travel back in time to the moments of reaching out for help and to think about how the process went. The exercise served to jog some client participants' memories of events during counselling and it was noted by some that the journey was not linear, rather it was cyclical. This client participant conceptualization has implications for the offering of service, which has been explored in the section *who ends the dance?* having to do with accessing and re-accessing service.

This project sought out the voices of those on the margins and has privileged any expressing dissatisfaction. There is, however, another margin of experiences. Of particular note were those client participants who faced the challenges that existed in their lives and were able to report that while they may not have been glad that they happened, they were better-off-than-before because of the experiences – they grew as a result of the life challenges.

I told (my daughter), I said "I'm back". She said "no mom, you are better than you ever were".

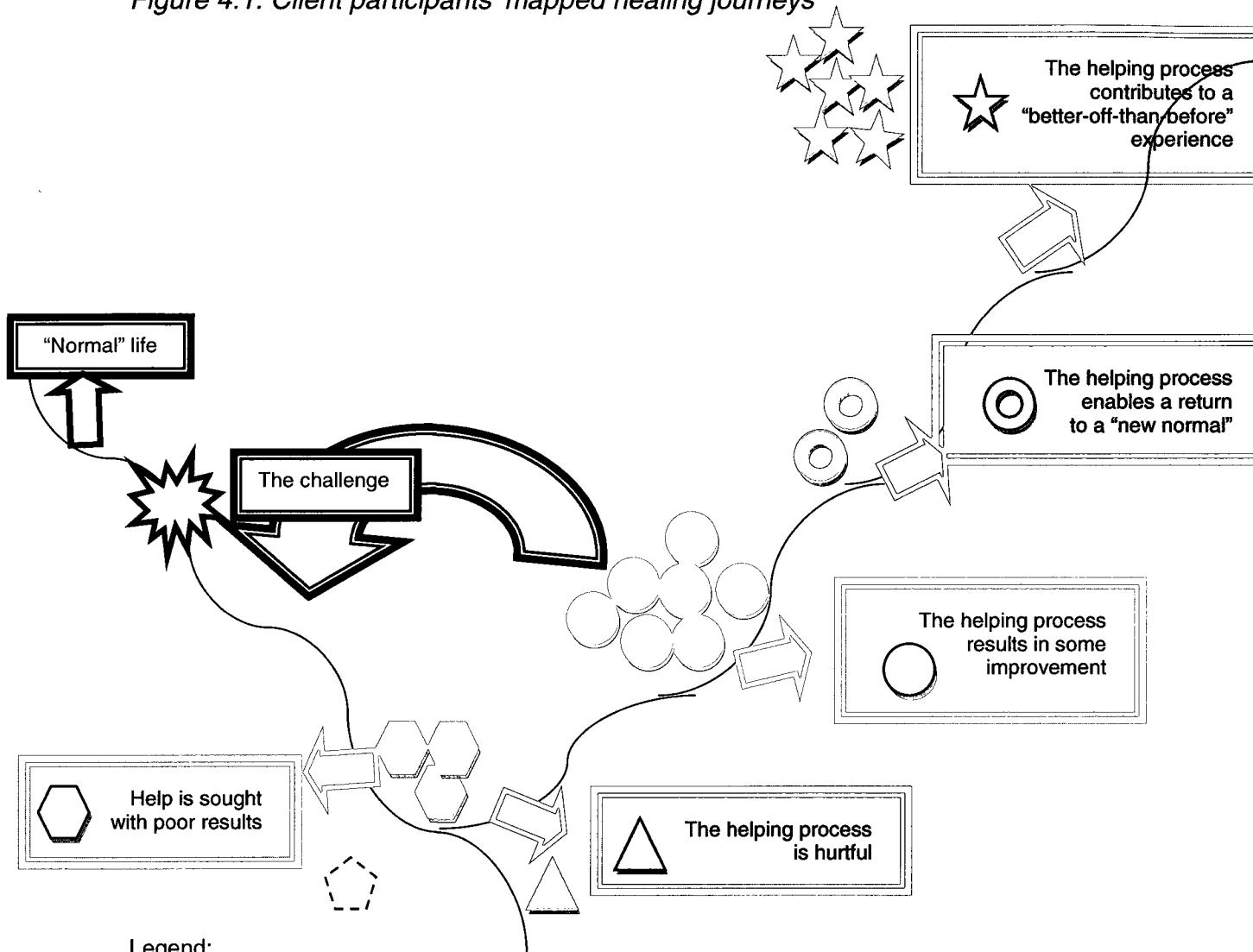
That is exactly what I feel like. Oh yes I am glad what happened, happened because this is where I'm at now and I am not going to allow ... (myself) to go back to there.

I believe everything happens for a reason and I believe I had to go there to get to where I am today. I have always believed that, that there is a reason for everything...

.. I guess I do feel that I am better for the help that I have received and for going through the whole process.

While many people face challenges, not all live through them and are able to say they have benefited from them. The question arises, what was it about these particular client participants that enabled them to grow beyond where they previously were and to be able to say they were better because of the challenges they faced? Given the experiences that generally led to help-seeking and that many client participants in this study reported experiencing or witnessing some form of abuse, the concepts of benefit finding (Affleck & Tennen, 1996; Yalom & Lieberman, 1991), stress-related growth (Park, Cohen, & Murch, 1996) or post-traumatic growth (Tedeschi & Calhoun, 1998; 2004) are relevant.

Figure 4.1: Client participants' mapped healing journeys



Legend:

Responses were reported and mapped by client participants.

- ★ Client participants conceptualized being "better-off-than-before". They experienced a high level of growth and satisfaction.
- ◎ Client participants reported that they felt "back to normal" and were happy to move forward in their lives.
- Client participants reported that counselling aided in some improvement. Several reported ongoing challenges (noting that an arrow should indicate a circling back to the challenge on the map).
- ⬡ Client participants reported that help was sought but that the experience was dissatisfying. It should be noted that all three attempted counselling again with more satisfying results.
- ⬢ One client participant reported seeking counselling but reported never fully engaging in the process.
- △ One client participant reported that one of the experiences was expressly hurtful. Disclosure of childhood abuse (under the age of 16) reportedly not managed well.

Themes emerged from interviews with six client participants in particular, who strongly identified with this better-off-than-before idea. In addition to acknowledging the meaningfulness of the counselling experience, their personal qualities, their beliefs or attitudes and the level of support in their lives seemed also to contribute to the success and satisfaction of these client participants. It seemed that the help they received tapped into their inner resources. Life satisfaction will be addressed prior to exploring personal qualities, beliefs, and support.

Table 4.7 compares survey responses related to the reported life satisfaction across the study's subgroups. This question was part of the SSS-30 (©Greenfield, et al., 2005) presumably to investigate the predisposition to be satisfied in general. For the six client participants of interest here, four reported that they were "very satisfied" in response to the question: "In general these days, how do you feel about your life as a whole?"; and added comments like "Wonderful! Things have never been so great" and "NEVER FELT BETTER!" to their survey. Two of these six client participants reported that their overall life satisfaction was "mixed" with the accompanying survey comment, "There is nothing I can do about my dissatisfied parts of my life right now". While obviously no generalizations are made here, it is interesting to note the variation of life satisfaction even within this subset.

Table 4.7: A comparison of life satisfaction

	survey respondents N=73		client interview participants N=22		subset of better-off-than-before client interview participants N=6	
	N=	%	N=	%	N=	%
LIFE SATISFACTION:						
terrible	2	2.7	--	--	--	--
mostly dissatisfied	6	8.2	2	9.1	--	--
mixed	25	34.2	8	36.4	2	33.3
mostly satisfied	23	31.5	4	18.2	--	--
very satisfied	14	19.2	8	36.4	4	66.6

These six client participants not only possessed many positive personal qualities, they were able to acknowledge and express them. Openness to learning and a breadth of perspective, humour, and a willingness to act characterized this group.

I am open-minded and I finally have my sense of humour back. And I know that I can do anything if I put my mind to it.

I am always faced with challenges and hard times... but instead of trying to hide from it and trying to just push it away, I sort of try to find what is going to get me past it instead....I am a super open and understanding person and, I don't know, I could list a whole list of wonderful qualities about myself (laughter)

Do it (laughter).

I think I am very compassionate and I am very kind and I have a huge heart so when it comes to forgiving people or understanding the bad choices other people have made that have affected me, I don't think you can do that if you don't have those things inside you...

Out of their life experiences emerged wisdom for these client participants who reportedly grew from and beyond the challenges they faced. They held beliefs and attitudes that seemed to benefit not only them but also those around them. It was inspiring to hear these client participants talk of their journeys to healing. Beliefs in personal choice and responsibility, balanced with an acceptance of self-worth and an appreciation for what one had, was communicated by one voice.

Well I have just been kicked down so many times I can either go one way or the other. ... There were so many things... it is either going to beat me or I am going to beat it that is basically it so...I believe in myself I do not know why. I have this sense of myself I am worth it and I am a survivor and you just have got to keep going. And I have some faith in God and I believe that he's got a plan for me and I learn from everything that I do. Things that I've learned about being a drug addict, things I've learned from being an alcoholic, I learned from my child abuse I did a lot of

therapy on my child abuse I have learned from every single thing that I have done whether it be drug addiction or alcohol. I made the call to go to recovery and I made the call to go into treatment and I made the call for everything I had to do. So I have to be responsible and I know I just always believed that there was a reason ... And I think I am a pretty decent person. I have a beautiful daughter and I am going to be a grandmother. My life is pretty much okay. If all that stuff did not happen then I would not be sitting here and I would not be who I am. Even the horrible, and so I would not be here and my daughter would not be here...

Another client participant used her life experience for the benefit of others - genuinely and empathically connecting with where the "other" was in the moment.

I have had positive feelings about helping people. And the more experience that you get, the more satisfaction you get derived from my job. Because sometimes you say things, I mean, just like telling the mothers not to worry about their child and then knowing you can say it with more feeling once you really know what you are talking about (laughter). I think that is why I can be a better caregiver, because of the experience, because I am saying

it with some sincerity. I understand, I mean, I am not in your shoes and I am a human too, not just a... somebody here who is coming to change your dressing or see if you are feeling unwell today; you know I care. Because you have had some of these experiences... probably you just have a different attitude about caring than somebody who is just able to be on top of things all the time and happy and things just do not bother them, nothing gets them down they are just able to roll along. And when you are not that type of person you are meeting other people who are not that way also, you can relate on a one-to-one basis.

Both of these client participant voices reflected the others in that there was a kindness towards self and a reaching out to help others that emerged from the healing journey. Another component that was evident was the role of social support that helped to maintain the gains made by client participants.

... there are about six of us that hang around together and we have all had like our rough spots, all suffered from depression and anxiety so it is just like ...almost like a club I guess.

It should be noted that worker participant helpers in this study also possessed and were aware of their positive personal qualities, held life-enriching personal beliefs and attitudes, and valued the social support they had from co-workers. These findings are a small step towards constructing knowledge about what goes into clients experiencing an extremely satisfying dance and then continuing the steps independently. Obvious next steps in research would be to interview additional clients and workers who report stress-related growth and compassion satisfaction respectively, and to explore with them what contributes to their finding benefit in adversity.

The Review

Client participants offered recommendations to the agency about what would be helpful, in their opinions, to make the counselling experience more satisfying. These recommendations are meant to be gifts rather than judgments and are set within the context of all that has been reported. In addition, client participants expressed appreciations for aspects of their experiences and these too, will be offered.

Recommendations

What emerged from the findings of this study in terms of concrete recommendations were the need for a more intentional approach to evaluating service and a more explicit message about what difference such feedback would make in the work of the organization. In addition, while the wait for service was deemed to be problematic, it was recognized that there were no easy answers to this.

To reiterate what has already been mentioned, a more formal means for checking-in with clients at the point of termination was suggested by participants (see *evaluation* in the *policies and procedures* section in *the dance floor*).

Sending a follow-up survey as a regular procedure was suggested as one way to intentionally seek client feedback. Doing so might capture those clients dropping out due to discomfort or disconnect with a particular counsellor or process.

Further, being explicit about client options and procedures for returning were recommended.

Well it would be good I think to have some method of follow-up. A survey would probably be one of the more effective ways to do it I guess. But some sort of follow-up.

In addition, formalizing and communicating what difference client feedback makes to the operation of the program was also a suggestion raised for consideration. Client participants noted that they had offered feedback but were not aware of any resulting changes.

But there was no vehicle for me to tell anybody. I felt that (on) the form I wrote all the things about it but I do know, I never heard any more.

Appreciations

Many client participants in this study were complimentary of the workers and of the organization as a whole. Some client participants explicitly expressed their appreciation knowing that it would get conveyed. In addition to elements of

satisfaction already contained within the body of this chapter, and which will be summarized shortly, approval was also derived from more global appreciations that the service existed and that there were workers willing to perform this type of work.

She was amazing, just amazing, I have absolutely nothing bad to say. I felt good when I went there, I felt I wanted to go there, and I knew I would get relief.

Further, it is noteworthy that many client participants were interviewed seven or more months after ending counselling and were still able to say that what they had gained from the experience remained with them. This spoke to the positive and lasting difference counselling had made in their lives.

Well just one thing... thank you. What I went for, I got. So that is really important. And I am still using what they taught me, which is important. Sometimes we only use it for a week or two ... what do they call that... the counselling honeymoon? Well I mean I had that too, but I am still

using what they taught me (and it has been a while?) yes it's been a while, over a year, yes, I'm still using what they taught me.

...it was short but it was exactly what I needed. I just needed a little help and I needed somebody just to listen.

While there are always opportunities for improving and increasing contributions to client satisfaction, participants in this study helped to identify elements that figured in their experiences of satisfaction. Client participants experienced workers who made them feel understood and valued and these fostered safe, trusting, genuine and empathic connections. Power and knowledge were shared in collaborative processes of growth marked by assessments of meaningfulness in the work and progress towards goals. Client and worker participants commented on the importance of the atmosphere, climate and culture contributing to satisfaction. Friendly, welcoming, discreet and professional described the context for service. Services that were experienced as inclusive, accessible, flexible and evaluative contributed most to satisfaction. Finally, worker participants noted that when they were provided with necessary provisions such as training, time, variety, flexibility, autonomy, feedback and supervision and support, they were better able to meet their clients' needs and thus better contribute to clients' satisfaction.

The analogy of *the dance* has been used to frame and capture the essence of what client participants and worker participants had to say about their

experiences of client satisfaction. We turn now to a discussion of these findings in the context of current literature in the field of social work and client satisfaction, and their implications for future research and education.

CHAPTER FIVE: DISCUSSION

To review, the purposes of the study were to explore and better understand the lived experiences of counselling participants and the complexity of the helping / healing process and to begin to theorize about those elements that contributed to client participants' assessments of satisfaction and / or dissatisfaction. A general question guided this exploration: "What elements of the helping / healing process contribute to client participants' assessments of satisfaction and / or dissatisfaction?" More specific questions that emerged from the review of the satisfaction literature further refined the study:

1. What *client characteristics* impact client participants' satisfaction?
2. What *worker qualities or characteristics* impact client participants' satisfaction?
3. What is it about the *relationship* between client and worker participants that impacts client participants' satisfaction?
4. What aspects of the *worker participants' jobs* impact client satisfaction?
5. What aspects of the *organizational context / setting* impact client participants' satisfaction?
6. Are there aspects of both *satisfaction and dissatisfaction* in client participants' experiences?

7. How do the findings of this project *compare* with what the literature deems to impact client satisfaction –sites of convergence, divergence and silence - in client and professional discourses?

All but the final question have been addressed in the findings chapter, as this discussion chapter will review.

Findings from this study support others found in the satisfaction literature related to the various components that were offered in Figure 2.1. There are indeed elements related to the client, to the worker as therapist, to the therapeutic relationship, to the worker as staff person, and to the organizational context that contribute to satisfying and / or dissatisfying counselling experiences for client participants. Each of these will be reviewed in turn; however, the real contribution of the present study goes beyond these individualized aspects to describe the importance of the overall dance and context in both the assessment and in the experience of satisfaction. Elements of an empowering context, as will be shown, contribute to multilayered, multiperspectual assessments and experiences of satisfaction. It is this discussion that will address the final research question: “How do the findings of this project compare with what the literature deems to impact on client satisfaction; sites of convergence, divergence and silence between client and professional discourses?”

Findings as Viewed through the Lenses of Literature and Theory

This chapter revisits the literature and the theoretical framework, put forth in chapters one and two, which act as lenses through which to view the findings of this study. Models are presented to conceptualize and visualize *the dance* in

both empowering and disempowering contexts. A review of the study's purposes is conducted in order to assess what has been accomplished. Finally, the chapter concludes with a discussion of implications for social work research and education.

The Client Revisited

A return to the literature reviewed in chapter two and conceptualized in Figure 2.1 may prove to be helpful at this point. Figure 5.1 isolates from Figure 2.1 the *client characteristics* influencing satisfaction as found in the literature. In this section of the chapter, and in subsequent sections, the various elements previously highlighted in the satisfaction literature will be reviewed and the study's findings interpreted in relation to them.

Figure 5.1: Client characteristics isolated from Figure 2.1

Client as an Individual
<i>What client characteristics impact client satisfaction?</i>
<ul style="list-style-type: none"> • hope (Grencavage & Norcross, 1990; Frank, 1961; Weinberger, 1993; Helgeson, Reynolds, & Tomich, 2006) • expectancies (Dew & Bickman, 2005; Duckro, Beal, & George, 1979; Forbes, 1996; Greenley & Schoenherr, 1981; Heppner & Heesacker, 1983; LaMonica, Oberst, Madea, & Wolf, 1986; Linder-Pelz, 1982; Risser, 1975; Ryan, Collins, Dowd, & Pierce, 1995) • quality & quantity of participation: speaks to engagement / commitment / level of social isolation (Fontana, Ford, & Rosenheck, 2003; Beutler et al., 2001; Drisko, 2004; Sue, Zane, & Young, 1994) • mental health status (Graugaard, Eide, & Finset, 2003; Lang et al., 2005; Calsyn, Morse, Klinkenberg, Yonker, & Trusty, 2002) • coping styles (Beutler, Brookman, Harwood, Alimohamed, & Malik, 2001)

The "client" in the client satisfaction literature has historically been studied in an effort to determine the characteristics of individuals who are either satisfied or dissatisfied and to lay out inventories of what the satisfied / dissatisfied client

looks like. The literature reported that while socio-demographic variables were not conclusive, psychological characteristics offered more promise in predicting satisfaction. Hope and client expectancies for improvement converged and emerged as the most frequently cited client characteristics in the literature (Grencavage & Norcross, 1990). Client participants in this study offered insights about their *journey to the dance*; the obstacles to attending, and what they often took to the encounter. This section reviews the study's findings in these terms and sets them within a context of the literature.

If hope is a double-edged sword, then one side of its blades is fear. Client participants in this study identified their fears in reaching out and asking for help more than they reported hope for what they would find. There is a need to pause and to reflect upon why this was so. In order to understand how or why client participants were able to disclose their fears about the process, a certain amount of context is required. The client satisfaction literature presumed a skew toward reports of satisfaction over dissatisfaction with suggestions that client participants were disempowered and not able to offer critical reviews of service (Powell et al., 2004). This did not seem to be the case in the present study. Both client and worker participants were indeed able to critically assess elements that contributed to both satisfaction and dissatisfaction. Methods and procedures employed in this project intentionally sought out "subjugated voices" (Foucault, 1980), created space and gave permission for participants to express opinions contrary to dominant discourses. As examples, correspondence about the project invited all responses and named satisfaction and dissatisfaction as possible

experiences (Appendix C); the researcher was advised by former clients who offered “insider” perspectives; due to familiarity with the program under study the researcher had a high degree of understanding of participants’ processes; follow-up interviews sought to pursue those participants who expressed any measure of dissatisfaction to ensure inclusion of a full range of client participant experiences; the interviewer’s style was gentle, inviting disclosure on the part of participants. The result was that participants were empowered to share their honest reflections - and fears - on the complexity of their experiences, which have contributed to richness in the data.

The literature spoke of client commitment and engagement (Beutler et al., 2001; Drisko, 2004; Fontana et al., 2003; Sue et al., 1994) as being important predictors of satisfaction. The qualitative analysis undertaken in this study suggests that when client participants arrived willingly at the dance, possessing a measure of commitment, they held foremost the need for connection, understanding and empathy. Initially they brought a variety of issues, but their focus was not so much on the content of these issues, but rather on a need for a smooth intake and referral process. While they may not have been vocal about their reactions, client participants reported that they had carried out assessments of their experiences that contributed to their evaluations of satisfaction and / or dissatisfaction.

Focusing on contexts, processes and actions rather than on individuals (Charmaz, 2006; Clark, 2005), I believe, offered depth in the analysis of participants’ experiences. Returning to what was shared, readiness and

openness to the process were identified as prerequisites and suggest the need to contextualize client participants' journey within a framework of change theory (Prochaska, DiClemente, & Norcross, 1992). Further, client participants expressed fears about disclosure as part of their hesitations in reaching out for help, linked with worker judgment and labels, social taboos, and potential loss of self-definition. In his grounded theory research with adolescents, Ungar (1995) reported that good mental health depends on the acceptance teens experienced for their self-definitions; and a process of empowerment was conceptualized as a protective mechanism in the construction of personal labels and identities. This conceptualization has application to this study's sample of adults. Client participants who encountered, among other things, validation, respect, understanding and a non-judgmental stance from workers in initial contacts, reported a felt sense of comfort and connection that led to a willingness to trust the "other" and consequently, to engage with the process. Such a conceptualization sets the client within relationship and context at the outset rather than viewing the client in isolation.

One of the many contributions client participants made through this study was the reminder of how difficult it was to reach out and ask for help and how the process could be hindered or halted if issues of power and inclusion were overlooked. Patricia Hill Collins (2000) wrote about intersectionality and the interlocking nature of systems of oppression. She suggested that while offering new knowledge about a subjugated group's own experiences could be empowering, revealing new ways of knowing that allowed a subjugated group to

define its own reality, had even more far-reaching and life-changing implications. Knowledge, self-definition, and empowerment were seemingly interconnected for participants in this study. Within the naming and / or in the labeling of client participants' challenges was the potential for empowerment and / or disempowerment and the redefinition of a person. Client participants, while not overtly stating this, did expressly anticipate and feel it. Inherent in client participants' fears in reaching out for help were risks of objectification and invalidation, which were risks intrinsic to the role of being the client. Contained within any gesture of help are inequality (Rossiter, 2001) and the potential to be the recipient of strategies for social control (Dominelli, 2002; Margolin, 1997), which if played out have the capacity to hurt rather than heal. It is suggested, therefore, that the client in client satisfaction cannot be isolated from the relationship and context in which service is offered.

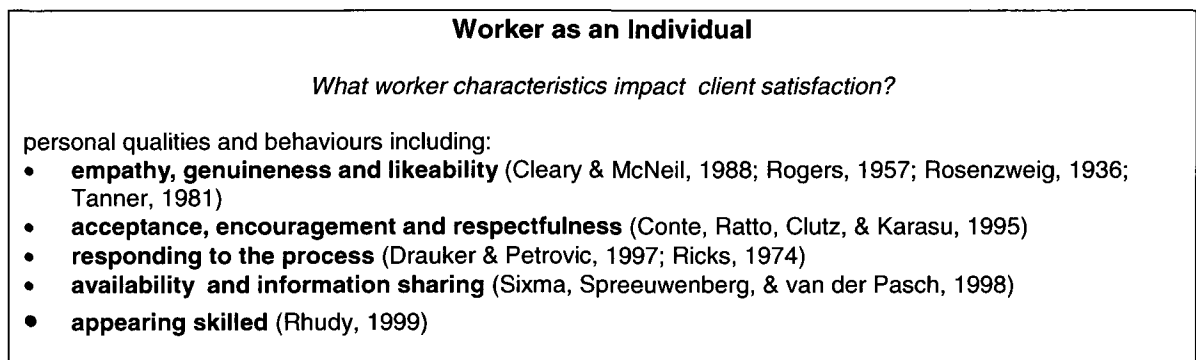
Out of the findings of this study emerged the voices of six client participants who relayed being in a better-off-than-before point in their lives. They faced life challenges and articulated that they grew beyond them to find benefit and meaning from them. As was shown in the previous chapter, the personal qualities (openness to learning, a breadth of perspective, humour, and a willingness to act), the beliefs or attitudes (personal choice and responsibility, kindness towards self and reaching out to help others), and the level of support they experienced to maintain the gains they had made in their lives, appeared to contribute to the success and satisfaction felt by these particular client participants. Further research is suggested to expand knowledge about the

individuals, relationships, and contexts that contribute to such life-changing experiences.

Worker Characteristics Revisited

The worker, as an individual, received attention in the client satisfaction literature. Findings from this study support what was contained within the literature; the qualities possessed by workers do impact on client participants' degree of satisfaction. This section of the paper reviews elements of *worker participants' characteristics* that contributed to both satisfaction and dissatisfaction, as explored in the findings, and are related back to the literature.

Figure 5.2: Worker characteristics isolated from Figure 2.1



Echoing the work of theorists such as Rosenzweig (1936) and Rogers (1957), client participants in this study reported that worker qualities such as being genuine, real and authentic, respectful, caring and supportive, personable and down-to-earth, understanding and knowledgeable contributed positively to their assessments of satisfaction. The point was made by one client participant that the positive qualities possessed by the worker with whom she had contact

were indicative of a personality with whom anyone would get along. Such a statement echoes Fiedler's (1950) conclusion that "the therapeutic relationship may therefore be but a variation of good interpersonal relationships in general" (p. 245). Because the sample of worker participants was small the study did not pursue this line of inquiry; however, it would be interesting to correlate and / or predict client satisfaction against participant personality traits using measures such as Digman's (1990) Big Five Personality Factors or Cattell's (1965) 16 Personality Factor Questionnaire.

What stood out in what both client and worker participants had to say pointed to the importance of the capacity of a worker to form an attachment with a client and to take on the role of a dance teacher or a partner. Indeed, satisfaction was illustrated with examples of when the worker went above and beyond client participants' expectations and provided tailor-made service to them. This was internalized by client participants as a sent message of "I value you...really" on the part of workers. Worker participants also identified and confirmed that there needed to be emotion and connection in the steps and not just a technical rendering of the moves.

Client satisfaction was more likely to exist when workers anticipated and appreciated the burdens client participants carried to initial contacts, and took steps to communicate this understanding by helping to put client participants at ease. Satisfaction was more likely to occur when workers considered the impact of their assumptions and prejudices upon client participants and the power these had in framing and constructing client participants' initial impressions (e.g.

workers giving client participants the “benefit of the doubt” rather than giving the impression that they knew what was best for them; see *development of trust and safety in the dance*). Just as the client participant could not be decontextualized from the process, neither could the worker participant.

Unique to this study were honest reflections offered by both client and worker participants about personal aspects of the worker that interfered with the process, which subsequently impacted assessments of satisfaction and / or dissatisfaction. The literature for the most part was silent about this. Client participants voiced that workers who were not engaged with the process, that is, they “coasted”, exhibited a lack of effort, or simply “pawned” client participants off, elicited negative emotional reactions. Whether born out of a sense of fatigue or insensitivity, this lack of responsiveness on workers’ parts resulted in client participants reporting experiences of self-blame, self-doubt and anger. In his qualitative review of videotaped therapy sessions Rennie (1992) noted that clients often hid their negative reactions from therapists. He suggested a number of reasons for this including fear of disapproval, and assumptions that their feelings were irrational and illegitimate. It is within such a scenario as this that the seeds of traumatic re-enactment, disempowerment or systemic victimization are born. More is said about this in the upcoming *therapeutic relationship* section of the chapter. Worker participants acknowledged, to some degree, their part in this dance and their reflexivity contributed important insights to the project (see *worker participant fatigue and the need for co-worker support*). They reported that personal issues such as fatigue or emotional reactions triggered in

interactions with clients and contextual issues such as those related to workload, influenced their abilities to meet clients' needs on occasion. They identified the importance of co-worker, supervisory, and organizational supports at this juncture. This will be further elucidated in a later discussion of the *worker as staff member*.

What was missing in discussions with worker participants was a clear mission of advocacy on behalf of clients or at least a general sense of responsibility for their role in client drop-out. This is named as a site of silence. To be clear, there were examples voiced by client participants of workers going above and beyond expectations *during* the course of counselling; however, no participant relayed an example of a worker going above and beyond *outside* the established counselling process. It appears that if one is deemed to be a client of a worker, one could reasonably expect good service but if a client has not attained that status (not been identified as being "in") then the affiliation seems loose and tenuous. Several elements make the dance steps complicated at this point. The social work value of client self-determination means that in practice, workers often hand over responsibility to clients to determine for themselves whether they will engage or not engage in the counselling process. From their perspective, clients may expect workers to take responsibility and actively approach them, as some client participants in this study reported. The dancers, at this point, are standing still. Obviously, no generalizations can be made as the steps are setting specific. It is reasonable, however, to suggest that workers, because they hold resources presumed to be desired by clients, could be

responsible for taking an active role in reaching out to clients to ascertain the next move. Drawing on what has just been presented related to the dynamic between client and worker participants, the therapeutic relationship will again be explored.

The Therapeutic Relationship Revisited

Much of the literature related to the therapeutic relationship was supported in the findings and are reviewed in this section with some extension. In addition to the quality of the relationship, its nature was explored in relation to issues of power and empowerment. The construct of “I value you – I feel valued” emerged from the nuances of what participants had to say. Along with attending to missteps, endings were also discussed as were elements contributing to dissatisfaction in the therapeutic relationship.

Figure 5.3: The therapeutic relationship characteristics isolated from Figure 2.1

Therapeutic Relationship / Alliance
<i>What is it about the relationship between the client and the worker that impacts client satisfaction?</i>
<ul style="list-style-type: none"> • quality of the therapeutic alliance (Calsyn, Morse, Klinkenberg, Yonker, & Trusty, 2002; Greenberg, Watson, Elliott, & Bohart, 2001; Horvath, 2001; Klein, Michels, Kolden, & Chisolm-Stockard, 2001) • shared explanation and shared meaning (Johansson & Eklund, 2003; Tryon & Winograd, 2001) • engagement (Dearing, Barrick, Derman, & Walitzer, 2005) • resolving missteps and anger and establishing safety (Ackerman, Benjamin, Beutler, Gelso, Goldfried, & Hill, 2001; Dalenberg, 2004; Safran, Muran, Samstag, & Stevens, 2001) • communication (Plichta, Duncan, & Plichta, 1996) • dissatisfaction with worker leads to drop-out (Acosta, 1980; DuBrin & Zastowny, 1988; Gill, Singh, & Sharma, 1990; Pekarik, 1983, 1992; Reis & Brown, 1999)

The therapeutic relationship was a central element to satisfaction for participants in this study. According to the literature, fundamental to satisfaction was the quality of the relationship (Johansson & Eklund, 2003, Calsyn et al.,

2002), which for client participants in this study included perceptions of feeling valued, respected, supported, comfortable and understood. Such perceptions contributed to feelings of safety and trust and thus to client participant engagement and progress in the work. This echoes some literature, which noted that the relationship was dynamic, interactive, reciprocal, and evolving (Sexton & Whiston, 1994). Clients' levels of engagement, as a measure of the quality of the therapeutic relationship, were linked with satisfaction in the literature (Ackerman et al., 2001; Dearing, et al., 2005; Safran et al., 2001).

Worker participants in this study understood quality and engagement in the therapeutic relationship in the following way: they relayed respect for clients' knowledge, and security in clients being "in charge" and collaborating in the process, which resulted in clients taking ownership and investing in the experience. Contained within this collaboration was a site of convergence for client and worker participants. There was potential for a genuine empathic connection and mutuality in relationship at this site. Connection at this point was dependent on a relational model versus a distance model of therapeutic association. According to Dietz and Thompson (2004) traditional concepts of boundaries in the therapeutic relationship were articulated as a "distance model" and were characterized by neutrality, anonymity, and authority, reflecting a hierarchical and patriarchal bias. An emerging conceptualization of boundaries was articulated as a "relational model" and was characterized by mutuality, connection and empowerment. Greenspan (1995) spoke of "safe connection" in relation to boundaries in the therapeutic context, and noted that there could be

“connection without harm, love without power abuse, touching without sexual abuse in psychotherapy – but the language of boundaries doesn’t help us see our way clearly into this arena” (p. 52). She went on to say “(h)ealing happens when someone feels seen, heard, held, and empowered, not when one is interpreted, held at a distance, and pathologized” (p. 58).

Nuances of the relationship were expressed in the findings chapter related to the worker / client participant dynamic. Special notice was paid to emerging issues of knowledge and power in the context of the dynamic. The importance of issues such as: clear communication and the negotiation of rules and roles; match and compatibility in terms of age and life experience; the development of a sense of safety and trust in establishing connection and engagement; attending to missteps; and a purposeful ending were explored. The essence of a positive relationship was encapsulated in the internalized “I value you - I feel valued” construct. The presence of this enabled progress in the work, mutual benefit and, I would argue, empowerment.

It is useful to define empowerment at this point. Janet Surrey (1987) proposed empowerment as:

...the motivation, freedom and capacity to act purposefully, with the mobilization of the energies, resources, strengths, or powers of each person through a mutual, relational process. Personal empowerment can be viewed only through connection, i.e., through the establishment of mutually empathic and mutually empowering relationships. Thus, personal

empowerment and the relational context through which this emerges must always be considered simultaneously. (p. 3)

Findings support the idea that a trusting mutual relational connection contributed to personal empowerment and growth and further, that these elements contributed to a satisfying counselling experience for client participants.

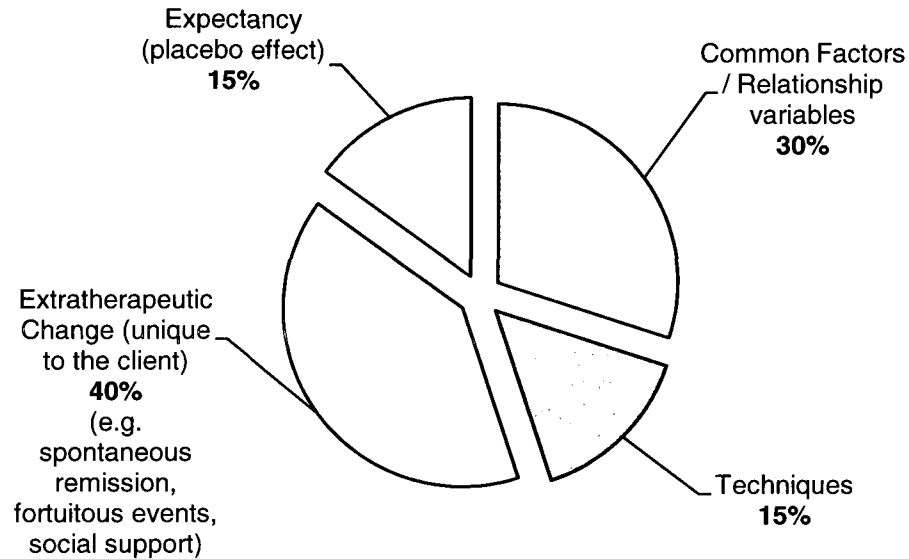
Without wading so far in as to risk drowning, there is debate within the clinical field as to what contributes most to therapeutic effectiveness.¹⁸ Various therapeutic traditions contain corresponding philosophical and / or technical differences. “Empirically supported treatments” (ESTs) described a movement growing out of the logic that there were treatments for particular presenting issues and the practitioner’s task was to match the presenting issue with the appropriate treatment (LaRoche & Christopher, 2009). These prescriptive psychotherapies promoted specialization within the field (Chambless, 2007; Chambless, Baker, Baucom, Beutler, Calhoun, & Crits-Christoph 1998; Weinberger, 2002) and provided a means for monitoring practice. Indeed, standardized treatment planners are a readily available commodity. There was criticism that ESTs were biomedically based and overlooked culturally and contextually important variables (LaRoche & Christopher, 2009; Marquis & Douthit, 2006). “Empirically supported therapy relationships” (ESRs) and “person-centered therapy” (PCT) focused on the importance of therapeutic relationships that stimulated client resources (Cornelius-White, 2002; Norcross,

¹⁸ It should be noted that effectiveness in the literature is often associated with client outcome, in whatever way that is conceptualized and measured in specific studies. Returning to the definition of client satisfaction used in this paper, however, it is assumed that progress / outcome are some of the components on which clients assess and measure their satisfaction.

2001; Rogers, 1957); proponents of this “common factors” movement believed that all treatments worked about equally well, and that what was common to or shared across them was a viable explanation for outcome equivalence (Weinberger, 2002). In a meta-analysis, Lambert and Barley (2001) summarized the factors contributing to variance in outcome, which have been visually displayed in Figure 5.4. As is shown, 40% of outcome variance was attributed to the client and client environmental factors; 30% was attributed to the therapeutic relationship; and 15% was attributed to each of the factors of techniques and placebo.

Findings from the present study qualitatively support Lambert and Barley’s (2001) work, as client participants clearly came away from counselling remembering relationship and process with virtually no mention of techniques being important to progress and satisfaction. The quality of the helping relationship was deemed to be pivotal by participants.

Figure 5.4: Lambert & Barley's (2001) summary of factors contributing to variance in therapy outcome



At the risk of falling into simple dichotomous or linear thinking, Harville Hendrix (2007) suggested that relationships had the potential to do one of two things: rewind, or heal. My clinical experience suggests that clients often seek counselling to address and change behaviours and predictable outcomes or to have another human being witness their pain, challenge and transformation. Developing a connection, forming an attachment, and experiencing a therapeutic relationship all lay the foundation for a potentially new and healing experience for clients. If discovering skills and strengthening capacities are to be goals for counselling, then sufficient trust in the other and in the process are required to meet and overcome challenging issues. Trust in relationships, however, takes a

long time to build and a short time to break. According to David A.S. Wright (personal communication 04/21/09), repeated experiences of consistency are what build a layer of trust. And layers of trust are needed to sustain the weight of deeper disclosures. Trust, disclosure and acknowledgement are found along the path to healing. Betrayals of trust and unacknowledged ruptures in the counselling relationship have the potential to reinforce clients' senses of helplessness or hopelessness as was explored in the findings section on *missteps*. Responsibility to manage missteps was laid at the feet of workers by client participants in this study. Findings suggested that in reality, the identification and resolution of missteps depended on the assertiveness of client participants to raise concerns and on the sensitivity of workers to be attuned to shifts in the process. Studies found that workers were less capable of detecting clients' negative sentiments than positive sentiments and further, that workers' responses were less helpful when negative sentiments were identified (Hill, Thompson, & Corbett, 1992; Thompson & Hill, 1991). Directly confronting missteps, when identified, was associated with "better treatment outcomes than those found in treatments in which such problems were not directly confronted" (Binder & Strupp, 1997, p. 133). Resolved and unresolved missteps were integral to clients' perceptions of the therapeutic relationship (Rhodes, Hill, Thompson, & Elliott, 1994; Safran et al., 2001). As Binder and Strupp (1997) went on to report, unresolved therapeutic events reflected a history of a poor therapeutic alliance:

The patients never made their negative sentiments known and the therapists never detected them, or if the patients did voice negative sentiments they perceived the therapists' reactions as dismissive or critical. Consequently, these events were not mentioned again, and the therapies tended to have poor outcomes from the patient's point of view (p. 129).

It was unclear from the literature whether there was a causal or a reciprocal association between missteps and poor therapeutic relationships. The present study did not seek clarification on this point.

Endings, also framed within the context of the therapeutic relationship, were explored as part of the therapeutic process and were shown to *reflect* and / or *affect* client participants' degree of satisfaction. Some client participants identified that they opted out of counselling when dissatisfied, which proved to be a *reflection* of their reactions to the process. This was a preferable alternative, in my estimation, to staying and prolonging a dissatisfying and potentially hurtful experience, as this was the point at which there was danger of revictimization / retraumatization / systemic rewounding. Often, client participants who arrived for help were vulnerable to the power of the worker and the organization. If power was wielded insensitively or without careful thought to its impact, the helping process, rather than being helpful, was hurtful. In another way, endings also *affected* client participants' levels of satisfaction and / or dissatisfaction. The findings chapter explored endings as expected or imposed, dependent upon workers' stances. In cases where the therapeutic relationship was developed and

important, endings were framed within the context of grief and loss and findings suggested that the transfer of client participants to other therapists often did not result in success. In the literature, “client handoffs” were shown to have serious implications for workers in that their relationships with clients were interrupted, affecting not only the emotional bond, but also workers’ abilities to follow a case through to the end (Mor Barak et al., 2006, p. 569). Further, the nature of endings had implications for an organization’s leadership in terms of retention. Turnover of skilled workers disrupted the continuity and quality of care to those needing service (Braddock & Mitchell, 1992; Mor Barak et al., 2001), as well as to workers’ satisfaction and outcomes (Glisson & Hemmelgarn, 1998; Mor Barak et al., 2006).

Participants reported factors that contributed to experiences of dissatisfying therapeutic encounters. Barriers to satisfaction explored in the findings chapter explored primarily elements that interfered with a good quality connection including things such as: a less than smooth intake, referral, or return process; poor communication especially about the rules and roles in counselling; a lack of engagement on the part of the worker; the mishandling of an event or reaction; and a poor ending. Within these obstacles grew the risk of the internalization of a negative message by client participants; the message sounded like “I don’t value you” and was internalized as “I don’t feel valued”. Worker participants acknowledged that this was true: one worker said “...if there has been no connection or if you feel that you have failed a client, or if you just have not connected, that is, disempowering to both of you.” A negative

disempowering connection contributed to reports of dissatisfaction in this study and withdrawal on the part of client participants.

Inherent in the discussion of relational empowerment is the assumption of the sharing of power. Because the client / worker relationship contains an unequal distribution of power, the worker must intentionally seek ways to balance it in order for empowerment to occur. Lazzari (1990) studied relationships between practicum instructors and their social work students in her grounded theory project. She suggested that her work naturally extended to the worker / client relationship but called for further research to benefit both social worker practice and education. Lazzari found that unless the field instructor “allowed for and facilitated some degree of partnership, the empowerment process could not have been actualized.... a person’s willingness to share power was built upon some degree of trust in her/himself and in the other” (p.170). Lazzari’s work was supported in the findings of the present study. In the words of one worker participant, “Well I think what makes it really positive is that you can connect and the person believes in you and you believe in that person and then they begin to grow and learn and embrace in that.” An “interactive process of trust” defined empowerment for Lazzari, who challenged other researchers to explore whether her findings, which focused upon one-on-one relationships, had application to empowerment in group and organizational relationships.

Understanding contextual elements that contribute to relational connection and trust and their impact on satisfaction and / or dissatisfaction is an important extension of the present project. This was accomplished by considering the

worker participants and their team as well as the organizational setting in which service was experienced. Given the high percentage of client participants who reported experiencing and / or witnessing abuse (over 70 per cent, see Table 4.1) an understanding of the psychological trauma literature was warranted. In their excellent study of “What (trauma) survivors need from community-based mental health professionals” Harper, Stalker, Palmer, and Gadbois (2008) identified that participants appreciated therapists who understood their fears, who were respectful and nonjudgmental, shared control, followed the client’s lead, and built a trusting relationship. These findings were supported in the present study.

The question arises as to whether it is possible for workers, who feel disempowered, to share power with and empower their clients. Hardina (2005) reviewed the empowerment literature and citing Frans (1993) she stated, “(e)xplicit in the empowerment literature is the assumption that in order for clients to become empowered, they must receive services from staff members who feel personally empowered by their employers” (Hardina, 2005, p. 24). The purpose of staff empowerment was to enhance workers’ freedom to make decisions, increase commitment, and contribute to program effectiveness (Bowen & Lawler, 1995; Forrester, 2000; Spreitzer, 1995). The next section of the paper reviews worker participants’ experiences as employees in the context of their organizational setting and how these experiences compared with the literature.

The Worker as Staff Member Revisited

Worker participants identified necessary provisions that enabled them to meet the needs of their clients, and therefore, influence clients' satisfaction. The literature made links between such things as worker job satisfaction, emotional exhaustion, personal accomplishment and client satisfaction. In this section the findings are filtered through this body of literature.

Figure 5.5: Worker as staff member characteristics isolated from Figure 2.1

Worker as a Staff Member
<i>What aspects of the worker's job impact client satisfaction?</i>
<ul style="list-style-type: none"> • job satisfaction (Kingston, 1998; Wagner, 1994) • burnout especially emotional exhaustion & personal accomplishment (Daub, 2005; Garman, Corrigan, & Morris, 2002; Leiter, Harvie, & Frizzell, 1998) • intention to quit (Leiter, Harvie, & Frizzell, 1998) • meaningfulness of the work (Leiter, Harvie, & Frizzell, 1998) • team-level burnout (Garman, Corrigan, & Morris, 2002)

Worker participants were staff members in the context of their community-based counselling agency and as such were mindful of, if not reactive to, operational parameters. While the number of worker participants in this project proved too small for the administration of a survey about such things as commitment, burnout, and job satisfaction, focus groups were a means for gaining insights about their experiences. While there was a great deal of literature that addressed workers' experiences of the work they do, there was less written about how these experiences were associated with client satisfaction. Worker participants cited contextual elements that influenced their

abilities to meet client's needs. Intangible and concrete provisions were required via the supervisor, who, for the worker, embodied the organization. These provisions, which worker participants linked with client satisfaction, were described in the previous chapter. I would argue that these provisions served not only to promote worker job satisfaction; they also acted as protective factors against emotional exhaustion, burnout, and turnover, and consequently functioned to support worker participants in accomplishing the work that they did for clients. The constructs of compassion satisfaction and compassion fatigue are useful to help extend this discussion and to make links to client satisfaction.

Worker participants reported in focus groups that there were tangible things they required that influenced their abilities to meet clients' needs and consequently impacted client satisfaction. These elements were named concrete provisions and included: suitable training, having time and staff support to accomplish tasks, regulation in caseload, flexibility in scheduling, and adequate remuneration. These speak generally to workload and working conditions. In addition, there were more intangible things that worker participants named as being important to them and to clients' satisfaction and these included: validation, support and positive feedback, interested and involved leadership, autonomy, and the promotion of self-care. These speak generally to the role of supervisor and co-worker support.

The literature made clear connections regarding the impact of working conditions and support on worker well-being. These were explored in the review of the literature found in chapter two. The relationship between worker well-being

and client satisfaction is more circuitous and less referenced in the literature. A few studies found that worker emotional exhaustion (Garman et al., 2002; Leiter et al., 1998), and job satisfaction in the form of personal accomplishment and meaningfulness of the work (Daub, 2005; Leiter et al., 1998) influenced client satisfaction. Additional literature speculated about turnover (Braddock & Mitchell, 1992; Mor Barak et al., 2001) and workers who were perhaps burned out but who remained in the field (Strolin, McCarthy, & Caringi, 2007), impacting client satisfaction.

Compassion satisfaction, compassion fatigue, and self-care.

Just as there were some client participants who faced life challenges and reported being better-off-than-before, there were worker participants who faced the challenges presented by clients and reported being enriched and satisfied by their capacities to be helpful. What enabled some workers to overcome the potential for emotional exhaustion and burnout and to find meaning and personal growth in the work that they did, while others did not? Compassion satisfaction is defined as the sense of reward, competence and efficacy workers feel in their role as helpers (Figley, 2002; Stamm, 2002). There was evidence in the literature that compassion satisfaction was conceptualized as encompassing job satisfaction (Musa & Hamid, 2008; Stamm, 2002). It was thought that compassion satisfaction mitigated the adverse effects of burnout and compassion fatigue (Conrad et al., 2006; Stamm, 2002). It was also proposed that a continuum existed along which worker responses could range, from compassion satisfaction to compassion stress to compassion fatigue (Figley,

1995; Sprang et al., 2007; Stamm, 2002). This raises the question of whether compassion fatigue and compassion satisfaction fluctuate in response to causal and/or mitigating factors. A further question arises as to whether worker responses are understood within an individualized or contextualized framework. More will be said about this in the upcoming discussion of self-care.

According to worker participants, when they were fully engaged, supporting one another, finding benefit from their work, provided for, and able to exert personal power in decision-making, this translated into high quality service to clients. Client participants on the receiving end agreed. Client participants reported that they could assess when workers were engaged with their jobs by going the extra mile with them, competently tailoring service to meet their needs, forging a genuine connection and helping to put them at ease. Reiterating the worker characteristics that influenced client satisfaction described in a previous section, client participants reported getting a positive sense of the qualities of and the quality of the attachment with their workers. A link may be made between worker participant experiences of compassion satisfaction and client participant satisfaction – generally, a satisfied worker may be linked with a satisfied client.

The literature exploring worker compassion satisfaction (Stamm, 2002) or vicarious resilience (Hernandez et al., 2007) is still relatively young. In a recent study of the effects of working with trauma survivors, Killian (2008) reported that compassion satisfaction was positively associated with social support and internal locus of control at the workplace; and that higher number of hours per week spent working with survivors predicted lower scores on compassion

satisfaction. While this project did not undertake a thorough assessment of what impact experiences of abuse specifically might have had on client participants' levels of satisfaction, a potentially interesting study in itself, it did offer recognition of the nature of the work being performed. Indeed, the range of presenting issues (see Table 4.3) also gave evidence that participants in this setting were faced with varied challenges and demands identified by client participants. Worker participants recognized and acknowledged that they experienced times of fatigue and / or frustration that impeded their abilities to be present and to meet clients' needs. Client participants corroborated this and reported being aware of workers' lack of engagement and effort and further linked this with their own assessments of dissatisfaction. In particular, client participants reported that they could assess when workers were not engaged with their jobs, faking interest in the work, and providing easy answers or less than helpful responses. Framed as compassion fatigue and contextualized in relation to its causes, a link may be made then between this construct and client participant dissatisfaction. Simply stated, a dissatisfied worker may be associated with a dissatisfied client. Compassion fatigue is defined as the stress connected with exposure to client suffering (Figley, 1995) and is "complicated by a lack of support in the workplace and at home" (Radley & Figley, 2007, p. 207).

For worker participants in this study, supervisor and co-worker support mitigated aspects of fatigue. Without support, worker participants reported that they would likely consider leaving the organization. The literature noted that worker dissatisfaction manifested itself in an intention to quit (Leiter et al., 1998).

Indeed, worker participants in this study described that if their needs for intangible and concrete provisions went unmet by supervisors and/or the organization, they were likely to leave. This lends credence to the motivation-hygiene theory of Herzberg, Mausner and Snyderman (1959) who suggested that the presence of certain factors such as good supervisor-worker relations, good pay, and good working conditions would not make workers feel more satisfied or work harder, but their absence could cause dissatisfaction. Worker participants went on to make the link as to how this affected client satisfaction. Given that the therapeutic relationship was such an integral part of satisfaction, anything that disrupted the connection was going to be negatively felt by clients. Client participants concurred and reported from their perspective that when a connection between themselves and their workers existed and the worker left, in every case when it was reported in this study, client participants indicated that it contributed to disappointment and dissatisfaction. This reflects the literature that reported that a lack of consistency and stability in the workforce impacted not only workers' satisfaction, but also the quality and outcome of services (Glisson & Hemmelgarn, 1998; Mor Barak et al., 2006).

Self-care is promoted in the field as a strategy for addressing job stress and was often associated with individual worker coping in the literature (Bober & Regher, 2006; Figley, 1995; Killian, 2008; Street & Rivett, 1996). Some studies (Bober & Regher, 2006; Killian, 2008), however, found no association between individual coping skills and reported levels of burnout. Killian (2008) called for a paradigm shift away from "standard individual coping strategies of leisure and

continuing education, which are clearly not all that effective” (p. 42) to conceptualizing stress and coping in structural, political, and organizational contexts. In essence Killian suggested a move towards a “systemic approach of advocacy for healthier working conditions” (p. 43). Worker participants in this study supported this notion, stating that self-care was not an individual worker issue, self-care was an organizational responsibility.

It was demonstrated in the literature that it was possible to reverse feelings of burnout and dissatisfaction among workers who were contemplating leaving (Cooley & Yovanoff, 1996; Winefield, Farmer, & Denson, 1998). Findings from this study suggested that worker satisfaction and / or dissatisfaction and consequently, client satisfaction and / or dissatisfaction needed to be viewed concurrently through the lens of the organization. We now return to the literature addressing the role of the organization in client satisfaction.

The Organizational Setting Revisited

This section revisits the literature related to the influence of organizational climate and culture on client satisfaction. Findings support these links. In particular, client participants noted the importance of a welcoming, comfortable, inclusive, safe, discreet and professional climate. Teamwork culture that reflected this climate, that is, a culture of collaboration and sharing, inclusion and relationship that was flexible to address the needs of clients was endorsed by worker participants, and from their perspective, contributed to client satisfaction.

Figure 5.6: Organizational characteristics isolated from Figure 2.1

Organizational Characteristics
<i>What aspects of the organizational setting impact client satisfaction?</i>
<p>climate (Aharony & Strasser, 1993; Glisson & Hemmelgarn, 1998; Jimmieson & Griffin, 1998; Johnson & McIntyre, 1998; Nunno, 1997; Parkin & Green, 1997; Schmit & Allscheid, 1995; Schneider & Bowen, 1985; Silver, Poulin, & Manning, 1997; Waegemakers Schiff, 2001; Wagar, 1997)</p> <ul style="list-style-type: none"> • supportive, organized, goal directed and with clear communication (Fontana, Ford, & Rosenheck, 2003; Middelboe, Schjodt, Byrsting, & Gjerris, 2001; Moos & Moos, 1998) <p>culture</p> <ul style="list-style-type: none"> • teamwork culture (Meterko, Mohr, & Young, 2004) • role discretion (Greenley & Schoenherr, 1981)

The dynamics of work environments are increasingly of interest as they have the power to influence and affect the behaviour, attitudes, and health of workers (Glisson, 2000). Beyond workers, Glisson and Hemmelgarn (1998) evidenced that positive work environments predicted improved client functioning in children's services and Cahalane and Sites (2008) noted, "(i)n essence, employees' interaction and experience within the organization in which they work is replicated with those who receive their services" (p. 96). The literature held knowledge that how the organization was experienced by both clients and workers influenced client satisfaction. In relation to organizational climate, the literature suggested clients' experiences of the structure and social climate impacted levels of satisfaction. A goal-directed structure perceived as organized and supportive (Middleboe et al., 2001; Moos & Moos, 1998) was linked in particular. Client participants in this study reported that their perceptions of the organizational atmosphere and environment - associated with the people who

worked there - as welcoming, inclusive, discreet and professional contributed to satisfaction. Further, as reported in the findings, they noted in particular the level of comfort, safety and privacy that was established in the organizational climate. This translated as a felt sense by client participants that the organizational climate facilitated delivering the message that they were valued and that their needs were considered.

Writing about consumer satisfaction in the realm of human service management, Schneider and Bowen (1993) wrote “treat your employees well, and they’ll deliver superior service” (p. 51). Further, they suggested that service was an “experience” and that excellence was based on good management practices coupled with customer service. In a review of the human resource management literature, Schneider and Bowen (1993) stated:

In brief, all of these studies show a positive relationship between what employees report about their experiences as employees and what customers report about their experiences as service consumers. (p. 41)

Bell and Zemke (1987) reported that customers who experienced service failures fell into two categories – victimized or annoyed. This was supported through the experiences of client participants in this study who reported either self-blame and self-doubt or anger in response to missteps in the counselling process.

The questions arise as to how supervisors and managers in organizations attend to needs and help create positive experiences for workers and clients; and whether this is this setting specific. Further investigation is warranted. The worker and client participants in this study offered their perspectives on experiences

within their organization. Worker participants in this setting functioned as a team, that is, there was a culture of collaboration and sharing, inclusion and relationship. Teamwork culture was linked with patient satisfaction with care in the healthcare literature (Meterko et al., 2004). Role discretion - flexibility in handling tasks - was related both to client satisfaction and to greater staff work-group satisfaction, lower intrastaff conflict, and lower staff frustrations with clients (Greenley & Schoenherr, 1981). Teamwork culture assumes the sharing of power - by supervisors and among workers. Worker participants in this study noted the importance of flexibility regarding their workloads (e.g. scheduling, variety in caseloads); and client participants noted the importance of flexibility regarding the organization's policies and procedures (e.g. duration and modality of service). Such provisions supplied by supervisors and / or the organization gave the message to both client and worker participants, "I value you" and offered the potential for an internalized message of "I feel valued".

Grounded in the idea of social exchange, organizational support theory suggests that workers form perceptions, based on workplace interactions, about the extent to which their employers value their contributions and care about their welfare (Eisenberger, Huntington, Hutchinson, & Sowa, 1986; Rhoades & Eisenberger, 2002; Smith, 2005). Within this framework of reciprocity and exchange, as workers' perceptions of organizational support increase, so too do workers' commitment and attachment to the organization (Meyer & Allen, 1997; Mowday, Porter, & Steers, 1982; Shore & Wayne, 1993; Smith, 2005). As the previous section has already discussed, worker satisfaction and commitment

were associated with client satisfaction; and so the case was made that the construct “I value you – I feel valued” was multiperspectual and multilayered, perceived and internalized by both clients and workers within an organizational context.

This chapter has been devoted so far to viewing the findings through the lens of current satisfaction literature. The final question in this project was to ask how the findings of this project *compared* with what the literature deems to impact client satisfaction – sites of convergence, divergence and silence - in client and professional discourses. For the most part, the findings support the literature in many ways, as has been shown in the above literature-revisited sections. A site of divergence has emerged, however, in how satisfaction is assessed. These particular findings offer an opportunity to integrate the various silos of the satisfaction literature and to view client satisfaction from a different vantage point; not as a result, but as a process, central to service, and set within a context. Herein lies the complexity. The context in which the helping / healing process is set can be many things, including empowering and / or disempowering. Each of these emerging contexts is explored briefly and then the theoretical framework for the study is revisited.

Empowering / Disempowering Contexts

Client participants in this study offered information about what contributed to their lived experiences of satisfaction and / or dissatisfaction. This information had to do not only with themselves and the worker, but also with the organizational context. Worker participants made links between not only

themselves and client satisfaction but also between the organizational context and client satisfaction. Findings from this project support the notion that client satisfaction is not only influenced by a relational dynamic, it is also impacted by context. Contexts that are empowering for both client and worker participants share similarities that contribute to satisfaction and / or success. These similarities were presented in the previous chapter (see Table 4.6) and included such things as *experiencing effort and interest on the part of the other*, sharing control of the process, perceiving safety and trust, experiencing quality and mutuality in interactions, flexibility, offering input that makes a difference, and sensing that the process was meaningful. In a comprehensive study “defining excellence in human service organizations” Harvey (1998) outlined the ingredients as: a clear and intentional purpose, a focus on client needs and accountability for satisfying those needs, commitment to and from staff, flexibility and adaptability, and attention to internal processes. These ingredients needed to be internalized by all and activated by “striving” to “do excellently”. Harvey (1998) called for further research to assess whether excellent organizations were more effective or efficient than others. While this study did not directly ask participants about excellent organizations, it did receive a compelling recipe for what worked well from both an inside and outside perspective, and the active ingredients put forth by Harvey seem supported.

Falling short of excellence, it is conceivable that something different from an empowering context exists; one in which client and worker needs are not met. While client participants in this study named some dissatisfying aspects in their

experiences, none expressly or categorically indicated they would not return for service. The literature indicated that client perceptions of care transformed over time (Williams et al., 1998) with initial responses often being more negative (Edwards et al., 2004). For the majority of client participants seven or more months had passed since they had attended for counselling and thus timing may have contributed to their openness to returning despite criticisms.

Worker participants' unmet needs can have damaging effects on clients particularly if they are vulnerable. In a review of the literature Nunno (1997), using the construct of organizational culture, noted the potentially devastating effect disempowered and untrained staff could have on client groups, especially children. Disempowering contexts in the realm of this study can only be constructed with the information that was gleaned by client and worker participants' reflections on what was dissatisfying. For client participants, this included initial impressions that they were not valued, the sense that the worker was not actively engaged or putting effort into the process, experiences of conflict or missteps left unresolved, frustrations over procedural issues and the wait. Similarly, for worker participants, a sense of not being valued by the supervisor and / or the organization, disinterest on the part of the supervisor, unresolved conflicts, workload frustrations, and a lack of adequate remuneration detracted from their experiences and lend support to what a disempowering context might look like. Further research is suggested to more fully investigate the ideas presented here about empowering and disempowering contexts.

Ecological Systems Theory Revisited

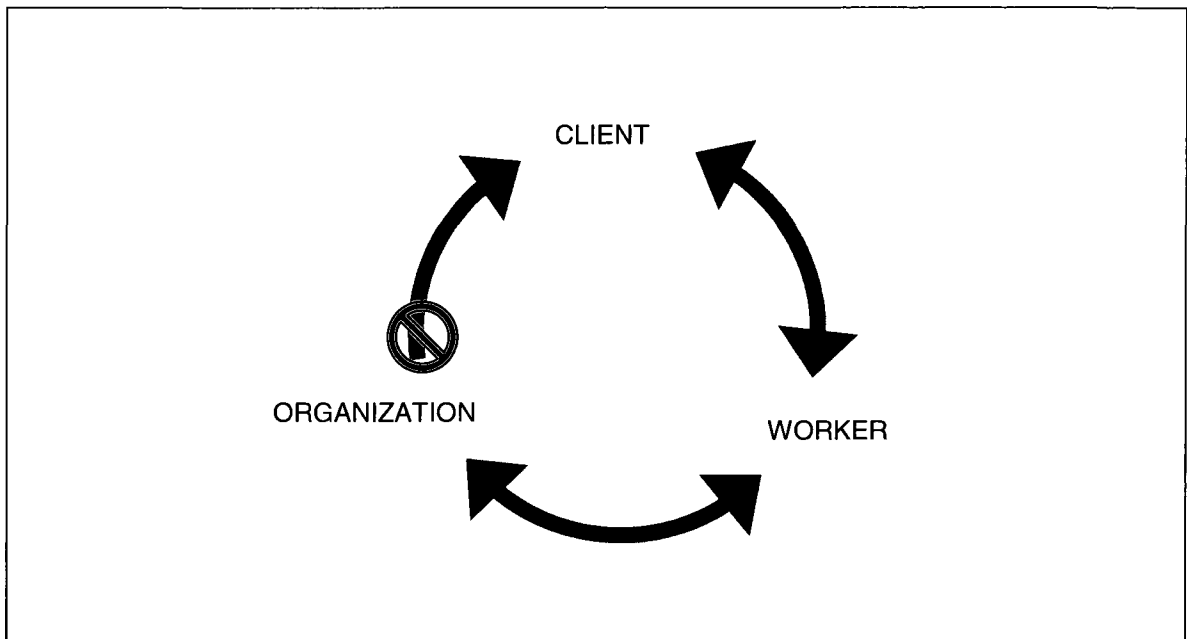
It would be an oversight at this point not to acknowledge the six client participants who indicated that while they were not necessarily happy that the challenges existed in their lives, felt they were better-off-than-before because of them; and to acknowledge the worker participants in this study who faced the challenges with clients and aided in their capacities to overcome them and found mutual development in the process; and to acknowledge the organization that provided for and enabled these worker participants to be present and available to their clients. Client satisfaction from this vantage point is not individual, neither is it relational; rather it is contextual.

Honouring client satisfaction and / or dissatisfaction as multiperspectual, multidimensional and complex deems the framework of an ecological systems theory as relevant and applicable, with the caveat that issues of power and inclusion factor heavily into its conceptualization. Criticism of ecological systems theory relates to its lack of a comprehensive critical perspective (Kondrat, 2002) and the likelihood that it is the individual rather than the system that will adapt to environmental disturbances (Besthorn & McMillen, 2002). I agree and put forth the assertion that an ecological systems perspective needs to be informed by issues of power and inclusion otherwise it risks overlooking or minimizing sites of silence or oppression.

Client participants reported dissatisfaction related to the lack of a formal evaluation at the point of termination. Set within a context of overall satisfying service it was analogous to a dangling sentence according to one client

participant, "...they were just stellar, but then I think you need to finish off the sentence. It's like you're in a dangling sentence, you need someone to follow-up...". It was perceived and experienced by client participants that seeking feedback and acting on feedback were not priorities for the organization. This can be framed in terms of whether client participants were able to have an impact on the organization, and this closes the circle. What is meant here (and visually displayed in Figure 5.7) is that it has been shown that client participants, worker participants and the organization all exert mutual and reciprocal influence on the other with the exception of client participant impact on the organization. This was a site of silence. Client participants, through this project, voiced the need to be heard in a clearer way. They made recommendations about how this would be meaningful and these recommendations journeyed back to the organization and its workers. It is hoped that these voices from the margins will influence the organization to act and adapt in response to this so-called "environmental disturbance".

Figure 5.7: Reciprocal influences of the client, worker, and organization



The constructs associated with ecological systems theory seem very relevant and applicable to the study of client satisfaction and / or dissatisfaction. The constructs of emergence, chaos, complexity, strength in diversity, self-organization, and permeable boundaries as they were conceptualized in chapter one fit for this study. Because we are exploring human dynamics, however, the issues of power and knowledge and inclusion need to be considered. Perhaps a more empowering ecological systems theory can evolve from this discussion. Employing an empowering ecological theoretical framework layered with a grounded theory method necessitated an ongoing check of the project and its' participants, to explore its emerging and reciprocal dynamics. Out of these ongoing checks emerged grounded theorizing models that integrated the analogy of *the dance* with empowering and disempowering contexts. These models are now explored.

The Models

This study's grounded theorizing of client satisfaction as a process leads to renewed models (see Figures 5.8 and 5.9). The models are the result of deconstructing the previous conceptualization of what contributes to client satisfaction (see Figure 2.1) and reconstructing it with the voices of this project's participants in mind. The silos of knowledge are replaced with representations of the contexts that potentially contribute to satisfaction and / or dissatisfaction. The models were developed to simply gather up all the words contained in this chapter describing my processual analysis and are presented in a visual format. To visually conceptualize the process risks the danger of it becoming linear and two-dimensional. In the same way that a photograph differs from a video recording, a still-life visualization does not capture the dynamic nature of the living process. Two models are represented here. The first conceptualizes an empowering context framing the satisfying aspects of *the dance* as explored with both client and worker participants. It privileges the contextual, relational dynamic that emerged from the study. The second model conceptualizes a disempowering context framing the dissatisfying aspects of *the dance*.

Several notes may be helpful in interpreting the models. A separation of empowering and disempowering contexts is inferred by the separation of the two models; however, this has been done for ease of reading. I believe few things are either / or, it is more likely that things are both / and. There is complexity in what participants of this study had to say about satisfaction and / or dissatisfaction and quite often one participant had things to say about both satisfaction and

dissatisfaction from his / her experiences. Further, at any point in *the dance* there is the potential for redemption. That is, perfection is not an element of the process, there are missed opportunities and any participant (client, worker, organization) may take steps to try to rectify what has occurred, although success may not necessarily follow. Client participants may assert that a need was not met, worker participants may acknowledge a misstep, the organization may rethink a policy and there is potential to create a more empowering context. Reflecting the ecological nature of the model, a shift in one part of the system may give rise to a corresponding shift elsewhere. It is hoped that the arrows convey the forces, movements and shifts that occur throughout the process of helping and / or healing.

The models illustrate that in *the journey to the dance* while it may look as though there are simply two individuals, they are set within a context of forces – personal, organizational, social, political etc. – that exert pressure and contribute to how each of them present and are perceived. A permeable box around each in the disempowering context further signifies the barriers that may exist that prevent real connection with the “other”.

The initial meeting is visualized in the *shall we dance?* portion of the model when the two worlds of client and worker participant intersect and an assessment of match is determined. If a fit is deemed to be possible the dance continues to the next level. If a fit is not deemed to be possible there is an opting out – physically and / or psychologically / emotionally – illustrated by arrows. It has further been represented that in an empowering context the client is

privileged, symbolically signified in the upper position; and conversely, in a disempowering context, the worker is privileged in the upper position.

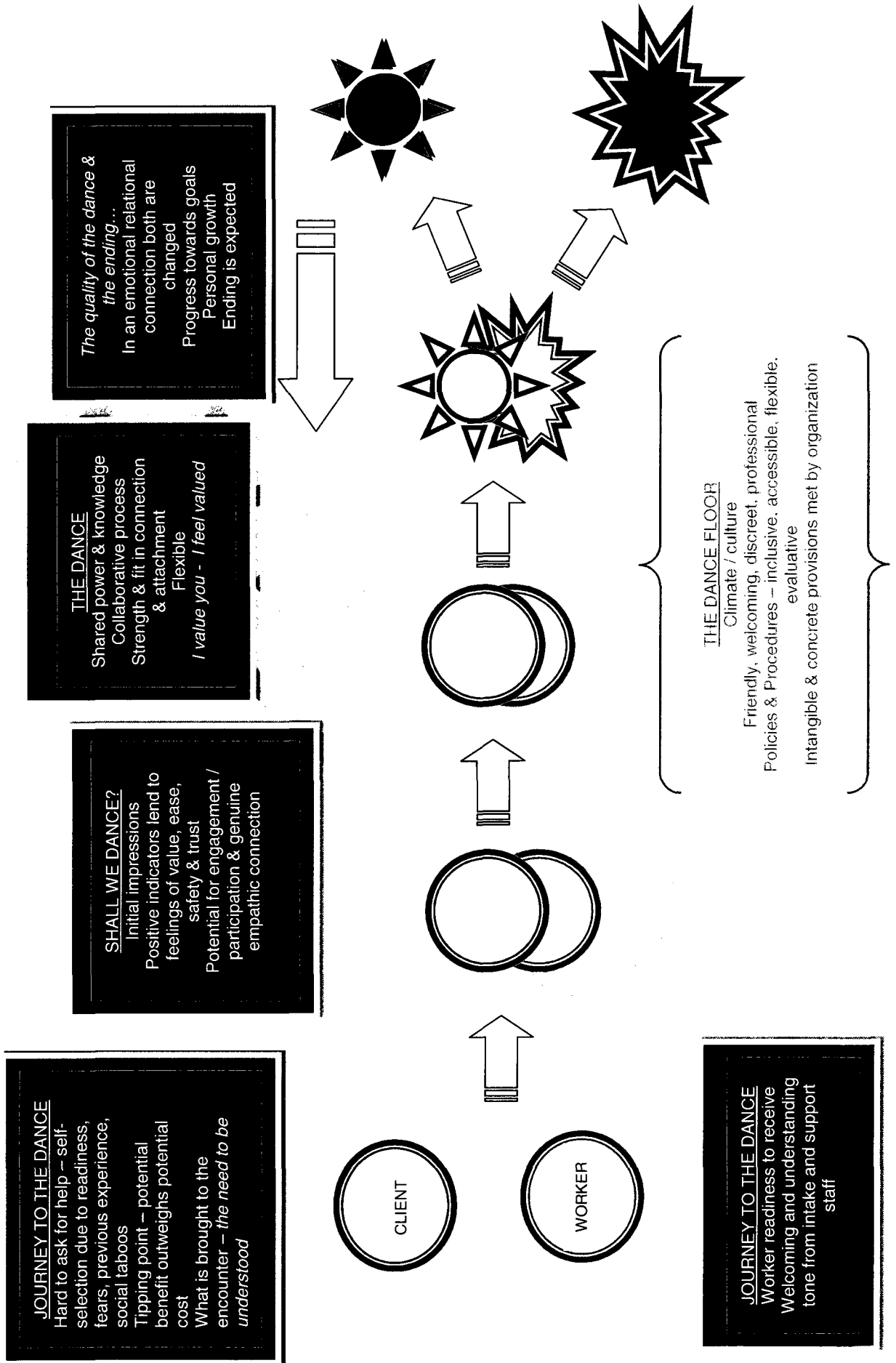
The dance, represented by further intersection of client and worker participants, is characterized as open or guarded depending on context. In an empowering context, the dance is about shared power and knowledge, the development of safety and trust and a genuine connection. *The dance* is more guarded in a disempowering context where there is perceived to be less safety and trust and increased risk for missteps going unresolved; there exists the possibility that the dance and the process will end with no resulting change and a general sense of dissatisfaction.

In an empowering context there is potential for the dancers to experience a mutual transformation each being affected by the “other” and growing as a result of the connection. This is signified by the changing image of each. The dance and the process end with progress having been made towards goals and a sense of general satisfaction. An arrow is placed at the end of the process to signify the means for returning for service. In empowering contexts there is a sense of not having to begin again; rather, workers are available and accessible to client participants. In disempowering contexts, workers are neither available nor accessible, and client participants have to work hard at times to gain re-entry into the system.

Organizational climate and culture are important elements in *the dance floor* as they establish an atmosphere felt by participants. Policies, procedures and provisions influence satisfaction levels, directly or indirectly, and are part of

the context for service. To reiterate the importance of it, the word “context” is visible in the background. These models are put forth as tentative and further research is suggested to assess their value and applicability.

Figure 5.8: Empowering Contexts in the Dance

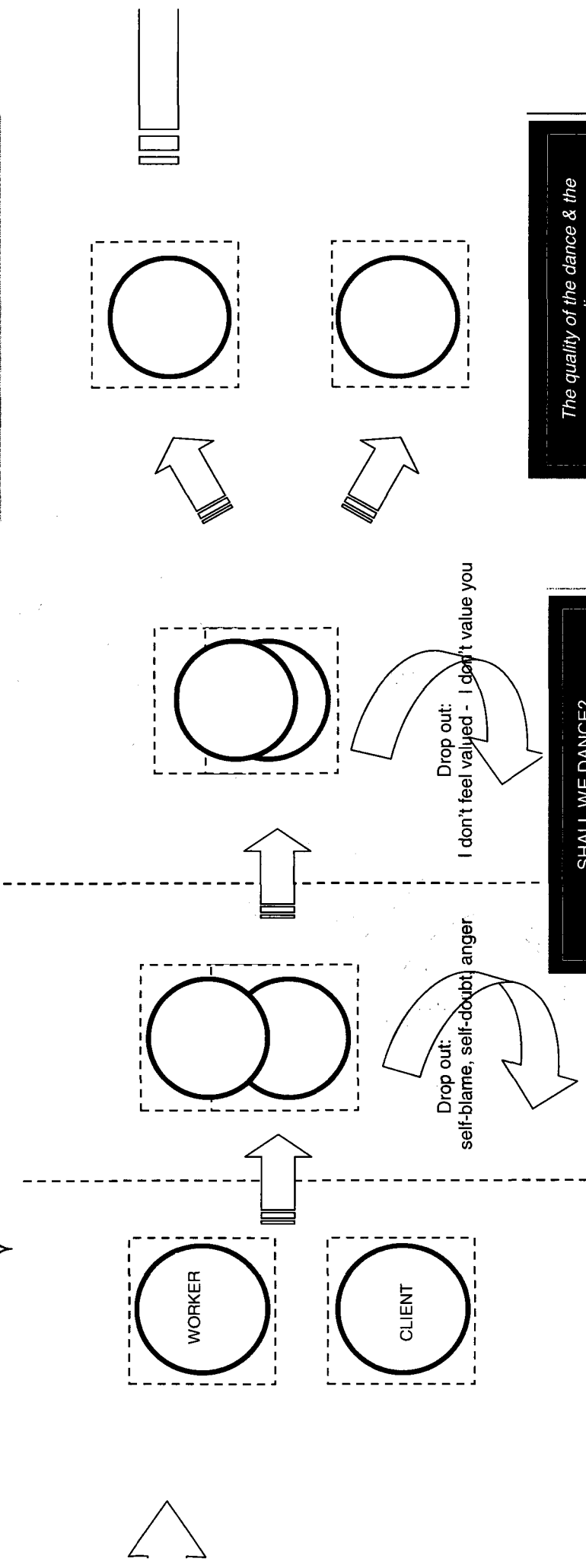


THE DANCE
 Communication, rules, roles, structure
 not clear or negotiated
 Safety / trust not established
 Attachment not formed
 Missteps not acknowledged or resolved
 Inflexibility
I don't value you - I don't feel valued

Figure 5.9: Disempowering Contexts in the Dance

THE DANCE FLOOR
 Climate / culture

Organizational needs prioritized over participants' needs
 Policies & Procedures --- interfere with inclusion, accessibility, flexibility & evaluation
 Intangible and concrete provisions not provided to workers



SHALL WE DANCE?
 Less than smooth intake / referral / return process unsettles &/or rewounds
 Efforts not valued or understood
 Worker fatigued / not engaged
 Power wielded insensitively or unknowingly

JOURNEY TO THE DANCE
 Potential self-selection due to:
 readiness, fears, previous experience, social taboos

The quality of the dance & the ending...
 No real progress towards goals
 Ending is unexpected or imposed
 Re-access proves a challenge

The Study's Purposes Revisited

This study was guided by questions and purposes that are now reviewed. The general question at the outset was, “what elements of the helping / healing process contribute to clients’ assessments of satisfaction and / or dissatisfaction?” Grounded theorizing informed an exploration of specific questions related to the client, the worker, the therapeutic relationship, and the organizational context and what emerged was the belief that satisfaction and dissatisfaction occur simultaneously. Worker participants were engaged to explore their perspectives of their work and client satisfaction. Discussion in this chapter has explored the sites of convergence, divergence and silences with regard to the literature. Finally, models for integrating the analogy of *the dance* with empowering and disempowering contexts were presented. For ease of reading and interpretation, I review the study’s purposes and accomplishments in Table 5.1.

Table 5.1: Newman's et al. (2003) typology of purposes reapplied to the project

Purpose:	Implementation:	Application to this study:	Accomplishments:
Add to the knowledge base.	<ul style="list-style-type: none"> confirm findings strengthen the knowledge base 	<ul style="list-style-type: none"> administer a standardized client satisfaction tool interviews employ grounded theory method 	<ul style="list-style-type: none"> mailed (N=400) and analyzed (N=73) SSS-30 (©Greenfield, et al., 2005) advised by a group of six former clients, conducted interviews with them and sixteen client participants, conducted focus groups with seven worker participants conceptualized the analogy of <i>the Dance</i> to frame the helping / healing process conducted grounded theorizing and constructed models related to <i>empowering contexts</i> exploring client participant satisfaction and <i>disempowering contexts</i> exploring client participant dissatisfaction explored an empowering ecological systems theory
Have a personal, social, institutional, and/or organizational impact.	<ul style="list-style-type: none"> deconstruct / reconstruct power structures promote questioning improve practices 	<ul style="list-style-type: none"> break down clinical practices to reveal how they work and rebuild them with renewed understanding question impacts of current practices encourage organizational 	<ul style="list-style-type: none"> an advocate in taking back to the organization and its workers, the recommendations offered by client participants to improve service presentation of findings and recommendations to the

<p>Understand complex phenomena.</p>	<ul style="list-style-type: none"> • understand phenomena • understand people 	<p>change if it is warranted to better meet clients' needs</p> <ul style="list-style-type: none"> • explore the helping process with client and worker participants • explore facets of client satisfaction / dissatisfaction and what contributes to experiences 	<p>organization's Board of Directors is scheduled</p> <ul style="list-style-type: none"> • conducted a multiperspectual multidimensional project to capture a range of voices and perspectives on the helping / healing process • intentionally sought out voices of client participants from the margins to better understand their lived experiences
<p>Generate new ideas.</p>	<ul style="list-style-type: none"> • generate sensitizing concepts • generate theorizing 	<ul style="list-style-type: none"> • in keeping with postmodern sensibilities, name experiences and honour their value in the emergence and creation of new knowledge 	<ul style="list-style-type: none"> • conceptualized the analogy of <i>the Dance</i> to frame the helping / healing process • conducted grounded theorizing and constructed models related to <i>empowering contexts</i> exploring client participant satisfaction and <i>disempowering contexts</i> exploring client participant dissatisfaction • explored an empowering ecological systems theory
<p>Inform constituencies.</p>	<ul style="list-style-type: none"> • hear from those who are affected by treatment / program • describe the present 	<ul style="list-style-type: none"> • engage with and offer an opportunity for subjugated discourses to be voiced • offer a means of accountability related to the purposes of the program in meeting the needs of those it serves 	<ul style="list-style-type: none"> • explored and deconstructed with client and worker participants their experiences of satisfaction and / or dissatisfaction and reconstructed them in an ethical manner • will convey the voices of participants directly to the agency's Board of Directors

The ultimate evaluation of this project is made by its credibility, resonance and usefulness to those who have been part of it. Member checking has ensured that the voices of participants are contained in this paper, and results from that process validated that the paper reflected their lived experiences and framed them in new ways. Beyond a primary offering back to participants in this study is an offering to the broader field of social work research and education. Prior to this, however, consideration of the study's limitations is offered.

Limitations

Several limitations should be considered when interpreting the findings of this study. Reflections are invited on the project's methods and emerging models. The findings of the study were shaped by initial research questions, methodological choices, and interview questions; that were informed by my clinical and managerial experience. While efforts were made to ensure genuine participant involvement in the project, the nature of the dissertation writing process meant that aspects of it were solitary endeavours. Further, due to the extensiveness of the literature covered, it is possible that dimensions of satisfaction have been left undefined or unexplored.

The small sample size, as a result of a low response rate to the survey, was clearly a disappointing element in the study that precluded a quantitative analysis. It is unknown how such an analysis would have compared in relation to the qualitative analysis, and may be worthy of future study.

Implications for Social Work Research

I concur with Charmaz (2006) in believing that as a researcher I am a part of the world I study and a part of the data I collect. The study's grounded theorizing has been constructed through interaction and involvement, both past and present, with the individuals, the organization and community being studied. What is presented here is an interpretive portrayal rather than an exact rendering (Charmaz, 2006). Postmodern sensibilities of intersubjectivity, co-construction, inclusion and empowerment are featured in this grounded theorizing project and add depth and richness to it. To push the parallels even further than they have been so far, the stance of the researcher in this project has mirrored and been a reflection of empowering process in the following ways: a relational model rather than a distance model has been employed to gain access to participants' lived experience; the development of safety and trust have been prerequisites for disclosure; attunement to shifts and reactions has been intentional; efforts have been made to prioritize the needs of participants in conjunction with researcher and university needs; and the ending for the advisory group will occur when they are ready for it to end (another meeting for a celebration is upcoming).

My embeddedness in the context of the study created the potential to both open and limit what was shared by participants. My social location, previous knowledge and experiences of the organization might have affected what was told and not told to me and may also have affected the lens through which I made interpretations. An assessment of the value and applicability of the project

is welcomed and further research is suggested. As noted in the opening chapter of this paper, this project strove to create space for and actively engage with client participants to genuinely hear and explore with them their experiences. It is thought that power was shared and that opportunities for open discussion were created; however, how do I really know this occurred? Efforts were made to check back with participants to ensure that I had their words and meanings accurately portrayed and interpreted. It is possible, however, that the in silences between me and the participants my efforts fell short and I may not have heard what else was being said.

The seeds of further research have been sown throughout the study. Many more questions than recommendations were raised in my mind than could be possibly covered within the current paper and so only a few will be mentioned. Due to the limited scope of the study I did not pursue this direction; however, I expected to see something emerge related to client participants' degree of self-esteem and / or sense of entitlement and their corresponding emotional and cognitive responses to structural limits in service. I expected that asking clients about their satisfaction and / or dissatisfaction with service would tap into discussion about what more could be done to meet their needs. Given that service in this project's setting involved a waiting list and was time-limited, the questions in the back of my mind were whether those client participants with a higher sense of personal entitlement or self-esteem typically had an anger response to limits and perceived them as systemic failure and / or whether client participants with a lower sense of personal self-esteem and / or entitlement

typically resorted to self-blame? Further I wondered if there was a developmental difference between these two responses and whether a feeling of righteous anger might more likely lead to the potential for activism. Similarly, I wondered whether client participants who received the message that services were limited and who proceeded anyway, felt less entitled than those who opted out. My clinical experience and my work as consultant were the sources for my curiosity. This proved to be a site of silence. Neither client nor worker participants took their thinking to a place of asking what more could be done. While the paper explored superficially, client participants' emotional responses (see *negative first impressions in shall we dance?*) these ideas remain fallow for now.

Implications for Evaluation

If the helping and / or healing process within a community-based counselling centre is a commodified experience (measured by unit costs and reports back to funders), how does it get evaluated and who sets the standard for its evaluation? There is a case made here that all research associated with evaluation of a service should seek out and include the voices of those experiencing the service; and further to intentionally seek out both satisfied and dissatisfied participants. Set within a context of growth and learning rather than a punitive context, much can be learned from a wide range of experiences. Westhues (2006) argues that there has been a shift from positivist (modern) to humanist (postmodern) ways of thinking in recent years that has affected the nature of evaluation and how we conduct assessments. The role of the evaluator, the kinds of questions that get asked, the design of research, the means for

collecting data and reporting results have all shifted, she says, to correspond with these new ways of thinking. Notably, states Westhues, is the increasingly valued sense of the subjective experience of those being studied. The results from this project suggest that much can be learned from valuing the subjective and lived experiences of participants; and any future evaluation of client satisfaction would do well to be mindful of Westhues' perceptions of the shift that is taking place within the field. It is not inconceivable to consider that an extremely basic way to evaluate the work of an organization or program is to simply ask clients / consumers whether they *experience* the motto or tagline that promotes the service. If a human service agency states that its motto is, for example, "to make a difference in peoples' lives" one would want to hear from its clients "it made a difference in my life". Consumers offering their words back to an organization in an evaluation (with an expectation that change will result) is the simplest form of participatory action research in my mind. Importantly, contained within the asking for feedback, are the notions that first, consumers have the capacity to contribute and second, that we can see them beyond our definitions of them as clients. "One of the ways that we expand people's roles is to ask for feedback/input. When we do this, there is the possibility that we are seeing people as more than their 'issues'" (Jill Grant, personal email communication, 01/25/10).

Questions arise as to how direct clinical practice is evaluated, and by what criteria. Again, a reflexive rather than a punitive approach is advocated here. Clinical practice could be measured using criteria presented in the models arising from the data in this study including: level of engagement and participation,

accessibility, flexibility and inclusion, relationship and connection, ability to create safety and trust, handling missteps, progress towards goals, personal growth; and contextualized to account for organizational elements. Another question arises as to how organizations determine and assess worker qualities in their hiring practices. Further, if organizations are evaluated by clients for the atmosphere, climate and culture they establish, how does the creation of this get considered by the organization and is it taken into account when funders, governing bodies or accreditors assess the quality of an organization's services?

A number of recommendations were made as a result of the project, which have broad implications. The recommendations include: the call for formal and ongoing follow-up evaluations of clients' experiences; the recommendation that workers have strong clinical skills and that they be capable of conveying the message that they genuinely value clients; that supervisors be capable of embodying the values of the organization and delivering provisions to workers. The findings also indicate the importance of messages from the organization that workers are highly valued; and that a positive organizational atmosphere / culture / climate has a significant impact on client and worker satisfaction. Implicit in these recommendations and in the framework that has evolved from this project is the idea that agency of clients, workers, and organizations needs to be supported and that once all three elements are empowered, there is potential for much satisfaction on the part of clients and workers and a high standard of excellence in terms of services provided. Hardina (2005) explored characteristics of empowerment-oriented social service organizations and suggested that all

agency activities needed to produce at least one of the following outcomes: “increasing the skills and personal self-efficacy of organizational participants, increasing organization or community cohesion, improving service delivery, and fostering social change” (p. 27).¹⁹ Noting limitations in an empowerment approach, Hardina (2005) called for more research and challenged social workers to ensure that our practice adheres to our professional commitments to self-determination and social justice.

Implications for Social Work Education.

Implications of the findings for the training and education of social workers are noted. It was identified by participants in this study that there were numerous elements found in the helping process that figured in their experiences of satisfaction. Client participants experienced workers who made them feel understood and valued and these fostered safe, trusting, genuine and empathic connections. Power and knowledge were shared in collaborative processes of growth marked by assessments of meaningfulness in the work and progress towards goals. Client and worker participants commented on the importance of the atmosphere, climate and culture contributing to satisfaction. Friendly, welcoming, discreet and professional described the context for service. Services that were experienced as inclusive, accessible, flexible and evaluative contributed most to satisfaction. Worker participants noted that when they were provided with necessary provisions such as training, time, variety, flexibility, autonomy, feedback and supervision and support, they were better able to meet

¹⁹ A note is made here that the organization under study may have possessed characteristics of an empowerment-oriented approach; however, an assessment was not undertaken.

their clients' needs and thus better contribute to clients' satisfaction. The standard against which social workers were evaluated was not one of technical skill but of social skill, according to client participants in this study. Social work education must consider this and ensure that graduates value clients, and possess skills for forming and maintaining attachments with them. Further, students need skills for advocating for a workplace that meets the needs of clients and themselves.

Faculties of social work are sites of socialization where students develop knowledge, insight, and skills for helping. Students are indoctrinated into the unique culture of the educational setting and interpret and internalize the knowledge that is valued by that institution. Faculties that possess and know how to share the ingredients for excellence (Harvey, 1998) and empowerment (Hardina, 2005) have the capacity to teach students how to be good dance partners and perhaps helpful dance teachers. Faculties without a clear sense of the values and principles they wish to impart or those that lack a mechanism for assessing what is being *perceived* by students, may inadvertently be sending students into the field unprepared or worse – with ideas that could do harm. If successful social workers are assessed by clients on criteria such as personal presentation, and their ability to form attachments, build and maintain relationships and contribute to a client's progress towards life-changing goals, the question is, how do faculties of social work measure the skills, attributes and the quality of students they graduate? Faculty members are encouraged to reflect on and discuss what they model for students within their own particular

settings and how this impacts the faculty culture and climate; further, faculties of social work are encouraged to identify and prioritize what they hope to impart to, and have received by, their students and faculty.

It was intended that this project would seek to explore the complexity of the helping / healing process and to make space to genuinely hear the voices of participants about their lived experiences of satisfaction and / or dissatisfaction. *Set within a context of potential inequality in reaching out to research the Other* (Heron, 1999), I am humbled by what the Other has taught me. Readers who have had the perseverance to reach this point in the paper will likely concur that much has been explored in this study. I would assert, however, that these are just the beginning steps to understanding how to perform the complex dances that result in highly satisfied clients and fulfilled helpers. While one can become a competent dancer with a reasonable amount of training and personal suitability; to become a master of this dance requires years of practice, commitment, constant reflection, and a willingness to learn.

List of Appendices

Appendix Identifier	Appendices
A	The Survey (SSS-30) & supplementary questions
B	Invitation to former clients to be part of the study's advisory group
C	Client Participant Information and Informed Consent Statement
D	Post Card Reminder
E	Client Participant Interview Recruitment Telephone Script
F	Recognition of Receipt of Compensation
G	Client Participant Interview Questions
H	Worker Participant Focus Group Questions
I	Worker Participant Informed Consent Statement
J	Contact Information Sheet
K	Consent Form – to be contacted for follow-up interview
L	Confidentiality Agreement

Appendix A: The Survey

Please read the following statements carefully. Indicate the answer that best describes your thoughts or feelings about each aspect of the services you have received. I am interested in your overall experience based on all visits or contacts you have had with (agency name), however, you may have had both positive and negative experiences.

1. Was your overall experience at (agency name)
 - GOOD*
 - BAD*
 - BOTH*

2. How, then, will you be completing these questions?
 - WITH THE GOOD EXPERIENCES IN MIND*
 - WITH THE BAD EXPERIENCES IN MIND*
 - WITH BOTH GOOD AND BAD EXPERIENCES IN MIND*

Feel free to make comments about your experiences (especially if you want to clarify what you are saying) as you go along.

What is your overall feeling about the ...

3. Kinds of services offered
 - VERY SATISFIED*
 - MOSTLY SATISFIED*
 - MIXED*
 - MOSTLY DISSATISFIED*
 - TERRIBLE*

Comments:

4. Effect of services in helping you deal with your issues
 - TERRIBLE*
 - MOSTLY DISSATISFIED*
 - MIXED*
 - MOSTLY SATISFIED*
 - VERY SATISFIED*

Comments:

5. Office personnel (receptionist, intake worker) on the telephone or in person
 - VERY SATISFIED*
 - MOSTLY SATISFIED*
 - MIXED*
 - MOSTLY DISSATISFIED*
 - TERRIBLE*

Comments:

6. Office procedures (scheduling, forms, etc.)

- TERRIBLE*
- MOSTLY DISSATISFIED*
- MIXED*
- MOSTLY SATISFIED*
- VERY SATISFIED*

Comments:

7. Professional knowledge and competence of your counsellor

- VERY SATISFIED*
- MOSTLY SATISFIED*
- MIXED*
- MOSTLY DISSATISFIED*
- TERRIBLE*

Comments:

8. Location and accessibility of the services(distance, parking, public transportation)

- TERRIBLE*
- MOSTLY DISSATISFIED*
- MIXED*
- MOSTLY SATISFIED*
- VERY SATISFIED*

Comments:

9. Appearance and physical layout of the facility (e.g. waiting area)

- VERY SATISFIED*
- MOSTLY SATISFIED*
- MIXED*
- MOSTLY DISSATISFIED*
- TERRIBLE*

Comments:

10. Ability of your counsellor to listen to and understand your issues

- TERRIBLE*
- MOSTLY DISSATISFIED*
- MIXED*
- MOSTLY SATISFIED*
- VERY SATISFIED*

Comments:

11. Personal manner of your counsellor
- VERY SATISFIED*
 - MOSTLY SATISFIED*
 - MIXED*
 - MOSTLY DISSATISFIED*
 - TERRIBLE*

Comments:

12. Waiting time between asking to be seen and the appointment (date and time) given
- TERRIBLE*
 - MOSTLY DISSATISFIED*
 - MIXED*
 - MOSTLY SATISFIED*
 - VERY SATISFIED*

Comments:

13. Waiting time when you came to be seen or kept an appointment
- VERY SATISFIED*
 - MOSTLY SATISFIED*
 - MIXED*
 - MOSTLY DISSATISFIED*
 - TERRIBLE*

Comments:

14. Availability of appointment times that fit your schedule
- TERRIBLE*
 - MOSTLY DISSATISFIED*
 - MIXED*
 - MOSTLY SATISFIED*
 - VERY SATISFIED*

Comments:

15. Cost of services to you
- VERY SATISFIED*
 - MOSTLY SATISFIED*
 - MIXED*
 - MOSTLY DISSATISFIED*
 - TERRIBLE*

Comments:

16. How well the services have helped to maintain your well-being even though you no longer attend counselling

- TERRIBLE*
- MOSTLY DISSATISFIED*
- MIXED*
- MOSTLY SATISFIED*
- VERY SATISFIED*

Comments:

17. Confidentiality and respect for your rights as an individual

- VERY SATISFIED*
- MOSTLY SATISFIED*
- MIXED*
- MOSTLY DISSATISFIED*
- TERRIBLE*

Comments:

18. Amount of help you received

- TERRIBLE*
- MOSTLY DISSATISFIED*
- MIXED*
- MOSTLY SATISFIED*
- VERY SATISFIED*

Comments:

19. Availability of information on how to get the most out of the service

- VERY SATISFIED*
- MOSTLY SATISFIED*
- MIXED*
- MOSTLY DISSATISFIED*
- TERRIBLE*

Comments:

20. Usefulness of homework assignments (if any)

- TERRIBLE*
- MOSTLY DISSATISFIED*
- MIXED*
- MOSTLY SATISFIED*
- VERY SATISFIED*

Comments:

21. Explanations of specific procedures and approaches used

- VERY SATISFIED*
- MOSTLY SATISFIED*
- MIXED*
- MOSTLY DISSATISFIED*
- TERRIBLE*

Comments:

22. Effect of services in helping relieve symptoms or reduce problems

- TERRIBLE*
- MOSTLY DISSATISFIED*
- MIXED*
- MOSTLY SATISFIED*
- VERY SATISFIED*

Comments:

23. Thoroughness of the counsellor you have seen

- VERY SATISFIED*
- MOSTLY SATISFIED*
- MIXED*
- MOSTLY DISSATISFIED*
- TERRIBLE*

Comments:

24. Publicity or information about programs and services offered

- TERRIBLE*
- MOSTLY DISSATISFIED*
- MIXED*
- MOSTLY SATISFIED*
- VERY SATISFIED*

Comments:

25. Handling and accuracy of your records (as best you can tell)

- VERY SATISFIED*
- MOSTLY SATISFIED*
- MIXED*
- MOSTLY DISSATISFIED*
- TERRIBLE*

Comments:

26. Contribution of services to achievement of your life goals

- TERRIBLE
- MOSTLY DISSATISFIED
- MIXED
- MOSTLY SATISFIED
- VERY SATISFIED

Comments:

27. In an overall general sense, how satisfied are you with the service you received?

- VERY SATISFIED
- MOSTLY SATISFIED
- MIXED
- MOSTLY DISSATISFIED
- TERRIBLE

Comments:

28. Your perception of the overall support of the agency as a whole, helpfulness and caring of its staff toward you?

- TERRIBLE
- MOSTLY DISSATISFIED
- MIXED
- MOSTLY SATISFIED
- VERY SATISFIED

Comments:

29. In general these days, how do you feel about your life as a whole?

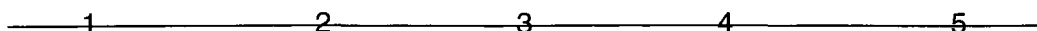
- VERY SATISFIED
- MOSTLY SATISFIED
- MIXED
- MOSTLY DISSATISFIED
- TERRIBLE

Comments:

Now our attention shifts from your perceptions of (agency name) to me asking you some questions about yourself...

30. Please mark on the scale how committed you were to the counselling process:

NOT COMMITTED SOMEWHAT COMMITTED SOMEWHAT VERY
 AT ALL UNCOMMITTED COMMITTED COMMITTED



31. When you currently come up against a challenge or a frustration and feel stressed do you typically:

- try to avoid it*
- meet it head on*
- other (please specify) _____*

32. Would your answer to # 31 be the same as before counselling

- Yes*
- No*

Comments:

33. In order to cope with stress do you typically do any of the following:

(check all that apply)

- become task-oriented*
- confront*
- act (maybe impulsively)*
- seek support from others*
- self-reflect*
- blame others*
- worry*
- frame the situation positively*
- withdraw*
- become self-critical*
- make lists*
- seek help and guidance*
- escape / avoid the situation*
- accept*
- plan*
- wish things were different*

Comments:

34. Have you ever experienced or witnessed violence / abuse, even if this was not the reason that you sought counselling?

- No
- Yes

35. If yes, what type of violence / abuse have you experienced or witnessed?

- emotional / psychological
- physical
- sexual
- financial
- other _____

Please describe:

36. How was the decision made to end counselling?

- mutually by myself and my counsellor
- by my counsellor
- by me
- other (please specify)

It is important to know something about our clients as a whole, so I am requesting some additional information. Only grouped data will be used in reports and you will never be identified as an individual. However, if you prefer not to answer any or all questions, you may freely choose not to do so.

37. Your Gender:

- FEMALE
- MALE

38. Your Age:

- UNDER 20
- 21-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66-75
- 76-85
- 86+

39. Approximately how many months since your last appointment?

- 1-3 mos.
- 4-6 mos.
- 7-12 mos.
- longer than a year ago

40. Approximately how many sessions did you have with your counsellor?

- 1 TIME ONLY
- 2-6
- 7-20
- MORE THAN 20 SESSIONS

What was / were the issue(s) that took you to counselling?

41. I attended individual counselling for:
- NOT APPLICABLE
 - stress management
 - anger management
 - grief / loss
 - separation / divorce
 - parenting
 - depression
 - anxiety
 - aging
 - caregiving
 - coping with change
 - job related issues
 - self-esteem
 - assertiveness
 - violence / abuse
 - other issue _____

42. I attended couple counselling for:
- NOT APPLICABLE
 - communication
 - conflict resolution
 - family of origin
 - rebuilding after broken trust
 - other issue _____

43. I attended family counselling for:
- NOT APPLICABLE
 - parenting
 - coping with change
 - communication
 - conflict resolution
 - other issue _____

44. I attended a group:
- NOT APPLICABLE
 - self-esteem
 - anger management
 - assertive communication
 - stress management
 - managing change

THANK YOU VERY MUCH FOR YOUR RESPONSES SO FAR. I WOULD APPRECIATE ANY ADDITIONAL COMMENTS ABOUT (AGENCY NAME) YOU WOULD CARE TO ADD. YOU MAY WRITE THEM BELOW AND ADD ADDITIONAL PAPER AS NEEDED.

45. The thing I liked best about my experiences at (agency name) is:

46. What I liked least was:

47. If I could change one thing about (agency name) it would be:

THANK YOU FOR YOUR ASSISTANCE!

***Please mark whether you would be willing to be contacted
for a follow-up interview.***

- Yes, I would be willing to be contacted for a follow-up interview
(then please fill out the information that is on the next page)
- No, I prefer not to be contacted for a follow-up interview

If you wish to, fill out this information and return it with your completed questionnaire and your name will be entered into a draw for \$100.00.

NAME: _____

CONTACT
INFORMATION: _____

GOOD LUCK!

Consent Form to be contacted for a follow-up interview

I am grateful for the time you have taken to share your thoughts in this questionnaire.

THANK YOU!

In order to gain as clear an understanding as possible about clients' experiences at (agency name), I am requesting your permission to allow me to contact you if I need your help to interpret your questionnaire results. This means I would call or email you (your choice) and ask if you would be willing to talk with me in an interview. This would take place sometime in the next 5 months and the interview would last approximately 1 hour.

(agency name) will be given no information about your identity and will not know that you participated in this questionnaire or that I have contacted you. If and/or when contacted, you are free to say that you do not wish to talk with me after all.

If you agree to be identified and contacted by the researcher, please read and sign the statements below and provide your contact information.

I, **(print name)** _____ have read the above and I give permission to the researcher to contact me for a follow-up interview to this questionnaire. I understand that I may be contacted within the next 5 months and that the contact will be confidential. I also understand that I may say no to any further involvement with the research at the time that I am contacted, with no pressure or negative consequences for me.

Signature Date

I prefer to be contacted:

by telephone () _____ work ____ home ____

OK to leave message? yes ____ no ____

by email _____

****Please complete and return this with your questionnaire.****

Appendix B: Invitation to former clients to be part of the study's advisory group

WILFRID LAURIER UNIVERSITY

Exploring the complexity of the helping process:**A focus on client satisfaction**

Principal Researcher: Margriet de Zeeuw Wright, MSW, RSW, PhD Candidate

Advisor: Anne Westhues, DSW

Dear _____,

I would appreciate your help!

As a former client of (agency name) your willingness to share your experiences would be invaluable to this study. I am conducting a project to explore client satisfaction / dissatisfaction with the helping process for my doctoral dissertation at Wilfrid Laurier University.

Your opinions and insights regarding the help and care you received from (agency name) are very important, and your reflections on your experiences will contribute to my understanding of how to conduct this project. I am asking you to participate in this study by being part of my **client advisory group**. I have selected you for the strengths and skills I know you possess. *Every voice* is important in this study.

Why participate?

- To share your experiences and opinions regarding the helping process at (agency name).
- To help me learn about and better understand what impacts on clients' satisfaction / dissatisfaction.
- To play a role in providing feedback to me and ultimately to (agency name) about what clients think and feel about services.
- To give (agency name) information and ideas about how to make their services better.
- The more people who participate, the more accurate and useful the results will be!

How the study benefits you

- Offers a chance for you to safely say what you think.
- Gives you an opportunity to contribute to our knowledge of client satisfaction.

What is involved?

- Be part of a group that will provide me with input and feedback about the study's design, language, and preliminary findings.
- Act as a pilot group to test the proposed instrument and questions.

- Be a resource to connect the researcher with others who might have a contribution to make to the project.
- I anticipate the time commitment to be about six months and include up to three face to face meetings and perhaps two more contacts via telephone or email.

I respect your right to privacy and take confidentiality very seriously. Agreeing to be part of this advisory group does mean that other former clients who are also being asked to participate, will identify you as such. Your participation is completely **voluntary** and there will be no repercussions if you decide not to participate!

For your information, I had a working relationship with (agency name) until my return to school four years ago.

How I will protect your confidentiality

- Your name will not appear on the project unless you want it to.
- I will make every effort to ensure your confidentiality, (agency name) or anyone else outside the advisory group will not have access to your individual responses.
- All advisory group members will be asked to sign a confidentiality form and commit to its principles and practices.

Please know that you are welcome to return to (agency name) at any time for service should you wish. If you should desire this during our time together, I would ask that you resign from this advisory group in order to tend to more important personal matters.

This research project has been reviewed and approved by the Wilfrid Laurier University Research Ethics Board. If you have any questions about the study, you can contact me by leaving a message either at the Faculty of Social Work at Wilfrid Laurier University (1-519-884-0710) or at 843-849-8689 or via email at margriet@comcast.net.

Thank you for considering my request. I hope this letter finds you well.

Sincerely,

Margriet Wright, MSW, RSW, PhD Candidate

This project has the support of:

Executive Director,
(agency name)

Clinical Manager,
(agency name)

Appendix C: Client Participant Information and Informed Consent Statement

THIS IS A CLIENT SATISFACTION QUESTIONNAIRE

(please don't just throw this in the recycling bin ... read on!)

I REALLY WANT TO KNOW ABOUT YOUR EXPERIENCES

AT (agency name)

Do you have some good things to say about your time at the agency
or do you need to vent about some bad experiences?

This is your chance!

You can choose to complete the paper and pen questionnaire that is enclosed
and

return it to the researcher in the postage paid envelope that is in the package

OR

You can choose to complete the questionnaire on-line at the following address:

www.surveymk.com/whatuthink

Please know that whatever way to choose to return your answers,
they are secure and confidential.

It will take approximately 10-20 minutes to complete,
depending on how much you have to say!

There is also the chance to win \$100.00 ...

Wilfrid Laurier
University



Exploring the complexity of the helping process:

A focus on client satisfaction

Principal Researcher: Margriet de Zeeuw Wright,

MSW, RSW, PhD Candidate

Advisor: Anne Westhues, DSW

INFORMATION ABOUT THE PROJECT

You are invited to participate in a research study. The purpose of this study is to explore ***your satisfaction / dissatisfaction*** with the helping process and to better understand those elements that contributed to your experience at (agency name). The researcher leading the study is a PhD candidate at the Faculty of Social Work at Wilfrid Laurier University.

INFORMATION

You are being invited to fill out a questionnaire that asks questions about your level of satisfaction / dissatisfaction with various aspects of the helping process. Completing the questionnaire takes 5-15 minutes. You can choose to complete the paper and pen questionnaire or the on-line version of it.

Approximately 20 of the potential 400 clients who complete the questionnaire will have an opportunity to take part in a confidential follow-up interview lasting about an hour. The purpose of the interview is to explore in more detail particular clients' experiences at (agency name). The interview will be audio-taped and then transcribed with your permission. At the end of the study, the audio-tape will be destroyed.

RISKS

It takes courage, especially for a client who is dissatisfied with his / her service at (agency name), to share and entrust this information with someone. No matter what your opinions your participation is voluntary. Your identity and responses are CONFIDENTIAL. Your name will not appear anywhere and (agency name) and its workers will never know whether you participated or not or your individual

answers to the questions. You may write and say what you like without fear of penalty.

BENEFITS

A client who has had a satisfying counselling experience will have an opportunity to voice his / her appreciation for the service.

A client who has had a dissatisfying counselling experience will have an opportunity to voice his / her concerns and be assured that these concerns will be documented and a place from which (agency name) can learn.

(agency name) and its workers will receive general information about clients' experiences and be able to use this information in the planning and delivery of their services.

CONFIDENTIALITY

Confidentiality is expected from anyone working on the project. The research team consists of Margriet Wright, her advisor, Dr. Westhues, and Margriet's academic advisory committee consisting of three additional university faculty members. Further, a worker will help transcribe the project's audio-tapes. The transcriber will keep all information from the interviews confidential.

Your individual responses will be disguised so as not to reveal your identity. If the researcher wishes to quote something you have said to emphasize or illustrate the project's findings, your permission will be sought and an opportunity given for you to review what is being said.

All identifying information and data, including audio-tapes, will be stored securely in a locked file drawer. No one beyond the research team will have access to the data. The on-line version of the questionnaire will be available on a secure web-based site, however, there are inherent confidentiality risks to Internet use.

References to third persons will be removed from transcripts in order to protect identities. The data will be retained until the completion of the study at which time audio-tapes will be destroyed and hard copies of questionnaires and transcripts will be shredded by the researcher.

COMPENSATION

All participants completing a questionnaire and wishing so may have their names entered into a draw for \$100.00. The draw will take place on September 15, 2008 and the winner will be contacted by telephone or mail if a phone number is not available.

Should you be contacted to participate in a follow-up interview you will be compensated \$25.00 for your time and expenses.

CONTACT

If you have questions at any time about the study or the procedures, you may contact the researcher, Margriet Wright at the Faculty of Social Work at (519)884-0710. 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, Wilfrid 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 the study before data collection is completed your data will be returned to you or destroyed. You have the right to omit any question(s)/procedure(s) you choose.

FEEDBACK AND PUBLICATION

Study results will be used in a report to (agency name's) Board of Directors, in the researcher's doctoral dissertation, in conference presentations and in journal articles. Results of the survey will be shared with its authors.

You may obtain a copy of the study's final report if you wish. Your contact information will be separated from the completed questionnaire immediately upon receipt in order to help assure your privacy. It is expected that the report will be made available early in 2009.

THANK YOU!

This project has the support of:

Executive Director,
(agency name)

Clinical Manager,
(agency name)

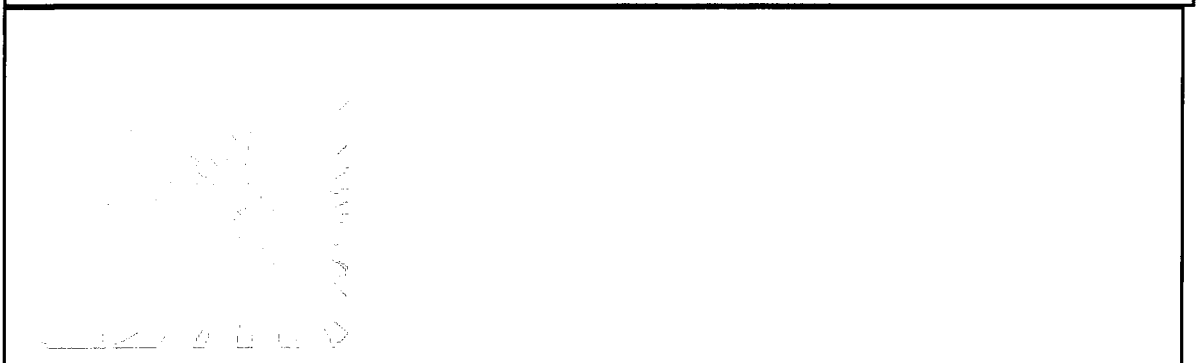
Appendix D: Survey follow-up Post Card Reminder

stamp

Name
Address
Label

JUST A REMINDER!

I'm looking forward to getting your responses to the satisfaction questionnaire! **YOUR OPINION MATTERS** and will make a difference in this research project. It will only take 10-20 minutes of your time.
Mail back the paper version or find it on-line at: www.surveymk.com/whatuthink
If you have already completed the questionnaire please accept my **THANK YOU!**



Appendix E: Client Participant Interview Recruitment Telephone Script

WILFRID LAURIER UNIVERSITY

**Exploring the complexity of the helping process:
A focus on client satisfaction**

Principal Researcher: Margriet de Zeeuw Wright, MSW, RSW, PhD Candidate

Advisor: Anne Westhues, DSW

I am calling about the client satisfaction research project. As you will recall, you completed the questionnaire and you consented to be contacted for an interview. This is that call.

I have analyzed the data from the questionnaire and have found some interesting results that I would like to understand better by talking with you about your experiences at (agency name).

You have been selected for the follow-up interview because your responses to the questionnaire placed you within a group of clients whose experiences I would like to know more about. Your input is needed to help me accurately interpret the findings.

I would like to assure you that your participation in this study is confidential and completely voluntary. Should you choose not to be interviewed there will be no negative consequences.

If you agree to be interviewed, we will arrange a time and place convenient for you. The interview will take about 1-1.5 hours and will be conducted and audio-taped by myself. You will be compensated \$25.00 for your time and costs.

You can choose to receive a transcript of your interview before I analyze it, and if I would like to quote anything you have said which might potentially identify you, I will ask your permission first.

You will be free to withdraw from the study at any time without any repercussions.

Would you be willing to arrange for an interview?

*NOTE that if the participant is known to the researcher the option will be given to have the participant interviewed by a trained member of the advisory committee. Ensure that the participant is comfortable with the idea of being interviewed by a former client. Ensure the participant knows that the interviewer will adhere to all confidentiality principles and practice standards in the project.

Appendix F: Recognition of Receipt of Compensation

Wilfrid Laurier
University



**Exploring the complexity of the helping
process:**

A focus on client satisfaction

Principal Researcher: Margriet de Zeeuw Wright,
MSW, RSW, PhD Candidate
Advisor: Anne Westhues, DSW

My signature serves as evidence that I have agreed to participate in this research project and that I have received compensation from Margriet Wright.

Participant signature: _____

Date: _____

I have received: \$ _____

Researcher signature: _____

Appendix G: Client Participant Interview Questions

1. I would like to begin by confirming how long you were in counselling and how the decision was made to end counselling.

2. I would like to offer information about your RESPONSES on the satisfaction questionnaire (fill in specific information here, either at the end of the scale for satisfaction or for dissatisfaction)
 Does this rating surprise you? why or why not?
 Does it accurately reflect your experiences?

PROMPT: Would you please talk about this in more detail?

3. Your responses to the questionnaire suggest that there were both satisfying and dissatisfying aspects to your experiences. Can you talk to me about what in particular was satisfying and what was dissatisfying in your experience?

PROMPTS...

Are there things about:

your expectations? (*hope, commitment*)

your previous experiences? (*mental health status, coping*)

the worker as an individual? (*characteristics, skills, availability*)

the worker as a staff worker? (*job satisfaction, burnout*)

the relationship between you and your worker? (*quality, engagement, resolving missteps, communication*)

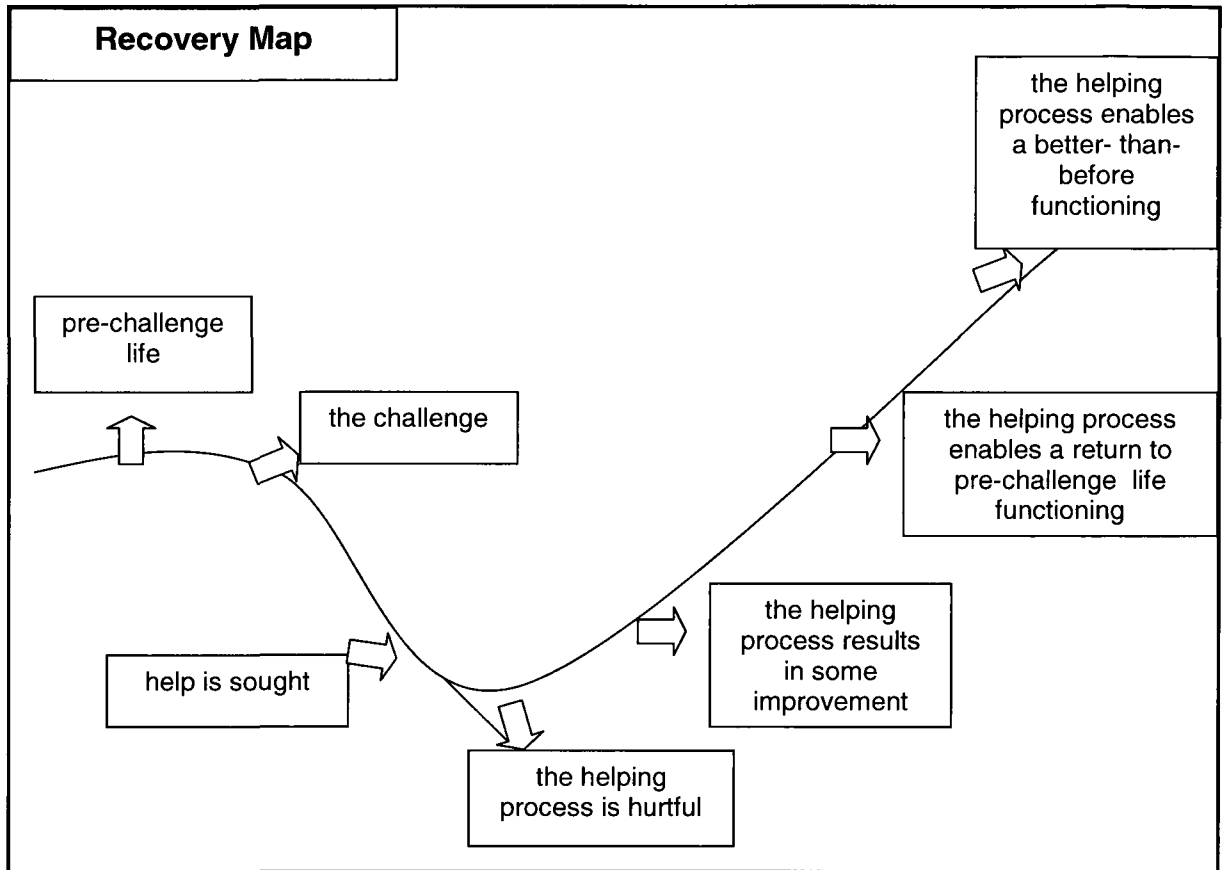
the setting / organization? (*climate and culture*)

4. Using the Recovery Map as a tool, would you please describe / map where you remember you were immediately after counselling and where you are today in relation to your experiences?

PROMPTS...

What is important for me to know about your choices to map these particular locations?

Can you talk about this?



5. Is there anything else you would like to say about client satisfaction/ dissatisfaction or anything else you would like the agency to know about your experiences?

Appendix H: Worker Participant Focus Group Questions

1. I would like to begin by asking you to please describe the work you do here at (agency name) as you see it?
2. As you know, I am interested in client satisfaction and I want to ask you as workers how do you know whether clients are satisfied?
PROMPT: what indicators tell you how satisfied / dissatisfied clients are?
can you give me a concrete example?
3. As you are aware, I administered a survey assessing the level of client satisfaction at this agency and I want to tell you the themes that emerged were ... (fill in according to survey results and analysis). I'd like to explore this with you. Are you surprised by the results? Why or why not?
4. As a worker, what are the things that enable you to meet the needs of clients? Please describe.

PROMPTS...

Are there things about:

clients' expectations? (*hope, commitment*)

clients' previous experiences? (*mental health status, coping*)

you as an individual? (*characteristics, skills, availability*)

you as a staff worker? (*job satisfaction, burnout*)

the relationship between you and your client? (*quality, engagement, resolving missteps, communication*)

the setting / organization? (*climate and culture*)

5. Are there things that get in the way of you meeting the needs of clients?
Please describe.

PROMPTS...

Are there things about:

clients' expectations? (*hope, commitment*)

clients' previous experiences? (*mental health status, coping*)

you as an individual? (*characteristics, skills, availability*)

you as a staff worker? (*job satisfaction, burnout*)

the relationship between you and your client? (*quality, engagement, resolving missteps, communication*)

the setting / organization? (*climate and culture*)

6. Is there anything else I should know about your perspectives of the work you do or of client satisfaction or anything else you would like to say about what we've talked about?

Appendix I: Worker Participant Focus Group Informed Consent Statement

WILFRID LAURIER UNIVERSITY
WORKER INFORMED CONSENT STATEMENT
**Exploring the complexity of the helping process:
A focus on client satisfaction**

Principal Researcher: Margriet de Zeeuw Wright, MSW, RSW, PhD Candidate
Advisor: Anne Westhues, DSW

You are invited to participate in a research study. The purpose of this study is to explore client satisfaction / dissatisfaction with the helping process and to better understand those elements that contributed to their experiences at (agency name). The researcher leading the study is a PhD candidate at the Faculty of Social Work at WLU.

INFORMATION

Your opinions about the help and care you provide at (agency name) are very important. Workers are being asked to participate in a 2 hour long focus group. The purpose of it is to lend your perspectives to the topic of client satisfaction. During the focus group you will be asked to explore the work that you do and your experiences of it.

The focus group will be video-taped and transcribed with your permission. Video-taping the session allows for a more accurate tracking of responses than audio-taping does during the transcription process.

RISKS

Your participation is voluntary. Your identity and responses are CONFIDENTIAL as far as the researcher is concerned. Your name will not appear anywhere and (agency name) will never know whether you participated or not or your individual answers to the questions posed in the focus group. You may say what you like without fear of repercussions. Participants will be asked to keep what is said during the focus group, confidential, however, the researcher cannot guarantee this. The focus group will take place off-site of the agency and your time can be logged in such a way as to disguise your participation.

BENEFITS

Exploring client satisfaction, the work that you do and your experiences of it both as an individual and as a clinical team will add to the knowledge sought in this study.

I have read and I understand the contents of this page: initials _____

(agency name) will receive general information about workers' perspectives and experiences and be able to use this information in the planning and delivery of services.

CONFIDENTIALITY

Confidentiality is expected from anyone working on the project. The research team consists of Margriet Wright, her advisor, Dr. Westhues, and Margriet's academic advisory committee consisting of three additional university faculty members. Further, a worker will help transcribe the project's audio-tapes. The transcriber will keep all information from the interviews confidential.

Your individual responses will be disguised so as not to reveal your identity. If the researcher wishes to quote something you have said to emphasize or illustrate the project's findings, your permission will be sought and an opportunity given for you to review what is being said.

All identifying information and data, including video-tapes, will be stored securely in a locked file drawer.

No one beyond the research team will have access to the data.

References to third persons will be removed from transcripts in order to protect identities. The data will be retained until the completion of the study at which time video-tapes will be destroyed and hard copies of transcripts will be shredded by the researcher.

COMPENSATION

Workers attending the focus group will be provided with a meal prior to the interview and permission has been given to log the focus group as work time.

CONTACT

If you have questions at any time about the study or the procedures, you may contact the researcher, Margriet Wright at the Faculty of Social Work at (519) 884-0710. 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, Wilfrid Laurier University, (519) 884-0710, extension 2468.

I have read and I understand the contents of this page: initials _____

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 the study before data collection is completed your data will be returned to you or destroyed. You have the right to omit any question(s)/procedure(s) you choose.

FEEDBACK AND PUBLICATION

A final report of the study's findings will be presented to the agency's Board of Directors. Further, study results will be used in the researcher's doctoral dissertation, in conference presentations and in journal articles.

You may obtain a copy of the study's final report if you wish, by filling out the information at the end of this form. It is expected that the report will be made available early in 2009.

THANK YOU!

This project has the support of:

Executive Director,
(agency name)

Clinical Manager,
(agency name)

CONSENT

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

Participant's name: _____

Participant's signature: _____

Date: _____

Researcher's signature: _____

Date: _____

Yes, I would like to receive a copy of the study's final report.

Please mail it to me at the following address:

Appendix J: Contact Information Sheet

If you have any questions or concerns about the project, you can contact the researcher or her dissertation committee.

Margriet Wright PhD Candidate, Faculty of Social Work, WLU	margriet@comcast.net 1-519-884-0710 1-843-849-8689
Anne Westhues Faculty of Social Work, WLU	awesthue@wlu.ca 1-519- 884-0710 ext. 5222
Carol Stalker Faculty of Social Work, WLU	cstalker@wlu.ca 1-519-884-0710 ext. 5217
Cheryl Harvey School of Business and Economics, WLU	charvey@wlu.ca 1-519-884-0710 ext. 2557
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If you have any questions or concerns about the way you are treated by the researcher, you can contact:

Dr. Bill Marr, Chair
University Research Ethics Board
Wilfrid Laurier University

1-519-884-0710 ext. 2468

Appendix K: Consent Form - to be contacted for a follow-up interview

WILFRID LAURIER UNIVERSITY
Exploring the complexity of the helping process:
A focus on client satisfaction

Principal Researcher: Margriet de Zeeuw Wright, MSW, RSW, PhD Candidate
 Advisor: Anne Westhues, DSW

I am grateful for the time you are taking to share your thoughts in this questionnaire.

THANK YOU!

In order to gain as clear an understanding as possible about clients' experiences at (agency name), I am requesting your permission to allow me to contact you if I need your help to interpret your questionnaire results. This means I would call or email you (your choice) and ask if you would be willing to talk with me in an interview. This would take place sometime in the next 5 months and the interview would last approximately 1 hour.

(Agency name) will be given no information about your identity and will not know that you participated in this questionnaire or that I have contacted you. If and/or when contacted, you are free to say that you do not wish to talk with me after all.

If you agree to be identified and contacted by the researcher, please read and sign the statements below and provide your contact information.

I, (print name) _____ have read the above and I give permission to the researcher to contact me for a follow-up interview to this questionnaire. I understand that I may be contacted within the next 5 months and that the contact will be confidential. I also understand that I may say no to any further involvement with the research at the time that I am contacted, with no pressure or negative consequences for me.

_____ Signature _____ Date

I prefer to be contacted:

by telephone () _____ work _____ home _____

OK to leave message? yes _____ no _____

by email _____

****Please complete and return this with your questionnaire.****

Appendix L: Confidentiality Agreement

WILFRID LAURIER UNIVERSITY
**Exploring the complexity of the helping process:
A focus on client satisfaction**

Principal Researcher: Margriet de Zeeuw Wright, MSW, RSW, PhD Candidate
Advisor: Anne Westhues, DSW

Everyone has a basic right to privacy as a general principle. In addition, it is essential for information that is gained in the course of research to remain confidential. All people involved in carrying out research for this client satisfaction project must treat as confidential the identities of participants in the study, as well as any other material and/or information acquired during their involvement with research participants. Research information is to be communicated in reports and discussion forums only in a non-identifying fashion.

Thus, in the course of your involvement with this project, you will be expected to maintain confidentiality regarding any information you may learn about participants in the study. Any identifying information pertaining to research participants shall not be shared with anyone outside of the research team. Furthermore, the service agency with which the participant is involved shall not have access to any research information that could potentially identify the participant.

The obligation to preserve confidentiality will cease if you have reasonable grounds to suspect that a child is, or may be, in need of protection. In such cases, you must promptly report the suspicion and the information upon which it is based to a Children’s Aid Society and to the researcher, Margriet Wright.

I, _____ have read the above confidentiality agreement and accept the principles and practices contained in it.

Signature

Date

Witness

Date

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