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A Conceptual Model for Counseling Adult Mentally Retarded Persons

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Abstract

Adult persons with mental retardation have the same basic needs as other persons. They have the potential to benefit from counseling intervention if the counselor: (a) considers the basic needs, limitations, and assets these persons bring to the counseling interaction; and (b) selects an appropriate counseling method. A conceptual model for providing counseling services to adult mentally retarded persons is presented and described.

Prior to the 1950s, it was generally believed that mentally retarded persons could not benefit from counseling and therapy, and the focus of intervention was on the family, especially the parents of mentally retarded individuals. Today, it is becoming more accepted that "Parents, siblings, and retarded individuals should have access to guidance and counseling from the moment of the birth of a child recognized or suspected of being retarded" (Schulman, 1980, p.194). However, the relative dearth of literature on counseling with retarded persons attests to a general tendency to question or to disclaim the possible effectiveness of such interventions. Moreover, there is still a tendency to focus intervention strategies on the family, rather than upon retarded individuals themselves.

Several authors have noted the similarities in emotional disorders of persons having mental retardation and other individuals (Mirabi, 1984; Szymanski, 1980). These authors stress the fact that the emotional structure of all persons is similar. What differs for mentally retarded persons is the way these difficulties are manifested. They may, in fact, have higher rates of emotional disturbance and special difficulty coping with stress, precisely because their social, interpersonal, and coping skills are poorly developed (Mirabi, 1984). They tend to have negative self-perceptions and lack insight regarding intrapersonal concerns and interpersonal relationships (Menolascino, 1970).

A variety of counseling strategies have been used with mentally retarded adults, and they vary according to the setting and goals of the setting. For example, in work-oriented agencies and also in schools, work adjustment, employment placement, and vocational counseling are frequent strategies (Brolin, 1976; McCue, 1984; Smith, 1981). In independent living environments, leisure and recreation counseling have been effective (Dunham & Dunham, 1978). Revell and Arnold (1984) indicate that multiple approaches to working with this population are necessarily based on the continuum of needs these individuals express. Accurate assessment of those needs is a prerequisite to planning successful treatment (Smiley, 1974).

The most effective counseling interventions with mentally retarded persons have been those that are concrete, specific, behavioral, directive, and action-oriented (Mirabi, 1984). Both individual and group therapies have been used depending upon the verbal skills of the clients. Therapies that have been implemented with selected clients include assertion training (Granat, 1978), play therapy (Mirabi, 1984), family therapy (Mirabi, 1984), supportive counseling (Hayes, 1974), individual relationship therapy (Dosen, 1982), sexuality counseling (DeLoach & Greer, 1981; Monat, 1982), individual psychotherapy (Prouty, 1976; Szymanski, 1980), and group counseling (Blocher, 1966; DeLoach & Greer, 1981; Gearheart & Litton, 1979).

Some of these approaches have been successful with some clients some of the time. While based on knowledge about mentally retarded individuals, they lack a systematic, comprehensive, replicable model for linking characteristics of mentally retarded individuals with counseling strategies. The delineation of such a model is the focus of this article.

A Counseling Model for Mentally Retarded Adults

The proposed model for counseling mentally retarded adults is based upon the counselor's knowledge of the mentally retarded person's needs, behavior, abilities, and limitations. The model also takes into consideration the needs of the counselor and how he or she interacts with the mentally retarded person. Each of these factors are discussed as they fit into an integrated counseling model.

Most counselors understand that all behavior of an individual, whether it is desirable or not, is based on that person's needs. Thus, we recognize that ***meeting the person's needs*** must become part of the goals of the counseling process. This is equally true for mentally retarded adults as for all other clients. Some of their basic needs, such as attention, security, power, fairness, and accomplishment can be fulfilled within the counseling process. In addition, the counselor

can facilitate planning how these needs can be achieved outside of counseling. For example, the counselor may need to provide instruction or to conduct a problem solving conference with the counselee on how to satisfy his or her physiological or sexual needs if they are not being fulfilled; or if attempts are made to fulfill them in socially inappropriate ways.

Many times a person's inappropriate behavior will provide a clue as to which basic needs are not being satisfied. The counselor's mode of operation should be (a) to ***select a counseling method*** which both satisfies the basic need which is deprived; and, (b) to establish instruction or a plan with the person on how to fulfill that need in a more acceptable manner. For example, a person struggling to achieve power could be counseled via a problem solving process. Discussion may lead to plans whereby the person may achieve greater power in controlling his or her own actions outside of the counseling session.

Additionally, there are ***barriers to successful counseling*** with mentally retarded persons which must be considered. Many professionals have considered these barriers to be so great as to preclude effective counseling with retarded persons. Hence, they have failed to utilize appropriate barrier intervention or circumvention methods. Some common barriers are listed in Figure 1 along with a variety of intervention strategies the counselor may use.

Figure 1
Coping with the Barriers to Counseling Adult MR Persons

Barriers	Counselor Coping Methods
1. Communication limitations	a. Simplify vocabulary
	b. Gesturing
	c. Sign language
	d. Communications board or book
	e. Pictures
	f. Role playing/rehearsal
2. Comprehension limitations	a. Contracts
	b. Drawings
	c. Pictures
	d. Models
	e. Role rehearsal
3. Reasoning limitations	a. Logical/natural consequences
	b. Role play consequences
Not forseeing consequences	c. Rehearsal of solutions
Persuadable:	d. Reality confrontation & value judgment
Models poor roles:	
Not understanding options	e. Problem solving conference
	f. Role play options
4. Memory limitations	a. Verbal cues
	b. Visual cues
	1. contracts
	2. cartoons
	3. signing
	4. pictures
5. Social perceptivity limitations	a. Disclosure via I-messages
	b. Reality confrontations/ therapy
	c. Role play social reversals
	d. Role rehearsal of social responses to situations
6. Non assertive withdrawal	a. Assertiveness training
	b. Role rehearsal of solutions

The intervention strategies are listed in Figure 1 in a hierarchy from the simplest or least powerful strategy to the most complex or most powerful strategy. The weaker strategies should be tried first when the mentally retarded person's barrier(s) to counseling is (are) not very great. If the barrier is greater, then a more powerful and complex intervention strategy must be applied. For example, if the retarded person has a mild receptive communication barrier, then the counselor may merely simplify the vocabulary used in the counseling session and achieve success. However, if the person's receptive and expressive communications are severely limited, then a more powerful strategy such as the use of sign language, a communication board or a picture book could be used as a circumvention of the communication barrier. Reference must be made to Figure 1 for a complete listing of suggested counselor coping methods to use with mentally retarded persons who have barriers to successful application of traditional counseling methods.

The barriers to counseling effectiveness for mentally retarded persons are partially offset by ***assets*** which mentally retarded persons bring to the counseling process. These assets and the implications for counseling success are described in Figure II. They include the responsiveness of mentally retarded persons so encouragement, their ability to understand and deal with emcrete events, a sensitivity to the feelings of others and willingness to trust in the counselor, among other assets. Often the staff member who is working with a person who needs counseling will overlook the person's assets. Too often the person who has mental retardation is considered "hopeless" because the staff member only considers the person's disability and not his or her assets. Every mentally retarded person will not possess all seven of the listed assets.

Figure II
Assets of the Adult MR Person Implications for the Counselor

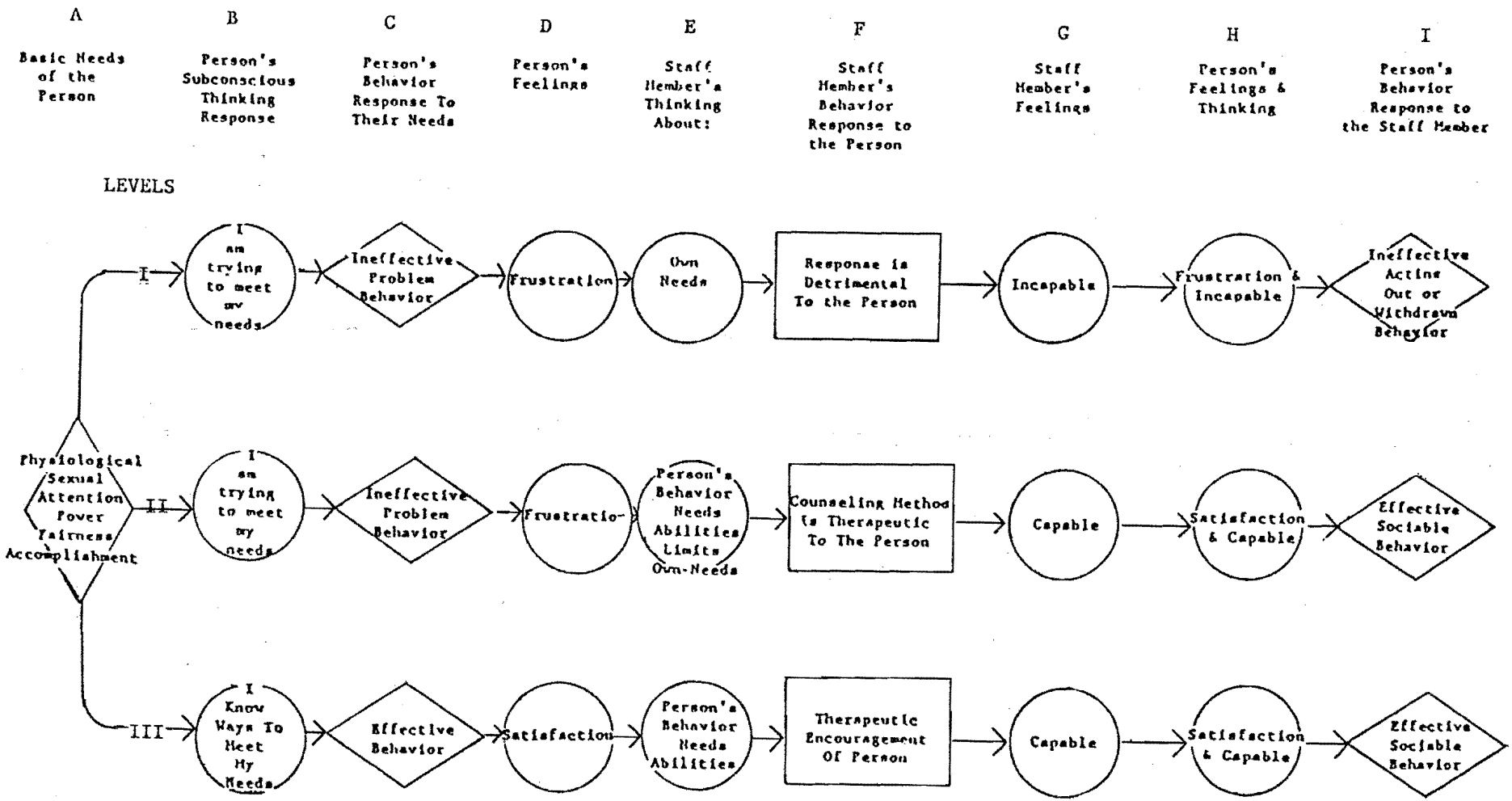
	Typical Assets	Counseling Implications
1.	Wants to please	Will seek out the counselor; Will respond to encouragement
2.	Available time	Will have time for counseling and practice of problem resolutions.
3.	Concrete conversation	Will be easy to understand and deal concrete events.
4.	Self disclosure	Will freely share own feelings and experience.
5.	Empathy	Will be sensitive to the feelings of others.
6.	Trusting	Will trust the directions of the counselors.
7.	Models others	Will be responsive to role playing techniques.

Persons with mental retardation may have assets related to the counseling process which increase the probability of success and should be viewed by the counselor as positive reasons for attempting counseling with such individuals.

The interaction between the mentally retarded persons and the counselor can best be portrayed in the proposed counseling model depicted in Figure III. Figure III portrays the in-

FIGURE III

Counseling Model For Adult Mentally Retarded Persons



tegrated and continuous counseling model proposed for use by staff who work with mentally retarded persons.

The model depicts three levels of client and staff interaction. In the first two levels the client has ineffective behavior oriented towards fulfillment of his or her basic needs, while in level three the mentally retarded person is effective in meeting his or her needs. The counselor is ineffective in level one, more effective in level two and both effective and encouraging in level three. The effects of these various interacting components on the client and counselor are subdivided into eight areas (see top line of figure). Level one depicts the interaction sequence between a mentally retarded person who has ineffective adjustment behavior and a counselor who fails to consider the client's needs. The counselor focuses on his or her own needs (instead of the counselee's) which leads to a defensive instead of a therapeutic response on the part of the counselee. Columns A through I convey from left to right the flow process from the basic needs of the mentally retarded person and the staff member, shown in columns F through I. Each step of the interaction process will be elaborated in the following paragraphs.

How retarded persons subconsciously or consciously think about fulfillment of their basic needs (column A) is the essence of their personality and internal motivation for behaviors, whether effective or ineffective. These internal thought patterns (column B) are the guiding forces which determine the resulting behaviors (column C).

Regarding physiological needs, they likely think, "I feel good when I eat, drink, sleep or take a sedative, but sometimes I don't know when to stop." The internal message regarding the sexual need is, "I feel excited when I'm noticed or touched, but I don't know how to share my excitement with others." The security need belief is that, "I feel secure when I'm safe from stress." Some persons maintain their security by avoiding stressful tasks which leads to refusals to work, quitting work, or slow non-productive work. The attention need thought is that, "I feel good when you pay attention to me." Excessive talk, hugging, illness, and various misbehaviors may be negative mechanisms to obtain attention. The power need often is inappropriately met as a result of the thought, "I feel powerful when I defeat you." The fairness need when not met satisfactorily may lead to the thought "If you aren't fair with me I don't have to be fair with you." The accomplishment need, when not achieved with productive work is then met through non-productive activity based upon the thought, "I feel important when I'm doing something" even though the activity may be useless or counter productive.

Understanding mentally retarded persons' internal needs, their confused thinking about how to meet those needs, and why they exhibit inappropriate behaviors, will reduce the chances that counselors will respond negatively to them. Such insight will increase the probability that they will choose a counseling method or methods which will meet the basic needs of the person in the counseling process, will clarify the person's confused thinking, and will assist the person in altering or learning new behaviors which eventually will fulfill the person's basic needs.

The previous explanation is a brief overview of columns A, B, and C in the counseling model in Figure III. The person's feelings (column D) at a particular point in time can best be understood as an internal feeling response to the effectiveness of a behavior to fulfill a basic need.

The staff member's thinking about what the person has been doing is incorporated into the model (column E). Staff members' thinking will focus on themselves if they are feeling threatened or helpless. More capable staff members will think about the mentally retarded person's feelings, behavior, needs, abilities, and limitations. Capable staff member will also think about feelings and will judge whether these should be shared, and will determine whether those feelings may detrimentally effect the staff member's counseling judgment. Capable staff members will think about optional counseling methods which may be used which fit the client's characteristics and needs.

The staff member's or counselor's thoughts are implemented into a behavioral response (column F) which may be detrimental or therapeutic for the counselee. Examples of detrimental responses could be vocal or physical abuse, ignoring the person, taking total control of the person, or providing unrealistic punishment. The more capable staff member may choose to empathically listen to the person explain his or her experience and feelings; then, utilize an action oriented counseling method such as implementing a natural or logical consequence (Driekurs, 1968), applying reality therapy (Glasser, 1965), developing a contract (Walker & Shea, 1984), or directing a role playing and rehearsal session (Schulman, 1980) to solve the problem and to fulfill some basic need of the individual in the counseling process. The counselor will have a feeling response (column G) to what was tried (column F) and the client also will have a feeling response (column H) to what is said and done by the counselor. The person's feeling and thinking response (column H) will be the motivation for a behavioral response (column I). The counselor will feel capable and the person being helped will feel satisfied, think of him or herself as being capable and will respond in an effective manner.

This successful experience for the person moves them to level 3 on the counseling model in Figure III. The person now knows another way to meet his or her basic needs and has new confidence to be an effective person in achieving these needs.

At level 3 the counselor merely encourages the efforts and successes of the person. Through encouragement and success the person will continue to exhibit behaviors which are acceptable to the counselor, to the individual's social context, and which are effective for the individual in achieving his or her own needs.

The counseling model incorporates the qualities of effective counseling interventions with mentally retarded persons reported in the literature. Those desired qualities are to use concrete, specific, behavioral, directive and action oriented techniques. The counseling model and the techniques proposed in this article meet the necessary qualities of effective counseling which are cited in the literature.

Conclusions and Implications

This article describes a counseling model for counselors serving adult mentally retarded persons who have counseling

needs. It has been developed based upon a knowledge of mentally retarded persons and knowledge of the counseling strategies which have been historically utilized with them. The model has been developed and piloted with staff serving adult mentally retarded persons in vocational and residential agencies. Further research rising this model in sheltered workshops and residential settings is needed. Such research may contribute to refinements in the model and improve its efficacy in providing counseling services to mentally retarded individuals. Most importantly, use of this model can improve services to mentally retarded persons and enhance the interaction of staff members working with these individuals.

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