COUNSELLING CHILDREN

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KATHRYN GELDARD & REBECCA YIN FOO

COUNSELLING CHILDREN

a practical introduction

6th Edition

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Editor: Susannah Trefgarne
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Marketing manager: Ruslana Khatagova
Cover design: Wendy Scott
Typeset by: C&M Digitals (P) Ltd, Chennai, India
Printed in the UK

Library of Congress Control Number: 2023946812

British Library Cataloguing in Publication data

A catalogue record for this book is available from the British Library.

ISBN 978-1-5296-6903-9
ISBN 978-1-5296-6902-2 (pbk)

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Dr Kathryn Geldard is now retired from clinical practice. She continues to conduct training workshops for counsellors and organizations and facilitate professional development supervision groups. Her academic career as senior lecturer in Counselling at Queensland University of Technology and in the faculty of Arts and Business at the University of the Sunshine Coast (USC), Australia includes programme leadership of the Counselling programme as well as development of the postgraduate Master of Counselling degrees. She is the author of several textbooks founded on her extensive clinical counselling background with children, young people and their families.

Rebecca Yin Foo is an educational and developmental psychologist who is experienced in providing psychological support for children with developmental disabilities and their families at the Cerebral Palsy League. Her work has led her to take a high level of practical and academic interest in ways of working with children to promote optimal positive outcomes. She currently works in private practice in Brisbane, Australia. Prior to obtaining her honours degree in Psychology and master's degree in Educational and Developmental Psychology she completed a Bachelor of Medical Engineering. She has published a number of journal articles and presented conference papers nationally and internationally in relation to her studies in both Engineering and Psychology.

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INTRODUCTION TO THE SIXTH EDITION

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Amidst emerging insights into the influence of global issues on mental health and well-being, the 6th edition takes form. The profound impacts of COVID-19, the Ukrainian war crisis, and the instant dissemination of information through social media have evoked both collective distress and opportunities for growth.

A feature of this edition is a new chapter (Chapter 11) where our intention has been to research the current literature and raise generic questions and discussion regarding the possible and recorded effects of the pandemic and pandemic aftermath on children's mental health. The chapter discusses how the application of online counselling in this current socio-political climate as well as in alternative geographically remote arenas can be harnessed by counsellors. Additionally, in Chapter 21 the work of Lawrence Calhoun and Richard Tedeschi (2014) is referenced and well worth following as research uncovers the therapeutic facilitation of post-traumatic growth with children and adolescents.

While this edition remains primarily focused on identifying and describing techniques and counselling micro skills that prove valuable in working with children, we hope to share our practice insights and experiences within the context of the present day. We have resisted the temptation to address working with specific demographic/pathology/mental health issues as, while we are informed by current research and literature, we are not experts in these fields. Our hope is that practitioners will rely on the skills outlined in *Counselling Children* to join with and discover the individual and unique needs of each child. Acknowledging the significance of diversity, culture, and identity in shaping our approach to assist those in need is an essential requirement of our profession. Even more crucial is recognising how these elements intersect to shape unique individuals who strive for personal growth amidst the challenges of a digital era. Chapter 3 elaborates on how this diversity is expressed through the concept of intersectionality and Chapter 8 is expanded to illustrate and emphasize the portability of the Sequentially Planned Integrative Counselling for Children (SPICC) model across all demographics and presentations.

Counselling Children marked a significant milestone last year, celebrating its 25th year of publication. However, the rapidly evolving landscape of language use, emphasizing respectful political correctness, requires an almost complete overhaul of the language in this text to align with our endorsement and recognition of a transformative shift in the way in which the counsellor–client relationship and function are described. This shift moves even further away from an emphasis on a traditional model of expert and client to fostering a mutual problem-solving dynamic.

We hope this edition prioritizes language that describes the counsellor-client relationship and the work of the counsellor that fosters resilience, personal growth, wellbeing, unleashing potential through professional guidance and mutual sharing. The counsellor no longer solely acts as a helper, but rather as a facilitator of growth, encouraging an environment where both parties, within their unique context, collaboratively work towards solutions and empowerment. This approach reflects our commitment to adapt to the changing needs and perspectives of those seeking help and embraces the essence of a progressive and supportive counselling experience.

This edition reflects our commitment to adapt to the changing needs and perspectives of those seeking help and embraces the essence of a progressive and supportive counselling experience. We hope this sixth edition of *Counselling Children* reflects our dedication and committment to contributing to a world of respect and compassion for fellow humankind.

Kathryn and Rebecca

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THE CHILD–COUNSELLOR RELATIONSHIP

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It has been recognized since the 1950s that the relationship between an adult client and a counsellor is a critical factor in therapeutic outcomes. Original study on the adult client–counsellor relationship was conducted by Carl Rogers many years ago. He believed that the important ingredients in such a relationship were congruence, empathy, and unconditional positive regard. Since then other practitioners have described what they believe to be desirable attributes of the counselling relationship and have generally agreed that the relationship is of major importance in influencing positive outcomes from therapy.

In the same way that in adult therapy the relationship with the counsellor is of major influence, it is generally agreed that in child therapy the child–counsellor relationship is significantly important in influencing the effectiveness of therapy. There have been several attempts to define the important attributes of the therapeutic relationship when working with childen (Virginia Axline, 1947; Anna Freud, 1928; Melanie Klein, 1932), and there are major differences of opinion about what type of relationship is desirable for therapy to be maximally effective. We don't intend to discuss the differences in depth because this is a practical guide to counselling children rather than a book about the theory of child therapy. We have also resisted the temptation to address working with clients presenting with specific, pathology, or mental health issues as, while we are informed by current research and literature, we are not experts in these fields. However, we have included a brief overview from the seminal literature of the historical background and contemporary ideas about counselling children in Chapter 5.

In this chapter we would like to share with you our own ideas about what we believe is important in the child–counsellor relationship. You might like to compare our ideas with other schools of thought and then decide for yourself what you consider to be relevant.

We agree with other workers in child therapy that the child–counsellor relationship is crucial to the process of therapeutic change. Further, we believe that this relationship is the single most important factor in achieving successful therapeutic outcomes.

One factor the child–counsellor relationship is dependent upon is the personal attributes the counsellor brings into the relationship. These will be discussed fully in Chapter 4. Because these attributes also inevitably impact on the caregiver–counsellor relationship, we will share our ideas about their effect and consequences. Additionally, we will consider the effect of transference on the child–counsellor relationship.

ATTRIBUTES OF THE CHILD–COUNSELLOR RELATIONSHIP (AND THE INFLUENCE OF THESE ATTRIBUTES ON THE CAREGIVER–COUNSELLOR RELATIONSHIP)

To be optimally effective, we believe that the child–counsellor relationship benefits from inclusion of the following elements:

- A connecting link to the child's world
- Exclusivity
- Safety
- Authenticity
- Confidentiality (subject to limits)
- Sensitivity
- Purposefullness.

We will now discuss the attributes listed above in more detail.

The Child–Counsellor Relationship as a Connecting Link to the Child's World

The relationship is primarily about connecting with the child and remaining with the child's perceptions about themselves and the world in which they live. The child may see their environment quite differently from the way in which their carers see it. It is helpful if the counsellor can join with the child and work from within the child's perspective. Approaching the child–counsellor relationship with preconceived ideas or expectationsis is likely to move the child away from their own perceptions and towards those of the counsellor. Instead, it is important for the child to remain with their own experience of the relationship rather than to be influenced by the counsellor's beliefs and attitudes about how such a relationship might appear.

The child–counsellor relationship provides a link between the child's world and the counsellor, enabling the counsellor to observe with clarity the experience of the child. This

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observation may be partially distorted by the counsellor's own personal and professional experiences, and some projection of these onto future relationships is unavoidable. However, the counsellor's aim is to minimize the influence of their own experience so that their connection with the child's experience of the world is as complete as possible.

The Child–Counsellor Relationship as an Exclusive Relationship

As counsellors it is important for us to establish and maintain a positive rapport with the child so that trust is developed. This development of trust can be supported if the child experiences a sense of exclusivity – that is, a unique relationship with the counsellor which is not compromised by the unwanted intrusion of others, such as carers or siblings.

The child will have a personal perception of themselves, which may not necessarily be the same as the caregiver's perception. For the therapeutic relationship to be effective it is important for the child to feel accepted by the counsellor for the way the child perceives themselves. It isn't helpful if the child thinks that the counsellor's view of them has been influenced by caregivers or significant others. However, sometimes it is necessary for you the counsellor to meet separately with the child's carers to understand their reasons for bringing the child to counselling. We often try to include the child in the first meeting with parents so that the child is aware of what is revealed about them. Where this is not possible and we have connected with the carers without the child being present, we let the child know we have already met with their carers and share what it was we discovered about them from their caregivers. Transparency such as this helps to develop trust within the relationship and an exclusive child–counsellor relationship.

Keeping the relationship exclusive also means not allowing others to intrude or to be included without the child's permission. Consequently, preparation of the child and carers for therapy requires specific attention because there is clearly an ethical issue involved. The carers have care and control of the child, yet in therapy we are proposing that the counsellor builds an exclusive relationship with the child. How do you think the carers will feel about that?

The situation may be aggravated in cases where carers are using public health services or the services of large non-government agencies. Some carers may feel disempowered and overwhelmed by the system, even though individual workers may try to create a personal consumer-oriented service. Such carers may be worried by the suggestion that they will not be fully included in the counselling process.

This ethical issue can only be addressed satisfactorily if the counsellor is clear with carers about the nature of the therapeutic relationship and gains their acceptance of what is required. Therapy is generally a new experience for the child and the carers. We find

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that carers are likely to have a satisfactory level of comfort and have confidence in the process if they are fully informed about the need for the counsellor to maintain an exclusive relationship, at some level, with the child.

It is helpful to warn carers that at times their child may not wish to share information arising from a therapy session. It is reasonable to expect that carers may feel anxious and believe that they might be left without information which they should rightfully know. In our experience carers are more supportive when given reassurance that in time they will be given all the information that is important for them. An understanding that children often have great difficulty sharing important and private information and that such sharing needs to be done when the child is ready and feels safe about sharing is helpful to the overall outcome for the child.

Passing general information to the carers does not compromise the exclusivity of the relationship. However, to pass on specific details of a therapy session without the child's agreement would certainly compromise exclusivity.

As the child's confidence in the counsellor increases and the counsellor's understanding of the child's issues becomes broader, the trust that the child experiences becomes stronger. This trust is reinforced by the knowledge that fears, anxieties, and negative thoughts towards others, events, and situations will not be disclosed to the child's carers or family members without the child's agreement. We believe that a child has a right to privacy, subject to certain limitations, but do understand that it is sometimes difficult for carers to accept this.

Clearly, it is highly desirable to enlist the support and encouragement of carers so that the child feels free to talk openly with the counsellor. We have found that if we are open with carers about the nature of the child–counsellor relationship, they will most often be very supportive of our work with their children.

We try to build a trusting relationship with the carers in the child's presence enabling the exclusivity of the child–counsellor relationship to be maintained. As a result the child is fully aware of the carers' acceptance of that relationship and is given permission and encouraged by the carers to join with us.

Naturally, there are times when carers have a right and a need to know information which is disclosed to the counsellor in counselling sessions with a child. The issues of exclusivity and confidentiality are clearly complex ones and will be discussed more fully in Chapters 3 and 10.

The Child–Counsellor Relationship as a Safe Relationship

Creating a permissive environment in which the child feels free to express themselves fully and to gain mastery over their feelings in safety is another important task of the counsellor. The child should feel safe to make disclosures with the confidence that doing so will

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not have repercussions or consequences which may be emotionally harmful or damaging. The issue of confidentiality is involved here and will be addressed later in this section and again in Chapters 3 and 10.

For the child to feel safe, providing structure is helpful. Structure gives the child a sense of security and predictability during therapy sessions. It also allows the counsellor to focus on a purposeful counselling session. Providing structure might include setting behavioural limits and giving information about the expected length of each session. Additionally, the child benefits from being reminded that each session will end.

With regard to limit setting, we believe that limits should be explained to protect the child, the counsellor, and property from damage. Early in the joining process we make it clear that there are three basic rules:

1 The child must not injure themselves.
2 The child must not hurt the counsellor.
3 The child must not damage property.

It is explained that there are consequences for breaking the rules. For instance, should the rules be broken, then the therapy session will end. However, at the same time as making it clear to the child that the session has to end because the rules have been broken, the child is made to feel welcome to come back another time and a new appointment is made.

By only using the three rules we avoid having to repeatedly control the child like a parent. Gentle reminders of the rules to prevent risk of harm to themselves or the counsellor enables a uniquely therapeutic relationship to form where the child has permission to fully express themselves.

Although some external controls are set, this does not mean that counsellors should expect that all sessions will be free of 'acting-out' behaviour. Intermittent periods of testing behaviour are sometimes a part of the child therapy process.

Safety needs when choosing materials for play therapy sessions are important considerations. Equipment or toys which can be easily broken may be a source of anxiety for many children. Most children don't want to be held responsible for inadvertently damaging property.

The Child–Counsellor Relationship as an Authentic Relationship

An authentic relationship is a genuine and honest relationship where the interaction between two people is consistent with regard to the way they think and feel and behave. This means that the relationship is consistent with the real person who is the counsellor, and the child. It is less likely to be successful or at risk of becoming superficial if the

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counsellor pretends to be someone they are not. Through the process of reciprocity the authentic relationship develops and enables the child to give up the pretence of being someone they are not, and to allow the inner self to be exposed, leading to a level of trust and understanding.

Authenticity in the relationship means allowing natural, spontaneous interplay between the counsellor and the child to occur, without inhibition or censorship and without unnecessary anxiety. By being authentic, the relationship between the child and the counsellor will at times be serious because of the gravity of the issues being discussed and the intensity of the emotions involved. However, the authentic relationship will not always be serious; it will also allow the child and counsellor to spontaneously engage in playful and enjoyable interaction. Most importantly, in the authentic relationship the emerging issues of the child are not minimized, suppressed, or avoided.

The Child–Counsellor Relationship as a Confidential Relationship

When working with children the counsellor tries to create an environment where the child feels safe enough to share very private thoughts and emotional feelings. In order for the child to feel safe, a level of confidentiality is required. It is important to discuss confidentiality, and its limits, with the child early in the relationship-building process.

Firstly, in order to identify the limits of confidentiality, let's consider problems which might arise concerning the issue of confidentiality.

Inevitably, there will be times when the child will share information with the counsellor which the counsellor believes needs to be shared with others: for example, if a child discloses sexual or physical abuse. However, to disclose this information randomly, or without giving consideration to the impact of disclosure on the child, might expose the child to further harm and as well lead the child into believing that they have been betrayed. Clearly, there is a dilemma for the counsellor here.

Take a few moments, if you will, to think about how you could satisfy the child's need for confidentiality and at the same time prepare the child for the possibility that important information might be shared with others.

Here is our approach to the issue of confidentiality. At the start of the therapeutic process, we tell the child that what they say to us will be private and that information will generally only be shared with carers or other people with the child's permission. However, we warn the child that there may be times when it is important, in the counsellor's opinion, for information to be passed on. We explain that in such instances we will discuss with the child how and when the information is to be shared with others. We do this so that the child does not become disempowered but has control over the way in which disclosures are shared with other people.

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When we need to pass information on to carers or other people, we remind the child of our discussion with regard to information which might need to be passed on. We tell the child that such a situation has arisen and then ask the child what it will be like for them when the information is passed on. We explore both positive and negative consequences of the proposed disclosure so that the child is fully aware of what outcomes there might be including the impact of any follow up conversations between the carers and counsellor. We explore with the child their anxieties about sharing the information. We also determine whether the child might have some level of control of the timing and conditions surrounding the disclosure. Some helpful questions include:

- Would you like to tell your carers yourself, or would like me to tell them?
- Would you like me to be present while you tell them, or would you like to tell them on your own?
- Would you prefer me to tell your carers with you or would you prefer me to tell your carers without you being present?
- Would you like this to happen today, or at another time?

We have found the most preferred option with younger children particularly is if a child tells their carers or others themselves with the counsellor's support and advocacy.

When working with children from families who have ongoing contact with statutory or government service agencies, it is sensible to ascertain from those agencies what information they expect from the child and the family. Finding out what these expectations are can sometimes avert a child's removal from the family, or in other cases may facilitate the child's reintegration into the family. With such knowledge the counsellor may be able to tell the child about agency expectations and be in a position to alert the child to the fact that at times information is required to be passed on to the relevant agency.

As counsellors, part of our role is to take steps to minimize the negative impact of a child's disclosures, on the child and their carers or family, particularly about abuse or mistreatment. Children often regret having made such disclosures because the outcomes may be counterproductive for them. Certainly, in this instance the counsellor's sensitivity to the child's predicament with regard to the disclosure of difficult information is warranted.

Although we have been discussing confidentiality issues related to the disclosure of abuse of a child, confidentiality also relates to the disclosure of a child's intrapersonal issues to the family and carers. However, we have found that children will usually agree to the sharing of such information with others if they think that positive changes may occur as a result. Of course, careful exploration with children about the possibility of negative aspects of disclosures should be considered.

In most cases, unless we find that it is essential or mandatory to make a disclosure to others, we will, after full discussion with the child, accept the child's decision to share or

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not to share information. Generally, we do make it clear to the child that they are free to share information from or about the counselling session with their carers or with anyone else if that is what they would like to do.

The Child–Counsellor Relationship as a Sensitive Relationship

When working with children the counsellor is encouraged to join with the child in a way which is comfortable for the child. Some counsellors believe that questioning the child and enquiring about the child's family and background during the joining process is a useful way of getting to know the child and the child's world. Although we agree that this approach can be valuable, some children may find the questioning intrusive.

The risk in asking too many questions arises when the child becomes wary about answering questions that might disclose information which is private and/or too scary to share. If this happens the child may feel intruded upon and possibly withdraw into silence or engage in distracting behaviour. Similarly careful thought about whether to bring up information about the child which the counsellor may already have obtained from carers, caregivers, or other agencies at times when the child has not been present is recommended. When and how to reveal such information is critical so that the child does not feel betrayed or exposed and vulnerable and uncertain about how much more information the counsellor may have. The child is likely to feel disempowered if they feel their world has been intruded upon and could contribute to anxiety about the relationship and future sessions with the counsellor.

The Child–Counsellor Relationship as a Purposeful Relationship

We have found that children enter the therapeutic process willingly and confidently if they know exactly why they are coming to see a counsellor. Preparing them for counselling is useful by giving suitable notice and explaining the reason for their visit. Because of anxiety, carers sometimes wait until the last moment before letting their children know that they are going to see a counsellor and before telling them what to expect. Unfortunately, some carers give their children no information but just arrive at the counsellor's door with their children feeling puzzled, uncertain, and anxious about what might happen!

It can be risky to assume that carers have given their child a clear explanation about their concerns and reasons for coming to see a counsellor. Some carers are very careful to explain to their children in ways that are helpful and positive. However, other carers are not so skilled. For instance, statements such as 'I am taking you to see someone who

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will make you behave' will certainly raise barriers for the counsellor to overcome. It is important for the counsellor to know precisely what information the child has received about coming to counselling and to clarify, affirm, or correct perceptions about what will happen. Doing so in the presence of both the carers and the child helps to circumvent misunderstandings or avoidable differences between expectations. If the child clearly understands the reasons for coming to see a counsellor, then the child–counsellor relationship has the potential to be purposeful.

Many counselling sessions involve play because play is an effective way to facilitate change in children. It is the counsellor's task to ensure that play or any other activity is purposeful. However, this does not mean that the play will necessarily be directed: it may well be free play, completely devised and controlled by the child. What is important is that the counsellor seeks to engage the child in a process which will be therapeutically useful.

We recognize that undirected play can be therapeutic for some children. Observing a child while they play independently can also give us useful information about the child. However, we believe that in most cases allowing a child to play endlessly over time, without appropriate counsellor interventions to promote some purposeful expression, is not useful if we hope to help the child feel better or to change. In our view, taking advantage of opportunities which occur through play to intervene in a purposeful way is central to the counselling process.

We have discussed attributes which we believe are helpful in the child–counsellor relationship. You may have some additional or different ideas, which will be a starting point for your own exploration of the qualities which are required in the therapeutic relationship.

At this point we would like to share with you our thoughts on the phenomenon of transference, which we describe as the deep, intense, and unconscious feelings that develop in therapeutic relationships with clients. It is important for the counsellor to understand the nature of transference, to recognize it when it occurs, and to know how to respond to it.

TRANSFERENCE

'Transference' is a term which comes from psychoanalytic theory. In child therapy, transference occurs when the child behaves toward the counsellor as though the counsellor were the child's mother, the child's father, or another significant adult in the child's life. The behaviour occurs because the child projects their beliefs about a significant person onto the counsellor, believing that the counsellor is like that person. Transference can result in the child perceiving the counsellor either positively as a nurturing parent (positive transference) or negatively as a critical parent (negative transference).

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Naturally, it is quite possible for the counsellor to inadvertently fall into playing the role in which the child sees them and to respond as if they were a parent. If this happens, we say that counter-transference is occurring. Counter-transference is likely to occur when the child triggers the counsellor's own unresolved issues or fantasies from their past.

It is possible that transference and counter-transference will occur at times in the child–counsellor relationship; provided this is recognized and dealt with appropriately, it is not a problem. It certainly would be a problem if transference or counter-transference was not dealt with. Therapy would be compromised if the child continued to treat the counsellor as a parent and the counsellor continued to behave as a parent. For a fuller understanding of the nature of transference and counter-transference see Anastasopoulos and Tsiantis (2018). Children will often transfer feelings or fantasies, which they would like to direct at a parent, onto a counsellor. The counsellor may then inadvertently and unconsciously respond with counter-transference.

When we, as counsellors, suspect that transference is occurring, discussing the case in question with our supervisor is advisable so that we can deal with our own issues, projections, and unconscious desires in connection with the child–counsellor relationship. Once we have understood how transference is impacting the relationship, we can then address the process in ways that we will discuss in Chapter 15.

For an appropriate child–counsellor relationship to be created and maintained, it is important for the counsellor to bring certain personal qualities or attributes into the relationship and to engage in some specific behaviours. We will consider these attributes and behaviours in Chapter 4. However, first we would like to explore in more detail the ethical considerations which may arise when counselling children.

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KEY POINTS

- The child–counsellor relationship:
  - is the single most important factor in achieving positive therapeutic outcomes
  - provides a connecting link between the child's world and the counsellor
  - needs to be exclusive, safe, authentic, confidential (subject to limits), sensitive, and purposeful
- Transference is said to occur when the child behaves towards the counsellor as though the counsellor were their mother/father or another significant adult
- Counter-transference occurs when the counsellor responds to the child's transference by unconsciously fulfilling the role in which the child sees them
- It is important for counsellors to recognize counter-transference when it occurs so that it can be understood in the context of the current therapeutic relationship

FURTHER RESOURCES

Anastasopoulos, D. & Tsiantis, J. (2018). Countertransference issues in psychoanalytic psychotherapy with children and adolescents: a brief review. In J. Tsiantis, A.-M. Sandler, D. Anastasopoulos (Eds), *Countertransference in Psychoanalytic Psychotherapy with Children and Adolescents*, pp. 1–35.

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The Centre for Children and Families at the University of Kansas (KU) have completed a series of reports (Best Practices in Children's Mental Health) summarizing the research base across a number of important issues when counselling children. One of these Best Practice Reports focuses on the therapeutic alliance. The Best Practices in Children's Mental Health reports can be accessed at https://kuscholarworks.ku.edu/bitstream/handle/1808/3866/Best+Practices+No.+22.pdf;jsessionid=183CFF26376893AFF9C01EE75CF135EA?sequence=1