COUNSELLING PRIMARY SCHOOL CHILDREN: A PRACTICAL APPROACH.

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Abstract

Children of today are the leaders of tomorrow; therefore, we need to start counselling them from the childhood stage while they are still going through their character formation. We cannot counsel children in the same way that we counsel adults. We counsel adults by sitting down with them, and allowing them to talk with us. If we use the same strategy with children, it is unlikely that they would tell us anything of importance. They would probably become bored with the conversation after a short while, or would withdraw into silence. However, even if they should talk to us, they would probably deflect away from important issues. This paper discusses some basic strategies for effective child counselling.

INTRODUCTION

Primary education is the education given in an institution for children aged normally from 6 to 11years. Since the rest of the education system is built upon it, the primary level could be considered as the key to the success or failure of the whole education system.

The general objectives of primary education as stated in the national policy on education (1998) 3rd edition are:

(a) The inculcation of permanent literacy and numeracy, and the ability to communicate effectively;

(b) The laying of a sound basis for scientific and reflective thinking;

(c) Citizenship education as a basis for effective participation in and contribution to the life of the society

(d) Character and moral training and the development of sound attitudes;

(e) Developing in the child the ability to adapt to his changing environment;

(f) Giving the child opportunities for developing manipulative skills that will enable him to function effectively in the society within the limits of his capacity;

(g) Providing basic tools for further educational advancement, including preparation for trades and crafts of the locality

To achieve these lofty objectives, there is need for effective counselling of the primary school children.

If, as counsellors, we are to engage children so that they will talk freely about painful issues, then we need to use verbal counseling skills in conjunction with other strategies. 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 him on an imaginary journey (Piaget 1962, Lawenfeld 1969; McMahon 1992). As a consequence of

combining the use or verbal counselling skills with the use of media or some other strategy, we would be able to create an opportunity for the child to join with us in a therapeutically useful counselling process. We, as counsellors need to provide the child with the environment in which to undergo therapeutic change.

Before counselling children it is important to have an understanding of the nature and purpose of child therapy. We need to be clear about our goals and to have clear ideas about how these goals can be achieved. However, the achievement of goals is not only dependent on the child-counsellor relationship.

Geldard and Geldard (1997) 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.

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 himself;
- To enable the child to accept his limitations and strengths;
- To enable the child to change behaviours that 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.

Level 2 goals – the parents' goals

These are set by the parents when they being 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 bedwetting parents' goal is likely to be to extinguish this behaviour.

Level 3 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 bedwetting. The counsellor may have a hypothesis that the bedwetting 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, counselors need to draw on information from their own casework experience, form 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 goals that the child wants to talk about a painful loss. In this situation the counsellor will need to attend to the level 4 goal.

If a counsellor goes into a particular session with a specific agenda, there may be times when sticking to this agenda will be appropriate. However, generally, there is danger in holding rigidly to a pre-determined agenda because the child's own needs might then be overlooked rather then addressed. For the child's real needs to emerge and to 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.

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 himself. 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 she has with regard to her mother's safety (her level 4 goal). Unless the issues, which are uppermost for the child, are addressed first, then the likelihood of counselling having a successful outcome will be slim.

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. We need to continually review our goals during the course of counselling, and to be open to amending them wherever necessary. Development 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 then submerged below other goals set by the counsellor or parents, then they can be formally incorporated into the process through consultation with the parents whenever possible, the goal-setting process needs to be inter-active and consultative, with the full participatory involvement of the child,

The child-counsellor relationship

It has long been recognized, that the relationship between an adult client and a counsellor is a critical factor with regard to therapeutic outcomes. A research on the adult client-counsellor relationship was done by Rogers (1965) who believed that the important ingredients in such a relationship were congruence, empathy and unconditional positive regard. Since then other workers have described what they have 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 believed that in child therapy the child-counsellor relationship is significantly important in influencing the effectiveness of therapy. According to Spiegel (1989) there have been a number of attempts to define the important attributes of this relationship. Unfortunately, there are.

Attributes of the child-counsellor relationship (and the influence of these attributes on the parent-counsellor relationship)

To be optimally effective, the child-counsellor relationship should include the following:

The relationship should be a connecting link between the child's world and the counselor
Should safe, authentic, confidential, (subject to limits) and purposeful

1. *The child-counsellor relationship should be a connecting link between the child's world and the counsellor*

The relationship is primarily about connecting with the child and staying with the child's perceptions. The child may see the environment in which he lives quite differently from the way in which his parents see this environment. The counsellor's job is to join with the child and to work from within the child's framework. This needs to be done without judgement, affirmation or condemnation.

The child-counsellor relationship provides a link between the child's world and the counselor enabling the counselor to observe with clarity the experience of the child. This observation will inevitably be partially distorted by the counsellor's own experiences, and some projection of these on to the child might be unavoidable. However, the counselor must aim to minimize the influence of his own experience, so that his connection with the child's experience of the world is as complete as possible (Schaefer, 1990).

However, the counsellor can sometimes realize that a child is out of touch with reality. When this situation arises, it is our responsibility as counselors to provide an opportunity, during the counseling process, for the child to test his reality so that appropriate changes can occur.

2. *The child-counsellor relationship should be safe*

The counselor must create a permissive environment in which the child feels free to act out and to gain mastery over her feelings in safety. The child should feel safe to make disclosures with the confidence that doing so will not have negative repercussions or consequences, which may be emotionally harmful or damaging. The issue of confidentiality is involved.

3. *The child-counsellor relationship should be authentic*. It must be a genuine, and honest relationship where the interaction is one between two real people. The whole relationship must at all times be consistent with the real person of the counsellor, and the child as the child genuinely is. It should not be superficial, or a relationship where the counsellor pretends to be someone she is not.

The authentic relationship allows the child an opportunity to give up any form of pretence and to allow the raw inner self to be exposed. This leads to a deep 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.

*4. The child-counsellor relationship should be confide*ntial

When working with children the counsellor should try 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. This confidentiality, and its limits, needs to be discussed with the child early in the relationship building process.

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 inconsiderately, or without giving consideration to the impact of disclosure on the child might lead the child into believing that he has been betrayed. At times, there is a dilemma for the counselor here.

The counsellor should however, think about how he 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. Right from the beginning of the therapeutic process, tell the child that what he says will be private, and that information will generally only be disclosed to parents or others with the child's permission. However, warn the child that there may be times when it is important for information to be passed on (Geldard and Geldard, 1997).

When there is need to pass information on to parents or others, remind the child that has previously been said that there might be information which needed to be passed on. Tell the child that this is the case, and then ask the child what it will be like for her when the information is told to others. Explore both positive and negative consequences of the proposed disclosure so that the child is fully aware of what outcomes there might be. Deal with the child's is anxieties about sharing the information. And also the timing and conditions surrounding the disclosure. We can ask the child questions such as the following:

Would you like to tell your parents yourself?
Would you like me to be present while you tell your parents?
Would you prefer me to tell your parents in your presence?
Would you prefer me to tell your parents without you being present?
Would you like this to happen today, or at another time?

5. *The child – counsellor relationship should be purposeful*

Children enter into the therapeutic process more willingly and confidently if they know exactly why they are coming to see the counsellor. They need time to prepare themselves for counselling, and will usually do so if given suitable notice and if told of the reasons why they are being brought to see a counsellor. Because of anxiety, parents sometimes wait until the last moment before letting their children know that they are going to see a counselor and before telling them what to expect. Unfortunately some parents give their children no information whatsoever, but just arrive at the counsellor's door with their children feeling puzzled, uncertain, and anxious about what might happen!

If the child clearly understands the reasons for coming to see a counsellor then the child-counsellor relationship has the potential of being purposeful.

Transference and counter transference in child-counsellor relationship

'Transference' is a term, which comes form psychoanalytic theory. According to Dale (1990), 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 her beliefs about a significant person on to the counsellor, believing that the counsellor is like that person. Transference can result in the child perceiving the counsellor either positively (positive transference) or negatively (negative transference).

Naturally, it is quite possible for the counsellor to inadvertently fall into playing the role in which the child sees her, and to respond as if she were a parent. If this happens we say that counter-transference is occurring.

Counter-transference is likely to occur when the child triggers off the counsellor's own unresolved issues or fantasies from her past.

It is inevitable that transference and counter-transference will occur at times in the child-counsellor relationship, but if this is recognized and dealt with appropriately, then it will not be a problem. It certainly would be a problem if transference or counter-transference were not dealt with. Therapy would be compromised if the child continued to treat the counsellor as a parent and the counselor continued to behave as a parent. (Bauer and Kobos, 1995).

Desirable Attributes of a Counsellor for Children

1 Being congruent

The child needs to perceive his relationship with the counsellor as trustworthy and the counselling environment as safe. For this to happen the counsellor must be personally integrated grounded, genuine, consistent and stable, so that trust can be developed and maintained. Children are very good at recognizing people who are not congruent and who are trying to play a role, which is not consistent with the rest of their personalities.

2. Being in touch with our own inner child

According to Spiegel (1989), The adult world is very different from a child's world. However, as adults we have not lost our childhood: it is still a part of our personality. This inner child is available to us if we learn how to access it. Accessing our inner child doesn't mean being childish, or regressing to childhood. It means getting in touch with that part of us, which fits comfortable with a child's world.

If we are able to get in touch with our own inner child and to enter the child's world, then we are more likely to be able to understand the child successfully, to understand the child's feelings and perceptions, and to provide opportunities for the child to experience them fully. By helping the child to experience current feelings, we minimize the possibility of these feelings being stored and repressed to become the foundation of some future emotional disturbance and neurosis (Millman and Schaefer, 1977).

3. *Accepting*. Right from childhood, all of us learn to respond to the verbal and non-verbal behaviour of others. When we are in the company of others we modify our behaviour to suit other people. We control are behaviours, we censor what we say, and we generally only reveal the moral socially acceptable parts of ourselves. If we fail to comply with expected norms we are punished by the disapproval, criticism or withdrawal of others.

If we want to encourage children to explore the private, and may be the dark or shadow side of themselves, then as counsellors we need to behave in the most accepting way so that our young clients would have permission to be who they are.

4. *Be Emotionally Detached.* Most often, children who are being counseled deal with painful issues. If a counsellor becomes emotionally involved, then the counsellor is likely to become distressed by those issues in a way which the child seeing the counsellor in pain, may believe that the counsellor is being overwhelmed by what is being shared. This may likely make child withdraw from discussing further painful material. Children find it hard to cope with their own pain, and counsellors should not add to such pains.

Counsellors who wish to work with children do need to have a good understanding of the psychological theories of counselling and be familiar with the major theories, which appeal to them personally, and which they believe will be helpful for particular clients. Eclectic approach might be better.

A summary of some theoretical frameworks for child therapy as recorded by Geldard and Geldard (1997:24-26) is as follows:

Sigmund Freud	Developed psychoanalytic psychotherapy including the following concepts: unconscious processes, defence mechanisms, id, ego, superego, resistance, free association, transference, and psychosexual development.
Anna Freud	Sought an affectionate attachment with the child (positive transference). Interpreted child's non-directed free play after an affectionate attachment with the child had been established.
Melanie Klein	Started to interpret the child's behaviour early in the therapeutic relationship.
Donald Wonnicott	Saw the therapeutic relationship with the child as a parallel to the transitional space in which the child is separating from the mother. Thought that the relationship with the therapy was sufficient in itself to produce therapeutic change.
Carl Jung	Introduced ideas about the symbolic representation of a collective unconscious.
Margaret Lowenfeld	Used symbols in a sand tray as a substitute for verbal communication.
Alfred Adler	Introduced the need to take account of the person's social context.
Abraham Maslow	Introduced the idea of a hierarchy of needs.

Erik Erikson	Believed that the individual has the potential to solve his own problems. Postulated eight stages of development. Believed that ego-strength was gained through successful resolution of developmental crises.
Jean Piaget	Had a concept of children obtaining particular skills and behaviours at particular developmental stages and recognized stages of cognitive development.
Lawrence Kohlberg	Looked at the relationship between Piaget's concepts of cognitive development and the acquisition of moral concepts.
John Bowlby	Introduced theory of attachment whereby a child's emotional and behavioural development was seen to be related to the way in which a child was able to attach to its mother.
Carl Rogers	Introduced non- directive counselling and believed that the client could find his own solutions in an environment where there was a warm and responsive relationship.
Viriginia Axline	Believed in child's ability to solve his own problems in an environment where the relationship with the therapist was safe and secure.
Fritz Perls	Originator of Gestalt Therapy. Emphasized the current experience of bodily sensations, emotional feelings and thoughts. Gave the client feedback, challenged, confronted, and role plays and dialoguing
Violet Oakiander	Combined Gestalt Therapy with the use of media and fantasy.
Albert Ellis	Originator of Rational emotive Therapy. Challenged irrational beliefs and encouraged the client to replace them with rational beliefs
Richard Bandler And John Grinder	Originators of Neuro-lingusitic Programming (NLP). Recognized different modes in which people (and children) experience the world. Introduced the idea of reframing.
William Glasser	Originator of Reality Therapy. Encouraged the client to take responsibility for finding ways of getting his/her own needs met without infringing on the rights of others, and to accept the reality of the logical and natural consequences of behaviour.

The use of time limited play in child counselling:

Most contemporary ideas about counselling children involve the use or, adaptation of, methods of working which have been in use, (Corsini and Wedding, 1989). Sloves and Belinger-Peterlin(1986), introduced and developed time limited play therapy

Time limited play was developed as an approach for working with children using ideas form brief therapy with a psychodynamic orientation. Most counselling sessions in child therapy generally involve play because play is one of the most effective ways of producing change in children. It will be the counsellor's task to ensure that play or any other activity used is facilitated in a purposeful way, rather then being aimless. 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 facilitate or engage the child in a process, which will be therapeutically useful (Cattanach, 1992).

The approach is to make a brief assessment of the child's issues. The therapist then selects central theme and the therapeutic work is limited to this theme. The work with the child focuses on adaptation, and strengthening the ego. It focuses on the future rather than the past.

However, the central theme will have been influenced by the child's past. This from of therapy is both directive and interpretive. (Gil, 1991) made it clear that time limited play therapy is effective for some children and not useful for others. It is most effective for children with recent posttraumatic stress disorder, and adjustment disorder, and for children who have lost a parent due to a chronic medical condition.

In a similar way, Millman and Schaefer (1977) pointed out that traditional psychodynamic therapy has proved most effective for intelligent moderately disturbed children, whereas more structured techniques have proven more cost effective with children who have situation-specific difficulties or traumatic reactions.

Child Therapy Process as postulated by Schaefer (1990) includes the following phases:

The initial assessment phase. The initial assessment phase is a time of preparation for therapy. During this phase, information is gathered about the child and the child's problems. This information enables the counsellor to hypothesize about what might be happening to the child. With a hypothesis in mind, suitable media can be selected to enable the counsellor engage in counselling the child and to commence working therapeutically. The initial assessment phase also includes meeting with and contracting with the parents.

Parents of emotionally disturbed children are likely to be anxious and concerned about their children. They may also be worried about what may happen if the child is to enter into a counselling relationship with someone who is not personally known to them. It can be quite threatening for a parent to know that his child will be talking to a stranger about personal family matters. Additionally, some parents may feel inadequate in their parental role and may be worried about the possibility that the counsellor will blame them for their child's problems.

Because of the likelihood of parental anxiety, it is essential that parents be given the opportunity to talk to the counsellor, not only about the child, but also about the counselling process.

Allowing the child to tell his story. Counselling skills using verbal communication alone will usually be quite useless with children, who have poor communication skill. Allowing the child to tell his story, and enabling the child to tell his story, are the most central and effective components of any child psychotherapy process.

Through telling his story, the child has the opportunity to clarify and gain a cognitive understanding of events and issues. Additionally, he can ventilate painful feelings and gain mastery over anxieties and other emotional disturbances by active rather then passive means. The child becomes personally engaged and involved in the therapeutic experience with the consequence that interpersonal psychological change is almost certain to occur.

Resolution of issues. Sometimes a child will find that the telling of her story is in itself effective in reducing emotional pain, and in leading to the spontaneous resolution of issues. Often though, the counsellor will need to help the child to work through particular issues so that they are no longer troublesome. This may be done through play and / or through the use of other counselling skills. When the issues are properly resolved the child will be able to relate to others more comfortably, to be free from anxiety and live more adaptively in his social and emotional environment.

The therapeutic work could be done with the child's environment, with the parents' permission.

Feedback Referral sources may benefit from feedback about the child's movement through therapy. This needs to be general feedback, which does not break confidentiality by divulging specific information of a private nature. A child can benefit if significant others understand past behaviours and are able to cooperate constructively with regard to changes in behaviour. Such cooperation can enable the child to continue experimenting with new behaviours and to practise newly discovered adaptive skills.

Assessment and evaluation of therapeutic outcomes: Assessment and evaluation is best done in collaboration with the child and family. The assessment is to confirm that further work is not required or appropriate at the time. Evaluation is required to evaluate the effectiveness of the work, which has been done, and to make recommendations

Case closure
After the final assessment and evaluation the counselling process can be terminated and the case can be closed after a period of follow-up

In conclusion, the importance of child counselling can not be over-emphasized. The growing child needs to be helped in character molding and shaping to develop into a psychologically balanced personality as he journeys to adulthood. The government of Nigeria needs to do something about training and recruiting counsellors into the primary schools all over the nation and not just concentrate on the secondary schools and tertiary institutions alone

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