

ESSAY 2

MODELS AND SETTINGS FOR COUNSELLING CHILDREN AND YOUNG PEOPLE

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ESSAY 2 – Models And Settings for Counselling Children and Young People

Compare and contrast two models of counselling and assess their relevance to a particular counselling setting.

INTRODUCTION

When counselling children it is necessary to use the correct approach and have the right setting. There are many models of counselling that can be used with young people with a positive effect. Therefore it helps to understand what model might not work with a certain child or in a certain setting. It is beneficial to use the most appropriate counselling model when a child comes for help. An awareness of this is necessary in order for the child to receive the most appropriate support. The setting is equally important to enable the child to feel comfortable in order for them to tell their story.

The two models of counselling I have chosen for this essay are The Person Centred Approach and Egan's Three Stage Model Of Helping.

The Person Centred Approach focuses on the "here and now" and uses three core conditions called Empathy, Unconditional Positive Regard and Congruence, to encourage and enable the client to come to their own conclusions and reach their full potential. This approach works best if not time limited.

Egan's three-stage model of helping is a very solution focussed way of working with a client to enable them to facilitate change by working on certain issues and problem situations that are preventing them from moving forward and achieving their goals.

This approach is best used for short term contracts.

I will write about each model and show the advantages and disadvantages of using each model when working with young carers and in relation to age appropriateness.

As my work is Region wide I have to use different settings within each town. For this essay I have chosen a room within a centre I use for Young Carers. I will endeavour to show the relevance of each model within this particular setting, and any contra-indications of using this particular setting.

The young people I will write about are young carers, and have since moved on.

PERSON CENTRED COUNSELLING

Carl Rogers was the originator of Client Centred Therapy. Rogers regarded the three core conditions of empathy, unconditional positive regard and congruence as

“necessary and sufficient for therapeutic change” (Rogers, 1957)

How many people including children act in such a way that is completely true to themselves? To behave freely without worrying that they might be upsetting others?

Most of us strive to please others and will act in ways, at times we are not happy or comfortable with in order to gain approval from others around us. E.g. our boss, parents, peers, teachers. Rogers states that:

“It seems to me that at bottom each person is asking, “who am really? how can I get in touch with this real self, underlying all my surface behaviour? how can I become myself?” Carl Rogers

Self-actualisation is realising ones full potential and is top of Maslows

“Hierarchy of needs”. Rogers defines this as

“the highest human motivation, the need to fulfil one’s own individual potential” Carl Rogers, resource material, cosca.

It is through this process a child will develop a self concept, the “I” or the “me” of experience.

In order for a child to have a positive self concept they need to be shown positive regard from significant others in their developing stages. Children strive for approval and praise from parents and if shown consistent positive regard in any situation they will develop a healthy self concept and will believe in themselves as worthwhile people, able to make decisions without the worry of disapproval and will trust their own judgements.

Children who are not shown positive regard from parents will still strive for praise and even love and these basic needs will force them to behave in such a way to attract positive regard from parents. Example of this is a child who comes from a musical family and takes up the violin to please them but who would rather have an electric guitar. Rogers refers to these as “conditions of worth”.

A person who has grown up trying to live up to others expectations and values is not being true to himself or herself and their experience of life and their self concept do not match. Rogers refers to this as “incongruence”.

“Incongruence implies that a self-conception is based on a condition of worth rather than on the organism’s own valuing process”.

(Richard Nelson Jones: p.93)

The three core conditions of person centred counselling are:

Empathy - This is being able to enter the client's own world by stepping into their shoes and being with them from moment to moment. By reflecting back what the client has said and staying with them at their own pace. Rogers describes empathy as:

“entering the private perceptual world of the other and becoming thoroughly at home in it”. (Rogers (1975))

Unconditional Positive Regard - This is accepting and respecting the client with a non-judgemental attitude at all times. Being warm and caring no matter what the client may disclose.

“Unconditional positive regard involves the therapist's willingness for clients to be whatever immediate feeling is going on – confusion, resentment, fear, anger, courage, love, or pride” (Richard Nelson Jones)

Congruence - This is when the counsellor is being genuine and open with the client and being in touch with one's own feelings and modelling that way of being. This allows the client to see the counsellor as a real person and can enable the client to be more honest with the counsellor.

“Congruence does not mean that therapists blurt out impulsively every passing feeling” (Richard Nelson Jones)

By adopting these three core conditions during the therapeutic process this allows the client to tell their story in whatever way is appropriate to them, to

come to their own conclusions and reach decisions on how best to lead their lives. One of Rogers' favourite sayings from Lao-tse:

“It is as though he listened and such listening as his enfolds
us in a silence in which at last we begin to hear
what we are meant to be.” (Richard Nelson Jones).

Working with young people using Person Centred Model.

This is an excellent model when working with certain young carers. Many young carers need a listening ear, and is not time limited in a safe and comfortable environment with no interruptions. This in itself can be sufficient for some young people. Many young carers live in chaotic households where space and time for themselves is an unmet need.

They are valued only for the care they provide and have lost sight of themselves and their needs. Most have unfulfilled potential when they reach adulthood due to caring. I write about Kirsty who has cared for both parents since she was 9, she is now 16.

I use the sensory room within a centre. This room is very peaceful with soft furnishings, bean bags, soft lighting and if required moving shapes across the walls. Kirsty was 14 when I first met her. She was on her guard, just another adult trying to tell her how to run her life. Kirsty was a low achiever due to days out of school caring at home. She had little confidence in “professionals”. Nobody had noticed the amount of time she had spent caring as a child, and would probably doubt I would be any different. It was important for me to show Kirsty complete acceptance and understanding of her life as a young carer, and to do this I had to be “real”, a genuine caring

adult who wanted to help this child despite her past experiences of “helping adults”. I needed to show her empathy and warmth, but knew they had to be appropriately demonstrated. Kirsty was wary of other adults and Geldard & Geldard states that:

“The young person may see high levels of warmth emanating from a stranger as incongruent and lacking in genuineness”.

I am fortunate to be able to relate to most adolescents, but it is important not to be complacent. No two children are the same. I have to tread tentatively in each individual case. With these thoughts in mind we begin to build a relationship purely built on trust, respect and with high levels of empathy. I too was able to share my experience of being a young carer which took our relationship to a deeper level. This did not mean our experiences were the same, but by disclosing parts of me was empowering for Kirsty and she would tell me it gave her hope.

I stayed with Kirsty for two years, this room was her solace. She laughed, she cried, she knew I was with her, she came to many conclusions along the way regarding her lost childhood, but accepted her life how it was. She needed to tell her story and I was there to listen.

The setting was particularly useful for this approach as the centre is empty when in use by young carers and we had complete privacy, with no chance of interruptions. The peaceful calm atmosphere completely contradicts most young carers house holds, and in turn encourages them to relax and feel safe enough to tell their story. The room is very child friendly with lots of soft toys and hanging mobiles as well as lovely furry rugs and cushions to lie on.

DRAWBACKS

This approach worked well for Kirsty but at times I felt frustrated. I wanted to give her advice and tell her she shouldn't be caring. This approach can feel like you are going round in circles and not getting anywhere. Young carers may also feel frustrated and are looking for answers, therefore you may lose the young person. It can also have an opposite effect, that some young carers can be indulgent of the fact someone is paying them so much attention it can be difficult for them to end the counselling.

Younger children may find this approach difficult as they expect adults to do all the talking and have all the answers, so open questions are essential for young children although Geldard & Geldard state that:

“Many children, in response to such pressure for answers, become very adept at producing what they consider to be the “right” answer”
(Counselling Children)

EGAN'S THREE-STAGE MODEL OF HELPING

This model is a solution-focussed way of working with clients who are struggling to cope with problem situations or who feel they are not living as fully as they would like.

Therefore this model works with clients to focus on their problem situations, missed opportunities and unused potential.

There are three stages within this model and stage one is about helping the client tell their story and reflect on any unused opportunities. To help clients

become aware of any blind spots which are affecting unused opportunities. To help clients gain leverage and start with issues that will make the biggest difference. Some clients will come with so many problems and therefore starting with the problem that is causing the client the most concern will be most beneficial. This can help the client cope initially and give them the incentive to move on. Baldwin,1980; Janosik, 1984 states that

“Although crisis intervention is sometimes seen as a special form of counselling, it can also be seen as a rapid application of the three stages of the helping process to the most distressing aspects of a crisis situation” (Nelson Jones 3rd Edition)

It is important to recognise when using this model that if a client does not want to work through more complex issues and focuses on trivial matters, counselling will not be appropriate at this moment.

Stage two of this model helps clients look forward to the future by helping them see what success can look like. By allowing them to have choices and to set achievable goals to enable them to make changes which will make a difference to their lives.

In order for these goals to be achieved clients must commit themselves fully to the planning process therefore it is important for the client to find incentives to go on. Gerard Egan states that:

“Without strong commitment, change agendas end up as no more than nice ideas”. (The Skilled Helper, 7th Edition)

Stage three is about helping the client implement their plan of action to reach their goals. This has to be realistic and must fit the individual's lifestyle in order for it to be sustainable.

“Hasty and disorganised action is often self defeating” (The Skilled Helper, 7th Edition)

These three stages are all about planning for change and stage four is implementing the plan in order for change to occur.

Evaluation along the way is important in order to be aware the “helping” is helping. Egan states that:

“How do helpers evaluate what is happening with each client?

By making each case a “mini experiment” in itself.

(The Skilled Helper 7th Edition)

Flexibility is necessary when using this model as with all models it has to be client led. It is important to remember that any stage can be the entry stage and each client will be different. Egan states that:

“The structure of the helping model is the very foundation for flexibility”

He also states that:

“A helping model is like a map that informs you at any given moment “where you are” with a client and what interventions would be most useful” (The Skilled Helper)

It is also a map shared by the client who also needs to know where they are.

The two models described here have certain similarities in that Egan suggests that the four major values of the helping profession should be based on respect as the foundation value, along with empathy, genuinesss and client empowerment. Rogers uses three of these values as attitudes sufficient for change, however the person centred model is considered a facilitative condition, not a problem in itself to be explored and resolved. (The skilled Helper 7th Edition)

Egan's model is very much solution focussed and time limited with a view that:

“spending a great deal of time exploring the exact character of the problem and its roots is a waste of time, therefore “lets get working on this right away” is part of the pragmatics of solution focussed helping.” (The Skilled Helper)

Solution Focussed Helping For Young People

This is also an excellent approach when working with young carers. Many young people need answers to problems at a certain time in their lives.

Louise was 15 and came to see me regarding her anger. Mum had chronic asthma, compounded by her alcoholism. Mum had taken an overdose on 4 occasions in the last two years. Louise spent her days worrying about her. Louise wanted to join the army but was scared to leave mum. She felt life was hopeless.

I started on step 3 of stage one of helping. I needed Louise to focus on the opportunity of joining the army. I wanted her to acknowledge her blind spots

and see that her anger was not her main problem and it was because of her potential unused opportunity of making the most of her life. Another blind spot was her inability to see that her needs were as important as her mum's. Stage two was then used with Louise to help her see how her future could be. We discussed all the opportunities the army could bring, she became excited as she was able to have a glimpse of a successful and bright future. The possibility of actually joining the army was becoming a reality and Louise needed my encouragement to see this through. She knew she would have to put herself first and this was a new experience for her.

Stage three was about helping her put her needs first, I had to take into consideration her mum's dependency on Louise and knew that to enable any change was going to be slow.

We planned to meet weekly and each week I found out for Louise, information on the army. We used half the session talking about her own needs as well as her mum's and how to plan for her future in the army.

Stage four was about Louise putting her plan into action.

Louise did not join the army, instead she went to catering college and was voted best student. On evaluating this piece of work it seems that Louise was angry at her needs not being met and her future seemingly hopeless. She thought moving away from the situation was the answer, but by acknowledging her unused opportunities was enough for her to see that there was a hopeful future and it didn't mean removing herself from her family to gain this. Louise realised she would have missed her mum too much and she wanted to be there for her. Louise feels she has the best of both worlds now. A career and her mum, who despite everything she loves very much.

The setting for this model of counselling is not always suitable. Solution focussed as suggests is very focussed and this room proves at times to be too relaxing. It is difficult to get young carers to “work” in relation to problems. They just want to “chill out”.

Many younger children spend so much time jumping up and down on the soft furnishings and playing with the mobiles it is impossible to get any problem solving done.

This model could work with younger children as they too have problems that may need quick fix solutions too. It could be as simple as one of their friends not speaking to them. By helping them see their blind spots, however small they might seem to us, could have a positive effect on a small child. Every child no matter how young needs a solution to a problem and this model can be adapted to their developmental stage.

DRAWBACKS

This model can have many drawbacks if the wrong problem is focussed on. If I had purely focussed on getting Louise to join the army she may well have followed my advice and did something she might regret.

If we focus on only one issue we may miss many more serious issues going on for that particular young person. As this model is for short-term contracts, it is difficult to get to know the person well enough to find out if there are more deeper- rooted problems. Gerard Egan states that:

“Manualised treatments, while effective in themselves, may be too narrowly focussed and leave some clients with critical Unmanaged problems in living”. (Gerard Egan, The skilled Helper)

CONCLUSION

Living with illness and disability can at times be despairing for young people. Their future can appear bleak, with no hope of change. For some young people a listening ear that is not time limited can be enough for them to off load their fears, worries and anger in the here and now. Someone who is prepared to listen to their story without judgement and who wholly accepts that person no matter what they might disclose can be a whole new experience for a young person. Someone who enters their world and stays with them at all times, gently helping them make sense of their life, although for some young carers accepting, that for now life may not change.

For other young carers there can be solutions to their problems, and the helping model is there to be implemented where goals can be achieved and problems are solved. Unused opportunities can begin to be very real opportunities and enable potential to be reached.

However young people are complex, age is a factor and they are adept at telling their story how they want us to hear it. Therefore I conclude that although each model has the capability for change to be made for the better, there are drawbacks when using only one model of counselling.

The counselling setting is equally important and although for many counsellors there may be no choice as to where they see a young person, it is important to recognise the advantages and disadvantages of certain settings and react to these issues when working with young people to enable them to receive the best support.

Helping children and young people is all about flexibility and by adopting the most appropriate model of counselling and counselling setting, can be essential for a child to feel comfortable enough to tell their story.

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Resource Material

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