

Skills *in*
Counselling &
Psychotherapy
with CHILDREN & YOUNG PEOPLE

1

PREPARING FOR THE JOURNEY

INTRODUCTION

In this chapter, we will consider what is needed to begin counselling children and young people. To be with a young person in the counselling room is both a privilege and a challenge – a privilege as there is the opportunity to know the intimate reality of a young human being's life and a challenge to make best use of the counselling and offer each young person the potential for growth and change.

At the heart of practice are the therapeutic processes and therapeutic alliance. On first meeting a young client, we need to consider how the therapeutic relationship is formed. What will be different in this relationship from being a parent, teacher or friend of the young person?

The creation of an alliance with young clients takes skill and practice.

HEART OF PRACTICE – THE THERAPEUTIC ALLIANCE

CASE EXAMPLE: MAKING AN ALLIANCE WITH JAN

Jan, aged 13, comes to your counselling room and begins by telling you she is 'fed up with do-gooders trying to help her'. How do you respond?

There are many possible responses to a statement like this one. What is the best approach to gain an alliance with Jan who has clearly had enough of the helping professions of which you are a member?

Three possible responses are:

1. 'Oh yeah, they are useless those social workers/teachers/mentors'. (child-to-child response) COLLUSION
2. 'Sounds like lots of people are trying to help you but you don't feel helped at all'. This response shows you have heard Jan and are giving her permission to express her dislike of what she perceives as 'do-gooders'.
3. 'Please don't speak like that here about people who want the best for you even if you are fed up with them'. (parent-to-child response) JUDGEMENT

Let us consider each of these responses in the light of establishing a therapeutic alliance. Would we feel tempted to offer the third or first response? What is wrong with doing so?

Response 1: here we are isolating ourselves from other professionals. When counselling children and young people, we may at times find ourselves blaming a teacher for shouting or a social worker for calling our client a 'drama queen'. It is easy to believe the client has a right to have an adult on 'their side' and this validates statement 1. If you believe an adult is acting in an inappropriate way towards your young client, it is vital to act. This needs to be done with calm and clear empathetic responses and not by joining in with a client's anger or rejection of authority.

Response 3: challenging young people who behave in rude and sullen ways invites 'critical parent' responses. If we do respond in this way, it is probably the last time we will see Jan, having been written off by her as someone trying to reform her behaviour, rather than get to know her empathically.

Response 2: we need to get alongside Jan, finding in us the place where we can really connect with what it is like to be her. This is what the second response begins to do.

What comes next? Jan is still eyeing us with suspicion, waiting to be told off or for you to attempt to help her. How do you build the therapeutic alliance from this place?

A useful strategy is to stick to honest and clear facts, for the first few minutes, about the possibilities and limitations available in counselling. This helps to deal with the 'bullshit detector' that young people often have in abundance. Honesty includes explaining the counselling contract to Jan at this early stage. This is part of being empathic in that it shows the client you know what it is like to BE them. Jan will probably appreciate clarity and honesty, both of which are often in short supply in a young person's life.

Emotional literacy

We have the potential to open a door to a whole new world for a young person. The 'norms' of the counselling room may be very distant from a young client's everyday life. Emotional literacy is still not very widespread. You may find that a minority of

your clients are exceptionally well versed in the language of feelings. A child or young person who has grown up in a home that allows and encourages expressions of anger, sadness, happiness and joy will have developed emotional literacy. A young client who is emotionally literate can say, for example, if they feel envious of a sibling or sad at the death of a pet. More often, there has been selective permission to feel some feelings and not others. Sadness is acceptable, but anger is not or anger is expressed so unskilfully as to be linked to aggression. Sometimes substances are used in families as ways to suppress feelings, and these may be legal or illegal.

Some children and young people will have already learnt in their early years that the expression of how they feel about anything puts them in danger of punishment. These young people have become able to hide how they really feel and sometimes will have lost connection with what it means to genuinely express emotion. A safe survival response to the circumstances in which they have grown up could be to hide feelings, manipulate situations or close down emotional responses. Young clients may have learnt to try to give adults what they think is wanted by them rather than express their real needs or wants. Conversely, they may have decided that any attention is better than none and act in odd or defiant ways to be noticed.

Suddenly, as the young client enters the counselling room for the first time, they enter a place where feelings have value, openness is encouraged and privacy respected. The newness and difference from everyday life should not be under-estimated.

Skills and qualities

There are various skills and qualities that the young people's counsellor needs to bring to a first session to establish a relationship. An acronym for these is: H. E. A. R. O. S.:

Holding the Overview

Empathy

Age-appropriateness

Resilience

Openness to Difference

Self-care

Some of these skills will be familiar ones to all counsellors. They need to be practised in a new manner within the context of counselling children and young people.

Considering each in turn with examples can help to clarify and illuminate how to use these skills.

Holding the overview

This is an area that illustrates that counselling with children and young people is clearly different from counselling adults. When we counsel adults, we allow them to

make choices concerning who they live with and how they conduct their personal relationships. A young person has far less choice in these matters, often none at all.

Reluctance, nervousness and ambivalence about attending counselling can all be managed and often overcome. Ongoing coercion, threats or bribes to attend, however, are not a good basis for creating a therapeutic alliance.

During the first session:

- ◆ Establish the nature of counselling with the young client.
- ◆ Let new clients know that you are not going to try to 'make' them behave differently.
- ◆ Be prepared to listen, find out what it is like to be the young client and enable them to understand their situation and life choices.
- ◆ Be yourself – this is vital in these initial stages as is an open account of the limitations of the service you are offering.
- ◆ Explain clearly the limits to confidentiality and the time constraints. This is considered in detail later in this book (in Chapter 5).
- ◆ Ask your client if they have had counselling or therapy before.
- ◆ Offer a different approach – sometimes young people are referred to see professionals and they have very little idea about who that professional is and what is going to happen.
- ◆ Take the time to explain who you are and what it is you hope for in the counselling process.
- ◆ Offer a general explanation of what you will and will not be doing in counselling.
- ◆ Include the opportunity for young clients to ask any questions they would like to.

Remember that it may be the first time in the young person's life that they have had one-to-one time with an adult they do not know. Once trust is established, this can be a great opportunity, though initially it may seem strange. The environment in which you meet your young client needs to aid this first contact.

REFLECTIVE ACTIVITY: FINDING THE OVERVIEW

Remember a time in your childhood or youth when you held a differing view to your parents or teachers but were made to do what they told you to.

Can you recall how you *felt*? Note the feelings down.

Now as an adult, how do you perceive that same situation looking back?

If the two views differ, attempt to see both views simultaneously, as if from a third position, as a neutral observer. Hold a sense of valuing everyone in the situation.

This is the overview – a place of compassion and care for each person involved.

Empathy

The skill of being empathic with a young person is particularly important. We need to step into their world and gain comprehension of what it is like to be their age in their particular circumstances. Our own expectations and beliefs will be barriers to this, however open we are.

Being in the present with your young client is a good way to begin the empathic connection that you need to find in order to build the therapeutic alliance.

Child 'ego state' The transactional analysis child 'ego state' is helpful in understanding how to do this (Stewart and Joines 2012). The child ego state is divided into 'free' and 'adapted' child. One useful aspect of TA is the explicit explanation of words, gestures and postures that identify the child state. A child-to-child transaction will help us to connect with the young client, though as young person's therapists we need to be vigilant that we don't over-identify and remain clearly as the counsellor or therapist, not trying to be friend, playmate or 'partner in crime'!

Empathising with the young client involves allowing our own inner child to be present whilst always remembering we are no longer a child.

Age-appropriateness

The age of the client will give many clues as to how to respond to them. The language used with a 6-year-old will be different to the language employed with a 16-year-old. Later in the chapter, counselling different age groups will be examined in depth. Age appropriate language and responses by young people's counsellors are an important aspect of the counselling.

A family divorce is a good example of this:

A young child aged between 5 and 9 years, needs to know that there will be continued security for them. Young children might believe that they have done something to upset their parents, feeling they have caused the divorce by not putting toys away, for example. The counsellor needs to respond appropriately, perhaps saying 'mummy and 'daddy' when speaking of the parents if this is what the child calls them.

A 10–13-year-old may be more angry and confused concerning the divorce; they won't want their friendship groups disturbed if they need to move house. The counsellor needs to accept the emerging adolescent's frustrations, adapting to the client's use of language.

A 14–18-year-old often blames parents and finds fault with them during a divorce. Some of this age group want to move out, stay with friends or protect younger siblings. The counsellor notices adulthood emerging in the client and offers an alliance whilst parents are occupied in separating.

It may seem self-evident that different responses are required, but young children in particular are often burdened by being given adult choices about which parent

they want to live with or with tales of who did what to whom. There are some age-appropriate choices that are good; too much choice can be terrifying.

Resilience

Resilience is a skill that involves staying flexible and emotionally balanced. It may seem as if counselling and therapy work with children and young people is an easy option, but this is far from the truth. It can bring a counsellor into contact with their own feelings of loss and pain when young clients are suffering deeply. Of course, this is balanced by the fun and lightness of childhood and youth. Playing games, laughing and making jokes are part of counselling children and young people as well.

Often, we cannot change a child's life circumstances that seem from our intimate knowledge of them to be woefully inadequate.

CASE EXAMPLE: SUSIE AT RISK

Susie is 12 and living with her step-father; her mother has left and is not in contact with the family. Susie disclosed some months ago that her step-father was touching her inappropriately. Her step-father was arrested but the case was dropped and social services decided Susie should remain at home. Susie tells you that her step-grandmother is furious with her and told her she will not be having presents at Christmas because of what she said about her step-father. Susie is frightened and upset. She makes it clear to you that her step-father did behave in an abusive manner toward her.

This type of case raises concerns for us. We can follow procedures and make child protection referrals but usually we are not able to act alone to protect the young client and rely on other professionals' assessment of any particular situation. Though there can be re-referrals and a counsellor should continue to offer the child's perspective once a disclosure has been made, sometimes the child remains in a situation that seems inappropriate from the counsellor's perspective (see Chapter 5 on disclosure).

Counselling children makes us particularly prone to feeling the need to 'take charge' and act on behalf of the child or young person. It is exceptionally easy to find oneself in the position of protector, advocate, advisor, parent or educator. Counsellors often want to change children or young people's lives. The counsellor may find that active roles are included in practice with young people. The principle of beneficence in the BACP Ethical Framework enables recognition of the circumstances when there is a need to act 'in the best interests' of the client. This aspect of counselling is explored in depth in Chapters 5 and 6. Actions taken can be complex and take time and energy to resolve. This requires the counsellor to be stable and remain calm in challenging circumstances.

Sometimes counsellors keep confidentiality because a teenage client wishes a matter to be kept private. The counsellor may think the client could receive help if they

were willing to disclose, but if there are no child protection concerns then the client's wishes can be respected.

Counsellors of children or young people face witnessing their difficult and challenging life. This requires skills in resilience:

- ◆ Notice how you are affected and influenced by the young client's issues.
- ◆ Gain appropriate support if a child or young person's story has disturbed you.
- ◆ Recognise that you may become distressed because of a sense of being unable to change the external circumstances of the client.
- ◆ When the counselling relationship is becoming established and rapport develops, you may want to change the child or young person's life. This change may not be possible and managing difficult circumstances with the young client requires resilience.

Key methods of support to gain resilience include supervision, personal counselling or therapy and strategies to prevent 'burn-out'.

Supervision The subject of supervision is fully discussed in Chapter 8. In the context of establishing a relationship with your client, it is necessary to check that your supervisor is well versed in young people's issues and has had therapeutic experience in counselling and/or therapy with under 18s.

Personal counselling or therapy Issues raised when counselling young people may bring to the fore a need for therapeutic support. Where the young client has similar circumstances to those from the counsellor's early life and these are unresolved, there is often a need to address this therapeutically.

Strategies for prevention of 'burn-out' Symptoms of 'burn-out', such as feeling exhausted, overwhelmed and unable to cope, should be recognised early. Treat these as useful warning signs. Talk to others, do not try to struggle on alone and remember that it is not uncommon to feel like this when counselling young clients. It is good to pay attention to the reality that the young client may have come from a very disturbed home environment and that this atmosphere will have an effect on you. Rothschild (2006) gives us the concept of 'mirror neurons' as a way of explaining vicarious traumatisation. This means that bodies pick up the difficult feelings of others and counsellors can be left disturbed and upset long after a client has left. Weiss (1999) offers personal and professional strategies for 'burn-out prevention'. These include:

- ◆ playing when we are not at work
- ◆ having emotionally supportive people around us who are thinking about other things besides therapy
- ◆ having an early warning system for our own emotional state
- ◆ attending to physical health, exercise, good food and sleep.

Openness to difference

The skill of being 'open to difference' means raising our awareness of assumptions made about children and young people. Most young people's counsellors are advocates *for* young people and hold positive views about their clients. This alone does not prevent counsellors from making assumptions about a particular client outside of conscious awareness. We can usefully question beliefs, opinions and ideas about children and young people. When a young client enters the counselling room, we may make decisions about them very quickly based on their clothing, eye contact or lack of it, their smell or the manner in which they enter the room. These assumptions are part of being human and based on life experience and self-protection.

Assumptions A friend was nervous travelling home in the evening because of young people with brightly coloured hair on public transport. When I said to her that I knew young people who were shy, quiet and studious with hair dyed extraordinary bright colours, she was very surprised!

Make notes of the kinds of assumptions you might make or have made concerning children and young people.

Is a 7-year-old girl with long blonde hair 'sweet'? Possibly, but there needs to be an openness in counsellors to question themselves so as not to stereotype and assume according to beliefs. The skill of being open to the world view of the young enables the client to reveal who they are, without being judged or being subjected to assumptions. Take the example of an A-grade student who is self-harming. A counsellor brings this client to supervision, saying they are surprised because 'he's so bright, he's not the type to self-harm'. This shows assumptions and a lack of openness to who this client actually is.

Adolescents particularly suffer from being 'pigeon-holed' because of their appearance. The openness of the counsellor and a willingness to wait and see who the client is, is a useful skill that takes practice. The nature of our young client group means there may be many differences between counsellor and client. These include:

- ◆ age
- ◆ values
- ◆ culture
- ◆ beliefs
- ◆ attitudes
- ◆ priorities
- ◆ communication style.

This wide divergence, explored throughout the book, means there is a need to develop a variety of new skills and offer personal qualities in order to develop a therapeutic alliance.

Self-care

Self-care involves taking care of our own ‘issues’ as counsellors. When preparing for the counselling journey, consider:

- ◆ Is your client the same age as one of your children?
- ◆ Is your client bringing an issue that affected you in your own childhood?
- ◆ Are you able to counsel this particular young client?
- ◆ Are you gaining the support you need?

When counselling young clients, self-care can be enhanced through being mindful.

Mindfulness is ‘The awareness that emerges through paying attention, on purpose and non-judgementally, to the unfolding of experience moment to moment’ (Kabat Zinn 2003: 145). Being mindful offers the opportunity to fully recognise our part in the counselling relationship, noticing our own reactions and being both reflective and responsible for our actions.

A mindful counsellor is able to exercise self-care and take appropriate breaks between clients. Counsellors sometimes take a short walk or a few moments of quiet space to breathe. These activities help to clear the mind and bring us the clarity and freshness needed to welcome the next client.

MINDFUL MOMENT: SELF-CARE EXERCISE — THE ‘BREATHING SPACE’

Sit in an upright, comfortable position. Notice the rise and fall of your breath. Bring yourself into the here and now, letting go of thoughts of the previous client and relaxing your body as best you can. If your mind is carried into thoughts of the past or the future, just notice this and bring yourself once again into the present. After a few minutes, continue with your next activity.

This exercise is for the counsellor’s benefit, just to practise alone to prepare for the next part of the day. It is not recommended that counsellors offer mindfulness exercises to clients unless they have a well-established mindfulness practice in their everyday life.

Being fully present with a young client is an aspect of self-care that can be brought to counselling. Self-care can be a way of caring for our client too. If we are in good spirits, refreshed and ready for each young person who comes into the counselling room, then we are honouring our commitment to the counselling process. This requires counsellors to ‘sharpen’ their own awareness and recognise the lack of selfishness in prevention of burn-out.

Mindful presence is considered further in Chapter 3, where the developing and deepening of the counselling relationship are explored.

BASIC COMPETENCIES NEEDED TO BEGIN

There are basic principles and requirements that need to be in place for the safe grounds of a skilful alliance between counsellor and young client to develop. Skills and knowledge are needed before starting to counsel children and young people. These include:

- ◆ suitable qualifications and experience
- ◆ knowledge of relevant laws, rights of the child and referral procedures.

Qualifications

Practically, it is necessary for counsellors working with young clients to be fit for purpose. Specific training and qualifications are essential. The initial, generic training that most counsellors and therapists receive is aimed at working with adults. This type of training on its own is not sufficient for counselling children and young people. Chapter 4 is dedicated to exploring how to extend an initial counselling qualification to counselling children and young people. We need to recognise at the outset that, as counsellors, we are not fully prepared to counsel younger clients unless we have trained to do so.

Experience

Knowing how to relate to young clients comes from experience both inside and outside the counselling room. We were all young once and remembering clearly what it was like to be a child and then a teenager is an asset. Sometimes the memory of being young is overridden by a critical or nurturing parental attitude or by adult, rational processes that block out memories of childhood and adolescence.

REFLECTIVE ACTIVITY: WHAT ARE OUR OPINIONS?

Complete the phrases:

‘Children are.....’ and ‘Young people are.....’ for yourself and then ask the same of others you know.

Change the phrase to: ‘Teenagers are.....’.

Then respond to:

‘Girls are.....’ and ‘Boys are.....’.

Try not to censor the initial answers, as they give such interesting information, even though we may not always approve of our own beliefs and may want to modify any

biases. In this way, life experiences and knowledge of what we believe can be brought into awareness.

A sense of 'society's views' of children and young people is also useful for counsellors to have.

Being a parent or teacher or having counselled adults is insufficient experience alone to counsel children and young people. Youngsters need counsellors with plenty of relevant training, skills and experience. Counselling the young is far from easy and there are responsibilities that need skilful application.

Children and young people, in many cases, cannot and do not pay for their own counselling and counselling for this age group can sometimes be undertaken with low paid or voluntary counsellors. Whilst many of these counsellors will have plenty of excellent experience and ability, it is vital to recognise, across the profession, that specialised training is needed when counselling this potentially vulnerable client group.

Law

It is vital to understand the law as it currently applies to minors in counselling and how the particular environment of the counselling, such as a school, youth club or private practice, will change what is required of us. This aspect of counselling children and young people will be explained in depth in Chapter 5 which looks at confidentiality, disclosure and sharing concerns. It is necessary to be aware of the relevant law before we enter the counselling room with a young person for the first time. Finding it out later is not an acceptable option! If a young client is at risk of significant harm, the correct procedure needs to be followed and that client needs to know how any actions taken by the counsellor will affect them.

Rights

Young people have rights, but they are able to say what they do and do not want in their lives only to a limited extent. Young people are often subject to the rules and decisions of adults. This creates a marked difference between those counselling adults and those young people. There is an inevitable inequality in the counselling relationship that needs to be skilfully addressed by the child and young person's counsellor.

Referral procedures

Counselling is a voluntary activity, yet the young person coming for the first time may not be able to choose their appointment time or place. The appointment might be when their parent can bring them or when the school will release them from class. The decision about their attendance may have been made by an adult. Some young

people do self-refer; however, it is useful to take into account that it is unlikely that many of your young clients will have chosen to come in the way that adult clients do. What does this mean as a counsellor of a child or young person? Instantly, it can be recognised that there are differences in making a therapeutic alliance with young people when compared to making an alliance with adult clients.

Ensuring counselling is voluntary

We need to consider whether a young client has been given options about attending counselling or not. How do we ensure there is agreement by the child or young person themselves? The answer to this may seem simple: we ask clients and they choose whether to come to counselling or not. In fact, ways that young clients get to counselling vary enormously and some have no idea what counselling is or even that you are a counsellor when they attend their first appointment. Introducing what counselling is requires skill, and explaining that clients have a choice about attending is necessary. Children and young people need information to ascertain whether this unknown activity, called 'counselling', is worthwhile.

Access to counselling

Many schools in Britain and all secondary schools in Wales have a counsellor available to pupils. Children's rights legislation, including the 1989 Children's Act, has enabled a new and different understanding of the right of a child to receive confidential counselling. Case law has consistently upheld the principle that young people who are mature enough to give informed consent can receive counselling without permission being given by an adult. Young people can and do refer themselves to counselling, both in schools and in youth clubs and drop-in centres.

REFLECTIVE ACTIVITY: EARLIEST KNOWLEDGE OF COUNSELLING

When did you first know about counselling? What age were you? How did you think and feel about counselling then?

Just allow your first answers to come to mind; if you are not sure, just imagine how you might have thought or felt about counselling.

Imagine yourself as a child going to counselling: What might you have spoken about to your counsellor? Get a sense of what counselling would have meant to you as a child.

Note down your responses and share them, if you wish, with a trusted colleague or your supervisor.

LIAISING WITH ADULTS

We need to learn skills in liaising with the adults responsible for our young clients. More information about this is found throughout the book. In the initial stages of meeting your young client:

- ◆ Listen to the concerns of those who wish the child or young person to have counselling. You may need to speak with the adult responsible for enabling the young client to attend. There may be financial, transport or collection issues.
- ◆ Speak to the referring adult separately to make necessary practical arrangements. NEVER speak 'over the head' of a child or young person as if they were not there.

CASE EXAMPLE: THE YOUNG CLIENT IN PRIVATE PRACTICE

The mother of a 12-year-old boy, Liam, phones to ask if you can counsel her son. She describes the boy as being 'very angry'.

How do you form a relationship with this boy when your first contact is with his mother, the person with whom he is currently having a very challenging relationship?

We need to cultivate the skill of diplomacy to make a therapeutic alliance with Liam whilst also communicating openly with his mother when necessary.

To create the environment necessary for a parent or carer to trust a counsellor with their child, mutual respect is vital. Taking sides – either by joining with the referring adult and believing 'stories' about behaviour and 'problems' in the client or by siding with the young client in criticising their parents – can be detrimental to forming a therapeutic relationship. If an adult is behaving in an abusive manner, then a different response is necessary (see Chapter 5 on confidentiality).

Recent research on schools-based counselling has shown that whether the young client chooses counselling or is referred, the outcomes can be positive. The research shows that it is not absolutely necessary for Liam to be 'on board' at this stage. Counselling is voluntary; an educated choice involves him knowing what and who he is choosing. If after the first session Liam expresses a clear wish not to attend again, then this needs to be respected. At this point, though, some reticence and questioning of the counselling are to be expected and understood.

On hearing a young client's story, we must be careful to recognise that what they are saying is true in their experience. Our own age and experience may give us a different view of the issue. You might be a parent yourself and have been through similar issues with your own children. A teenager not allowed out after 11pm may consider their parent to be cruel. A teenager regularly being beaten and punched by their parent may

feel that they deserve this treatment and forgive the parent. This kind of dilemma can rise up instantly and very early on in the therapeutic relationship. Here, the counsellor needs to hold the overview by not agreeing with the client that abuse is acceptable; conversely there may be a need to challenge the view the client holds that having boundaries about reasonable times to be home is cruel.

Sometimes we must consider our own values, those of our profession and how the law protects children during the first few moments of meeting our client.



Figure 1 Who is in the room?

All these layers are present, though invisible, when the counsellor forms a therapeutic relationship with a young client. It is necessary to highlight them in order to consider how the client being young, a minor in law, changes the manner in which the forming of a relationship takes place. Confidentiality can be maintained in most cases with an older child who is competent to consent (see Chapter 5). There may, however, be a requirement to share more information concerning a young child. This particular

skill requires the counsellor to hold at least two perspectives at any one time. Valuing the young person's feelings and experience whilst recognising other, often competing views of the situation takes great skill (see Chapter 6).

THEORIES INTO PRACTICE

Geldard and Geldard (2010) give a useful overview of theories beginning with Maslow's Hierarchy of Needs. In this chapter, how these theories are applied is shown through case examples. Many counsellors will be familiar with Maslow from early on in their training as a counsellor. This theory is not specific to children and young people but can usefully be applied to the young. Maslow identified a pyramid and gives us insight into an order in which the process of self-actualisation can occur. Basic needs for food, shelter and belonging must be present before a child or young person can begin the journey of self-discovery.

Maslow

CASE EXAMPLE: RECOGNISING A CLIENT'S 'HIERARCHY OF NEEDS'

Clare is referred to you in a youth drop-in centre. She is 16 and is 'sofa surfing', staying with friends as her family situation has become too difficult for her to remain at home. This is her first session with you and as her story unfolds it becomes clear that she has not eaten a meal other than snacks in the last 24 hours. She then confides to you that she has her period but has no money to buy sanitary protection and is trying to manage by using loo roll.

To establish a counselling relationship with Clare:

- ◆ encourage her to talk to the youth workers about her current situation
- ◆ ask her for her agreement so you can talk to relevant agencies who will offer her help with her basic needs
- ◆ ensure she knows you will be there to counsel her although there are practical concerns
- ◆ use straightforward language to explain things – for example, just say: 'as you are really hungry that's the first thing to sort out; when you are more comfortable we can talk some more'.

Applying Maslow's hierarchy is helpful here as it is evident that Clare's needs for food, shelter and sanitary protection should be addressed before the counselling can progress.

Erikson

The 'life stage' theory of Erik Erikson (1995) helps in counselling children as we can gain a sense of how a young person's struggle to gain independence can be a useful resolution of a developmental crisis which is in fact part of 'growing up' to the next stage of life. Erikson gave us the term 'identity crisis' for adolescents. His contribution has enabled an understanding of the young person trying to find out who they are, as opposed to who they are told to be by adults, and viewing this as a positive process rather one to be feared.

CASE EXAMPLE: IDENTITY CRISIS

Jon comes to see you; he is studying for his A levels at college and is enjoying the uniform-free environment. He is in his third term now and has found a new group of friends, who all wear black. Jon is dressed totally in black and has black nail varnish on a couple of his fingers. He has his hood up when he comes into the counselling room, looks at the floor a lot and tells you that his mum is 'freaking out' and telling him he is going to 'waste his life' and 'come to nothing'. Jon doesn't want to upset his mum but there is 'no way' he is going to give up his new friends.

For Jon, it is the aim of his developmental stage to resolve role confusion and find himself. Erikson tells us that time and space are needed for Jon to develop. Jon's new views bring him into conflict with his mum and in counselling he can express himself and find a way to maintain a relationship with his mother. The therapeutic alliance, starting the counselling journey with Jon, is best served by being alongside him in his journey to find his identity without either colluding with him 'against' his mum or trying to make him change to placate her. This role can be so important to the developing adolescent who then feels understood.

Piaget and Kohlberg

As counsellors of children, we need to understand that they gain skills at particular ages. Piaget (2001) observed children and noticed distinct differences in what they can conceptualise depending on their age. Asking a child under 11 to consider something in abstract terms is inappropriate as it will be beyond their ability. As a counsellor beginning a relationship with a child of 9 or 10, it is necessary to accept that though the ability to understand another's view has developed, the capacity to make decisions about their own future will be beyond their developmental stage. There are additional stages of moral development, outlined by Kohlberg (1984): these start at stage one – avoiding punishment – and go through to stages involving mutual respect and universal, ethical principles.

When forming relationships with children, the counsellor's skills will be enhanced by understanding the child's developmental stage. A young client aged 10, for example,

can be 'rule bound', wanting to get everything right and full of feelings that everything is 'not fair', so the counsellor may want to encourage the client to question these attitudes. It is useful to consider that this may be the 'conventional' moral stage of development outlined by Kohlberg (1984).

George is 10, he has two younger siblings and both he and his parents want him to have an opportunity to learn computer skills and he now has a laptop. George's parents are worried by what he might see if he goes on the internet. George doesn't know what his parents are worried about, as he just wants to play a few games and link up with friends in an online building game. George's parents turn off the internet in the house and refuse to give him the password or discuss the matter with him. He is only allowed online when a parent is by his side. George has secretly learnt the password and sneaks time on the internet. In counselling, he is concerned because his parents don't trust him and he thinks of himself as a 'good' boy; he is confused and doesn't like his own sneaky behaviour.

Here, it can be seen that the cognitive and moral development stages are relevant to considering how to manage this case. The client's own view of right and wrong and that he would not do anything deliberately 'bad' brings him into a difficult moral dilemma. Does he sneak or forfeit his time online? As counsellors, we can see that his parents' refusal to talk with him about the concerns they have for his safety online is a factor in a difficult situation for George. It is often true that parents and those responsible for children's well-being don't want them to 'grow up too quickly' and explaining what the dangers might be for George would potentially involve a conversation about sex, pornography and grooming. Unintended consequences, the aspects of the situation that George does not yet understand, influence the decisions of the adults around him, including the counsellor.

An ethical dilemma then arises for the counsellor. Is George 'at risk' on the internet in this way? As he is probably too young to make such decisions, do his parents need to know straightaway? It can be seen here that a moral dilemma in the child can lead to a similar dilemma for the counsellor.

The counsellor may want to encourage George to ask his parents why using the internet alone is forbidden. The suggestion of a meeting with the parents and George so he can ask his question with the counsellor present may also be possible in some contexts.

Telling George in very simple terms that not everyone is kind to children and he must not be in contact online with anyone who he doesn't know is useful but may not be enough. There is a cause for concern here that requires the counsellor to consider all the issues and whether confidentiality must be broken. This dilemma is closely connected with George's age, on the 'cusp' between childhood and early adolescence.

Skills to apply:

- ◆ Accept the client's stage of development whilst keeping an awareness of their individuality.
- ◆ Be present as the counsellor whilst holding an awareness of the 'child protector' role.

Bowlby's attachment theory

The current widely held belief that a young child needs consistent contact with a primary caregiver, usually the mother, is based on Bowlby's attachment theory. Hospital beds are often provided for parents to stay when their children are admitted. Usually there is plenty of visiting time and a commonly held belief that this contact with the primary person with whom the child has bonded is very important. It is also true that before the theory of attachment was well known and accepted, it was generally thought that a nurse could offer the full care needed by a young child in hospital and visiting by parents was restricted (Bowlby 1988; see also Chapter 4 on extending the counselling modality you were trained in).

Other cultures emphasise extended family care and parents are sometimes less involved than grandparents. Bowlby's theory may be limited in value in counselling these clients, as secure attachment may come from belonging to an extended family or village culture.

CASE EXAMPLE: ATTACHMENT ISSUES

Natalie, aged 6, has been sent to see you because she is very nervous and withdrawn at school. After a year of being in school, she still cries a lot when her mum leaves her. She finds it hard to make friends. You are given the information that Natalie's mum has suffered with cancer for the past four years and has been hospitalised a number of times. Natalie has been 'well cared for' by a variety of friends and family during her mum's time as an inpatient in hospital.

In a case such as this, allow the child to:

- ◆ just play and explore the counselling environment
- ◆ form a relationship with you
- ◆ find security in the structure of and lack of demands on her in counselling.

Natalie does not have to talk about or understand the loss she has probably felt due to her mum's absence. The process of play and being with the counsellor is a vital part of the counselling in this case.

SKILLS WITH DIFFERENT AGE GROUPS

The following are some skills in preparing for the counselling journey with children and young people of different ages:

5 to 9 years

Young children will expect their counsellor to be an adult who is in charge. Children may initially be surprised that you are offering time, space, attention and attentive listening, as well as a place to play and 'be' rather than 'do'. Skills with this age group include:

- ◆ softened eye contact, smiling and reassuring
- ◆ physically being on the child's level, sitting on a low chair or on cushions
- ◆ explaining who you are and what counsellors do
- ◆ letting the child know what the limits and 'rules' of the counselling room are, e.g. how long each week they will be with you, who will collect them from you, what you will be sharing with their parent/carer or teacher and what is just between the two of you.

10 to 13 years

Skills with this age group include:

- ◆ responding to the early adolescent, managing embarrassment due to new levels of 'self-consciousness' and the need for privacy
- ◆ transition issues, new school, child towards adulthood, the loss of childhood, bodily changes, the importance of peer group and new disagreements with parents/teachers, those in authority
- ◆ allowing the young person to be 'expert' on their experience whilst holding a recognition of the possible 'unintended consequences' of their choices
- ◆ letting the young person know you are worthy of respect through clear boundaries in the counselling room.

14 to 18 years

Skills with this age group include:

- ◆ getting alongside the client, forming a therapeutic alliance
- ◆ recognising the adolescent need for independence, more sleep, exploring sexuality and the responsibilities of adult life
- ◆ explicitly talking with the client about their emerging adulthood, responsibilities, exams, money, planned career, training or university
- ◆ showing respect for the client's difficulties, using plenty of empathy
- ◆ never belittling dilemmas even if the attitudes seem odd or extreme

- ◆ offering a different approach to other adults, challenging where necessary whilst respecting that the client knows and understands their own situation
- ◆ allowing yourself to enter the ‘teenage’ world, see through their eyes and feel how it is to be in their position before offering any interventions or solutions
- ◆ encouraging the emerging adult by creating an equal relationship as a ‘model’ for how the client can approach people or situations in their life.

Skills in responding to children as unique individuals

Responses to individual children and young people vary; one 12-year-old, for example, can be very much a child, physically and emotionally, whilst another can be well advanced into puberty, at their full adult height and experiencing hormonal changes that influence their emotional responses. Gender and circumstantial differences need to be taken account of. A traumatised child may display behaviours relating to a different age group than would be expected of their chronological years. The skills offered above relating to age groups are guidelines that should be applied intelligently and flexibly. It is the counsellor’s responsibility not to expect too much from a young child or respond in a belittling manner to a young person.

CASE EXAMPLE: TRAUMA

Angela, aged 10, is brought to the counselling room by the school ‘link’ person. As soon as the counselling room door is closed, Angela flattens herself against the door, wide-eyed and silent. Suggestions made that she might like to sit down are ignored and, after a few minutes, Angela begins to roam around the room, picking up objects and occasionally making sounds.

In a case like this, it becomes clear that the counsellor needs to respond to what is happening in the counselling room and not use any understanding based on the chronological age of the client.

Angela is showing signs and symptoms of trauma and this requires the counsellor to offer a calm presence and the ability to allow what may seem to be ‘odd’ or ‘disturbed’ behaviours to unfold without rushing the child.

Levine (2010) offers five principles to guide children’s play toward resolution of trauma. The principles are:

1. Let the child control the pace of the game.
2. Distinguish between fear, terror and excitement.

3. Take one small step at a time.
4. Become a safe container.
5. Stop if you feel the child is genuinely not benefiting from the play.

These principles can be applied to counselling traumatised children. In the case of Angela, the principles are useful in enabling the counsellor to respond in a skilful and appropriate manner.

1 Let the child control the pace of the game

Angela eventually settles on play dough and begins to make biscuits and birthday cakes. She still speaks very little and is not making much eye contact with you. What she does say are repetitions of words from a video shown to the whole school in assembly that morning.

2 Distinguish between fear, terror and excitement

Angela is frightened; it seems her terror which was present when she first entered the room is subsiding.

If the child appears frightened or cowed, give reassurance but don't encourage any further movement. Instead, be present with your full attention and support, waiting patiently until a substantial amount of the fear subsides. (Levine 2010: 208)

Some of Angela's behaviour could be misinterpreted as 'naughty'. One example of this is her turning the light on and off in the counselling room. It is necessary to make sure Angela remains safe throughout her activities whilst recognising she is trying to resolve her fears and traumatic memories.

3 Take one small step at a time

As the session with Angela develops, it is clear she is starting to relax and enjoy the play. She becomes very involved and does not want to stop at the end of her counselling time. Gradually and slowly, we are able to draw the session to a close.

On returning Angela to her classroom, other professionals express surprise and compliment you that she has engaged in the counselling process in any way, commenting on the length of time she was with you, her usually short attention span and often blunt refusal to communicate with helping professionals.

A request is made that you try to find out what her 'wishes are' as she is a 'looked after' child in foster care at present. Whilst this request is made in good faith, it is far too early to ask any questions of this type of Angela in counselling. Crossing Angela's boundaries and trying to make her talk about her 'wishes' would comply with 'norms' of managing Angela's 'case'. It would be inappropriate and ineffective to push her into this and counter-productive as she has clearly learnt how to defend herself when she doesn't want to talk or feels it would be dangerous to do so. Much of the way Angela reacts is not within her conscious control; rather it is an instinctual response to the

difficulties she has faced in her young life. Whilst many children of 10 are able to talk with great clarity about their situation, Angela is not ready to do so. Counsellors of children such as Angela need to live with the uncertainty of not knowing ‘the facts’ and respond skilfully to what is present.

4 Become a safe container

It is necessary to be calm and confident in allowing Angela to be silent and play in her own way. To become anxious or insistent would add to Angela’s fears.

5 Stop if you feel the child is genuinely not benefiting from the play

When Angela returns for session two, she is able to speak about the play. She makes many play dough cakes that are baked in an imaginary oven. She wants new play dough cutters for the next session and is obviously looking forward to more counselling ‘play’. She is benefiting, though the sense of fear and uncertainty remain. It is early days.

There is more exploration of skilful play in counselling in Chapter 7. Levine’s principles are based on research into the physiology and psychology of trauma. The straightforward steps he outlines where, in some ways, less is more, can enable counsellors to form relationships with traumatised children.

When trauma is present, it is likely that the young client will relate to their counsellor in an atypical manner for their age. In Angela’s case, the way she plays would be more typical of a child aged 5 or 6. This behaviour gives lots of clues as to Angela’s issues. Asking her specific questions about her life circumstances before there is a relationship established would bring about withdrawal and Angela would probably not attend counselling again. We can learn to recognise trauma and respond appropriately, whether that means continuing with counselling as outlined above or referring our young client to a specialised service.

Elements of Levine’s approach can be applied to all children or young people with whom there are challenges when forming a therapeutic relationship. A young client does not need to show signs of trauma to benefit.

The therapeutic alliance is central when counselling young clients. Westergaard (2013) explored counsellors’ perspectives on ‘what works when counselling young people’. In this study, ‘building an effective relationship’ was considered paramount by counsellors, regardless of their theoretical orientation.

In cases where trauma is present, the young client might not wish to discuss the traumatic events. There is no need to focus on a painful past and it may be counter-productive to do so. Allow young clients to decide when they are ready to talk about any issue.

CHAPTER SUMMARY

The beginning of the counselling journey with children and young people is a crucial time. We need to be skilful in our initial approach.

Skills for establishing a relationship

- ◆ Be 'mindful', taking breaks between clients, pacing not rushing and noticing bodily sensations, thoughts and feelings as they arise (see Chapter 3 on mindful presence).
- ◆ Be self-aware: know how you are in the counselling relationship. Are you comfortable or uncomfortable with a young client? For example, are you influenced by their dress, smell, accent or a likeness to someone else?
- ◆ Notice non-judgementally: it doesn't help to tell yourself you 'should' be someone other than who you are. If, for example, you are upset by self-harm, swearing or the vulnerability of a young child in difficult life circumstances, acknowledge this and talk to a colleague or supervisor or get further training.
- ◆ Remember that you were a child and an adolescent once and there is a part of you that can join with a young person. Your inner child can be stimulated when establishing a counselling relationship with a child. This can bring joy and fun to the counselling room or other strong emotions such as sadness and regret.

H . E . A . R . O . S . . :

- ◆ Holding the overview
 - ◆ Empathy
 - ◆ Age-appropriateness
 - ◆ Resilience
 - ◆ Openness to difference
 - ◆ Self-care
-
- ◆ Take into account the age of clients and the ways in which you can expect them to respond according to their development.
 - ◆ Consider individuality and not making assumptions concerning 'types' of clients.
 - ◆ Notice if a young client appears disturbed or very frightened – there could be trauma or mental health issues present and they may respond in a manner that is atypical for their age.
 - ◆ Remember that self-care is a necessary part of building the resilience required to begin the counselling journey with children and young people.

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