Effectiveness Evaluation Of Counselling Services Provided For Addressing Personality Disorders Among Undergraduate Students In Kenyan Universities

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Abstract: This paper is based on a study carried out in 2015. The study sought to evaluate the effectiveness of the counselling services provided in addressing personality disorders among undergraduate students in Kenyan Universities. It employed the ex-post facto cross sectional research design. The study was carried out in four universities (2 public and 2 private) in Kenya. The universities were selected through the lottery method of random sampling. From the four universities, a sample of 384 students, 4 deans of students, 4 medical officers and 12 counsellors were drawn. The target population was undergraduate students, deans of students, medical officers and student counsellors in all universities in Kenya. Prior to the study, a pilot study was carried out in one university that was not included in the main study. This was to allow pretesting of the research tools for validity and reliability. Data for the study was collected using an online questionnaire, observation schedule, interview schedule, focus group discussions and an evaluation form. Data from respondents was analyzed using descriptive statistics together with computer Statistical Package for Social Science (SPSS). Results indicated that of the 16% students who attended counselling, 14% were satisfied with the services which resulted in less emotional stress, capacity to regulate emotions and improved interpersonal relationships. Generally the overall counselling services were rated as effective by the users.

Keywords: Evaluation, Effectiveness, Counselling Services, Undergraduate students, Personality Disorders

I. INTRODUCTION

A personality disorder (PD) is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture as manifested in cognition, affectivity and impulse control (APA, 2000a). Similarly, DSM-IV (2000) defines PDs as mental disorders characterized by chronic patterns of inner experience and behavior that are inflexible and present across a broad range of situations. The World Health Organization defines a mental disorder as the existence of a recognizable set of symptoms and behaviours, in most cases, associated with distress and interference with social function (WHO, 1992). Personality disorders are, therefore, a threat to mental health and by extension to personal, social and cognitive development. The symptoms usually lead to problems in social, occupational or other important areas of functioning.

Counselling is a critical therapeutic intervention in the management of personality disorders. Knowledge of the core characteristics of these disorders allows physicians to recognize, diagnose, and treat affected patients (Ward, 2004). As Morrison *et al* (2013) observe, cognitive therapy has a

positive effect on the severity of personality disorders. Early medical studies investigating the effectiveness of counselling were hampered by serious confusion about counsellors and counselling (Mellor-Clark, 2000). The "counselling" tested often failed to meet the standards established by the professional bodies for counselling. For example, in some studies it was assumed that doctors or nurses could deliver "counselling" without any dedicated training in counselling. The results of such studies were, obviously, unreliable and unhelpful.

More recent medical trials have overcome these problems and are based on tests administered to clients who have received counselling from qualified counsellors. As results from a number of such studies have become available it is clear that counselling achieves results comparable to anti-depressant medication with patients suffering from clinically defined depression (Chilvers *et al.* 2001; Rowland et al. 2001; Ward et al. 2000). When the effects of medication and counselling are compared over time (after the end of "treatment") results regarding longer-term effectiveness (prevention of relapse) are also broadly comparable (Chilvers *et al.* 2001; Rowland et al. 2001; Ward *et al.* 2000).

A major study of clients attending Relate Centres was conducted in the mid-1990s (McCarthy, Walker and Kain 1998). Clients completed questionnaires at the beginning and the end of counselling contracts, and again six months and twelve months after the end of counselling. Two-thirds of clients reported that they were glad they had gone and only 3 per cent said that they regretted having gone. Those who completed counselling contracts (and therefore did not withdraw without discussing the matter with their counsellor) reported the highest levels of satisfaction. A more recent study commissioned by ACCORD Catholic Marriage Care Service generated very similar results (McKeown *et al,* 2002). About two-thirds of respondents reported that counselling was beneficial to themselves and their children, and six out of ten reported it was beneficial to their relationship. This study also found dramatic reductions in stress levels both at the end of counselling and six months later. Some robust quantitative evidence is available about the mental health status of clients when they first present for counselling to university and college counselling services. Statistics compiled by the British Association for Counselling and Psychotherapy indicate very high rates of mental distress among students in general. There is need therefore, for effective couselling services in universities.

People need counselling when special concerns or difficult feelings arise. Most people have a problem with anxiety, depression, stress and relationships at some point. The goal of counselling is to learn about one's habits and patterns of feeling and behavior and how they cause the person problems. Thereafter the counsellee can then learn new habits and patterns which will be more successful for them. It is widely believed, and experience has shown that many of the problem-causing habits and patterns are things people have done all their lives and are so automatic that they don't even think about them as learned or optional behavior. Ward (2004) maintains that, within psychological settings, overall well-being and reduction in distress or provision of coping skills through psychological therapy is effective. The scholar argues

that there is strong evidence showing that psychotherapies are effective for treating personality disorders as well as improving occupational and social functioning in individuals with such diagnoses. In a systematic review of psychotherapy for personality disorders, Verheul & Herbrink (2007) found evidence that cognitive behavior, psychodynamic therapy, long-term outpatient and short-term day hospital group and individual therapies are all effective.

Another study indicating the efficacy of counselling in managing the emotional problems of young people was carried out in Scotland (Bondi *et al*., 2006). It sought to evaluate how successful a Youth Counselling Services initiative had been in providing confidential counselling services for young people in school and in the community, and in supporting young people experiencing behavioral, social and emotional problems in their personal development and in fulfilling their potential. Among the study objectives was one to measure therapeutic change and effectiveness, and another to assess satisfaction with the counselling service among young people who had used it. The results of the evaluative study showed that, of those who attended at least two sessions, the great majority reported improvements in self-rated well-being, and none reported any deterioration. Service-users who participated in in-depth interviews reported high levels of distress immediately prior to seeing the counselor and described not knowing who to turn to for support initially. All derived substantial benefit from counselling and expressed very high levels of satisfaction. They described improvements in relationships with others and in their capacity to regulate their emotions.

A number of factors have been identified as being critical to the success of counselling young people. In their study, Bondi *et al* (2006) identified these to include a variety of exercises, activities and use of creative media; the advice, strategies, options and techniques offered by the counsellor; the counsellor's flexibility, availability and responsiveness between the counselling sessions; and the counselling room. Exercises and activities include, for instance, drawing family trees and pictures, listing personal qualities and making self-portraits and masks. An important strategy is the ability of the counsellor to help the counsellee think through their situation and identify options or strategies for achieving their goals. As young people are prone to losing control or self-harming, the subjects in the study reported the benefits of being taught techniques for managing their feelings and impulses, interrupting negative thinking patterns, and for identifying alternative courses of action (Bondi *et al,* 2006). The counsellor's availability between sessions, either on the 'phone or in person, was highly regarded by service-users, and contributed to them feeling well supported and cared for.

The foregoing literature provides critical indicator variables for measuring the service provider factors that, as has been established, contribute to the effectiveness and quality of the counselling offered. Hence, it facilitates the assessment of the types of service provider factors that may have gone into influencing the effectiveness of the therapy offered to undergraduate students by the Kenyan university. It also demonstrates the validity of self-reported improvement in mental and emotional state, and expression of satisfaction with the services as a measure of the effectiveness of counselling

therapy. This literature provides the current study with variables to measure improved status in the personality disorder; namely, less emotional distress, increased capacity to regulate emotions, improved interpersonal relationships.

The literature contributes to the current study by illustrating that a relationship exists between therapy intervention and the mental state of the psychologically disturbed. It also points to an information gap on the same; as such an assessment in university counselling services in Kenya needs to be done. The literature provides a measure by which the university counselling services can be evaluated, namely, satisfaction level of the counselees, and reported improvements in relationships with others and emotional self-regulation. The purpose of the study was to evaluate the effectiveness of counselling services availed in addressing personality disorders among undergraduate students in Kenyan universities.

II. RESEARCH METHODOLOGY

The study employed the ex-post facto research design to establish the current status on the effectiveness of counselling on university campuses. To ascertain reliability, a pilot study was carried out in one university that was not included in the main study. In the course of the pilot study, the instruments particularly the questionnaire was updated to make the items more understandable and clearer. The target population was all undergraduate students in all public and private universities in Kenya, all deans of students, medical officers and all student counsellors. Through simple random sampling, 4 (2 public and 2 private) out of the 39 chartered public and private universities in Kenya, were selected to be included in the study. From the 4 selected universities, a sample of 384 students, 4 deans of students and 12 student counsellors were picked. Sampling of student respondents was done using the formula by Fisher *et al* (1991) which states that if the population (N) is more than 10,000 subjects, is applicable. The formula is:

n= $\dfrac{z^2pq}{d^2}$ (Equation for Sample Size Determination).

Where; n= the desired sample size by probabilistic sampling when the population is more than 10,000

z= the standard normal deviate at the required confidence level that is 1.96p=the proportion in the target population estimated to have the characteristic being measured that is 0.5 (which is 50%)

q=1-p that is. 0.5

d=the level of statistical significance set

As there is no estimate available of the proportion in the target population assumed to have the characteristics of interest, 50% is used as recommended by Fisher *et al* (1991) which when substituted,

n==$\dfrac{1.96 \times 0.5 \times (1- 0.5)}{0.05}$ = 384

The 4 universities selected for the study represented 10% of the total number of the chartered public and private universities in Kenya, which is adequate representation (Kothari, 2002) of the parent population in a qualitative study. To actual respondents at each university, random sampling

was used on students found available at the time of study. As for key informants, one dean, one medical officer and three counsellors were picked from each university. Counsellors can be many but there is usually just one dean and one medical officer in each university.

Online questionnaires and evaluation forms were used to collect information from student respondents, interview schedules for dean, medical officers and counsellors. Focus group discussions were held for peers of respondents. The observation schedule was used to collect data on the counselling environment. Data collected was analyzed using the online site (4degreez.com) and the statistical package for social sciences (SPSS).

III. RESULTS AND DISCUSSION

Objective 3 of the study sought to evaluate the effectiveness of the counselling services provided in addressing personality disorders among undergraduate students. The study looked the regularity of therapy sessions, how counselling led to reduction in emotional stress and how it increased ability to regulate emotions, opinions on the effect of counselling especially in interpersonal relationships. The study also sought generally to establish effectiveness of the university counselling.

REGULARITY/FREQUENCY OF THERAPY SESSIONS

The study sought to establish the regularity of the counselling sessions from respondents, recognising this as being important, based on the literature reviewed (Linehan, 1993). The results are shown in Figure 1.
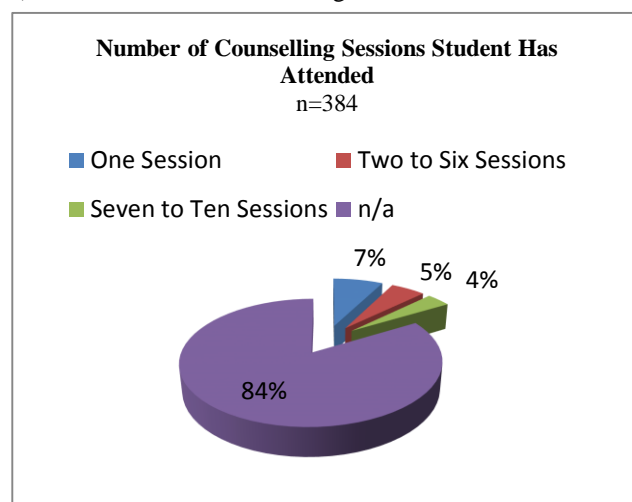
Source: Field Data, 2015
Figure 1: Frequency of Use of the Counselling Service

The results in Figure 1 indicate that 19(5%) had attended two to six sessions, and 15 (4%) had attended seven to ten sessions, making a total of 35 (9%) of counsellees attending more than one session with their counsellors. Twenty-seven (7%) counsellees had attended one session. Yet majority of 322(84%) respondents had not attended counselling. It is possible that some of these were still undergoing the process of counselling. Frequency of sessions has implications on the quality of relationship forged with the

therapist; Littauer *et al* (2005) assert that a good connection between therapist and client can happen quite quickly, even within the first 10 minutes, but on average it takes 2-3 sessions for a relationship to be formed. This in turn implies some amount of effectiveness of a counsellor. Deans of Students expressed disappointment that only about 2(2%) of students attend counselling which is in agreement with the findings of the student respondents 63(16%). It seems the services were lacking in adequacy to attract more students.

Students who have attended counselling only a few times may be those whose problems ended or they were now in a position to solve their issues on their own, outside therapy (Peters & Miller, 2004). On the other hand, those attending a few counselling sessions may have given up and were discouraged. It is important that counsellors do a follow-up to know reasons why counsellees only attend a few sessions of counselling. The counselling relationship between counsellor and counsellee contributes greatly to how successful therapy will be. Counselling is about building rapport and trust with the counsellor so that a client feels comfortable to open up and voice their worries. The relationship is built on trust and confidentiality and can make all the difference between a positive and a negative counselling experience.

The frequency of sessions is a mark of the Dialectical Behaviour Therapy, which the 12 (100%) of counsellors reported they employ. It includes teaching students skills in interpersonal effectiveness, distress tolerance/reality acceptance skills, emotion regulation, and mindfulness skills are taught (Borchard, 2011). These skills serve to counter the effects of personality disorders. For example, students with antisocial PD which causes a lack of empathy, the affected person is taught to be mindful, those with the mood swings of Borderline PD learn how to regulate their emotions, and those afflicted with the chronic anxieties of Avoidant PD learn distress tolerance.
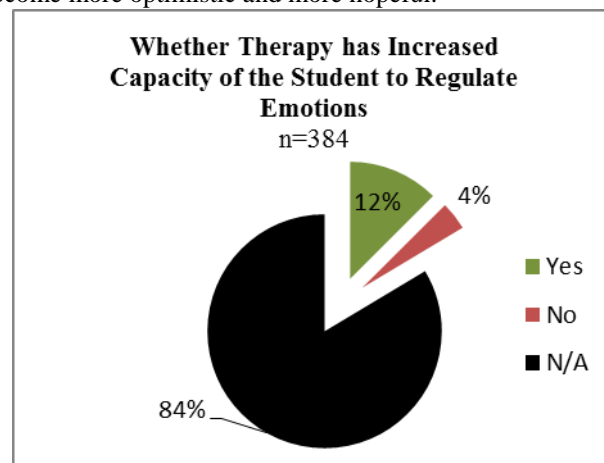
EFFECTIVENESS OF COUNSELLING RESULTING IN LESS EMOTIONAL STRESS
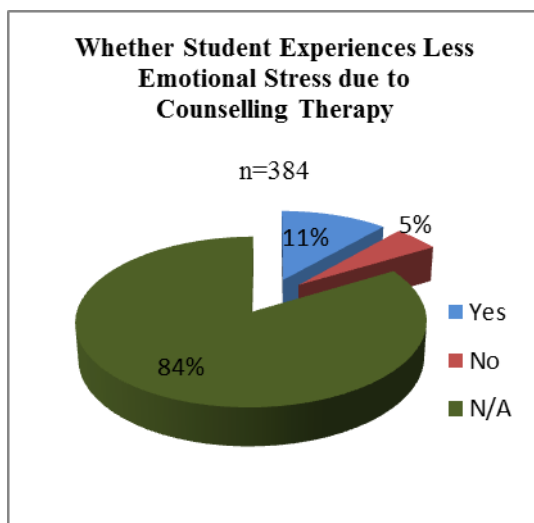
Source: Field Data (2015)
*Figure 2: Whether Therapy Outcome is Less Emotional Stress*

Results in Figure 2 show that 42(11%) students acknowledged that counselling had helped them experience less emotional stress while 19(5%) said it had not. Majority

321(84%), however, did not attend counselling. These gave no comment on the services. McKeon *et al* (2002) concur that counselling reduces stress levels. Wallace (2012) corroborates with the current study in that counselling increases students' understanding and ability to cope with problems and to become more optimistic and more hopeful.

Source: Field data, 2015
*Figure 3: Whether Therapy Outcome is Increased Ability to Regulate Emotions Among students*

Similarly, Figure 3 indicates that while majority of students 321(84%) did not have any opinion on whether counselling could help in improving interpersonal relationships, 35(9%) and 8(2%) strongly and agreed respectively that it had. The rest 19(5%) were not sure. Those who were not sure had probably not taken stock of changes. The study by McKeon *et al* (2002) corroborates with this study.
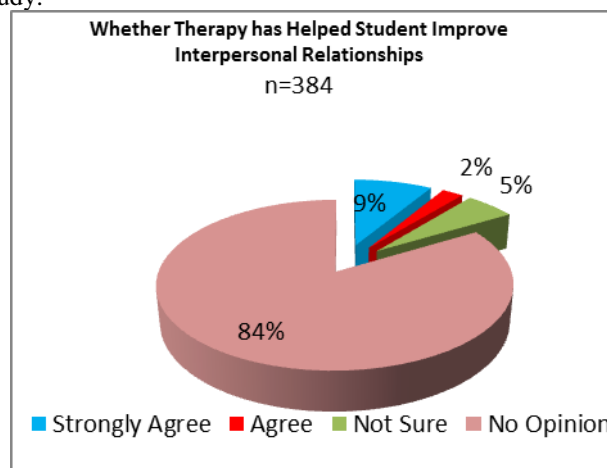
Source: Field Data, 2015
Figure 4: Whether Therapy has Helped Students Improve Interpersonal Relationships

Figure 4 gives results indicating that 12% students had increased capacity to regulate emotions through counselling while 4% said it had not. As noted before, 84% had no opinion. They obviously had not attended any counselling. These findings were in line with those of Bondi *et al* (2006) whose evaluative study found that of those students who attended at least two counselling sessions, majority reported improvements in self-rated well-being and able to regulate their emotions.
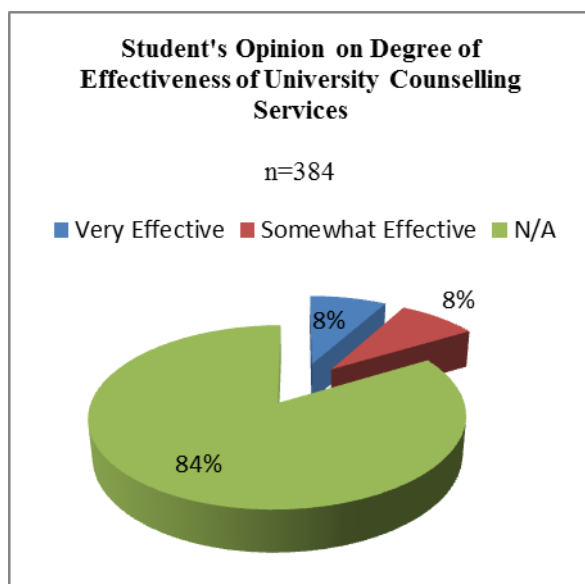
Source: Field Data, 2015

Figure 5: Student's Opinion on Effectiveness of University Counselling Services

Figure 5 gives results on the opinion of students about the overall effectiveness of the university counselling services. All those who had attended counselling in all universities reported that the services were effective. Therapeutic relationship between counsellor and counsellee is a crucial factor in determining the effectiveness of counselling (Roth & Parry, 1997). Nyingi (2014) is concerned that although students in school agree on the importance of counselling, the services are not given due attention. The author says that counselling is carried out in unsuitable places such as dining halls, open grounds and principals' offices. Apart from the counselling relationship between counsellor and counsellee, the counselling environment is also important for effective counselling to take place,

Medical offices in the current study asserted that they were able to rate the counselling services from students. One reported:

The students tell us themselves. We have no way of assessing how the counsellors are doing their work". Yet another confessed, "We are still very deficient. Staffing is not adequate and the students have a lot of problems. We need more counsellors and the skills of the current ones need enhancing. We have had cases occasionally in the ward when we call upon the counsellors to provide their services but we don't really see their effectiveness, and fall back on our nurses to continue counselling the ailing students (Field data, 2015

Deans of Students on their part thought counselling interventions have been successful in assisting students with avoidant PDs to acquire assertiveness. This information is obtained by interviewing other students and heads of departments on the behaviour improvement in students. Counsellors reported that they measure effectiveness through the gratitude expressed by students who have been helped. They also reported that parents call counsellors to give their appreciation. Gatua (2014) is in agreement when he asserts that counselling enhances positive, social and emotional adjustment.

IV. CONCLUSION AND RECOMMENDATIONS

Counselling among undergraduate students has been found to be effective in addressing personality disorders. The various therapy options have been used to manage the pds in a moderate way. What seems wanting is lack of sufficient exposure for the students. The study recommends that counselling centres be sufficiently staffed, better equipped and adequately furnished.

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