School Counselling: Challenging, Demanding, Rewarding!

I offer my experience for your consideration, comparison and information.

The rewards of working with young people, are for me, amazing. I am constantly encouraged by their courage, resilience, inventiveness and tenacity in the face of often extreme difficulty and distress.

However, working in schools presents therapists with a set of challenging issues. I have had to leave schools where I have not been able to negotiate my way through these and it was a heart-wrenching experience for both the children I had been working with and myself.

After working in several schools, both during training and post-qualification, it is apparent to me that the many issues the School Counsellor faces need some consideration.

I would suggest that when you begin to consider whether you want to work within a school environment you ask yourself the question my colleague and I were asked by our supervisor, “what was your experience of school as a child?” At the time I was not certain whether that had any relevance to me now that I am a “grown-up” and a “Professional”, however as events have unfolded I have found that although the way in which I react to school “rules”, interact with teachers and other “experts” may not result in my behaving in the same way I did as a teenager, it can certainly resurrect many of the emotions I experienced as a young person. I would encourage you consider this within your supervisory and therapy sessions to allow you to make an informed and congruent decision.

The following are challenges that have arisen for me in one or more school settings. Obviously not these apply in every setting and I am sure it will prove not to be an exhaustive list.

Access to Counselling

* Who will refer the child for therapy? Will they be able to freely choose to attend or not given that you will be an expensive resource in the school?
	+ How will missing sessions be viewed within the school? It is important to find out the stance on DNA (Did Not Attend). Will there be a policy of, for instance, two DNA’s and sessions are to be withdrawn?
	+ will you be expected to go and “pick up” another student in that time slot? If so how will you manage to meet with all your clients the following week?
* Staff may be in the position of deciding who ‘needs’ therapy and sometimes the referrals have led me to question whose needs are being met, the referrer or the young person. Where students can self-refer I have found this to be less of an issue because they are better able to assert their autonomy and tend to bring to the session that which is of importance to them and tend to find it easier if they decide to end than for a staff referred client (who may be deemed not to have “finished” therapy if their behaviour is still unacceptable to the staff member).
* Schools are fairly inflexible systems. There are rules by which everyone is expected to abide, a rigid timetable, and a hierarchical staffing structure. Schools have their own set of priorities and it is worth asking to be informed of weeks when the timetable may be replaced with “off-curriculum” activities or there are school trips, vaccination programs etc. as they may not automatically inform you in advance and that can lead to a lot of sitting around or chasing around trying to locate students.
* Schools often run on an expert, solution focussed and behaviour management model. I have often found that the referrals from staff have been to help “sort problem children”, to remove a problem in the classroom.

Outcome Measures

* Schools understand counselling to different degrees. There might be a very enlightened Head-teacher, however if the understanding of what Counselling is and what Counsellors can and can’t (and will and won’t) do is not well communicated issues can arise.

As example, expectations of what a “successful outcome” will constitute can be at odds: for the Counsellor it may mean that the young person leaves more aware of their own feelings and opinions and better able to make their own choices; for the school it may be that they stop “acting out” with a teacher that they dislike.
* ‘Measuring’ is the by-word in schools, with constant Progress Report testing (PR), there can be a real push to share information for things such as EHC’s (Education and Health Care Plans). Some schools recognise the confidentiality issues here and accept that boundary readily, in schools that insist on input I have usually managed to negotiate limiting my feedback to something like “client continues to attend counselling” or “client continues to work towards self-directed goals in therapy”.
* I would suggest having some form of measurement tool in place to enable on-going evaluation of your work, whether the YPCORE10 or similar is used will be something that you will need to negotiate with the school.

Safeguarding and Health & Safety

* Schools and teachers are required to report concerns about children’s wellbeing. It is important to have a clear understanding and agreement on what is to be reported, within what timescale and to whom. Get a sense of whether your concerns are likely to be taken seriously, I have had instances where I have reported a concern only to be met with “they are a drama queen” or “they are always attention seeking”. I suggest attending the locally run Safeguarding Children’s Board training courses, usually a free two-day training.
* Confidential information including child protection reports. These are usually held by the Safeguarding Lead, likely to be the Head or members of the Senior Management Team. If you are working with a client and are starting to feel concerned that there may be safeguarding issues it is worth asking the Safeguarding Lead if there are any concerns already on file. This may give you a “heads up” of a significant issue of which you are unaware or mean that you then don’t have to make a report for what you may have believed to be a new disclosure. If you are designing your own referral form it may be worth considering having a tick box asking whether there are any Safeguarding issues known for this client. It would then be up to you and the school whether you were made aware of the details before therapy began.
* Are the children you will be working with Gillick competent? (Gillick v West Norfolk & Wisbech Area Health Authority [1985] UKHL 7. British and Irish Legal Information Institute (BAILII). Gillick v West Norfolk and Wisbech Area Health Authority and Department of Health and Social Security [1984] Q.B. 581)

Can they give *informed consent* to counselling and can they understand that what they tell you will possibly have consequences? What is the school policy regarding parental involvement? At one school I worked in, a young person had self-referred without parental knowledge. A passing comment made by a member of staff at parents evening resulted in the parent finding out about, and forbidding the child from taking part in any further counselling. Where the child is not deemed (Gillick) competent how will permission be obtained?

* Is there an expectation that you will meet with the family and/or is there an expectation there will be “feedback” to the family about the sessions?
Will the family expect their understanding of the “issue” is what will be worked upon in therapy? Will the family, the school, or therapist and child decided whether therapy is “successful” or “complete”?
Where a parent has referred a young person for support, and parental consent has been required due to lack of Gillick competency, I have requested school to make the contact with the family rather than having direct contact myself. Because my focus is the individual that is the child, rather than the child as part of a system, I have felt it important to maintain this distance to help make the distinction that I am there for them as individuals and not the whole family and to try to avoid the client worrying that because I met, and possibly liked, the caregivers that I may be “on their side” “against” the client. I am also aware that it could be problematic for the young person if they felt I did not like or respect their caregivers and may “have it in for

them”. Once again, my colleague from a Family Systems background feels very differently about such contact and welcomes as much input from the family as possible if the input does not intrude in to the therapeutic space and that the confidential content of the sessions with the chid is maintained.
* In my experience, there is little or no right to privacy for students in schools. It proves incredibly hard to offer children the opportunity to come and see a Counsellor without other students being aware of where they are going, especially if the school you are working in requires you to ‘go and get’ the student at the start of the session. It is also my experience that there tends to be a fairly free sharing of information and opinions about children between staff in some settings. Where you are not collecting the young person from class how will the fact that they are going for a scheduled meeting (authorised rather than them skipping class) be communicated to the teacher? This is also important in the case of an emergency arising so that the location of the student is known.
* With regards to Health and Safety; get a clear idea from school what they expect you to report. Schools may have very different ideas of H&S issues than you as a therapist. For example, if a client throws themselves on to a carpeted floor (without dangerous obstacles around) and says that they are “pretending to faint” would they see that as part of therapy or an H&S risk? Of course, if there is *any* concern that the client lost consciousness or had some type of fit it would immediately be reported to school.

Ongoing Counselling:

* How is timetabling of the sessions to be done? In some schools it has been sorted out by a Point of Contact teacher who was able to negotiate the same day and time each week but many schools do not want children to repeatedly miss the same lesson and *never* to be taken out of the core subject lessons (English, Mathematics, Science, Languages) so if you are in school for one day a week and are seeing 5 clients it can be necessary to juggle 5 timetables and work out how to rotate through the lessons available with each client and still manage to fit them all in every week.
* You will inevitably work with children who know each other, sometimes from the same class and can indeed after a few sessions find that the “bully” one of your clients is struggling with is the bereaved child that you are also seeing. Where you are the only counsellor in the school you will need to consider if you can continue to work with both students in this situation and how you will ensure your clients are supported if not. This is a particularly tricky area as it would not be ethical to identify the link to the client but it may be enough of a dilemma to require you to stop your work with one of the students. How this is done sensitively and without causing the client to feel rejected needs careful consideration.
* Not all schools will provide you with a suitable place to work. Many are great and will ensure that an office is put aside for your sessions. I have been expected to work at the back of the school canteen, in a “storage room” (cupboard to you and me) and an office off the school sick room (with matron and walking wounded going in and out). I know of a colleague who was expected to work in a disabled toilet.
* Sometimes in school the idea of answering the telephone or answering the door during a session can be an issue. There may be reassurances that you will only be interrupted in “an emergency” but the definition may vary from what you would expect. I know of a case where an item left at reception for the child (not urgent medication) has been deemed an “emergency” that required interruption.
* How many sessions are the young people going to be offered? I have worked in settings that run a 12-week model and have found that students are able to make effective use of their sessions but have also been fortunate enough to work in settings where there is no “limit” other than the school relying on my Professional judgement that the sessions are still being facilitative and not being used by the student to get out of lessons. I have not yet come across a student who used the time in that way; this may be down to the fact that there is still a bit of a stigma about seeing a Counsellor (you must be mad, bad or dangerous) and partly where young people have come in, initially, to get out of school work they have responded to having the space and time available to them and have ended up looking at what is making things difficult for them in the school environment. I am often deeply moved when a young client comes in and we agree that the time has come for them to end sessions and they acknowledge that now they don’t “need” the sessions in the way they did; many vocalise the desire to let someone else who “needs it more than me” have the session now.
* Dependency… this is a loaded word. Each school I have worked in has cautioned about allowing the clients to become “dependent” on me. Your feelings about the possibility of the student becoming dependent on the therapist will probably vary depending on your theoretical orientation, although talking to colleagues from other modalities such as Integrative and Family Systems Theory none have ever had a problem with this. My personal feeling is that we need primarily to be *dependable* and allow the young person to build a safe relationship with us that will give them the space they need to explore and grow.

The BACPs document on Good Practice in schools has been invaluable to me and I would recommend keeping it to hand. I strongly suggest that you get a clear agreement with school about issues such as: -

* Length of session/Touching base – I have often been told that, even with mainstream secondary students, 20 minutes is all a client can “cope” with, it has not been my experience. If you are not comfortable working for less than a 45/50-minute session this may be an issue for you. Some school counsellors I have worked alongside have seen over 10 students in a day to “touch base” and only give longer sessions “where necessary”. It is important that you and the school agree about expectations and how you are prepared to work. Of course, if you are working with very young children, or perhaps clients with learning or other disabilities a shorter session may be more appropriate.
* What provision is there for a student who is very distressed at the end of a session? It is important for you to have a procedure in place to provide the student with somewhere to go and sit quietly and privately, or for a member of staff to be called to accompany the student to somewhere private and quiet to gather themselves before returning to class.
* “Picking up another client”. If a client is absent from school it may appear to be an appropriate use of our time to go and “get another client” that way we do not have any vacant sessions during the day, but if we are wanting to offer weekly *dependable* sessions to our clients it will then leave us in the position of not having enough time slots in subsequent weeks to see all of the students for a session.
* Some clients will have belief systems different to our own. I have had clients who, for example, believe that they both see and hear ghosts. This is not part of my belief structure but does it then constitute a Safeguarding concern? In this case I would suggest that once we have checked “risk factors” (such as whether they believe the apparitions to be benign or harmful, are upset or distressed by the experience and, if they hear them speaking, whether the voice is “in their head” or external and whether they are “telling” them to do or say things) I think the response will be down to Professional judgement, supported by supervision, and the school’s policies as to whether a Safeguarding conversation needed to happen. I believe that to routinely report such experiencing, without checking this out, could potentially deny a child a way of processing or expressing a grief or of what could be described as a “spiritual” experience that may have great meaning for them.
* As with counselling notes in any situation it is always worth bearing in mind the client or family can make a data access request. It is best to keep brief factual notes, but do be aware of the pejorative language that is sometimes used in schools, especially in relation to the more challenging student (and sometimes their families). I have received referral forms which border on insulting to client and family. If this is a problem it is worth talking to the Head or manager of the service. The matter of where notes will be securely kept and who will have access to them needs agreeing, also the length of time for which they will be kept and whether they are to be held onsite or by the therapist.
* As part of the note keeping I have found it good practice to note when I have spoken to a member of staff about a student, e.g. when a Learning Support Assistant (LSA) let me know that a client’s grandmother has been diagnosed with a terminal illness. I have also always told staff that I will let the client know that I have spoken to them to maintain transparency in the therapeutic relationship and so that I do not end up increasing the power differential within the therapy room by holding information that they do not know or do not know that I know.
* It’s worth considering how involved you want to get in the school environment and agree this with the school. If you are seen by the students with the teachers, LSA’s, and going to staff meetings, you could be seen as part of “school”. If you choose to stay at a distance from the “school” you can end up involved in an “us and them” situation and miss out on the support of colleagues.

However “involved” you choose to be there is a likelihood that members of staff may stop you in the corridor at some point and either ask for information/feedback from you and/or tell you things or express their feelings/opinions about your clients. In one school we decided, as a team, to stay as separate as possible from the school (we were based in a building outside of the main school along with other external services such as Speech and Language), our rationale was that this would give the clients reassurance that we were not teaching staff and that there was not a sense of us talking about them in school.

It certainly allowed us to keep our boundaries for the clients but in retrospect I feel that it also contributed to a “them and us” feeling with the staff and left us not part of the “team” feeling somewhat vulnerable and marginalised.

To a degree your modality will probably influence how comfortable you are hearing about your clients from staff members. In this case I feel that I did not get the balance right.

I find it easy enough to maintain a boundary when asked for information about my clients but much harder when others share with me about my client. This is going to be affected by the theoretical orientation you identify work within. A colleague of mine who works with Family Systems Theory is very happy to receive feedback from staff about how the clients are operating in school (if confidentiality of the content of the therapeutic work is respected), as it gives them valuable feedback about how the therapeutic process is going.

* Many schools want to bring in therapists but as budgets are so tight many bring in trainees. If you are going in to school as a trainee it is worth finding out if they do also have a qualified counsellor working in the school and if so whether they would be working on the same day as you. In many schools this will not be the case because of the provision of space required for the therapist to work. Check also whether the qualified counsellor will be “supervising” your work or have a “managerial” role over you, if they do will time be set aside for you to meet and discuss cases/ debrief. If they are not to whom will you report within school? If you are going to work alone in a school it is, in my experience, worth talking to your supervisor (assuming this is not provided through school) about the possibility of contacting them between sessions in urgent situations. It is very important to know the Safeguarding criteria and Safeguarding lead in this situation, especially as it seems inevitably to be the last client on a Friday who needs urgent care or attention.
* Where you are to be working alone in school it is worth checking whether you will be expected to be involved in direct Multi-disciplinary working. Will you be expected to liaise with CAMHs, Psychiatrists, Home Treatment Teams or other professionals providing support to the family/child? If not will you be expected to give input (possibly via the safeguarding lead)? What form will this take? What information would they require? If you are will additional time be made available for that and the preparation required?
* On a very practical note
If you are lucky enough to be doing paid work in a school it is important to be clear, before the work starts, how you will be paid (i.e. BACS or cheque), whether you need to invoice for your hours and how quickly can you expect the invoice to be paid. Are you able to claim travel expenses and/or supervision costs if supervision is not provided in house? The school may also want to “approve” your supervisor even though they are not paying for your supervision.

I hope that all of this hasn’t put you off working in a school environment but I hope it has given an idea of things you need to be aware of and questions that you need to ask when applying for work in this field.