The participation of children and adolescents in family counselling: The German experience

Participation of children and adolescents in counselling: empirical findings and implications for practice

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Abstract

This paper reflects the experiences of young people in child guidance and family counselling. For this purpose, first the institutional background of these counselling services in Germany is outlined. The fact that the adolescents concerned feel partly excluded and insufficiently integrated into the counselling process is illustrated through qualitative analysis of the experiences 17 young people had during their counselling process. These empirical findings are critically discussed in terms of the institutional conditions and methodical approaches which counteract the involvement of the actual addressees of the counselling service. The closing thoughts include methodical options for a stronger orientation of professional behaviour towards facilitating participation.

Key words: child guidance, family therapy, family counselling, participation, informed consent

The integration of children and young people in family counselling often seemed to be a particular challenge for me as a counsellor. Children may display turbulent, fidget and unruly behaviour during the counselling sessions and it can therefore be hard to work with them in this setting. They can also be afraid of the unfamiliar, adult dominated family counselling situation, which makes it difficult to establish a working relationship with them. In the beginning, teenagers may be unwilling to participate in a counselling process together with their parents. They may even try to boycott the conversation in the counselling room.

Experiences like this led me to question the way children and adolescents feel in counselling sessions: are their needs and interests considered appropriately by the professionals? Such considerations constituted my motivation to investigate young people's experiences in child guidance and family counselling in Germany.

1. Child guidance and family counselling in Germany – the institutional background

According to the German „Child and Youth Services Act" (KJHG) institutional child guidance – as a so called "socio-educational provision for children with problems" – is chiefly directed to parents (or persons who exercise the right of care and custody). It is intended to support them in the upbringing and care of their children. Hence, only parents have a legal right to this support, not their children.

However, a look at the broad range of personal concerns quickly reveals the "real" addressees of this service: children and adolescents suffer most from the burdens which are hidden behind the official causes for counselling in the service statistics (such as "school-/education problems or "separation/divorce"). They should, there-

fore, at least profit “indirectly” (bke, 1999, p. 12) from child guidance for parents. As in other youth service areas, their participation in the counselling process is directed by the KJHG. In paragraph eight it states that, according to their stage of development, children should participate in all decision making processes which affect them. Furthermore, in emergency cases, counselling should be available to children without obstacles, even if necessary without the knowledge of their parents. However, in practice only one in ten children contacts the counselling centre by themselves (Statistisches Bundesamt, 1998). Instead, the normal practice is that the parents – in most cases, the mothers – will register the child for the service and bring them to the initial interview.

Once there, they are faced with a counselling service whose basic conditions are characterized by the so called “essentials” of child guidance in Germany (Specht, 2000): multidisciplinary, cost-free and voluntary use of the service and confidentiality concerning personal data. These features are considered to be necessary to guarantee equal accessibility for the whole population and to establish a trustful and constructive working alliance.

The focus of child guidance is counselling and therapy in sessions with either children or parents, or with the whole family (family setting). Counselling concepts and methods have always been strongly influenced by the dominant paradigm and evolutions in psychotherapy and scientific psychology. The psychotherapy orientation in this area is illustrated by the fact that eight out of ten counsellors have an additional psychotherapy qualification (bke, 1998).

However, there are significant differences between child guidance and the proceedings in a psychotherapy setting: the problems counsellors have to deal with are varyied and often cover conflicts in family relations or communication disturbances in

the whole family system. In many cases, the diverse counselling participants come with dissimilar requests and interests to the initial counselling session. Hence, it is essential that clients and counsellor come to a stable agreement about the treatment goals at the beginning of the counselling process. Based on this, the methodical approach must be adapted to the particular conditions in each individual case. On average, the length of a child guidance process in Germany is about seven sessions spread over a six month period, but predominantely the duration is shorter (bke, 1999).

According to their education and additional qualifications, the professionals at the counselling centres are able to make use of methods from different therapeutic schools. In practice, counselling today uses a “pragmatic eclectic“ style (Hundsalz, 1995). During the counselling process, according to the situation and in consultation with the clients, various counselling techniques are used in different settings (Kurz-Adam, 1999). For example, the practising of behavioural therapeutic phobia coping strategies with the child in one-to-one sessions can be accompanied by systemic parent or family talks.

However, systemic family therapy plays a special role in child guidance and family counselling. Up to the end of the seventies, this counselling area was primarily characterized by diagnostic methods and the exclusive treatment of the child brought for counselling. But with the beginning of the eighties, systemic approaches have become increasingly important for counselling. Family therapy is meanwhile the most common therapeutic qualification among counsellors in Germany (Menne, 1996). The so called “systemic turn” (Lenz, 2000) provided an altered point of view: the symptoms and problems of children, together with their specific communicative definitions and fixations, are mostly seen and interpreted in the social context (e.g. family

interaction) in which they occur (Schmidt, 1998). Consequently, child guidance is often extended into family counselling.

2. Counselling from the point of view of children and adolescents – an explorative study

In evaluation research on family counselling, the perspective of the children and adolescents concerned has, up to now, only seldom been the subject matter of an investigation. In most investigations in German-speaking areas, the parents alone have been asked their opinion, and have shown themselves as a rule to be very satisfied with the help obtained. Thus the paradoxical research situation arises that the actual target group is excluded from analysing the process and result of the intervention. From the standpoint of participation, children and adolescents have thus not been allowed any say up to now in the definition and negotiation processes concerning the quality of family counselling. Consequently, they have had no power of definition over what should be understood as good and bad work.

Method

I was working as a counsellor and systemic family therapist in a counselling centre when the body responsible for the counselling centres involved in the study instructed me to investigate the quality of counselling work at their centres. Sensitized by my own experiences with children and adolescents in counselling processes (see introduction) and in view of the research neglect in the area described above, I wanted to know more about the perspectives of adolescents in evaluating counselling.

For this purpose, I used qualitative, semi-structured interviews to ask 17 young clients (6 female, 11 male) between the ages of 13 and 22 about counselling which had finished three to four years previously (follow-up history). The participants in the interview were collected by a “purposive sampling” procedure (Patton, 1990) from a randomly selected sample of all cases finished at 11 Bavarian counselling centres in the year 1996. In regard of gender and types of problem for counselling, the random sample survey corresponds to the typical clients in family and educational counselling (e.g. problems in school, family crises, emotional problems). Apart from the fact that no participant belonged to a ethnic minority or an immigrant family, the 17 cases selected by “purposive sampling” cover a broad range of client features in the sample. Ten participants had less than ten counselling sessions, seven more than ten, five more than 20. Two of the adolescents experienced a form of counselling which took place mainly in the family setting. More often, mixed forms with one-to-one dialogues and additional dialogues in the family context were cited (seven cases). In eight cases, the one-to-one setting predominated, whereby in part accompanying parent dialogues were conducted.

The interviews lasted between 60 and 90 minutes. The interview questions posed related to the adolescents’ experiences concerning access to counselling, the counselling process (relationship with counsellor, counselling methods) and the results of counselling. The interviews were recorded, completely transcribed and analysed using a "structured content analysis" approach (Mayring, 2000). This method was thought to be the most appropriate in order to draw out the participants' own personal meaning of what they experienced during the counselling process.

In the following, findings from the study, giving information about the conditions and opportunities for participation by the young clients, are presented in chronological

order through the course of the counselling process (clients' quotations are printed in italics).

Access to counselling

Qualitative client surveys (Lenz, 1990; Straus et al., 1988) illustrate the often protracted intra-familial decision and negotiation processes that precede the first visit to the counselling centre. As a rule, client families only seek professional help when all other attempts to overcome the problem, such as trivializing it, tolerating it and hoping for spontaneous improvement, or resorting to help from the social network, have failed.

In the interview data, there are clear indications that adolescents are only insufficiently integrated in the processes that lead to the commencement of counselling and a formulation of the "counselling objective". Among the adolescents interviewed, three paths altogether can be differentiated, each with their own specific contextual conditions, according to which the decision to visit a counselling centre was made in the families (see Table 1).

Insert Table 1 here

In most cases (9 out of 17), the decision to go into counselling came from the parents alone. In two cases only, the adolescents made an appointment at the counselling centre on their own initiative. In six further cases, the commencement of remedial measures was negotiated between parents and adolescents, and agreements were made as to "trying out" counselling.

All the adolescents interviewed were in a position retrospectively to give reasons which, in their view, had led to visiting the counselling centre. However, one third of

the adolescents (6 out of 17) gave descriptions of problems which diverged from the parents' views. For example, while in four cases, the parents' reason for counselling was the achievement or discipline problems of the adolescent in school (e.g. *"bad marks in spite of parental efforts"*), the adolescents externalised these problem situations (*"I was just stressed at school at the time"*) and saw no need for counselling themselves. Instead, they saw the conflicts with their parents at the preface to counselling or parental concerns about their development as the decisive factors leading to counselling (e.g. *"They were afraid I'd turn out criminal one day"*). These differences in the definitions of problems presumably depend partly on the fact that the adolescents concerned were not included in the intra-familial negotiation processes which led to counselling. The interviews showed correspondingly that the decision to visit a counselling centre was parent-determined in all the "diverging cases" (see Table 1).

In addition, only those adolescents interviewed who had foreknowledge by virtue of their own previous experiences or their parents' reports (n=6) possessed realistic ideas as to what awaited them at the family counselling centres. The others had almost no idea of what to expect *("And I didn't really understand it then either. Actually, I had practically no idea what went on there"*, 17-year-old male). For lack of realistic information, their picture of family counselling was characterised by clichés, which were presumably conveyed by the media or the peer group, and which corresponded to a classical medical model of treatment: in a *"stiff"* atmosphere (*"unfriendly, more like at the doctor's"*), clients are either interrogated or *"texted"* and have little opportunity to structure the process themselves. They have to *"blather on to him over there about what's going on*" and become bored *"when someone or other just talks to you or whatever they do".* The counsellors are imagined to be strict and authoritarian in

behaviour and appearance (*"Well, like, an old bloke with a bald patch, specs and a suit, like"*; *"hair combed severely back, a ponytail and a pointy nose or whatever"*). Their expected course of action corresponds to a "schema for treatment" (*"They'll have sort of rules how they've got to do it, I guess"*), during which they are told, for example, *"what we could do better"*, without their placing much hope in this help (*"And what do you get out of it? Not a lot"*). Rather, two adolescents expressed the fear of being classified as "having a mental illness" due to visiting the counselling centre (*"only nutters go there"*) and of being tormented and excluded by their peers because of this (3 cases: *"The first time, I was absolutely sure that everyone would tease me and stuff at school"*). Against this background, a quarter of the adolescents reported fears and uncertainty before the first counselling appointment.

The decision processes outlined here, in which the adolescents had little say and during which they were obviously left mainly in the dark as to methods and aims of counselling, contributed to the low motivation of many adolescents to engage in counselling: more than half of the interview partners (8 out of 17) initially had a negative attitude to counselling. Visiting the counselling centre was frequently associated with the idea that counselling was to help discipline them, and the counsellor was to be consulted as an "ally" of the parents in order to strengthen their position.

Counselling process

The adolescents' comments show that their opportunities for participation and, thus, their satisfaction with the help obtained are associated with the form and the setting in which each counselling session was carried out.

All the interview partners with one exception viewed counselling in a *one-to-one* setting as unreservedly positive. A relaxed and open manner and a transparent course

of action in the initial session made it possible to counter the fears and reservations of the adolescents. On the basis of a trustful counselling relationship, they experienced themselves with their needs and interests at the centre of the sessions and of the counsellor's interest. They all felt included in the decisions about structure and themes of the counselling sessions.

By contrast, the adolescents experienced the counselling sessions in the *family setting* as much more conflicting. On the one hand, they were viewed as positive and relieving when the counsellor managed to provoke an open talk between parents and adolescents. Here, the adolescents concerned had the feeling of being treated as an equal interlocutor and of gaining a hearing from parents and counsellor for their requests and interests:

> *"We just couldn't talk about it before, I mean, what just didn't suit me and what didn't suit her* (the mother)*, it simply didn't work. And when another person is there, then it does work. The start was just that we managed here, for the first time, to talk about other things. And then it was much better at home, too."* (16-year-old female)

Here, the dialogues had in part the character of a mediation process. In a clarification and negotiation process which was, in the adolescents' view, "fair", and in which the counsellors functioned as neutral go-betweens or mediators, adolescents and parents exchanged their contrary points of view and situational needs, and sought a consensual solution to the conflict:

"Here, every point was always discussed in detail, one after the other, what I wanted, and what I wasn't allowed to do, and what my parents wanted. And then we looked for a way forward together." (19-year-old male)

However, by contrast, some adolescents had negative experiences in the family setting: they initially felt strange in the strange, adult-dominated "counselling culture" and were not acquainted with the implicit rules for interaction in this context. This unease was increased further if the counsellor did not provide for transparency in regard of course of action and objective of the talks, and did not include the adolescents in the sessions from the beginning onwards:

"Well, when I came in, if he sort of – if he had gone into detail first of all, like, taken a whole hour just to really explain in detail why I was here at all, what on earth I was supposed to do, what opinions I could express or something along those lines. But – at the beginning he just talked to my parents and not to me." (19-year-old male)

In one case, the lack of integration into the family sessions led to the adolescent feeling completely superfluous in this context:

"Yeah, it also seemed to me as if he, my parents sort of talk to him, he communicates with my parents, my parents talk to me. And then I thought to myself, yeah, you might as well stay at home." (19-year-old male)

A further complaint was that, in comparison to the one-to-one setting, there was not enough focus on their interests and requests, and these were addressed and considered too little by the counsellor:

> *"Yeah, so you could say it got off the subject* (problems of the adolescent). *But then, of course, he went in the direction of how each person in the family was doing and what wasn't going so well generally."* (21-year-old male)

Furthermore, the family setting did not offer some adolescents the same "safe space" that they had previously experienced in the one-to-one talks with the counsellor and which allowed them to talk openly about their feelings and problem situations:

> *"Yes, when I'm alone here I can talk much better, because then I can let much more out. And when my parents are here, then I know they're listening and getting hammered with the truth."* (18-year-old male)

Results of counselling

In parent surveys on child guidance and family counselling, when the opinions of the children concerned were also obtained regarding the success of counselling and satisfaction with counselling, the children's views proved clearly more sceptical than those of their parents (e.g. Straus et al., 1988; Lenz, 2001). The positive effects of counselling which parents report obviously cannot be automatically applied to children. They are presumably less able to benefit from the "counselling-specific working factors" such as "relieving effects of dialogue or disclosure", or cognitive clarification

of problems, so long as none of the "symptoms", mostly borne by them, clearly change.

Despite these results and considerations, with one exception, the adolescents interviewed in my study reported extremely positive effects of counselling on different levels (improvement of the problematics of initial appointments, reinforcement of self-esteem, changes on the family level). Although most of the adolescents were on the whole satisfied with the help obtained, for only half of the clients did the effects achieved remain stable over a long period of time. In five cases, therapeutic or counselling services had to be provided again at a later timepoint.

3. Discussion

In analogy to the few former investigations concerning the role of children in family therapy (Dowling, 1993; Cederborg, 1997; for an overview see Vossler, 2000), the interview results illustrate a wide-spread counselling shortfall: obviously, many young clients at times feel excluded and insufficiently integrated into the counselling process. This interpretation shows the need to discuss in a more general way the institutional conditions and methodical approaches which make it difficult for young clients to participate in counselling.

Participation obstacles for children and adolescents

Concerning the obstacles which hinder the most afflicted part of the family system, the children and adolescents, from participating, three different aspects should be taken into consideration.

a) Counselling objective and counselling culture

In most cases, counselling starts at the instigation of the parents. The different wishes and expectations of the young people are often not as obvious and pronounced as those of their parents. In view of this, counsellors subliminally feel obligated to the parents as the main customers. Therefore, they presumably adjust their manner of proceeding to be parent focused. Moreover, from a social-psychological perspective, children, especially younger ones, are confronted with the predominance of adult authorities in family counselling sessions, causing them to suppress their own needs and opinions.

If the counsellor, influenced by an unconscious loyalty to the adult customers, maintains this “authority gradient”, forms of interaction which are suitable for children (and therefore often not liked by parents) are avoided. Beside that, young people are even less familiar with the extraordinary “counselling culture” than their parents. Talking openly and frankly about inner feelings and intimate problems with a strange counsellor seems awkward to them. If children are not enlightened sufficiently as to the goals and methods of counselling in the beginning, they will not be encouraged to participate in counselling interactions.

b) Underestimation of children as communicators

Therapists and counsellors might tend to underestimate younger children as to their competence as interaction partners and as to their specific ways of expressing themselves. They therefore exhibit only few efforts to use language and methods which enable children to participate more fully in the therapeutic process.

c) Deficits in counselling methods and training

As a result of deficits in their therapeutic training, many family therapists and family counsellors lack a methodical repertoire suitable for children and a self-evident way of dealing with children in a therapeutic setting. The investigation of Korner and Brown (1990) showed that a quarter of the family therapists questioned had no special training in therapeutic work with children. A further 49 % classified their training in this area as insufficient.

To avoid feelings of uncertainty and incompetence in the family setting caused by chaotic therapy sessions or futile attempts to make contact with the children, counsellors often focus on the interaction with the parents or even change the setting (e.g. separate parent talks and one-to-one sessions with the child).

According to their individual developmental level (Piaget, 1975), younger children lack the cognitive faculties needed for an understanding of family therapy techniques. For example, circular questioning, a technique introduced by the Milan team of family therapists (Boscolo et al., 1987), often overtaxes especially younger children when conducted in family sessions (Benson et al., 1991).

The overall conclusions from these considerations for practitioners seem evident: if we want to improve the conditions for young persons for participating in counselling, we should critically reflect on the institutional context of our work and, if needed, modify our counselling methods to adapt them for use with children and adolescents. Thus, the closing thoughts of this paper provide some hints on how to facilitate the participation of young clients in counselling. Readers should keep in mind that these suggestions are derived from a study in a German context and therefore may not apply in other cultural settings.

Facilitating participation of children and adolescents in counselling

The situation of young people in the context of child guidance is characterised by a "double asymmetry": like all needy clients in trouble, they are dependent on the specialist competence of the counsellor. Without having a real choice, they have to rely on the responsible handling of "expert power" by the professionals. But young clients experience a further dependence: in contrast to adults, they often lack the possibility of expressing their uneasiness or, if needed, of looking for professional help elsewhere. They have to rely on counsellors and parents perceiving their needs and solicitously considering them. Children and adolescents are thereby at "double risk" of being manipulated and controlled in counselling.

Both asymmetries are an integral part of the relationship between counsellor and client (or adult and child). Therefore, they cannot be ignored or resolved. Hence, for counsellors facilitating participation does not mean always treating young clients in the same way as their parents. For example, there are situations and constellations within a counselling process, such as escalating quarrels between the parents or parent-focused topics, in which a change of the setting with the exclusion of the children may be indicated to protect them.

Rather, facilitating participation includes creating opportunities which allow young clients to participate actively and to articulate their requests during counselling. The following concepts and measures may contribute to thisaim, some more suitable for children, some more for adolescents:

a) Counselling approaches towards the world of children and adolescents

Institutional child guidance and family counselling mostly takes place in an adult-orientated context which is odd to young persons. They often experience the counsel-

ling situation as not referring to their inner and outer “everyday reality”, in contrast to the usual experience of adult clients. This might also explain why they often don’t have the same benefit from counselling as their parents.

Hence, institutional counselling should move towards the living and experiential context of young people by developing alternative forms (out-reach concepts) and places (e.g. counselling available direct at a drop-in centre) of counselling work. Such approaches could promote the participation especially of adolescents in different respects. The access to the service and its utilisation by young people would be facilitated. Counsellors aware of the everyday living context and experiences of adolescents would be better equipped to perceive and consider their special needs and wishes, empowering them to create interventions meeting the ways young people think and experience the world around them.

b) The concept of “informed consent”

With the concept of “informed consent” Reither-Theil et al. (1991) presented a method to integrate minors – according to their competence – into decisions about participation in and goals of family therapy. The core idea of “informed consent” refers to the principles discussed in the ethical discourse in medicine: to have an informed basis for their explicit agreement to therapy, patients should be informed about the kind of treatment, its goals and risks, and possible treatment alternatives. However, transferred to the work especially with children, some specific steps are needed to enable the young clients to give their “informed consent” to begin a counselling process. The necessary information must therefore be presented in an understandable manner for the young client in line with his individual cognitive level of development (e.g. using comics about the proceeding and goal of a counselling process; e.g. Ne-

miroff and Annunziata, 1990). The adults in the counselling room can support minors in decision-making by carefully addressing their doubts and anticipations concerning counselling and by detecting their non-verbal signals. Finally, counsellors must ensure that the decisions of the child or adolescent are acknowledged and respected. Reither-Theil et al. (1991) describe in greater detail and with examples how to apply “informed consent” to therapy and counselling.

c) Modified counselling approaches and methods for young clients

For involving the younger children in the counselling process, mainly active, action-orientated and playful methods (like puppet or role play, art or clay work) are helpful. Conducting the sessions in stages with alternate action and verbal interaction helps them to sustain their attention and not feel overtaxed by a verbally focused counselling style. Interventions and techniques from systemic family therapy, with some children-friendly modifications, become clear and explicable for children. For example, Langseth Johannesen et al. (2000) suggested a version of the “reflecting team" (Andersen, 1995) for use with children: the feedback regarding the ideas and suggestions resulting from reflecting processes is given by metaphorical stories and visualised with a hand puppet-show. Other modification examples are the childlike variations of circular questions suggested by Benson et al. (1991).

For adolescents, counselling approaches such as online counselling (Hanley, 2004) or peer counselling (Cowie and Wallace, 2000) contribute to facilitating access to counselling for young clients and to structuring counselling in a more suitable way for them. These approaches might help to make counselling attractive to those who would not normally find their way to an ordinary counselling service.

Even with the suggested changes and modifications, in the long run, improved participation of children and adolescents will hardly be reached without hearing the “voices” of the young clients themselves. In order to enable them genuinely to take part in counselling, they should be asked directly about their needs and wishes concerning the service. Periodical consumer inquiries may help to establish a client-focused “participation culture” at the counselling centres and to improve the counselling quality by taking the clients’ estimations into account. Under such circumstances, evaluation instruments (questionnaires, interviews) become “participation instruments” for children and adolescents.

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Table 1: Decision pattern for visiting the counselling centre in the view of the adolescents interviewed

Decision pattern	***Examples of comments***	***Freq.***
1. Self-determined decision-making • Self-referred adolescent or first appointment on adolescent's initiative • Young people are discontented with their situation ("psychological stress"), seek help and are motivated to engage with counselling. They have previous experience of psychological services and are older (> 17 years old).	***17-year-old male*:*** *"I was fairly discontented with my life up to then and wanted to change a lot of things."*	2 (12%)
2. Mutually negotiated decision-making • Suggestion to go into counselling comes from the parents but they leave the adolescents the freedom to choose. Agreements are made as to "trying out" counselling. • Adolescents have an awareness of the problem, and experience the suggestion as an offer of help.	***13-year-old female:*** *"Yeah, and then – then I agreed after all, because I really wanted things to get better again, you know?"* ***10-year-old male:*** *"Well, she said, like, why don't we give it a try, just one appointment, and then, if you decide you don't want to, like if it's no fun, then we just won't do it."*	6 (35%)
3. Parent-determined decision-making • Initiative and decision to go into counselling come from the parents; no real freedom to choose for the adolescents. The decision is only imparted to the adolescents. • Frequently negative attitude of adolescents; some of them see no need for counselling. Often have no idea of what happens in a counselling session and of how they can benefit from it.	***14-year-old male:*** *"My mother said, right, we're going to the counselling centre. So I could hardly say no, could I. We had an appointment - so I went to it."* ***10-year-old male:*** *"At the beginning I was pretty fed up; I mean, she didn't tell me what was going on; she just said, you've got an appoint ment at such-and-such a place and you're going to go to it."*	9 (53%)

**The ages given are those at the start of counselling*