

## An Analysis of the Theories of employee counselling: A Contingent Model for Kenyan Companies

Gabriel M. Mrisha<sup>1</sup>, Dr. Karim H. Omido<sup>2</sup>, Faith M. Ndolo<sup>1</sup>, Kale A. Omar<sup>1</sup>  
<sup>1</sup>(Master of Science in HRM, Department of Business Studies, Technical University of Mombasa, Kenya)  
<sup>2</sup>(Jomo Kenyatta University of Agriculture and Technology, Kenya)

**Abstract:** Stress can develop among workers because of work related or social and organization related content such as work overload, workplace politics among others. These manifest into burnout, fatigue, apathy and loss of interest in work which in turn can lead to a decline in job satisfaction in tandem with job performance.

Currently the existing research on employee counselling is concentrated on already developed countries which may not apply perfectly in the Kenyan situation (Siagi, Mukulu and Waititu, 2014). The purpose of this paper is to examine the theories of employee counselling and their applicability in public and private corporations and institutions in Kenya. The paper first examines three theories of counselling then goes ahead to examine their applicability in the Kenyan context and later proposes a contingent approach which is a blend of several theories.

**Key words:** Adlerian Therapy, Computer Assisted Therapy, Self-Focused Brief Therapy, employee counselling.

### ACRONYMS

CAT	Computer Assisted Therapy
KAPC	Kenya Association of Professional Counsellors
OWS	Occupational Welfare Services
SFBT	Solution Focused Brief Therapy

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### I. Background

According to the Governing Council of the American Counseling Association ACA,(1997)counselling means the application of mental health, human development or psychological principles to address certain systemic interventions and strategies that bring career development, individual wellness and growth (<http://counseling.org>)

On the other hand workplace counselling or employee counselling may be defined as the art of providing psychological therapeutical approaches to employee to enable them handle and solve work related issues.

Employee counselling can be approached from two ends: either career counselling or personal counselling. While others might look at personal counselling as a waste of employer's resources but it is equally important. 'What an employee does from five P.M to eight A.M has a great impact of what he does from eight A.M to five P.M.'

In Britain, workplace or employee counselling grew from occupational welfare services towards the end of Nineteenth Century. The aim of OWS was to assist staff in issues relating to their well-being. It is from there that work place counselling grew and extended to the area of Employee Assistance Programmes (EAP). According to Reddy (1993) 'the centre of gravity of the counselling universe is moving inexorably to the workplace'.

Counselling in Kenya is slowly starting to gain momentum. However, counselling in Kenya is not guided by any regulations neither is there a single universal curriculum available for training counsellors in the Kenyan institutions (Oketch and Kimemia, 2012). Even though counselling was not being regulated, in the recent past there has been formed a professional association of counsellors referred to as the Kenya association of professional counsellors.

Kenya Airways is one of the organizations that embrace workplace counselling. According to a presentation by Dr. Jane Munyi on Kenya Airways Employee Wellness Program, employee counselling at the company is conducted in different forms such as by providing EAPs, counselling services, alcohol and substance abuse and stress management. Counselling services are conducted to employees with either personal or work related issues, those separating form the company and those facing traumatic events.

## **II. Theories Of Counseling**

### **2.1 Adlerian Theory**

#### **2.1.1 Discussion**

Adlerian theory also known as Adlerian Therapy was first developed by world renowned psychiatrist and philosopher Alfred Adler. This theory views people as being very creative and responsible and that they have goals which they are willing to work hard towards achieving them. It views individuals as discouraged rather than sick hence the counsel has the therapeutic task of encouraging the individual to be able to face his problems and also to awake the counselee's interest to change to a new lifestyle.

The tenets of this theory include; focus on strength, holistic view of individual, social context of behaviour, goal oriented movement, individual view of life, mutual respect and encouragement. Adler stressed that individual need to be understood in their social context. According to Adler, individuals will feel capable, appreciated and will be willing to work cooperatively when they are encouraged.

#### **2.1.2 The issues**

Adler Graduate School (n.d.) criticises this theory on the fact that it requires the counsellor to get family data and information about the counselee's lifestyle; also it takes long time to learn this approach.

In the context of Kenyan public and private institutions this theory may not succeed much because of the Kenya cultural norms which believes that family information should remain secret to family members contrary to sharing it with 'outsiders'. With this, very few employees will be willing to give their true family information hence distorting the objectivity of the therapy. This therapy also tends to be most effective with individuals who are highly verbal and intelligent contrary to which the individual might have very little success. With a good number of Kenyan corporates being headed by baby boomers; the immediate successors of the silent generation, still have some silence in them whereas the therapy works effectively for highly verbal individuals. With such individuals at the helm of our corporate it less likely that they will allow counsellors into their organizations let alone accept to be counselled.

### **2.2 Computer assisted therapy**

#### **2.2.1 Discussion**

According to Taylor and Luce (n.d.) researchers developed computer programs that would assist participants through a couple psychiatric issues.

CAT is the use of computers to convey psychotherapy or behavioural administrations to patients directly via interaction through computer programs, or delivered via the Internet—offer exciting prospects to address at least some of the multiple challenges facing psychiatry (Carroll and Rounsaville, 2011).

Computer-assisted therapies can be delivered via a program that resides on the device itself (including personal computers and laptops, personal digital assistants, interactive telephone messaging, and text messaging), or via the Internet, which often allows a higher degree of interactivity between the user and the program. The complexity of the content can range from text-based formats just like reading hand-outs to highly up-to-the-minute, responsive and virtual reality formats (Rothbaum, 2009), which are more readily available because of the increased speed of Internet connections. However, it is important to note that when CAT involves the internet it becomes e-therapy rather than CAT (Postel, DeHaan, and DeJong, 2008)

The goals and intended outcomes of computer-assisted therapies vary extensively as well, often depending upon whether they are directed at general populations (which usually implies the intervention is targeting individuals with lower levels of the disorder or problem) to clinical populations with complex mental disorders and comorbid problems (typically delivered in clinic as an addition to treatment). Some computer-assisted therapies are conceived essentially as "online bibliotherapy," in which the user is given access to information about the disorder or treatment, or provided with a range of resources and links to further assistance.

#### **2.2.2 The issues**

Like any potentially effective treatment or novel technology, computer-assisted therapies also carry risks, limitations, and cautions often minimized or overlooked by their proponents, and a pressing need exists for research on their safety and efficacy. Although computer-assisted therapies, like other behavioural therapies, are seen as comparatively low risk and safe, the potential for harm exists and has not yet been studied systematically.

CAT lacks inclusion of therapist support via in-person interventions. Spek et al. (2007); Anderson and Cuijpers (2009) believe that the inclusion of therapist support via in-person, telephone, or email contact in these interventions appears to be an important factor in producing strong effects. Since CAT lacks such interventions then it has chances of being less effective.

In Kenyan private and public organizations for example, not many of the workforce in the baby boomers bracket are computer literate. This aging workforce might also not be ready to learn new trends as they

believe their time has gone and they are leaving that for the generation x who is their immediate successor. For such a niche of workforce then CAT cannot be of help to them.

That said, this form of therapy promises to improve its usage in Kenyan private and public institutions. This is so because of the rise in embracing technology by the millennial most notably generation Y not forgetting generation Z which has been termed by some authors as post millennial (Wallop, 2014). These generations are taking over the work place and with their love for technology; they can be hypothesized to embrace more of this therapy.

### **2.3 Solution-Focused Brief Therapy (SFBT)**

#### **2.3.1 Discussion**

This approach grew from the work of American social workers Steve de Shazer, Insoo Kim Berg, and their team at the Milwaukee Brief Family Therapy Center (BFTC) in Milwaukee, Wisconsin. This expanded from the work of Watzlawick, Weakland and Fisch (1974), who surmised that a problem can be solved without certainly knowing its origin

SFBT is a therapeutic approach that focuses on solutions rather than problems. This, however, does not mean that it neglects the causes to problems but rather focuses on an individual's current strengths and future opportunities while helping them realize how

According to the Solution Focused Brief Therapy Association SFBTA, SFBT is an approach that is more focused on solutions rather than on problems. This therapy shifts away from the traditional norm where professionals concentrate on analysing problems while giving little or absolutely no effort to finding solutions. This approach capitalizes on the fact that problems are always occasional or rather their intensity is not uniform, over a period of time. Therefore this approach capitalized on the little interesting bits of life that go unnoticed by people. Individuals are trained to realize and practice these small successes which build eagerness to individuals to make even further changes.

#### **2.3.2 The issues**

According to Ivey and Morgan (2002) as cited by Allyn and Bacon (2004) SFBT can be criticized on grounds such as it is too simplistic and does not have enough empirical research to support it, it may not develop the counselor/client relationship in enough depth to be therapeutic, it may not adequately address clients with serious mental issues, it does not attend to the fact that problems may indeed be out of the client's ability to change them because the problems are system bound, and works well for clients and cultures who like a fast, no-nonsense, down-to-earth approach and who are not interested in the cognitive, behavioral or affective components of a problem.

The inability of this approach to develop counselor/client relationship will negatively affect its effectiveness in Kenyan corporations since most employees would be open if they feel confident with the counselor. If the counselor does not win the trust of the counselee then it becomes hard for the objective undertaking of the counseling session. This is likely to negatively affect its applicability in the private and public institutions in Kenya.

### **III. The Contingent Model Of Employee Counselling**

It is only philosophical to conclude that there is a single approach to therapy or rather psychological intervention that works perfectly for the entire clientele. Human beings are unique denoting that unique approaches have to be used by the counsellor in order to be effective in every counselling session he/she engages in. That said, a combination of therapies can work well for employees. The counsellor must have vast knowledge of the different therapies available so that he/she can be able to manipulate the therapies to satisfy/solve his/her clients' problem. When two or more approaches are blended together then they tend to complement each other and work more effectively. This has also been called for by the Chair of the Association for Counselling at Work (ACW) Kinder (2005 pp 22), "The application of a single 'pure' model is insufficient..." The writer also highlights that more models that are flexible will be needed to deal with the complexities of workplace counselling.

Contingent approaches have also been proposed earlier. An integration of psychodynamic therapy and cognitive therapy gives cognitive analytical therapy (Ryle, 1990) and conversational therapy (Hobson, 1985). The shortcoming of theoretical integration is that it can be difficult to combine some therapies such as behavioural theory and psychodynamic theory because of their differences in assumptions and concepts.

Counsellors can also approach the contingency approach by using one therapeutic approach but later going ahead to apply strategic interventions from other therapeutic approaches in blends that will result to high effectiveness. This is possible by looking at some common factors of the therapies which can be useful to the situation at hand.

Nonetheless, it is in the discretion of the therapist to choose which approach or which therapeutic blend works well for his/her counsees.

For CBT, the field should soon develop a strong set of methodological standards, including those for management of conflicts of interests, to avoid the problems that have beset some pharmaceutically sponsored research. Moreover, for the foreseeable future, computer-assisted therapies should complement and extend, rather than replace, counsellors should carefully monitor and assess to ensure that the counsees are following the program appropriately.

The greatest challenge for this is that many counsellors come of their training with rigorous knowledge but about only a single theoretical approach to counselling, which is inadequate within an organizational setting (Rinder 2005).

#### **IV. Conclusion and Recommendations**

It is of utmost importance that managers and supervisors should at least possess the skills to counsel. Corporations should also employ counsellors to handle the daily issues that arise out of the workplace since unhappy and stressed staff would not perform better than if they were free from stress and relaxed. This has been supported by counselling scholars such as Aluede, (2006) and Hui, (2000) and quoted by Siagi, Ombui and Mukulu (2014 pp 2) “organizations with more fully implemented comprehensive guidance and counselling programmes had employees who reported (a) feeling safer attending their organizations; (b) having better relationship with their leaders; (c) earned higher grades; (d) believing that their career was more relevant and important to their futures; (e) being more satisfied with the quality of life (QOL) and career available to them in their organizations; and (f) having fewer problems related to the physical and interpersonal milieu in their organizations.”

Employers also need to establish and provide platforms for emotional feedback from employees since emotional discomfort among employees can lead to low productivity.

For this new model to succeed, well and quality training is required so as to equip counsellors with multifaceted knowledge to be able to develop flexible approaches, which are vital.

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