

Youth with Problem Sexual Behaviors: Effective Diagnosis, Treatment and Counselor Wellness

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Abstract

Youth between the ages of 12 and 17 account for the majority of sexual assaults in the United States. Counselors who work with youth with problem sexual behaviors need to have appropriate clinical skills consistent with current professional knowledge to increase effective results. The purpose of this transcendental phenomenological study was to describe the lived experiences of counselors who work with youth with problem sexual behaviors. Husserl's transcendental phenomenology was the conceptual framework for this study where the focus of phenomenology is pre-suppositional. Hence, through the process of reduction, this study was aimed at illuminating the essence of problem sexual behaviors as lived experiences, and no additional frameworks could be added. A purposeful sample of eight licensed professional clinical counselors employed at a mental health agency shared their experiences through semi structured, in-person interviews in their natural settings. The data was collected, transcribed, and analyzed through horizontalization, clusters of meanings, and coding for emergent themes. The findings for this study highlighted the need for self-care strategies related to wellness and job performance as well as the need for more specific training in graduate school. Academic institutions and mental health programs can use the results of this study to amend certification areas on the requirements and clinical skills necessary for counselors working with youth with problem sexual behaviors, resulting in effective clinical outcomes and reduced counselor impairment.

Keywords: Sexual behaviors; Counseling challenges; Professional impairment; Impaired counselors; Diagnosis and treatment

Introduction

Mental health counselors with minimal knowledge and clinical skills to counsel youth with problem sexual behaviors are prone to stress, frustration, discouragement, and impairment [1]. Ryan et al. [2] contended that professional and ethical issues occur when counselors lack the proper understanding, skills, and training to counsel youth abusers. Research studies have shown results on the negative attitudes of counselors towards youth with problem sexual behaviors based on perceptions and distorted thinking [3-5]. As a result, counselors identified youth with problem sexual behaviors as criminals who need punishment instead of clients who need counseling services [1]. For this reason, mental health practitioners are to adhere to the American Counseling Association ethical guidelines to work within the scope of their competence and recognize symptoms of impairment that disrupts their ability to function professionally and socially [6]. Data uncovered from the past decade demonstrated an increase of 20% of youth involved in criminal sexual behaviors [7]. To that end mental health practitioners working with youth with problem sexual behaviors encountered challenges and controversies such as occupational hazards, academic deficiency, ethical concerns, and professional impairment [7].

The issues affecting professional functioning increase as mental health and other healthcare professionals exhibit symptoms of emotional, mental, and physical distress [8]. Brennan [9] contended that counseling is emotionally draining for mental health practitioners. Additionally, counselors impaired are incapable of maintaining work or social obligations or interacting and thinking in a reasonable

manner without mistakes [9]. Signs of impairment as discussed by Emerson and Markos [10] are manifested by symptoms of depression, stress and anxiety, chemical and alcohol abuse, exploitation of clients, chronic physical illness, over-involvement and over work, temporary emotional imbalance, contagion, and burnout.

In this study, we sought to uncover the lived experiences of Licensed Professional Clinical Counselors (LPCC) working with youth with problem sexual behaviors. This study is part of the primary researcher's dissertation study on which the second author served as Chair. A phenomenological approach allowed participants to illuminate their lived experiences related to the topic under investigation [11,12]. The participants' responses provided an understanding of their subjective experience of the phenomenon.

Method

This study employed a qualitative transcendental phenomenological design because the open-ended research question suggested the need for an accurate description of the phenomenon through the subjective eyes of the individual; it integrated the individual experiences into a description of the phenomenon [13]. In transcendental design a person's awareness, consciousness, and understanding when analyzed reveal the essence of their experience [14]. In other words, phenomenology is a person's subjective point of view of a phenomenon without world views or bias [15].

Transcendental phenomenology

Transcendental phenomenology specifically identifies a phenomenon as described by a human experience [15]. It is a detailed description of a phenomenon through the subjective eyes of the

individual [13] used to gather descriptive information that analyzes the person's awareness, consciousness, and understanding of their experience [14]. Importantly, transcendental phenomenology allowed for an accurate description of the research participant's experiences and provided the framework for accurately exploring LPCC's perception of youth with problem sexual behaviors [16].

Positionality

The researcher is the instrument in qualitative methods. In other words, the researcher collects and analyzes the data and in transcendental designs engages in bracketing to suspend preconceived notions and reduce bias [17,18]. The primary researcher for this study was a counselor education doctoral student and LPCC. The secondary researcher was a counselor educator in a Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited doctoral program and served as the primary researcher's dissertation chair.

After receiving IRB approval, the regional director of a local mental health agency was contacted to obtain authorization to recruit participants. In concordance with qualitative designs criterion sampling was used to identify and select LPCCs who have knowledge on the topic and could describe the impact of their experiences [19,20]. The following criteria was used to identify participants: licensure as an LPCC in the state of Ohio and have one to three years of counseling experience with youth with problem sexual behaviors.

Demographics

The participants in this study consisted of eight LPCCs. Six of the participants were female and two were male; their ages ranged from 22 to 45; four were White, three were Black, and one was multiracial. All eight participants had 1–3 years of experience as a counselor. Additionally, the two male participants had previous experience as a probation working with high-risk youth with sexual and behavior problems officer at a juvenile detention center. All the participants described themselves as having an educational background in psychology or community counseling as a part of their current position as an LPCC. The participants provided detailed descriptions of their experiences, which contributed to the emergence of three themes.

Data collection

Semi-structured interviews were the primary source of data collection. Each participant engaged in one digitally recorded 60-minute semi-structured interview. Six of the interviews were at the participant's place of employment and two were held at the local public library in a private study room. There was no evidence of personal or organizational conditions such as employment or personal duress that could influence the results of the study. Following manual transcription of each interview, the information was uploaded to NVivo to help highlight similarities found in words, phrases, and patterns.

Data analysis

Data analysis consisted of horizontalization, clusters of meaning, and coding. Horizontalization is the first step in analyzing data and connected to bracketing whereas the researcher must be careful to demonstrate behavior that is unbiased when analyzing data

information [13]. Moustakas [13] described clusters of meaning as units such as, words, phrases, and patterns that are significant to the topic, and group these units together. Clusters of meaning illuminated key themes that are conclusive in showing the intrinsic nature of the themes meanings. The clusters in this study determined the similarities of words, phrases and patterns in the participants' statements to the interview questions. Coding was used for identification of the participants descriptions of their lived experiences of the phenomenon and NVivo to help organize, categorize, sort, and store data. The three emergent themes were: (1) personal responsibility, (2) self-care, and (3) training.

Trustworthiness

Rigor or quality of data ensures the trustworthiness of its findings [19-21]. In a qualitative study, the intent of trustworthiness supports the value and soundness of the study's findings by the accuracy of detailed data [19,21]. Anney [22] proposed the reliability of trustworthiness in a study's findings establish four criteria including, credibility, transferability, dependability, and confirmability.

Credibility

Credibility reflects the truthfulness of the study's findings from the data collected from interviews, notes, and recordings from participants in the study [22]. In this study, credibility was established through interviewing and audio-recordings to elicit descriptive information from the participants on the phenomenon being investigated [11]. Triangulation through multiple data sources helped determine the accuracy of the data revealed by the participants [11,20].

Transferability

Transferability is the level by which research can be transferred to other contexts that construct an explanation for similarities in the data source [22]. To accomplish transferability, notes from interviews and conversations recorded with participants were used to describe and clarify similarities among people that characterize the patterns of their behavior affected by cultural and social relationships [23-25].

Dependability

Dependability tests consistency and stability of data collection procedures across time, conditions, and cultures [21]. The use of audit trails for maintaining records on how the research was conducted validated the truthfulness of the study's findings [21]. Thus, audit trails were necessary for this study as a blue print to researchers for future studies.

Confirmability

Confirmability in research is the acceptance and accuracy of the study's results reflected by the perspectives of the participants [22]. The most accepted strategies of confirmability for research include audit trails and reflexivity. Audit trails are procedural records of the study [21] and reflexivity constitutes what the researcher knows about oneself, the participants in the study, and preconceived bias about the research subject [11]. To neutralize bias that might occur in this study because of prior experience as an LPCC counseling youth with problem sexual behaviors, bracketing was used to remain objective [11].

Results

The data guiding the research question revealed LPCCs that lacked the appropriate academic learning and clinical skills are unprepared to work with youth with problem sexual behaviors. The findings are the results of the analysis of the following components: setting, demographics, data collection, data analysis, trustworthiness of data, and data results. Moustakas [13] identifies themes by using words and phrases that are put into clusters for textual structural descriptions that reveal core themes of the individual experiences. To illustrate, this study uncovered themes from participants responses on their experiences working with youth with sexual behavior problems.

Theme 1: Personal responsibility

The participants acknowledged experiencing emotionally intense feelings and dominant emotions which included frustration, anger and fear. For example, Participant A stated, "When a youth refuses to cooperate and acts out, I feel very frustrated at that youth." Participant C discussed frustration towards the juvenile system and stated, "Most of my frustration is not directed toward the young men, but to the juvenile systems. Working with so many different agencies you see different views, and this becomes more challenging to get everyone on the same page." Participant D emphasized, "My frustration is when a youth purposely creates a negative situation that sets off a bad chain reaction with the other youth." Participant F stated, "When we work with our clients you're supposed to meet the client where they're at, but that doesn't always work out and it's very frustrating and makes me angry because you hate to see the client move backwards and not forward."

Three of the participants discussed fear as dominant emotions that influenced their ability to perform on a professional level. For example, Participant B feared for younger male family members and stated, "I'm always asking my two younger nephews did anyone hurt you today? There's no reason it's just, you now look at the world and people differently knowing that stuff." According to Participant E, "Whenever I'm working with a kid I want to make sure that I'm saying things and doing things that are influencing him to be better, but I fear that I'm not doing enough or maybe I don't understand enough to help the kid do better." Participant G discussed, fear as a dominant emotion because of a prior work experience at a juvenile detention center and a youth committing suicide while on duty and stated, "Whenever a kid talks about suicide it concerns and scares me because I'm afraid something is going to happen, and I will be blamed for it." Participant D discussed occasionally responding negatively and angry to youth and stated, "I am angry at times when the youth understands they have done things that are criminal and inappropriate, but they say they can do what they want without any consequences. I just want to tell them that they need to get their shit together." The clusters in theme one included: (a) dominant emotions and (b) influential emotions. In this study, dominant emotions signify the participant's feelings to job satisfaction. Influential emotions reveal participants self-doubt on their professional skills as a counselor.

Theme 2: Self-care

The participants acknowledged that challenges and struggles exist on the job, and how they choose to respond varies. All the participants discussed the importance of having a self-care plan to prevent impairment. To illustrate, Participant C stated, "I feel self-care is absolutely needed in the profession. As a therapist I practice living a

healthy life style and take mental health days and attend trainings to increase my counseling skills." To emphasize Participant E stated, "I have a mission of self-care and use relaxation techniques daily and attend workshops to stay motivated." In accordance with ACA [6], mental health counselors are to monitor their mental and emotional well-being to be effective and successful counseling clients and implement self-care strategies for professional stability. Carter and Barnett [26] asserted that, counselors that develop a professional self-care plan by seeking out advice from colleagues with more experience, and regularly attend professional development workshops and training would prevent or decrease impairment. All the participants agreed that self-care strategies are necessary to prevent impairment. The clusters in theme two included: (a) self-care, (b) preventing impairment that included professional workshops and training. In this study, self-care strategies and professional workshops and training are utilized to prevent impairment.

Theme 3: Training

The data uncovered a common theme that participants academically lacked particular prerequisite classes and training that specifically targeted the risks and needs tailored to effectively treat youth with problem sexual behaviors. Stovering et al., [27] contended that, counselors who work with youth sexual offenders should have the appropriate level of education, expertise, and instruction for effective counseling and treatment [27]. This finding is in concordance with literature that suggest there are issues in academic counseling programs excluding curriculum that address the clinical skills needed to work with youth with problem sexual behaviors [1]. Additionally, Nelson et al., [4] contended that academic and mental health programs should identify the specific clinical skills necessary for new and counselors-in-training who choose to work with youth with problem sexual behaviors. The participants acknowledged that they learned the fundamental principles of theory in their academic institutions but lacked in implementing practical application or hands-on-training in internship. For example, Participant B stated, "I learned the principle applications of theory, but practical application of implementing interventions was through hands-one training with clients. Additionally, participant G emphasized, "My academic institution provided a wide scope in understanding the principles of theory, but internship provided clarity in using techniques and strategies with clients." Participant D stated, "I don't feel like I was prepared academically, what I learned about these kids I didn't learn in school but by hands-on-training." All three statements illuminate the need for more training in academic and mental health programs.

Discussion and Conclusion

According to the literature, counselors who provided counseling services to youth with problem sexual behaviors faced work challenges through intense face-to-face interaction and confrontation. All participants acknowledged that there were indeed occupational hazards. Counselors consistently exposed to trauma work conditions are in danger of experiencing psychological and personal disturbances that limits their ability to function professionally [28]. The participants discussed learning the general principles of theory; however, in each program effective clinical skill sets in the diagnosis and treatment for youth with problem sexual behaviors were lacking [29]. This finding supports the notion that counselors working with youth with problem sexual behaviors who lack the appropriate level of education, expertise, and instruction are in danger of providing clinical services that do not

produce positive outcomes for the client [27]. Chassman et al., [1] found that issues exist in academic institutions such as academic or preservice counseling, and counselors that lack prerequisite skill sets in diagnosis and treatment of youth with problem sexual behaviors. Further, previous research has established that academic institutions and mental health programs should recognize the importance for new counselors and counselors-in-training to have prerequisite skills that specifically target the needs and interventions for youth with problem sexual behaviors. The final response from participants' raised concerns on the ethical issues encountered working with youth with problem sexual behaviors. Their responses focused primarily on counselor incompetence, confidentiality with minors, and the effect or consequence it presents to their professional integrity. The literature supports that ethical challenges exist during the counselors practice, and they must use caution to abide by ethical practices and standards to maintain their professional values and professional identity [6,30]. Additionally, the literature supports counselors who work with minors face challenges with ethical dilemmas such as confidentiality, counselor competence, and reporting child abuse and child neglect APA [31], AMHCA [32], CDC [33] Department of Health and Human Services, 2012; Lawrence and Kurpius [34]. Counselors using ethical principles in practice lesson the opportunity for legal repercussions [35]. The information provided in this study demonstrated that ethical issues continue to persist in counseling youth with problem sexual behaviors. The literature supports counselors should dismiss unethical behavior that interferes with competence in the profession, and the welfare of the client [6,31,35]. Furthermore, counselors should abide by the principles of professional ethics for making moral decisions, ethical behavior [36], and ethical intelligence to empower their perception and personal responsibility [37].

Implications for Practice

In this study, we explored the lived experiences of LPCCs working with youth with problem sexual behaviors. The findings in this study heightened awareness of the prerequisite skills necessary to effectively diagnose and treat youth with problem sexual behaviors and protect counselors from impairment. The implications for positive social change provided an opportunity to increase understanding of counselor's perceptions on the clinical skills most effective for quality client care and outcomes. The information obtained from the LPCCs in this study, can amend certification areas closely associated to the requirements and clinical skill sets for working with youth with problem sexual behaviors [38-41].

The important issues emerging from the findings for this study are, (a) counselors have inadequate skills to be effective working with youth with problem sexual behaviors, and (b) counselors implement self-care strategies as a coping mechanism. Based on the findings of this study, academic institutions need to ensure adequate clinical skill sets for youth with problem sexual behaviors present more thoroughly to better prepare new and future counselors who choose to work with this population. Counselors who have inadequate skills are at risk for impairment in their professional performance [2]. One suggestion could be, early preparation and training could help counselors better prepare how to work with youth with problem sexual behaviors [27].

Another implication of these findings is that individual self-care strategies differ for each person vacation", are their self-care techniques [42]. The literature supports that counselors' recognizing one's self-knowledge and care promotes ethical behavior in providing fair and equal treatment to clients, and maintain professionalism [36].

Additionally, counselors who develop a self-care plan manage occupational stressors and maintain a level of professionalism to provide quality clinical services and lessen symptoms associated with impairment [43]. Therefore, counselors who have the appropriate prerequisite skills and training are capable of professional practice, which is demonstrated through increased job effectiveness, decreased or prevented impairment, potential job satisfaction, and longevity on the job.

Limitations and Recommendations for Further Study

The results of this study revealed that although previous research on this subject is authentic, there continues to be a need for further research. There are several research studies conducted on mental health professional's experiences working with youth with problem sexual behaviors, however, not many on LPCCs and their professional competence and value is affected. Based on the evidence, recommendations for this study included, academic institutions to have a curriculum that specifically address counseling youth with problem sexual behaviors, and mental health agencies that provide counseling services to youth with problem sexual behaviors incorporate additional professional development, workshops, and trainings for counselors. This study increased understanding of the lived experiences of counselors working with youth with problem sexual behaviors and illuminated counselors' perceptions of the prerequisite skills necessary to work with this population and decrease the risk for impairment. This topic justifies the necessity for further study such as confirming the findings through a survey study with a greater number of participants.

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