

CONTENTS

<i>Acknowledgements</i>	x
PART I KEY THEORIES AND TECHNIQUES	1
1 Introduction	3
The need for childhood counselling	3
Structure of the book – finding your way around	6
2 Key theoretical ideas in psychodynamic thinking	12
The unconscious	12
The inner world	14
Containment	18
Transference	19
Countertransference	20
3 Key elements of psychodynamic technique 1	22
Introduction	22
Techniques used in the psychodynamic approach	23
Practical equipment	25
The psychodynamic toolbox	26
4 Key elements of psychodynamic technique 2	37
Family trees	37
Working with and working in transference and countertransference	44
Working in the metaphor	48
Interpretations and reality	49
5 The developmental perspective	52
Early years	53
Puberty and adolescence	56

Mid-adolescence	57
Later adolescence	59
6 Learning – the hardest task of all	62
7 Using play and art	73
Reading play	73
Working with art materials	78
8 Behaviour	82
PART II THE DYNAMICS OF THE COUNSELLING RELATIONSHIP IN CONTEXT	89
9 Understanding and working with groups	91
Projection and roles in groups	94
Gang dynamics	96
10 Consent and clienthood	100
Who is the client?	101
Turning referrals into clients	102
11 Working with difference	109
Culturally sensitive practice	112
Racism	115
Differences in sexual orientation	119
Differences in physical and intellectual ability	124
12 Working in different settings	126
Schools	127
13 Family consultation centres, community adolescent services and beyond	139
Child and adolescent mental health services/family consultation centres	139
Community-based services	143
Medical settings	146
Other possible settings	151
14 Short-term and time-limited work	152
Agencies and time	154
Time-limited work	155
Open-ended short-term work	160

15	Assessment	164
	What is the problem?	164
	Whose problem is it?	166
	Is counselling the right resource?	168
	Is this case suitable for this counsellor?	170
	Is the child available enough for the work?	171
	Anxieties and defences	171
	Who am I to this child?	173
	The child's inner emotional world	174
	Why now?	174
	The use of assessment	175
16	Endings and outcomes	176
	<i>References</i>	186
	<i>Index</i>	193

PART I

KEY THEORIES AND TECHNIQUES

INTRODUCTION

The need for childhood counselling

The worrying prevalence of child and adolescent emotional difficulties is now widely recognised. The often quoted figure given by the UK Office of National Statistics 2004 is that 1 in 10 young people suffer severe mental health problems. There have also been increasing indications that disturbance is being experienced, expressed and therefore picked up by concerned adults at ever earlier stages of development. Primary school staff are receiving children aged 4 and 5 who are already significantly concerning. In January 2008, just under 150,000 children in UK primary schools were assessed as having behavioural, emotional and social difficulties – and this only covers those having Special Educational Needs status of ‘school action plus’ and Special Educational Needs statements. Therefore the total number of children with such difficulties is likely to be far higher (DCSF 2008). In UK national statistics and in the study by Meltzer *et al.* (2000), it has been found that 10% of boys and 5% of girls aged 5 to 10 have a mental disorder, and by the age of 11 to 16 the proportions were 13% for boys and 10% for girls.

There is much debate as to why this might be. Recent enquiries have stressed how modern society has a tendency to fail our children in providing for their emotional needs. (Children’s Society 2009, Unicef 2007). Key predisposing factors identified as independently associated with increased rates of childhood mental disorders by Meltzer *et al.* (2007) ranged from ‘characteristics of the child (age, sex, physical health problems, having poor scholastic achievement) to family characteristics (family structure, mother’s psychological distress, poor family functioning) and household characteristics (tenure, type of accommodation and the working status of family)’. An earlier study (Meltzer *et al.* 2000) identified parental unemployment, parental psychiatric disorder, sole parenting, reconstituted

families, large families with more than 5 children, low income and low socio-economic status as key factors. What is clear is that families have been changing over the last few decades, which has led to an increase in instability for children through higher rates of divorce and family breakdown and changing patterns of employment. Family breakdown is a stress in itself, but in addition it is strongly associated with poverty, which UNICEF highlighted as an overriding indication of vulnerability in children (2009).

As a result of changing family structures and employment and financial pressures on family life, children are being placed in institutional care such as nurseries for longer periods and at earlier ages. Twenty-four percent of children are being brought up with a single carer, which decreases the support available to the parent and family, and this, among the other major pressures on all families to earn enough to keep going, leaves ever more children spending less time with parents. There are strong correlations between parental breakup and emotional difficulties, even if some children have the resilience to manage family breakup relatively well (Pedro-Carroll 2005). Research has shown a strong correlation between time spent by parents with their children and educational attainment (Guryan *et al.* 2008). Time spent is of course not in any simple sense a measure of relational health, but it is an indicator of the emphasis on relating in the family. Penelope Leach (2009) found that the average time spent between parent and child dropped by 40% between 1973 and 1993, although the proportion of time spent by fathers with children has increased. Parents who are physically and emotionally exhausted, busy, absent or preoccupied with coping with the practicalities of life are unable to offer children as much in both quantity and quality of interactions. There are quantitative measures of how much less verbal children are at entry into school, especially amongst the lower socio-economic groups, and while this does not itself indicate emotional problems, it is a reasonable conclusion that verbal ability has a link to the capacity to make and manage relationships and connects with how much the children have been spoken to and listened to.

Furthermore, there is solid evidence (Meltzer 2003) that there are strong continuities in the prevalence of problems. If children do not get appropriate and effective help early in life, there is a far greater likelihood that they will continue to have problems for the rest of their lives. A telling statistic is that 95% of young offenders have mental health problems (YM 2008). Eighty percent of children showing behaviour problems at 5 years of age go on to develop

more serious forms of anti-social behaviour. These children need help before their problems become firmly established. As reported in *The Good Childhood Enquiry* (2009), only a quarter of children that are seriously troubled or disturbed by mental health difficulties are getting any kind of specialist help. Services offering early intervention are badly needed.

In *Every Child Matters* (DFES 2003), the importance of early intervention and support for children was stressed and agencies working with children were urged to share information and provide services to children and families. Schools are required to offer extended services in an effort to assist all children in reaching their potential. There is the potential for educational, health and social interventions to be far more integrated than before, and this gives a huge opportunity to those who want to provide counselling to troubled children. Indeed, the Institute for Public Policy Research produced a report calling for there to be a counsellor in every school (2009).

Therefore, there is not only a significant unmet need for emotional help to be given to children, but also an unprecedented opportunity for this to be delivered where the children are and at an earlier stage.

This book is intended as an introduction to the theory and practice of psychodynamic counselling with children and adolescents. It is aimed at anyone who is in a position to work therapeutically with children and adolescents – in educational settings, child and family clinics, community agencies or anywhere else where troubled young people may be reached. It is also intended to be of use to those who may not be able to offer formal counselling or other therapeutic intervention, but for whom the psychodynamic approach could prove an invaluable tool in their demanding work with emotionally damaged and difficult children or adolescents.

Working with troubled young people can be painful and difficult. They can express their difficulties in ways that test us to the limit. Whatever our role, we need to equip ourselves with enough understanding so that we can think about what the children are communicating – whether this is through their behaviour, their difficulties or their effect on us. We need to be able to understand these communications, in order to avoid getting caught in a cycle of action and reaction. We need to be able to withstand the impact on us of their emotional pain, which can otherwise cause us huge stress, leading either to a defensive retreat into ‘managing cases’ or becoming professionally burnt out.

The psychodynamic approach is one that can uniquely help us,

not only in helping the children directly through counselling but also in providing us with a framework that can improve our perceptivity and resilience, enabling us to keep on being able to work with them, keep on understanding them, and keep on being able to offer them a receptive, thoughtful presence.

Structure of the book – finding your way around

In Chapter 2, I will outline the key underpinning theories and concepts behind psychodynamic counselling, as it has evolved from its lineage of psychoanalysis and psychoanalytic psychotherapy. This will help the reader see how this approach helps us understand both personality and behaviour in a way that illuminates our thinking and provides tools for working with young clients. I will look at the unconscious, the inner world and containment. In relating this to the work we do, the reader is also introduced to the central ideas of transference and countertransference, as they are experienced in work with the children.

This leads on to Chapters 3 and 4, where the ‘psychodynamic toolbox’ is considered and described. Chapter 3 emphasizes those tools which are of use whatever the setting and whatever role we are in, while Chapter 4 concentrates on those which need to be more carefully handled, most probably in the context of the counselling room. Psychodynamic work offers a powerful set of approaches and techniques, which equip us with ways of getting more fully in touch with the children, in order thereby to help them navigate their way more successfully through whatever obstacles to development that are in their way. The psychodynamic approach also brings with it a particular view of a child’s emotional development, concentrating on the processing of both the conscious and unconscious experiences at each age and stage.

In Chapter 5, I will describe a psychodynamic view of child and adolescent emotional development, with a description of the key emotional challenges of each phase. In order to understand the troubled child or adolescent in front of us, we all need a good grasp of normal child development, of the inevitable conflicts inherent in growing up, and of the ordinary difficulties, anxieties and defences arising at different ages. This will immediately help us tune in more accurately to our young client, in that we will have a greater sense of what might be at issue at this particular stage of their life. Such a dimension to our awareness is also essential so that an appropriate assessment can be made of how severe the child’s difficulties may be.

Following on from this, in Chapter 6 there is a deeper look at the challenges of learning. This is central to the task of growing up, and is the arena in which so many children and adolescents experience frustration and failure. As many counsellors work in schools and universities, it is likely to be a key feature in those referred for help, even if the underlying emotional dynamics are manifesting themselves in many other areas of the young person's life. A detailed understanding of how difficult and complex learning can be is crucial for anyone working with children or adolescents. There is, in addition, a direct connection between what makes learning difficult and what might get between the child and the potential benefits of counselling. As a result, this section also has a bearing on some of the dynamics around getting help that are likely to be aroused in the counselling itself.

Then we move on in Chapter 7 to a more detailed look at the tools of the trade, that is the use of play and art materials in work with children and adolescents. This is one area where the work can differ fundamentally from similar work with older age groups. Anyone working with younger children (although adolescents can also often make good use of art materials) needs to be able to understand play as communication and to interpret what is being expressed symbolically through art. We not only need to be able to pick up on what is being expressed in these ways, but also to be able to know what to do with this in the counselling room. We need to know how to play with the child in a way that is facilitating and helpful, which requires the capacity to have one foot in the game and one outside it, to be able to think and comment but also to take part.

Working with children has many differences from working with adults, and one key difference is in the area of difficult behaviour. Children's problems will often not be something that they can describe and talk about, nor even something that they are able to play or draw about. They can only be acted out and dramatized through behaviour. In Chapter 8, I describe some of the challenges children can present in the work, and ways of thinking about responses. While adults can become violent, storm out, or otherwise break the boundaries of what is usually a talking encounter, children will much more frequently present challenging or disturbing behaviour that has to be managed by the counsellor. A psychodynamic counsellor has to find a way to respond that is constructive rather than punitive, thoughtful rather than retaliatory. Sometimes this will be through insightful interpretation, which will help the

child stop the behaviour as he will feel understood, but for others this will be through appropriate limit-setting. Psychodynamic work is to do with understanding the meaning behind behaviour of whatever sort, and if difficult behaviour is managed well, then not only is the setting preserved, but the child is given a direct example of being contained, both in thought and action, without that meaning being denied.

Whenever we work with children and adolescents we are always highly conscious of the family behind them. Our understanding of the child and their relationship with us will be informed by a growing grasp of the family dynamics that have underpinned the child's emotional development. The family is also the child's first 'group' and many of their ways of coping with – or failing to cope with – group life will have their roots in their family experiences. Children are in groups for much of their lives, and some have serious difficulties in group settings while being able to cope better in one-to-one encounters. Both for this reason, and because working therapeutically with groups can be beneficial for so many children, Chapter 9 looks at psychodynamic group work and group dynamics.

One of the other major differences between working with children and adolescents as opposed to adults is around issues of consent. Children and adolescents are most often sent to counselling by someone else, and it is often far from clear who the actual client is. The counsellor is not in simple dyad with the young person, but is more often in a complex constellation with either school or family or both. This requires professionalism and skill in the counsellor, and Chapter 10 explores some of the complexities around consent and contract in this work. It also considers some of the skills needed to engage the child or adolescents themselves so that, whoever the referrer, the young person becomes an active client on their own behalf.

Another area that can raise difficulties about being able to give and receive help is around the differences between counsellor and client. It is a truism in work with children that there is always going to be one difference – age – which sets up its own dynamic. However, there are also often going to be differences in ethnicity, gender, class, physical and mental ability, and life chances. With older children and adolescents, differences in terms of sexual orientation may also need to be carefully considered. Chapter 11 looks at the psychodynamic view of these issues and gives some idea of how to take up such issues productively in the work. We need to be aware of who we are in the children's eyes, even before the actual

therapeutic relationship has a chance to develop, if we are to understand and be able to work with the relationship in the room. We need to know how these both real and perceived differences between the child and others are making an impact in his life, and to have some understanding of the way in which they shape the child's experience of his world. We also need to be alert to our own difficulties in the area of difference, and to be aware of how much work we might need to do within ourselves to remain fully available to the client.

Most counsellors working with children and adolescents are going to be working in organizational settings. If we are to be effective, we will need to understand the institutional framework within which we are practising and also that within which the children are living and experiencing their difficulties. We need to appreciate the way in which they and we are fitting in with or being acted upon by dynamics that are much larger than the individual. Otherwise we can be prone to misunderstand the pressures on them or interpret as purely personal issues that are part of the whole institution's way of functioning. Each setting will provide its own context to the work that will have a powerful effect on both the counsellor and the child's experience of the work.

In Chapters 12 and 13, I provide an outline of the particular issues, opportunities and constraints offered in some typical settings. This will also highlight some differences between counselling and psychotherapy, as the context in which the work is offered has a crucial impact on the style of work that will be appropriate. The setting will always raise issues around relationships with other staff, confidentiality, the sharing of the counsellor with other clients, the attitude of the institution towards the counselling, and of the place of counselling in the client's mind. All these need to be understood and to be central in our thinking if we are to manage ourselves and the work professionally and make the most of the opportunities to help these particular children in this particular setting.

Thus far nothing explicit has been mentioned about the amount of time a child or adolescent may be in counselling. One of the differences often identified between counselling and psychotherapy is that the latter is usually longer-term. Open-ended or fairly long-term counselling is offered in many settings, but in some agencies and some circumstances it is required or recommended that the child or adolescent be offered short-term or time-limited counselling. In Chapter 14, I consider psychodynamic ideas useful in

regard to such work. Issues around time are always strongly present in work with young people, as their own developmental and educational imperatives impinge on them and on the counselling. In schools the structure of the school year is always imposing its own rhythm, and the external pressures of exams and transitions from primary to secondary school, or from school to college, are always integral to the work. Furthermore, there is much to be gained from developing a skill in psychodynamic therapeutic interventions that can be short, as there are often times when a brief, focused piece of understanding can free up a young person who has become blocked by some developmental or emotional obstacle, enabling them to move on after limited intervention. Especially in adolescence, this can be a way for them to make use of help without becoming attached in an intimate relationship just as they are moving away from such dependence in their outside lives.

One of the crucial but sometimes neglected tasks for any counsellor meeting a new child or adolescent is to conduct a careful assessment, whether or not an explicit session or number of sessions is labelled as such. This is both to assess the suitability of the case for counselling input, including a risk assessment, and also to inform the style and direction of the work, if undertaken. Chapter 15 outlines central questions that need to be asked in the assessment phase, so that both counsellor and client can be sure that the work offered is appropriate and the beginnings of an understanding can be established. A good assessment can lay the foundations for focused and sensitive work, enhance engagement and ensure that the counsellor is making an informed choice about what is being offered, why and how it is going to be most effective.

In the final chapter, I will look at dynamics around ending a counselling relationship, both for the child but also for the family and referrers. For all children, but especially for those who have experienced powerful losses and separations in their lives, ending a relationship well can be of immense importance. Counselling gives a unique opportunity to work on what separation can mean and help children with their feelings of loss. However, endings cannot always be managed smoothly because children might leave abruptly for new schools, or other factors extraneous to the counselling might interfere with crucial final sessions. This chapter looks at some of the emotional dynamics around endings, managing expectations, formally gathering feedback and building a much-needed evidence base for the work. Consideration is given to both formal and informal feedback channels, which can be used to evaluate the

counselling process. Feedback can be carefully and sensitively built into the ending process so as to bring a review element into the work, both in the interests of a good ending and in the interests of providing support for this approach.

There is a great need at a national level to address the wider underlying causes of the rising levels of distress in children and adolescents (*Good Childhood Enquiry 2009*). There are major societal and political issues that have a bearing on childhood emotional well-being. However, while we may campaign to have these addressed in the longer term, we can offer some immediate help with their difficulties through the provision of sensitive and skilled practitioners. We need to go out to where the children are to provide this service, offering them help at an early stage, before the problems become woven into their personalities for the rest of their lives.

INDEX

- abuse 50, 66
 - sexual 167, 169
- academic self-destructiveness 58
- adolescence
 - later 59–60
 - mid- 57–9
 - and puberty 56–7
 - and self-destructiveness 60–1
- adolescents
 - and community-based services 100, 143–5, 155
 - equipment needed for 26
 - and family trees 37, 39
 - projecting of anxiety onto others 103
 - and sexual exploration 120, 122–3
 - and splitting 133
- age-appropriateness 61, 173 *see also* developmental perspective
- agencies
 - and time 154–5
- Alvarez, Ann 19
- anxieties, assessing of 171–3
- art/art materials 7, 24, 25, 73, 78–81
 - craftwork 80–1
 - group work and 98
 - house pictures 79–80
 - repeating imagery in 79–80
 - use of by children to express their inner worlds 78–9, 81
 - use of colour 80
- Asian families 118
- assessment 10, 145, 160, 164–75
 - of anxieties and defences 171–3
 - and family dynamics 166–8
 - identifying the problem 164–5
 - identifying whether counselling is the right resource 168–71
 - and inner emotional world of child 174
 - of outcomes 181–4
 - and skilled supervision 164
 - and suitability of counsellor to individual case 170–1
 - transference and
 - countertransference 173
 - use of information sources 165
 - use of 175
 - whose problem is it 166–8
 - and why now question 174–5
- babies 13, 53
 - influence of mother on emotional development 63–4
- Baradon *et al* 53
- behaviour 82–8
 - boundary and limit setting 85–7
 - handling challenging and difficult 83–4
 - observing of 82
- belonging, sense of
 - and gang dynamics 96
 - and group work 93
- bereavement 92, 149, 151, 154, 165
- bereavement services 151
- black children 117–18

- board games 26
- books 26
- boundary setting 85–7
- British Association of Counselling and Psychotherapy 152
- bullying 59, 96–7
- case studies 182
- Child and Family Consultation Centre 139–43, 155
- clients 100–8
 - differences between counsellors and 8–9
 - turning referrals into 102–8
- clinical windows 53
- cognitive behavioural techniques 22
- colour
 - use of in art work 80
 - use of in family trees 39
- community-based services 100, 143–6, 155
- conformity 55
- consent 8
 - parental 100, 104–8, 129
- containment 6, 18–19, 20, 173
- CORE framework 183
- counsellors
 - as being experienced by child through earlier relationships *see* transference
 - collaboration with teachers in school setting 136–8
 - differences between client and 8–9
 - from ethnic minorities 118–19
 - joining in with play 76–7
 - and racism 115–16
 - responses to and managing of endings 180–1
 - suitability of cases in relation to training and experience of 170–1
- countertransference 6, 12, 19, 20–1, 31, 41, 46–8, 84, 103, 173
- craft work 80–1
- cultural differences 112–15
- curiosity, obstacles to 66–7
- culturally sensitive practice 112–15
- defences 54, 67, 166
 - building up of unconscious 14
 - circumventing through family trees 38
 - dismantling of through transference 24
 - in groups 91
 - identifying of 172–3
 - sexual activity as 122
- depression 60–1, 149
- depressive anxieties 172
- developmental perspective 6, 52–61, 173
 - and clinical windows 53
 - early years 53–6
 - later adolescence 59–60
 - and puberty 56–7
- difference(s) 109–25
 - between adult and child 110
 - cultural 112–15
 - in physical and intellectual ability 124–5
 - and racism 115–19
 - in sexual orientation 119–23
 - understanding 110–12
- difficult behaviour 7, 83–4
- disability 124, 150
- early intervention, importance of 5
- early years 53–6
- empathy 44, 96, 116
- endings 10, 176–85
 - assessing outcomes 181–2
 - children's responses to and managing of 177–80
 - counsellor's responses to and managing of 180–1
- English literature
 - difficulties in learning 71

- envy 25, 34
 learning and managing of 68–9
 see also jealousy
 epistemophilic instinct 66
 equipment
 choosing 25–6
 sharing 25
 ethnic minorities
 counsellors from 118–19
 experiencing of racism 117–18
Every Child Matters 5
 evidence-based practice 184
 exams 58–9
 external world
 relationship with internal world
 15, 23, 24, 49, 73

 families, pictures of 79
 family break-up 151
 correlation with emotional
 difficulties experienced by
 children 4
 exploring through family trees
 38
 Family Consultation Centres
 139–43, 155
 family culture 112–15
 family dynamics 8
 and assessment 166–8
 and family trees 37–40
 family life cycle 38, 53
 family trees 37–40, 160–1
 and short-term work 40
 feedback 10–11, 181–2
 feelings, naming of 33–4, 48
 forgotten events
 interpretation and connection of
 current events with 42–3
 free associations 24, 79
 Freud, Sigmund 12, 119, 180
 further education 101

 gang dynamics 70, 96–7
 geography
 difficulties in learning 71
 Gillick competence findings 105

Good Childhood Enquiry, The 5
 Goodman scale 183, 184
 GP practices 146–9
 grandparents 38
 gratitude 178
 group work 8, 91–9
 and art 98
 benefits 91–2
 and gang dynamics 96–7
 and oversight 93
 projection and roles in 94–6
 and sense of belonging 93
 tasks and activities involved
 97–8
 and unconscious expression of
 children's inner worlds 93

 Heller, Florence 138
 Hinshelwood, R.D. and Skogstad,
 W. 27
 history
 difficulties in learning 71
 home culture 109
 homosexuality 119–21, 123
 hospices 151
 hospitals 149–50
 houses, pictures of 79–80

 illnesses 149–50
 independence 69
 and later adolescence 59–60
 infant observation 26–7
 inner world 14–18, 20, 23, 49,
 174
 and assessment 174
 emphasis on by psychodynamic
 counselling 102–3
 expression of through art 78–9,
 81
 group work and unconscious
 expression of 93
 relationship with external world
 15, 23, 24, 49, 73
 insight 24, 43
 Institute for Public Policy Research
 5

- institutions 9, 126
- intellectual ability
differences in 124–5
- interpersonal context 32
- interpretations 7, 41–4
connecting current conflicts to
forgotten events in the past
42–3
and reality 49–51
used aggressively 43
and wording 43–4
- jealousy 25, 34
experienced during latency stage
54, 55
see also envy
- Klein, Melanie 13, 59, 66, 80, 172,
178
- latency stage 54–6
- later adolescence 59–60
- Leach, Penelope 4
- learning 7, 62–72
acknowledging state of not
knowing 67–8
and curiosity 66–7
developing of the mind 62–3
influence of mother on baby's
development 63–5
and managing of envy 68–9
prevention of learning in
particular areas by
unconscious meanings
70–1
as relationship issue 69–70
and trust 67
- learning difficulties
working with children with
125
- length of treatment 152 *see also*
long-term work; short-term
work; time-related work
- limits, setting 8, 85–6
- listening 32–3
- long-term work 152, 153, 163
- marital and relationship
counselling agencies 151
- medical interventions 149–50
- medical settings 146–50
- Meltzer, H. *et al* 3
- mental disorders, childhood
increased rates of and reasons
3–4
and young offenders 4–5
- metaphor, working in the 48–9
- mid-adolescence 57–9
- multidisciplinary teams 140
- Music, G. and Hall 130, 142
- naming of feelings 33–4, 48
- Obholzer, Anton 127
- observation 26–9
- open-ended work 152, 154, 155,
156
short-term 160–3
- outcomes, assessing 181–4
- outsight 93
- over-identification 112
- parental consent 100, 104–8, 129
- parents
adolescence and difficulties with
58
ages of 38–9
and exam success of children
58
impact of loss of 151
not managing their children
growing up 70
occupations 39
sexuality and identifications with
121–2, 123
time spent with children 4
- persecutory anxiety 172–3
- physical ability
differences in 124–5
- Place to Be 184
- play 7, 24, 73–8
capacity for 75
and cultural background 113

- importance of to children 73
- interaction between inner and external worlds 73
- joining in by counsellor 76–7
- quality and diversity of 75–6
- trying out identifications by child 74
- unconscious wishes played out with toys 74–5
- use of by children to control adult world 73–4
- Pozzi, M. 53
- primary schools 127
- progress issue and schools 133–4
- projection 23, 46, 60 and roles in groups 94–6
- psychoanalysis 12, 22
- psychodynamic tools 26–36
 - interpersonal context 32
 - listening 32–3
 - naming feelings 33–4
 - observation 26–9
 - questions 34–6
 - running commentary 29–32, 33, 48
- psychotherapy 9, 22, 152 and length of treatment 152–3
- puberty 56–7
- puppets 26
- questions 34–6
- racism 115–19
- reality and interpretations 49–51
- referrals 165 turning into clients 102–8
- reflecting back 33
- Reid, Sue 97
- relationships and latency stage 55 and learning 69–70
- risk-assessment 169 and community-based services 145
- running commentary 29–32, 33, 48
- running out of counselling room 86–7
- Rustin, M. and Quagliata, E. 115
- school attendance problems 169–70
- schools 127–38, 143, 168
 - advantages of counselling in 128–9
 - children's feelings over counselling in 132–3 as client 101–2
 - collaboration between teacher and counsellor 136–8
 - defining role of counsellor 128
 - difficulties in integrating outside information on child 134–5
 - disadvantages of counselling in 129–30
 - length of counselling 154–5 and parental consent 104–6
 - practical issues that make a counsellor's life more complex 130–1 and progress issue 133–4
 - public quality of counselling 131–2, 135
 - relating of counsellor to overall task of 127–8
 - standing of counsellor in 135
 - starting 53–4
 - teachers view of counselling 131
 - time-frame for counselling 154–5
 - view of counsellor's role 128
- secondary schools 127 and parental consent issue 105–6 transition to 56
- Segal, H. 180
- self-destructiveness 60–1

- self-esteem
 corrosive effects of racism on 117
- self-harm 60, 149, 169
- self-healing 49
- self-image
 interfering of trauma with
 cherished 162–3
- self-loathing 60
- settings 126–51
 bereavement services 151
 Child and Family Consultation
 Centre 139–41, 155
 community-based services 100,
 143–6, 155
 hospices 151
 marital and relationship
 counselling agencies 151
 medical 146–50
 schools *see* schools
- sexual abuse 167, 169
- sexual activity 59
- sexual orientation 8
 differences in 119–23
- short-term work 9–10, 142, 152,
 153
 and family trees 40
 open-ended 160–3
 time-limited 157
- siblings
 and family trees 38
 impact of loss of 151
- Sinason, V. 14
- Social Services 167
- splitting 45, 49, 50, 55, 60, 95,
 115, 133
- Stern, Daniel 53
- Strength and Weaknesses
 Questionnaire* 183
- success
 anxieties about in adolescence
 58
- suicidal issues 145, 169
- supervision 21, 48
 assessment and skilled 164
- symbolization 75
- teachers
 collaboration with school
 counsellors 136–8
 view of counselling in schools
 131
- Temperley, J. 84, 85
- therapeutic frame 130
- time
 and agencies 154–5
 amount of in counselling 9–10;
see also short-term work;
 time-limited work
 differences in approach to in
 training 152–3
 time-limited work 152, 153,
 155–9
 and endings 176
- toys 25–6
- training
 differences in issues of time
 between psychotherapy and
 counselling 152–3
- transference 6, 12, 19–20, 24, 41,
 44–6, 48, 103, 111
 in community service setting
 145
 and short-term time-limited work
 157
- trust
 and learning 67
- unconscious 6, 12–14, 24, 41
- UNICEF 4
- Waddell, M. 53
- why now question 160, 174–5
- Williams, Gianna 123
- Winnicott, C. 13, 73
- wording
 and interpretation 43–4
- young offenders
 mental health problems and
 4–5
- Young People's Consultation
 Service (Tavistock Clinic) 155