

What Do Young People Seeking Professional Help Want and Expect From Therapy?

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Abstract—Client expectations and preferences about therapy represent an important area of investigation as research shows they are linked to engagement in therapy and therapy outcomes. Studies examining young people's expectations and preferences of therapy remain a neglected area of research. The present study explored what expectations and preferences young people seeking professional help held regarding: their role as a client, their therapist's role, their therapeutic outcomes, and the processes of therapy. Gender and age differences were also examined. Participants included 188 young people aged 12-25 who completed a survey while attending their initial session at a youth mental health service. Data were analysed using quantitative methods. Results found the young people held significantly more pessimistic expectations around therapy when compared to what they had wanted therapy to be like. Few age and gender differences were found. Results highlight the importance of a collaborative therapy approach when working with young people.

Keywords—Client expectations, mental health services, preferences, young people

I. INTRODUCTION

YOUNG people aged 12 to 25 years represent a critical age group for both the onset of mental illness and the potential for early intervention to take place [1]. Approximately half of all lifetime mental disorders onset by the time individuals reach their mid-teens and three-fourths by their mid-20s [2]. The symptoms of mental illness can significantly impact on a young person's development and may include social, emotional, and cognitive impairments that can persist into adulthood [1]. Despite the high prevalence rates of mental illness amongst adolescents, young people tend not to seek help from professional sources [3], [4]. It has been proposed that young people often resist seeking help from professional services as they face a number of barriers in the help-seeking process [1]. Client expectations and preferences of therapy have been found to be influential factors that can affect an individual's decision to seek professional psychological help. Research indicates that client expectations and preferences can have a significant impact on a client's experience of seeking professional help and may not only affect the help-seeking process initially, but also have an on-going effect throughout the help-seeking process.

These expectations and preferences can influence a client's decision to enter a mental health service, and may also affect their clinical outcomes if they do choose to seek professional help [5], [6].

Client expectations refer to what conditions a client thinks or expects will occur during the course of therapy, whereas client preferences refer to attributes of therapy that are desired or wanted by the client [5]. There are four commonly referred to subtypes of client expectations and preferences around: 1) the client's role, 2) the therapist's role, 3) the processes of therapy, and 4) the outcomes of therapy [5], [6], [7]. Client expectations are classed as a pre-treatment client psychological characteristic, as they are something a client brings with them on initial contact with a mental health service [6]. One argument for the significance of studying client expectations and preferences as a pre-treatment client characteristic is that they are adaptable and can be targeted for interventions [6].

Client expectations and preferences of therapy can influence a client's willingness to seek professional help and have been found to play an important role in determining therapy engagement, premature termination of therapy and therapy outcomes [5], [6], [7]. Reviews based predominantly on adult literature have indicated a significant relationship between client expectations and outcomes of therapy, typically finding positive expectations to be associated with client improvement [5], [6], [7]. Client preferences have been recognised as a key component of evidence-based practice, with the American Psychological Association's evidence-based practice policy stating that treatment decisions should be made in collaboration with the client with the goal of maximising client choice [8]. It is fundamental that psychologists and other mental health care providers establish what their clients' expectations and preferences for therapy are early on in therapy in order to assess if these can be met by the therapist or the service [9] and to manage the expectations if they cannot be met.

Previously conducted studies on client expectations and preferences of mental health services have focused on adult clients with comparatively limited research examining young people's expectations and preferences. With the recent emphasis on the importance of adolescence and early adulthood for mental health care, investigating the role of client expectations and preferences on young people's help-seeking is vital. The present study aims to explore what expectations and preferences young people aged 12-25 hold regarding seeking professional psychological help, specifically related to their role as a client, their therapist's role, the

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processes of therapy, their clinical outcomes and whether their initial expectations differ to their preferences for therapy. The current study also aims to examine the effects of gender and age on young people's expectations and preferences for therapy.

II. METHOD

A. Participants

Participants included 188 young people who were seeking help from an Australian youth mental health care service in the capital city of Canberra. The youth mental health service caters for young people aged 12 to 25 years presenting with mild to moderate mental health concerns. Participants covered the whole age range of the service, with a mean age of 17.23 ($SD=3.18$). Of the participants, 125 (65.8%) were female and 63 (33.2%) were male. A total of 77.9% of the participants reported having been in therapy or counselling before.

B. Procedure

Prior to this study commencing, ethics approval was obtained from the University of Canberra Committee for Ethics in Human Research. The participants were recruited by the service receptionist immediately prior to their initial intake session commencing. An information sheet was provided to all participants and to their parents if present. Consent forms were signed by each young person if they chose to participate in the study. For those young people under the age of 16 who agreed to participate, parental consent was also sought. Participants were informed that participation was voluntary and that their responses would be treated with privacy and confidentiality and that the researcher was independent of the health service.

C. Measures

Demographics. Participants were asked to identify their age (12-14, 15-17, 18-20, 21-25), gender, and if they had ever been in therapy or counselling before, even if for only one session.

Client expectations. To measure expectations of therapy, participants completed the Expectations About Counselling-Brief form (EAC-B) [10] prior to their initial intake session. The EAC-B was designed to measure clients' expectations about counselling and has a total of 66 items. The self-report questionnaire items are measured on a seven-point scale ranging from (1) Not True, through to (7) Definitely True. Items are phrased as "I expect to..." and "I expect my counsellor to...", with an example item being "In counselling I expect to talk about my present concerns". The EAC-B has 17 scales, which measure four general areas: 1) *Client's Role Expectations* (Motivation, Openness, and Responsibility); 2) *Therapist's Role Expectations* (Acceptance, Confrontation, Directiveness, Empathy, Genuineness, Nurturance, Self-Disclosure, Attractiveness, Expertise, Tolerance, and Trustworthiness); 3) *Counselling Process Expectations* (Concreteness, Immediacy); and 4) *Outcome Expectations* (Outcome). Total scale scores are computed by averaging the

item scores, so each scale can range from one to seven. Higher scores indicate more positive or optimistic expectations about therapy, with lower scores indicating more negative or pessimistic expectations.

Preferences. In order to differentiate between the expectations and preferences of participants regarding therapy, the 66 items on the EAC-B were adapted so that the items were phrased as "I would like to..." or "I would like my counsellor to..." in order to assess preferences rather than expectations. An example item is "In counselling I would like to talk about my present concerns". Thus, 17 corresponding scale scores were created which measured clients' preferences for each expectancy attribute. Again, total scale scores are computed as average scores and range from one to seven. Higher scores indicate that the client would prefer certain conditions to be present as part of therapy, with lower scores indicating lower preference for the therapy characteristic.

D. Data Analysis

Analyses were undertaken using SPSS 19 statistical package. Data were screened and assumptions were tested prior to conducting the analyses. Two two-way multivariate analyses of variance (ANOVA) were conducted to assess the effects of gender and age on young people's expectations and preferences for therapy. A series of paired samples *t* tests were conducted to determine differences between young people's expectations and preferences for therapy.

III. RESULTS

A. Gender, Age and Expectations

A two-way multivariate ANOVA was conducted to investigate the effects of gender and age group on young people's expectations of therapy. The multivariate test revealed that across a combination of all the expectations there was a significant effect of gender, Wilks' Lambda=.849, $F(17,163)=1.711$, $p=.045$; a significant effect of age, Wilks' Lambda=.659, $F(51,486)=1.430$, $p=.032$; and a non-significant interaction of gender and age, Wilks' Lambda=.732, $F(51,486)=1.053$, $p=.381$.

Follow-up univariate tests revealed significant gender effects for acceptance, $F(1)=4.215$, $p=.042$, and self-disclosure, $F(1)=4.882$, $p=.028$; and a significant age effect for directiveness, $F(3)=6.411$, $p<.001$. No other significant univariate effects were evident. The gender effects showed that females had lower acceptance expectancies than males (Females: $M=4.40$, $SD=1.39$; Males: $M=4.76$, $SD=1.43$) and lower self-disclosure expectancies than males (Females: $M=3.92$, $SD=1.41$; Males: $M=4.31$, $SD=1.53$). The age effect showed a generally linear effect of age group with the younger participants having higher directiveness expectancies than the older participants (12-14 years: $M=4.99$, $SD=1.40$; 15-17 years: $M=4.34$, $SD=1.38$; 18-20 years: $M=3.96$, $SD=1.78$; 21-25 years: $M=3.49$, $SD=1.42$).

B. Gender, Age and Preferences

A two-way multivariate ANOVA was also conducted to investigate the effects of gender and age group on young

people's preferences for therapy. The multivariate test revealed that across a combination of all the preferences there was no effect of gender, Wilks' Lambda=.917, $F(17,163)=0.863$, $p=.618$; a significant effect of age, Wilks' Lambda=.633, $F(51,486)=1.580$, $p=.008$; and a non-significant interaction of gender and age, Wilks' Lambda=.715, $F(51,486)=1.137$, $p=.248$.

Follow-up univariate tests revealed significant age effects for motivation, $F(3)=5.562$, $p=.001$; openness, $F(3)=4.180$, $p=.007$; responsibility, $F(3)=6.495$, $p<.001$; immediacy, $F(3)=4.952$, $p=.003$; and outcome, $F(3)=4.867$, $p=.003$. Table 1 shows that there was a general linear trend whereby the older the participant the greater the preference for each of these attributes. Post-hoc tests showed that 12-14 year olds had significantly lower preferences for motivation, responsibility, immediacy and outcome compared with those aged 18-20 and those aged 22-25. For preference for openness, the 12-14 year olds and 21-25 year olds differed significantly from each other.

TABLE I
AGE GROUP DIFFERENCES IN PREFERENCES

Measure	Age Group			
	12-14	15-17	18-20	21-25
Motivation	4.22 (1.59)	4.86 (1.73)	5.28 (1.55)	5.57 (1.28)
Openness	5.12 (1.70)	5.42 (1.26)	5.80 (1.03)	6.01 (0.96)
Responsibility	5.06 (1.44)	5.64 (1.14)	6.09 (0.86)	5.96 (0.80)
Immediacy	4.98 (1.35)	5.46 (1.24)	5.73 (0.96)	5.90 (1.00)
Outcome	5.57 (1.36)	5.90 (1.25)	6.29 (0.77)	6.30 (1.03)

C. Expectations and Preferences

A series of paired samples *t* tests were conducted to test whether young people's initial expectations for therapy differed significantly to their preferences of therapy. Results revealed that there were significant differences between all 17 expectancy types when compared to their associated preferences at $p<.001$. Overall, the results found that young people held significantly lower and more pessimistic expectations of therapy when compared to what they wanted therapy to be like. Table II presents the results of the series of paired samples *t* tests comparing expectations to preferences.

Interestingly, the young people's highest rated preference for therapy was that the therapist would be genuine or a 'real' person and that they would be honest and respect them. The young people were least likely to want the therapist to self-disclose during therapy and had low preferences for their own level of motivation for therapy. One of the greatest discrepancies was between how much the young people wanted and expected to be able to trust their therapist, with them wanting to trust them much more than they expected to be able to.

D. Client Role Expectations and Preferences

Young people's expectations around their role as a client in therapy were significantly lower and more pessimistic when compared to what they wanted or would have preferred their

role to be like. More specifically, the young people held significantly more pessimistic expectations around their level of personal motivation for engaging in therapy when compared to their preferences. Furthermore, they held significantly lower expectations around their level of openness to discuss their emotions and thoughts in therapy when compared to how much they wanted to. Finally, the young people's expectations around their level of personal responsibility for making their own decisions in therapy and complete homework tasks outside of sessions were significantly more negative when compared to how responsible they would like to be.

Expectations and Preferences around the Therapist's Role

The young people's expectations around the therapist's role were also significantly lower and more pessimistic when compared to what they would have preferred their therapist to be like in therapy. The young people held significantly lower expectations that the therapist would like them and would accept them when compared to how much they wanted their therapist to be accepting of them. Further, their expectations around confrontation, that is, that the therapist would make them face up to differences between what they say and how they behave, were significantly lower when compared to how much they wanted their therapist to point out these differences. Interestingly, young people wanted their therapist to be more directive, offer advice and tell them what to do than they expected them to be. Furthermore, the young people's expectations that the therapist would be empathetic towards them and would know how they were feeling when they had difficulties expressing themselves were significantly lower when compared to their preferences.

The young people held significantly more pessimistic expectations that the therapist would be genuine or a 'real' person, and would be honest and respect them when compared to their preferences. Their expectations that the therapist would be nurturing and would encourage, support, praise, and reassure them were significantly more negative when compared to how much they wanted their therapist to nurture them. The young people's expectations that the therapist would self-disclose by talking openly about themselves were significantly lower and more negative when compared to how much they wanted their therapist to do this. The young people held lower expectations that they would like their therapist and would enjoy sessions with the therapist when compared to how much they wanted this. Their expectations around the counsellor's level of expertise were significantly lower and more negative when compared to their preferences around the expertise of their therapist. The young people's expectations around the counsellor's level of tolerance, that is, being easy-going and able to get along well with others were significantly lower and more negative when compared to their preferences around the tolerance of their therapist.

Finally, the young people's expectations around how much they would trust their therapist were significantly lower and more negative when compared to their preferences around the trustworthiness of their therapist.

E. Counselling Processes Expectations and Preferences

In terms of the concreteness and immediacy of the therapy

process, the young people's expectations that the therapist would help them to make their problem more concrete by identifying their feelings and particular aspects of their behaviour that are important to their problems were lower and more negative when compared to how much they wanted their therapist to do this. Similarly, expectations around the immediacy of therapy, which is about the therapist helping to identify problems they needed to work on in therapy and to develop skills within the counselling relationship to solve these problems was less than preferred.

F. Outcome Expectations and Preferences

Young people had a high level of preference for positive outcomes of therapy, but their expectations were significantly lower than this, although generally quite high. This difference in preferences and expectancies was quite large, however.

TABLE II
DIFFERENCES BETWEEN EXPECTATIONS AND PREFERENCES

Measure	Mean Expectation	Mean Preference	95% CI of the difference	<i>t</i>
Motivation	4.60 (1.50)	4.94 (1.65)	0.15 to 0.52	3.56*
Openness	4.40 (1.46)	5.54 (1.31)	0.93 to 1.33	11.20*
Responsibility	5.10 (1.21)	5.67 (1.16)	0.43 to 0.71	7.96 *
Acceptance	4.52 (1.41)	5.77 (1.20)	1.05 to 1.45	12.59*
Confrontation	4.92 (1.19)	5.48 (1.32)	0.37 to 0.75	5.88*
Directiveness	4.26 (1.42)	5.08 (1.45)	0.62 to 1.02	8.25*
Empathy	4.37 (1.41)	5.53 (1.35)	0.96 to 1.36	11.45*
Genuineness	5.20 (1.37)	6.27 (0.86)	0.89 to 1.24	11.95*
Nurturance	5.04 (1.25)	5.61 (1.29)	0.40 to 0.72	7.13*
Self-Disclosure	4.06 (1.46)	4.65 (1.67)	0.39 to 0.79	5.85*
Attractiveness	4.39 (1.36)	5.78 (1.22)	1.22 to 1.58	15.57*
Expertise	4.91 (1.34)	5.98 (1.11)	0.90 to 1.25	12.14*
Tolerance	5.05 (1.17)	5.74 (1.13)	0.56 to 0.82	10.55*
Trustworthiness	4.86 (1.38)	6.00 (1.11)	0.96 to 1.33	12.32*
Concreteness	4.94 (1.24)	5.83 (1.22)	0.70 to 1.07	9.56*
Immediacy	4.80 (1.26)	5.49 (1.21)	0.54 to 0.83	9.04*
Outcome	4.86 (1.36)	5.98 (1.18)	0.95 to 1.30	12.86*

Notes. (SD), $df = 187$, * $p < .001$

IV. DISCUSSION

The present study examined the expectations and preferences held by young people aged 12-25 regarding seeking professional psychological help and whether their expectations differed to their preferences of therapy. The study further explored the effects of gender and age on young people's expectations and preferences of therapy.

Results of the present study found some gender differences, showing that that females were less likely to expect that the therapist would self-disclose and that their therapist would like and accept them when compared to males. Furthermore, some age differences were found, which indicated that younger participants wanted to be less motivated, open, and personally responsible in therapy when compared to the older age groups.

In addition, the younger participants were more likely to expect the therapist to be directive and were less likely to want to have positive outcomes of therapy when compared to the older age groups. These results indicate that age and gender differences should be considered as factors that influence client expectations and preferences around therapy. Results also found that the young people were most likely to want the therapist to be genuine and they were least likely to want the therapist to self-disclose during therapy. Furthermore, the young people reported a low desire for being motivated in therapy. These results suggest that young people may face difficulties with motivation and personal responsibility for therapy. Health professionals working therapeutically with this age group should monitor motivation levels, given that low motivation may impact on engagement and therapeutic outcomes. Results revealed that the young people wanted to be able to trust their therapist much more than they expected to be able to trust them. This finding is clinically important, given that past research has found that young people show greater help-seeking intentions towards trusted sources [11]. These young people also held significantly more pessimistic expectations around their clinical outcomes of therapy when compared to their preferences, thus, fostering a sense of hopefulness that therapy will help them is crucially important in facilitating help-seeking and engagement.

Results found that overall the young people held significantly lower and more pessimistic expectations around therapy when compared to what they wanted therapy to be like. Discrepancies between expectations and preferences were found across the four domains of: 1) the client's role, 2) the therapist's role, 3) the processes of therapy, and 4) the outcomes of therapy. These results are consistent with prior research that has found young people often hold pessimistic attitudes towards therapy and mental health care providers, which can negatively impact on young people's help-seeking behaviours [11]. In order to promote help-seeking and engagement in therapy for adolescents and young adults, it may be beneficial for health professionals working with this age group to dedicate time in the initial session to discuss the client's individual expectations and preferences for therapy. It is important that mental health professionals work collaboratively with adolescent and young adult clients to determine which therapeutic interventions best suit their personal preferences, as this may promote engagement by maximizing client choice [8]. Health professionals should provide young people opportunities to be better informed about what to expect when coming to a mental health care service, given that past research has found that un-realistic or unmet expectancies can lead to poorer outcomes and engagement in therapy [6].

The study is limited because it exclusively involved young people from one youth mental health service in one state of Australia. Nevertheless, it is one of the first studies to systematically examine young people's expectations and preferences. Future research could explore whether client expectations and preferences influence the therapeutic process for young people in terms of engagement and outcomes in therapy.

Further, future research could examine what young people's actual experience of mental health care services are and whether their initial expectations and preferences for therapy are perceived to be met or not.

REFERENCES

- [1] D. Rickwood, F.P. Deane, C.J. Wilson, J. Ciarrochi. "Young people's help-seeking for mental health problems". *Australian e-Journal for the Advancement of Mental Health (AeJAMH)*, vol. 4, issue. 3 (Supplement), 2005.
- [2] R.C. Kessler, G.P. Amminger, S. Aguilar-Gaxiola, J. Alonso, S. Lee, T.B. Utsun. "Age of onset of mental disorders: A review of recent literature". *Current Opinion Psychiatry*, vol. 20, pp. 359-364, 2007.
- [3] L.J. Barney, K.M. Griffiths, A.F. Jorm, H. Christensen. "Stigma about depression and its impact on help seeking intentions". *Australian and New Zealand Journal of Psychiatry* vol. 40, pp. 51-54, 2005.
- [4] T. Slade, A. Johnstone, M. Teesson, H. Whiteford, P. Burgess, J. Pirkis, S. Saw. *The Mental Health of Australian's 2, Report on the 2007 National Survey of Mental Health and Wellbeing 2009*. Department of Health and Aging, Canberra.
- [5] C.R. Glass, D.B. Arnkoff, S.J. Shapiro. "Expectations and preferences". *Psychotherapy: Theory, Research, Practice, Training*, vol. 38, pp. 455-461, 2001.
- [6] S.E. Dew, L. Bickman. "Client expectancies about therapy". *Mental Health Services Research*, vol. 7, pp. 21-33, 2005.
- [7] A.G.H. Thompson, R. Sunol. "Expectations as determinants of patient satisfaction: Concepts, theory, and evidence". *International Journal for Quality in Health Care*, vol. 7, pp. 127-141, 1995.
- [8] J.K. Swift, J.L. Callahan. "A Delay Discounting Measure of Great Expectations and the Effectiveness of Psychotherapy". *Professional Psychology: Research and Practice*, vol. 39, pp.581-588, 2008.
- [9] V.G. Hood. (2008). "Work-related counselling – A psychodynamic approach". *Psychodynamic Practice*, vol. 14, pp. 409-420, 2008.
- [10] H.E.A. Tinsley, K.R. Workman, R.A. Kass. "Factor analysis of the domain of client expectations about counselling". *Journal of Counselling Psychology*, vol. 27, pp. 561-570, 1980.
- [11] A. Gulliver, K.M. Griffiths. H. Christensen. "Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review". *BMC Psychiatry*, vol. 10, pp. 106-113, 2010.