

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

Lorraine Sherman



Los Angeles | London | New Delhi  
Singapore | Washington DC

## 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
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- ◆ 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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