

Counselling Children

a practical introduction

Kathryn Geldard, David Geldard and Rebecca Yin Foo

5th Edition



Los Angeles | London | New Delhi
Singapore | Washington DC | Melbourne



This edition of *Counselling Children* is dedicated to David Geldard.
His contribution, expertise and clinical skills have been essential in this book's
support of counsellors and, therefore, the children with whom they work.



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Goals for Counselling Children

It is probably obvious, even to people who have never been involved in counselling children, that we cannot counsel children in the same way that we counsel adults. We counsel adults by sitting down with them and inviting them to talk with us. If we were to try to use the same strategy with children, many of them would say nothing except to answer direct questions. Those children who were able to talk with us would be unlikely to tell us anything of importance. Additionally, they would probably become bored with the conversation after a short while, or would withdraw into silence. Even if they did talk to us, they would probably deflect away from important issues.

If, as counsellors, we are to engage children so that they will talk freely about painful issues, then consideration of other strategies in conjunction with verbal counselling skills is important. For example, we might involve the child in play, or in the use of media such as miniature animals, clay or various forms of art. Alternatively, we might involve the child in storytelling, or take them on an imaginary journey. As a consequence of combining the use of verbal counselling skills with the use of media or some other strategy, we are able to create an opportunity for the child to join with us in a therapeutically useful counselling process. We, as counsellors, provide the child with the environment in which to undergo therapeutic change.

Because we cannot use verbal counselling skills alone, and because we are promoting the possibility of a therapeutic outcome, we will in this book frequently refer to *child-therapy*. Clearly, therapeutic change is the outcome we hope to achieve by using counselling in conjunction with media.

Before becoming a counsellor for children it is important to have an understanding of the nature and purpose of counselling children. This includes being clear about our goals and to have clear ideas about how these goals can be achieved. As we will discover, the achievement of goals is not only dependent on the media used and on the style of working, but is critically dependent on the child–counsellor relationship. We will therefore consider goals for counselling children in this section and then move on to consider the child–counsellor relationship in Chapter 2.

Before you read on, we would like to invite you to stop, if you would like to, and do some thinking of your own. What do you think the most important goals should be, when counselling children?

We would like to ask you another question that has some ethical implications. Should the specific goals for an individual session or a series of sessions be set by the counsellor, or by the child's parents or guardians, or by the child? What do you think?

We think that the answers to the above questions are quite complex, and have identified four different levels at which goals can be set:

- Level 1 goals – fundamental goals
- Level 2 goals – the parents' goals
- Level 3 goals – goals formulated by the counsellor
- Level 4 goals – the child's goals.

All of these goals are important and have to be kept in focus during the therapeutic process. However, at various times during the process some goals need to have preference over others. How this is achieved is the responsibility of the counsellor. We will now discuss our ideas with regard to each of the four levels of goals.

Level 1 goals – fundamental goals

These goals are globally applicable to all children in therapy. They include the following:

- To enable the child to deal with painful emotional issues.
- To enable the child to achieve some level of congruence with regard to thoughts, emotions and behaviours.
- To enable the child to feel good about themselves.
- To enable the child to accept their limitations and strengths and to feel OK about them.
- To enable the child to change behaviours which have negative consequences.
- To enable the child to function comfortably and adaptively within the external environment (for example, at home and at school).
- To maximize the opportunity for the child to pursue developmental milestones.
- To support the child in developing their resilience and promoting general wellbeing.

Level 2 goals – the parents' goals

These are set by the parents when they bring their child for therapy. They are related to the parents' own agenda and are usually based on the child's current behaviours. For example, if a child is smearing faeces on walls the parents' goal is likely to be to extinguish this behaviour.

Level 3 goals – goals formulated by the counsellor

These goals are formulated by the counsellor as a consequence of hypotheses which the counsellor may have about why the child is behaving in a particular way. Take the example of the child who is smearing faeces. The counsellor may have a hypothesis that the smearing is a consequence of the child's emotional issues. Hence the counsellor may have the goal of addressing and resolving the child's emotional issues.

Clearly, when formulating hypotheses about the possible causation of child behaviour, counsellors will draw on information from their own casework experience, from their theoretical understanding of child psychology and behaviour, and from their knowledge of current research and the relevant literature.

Level 4 goals – the child's goals

These goals emerge during the therapy session and are effectively the child's own goals, although the child will usually be unable to verbalize them as such. They are based on material which the child brings to the session. Sometimes these goals will match the counsellor's goals and sometimes they will not. For example, a counsellor may enter a session having a *level 3* goal that the child needs to be empowered. It may emerge during the session that the child wants to talk about a painful loss and is not ready to be empowered. In this situation the counsellor can respond to the child's needs by attending to the *level 4* goal and allowing the grieving process to occur.

If a counsellor goes into a particular session with a specific agenda, there may be times when sticking to this agenda will be effective and appropriate. However, generally there is danger in holding rigidly to a predetermined agenda because the child's own needs might then be overlooked rather than addressed. For the child's real needs to emerge and be adequately dealt with therapeutically, the counsellor must stay with the child's own process. The alternative would be for us, as counsellors, to structure sessions which would meet our own needs rather than those of the children who come to us for help. This is clearly unacceptable, and it follows that generally *level 4* goals must take precedence.

Here is another illustration of what we mean when we talk about a child's goals or agenda being the most important. If we are working with a child who has come from a violent family, we may very strongly believe that an important goal for therapy (a *level 3* goal) is to explore strategies to help the child discover ways of staying safe. This would certainly be important, and in the long term would be a useful and essential goal. However, the child may be more interested in exploring the fears they have with regard to their mother's safety (a *level 4* goal). Our belief is that unless the issues which are uppermost for the child are addressed first, then the likelihood of counselling having a successful outcome will be diminished.

It is important to view each child's experience as unique, so we need to be careful in setting *level 3* goals. Our assumptions about what a child needs in therapy might be wrong. Therefore, we continually review our goals during the course of counselling and are open to amending them wherever necessary. Developing the skills required to discover the child's real needs takes practice and experience.

If therapy sessions are properly conducted, the child's goals will naturally emerge. If these goals are recognized by the counsellor, rather than submerged below other goals set by the counsellor or parents, then they can be formally incorporated into the process through consultation with the parents. In our view, wherever possible these *level 4* goals, involving the child's own agenda, should take precedence.

Thus we strongly suggest that, in general, the specific goals for a counselling session, or series of sessions, need to be determined by giving precedence to the child's *level 4* goals, while attending to the parents' *level 2* goals and the counsellor's *level 3* goals. Our experience is that when we follow this process, the fundamental *level 1* goals will automatically be achieved. Whenever possible, it is important for the goal-setting process to be interactive and consultative, with the full participatory involvement of the child, the parents or family, and the counsellor.

In setting goals we are implying that the child is our primary client, yet it is the parents who pay our bill! Although this may seem to raise an ethical dilemma, we find that by using the process we have proposed, the parents' goals are also achieved.

In considering what counselling children involves, we have looked at goals first. As stated before, another important aspect of counselling children is the child–counsellor relationship, which we will discuss in the next chapter.

CASE STUDY

You have just received a referral for a new client. The referral has been made for 12-year-old Mike by his mother, June. The information provided by June in the referral indicates that she is concerned about Mike's change in behaviour over the last six months. June feels that Mike is becoming more 'oppositional' and, at times, verbally and physically aggressive. She hopes that this behaviour can be improved if Mike sees a counsellor. She also noted that the family has moved interstate this year for her husband, John's, work which has also meant longer working days for John. June also shared in the referral that Mike saw the School Counsellor off and on following intense bullying, including physical aggression, at his previous school. Mike hasn't reported any incidents of bullying to his parents at his new school; therefore June feels this is no longer an issue for Mike. How might you approach goal-setting with this family? How would you introduce the process of goal-setting to the child/family? What would you say? How might you approach conflict between the parents'/child's/counsellor's goals?

KEY POINTS

- Using media or activity in conjunction with counselling skills supports children to talk about sensitive issues.
- As counsellors there are four different types of goals for us to keep in mind:
 - fundamental goals
 - parental goals
 - goals we formulate as a counsellor
 - the child's goals.
- Fundamental goals are usually best achieved by giving precedence to the child's goals while attending to parent and counsellor goals.

FURTHER RESOURCES

The Child Outcomes Research Consortium (CORC) collects evidence in order to support children and young people's mental health and wellbeing. CORC has developed a booklet on setting and tracking goals when counselling children and young people that is available via the University College London's (UCL) website. It is important to note that this booklet is better suited to older children, however may also provide assurance to parents that their goals are being met while the counsellor follows the child's lead during therapy. The booklet can be found at: https://www.ucl.ac.uk/ebpu/docs/publication_files/Goals_booklet_3rd_ed.

Visit <https://study.sagepub.com/geldardchildren> to watch *Establishing Goals*