

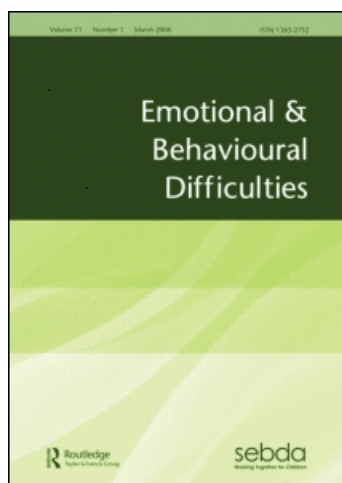
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Beverley Flitton <sup>a</sup>; Julia Buckroyd <sup>a</sup>

<sup>a</sup> University of Hertfordshire, UK

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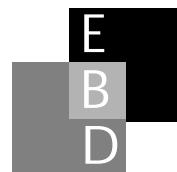
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# Exploring the effects of a 14 week person-centred counselling intervention with learning disabled children

BEVERLEY FLITTON *University of Hertfordshire, UK*

JULIA BUCKROYD *University of Hertfordshire, UK*

**ABSTRACT** This study evaluates the effects of a person-centred counselling intervention on the learning disabled child's self-concept. The participants are children who attend a London borough school for moderate learning difficulties. The study is qualitative and incorporates two parts: (1) practitioner research via a 14 week person-centred counselling intervention; (2) exploration of teachers' views of the child's self-concept via a pre- and post-intervention questionnaire. The study used person-centred art therapy as an adjunct to counselling. A projective technique was used to measure the child's self-concept. Three out of four child participants indicated an improved self-concept. However, only one out of four teachers' questionnaires indicated a positive movement within the child. This article explores the difficulties encountered as well as highlighting positive paths, and supposes that the results support carrying out this research project over an extended period and with a larger research group.

**KEYWORDS**  
counselling;  
emotional and  
behavioural  
difficulties;  
learning  
disability;  
self-  
actualizing;  
self-concept

People with a learning disability have had limited options, which include therapeutic choices, in comparison to the rest of the population. Although there is a growing interest in counselling people who have a learning disability, this has not developed as quickly as the expansion in other counselling fields (Beail, 1995). Nevertheless, access to counselling services should improve as the principle of equal access to services is addressed (Moulster, 1998). This study is concerned with the provision of counselling

for children with a moderate learning disability and the evaluation of its effects on the child's self-concept.

Society has been indoctrinated with the 'medical model' and has few expectations of people with impairments. Some people hold the view that a young person with a learning disability cannot make use of counselling (Ommanney and Symes, 2000). Yet, children with a learning disability have the same emotional needs as any other child (Male and Thompson, 1985). Children of all abilities encounter many distressing experiences and may need support through transition.

As a society, we are not always willing to recognize disabled children's feelings. Painful and angry feelings may be denied and impede the young person in expressing them (Ommanney and Symes, 2000). Sinason (1992, p. 31) identifies the 'handicapped smile' of a child or adolescent 'numbed with grief'. When feelings are not recognized a young person may demonstrate hurt or pain by 'acting out' which in turn may affect the child's ability to learn.

The provision of counselling in a school for children with moderate learning difficulties has traditionally relied on the class teacher using counselling skills (Bovair and McLaughlin, 1993; Mallon, 1987). McLaughlin (1999) argued that in the complex society in which we grow up, the role of the counsellor should not be compartmentalized but should be incorporated in the role of the class teacher. Barwick (2000) has more recently suggested that there are three 'levels' of counselling: immediate, intermediate and intensive. The first two can be seen as the class teacher utilizing 'counselling skills'; the third implies a specialist or 'clinical school counsellor'. The role of the school counsellor should therefore be developed, and the counsellor should be seen not as an attachment to the school but as an intrinsic aspect of it. He argues that for those children whose development is held back owing to emotional issues, a 'safe' and 'holding' place should be available for a child to explore such issues. This should be part of the educational context; additionally the counsellor can contribute to the understanding of the complexities within the classroom. This study is interested in the effect of counselling by a specialist in the school context on the self-concept of children with moderate learning difficulties.

The intervention was carried out using person-centred verbal counselling and art therapy. When counselling children with a learning disability, Mallon (1987) stresses the importance of using the Rogerian method of verbal counselling. The person-centred counsellor believes that an individual has within them a 'self-actualizing tendency'. This process of self-actualization is a process of reaching autonomy. Rogers (1967) implies that to facilitate the 'self-actualizing' process the appropriate ambience is required. He considered this ambience to be provided by the 'core

conditions': empathy, acceptance and genuineness. In order to facilitate a therapeutic change it is essential for the counsellor to be able to offer these conditions to the client.

Finding ways to overcome communication difficulties is one of the complications of counselling this client group. For this reason I have used art as an adjunct to this study. The use of this medium as an auxiliary to verbal counselling for people with a learning disability can reduce the clients' anxieties about trying to express themselves. To some extent it can help overcome inherent speech and language problems, and can lead to spontaneous expression (Fennell and Jones, 1998; Tipple, 1994).

Research (Gray, 1985) has already shown that adults with a learning disability can benefit from one-to-one art therapy and can have the capacity for emotional growth. The use of art therapy in this context equally applies to children with a learning disability. It has also been shown that children can benefit from the use of art therapy regardless of their difficulties, because art therapy offers a non-verbal way of working. In being creative the child finds spontaneous ways to express the unmentionable (Dalley, 1994; Silverstone, 1997). However, Rabiger (1998) claims that for some children with severe learning difficulties, psychoanalytical art therapy is inappropriate and can be deemed disrespectful. For this reason my study used person-centred art therapy. This method of using art promotes the ideal conditions to permit a reduction of the power imbalance and respects the child's autonomy.

Learning disability does not preclude the possession of emotional intelligence (Sinason, 1992). Furthermore, there is clear evidence that people with a learning disability can engage in psychoanalytical psychotherapy and art therapy (Beail, 1995; Fennell and Jones, 1998; Gray, 1985; Lewis, 1995; McGuire and Tynan, 1992; Rabiger, 1998; Rawson and Cassidy, 1995; Rees, 1998; Sinason, 1992; Symington, 1981; Tipple, 1994). Unfortunately, there is little documented research with regard to the person-centred approach and the use of person-centred art therapy. Furthermore, there is scarcely any literature that is documented from the perspective of the learning disabled child/adolescent.

This study represents a new approach. The study explores the outcome of a 14 week person-centred counselling intervention using person-centred art therapy as an adjunct. The study evaluates the counselling and its effects from the perspective of the child with a learning disability and their class teacher. It was anticipated that the child would be able to demonstrate progress in self-actualization and that this development would be confirmed by the class teacher.

## Methodology

This study is a piece of qualitative research. It consists of two parts:

- 1 practitioner research via an evaluated intervention study
- 2 investigation of teachers' opinions of the child's self-concept via a pre- and post-intervention questionnaire.

Participants are children from a school for moderate learning difficulties. The headteacher selected participants whom he thought might benefit from counselling. In addition, each child's class teacher or form tutor participated in the research.

To find a model of measuring the learning disabled child's self-concept that remains respectful of the child is problematic. To measure a change in a person that reflects the actualizing tendency of the organismic self is in itself a complicated procedure. Rogers defined a seven-stage process of counselling as follows:

- I An unwillingness to communicate self; feelings and personal meanings are not recognised or owned. An emotional block.
- II Expression begins to flow; problems are expressed as external to self. Contradictions may be expressed but with little recognition of them as contradictions. The beginnings of exploring the individual's attitudes.
- III There is a growing awareness of denied elements of self. Feelings are explored as shameful and bad parts of self.
- IV There is a loosening of the way experience is constructed. There is a realisation of concern about contradictions and incongruence between experiences and self. An altered perception of self in a changed frame of reference.
- V Feelings are expressed freely and are close to being fully experienced. There is ownership of feelings and a desire to be the real me. Movement from the self-concept to self.
- VI The incongruence between experience and awareness is vividly experienced as it disappeared to congruence. The client feels cut loose from his previously stabilised framework.
- VII There is a growing and continuing sense of acceptant ownership of these changing feelings, a basic trust in one's own process. Feelings are experienced with immediacy and richness of detail both in and out of the therapeutic relationship. (1967, p. 132)

## Ethical considerations

In research with children in a school based environment, rigorous conditions have to be fulfilled by the researcher to ensure ethical consent is obtained to protect the child and the integrity of the research.

Historically children have had a restricted voice in society (Grieg and Taylor, 1999). More recently society has begun to recognize the rights of a child, and these rights have been endorsed in legislation, e.g. the UK Children Act 1989 and the UN Convention on the Rights of the Child 1991. This legislation has empowered children in giving them the right to consent to treatment. This is subject to ensuring the child has sufficient understanding and intelligence to comprehend what is expected of them (Select Committee on Medical Ethics, 1994).

Although this legislation respects the child's autonomous rights in society there are perceived difficulties when it comes to obtaining informed consent from the learning disabled child. Can a learning disabled child be autonomous? Autonomy as defined by the *Shorter Oxford English Dictionary* (Onions, 1983) is 'the right to self-government, personal freedom, 1803'. The researcher believes on the basis of her own experience that a learning disabled child has the capacity to self-govern, and consequently to be allowed personal freedom even though they may need support to access this capacity. For this reason I sought the children's consent.

## Consent process

Because this research is innovative I will describe the consent process in some detail. My first intentions were to conduct the research with the informed consent of the headteacher, who acts *in loco parentis*, and of the individual children. However, a concern of the University of Hertfordshire Ethics Committee was that parental consent should be sought. Parental consent was therefore gained prior to obtaining verbal consent from the children.

The research counsellor met with the children as a group to inform them about the project and their right to withdraw at any time, and to gain their informed consent. Initially the researcher introduced herself and explained to the children that she was conducting a project. The term 'project' was used as this is familiar to schoolchildren (Morrow, 1999). She informed the children that the purpose of the study was for her to be able to learn all about them. The project was their opportunity to express their views. It was emphasized that there were no wrong or right answers. The children were told part of the project involved 14 weeks of counselling. It was explained to them that their views would be written up in a report and

this might help other children like them to receive counselling. In addition it might be helpful for adults working with learning disabled children to understand them better. An explanation was given as to what the project entailed; this included confidentiality, anonymity and their right to withdraw from the project.

Several children expressed concern regarding anonymity. They felt that if it was important for their views to be heard, then they should be identified. It was implied that for the researcher to protect their identity was to deny part of them. This point of view was given much thought. The researcher wanted to respect the views of the child, yet had the responsibility as an adult to protect the child. It was agreed with the children, as a compromise, that they could choose their own pseudonyms.

## Procedure

Once consent was given the children were interviewed individually; a semi-structured interview was used in order to allow for some narrative material to emerge. This method is non-invasive and non-confrontational and went some way to addressing the power imbalance between adult and child (Morrow, 1999).

To evaluate something in its essence is to compare information (Sanders and Liptrot, 1994). In order to have information to compare about the children's self-concept, a baseline was created in the initial interview. The most appropriate way of assessing the self-concept of a child with a learning disability is by using a projective technique (Begley and Lewis, 1998). The children were invited to visualize an animal or object that they felt represented them. They were then asked to make visual on paper their image, using any art materials available (Silverstone, 1997). The children had a selection of paint, crayons, pencils, pens and pastels. With the child's agreement, the interview was taped and the artwork photographed. During the same week each child's class teacher was given a questionnaire with open and closed questions to complete. The questionnaire addressed detailed areas of the child's self-concept and the teacher's perceptions of the child.

Each child then commenced a 14 week counselling intervention. One of the difficulties in the school setting was managing the school holidays, in-service training and other interruptions. It was anticipated that this might be particularly disruptive to the therapeutic process owing to the nature of this client group. Because of the long break it was decided that a midway interview would be conducted. At the conclusion of the intervention the children were all interviewed using a semi-structured format and were offered the same exercise in imaging. In addition the child's class teacher was given a second identical questionnaire to complete.

## Results

The researcher's intention was to take the children's descriptions of their images and accounts of themselves as accurate representations of their world. The researcher endeavoured to avoid projecting her interpretation on what they said, wrote or drew. This is central to the core values of the person-centred art therapy philosophy (Silverstone, 1997). The researcher has incorporated her reflections in the discussions and has aimed to differentiate her reflections from the children's views of themselves. All names and identifying features have been changed to protect the identity of the children.

### Terry

Terry is a 12-year-old girl. The first image that she produced was a gorilla. She described the gorilla as having 'big fangs and lashes out'. Lashing out is something she does when she gets 'bad tempered'. Terry felt she was really more like a monkey but sees herself as a gorilla and wants to be like one. This is a clear demonstration of her incongruence with her self and self-concept. She feels the need to self-actualize her self-concept, the gorilla, thus moving her further away from her self, the monkey.

Terry's parents are divorced and she does not have any contact with her father. The gorilla was seen as blue, which represents the memories of time spent with her father. For her, this meant happiness with lots of cuddles and sad times. When her father bought her a monkey she named it 'Cuddles', as a happy memory of the time spent with him. Unfortunately, when the toy monkey was recently lost it added further to her emotional turmoil.

Terry also related her feelings to the film *Mighty Joe Young*. The film featured a gorilla that was different from other gorillas owing to its size. He was taken into captivity and removed from familiar territory. Eventually somebody who really cared for him rescued him. He returned to the wild to be free and reunited with his family. Terry longs to be reunited with her father: she identified with the hurt the gorilla experienced from the actions of others.

Terry's behaviour by her own account was difficult and she openly talked about getting into trouble. She liked to smash windows and saw this as fun but on the other hand viewed it as unacceptable behaviour. Her conflict was clear. On one hand there was a sense of not wanting to get into trouble but on the other a desire to. This was a demonstration of her incongruent state of being, and a cry for help.

It appeared that underneath this behaviour was a deep sense of loss and grief. Terry found the loss of her father difficult to manage. This manifested itself in the counselling sessions initially in the joining process. There was



a deep sense of 'push-pull' with her wanting and not wanting to come to her sessions. Terry manipulated staff at the school in actuating this procedure. This was difficult for the counsellor to manage as certain staff were not comfortable with the process of counselling and did not understand it. They would respond to Terry's conflict and support her in not attending sessions. Her locating me and reassuring herself that I would be there for her the following week generally followed this.

Out of the possible 14 sessions Terry attended eight, missing the others because of illness or resistance to the therapeutic process. However, by session 12 something had moved within Terry. The conflict had ceased and she was able to use her time in the session. It was also clear that she was aware of the ending and was able to articulate how difficult this was for her.

Terry's final image was a monkey. This for her meant 'fun, nice and cuddly'. She used a gold pen; the colour for her meant 'treasure'. It appeared Terry had made some movement towards her true self, although ambivalence remained. Terry reported that she did like herself but did not know why, and conversely reported she didn't feel good about herself. It seemed Terry was at stage III of the seven-stage process of counselling. Terry was becoming more aware of herself and described her feelings as bad parts of herself.

### George

George is an 11-year-old boy. George's first image was a gorilla, this for him meant strong. He felt he was like this animal and wanted to be like the animal. He also related this to a wrestler, Hulk Holgan, and an actor, Arnold Schwarzenegger. His images for him represented something positive, strong and with muscle.

Although George stated he felt he was good at drawing he was unable to draw his image, as it was 'too hard'. He used a pencil and made a few markings on the paper to represent the beginnings of a gorilla. He had a belief in the positive connotations of a person with muscles and strength. He continually repeated the word 'strong' to encapsulate the meaning of muscular, strength and goodness as ideals. These ideals may have been derived from his conditions of worth. However, his true self may be something quite different. Perhaps this was revealed by not being able to draw his image.

George discussed his love of animals. He spoke of his anger and sadness about them getting hurt or becoming homeless. George became defensive of his sadness and sensitivity, perhaps fearing I might mock him.

Even though he felt it was difficult to be in the room with the door shut, demonstrating a fear of a confined space, George attended 13 out of

the possible 14 sessions. His sessions were challenging. George spent considerable time in the sessions working behind a screen, not wanting to reveal himself fully for fear of my reaction to him. In the sessions he was offered acceptance and empathy. At first he found this difficult to manage, and so ridiculed the work. In session 8 there was a movement that allowed George to work with me; he no longer needed the screen to hide behind. In the same session George closed the door to the room, but dismissed my reflection on this.

George's final image was of himself. He felt the paint he used was brown, when in fact it was grey (for me). George did not want to work with this image. Although he did not want to work with the image the contrast from the initial representation was astounding. George had used different media in his two images. For the second image he used paint rather than a pencil, which for me reflected a greater presence of self. He had utilized all the space on the paper; that again reflects a greater sense of self than his image when he only drew part of the image in a small section of the paper. The choice of media, image and process of creating the piece of work seemed to reflect the changes observed in the counselling work with George. It appeared that George had reached stage II of the seven-stage process of counselling. He was beginning to explore freely but still seeing any problems as external to self.

### **Samantha**

Samantha is a 6-year-old girl. Samantha was unable to image an animal; she drew her father and her mother. Samantha thought her mother would laugh at her images. It was difficult to get a sense of where she was and how she viewed herself. Her interview was filled with contradictions, with apparent difficulty in separating happy and sad emotions.

Samantha attended nine out of the 14 sessions. There was a deep sense of her being out of control and of a life that seemed very chaotic. This manifested itself by her choosing when she would come to the sessions and when she wouldn't. It became clear that she found it difficult to have a change of activity. If she was entrenched in the class activity at the time of her appointment, she became hysterical and didn't want to leave the class to attend her session. However, it was reported that when the class activity was finished she then wanted to see the counsellor. Unfortunately her time had passed and the counsellor was unavailable for her. The research counsellor recognized that many learning disabled children have to endure different levels of intrusions in their lives and consequently may have little sense of boundaries. Perhaps Samantha was asserting herself, and taking some control in her life. The research counsellor responded to these events by endeavouring to offer a safe and holding place to work through this powerful projection.

Samantha's final image was using blue paint on blue paper. Blue is not her favourite colour but what she wanted to use on that day. Samantha wanted the paper folded in half 'gently'. Samantha would not work with the image on this occasion. Perhaps the action of folding her painting in half was her illustration of her resistance to disclosure and maintaining control. Samantha seemed to still be in stage I of the seven-stage process of counselling; she was unwilling at some level to communicate self.

Blue on blue was invisible. The folding in half created a butterfly image. Did she not want the counsellor to see her inner beauty? Perhaps she felt that neither the counsellor nor others saw her true self. It may be this was her demonstration of her struggle with her self and self-concept.

### Tom

Tom is a 12-year-old boy whose first image was a snake. For him, a snake was interesting, colourful; it stood out and people took notice of it. However, he would like to be like a horse, 'something with legs that runs', 'happy and nice'. Furthermore, he would like to be like the actor Eddie Murphy. Tom recalled a film he watched recently where Eddie Murphy played a character who became invisible. Tom would like to be invisible; for him Eddie Murphy is fun. Tom seemed to be addressing a conflict between the wish to be seen and the wish to be invisible. For him, to be seen meant also to be judged.

Tom attended 12 sessions of a possible 14. There seemed to be a different emphasis in the work with Tom. It appeared that his basic needs were being met by his home situation (Maslow, 1968). Unlike the other clients he knew how to self-soothe. He had developed enough of sense of self to fall back on in times of stress and the focus of our work seemed to be to enhance, strengthen and develop his creativity and sense of self. In the counselling sessions Tom was able to own and express feelings; it appeared that Tom fluctuated between stages III and IV of the seven-stage process of counselling.

Tom's final image was a treasure chest; this for him had a very expensive Egyptian mask on the front. And the chest was filled with 'treasure, just treasure'. This image perhaps indicates his sense of containing something valuable within himself, which also may need to be kept secret.

In this project there were two teachers involved. They were given an identical questionnaire to fill out before and after interventions. It appeared, on the whole, that the staff did not identify the changes in self-concept that the individual children demonstrated and the counsellor witnessed. This might be because of the measurement used for assessing the child's self-concept. The questionnaire might have been inadequate or used insufficient categories. Possibly another way of recording the teacher's views may

have been more productive. One teacher reported back difficulties using this questionnaire. He felt that the child involved did not fit easily into the categories because of the nature of her disability and developmental stage. On the other hand it may be that the teachers involved had high expectations of a counselling intervention and required more substantial gains. However, out of the four questionnaires, one questionnaire indicated a positive movement in seven out of 10 areas. The other three indicated on the whole a negative movement.

## Discussion

The timescale open to this particular project may not have allowed the children to make as much progress as would be possible for them. The researcher feels that the process of learning with learning disabled children is likely to be protracted and it may be inevitable that the process of self-actualization will be slower. Even though the researcher sensed and witnessed observable changes evident within individuals, some of the children lack the sophistication of language to say what they felt happened.

Furthermore, equating this with the teacher's perspective is even more complicated. The dynamics between teacher and pupil need to be taken into account and also the teacher's expectations of gains within counselling.

In this study staff at the school were used as research participants. It seems likely that richer data would have been obtained by enlisting the staff as research collaborators. This would have involved them much more in the project from the beginning and enhanced the contribution they were able to make.

The evidence in this project suggests that despite the children's learning difficulties this client group was able to access this style of intervention and benefit from it. On the whole, it became clear that the development of the children who participated in this project was being held back by emotional issues and they were able to utilize the 'safe' and 'holding' place to explore their emotional dilemmas. It became apparent from the evidence gathered that this process allowed them a degree of self-actualization leading to an improved self-concept.

As has already been indicated, work of this kind is not without its difficulties and ethical dilemmas. A particular ethical problem arose. The researcher carried out the initial interview. The research assistant then offered a mid-term interview using the same format. During these interviews it became apparent that the participants, the children, were uncomfortable talking to a stranger and the interviews were abandoned. In fact prior to the research assistant meeting with the children, one of the original five participants dropped out. My understanding was he dropped out

because his sense of self was so fragile that meeting with a stranger was too arduous. The children's reaction to the research assistant (who was highly qualified and very experienced) was something that had not been anticipated. The research required a further final interview to be conducted by the same research assistant. This left the researcher with an ethical dilemma in relation to the welfare of the children. The researcher now had the choice of collecting the data herself or abandoning the research element of the project. The researcher felt to abandon this element would have been more unethical than collecting the data herself. This was put to the children who agreed to this course of action. Furthermore, the children explicitly stated their reluctance to work with the research assistant again. The children themselves were committed to the project and proud to be part of it. Therefore, the researcher conducted the final interview.

It is clear that the children felt the meeting with a stranger was intrusive. Such vulnerable children need time to build a relationship with a person before disclosing anything of themselves. It would appear for a research assistant to be accepted by the children that the assistant would have needed to be introduced at the commencement of the project. In addition the research assistant would have needed to meet with the participants prior to the interviews so they could become acquainted.

The final interview also caused problems. The researcher had been advised to separate the roles of counsellor and researcher and had not intended to conduct the final interview. However, the difficulties in using a stranger meant that the researcher found herself filling both roles. She emphasized the difference in these roles to the children in preparation for the interview. The children were told that she would be meeting them and would be asking them to do a specific task, like she had in their initial meeting. The children were told there were no wrong or right answers. The importance was for them to answer honestly and openly; this was their opportunity to let others know about themselves.

Whilst the explanation had been clear to the children and they had all agreed, it became clear that the children found this experience very confusing. George articulated 'why was I different', 'what was my real name'. On the whole, the children cooperated by producing the required image yet refrained from working with this with any profundity.

It may be this action was a direct demonstration of their sense of self. They felt strong enough about themselves to express concern of their experience with me in the two roles. On the other hand their reaction may reflect one of the difficulties of working with this client group.

This project has highlighted many difficulties not only in researching this client group but in offering counselling to such children. Counselling and researching with learning disabled children is in its infancy; the

researcher hopes this article will create discussion. The researcher believes the way forward would be to build upon this project and explore the effect of person-centred counselling with this client group over a longer period of time.

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#### References

- Barwick, N. (2000) *Clinical Counselling in Schools*. London: Routledge.
- Beail, N. (1995) *Outcome of Psychoanalysis, Psychoanalytic and Psychodynamic Psychotherapy with People with Intellectual Disabilities: A Review*. Chichester: Wiley.
- Begley, A. & Lewis, A. (1998) 'Methodological Issues in the Assessment of the Self Concept of Children with Down's Syndrome', *Child Psychology and Psychiatry Review* 3 (1): 33–9.
- Bovair, K. & McLaughlin, P. (ed.) (1993) *Counselling in Schools: A Reader*. London: David Fulton.
- Dalley, T. (1994) *Art as Therapy*, 5th edn. London: Routledge.
- Fennell, L. & Jones, E. (1998) 'Chances for Change: Counselling People with Learning Difficulties', in M. Rees (ed.) *Drawing on Difference*. London: Routledge.
- Gray, J. (1985) 'The Conscious and Unconscious Process: Parallel Aspects of Art Therapy in Mental Handicap', *Inscape* 3–7 February.
- Grieg, A. & Taylor, J. (1999) *Doing Research with Children*. London: Sage.
- Lewis, A. (1995) *Children's Understanding of Disability*. London: Routledge.
- Male, J. & Thompson, C. (1985) *The Educational Implications of Disability*. London: RADAR.
- Mallon, B. (1987) *Introduction to Counselling Children with Special Needs*. Manchester: Manchester University Press.
- McGuire, B. & Tyran, M. (1992) 'Psychotherapy and Counselling with Moderate and Severe Intellectual Disabilities', *Changes* 10 (3): 235–42.
- McLaughlin, C. (1999) 'Counselling in Schools: Looking Back and Looking Forward', *British Journal of Guidance and Counselling* 27 (1): 13–22.
- Morrow, V. (1999) 'It's Cool . . . 'Cos You Can't Give Us Detentions and Things, Can You?', in P. Milner & B. Carolin (eds) *Time to Listen to Children*. London: Routledge.
- Moulster, G. (1998) 'Improving Access to Counselling for People with Learning Disabilities', *Learning Disability Practice* 1 (2).
- Ommanney, M. & Symes, J. (2000) 'Intimacy and Distance: Working with Students with Disabilities in a Residential Setting', in N. Barwick (ed.) *Clinical Counselling in Schools*, pp. 37–51. London: Routledge.
- Onions, C. (1983) *The Shorter Oxford English Dictionary*. Oxford: Oxford University Press.
- Rabiger, S. (1998) 'Is Art Therapy? Some Issues Arising in Working with Children with Severe Learning Difficulties', in M. Rees (ed.) *Drawing on Difference*. London: Routledge.

- Rawson, H. & Cassidy, J. (1995) 'Effects of Therapeutic Intervention on Self-Concept of Children with Learning Disabilities', *Child and Adolescent Social Work Journal* 12 (1): 19–31.
- Rees, M. (ed.) (1998) *Drawing on Difference*. London: Routledge.
- Rogers, C. (1967) *On Becoming a Person*. London: Constable.
- Sanders, P. & Liptrot, D. (1994) *An Incomplete Guide to Qualitative Research Methods for Counsellors*. Manchester: PCCS.
- Select Committee on Medical Ethics (1994) in Crieg, A. and Taylor, J. (1999) *Doing Research with Children*. London: Sage.
- Silverstone, L. (1997) *Art Therapy the Person Centred Way*, 2nd edn. London: Jessica Kingsley.
- Sinason, V. (1992) *Mental Handicap and the Human Condition: New Approaches from the Tavistock*. London: Free Association.
- Symington, N. (1981) 'The Psychotherapy of a Subnormal Patient', *British Journal of Medical Psychology* 54: 187–99.
- Tipple, R. (1994) 'Communication and Interpretation Art Therapy with People Who Have a Learning Disability', *Inscape* 2: 31–5.

**Correspondence** should be addressed to:

BEVERLEY FLITTON, J. Buckroyd Centre for Community Research, University of Hertfordshire, College Lane, Hatfield AL10 9AB, UK. e-mail: b.flitton@btopenworld.com