

# COUNSELLING THE MENTALLY SUBNORMAL: AN AMERICAN MODEL

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The past two decades have brought the initiation and rapid expansion of counselling services in the United States. The thoroughness of the expansion might best be exemplified by the large number of counsellors employed in varying types of agencies and institutions and consequently a decrease in the counsellor-client ratio, by the establishment of formal certification requirements for counsellors, and by the development of counsellor education programmes in colleges and universities. But this expanding provision of counselling services has been lacking in one important aspect: the mentally subnormal have been virtually by-passed.

This omission can be related to two factors. First, and perhaps foremost, it was generally believed, up until very recently and by many professionals even now, that the mentally subnormal could not benefit from counselling. That is, an intellectual deficit was believed to make the person incapable of adequately performing the mental functions that are inherent to the counselling processes, and consequently insight, the primary objective of counselling, could not occur. Second, counsellor education programmes in colleges and universities did not include formal academic training in areas related to mental subnormality, even in the programmes that trained rehabilitation counsellors. Both of these factors will be elaborated upon in subsequent sections of this article.

In view of the assumed relationship between mental abilities and counselling processes, each level of intellectual functioning necessitates separate consideration. Thus, the format of this article will consider counselling services for two gross categories of mental subnormality: the slow learning or dull normals (I.Q. range 75-90), and the mentally retarded (I.Q. range 75 and below); this latter category will be subdivided according to educable retarded (I.Q. range 50-75), trainable retarded (I.Q. range 35-50), and custodial retarded (I.Q. range 35 and below). Newly-developed programmes to train counsellors for the mentally retarded will be described. And on the basis of the applied services and training programmes in the United States, implications will be derived for British facilities.

## The Slow Learning

Theoretically, there seems to be a consensus that the counsellor should be of service to all types of persons eligible for the services of his agency. In other words, one subgroup of persons should not be given favour over another subgroup (Wrenn, 1962). Unfortunately this is merely a *theoretical* position; the *practical* position is not always in accord. Often counsellors are prone to give preferential treatment to one group, such as the college-bound students, and relegate other groups to other

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educational personnel. For example, school counsellors frequently ignore the slow learners and educable retarded, even though they may be enrolled in the public school, and justify this exclusion on the basis that these students should be serviced by special education personnel; in turn, the special education personnel may be willing to devote time to tutoring these students, but feel (and perhaps justly because of their lack of training in counselling) that counselling is not within their job responsibilities.

One of the most frequently used reasons for not counselling the slow learner, and this is even more applicable to the mentally retarded, is that intellectual limitations and cultural factors restrict the efficacy of counselling. The counsellor, therefore, believes that his efforts with slow learners and mental retardates would be wasted and that he is exercising professional prudence by ignoring them. What may really be the case, albeit perhaps a subconscious motive, is that to work with a poor-risk client, such as a culturally deprived slow learner might be, would detract from the counsellor's self-image of being a psychotherapist. One research study found that psychotherapists did, in fact, give preferential treatment to clients from high socio-economic levels; that is, the culturally deprived clients received short-term, directive counselling, while clients from higher socio-economic levels received long-term, insight-oriented psychotherapy from the same therapists (Winder and Hersko, 1955).

As will become increasingly evident in the subsequent section on the mentally retarded, there is little, if any, research evidence that unquestionably justifies not providing counselling services to the mentally subnormal. Admittedly there are factors that will serve to restrict certain counselling processes that would not apply with clients of higher intelligence, but there is no reason to believe that these alone remove the counsellor's responsibility to the mentally subnormal. This is definitely the case for the slow learner whose intellectual deficit may be the transitory product of cultural deprivation or academic achievement and/or motivation factors.

There are several specific functions that the counsellor can perform to help the slow learner, regardless of the inferred or real intellectual limitations. In a previous publication, Woody and Herr (1965) designated four primary services that the school counsellor should feel responsible for fulfilling for the slow learner; these seem applicable to counsellors in any type of setting. In view of their relevance, they will be reviewed in detail.

First, the counsellor should actively attempt to alleviate the stigmas and misconceptions associated with the slow learning level of mental functioning. This may be implemented by the following actions: providing direct guidance and counselling services to the slow learning students in order that they may gain understanding and positive feelings about their capabilities; helping all students in the school acquire a realistic understanding of mental subnormality; aiding parents to accept students with limited intelligence and fostering parental guidance of their children's attitudes toward the students with limited intelligence; serving as a consultant on mental subnormality to other educators, e.g., classroom teachers and school administrators, to create feelings of responsibility to these students, e.g., gaining support for the establishment of special education services; and striving for improved community feelings of responsibility for and acceptance of the mentally subnormal.

Second, the counsellor should work to obtain an adequate appraisal system. In other words, many testing programmes include instruments that may be generally effective but which specifically penalize the mentally subnormal student. For example, many tests rely upon language skills, reading ability, and cultural experiences to the degree that the slow learner would receive an unrealistically low measure of ability (that is an invalid score). Thus, the counsellor should attempt to assure that

the instruments used in the testing programme are suitable to students at all levels of intelligence, including those on the lower end of the intellectual continuum.

Third, the counsellor should assume the responsibility for promoting special modifications in the curriculum that will accommodate the needs unique to the slow learning student. This might include initiating tutoring services, recommending curricular changes and flexibility in educational programmes, and serving as a resource-consultant to classroom teachers.

Fourth, and perhaps most important, the counsellor should provide personal and group counselling experiences to the slow learning students and their parents. It should be noted that the mental subnormality, combined with possible negative cultural factors, may result in the following: the counsellor's difficulty in accepting the slow learner's socio-economic stratum, the client's lack of language skills to communicate with the counsellor as effectively as would students of higher intelligence, and the client's difficulty in fulfilling the requirements of reasoning and insight development in the same manner as "normal" students. The counsellor must be able to use diversified counselling techniques in order to cope with these limitations. It would seem, therefore, that the special considerations inherent to counselling the slow learner should serve to challenge the professional counsellor, since it may make him draw upon all of his personal and professional skills; and consequently counselling with the mentally subnormal would *enhance* rather than *detract* from his professional self-image.

These four recommendations are broad in scope, but should serve to establish some guidelines for counselling the slow learner. Moreover, while derived for use with slow learning students, they are also applicable to some degree with the mentally retarded. Specific modifications will be evident as this lower level of mental functioning is considered.

### **The Mentally Retarded**

Although there has been an increase in research and professional interest in the area of mental retardation in general, there has been little progress in the area of counselling services for the mentally retarded. Much of this lag, particularly in regard to applied services, may be attributed to professional hesitancy to explore the realm of counselling and psychotherapy for the mentally retarded. That is, relevant research has heretofore suggested that the mental retardate is relatively limited in his ability to verbalize his conflicts, communicate on the affect-level in a counselling relationship, and consequently achieve insight. But it should be emphasised that this position, which might obviously foster professional hesitancy, is ill-founded. In other words, the available studies do not thoroughly investigate all ramifications of counselling the mentally retarded, and the key point of the effectiveness of counselling and psychotherapy with mentally retarded persons remains undetermined (Sarason and Gladwin, 1958). Similarly, certain sources that indicated positive results with mental retardates (e.g., Thorne, 1948; Stacey and DeMartino, 1957) are frequently overlooked.

Recently, Woody and Billy (in press) conducted a survey of the doctoral-level Fellows in the Psychology Section of the American Association on Mental Deficiency. This study was designed to determine the opinions and practices of contemporary psychologists regarding the use of counselling and psychotherapy with mentally retarded persons. It is on the data of this study that much of the present section is based.

It was found that the majority (87.5%) of the psychologists had applied clinical experience with the mentally retarded. Since theories of counselling and psycho-

therapy do not specifically make reference to the mentally subnormal, the respondents were questioned about their theoretical orientation; it was found that an eclectic approach, e.g., Thorne, was the most frequently espoused, with client centered, e.g., Rogers, and learning theory, e.g., Shoben, being respectively second and third. This eclectic approach supports a statement made earlier that counsellors for the mentally subnormal need to be diversified in their techniques.

Other questions on the survey were related to the value of counselling and psychotherapy for the mentally retarded. It was found that the psychologist-subjects felt these services were of great value to slow learners, some value to educable retarded, undecided value to trainable retarded, and little value to custodial retarded. In other words, there was a distinct relationship between the level of intelligence and the value: the higher the intelligence the greater the value of counselling and psychotherapy. But it should be emphasized that, although the value was dubious for trainable and custodial retarded, counselling was deemed to be valuable to the educable retarded.

The psychologist-subjects indicated that individual counselling procedures seemed to be more effective than group or a combination of individual and group procedures. Further, they indicated that they often used counselling and psychotherapy with retardates and with some success for a wide variety of problems. For example, the following problem areas appeared to be influenced beneficially by counselling and psychotherapy: institutional adaptation, motivation for learning, peer group associations, familial relationships, control of unacceptable behaviour, authority figure resolution, return to home, personality modification, return to the community in an active role, and improving employability.

It was found that the lack of adequate time often kept the psychologists from providing counselling to the mentally retarded. And occasionally the setting in which the psychologist was employed had a philosophy that was incompatible with the idea of counselling the mentally retarded.

In general, this survey seems to lend support to the position that counselling is of value to most mentally subnormal persons, especially those whose mental functioning is in the slow learning and educable retarded ranges. Thus, to deprive these persons of available counselling services is unmerited. Moreover, it seems that if counselling services are not presently available in a particular agency that serves the mentally subnormal, it behoves the agency administrator to give consideration to the possibility of implementing counselling within his own agency or to arrange for counselling for his clients from another auxiliary agency in which counselling may already be established or might be more compatible with the administrative philosophy and the purposes of the agency.

### **Training Counsellors for the Mentally Subnormal**

Unfortunately the subjects in the Woody and Billy study consisted only of the psychologists known to be actively involved with the mentally retarded (by virtue of their membership in the American Association on Mental Deficiency). In other words, there is reason to believe that the opinions of these psychologists might differ significantly from psychologists who are not actively involved with the mentally retarded. This does not mean that the inferences drawn from the Woody and Billy study are necessarily invalid. Rather, differences in opinions might more readily be accounted for by the fact that formal training in mental retardation, and especially in *counselling* the mentally retarded, is not part of most training programmes for counsellors and psychologists.

Thus there was a great impact made on the field of mental retardation when the U.S. Vocational Rehabilitation Administration awarded its first support for a grant to train counsellors for the mentally retarded in 1963. Subsequently there has been an extremely rapid growth of these programmes in American universities and colleges. Not only are Federal funds available to support the development of these training programmes, but traineeships are available to students. Although financial support is also available for training programmes in the disciplines of social work, speech pathology, occupational therapy, and psychology, emphasis in this article will be on the programmes in rehabilitation counselling. These programmes are usually for a one or two year period on the graduate level, and lead to a Master of Science degree.

The two basic assumptions underlying the establishment of training programmes for rehabilitation counsellors for the mentally retarded are: material on mental retardation can be integrated into the general rehabilitation counsellor training programme, thereby helping the trainee to become primarily a generic rehabilitation counsellor with a secondary emphasis on mental retardation; and one of the most effective means to learn about mental retardation is through practical experience (Hillyer, 1966).

In view of these assumptions, the trainees do not become *specialists* in counselling the mentally retarded. Rather, they become, hopefully, well developed general rehabilitation counsellors who have elected, usually in addition to the requirements of the regular programme, a planned option of sequential experiences relevant to counselling specifically with the mentally retarded. This sequence of experiences includes both formal courses and, in accord with the two basic assumptions, supervised practical experiences in an agency that provides counselling services to the mentally retarded (Woody, 1966). The optional courses can usually be divided into three areas: psychology of mental retardation, appraisal of intelligence, and theories and techniques of counselling the mentally retarded. Depending upon the university programme, these courses may or may not be required of all general rehabilitation counselling trainees. The applied supervised experiences, that is the internship, usually assures that the trainee will gain practical exposure to other types of rehabilitation clients, as well as mentally retarded clients. This is another means of upholding the premise that the trainee must not by-pass general rehabilitation counselling skills in favour of the specialised skills that may reflect his own personal interests, such as counselling the mentally retarded.

### **Implications for Britain**

Public and professional interest and Federal legislation and financial support have facilitated new advances in counsellor education in the United States; of particular relevance to this article, counsellors with special knowledge of mental retardation are being trained. Although there are still relatively few graduates of these new training programmes, the initiation of these new programmes definitely marks the beginning of additional research on numerous aspects related to the provision of counselling to the mentally subnormal and an eventual improvement in the applied counselling services that are available to all mentally subnormal persons in the United States.

It remains to be seen, however, just how rapidly these counsellors for the mentally retarded can be assimilated into existing educational, rehabilitation, vocational training, and mental health agencies. In other words, it is feasible that the administrators in these agencies will recognize the obvious need for these special counselling skills and immediately implement them into their format of services, or it is possible that implementation will be deterred by bureaucratic conservatism. But

professional counsellors for the mentally retarded are being trained, and it is from them and their professional colleagues in allied disciplines that undeniable justification for the inevitable implementation will eventually come.

It is on this latter aspect, professional initiative, that it seems British workers with the mentally subnormal can derive a starting point. It is up to the professional workers in the area of mental subnormality to assume the responsibility for justifying the need for counselling services for the mentally subnormal. This justification must be convincingly presented to lay and professional persons alike, all who have not acquired understanding of or training in the personal needs of the mentally subnormal.

Efforts to acquire adequate provision of counselling services for the mentally subnormal will be long and the pathway complex. But overall there seem to be two major tasks that can and should be undertaken.

First, counselling services in general must be developed. Unless counselling is first provided for the majority, it is certainly unlikely, and justifiably so, that a minority of the population, such as the mentally subnormal, will be able to lay claim on costly, much-needed professional services. In the past, counselling in Britain has typically been provided by psychologists. This necessarily limited the amount of counselling services that were available; psychologists are indeed scarce and those who are practising have many diverse functions to perform that will keep them from the time-consuming activities of counselling. Moreover, psychologists are not always adequately trained in counselling *per se*. It is certainly a significant accomplishment that guidance units, such as at the University at Reading, are being developed to train general educational guidance counsellors. This is a crucial step in the quest to make comprehensive guidance and counselling services available to British students; admittedly, the comprehensive stage is still several years in the future.

Second, the counselling services should later be enlarged to encompass exceptional persons, such as the mentally subnormal. And British counsellor education could include specialized skills for counselling the mentally subnormal.

These two major tasks parallel closely the guidance and counselling movement in the United States. In view of its trials, failures, and accomplishments, it is believed that an American model can be extremely beneficial to the British guidance and counselling movement. In addition to these two major tasks, many other minor factors in the evolution of guidance and counselling services in the United States can be logically used as guidelines for the development of similar services in Britain.

A positive act that can be started immediately is the development of professional interest in counselling in general and counselling for the mentally subnormal in particular. Although most of the efforts in this area should be designed to integrate a counselling philosophy into already existing professional organisations, such as the British Psychological Society, a new counterpart to the American Personnel and Guidance Association is needed; in other words, a British Personnel and Guidance Association should be formed. Such an organisation could lend invaluable support to furthering professional, public, and legislative support for guidance and counselling services in Britain; and increased public understanding of the needs of the mentally subnormal would be fostered.

It is apparent that adequate counselling services for the mentally subnormal remain to be achieved in the future, even in the United States; and some might say, in view of the complex demands for personnel services and administrative restrictions, *especially* in the United States. It seems, however, that basic accomplishments

have been made, and there is significant evidence from theoretical research and practical activities to more than adequately justify the implementation of counselling services for the mentally subnormal in Britain.

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