Revisiting Basic Counseling Skills With Children

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Counseling with children can be challenging for counselors whose training focused on adult clients. The purpose of this article is to offer information to counselors seeking to improve their skills with children, revisiting a topic discussed in an earlier Journal of Counseling & Development article by P. Erdman and R. Lampe (1996). Examples of microskills from actual counseling sessions and descriptions of stages and themes in the counseling process enhance understanding of child counseling.

Although education and training in counseling often focuses on adult clients, most counselors will face the child client at some point in their careers. The burgeoning literature in the field of play therapy suggests that counselors are indeed searching for ways to learn how to address the needs of children in counseling. The challenge to the practicing counselor is how to apply basic counseling skills used in working with adults to counseling with children. Erdman and Lampe (1996, pp. 374–377), in an earlier Journal of Counseling & Development article, offered some helpful ways for counselors to create a suitable physical environment, build trust in the relationship, maintain a helpful attitude, and use questions in work with children. The purpose of revisiting the topic of counseling children is to help counselors to further enhance their skill with the child client in two ways. First, counselors will gain knowledge of how to adapt their counseling microskills for work with children, and, second, they will become acquainted with some common stages and themes that surface in the counseling process with the child client. The overall objective is to expand on the information provided by Erdman and Lampe while sharing their goal of respecting children’s cognitive, emotional, and psychological uniqueness.

USE OF MICROSKILLS WITH THE CHILD CLIENT

Experts in the counseling field stress the importance of basic skill acquisition as a foundation for effective counseling (e.g., Egan, 1998; Ivey, 1994). In acquiring basic skills, counselors learn to use microskills, or “communication skill units” (Ivey, 1994, p. 12), that help them to act more purposefully with their clients. These microskills are the threads that the counselor weaves into techniques to help form the intricate tapestry of counseling. The microskills reviewed here are relevant to child counseling and include reflecting client content and feeling as well as reflecting meaning, interpreting, and making use of metaphor. Although descriptions of how to apply these skills to counseling with children often include the acknowledgment that children have different cognitive levels and more limited vocabularies than adults, these descriptions often rely heavily on discovering ways to encourage the verbal communication of children (see Landreth, Baggerly, & Tyndall-Lind, 1999, for examples). The following information helps counselors to adapt their basic skills to meet the child where she or he is at any given moment—whether that is in the world of words (i.e., verbal communication) or in the world of experiencing (i.e., actions, play). Also included is a section on setting limits, a skill deemed by many experts as critical to work with children (James, 1997; Moustakas, 1997; O’Connor, 2000).

Reflecting Content and Feeling

Counselors reflect the content of a client’s communications in order to convey an understanding of material explicitly expressed. With adult clients, this translates into reflecting the verbal message communicated. Because children’s content may be expressed in actions or play, the counselor working with children must add behavioral tracking to his or her repertoire. In behavioral tracking, the counselor simply reflects to the child what he or she is doing at any particular moment (Kottman, 1995). For example, the counselor says to Jared, age 7, “You’re building something,” and to Jenny, age 6, “You decided to play with the sand,” in response to the behaviors of each child. Behavioral tracking is a way for a counselor to communicate attentiveness to children when they are engaged in play or activities rather than conversation.

When using behavioral tracking, it is important to realize that some children, especially those who do not feel safe
around adults, may initially find this tracking threatening, in part because they may be accustomed to answering questions in their communications with adults. For example, early in the counseling process, Joshua, age 6, lay down on the floor to color, and the counselor tracked his behavior saying, “You are lying down on the floor to draw.” Joshua responded loudly and defensively, “That’s how I draw!” The counselor’s matter-of-fact response, “That’s just how you draw,” served to communicate to Joshua that her purpose was not to criticize but simply to attend to what he was doing. In behavioral tracking, the counselor communicates not only attention to the child’s world but also acknowledgment of the importance of that world.

Underlying clients’ content is emotion, and reflecting that affect serves to make these feelings explicit to the client (Ivey, 1994). Just as adult clients tend to avoid the verbal expression of feelings (Martin, 2000), child clients do so—not only because feelings are difficult to confront but also because children sometimes lack the feeling vocabulary to express their affect. Kottman (1995) contended that it is frequently unproductive to ask children how they feel because they often lack the self-awareness or language to answer that question. Instead, an appropriately timed reflection of a feeling that a child has communicated nonverbally, for example, “You look pretty frustrated because that dog won’t fit in the train,” serves a twofold purpose. It facilitates the child’s awareness of feelings and may also expand his or her repertoire of feeling words, facilitating future expression.

Whereas adults may struggle to express their emotional worlds in words, many children easily do so through playing. The child client may express feelings in role play or playing with dolls or puppets. By reflecting the feelings manifested in the child’s play (e.g., “The dog is very scared and wants to run away from the man”), the counselor not only communicates understanding of those feelings but also deepens the child’s experience. Because culture and gender affect the way children express feelings, counselors need to identify and exercise patience with children who may have received a message from their families to hide feelings (Young, 2001).

Reflecting Meaning, Interpreting, and Using Metaphor

If a counselor only reflects what is explicitly communicated and is not sensitive to the client’s intended message, an adult may respond by asking, “Why do you always repeat what I’m saying?” (Martin, 2000, p. 19). In my own experience, child clients, from a very young age, ask the same question if the counselor fails to identify and communicate the meaning reflected in the child’s message. In the words of Noah, age 4, speaking to his counselor, “Why do you always repeat me back?”

The counselor who effectively extracts and imparts meaning in adult communications can do the same with the meaning conveyed in a child’s verbal communications or play. For example, 7-year-old Courtney smiled contentedly as she sucked her thumb, and the counselor’s response, “Now you’re a baby” (rather than “You’re sucking your thumb”), served to capture the meaning in that action.

There can be a wealth of meaning in children’s metaphor, and many counselors may have already discovered the instrumental role metaphor can play in counseling with adults. Metaphor is powerful in its capacity to allow the client to confront difficult personal experience while affording an often-critical distance from the distressing material (Romig, 1991). The metaphor may also be central in developmental change processes in counseling, including building relationships and bypassing client resistance, facilitating awareness of emotions and unconscious beliefs, and introducing new perspectives and possibilities (Lyddon, Clay, & Sparks, 2001). Children express metaphor through play (Ablon, 1996); stories (Carlson & Arthur, 1999); or drawings, which Sims and Whynot (1997) referred to as “visual metaphors” (p. 343).

Some experts in counseling believe that learning in the metaphoric or make-believe experience of the counseling room transfers to the client’s practical reality without explicative verbal discussion (Ablon, 1996; Ariel, 1992; Close, 1998). For example, 5-year-old Sam released negative feelings about his newborn brother through doll play in counseling sessions and soon showed a more positive attitude toward his brother at home.

Other authors routinely draw a parallel between the metaphor and the child’s life to offer insight to the child. When children begin to express themselves freely through fantasy material, Oaklander (1988) explained, she endeavors to guide them from “symbolic expressions and fantasy material to reality and . . . [their] own life experiences” (p. 196). Similarly, Pardeck (1990) described an integration stage in his use of stories with children in which the child “recognizes the self and significant others in the characters . . . and develops insight into the problem” (p. 231).

For example, 9-year-old Scott constructed a jail out of Legos for several consecutive weeks of counseling and, during one session, began to tell a story about the lone prisoner in the jail. The prisoner escaped from his prison multiple times with the help of another male figure, only to be captured again by the evil jailer. As the counselor gently asked Scott about the characters in his story and their similarities to people in his life, Scott began to express his anger at his father for initiating a restraining order against his father. Scott disclosed his feelings of helplessness related to his inability to visit his father without risking his father’s incarceration. Further discussion allowed Scott to express his feelings about his anger at his mother and his mixed emotions related to his separation from his father.

Whether or not a counselor interprets meaning to the child and how a counselor does so are partially dependent on theoretical orientation. For example, the person-centered adherent rejects counselor interpretation, whereas the Adle- rian devotee supports interpretation for the sake of client insight (Mosak, 2000). I concur with Brems (2001), who asserted that interpretation requires a great degree of rapport in the counselor–client relationship because it usually reflects the counselor’s perspective. This may be particularly important with the child client, because children—who are generally referred to counseling by others, such as parents or teachers—may not be seeking insight. Therefore,
the counselor who has established a solid foundation for counseling with the child may use interpretation more successfully. In addition, counselors need to consider the cognitive level of the child as it relates to his or her ability to understand the interpretation. However, given the appropriate prerequisites (i.e., establishment of a positive relationship and a child with the ability to understand the message) an interpretive comment from the counselor can provide important self-knowledge to the child. Using qualified statements, such as “It seems like . . .” or “I wonder if . . .,” helps to facilitate the child’s contributions to the process.

For example, when 10-year-old Jessica frequently spoke about directing the activities of her friends as well as family members out of session and also directed the counselor in session, the counselor said, “You seem to really like being in charge of things.” Although Jessica appeared surprised, she answered, “Yes, I guess I do.” The counselor’s response allowed for further exploration of Jessica’s need to be “in charge.”

Setting Limits

A discussion of basic counseling skills with children would not be complete without attention to limit setting. Spiegel (1996) maintained that counselors and writers overlook the importance of limit setting in child counseling. Counselors set limits in counseling to protect children, materials, and themselves (Landreth, 1998) and to communicate the boundaries of acceptable behavior, the counselor’s interest in keeping children safe, and interpersonal responsibility (O’Connor, 2000). Many child counselors set limits as the need arises (e.g., Landreth, 1998; Spiegel, 1996) rather than delineating rules at the onset of counseling.

Some child counselors avoid personalizing limit setting by using a passive voice construction, for example, “The sand is not for throwing.” Landreth (1991) described an ACT model of limit setting in which he uses a passive voice construction as he acknowledges the child’s feelings or wishes, communicates the limit, and then targets an alternative choice (pp. 222–223). An example of an ACT response is, “You want to see what it is like to throw the sand, but the sand is not for throwing [passive construction], you can throw the ball instead,” and the goal of this response is to promote children’s self-control and responsibility. Although many child counselors share this goal in limit setting, some accomplish it by helping children to generate their own alternative behaviors: “The wall is not for painting, but I bet you can think of something that you can paint that will be okay” (Kottman, 1995). Still others challenge the child to consider the consequences of his or her actions: “When toys are thrown out of the window, they may hit someone” (Spiegel, 1996, p. 129).

Nordling (1999) suggested setting both standard limits and personal limits. A standard limit is one common to most child counselors, such as throwing sand and hitting the counselor. Personal limits are unique to each counselor and set individual limits and boundaries. A personal limit is set when a counselor says, “You really want me to crawl around on the ground, but that is one of the things I can’t do in here. It makes my leg hurt.” Overall, setting limits is fundamental in counseling with child clients.

UNDERSTANDING STAGES AND THEMES IN CHILD COUNSELING

Besides attention to microskills in counseling children, it is important to consider process. Process denotes interactions that occur during the course of counseling that suggest movement and may involve changes in the child–counselor relationship, within the child, or within the counselor (James, 1997). Erdman and Lampe (1996) suggested ways to promote change in the child–counselor relationship by building trust through active listening and unconditional acceptance, solicitation of children’s help, and communication of patience with child resistance. The focus here is on changes within the child, which can help counselors to track movement and progress.

Changes within the child are manifested in counseling behaviors and have been observed in children’s play during counseling. A focus on play in counseling with children comes from the growing belief that play is in and of itself an essential process of child counseling rather than a vehicle to deliver other processes (Frankel, 1998). Through imaginative play and media such as paints, clay, sand, and water, children express themselves both figuratively and symbolically (Mook, 1999). Knowledge of stages and themes in counseling play helps the counselor to make greater sense of the counseling process with children.

Recognizing Stages of Child Counseling

Although some writers have described stages in the counseling process with children (see Nordling & Guerney, 1999), overall, there is a scarcity of current research to support identifiable stages of change. A recent examination of articles and books that included discussion of stages, however, suggests some consistency in writers’ ideas of child behaviors in initial, middle, and final stages of counseling. Some counselors facilitate movement through stages in very direct ways, and other counselors provide the counseling environment for children to move through stages at their own pace. In the latter case, this movement may occur sequentially but is more often fluid rather than linear (James, 1997).

Initial stage. Writers are fairly consistent in asserting that children begin counseling in an exploratory mode. They warm up to and explore the specifics of the setting, the session structure, and the counselor (Cockle & Allan, 1996; Frankel, 1998; Guerney, 2001). In this stage, significant child–counselor relationship building occurs, and the focus of this relationship formation is most often on building trust. In addition, however, different counselors have different emphases, such as egalitarianism, whereby the child learns to be an equal partners in the counseling process (Kottman, 2001); “contact,” whereby the child experiences self as separate from an authentic counselor (Oaklander, 1997, p. 294); permissiveness, whereby the child learns to take a leadership role (Moustakas, 1997; Nordling & Guerney, 1999); or safety (temenos), whereby
the counselor creates a safe and protected space for the child’s self-expressions (Lilly & Peery, 1999). Cockle (1993) suggested that, in this stage, children begin to choose and reject material, both toy and verbal material, that hint at their issues. Children may also shift from one activity to another (Frankel, 1998) and show resistance (Oaklander, 1997).

Once a child has developed a sense of security in the counseling setting and the child–counselor relationship, he or she is ready to begin addressing the issues that initiated counseling. At this time, the child’s activity becomes a metaphor for his or her presenting symptom, and this enables the child to communicate about conflicts through play (Frankel, 1998).

**Middle stage.** In the middle stage, children work as they address issues and concerns. Counselors facilitate this work in a variety of ways. Oaklander (1997) described how she creates opportunities for children to strengthen the self through techniques that aid the child in focusing on self (e.g., draw something you like), making choices in the counseling sessions (e.g., what you would like to do next), and experiencing mastery (e.g., figuring out a puzzle). O’Connor (2000) outlined ways to explore and integrate the child’s past by designing experiential counseling activities, such as making people out of Play-Doh; making interpretive comments to the child; and conducting collaborative work with the child’s caretakers. Allan (1988) described a serial drawing technique in which he asks children to draw pictures each week to facilitate expression of emotion and to deepen the client–counselor relationship. At the end of the middle stage, Allan maintained, children frequently use the drawings “as a bridge to talk directly about a painful issue or to disclose a secret” (p. 26). This serial approach works with a variety of media including paint, clay, or sand.

Kottman (1995) explained how she facilitates child learning in the middle stage of counseling through the use of “custom-designed” (p. 162) therapeutic metaphors for children she deems resistant to direct conversations. She creates a story using characters to represent the people in the child’s life, problems similar to those of the child, and feelings that mirror those of the child and his or her significant others. The characters experience hardships but eventually succeed in developing socially appropriate solutions for their problems. Through play as well as a wide variety of forms of creative expression, including sound/music, movement/dance, language arts, drama, and art, counselors help children gain insight about themselves and their behaviors in the world.

Children may also gain insight for themselves in this stage. Sometimes children spontaneously relive experiences in play or through creative expression that capture what they have missed or need (Oaklander, 1997). At other times, children play out or otherwise creatively express their issues repeatedly and, in doing so, acquire new information each time (Cockle & Allan, 1996).

For example, 3-year-old Sarah enacted a scenario in the dollhouse in which the mom, dad, and baby figures made extensive preparations for nap time, and then they eventually slept. She repeated this scenario over several sessions, until 1 day, she moved her enactment from the dollhouse to the sandbox and included an older sister in the caretaking activities. (Sarah was the older of two girls.) After a period of playing out the nap scene, Sarah threw the dolls one by one into the storage container and shouted “I’m done” as she angrily headed for the door of the playroom. Despite the emotion that this scenario with the older sister had apparently elicited, Sarah revisited this new nap scenario over several sessions, creating small changes in the family interactions. Eventually the nap scene vanished from Sarah’s play in counseling. This suggested a change within Sarah related to the material and was consistent with changes in Sarah’s behavior reported by her mother.

**Final stage.** The behaviors manifested in the final stage suggest that the child has worked through his or her issue(s) for the present time. The child feels adequate and expresses real potential and abilities (Moustakas, 1997). The child may show “minimal need . . . to symbolically act out and/or verbally discuss issues” (Cockle & Allan, 1996, p. 35). He or she may show mastery through creativity in art and construction projects, or competency through role play (e.g., the child as hero), cooperative games, or challenging activities (Nordling & Guerney, 1999). Oaklander (1997) suggested that the counseling takes on “an aura of just hanging out together” (p. 315), which suggests that the time for termination is imminent.

**Identifying Themes in Child Counseling**

As with stages of child counseling, themes in child’s play in counseling appear to lack a great deal of support in the research literature. Clinical wisdom, however, seems to reinforce the idea that themes often emerge during child’s play in counseling. Three major themes that may surface in the counseling process include those related to aggression/power, family/nurturance, and safety/security (Benedict, 1997). According to Moustakas (1997), a child may fluctuate between positive feeling tones, such as nurturance as he or she feeds and protects a doll, and negative feeling tones, such as aggression as he or she suddenly spanks that same doll. Moreover, play themes expressed by well-adjusted children do not appear to differ in type from those of disturbed children; they differ only in frequency and intensity (Benedict, 1997). Therefore, changes in the intensity and/or frequency of play themes of a troubled child may indicate that changes are occurring within that child.

There is some evidence that patterns of play themes correlate with the gender of the child. Holmberg, Benedict, and Hynan (1998) studied boys and girls whose histories included either attachment disturbance alone or attachment loss with exposure to violence. Findings showed that boys played out more aggressive themes than did girls, and girls played out more nurturing, security (constancy), and control themes than did boys. Life stresses (i.e., attachment loss and/or violence), however, served to exacerbate or moderate the prevalence of a theme. For example, boys with a history of attachment loss and violence had a higher percentage of aggressive themes, while girls with a history of attachment loss alone had the lowest percentage of total aggressive themes. Overall, however, any of the following major themes, may emerge in the counseling process with children.
Aggression/power themes. At some point in counseling, a child may engage in aggressive play that includes "active, high energy, gross motor play and/or assertive verbalization" (Nordling & Guerney, 1999, p. 20). A child might play out aggressive themes by playing with toy soldiers, pounding and smashing Play-Doh, or throwing sand at the counselor (in which case the counselor would set a limit). When Oaklander (1997) recognized this pattern of behavior, she provided "aggressive energy" (p. 304) activities for children, such as smashing clay and pounding drums, so that children could learn to use this energy for the self-support necessary to take action and express suppressed emotions. In power play, the focus is on power and control without an aggressive component (Benedict, 1997). For example, Trevor deems his car the fastest and the only one that can go up the mountain in the sandbox.

Family/nurturance themes. Children play out family themes in any number of ways with dolls, puppets, animal figures, and fantasy characters; in dramatic play with the counselor; and through arts and crafts. In an exploratory study of five children during the course of 12 sand-play sessions, Grubbs (1995) found revealing evidence that the children's positioning and use of human and animal figures in the sand trays clearly represented their family situations and presenting difficulties. Children may express nurturing themes by hugging and caring for dolls or serving play food to the counselor. A child may provide self-nurturance in counseling by holding a blanket and sucking a thumb to comfort him- or herself (Benedict, 1997). Family themes may include regressive play in which children use "baby talk" or ask the counselor to do things they are capable of doing themselves (Guerney, 2001).

Safety/security themes. Safety/security themes involve play focusing on keeping a character safe or secure. The child might build a cage for an animal (containment), hide a character behind a wall (protection), identify a dangerous character such as a monster (danger), have a character save itself from a threatening situation (escape), or save an endangered character with a hero (rescue; Benedict, 1997).

Although themes related to aggression/power, family/nurturance, and safety/security appear to be major themes in children's counseling play, they do not represent all possible themes. The themes of each child client may reflect the particular issues or concerns with which the child is dealing. For example, the young child with attachment disorder most often struggles with themes of "safety, anger, nurturance, constancy, and loss" (Benedict & Mongoven, 1997, p. 297). The child coping with the loss of a loved one may play out themes related to death (e.g., see Landreth, 1991, pp. 278–293, for a case study). Because a child's themes may also reflect his or her cultural context, counselors need to identify themes with knowledge of client cultures that are different from their own, while being sensitive to the differences that exist within groups (Meier & Davis, 1997). Overall, it is important that the counselor identifies the themes that the individual child is acting or playing out and uses appropriate counseling responses to help the child cope with the issues presented.

SUMMARY AND CONCLUSIONS

Counselors can enhance their skill with children by adapting their use of microskills. Useful changes include the addition of behavioral tracking to counselor skill repertoires and attention to the feelings communicated through the characters in children's play. Work with children also demands that counselors extract the meaning in the child's words and actions; interpret that meaning, as appropriate, at the cognitive level of the child; and use the power of metaphor to therapeutic ends. In using microskills with children, counselors may need to begin by tracking the action of play, move to reflecting the affective component, and advance to relating play occurrences to the reality of the child's life (Allan & Brown, 1993). In addition, the counselor working with children must learn to set appropriate limits to provide a safe counseling environment.

To further enhance work with the child client, it is important that counselors educate themselves regarding the stages and themes that may emerge in children's play in counseling. Counselors can monitor children's movement through initial, middle, and final stages of counseling as children proceed from exploration to working through to resolution of issues. Counselors can also monitor children's movement in the counseling process by observing how children's themes develop and change over time. The individual child may play out one or more major themes related to aggression/power, family/nurturance, and safety/security or a theme that represents a particular issue such as loss. Benedict and Mongoven (1997) not only identified the Play themes of young children with attachment disorders but also used these themes to design specific counseling responses.

Because "children are not miniature adults" (Landreth, 1991, p. 50), it is critical that counselors working with children adapt their counseling skills to fit the child client. As Frankel (1998) pointed out, children may not be able to negotiate adults' "world of words," but are "fluent at communicating through action" (p. 173). It is then the counselor's responsibility to become fluent in children's "language," whether they communicate through words or actions. What may be most critical, however, is for counselors to value the special qualities that children bring to counseling and to respond to each child client as a unique individual.

REFERENCES


