

Counselling Children

a practical introduction

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5th Edition



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Ethical Considerations when Counselling Children

Counselling children presents unique ethical considerations. Such considerations often don't have a clear solution: shades of grey can be more frequent than black and white! Indeed, similar ethical considerations may require different approaches depending on the unique characteristics of the child, family and situation. The codes, frameworks and guidelines provided by the British Psychological Society (BPS, 2002, 2009), British Association for Counselling and Psychotherapy (BACP, 2016), British Association of Play Therapists (BAPT, 2008), Australian Psychological Society (APS, 2007, 2009), and Queensland Counsellors Association (QCA, 2009) are essential starting points. In addition to ethical guidelines, it is also important for counsellors to remain abreast of updates in policies that impact upon their unique counselling context. Examples of where this may be relevant are briefly provided in Chapter 6. Speaking with a supervisor can also be a helpful source of guidance. There are also a number of ethical decision-making models that may help when thinking through an ethical issue (e.g., Miner, 2006; Pope and Vasquez, 2016). In this chapter we aim to discuss some of the ethical considerations we have experienced when counselling children. Rather than providing solutions, we hope that this discussion will instead be an additional source of guidance and reflection during your own practice.

Setting up the counselling relationship

Our approach to counselling is based on the Sequentially Planned Integrative Counselling for Children model (the SPICC model), which we will introduce in more detail in Chapter 8. There are five phases in the SPICC model and we will discuss the ethical considerations which arise in each of these phases. The first phase in the SPICC model is that of relationship-building. This initial phase is focused on developing a positive child-counsellor relationship in which the child feels comfortable, safe, valued, respected, and free to share their story. In setting up this supportive environment, a number of ethical considerations arise.

Informed consent

As highlighted in Chapter 1, it is generally the parent/s who bring the child for counselling, rather than the child seeking this relationship for themselves. Hence, while obtaining informed consent from the parent/s is important, it is equally important to obtain the informed consent of the child. Indeed, both the BPS and APS stress the importance of providing children with the opportunity to understand the counselling service being offered (BPS, 2009) and to provide their consent ‘as far as practically possible’ (APS, 2007). Furthermore, including the child in the process of informed consent is a way in which to give them a voice in the process of counselling; encouraging feelings of being valued and respected. We would like to invite you to take a moment to brainstorm some factors which might impact on the process of informed consent. One factor we would like to draw your attention to in particular is the developmental level of the child: does the child have the cognitive and emotional ability to understand the nature of, and make a decision about, the counselling relationship (Lawrence and Robinson Kurpius, 2000)?

During the process of obtaining consent, another situation which may arise is when one party gives their consent but the other does not. This can raise a number of possibilities to consider! What if the child does not provide their consent but the parents are keen for their child to receive counselling? How would you proceed if the child seeks counselling, for example within a school environment, but doesn’t want their parents to know? What factors might impact on your decision? It is difficult to provide a definite answer for many of these questions as each child, family, and situation is unique and must be considered in context (Hall and Lin, 1995). However, it is important to keep in mind that the child is most likely to benefit from counselling when they enter the child–counsellor relationship voluntarily, that is, with their informed consent (Bond, 1992).

Confidentiality

It is important to be very clear about confidentiality and its limits when commencing a new counselling relationship (Mitchell et al., 2002). In particular, when working with children it is important to consider what, and how, information is shared with parents and associated parties. Additionally, it is important to keep in mind our duty to warn and reflect on how this might be accomplished while maintaining a supportive child–counsellor relationship. Our duty to warn covers risk of harm to the client or others (Mitchell et al., 2002). Many associations provide guidelines for reporting risk of harm, particularly when this concerns child abuse and neglect (e.g., APS, 2009; BPS, 2007). It is worthwhile to familiarize yourself with these guidelines along with your local legislative requirements or any organizational guidelines which apply to your counselling context. A further discussion on confidentiality regarding sharing information with parent/s is covered in Chapters 2 and 9.

Another aspect of confidentiality is the documentation of the counselling process. It is important to consider who has access to this documentation, how the documentation is protected, and how to respond to requests for documentation.

It is important to ensure that any confidential client information is securely stored, including both hard and electronic copies, and accessible only to the counsellor. When a request for information is received, speaking with the child and/or parents is always a good starting point. If the request comes in the form of a subpoena or court order you may also want to seek the advice of a supervisor or lawyer. A good general rule to follow is to ‘disclose only that information which is necessary to achieve the purpose of the disclosure, and then only to people required to have that information’ (APS, 2007: 16). It is also important to consider what information is included in the client’s file. Information should be comprehensive and factual; free of judgemental and emotive language.

Including family members

Children come within a family! Therefore, it is important to consider the child within the context of their family and to be aware of the possible ethical considerations which may arise. As highlighted earlier, it is generally the parent/s who initiate the child–counsellor relationship with certain goals in mind. However, the child may also bring their own goals to the counselling relationship. This raises the question: who is your client? In particular, whose goals are to be followed? As highlighted in Chapter 1, it is important from the outset to be clear about the goals of the counselling relationship and to frequently reflect on these goals as the child–counsellor relationship develops. This process can become more challenging when there are different goals or opinions about the counselling process from different family members. How might you approach a situation where the parents have different views about what the counselling should focus on? Or if one parent does not want their child to enter a counselling relationship at all? In some situations, for example if parents are separated or divorced, one parent may not want the other to be informed about the child accessing counselling or be provided with limited information. On the other hand, the child may express a wish that their parent/s not be informed about certain information. How would you approach such a situation? Do the parent/s in question have a right to be informed? The APS provides some helpful guidelines around provision of counselling when a child’s parents are separated or divorced (APS, 2009), with a focus on keeping clear communication open with the child and involved parent/s.

Another consideration when working with children and their families is whether or not the presenting issue is such that counselling within the context of family therapy may be more suitable. For more information about counselling children within the context of family therapy please refer to Chapter 9.

Connecting with associated parties

Sometimes it is important to consult, work with, or gather information from associated parties in the child’s life such as schools, doctors, and other professionals. How might you continue to maintain the child’s sense of trust and safety within the child–counsellor relationship while making connections with associated parties?

What if the child or parent/s insist that the associated parties not be contacted? Again, speaking with the child and/or parent/s first is a good starting point. Discussing the potential pros and cons of connecting with associated parties and what (and how) information is to be shared may help to find a solution the child and parents are comfortable with. This discussion may then form the foundation for obtaining the required verbal and written consent from the child and parent/s to connect with an associated party.

Maintaining the counselling relationship

Once a child–counsellor relationship has been developed, the next step is maintenance of this relationship in such a way as to support increased awareness and change. The maintenance of the relationship corresponds to Phases 2 to 5 of the SPICC model (Chapter 8) during which the child increases their awareness (Gestalt Therapy), changes their view of self (Narrative Therapy), challenges any self-destructive beliefs (Cognitive Behaviour Therapy, CBT) and rehearses and experiments with new behaviours (Behaviour Therapy).

Boundaries and power in the child–counsellor relationship

It is the responsibility of the counsellor to maintain appropriate boundaries within the child–counsellor relationship. From the outset of the counselling process it is important that the child and parents understand the nature and limits of the child–counsellor relationship. Setting up boundaries about your role as a counsellor includes: time (for example, session length and availability outside the session); place (where the sessions take place); self-disclosure (how much disclosure is appropriate); behaviour during the session; and appropriate touch (Gutheil and Gabbard, 1993). Maintaining clear boundaries defines the child–counsellor relationship as a professional one. While it is important for the child to feel safe and supported, the relationship remains different to a personal adult relationship.

Another consideration which falls under boundary maintenance is that of power imbalance in the client–counsellor relationship, which can be magnified when working with children. Power imbalances will always be present, however it is very important to reflect on and guard against the consequences of these imbalances. How can you identify when a power imbalance is impacting on the child–counsellor relationship? One sign, which may indicate the impact of a power imbalance, is dependency developing within the child–counsellor relationship. The counsellor may also notice themselves becoming more directive rather than allowing the relationship to be child-led. Feelings, such as protectiveness for the client or frustration that the client isn't 'fitting into' your plan, may also be indicators of a power imbalance starting to impact on the child–counsellor relationship. Such factors can lead to the child feeling disempowered within the relationship. This disempowerment can then lead to decreased effectiveness within the counselling relationship. Children may respond to

power imbalances by either withdrawing or attempting to comply with what they feel is expected of them (Bond, 1992). As such, it is important to guard against the consequences of power imbalances to ensure the child doesn't feel disempowered and to maintain the effectiveness of the counselling relationship. Indeed, the BACP guidelines highlight the importance of respecting and encouraging the autonomy of the client (BACP, 2016). How might you guard against setting up dependency and disempowerment within the child–counsellor relationship? In what ways could you encourage the autonomy of your client within the child–counsellor relationship? We believe that ongoing self-reflection is a good starting point, along with appropriate supervision. Ensuring a safe and supportive environment for the child to share within and taking your lead from the child where possible can also help to limit the consequences of power imbalances.

The counsellor's role and responsibilities

Being a counsellor brings with it a variety of roles and responsibilities. Maintaining these roles and responsibilities requires frequent self-reflection, which can be further supported within a supervision relationship. Here we will focus on two areas that fall within the counsellor's roles and responsibilities: the counsellor's values and professional competence.

Values

We all have a unique set of values, which guide our thinking, decisions, and actions. These values also have an impact on our practice as counsellors. As such, it is important to understand our values and how they may influence the ethical decisions we make regarding the child–counsellor relationship. We would like to invite you to take a moment now to reflect on your own values. What values are core to yourself? In what way may your values impact on your counselling approach? How might your values impact on a specific child–counsellor relationship? How might your values clash with a child and/or family? How will this clash impact on your counselling relationship? In our own practice we find that being proactive and self-reflective is one of the best ways to ensure our values are not impacting on the child–counsellor relationship. As this relationship is dynamic and changeable, it is important that this process of self-reflection occurs repeatedly throughout the counselling process.

Values are generally influenced by our cultural context. As such, it is also important to consider how culture has impacted on your values and to be aware and sensitive to the cultural values of your clients (Leebert, 2006). While this may mean researching a particular culture, it is important to also keep in mind that culture is ever changing and may mean different things to different people (Chantler, 2005). We would like to invite you to take some time to reflect on your cultural identification. What values are attached to this identification? In what ways might these values impact on the child–counsellor relationship? For more information about working across cultures, Yan and Wong (2005) have provided a good overview of self-awareness within a cultural framework. Ivey and colleagues (2012) also explore the impact of cultural issues in counselling.

Professional competence

As highlighted in the BACP guidelines, an important duty of counsellors is to maintain and develop their professional competence (BACP, 2016). This includes being aware of the limits of your competence, working within these limits, and identifying factors which restrict your competence. It is also important to regularly reflect on your professional competence within the context of the child–counsellor relationship. Some questions you might ask yourself are: Do your experience and skills meet the needs of the child? Is the child–counsellor relationship beneficial for the child? Is there evidence of change? To support your self-reflection it is helpful to include frequent evaluations of outcomes and incorporate the child's and parents' feedback. Do the child and their parent/s report benefits of the counselling relationship? Do they see change? If the child–counsellor relationship does not appear to be beneficial for the child, or you feel your experience and skills are not meeting the needs of the child, you may need to seek supervision and/or training or consider other referral options in order for the child's needs to be met.

Another aspect of professional competence is that of self-care: it is difficult to provide a supportive counselling relationship when you require support yourself! Again, being self-reflective about your capacity to provide support is important; as is being able to identify when you may be close to burning out. What factors might you look for as early signs of burn out? Koocher and Keith-Spiegel (2008: 91) suggest a number of warning signs including: 'uncharacteristic angry outbursts, apathy, chronic frustration, a sense of depersonalisation, depression, emotional and physical exhaustion, hostility, feelings of malice or aversion toward patients, reduced productivity or lowered effectiveness at work'. We have found that the best solution for burn out is being proactive! We recommend putting into place self-care strategies in order to decrease the probability of reaching the point of burn out in the first place. What self-care strategies could you put in place? Some common self-care strategies include exercise, music, taking a bath, reading or spending time with friends and/or family. You may also find it helpful to talk with a supervisor when you first notice the signs of burn out.

Bringing the counselling relationship to a close

Once the child reaches a resolution and has achieved adaptive functioning, it is time to begin the process of bringing the child–counsellor relationship to a close. This includes preparing the child for the end of the child–counsellor relationship and supporting the child to achieve a sense of closure. It can also be helpful to provide opportunities for the child (and parent/s) to express how they found the counselling experience. These opportunities also allow for the child and parent/s to evaluate the outcomes of the child–counsellor relationship. In the event that the relationship has to be ended due to other considerations (child–counsellor relationship is not beneficial or outside counsellor's professional competence) it is the counsellor's responsibility to also source an appropriate referral for the child. When seeking such a referral, the counsellor may consider whether the referral is appropriate for the

child's needs and likely to be beneficial and whether the service referred to is able to accept the referral. Disclosure of information should also be discussed with the child and parent/s during the referral process, including what information is to be provided to the new counsellor (BACP, 2016). For those interested in reading further, Lendrum (2004) has reflected on a number of potentially challenging aspects of bringing the counselling relationship to a close.

In this chapter we explored the ethical considerations which may arise during the counselling relationship. In the next chapter we will explore another factor which impacts on the child-counsellor relationship: the attributes and behaviours of a child-counsellor.

CASE STUDY

You have just received a new referral for nine-year-old Sally. The referral was made by Sally's father, Fred, who is concerned about her behaviour when she returns from her mother's house. During your initial meeting with Fred he remains elusive about Sally's mother, only stating that they have been separated for some time. Fred isn't comfortable disclosing information about the custody of Sally and has specifically asked that her mother not be contacted. However, he did share that Sally spends every second week at her mother's. He has not provided any contact details for Sally's mother. How would you proceed? Would you attempt to make contact with Sally's mother? What legal aspects might you need to consider? How might custody arrangements impact on your decision? How would Sally's response to the proposed counselling impact on your decision?

KEY POINTS

- Ethical considerations when counselling children are often complex, without a clear answer. Seeking advice from the relevant ethical codes and guidelines, along with a supervisor, is a good starting point.
- When commencing a new counselling relationship, informed consent, confidentiality, including family members, and connecting with associated parties are important ethical considerations.
- During the maintenance of the child-counsellor relationship, ethical considerations include maintaining boundaries, power imbalances, and your roles and responsibilities as a counsellor including the impact of your values and professional competence on your practice.
- It is also important to bring the child-counsellor relationship to close in an ethical manner, including the child (and parent/s) in the process and, where needed, seeking an appropriate referral.

FURTHER RESOURCES

Ethical codes, along with further ethical resources, can be found on each of the various psychology and counselling societies websites:

- British Psychological Society (BPS): www.bps.org.uk
- British Association for Counselling and Psychotherapy (BACP): www.bacp.co.uk
- British Association of Play Therapists (BAPT): www.bapt.info
- Australian Psychological Society (APS): www.psychology.org.au
- Queensland Counsellors Association (QCA): qca.asn.au

Visit <https://study.sagepub.com/geldardchildren> to watch *A Confidential Space: Differences when counselling children*, *A Confidential Space: Parents and parental permission and Counselling*, *Confidentiality and the Law: Children's right to confidentiality*