



Needed:

Mark Prever explains why the person-centred approach works with children and young people, whether as counsellors or helpers.

For me, working with children and young people is truly about the meeting of two *people*. The counsellor or helper's greatest asset is himself or herself as a person. Children and young people already have many relationships with parents and professionals, but the person-centred approach emphasises the therapeutic nature of human understanding and offers just this – the person, not the role. There is something valuing and respectful in the adult offering themselves and not a professional face, however accomplished.



ELEANOR PATRICK

your self

approach makes perfect sense when working with a counsellor or other professional helper

As adults, we often attempt to guide behaviour in children and young people and, in non-therapeutic contexts, this is wholly right. But when we offer therapeutic help, the person-centred approach asks that we avoid initiating direction or quantifying, assessing or judging what the young person brings. This can be difficult, shedding many years of our own socialisation and conditioning. However, again, when we show deep acceptance of the child or young person as a *person*, we show profound respect for them as an individual.

When we are young, we sometimes *believe* we know everything; when we are adults, we *know* we know everything. We may be more accomplished at mathematical calculations than the young child, we know more history and are more aware of how the natural world works. In some cases, although not always, we can draw and paint with greater accuracy and realism. The one thing we can never know better is the young client's world, as they see it. Empathy – the ability to enter the child's world and see it as they do – is probably the most difficult of all. I see empathy as being when the child or young person has the trust to take us by the hand metaphorically and show us their world. As we walk alongside, we are more likely to see what they see. Not what we think we see, want to see or what we want our young client to see.

The person-centred approach with children and young people therefore requires a tremendous suspension of normal beliefs about young people – one of which is that they cannot decide what is best for them. However, if we provide the right kind of environment and non-judgmental relationship and be ourselves, my experience is that young people will find their own way forward and their own solutions to problems. In many ways, young people already know what is right for them, and the person-centred therapeutic relationship offers the child or young person an opportunity to further experience this internally or express it in words. Sometimes, we have to understand that there may not be immediate opportunities for structural change in aspects of young people's lives, but that there can be personal growth. Adults and peers shape children and young people almost from the moment of birth, and these judgments, both overt and hidden, will often determine how the young person sees themselves in relationship to others. So the person-centred counselling space or the helping relationship may be the only time when these can be challenged by the child or young person. The young client is freer to become who they want to become, more resilient, more fulfilled, more confident, and more inclined to be all that they possibly can be.

Open to all: including the generalist professional

Moreover, I believe that the person-centred way of working as an 'approach' is equally applicable to counsellor and generalist helper alike. Working in a person-centred way with any children and young people is less concerned with knowledge, techniques and methodology and more to do with the relationship between client and counsellor/helper – that is, between the adult and child. For this reason, the approach is relevant to all adults who want to work in this way.

But although it is important that practitioners continue with their professional and personal development, courses and reading alone do not



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make a person-centred practitioner. The emphasis of the person-centred approach rests with the eponymous 'person'. Mearns and Thorne¹ tell us that the person-centred counsellor is one who 'knows she cannot rely upon her diagnostic skill, her role as a provider of "treatment", or a sense of superiority at being regarded as an all-knowing "expert"'. This allows opportunity for the *non*-counselling supporter. Incidentally, a refreshing perspective on the relationship between counselling and helping can be found in John McLeod's² discussion around the use of counselling 'skills' by non-specialists. He argues that, whilst there has been a growth in the provision of counselling by specialist counsellors and therapists, most counselling takes place outside the formal counselling room, carried out by professionals, where therapy is an important aspect of their work, but where they are not in a specifically counselling role. Examples include teachers, nurses, GPs, career advisers, youth and community workers, youth justice workers, and within social care or support roles.

Is working with children and young people different?

Professionals working with young people from other orientations possibly have an easier task than does the person-centred counsellor, since the process is reinforced by training and procedures. Counsellors and therapists using some other approaches have clear models to work with and sometimes the dialogue is also clearly set out. Examples would be counsellors working in a solution-focused way or who use cognitive-behavioural approaches. Techniques and strategies are there to be used at appropriate times. These 'advantages' have been described by Dave Mearns³ who writes: 'Most other approaches to counselling and therapy are much more exciting for the counsellor and perhaps also for the client, with the practitioner playing a dashing role, exhibiting mastery of sophisticated skills of analysis, interpretation and near mystical insight into the client's condition and the requirements for change.' But – and in contrast – counselling and supporting children and young



McLeod introduces us to the concept of 'embedded' counselling roles, which he feels more accurately reflects the idea of using 'counselling skills' but which, he argues, does not do justice to the 'complexity and reality' of this aspect of people's work. Consequently, the work of the generalist professional who attempts to work therapeutically in a person-centred way could possibly be more challenging than that of the specialist counsellor who has the benefit of a special room set aside for a prescribed period. McLeod provides us with an illustration of this point: 'Compare this to the situation where an upset student turns up at his or her teacher's office during the morning coffee break. Many decisions need to be made around what can be done at that moment, and whether other moments can be found later in the day to follow up the crisis – and in 15 minutes' time the teacher will be standing in front of a class in teaching mode.'²

Over the years, I have worked with highly qualified and experienced counsellors. But some of the most effective practitioners have been in the voluntary sector and other settings – having few qualifications, but displaying a passion for young people and an ability to establish the kind of relationships that are central to the person-centred approach.

people using the person-centred approach is particularly rewarding because the emphasis is on the relationship and the focus is on the young person and what they need, as defined by themselves.

It could be argued that counselling and supporting young people should be different from working with adults because we are working with potential, with futures, with transition, with growth and becoming, but the person-centred counsellor would argue that these ideas apply to all people, regardless of age or circumstance. Jean Champion⁴ has explored why working with children *might* be considered different. Although she agrees with the assertion that person-centred counselling is 'basically the same regardless of the age of the client', she argues that working with children presents important challenges. She sees a 'good knowledge of the state of childhood' as being a prerequisite for this kind of work. She also sees young people as having a greater tendency to 'take their personal circumstances for granted, and even to blame themselves when they find themselves in situations which are not their fault'. She also asks us to bear in mind that children are not normally 'independent beings' and therefore often still dependent upon parental care.

But for me, the great reward of working with children and young people in a person-centred

way is more fundamental. Despite all the important and valued interventions into the lives of young people in difficulty made by parents, family and professionals, it is, in my experience, very rare that a young person coming to counselling has ever experienced the kind of warmth, openness, acceptance and empathy that are characteristic of the person-centred way of working. It would not be unusual in such circumstances, for the young person to say to a counsellor something like: 'This is the first time I have really been listened to and really understood. I feel that you are here for me and you are not going to tell me what to do or what is best for me.' I am not suggesting here that other professionals cannot be warm and caring but rather that, often, pressures to achieve behavioural change predominate.

Two brief case studies illustrate some of the key points discussed above. These case studies, and those in my latest book⁵, are drawn from my own experience of working with young people. The people identified – and their stories – of course do not exist in their own right but are an amalgam of young people's experiences and their interactions with counsellors and professionals working in a variety of settings. These contexts – schools, youth centres, social care and health – are not in themselves significant, because the skills, attitudes and processes remain the same, regardless of the setting in which the work takes place.

Case study: Dean

Dean, aged 19 years, had been attending a youth counselling agency for just under two years. Much of the work had centred on relationship issues: Dean had a fairly sanitised relationship with his mother and very little contact with his father. He saw himself as overweight and ugly. Whilst he had kept some friends since his schooldays, he saw them infrequently and felt he had little in common now. He could not remember ever being in what he would say was a 'relationship', and feelings about himself were so low it was unlikely he would risk this fragile sense of self by seeking intimacy. Dean was not in work or full-time education.

Dean had been hospitalised several times, having attempted suicide. Self-injury had become a way of life. Glass and rope had left their marks on his arms but Dean's centre of attention was his abdomen, which he cut regularly, and which had become quite scarred and disfigured. This was the part of his body that he hated most. Dean had felt unhappy for as long as he could remember, and sessions with the counsellor often involved sharing his sense of hopelessness and despair.

As the work continued, Dean started to bring in some artwork, mainly drawings, and sessions often revolved around these. Each week, Dean would end the session with the same words: *I don't think you are going to like me anymore.*

The counsellor reflected back: *You think I might reject you in some way?*

It took Dean six more weeks of checking out the strength of his relationship with his counsellor before he revealed how, when he was younger he had been 'touched' by his father and that he had subsequently played a 'game' with his younger cousin which involved the removal of clothes. Dean had read articles in magazines about how the abused becomes the abuser and he was now convinced that this was happening to him. It had taken Dean many years to share his own abuse and his shame that he, too, might have become a perpetrator. Nearly two years passed before Dean felt able to share his experiences and fears with his counsellor, building up the courage to reveal his torment.

Dean told his counsellor that this was the first time he had told anybody about any of this: *I didn't think anybody would listen. I thought they would be disgusted with me and tell me to go away and die.*

The counsellor replied: *I'm glad that you have built the courage to share these very personal things with me. It could not have been easy. If anything, I feel a little closer to you at this moment.*

Dean had gone through the whole of his schooling and had been involved with a range of psychiatric services but was only able to reveal his feelings at this time. The counsellor, working in a person-centred way, had created the kind of relationship where Dean could feel accepted and understood to the point where he could trust his counsellor with his innermost fears and anxieties.

Case study: Amrita


Amrita was in Year 8 (ages 12-13) at secondary school when she was referred by her Head of House to a school mentor. She had begun this school where she had left off in her small junior school, that is, near the top of her class. SATs and early testing predicted significant success at GCSE level and beyond. More recently, Amrita's performance had declined. Her normal 100 per cent attendance was punctuated by occasional unexplained absence, and – unthinkable before – homework tasks were not handed in on time, sometimes not at all.

Concerned for her wellbeing, the school made every effort to re-motivate her, offering rewards and encouragement for any signs that she was returning to her 'successful self'. It was whilst working with her mentor that she talked about the pressure on her to succeed, to maintain a momentum that would take her through to the end of her school life. She told her mentor: *People are not listening to me. I don't know what's wrong. If I did, I would put it right but I don't. The school is trying to help. They do care, but they are stressing me out. It's not what I need just now. I just need space and somebody to listen to me without trying to make things better. This is how I feel just now.*



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The mentor replied: *It sounds as though people are trying to help you but it's only making matters worse. Right now, you just want someone to listen and understand your confusion.*



Well-intentioned interventions miss the mark because they represent the adult's solutions to the child's difficulties – help comes from the professional's and not the child's frame of reference

These two brief case studies illustrate how sometimes we let young people down, because either we do not recognise their pain and provide the space, opportunity and conditions for listening, or the adults in a child's life, in their enthusiasm and desire to help, fail to really listen. Well-intentioned interventions miss the mark because they represent the adult's solutions to the child's difficulties. In other words, help comes from the professional's and not the child's frame of reference.

Where does this leave us?

The point I would like to emphasise in this brief article is that, whilst I feel that the person-centred approach is the most natural way for *counsellors* to work with young people, the person-centred approach can be a highly valued way of working with children and young people for the *non-specialist*, too: nurse, teacher, mentor or social worker. This does not of course mean that the professional is working as a counsellor, but that they may share with the counsellor the same understanding about what helps children and young people grow and develop, what makes them unhappy and, through the core conditions, help them move towards greater self-worth and self-awareness.

After many years, I retain the passion to go on in this kind of work, having worked with young people in school, social work, university, health and voluntary settings, and believing still that the person-centred approach is the most effective, rewarding and special way of connecting with a child or young person. ■

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