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## Counselling Difficult Children

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### Abstract

Unique aspects of counselling difficult children (ages 4-12) are examined. Because most children are involuntarily referred, counsellors must expect resistance and accept it as a reasonable reaction. Counsellors engage children by explaining the rules of counselling and gaining informed consent. Methods for securing a commitment to change include: indirect confrontation with puppets, media or stories; paradox and reframing; modelling and role plays. Because children have little control over their environment, it is suggested that therapeutic change be facilitated and maintained by enlisting the aid of significant others.

### Résumé

Cet article examine les aspects particuliers au counseling auprès d'enfants difficiles. Puisque la majorité des enfants sont référés sans leur consentement, les conseillers s'attendent à une résistance et l'acceptent comme une réaction raisonnable. Les conseillers engagent les enfants en leur expliquant les règles du counseling et obtiennent un consentement informé. Les méthodes utilisées pour assurer un engagement au changement comportent: une confrontation indirecte avec des marionnettes, des histoires ou média; le paradoxe et la reconstruction; "modelling" et jeux de rôles. Puisque les enfants ont peu de contrôle sur leur environnement, il est suggéré que le changement thérapeutique soit facilité et maintenu en faisant appel à l'aide de membres signifiants.

Difficult clients are those who refuse to improve despite all our efforts as counsellors. We often refer to these clients as resistant, as if it is their fault that they do not improve (Kottler, 1992). The counselling literature is replete with descriptions and explanations of client resistance. Psychoanalysts view resistance as a defensive reaction to protect the client from awareness of repressed, unresolved thoughts and feelings (Greenson, 1967). Family therapists view resistance as the family's attempt to thwart change and maintain homeostasis (Anderson & Stewart, 1983). Behavioural therapists sometimes view resistance as client noncompliance (Shelton & Levy, 1981).

Most writing and research in counselling focuses on difficult adult clients or difficult adolescents (Manthei & Matthews, 1982). There is a noticeable lack of literature on how to deal with difficult children in counselling. This is unfortunate because counsellors working in schools and agencies often have children as clients. Any counsellor who works with children for any length of time will encounter difficult children. The purposes of this article are to discuss unique aspects of working with difficult children (ages 4-12), and to suggest strategies and specific techniques for intervening with these children. Examples are drawn from the literature and from 17 years of experience by the author as a school counsellor and counsellor educator in the U.S. and Australia.

### CHALLENGES TO ESTABLISHING THE RELATIONSHIP

In order for counselling to succeed with any client, adult or child, difficult or not, a counselling relationship of warmth and trust is considered crucial. Frequently, psychologists and counsellors are asked to work with children who have been involuntarily referred by parents or teachers. Often these children are reluctant to enter into a counselling relationship and even when they do, they may be resistant to change (Paradise & Wilder, 1979; Ritchie, 1986).

Because the child is referred by a parent, teacher, or other authority figure, it is natural to expect the child to be reluctant to engage in the counselling relationship. In fact, to not resist would be unhealthy. Children may have no idea why they are seeing a counsellor. Even when children are aware of the reason for referral to counselling, they may not understand their responsibility to the counsellor or to the counselling process due to their limited cognitive development. The concepts of empathy, cause-and-effect, verbal expression of feelings, delayed gratification, and reciprocal responsibility are critical elements of the counselling process, yet may be beyond the grasp of many children (Elkind, 1991). The traditional counselling arrangement of having clients sit in a chair and talk about their feelings is difficult for most children. To further complicate things, many children are taught not to trust adults who are strangers. Some of the most difficult child clients have already been seen by other therapists and have grown distrustful of the counselling process and have become "wise to our ways." These challenges present formidable obstacles to establishing a counselling relationship with the child. Presented below are suggestions for overcoming these challenges and establishing therapeutic relationships with difficult children.

### DISCLOSING THE RULES OF THE GAME

The first strategy in dealing with a child's reluctance is to recognize its legitimacy; in other words, expect the child to be reluctant, and respect his or her right to be so (Kottler, 1992; Riordan, Matheny & Harris, 1978). Most people are uncomfortable when placed in an unfamiliar environment with strangers where they are not sure what is expected of them. This is particularly true for children. If we are to earn their trust and establish a counselling alliance we must first structure the relationship (Day & Sparacio, 1980), negotiate the rules of this particular game, and explain to them what they must do to survive the counselling experience. Adults refer to the game rules as informed consent.

All clients have the right to know what to expect in counselling (Grunder, 1986). Though children cannot legally consent to treatment, they do not forfeit their right to be informed of what will happen to them.

The basic elements of informed consent for children should include explanations of the following in language they can understand:

1. Describe who you, the counsellor, are and why you are seeing the child.
2. Explain the counselling process and what your role and the child's role will be.
3. Assuming that counselling is not voluntary, explain any consequences of not cooperating as well as the benefits of working with you.
4. Explain confidentiality and its limits (Grunder, 1986).

An example of how I might structure an initial interview and gain consent from a ten-year-old client follows:

"Hello, I'm Dr. Ritchie, and I'm a counsellor. Have you seen a counsellor before? What was it like? Your mother asked me to see you. She told me that you did not want to see a counsellor. Is that right? Do you know what will happen if you and I can't work together? It is possible that you will be taken into foster care. I hope that we can avoid that. What do you think?"

"Maybe it would help if I explained a little about what I do in counselling and what I expect you to do. I will try to help you understand your problems. I will do this by listening to your side of things. I will not judge you, analyze you, or punish you. Together we will think of new things you can do that will keep you from getting into trouble. I believe that you can solve your own problems and that's why I want to work with you. How does that sound?"

"Your job is to honestly tell me what you think and how you feel about things. I cannot help you if you don't tell me the truth. I know that sometimes it hurts to talk about your true feelings, but I have found that when you let your feelings out you become happier. What you say to me is confidential—that means that I will not tell anyone else. If I find out about something that might hurt you or someone else, I might have to tell someone to protect you, but if that happens I would tell you first. I will be talking to your parents from time to time to let them know that you are working hard with me, but I will not tell them anything you don't want me to tell them. O.K.?"

Of course, the words can be modified based on the cognitive level of the child. What is important is to make an initially frightening, unpredictable situation less frightening and more predictable for the child. This can be accomplished by presenting yourself as a calm, friendly, trustworthy counsellor, and by providing the child with a warm, comfortable environment. For particularly belligerent clients who are unreceptive to these introductory remarks, it may be necessary to emphasize the alterna-

tives to cooperating in counselling. These alternatives may include continued conflict at home or school, placement into foster care, or even incarceration. Threats alone are not conducive to a counselling relationship. The child must be convinced that the counsellor genuinely cares and has the ability to help the child.

Talking to very young children through hand puppets, dolls, or stuffed animals can be quite effective. Children may find these interactions less threatening than direct conversations with the counsellor. If children seem uncomfortable talking to you, give them material and encourage them to draw, colour, or mold plasticine while you talk with them. The distraction of activity sometimes helps children concentrate and lessens the tension of direct conversation.

Another strategy for winning trust involves the use of an "interpreter." An interpreter is anyone the child already trusts whom the child can speak through instead of having to speak directly to you. The child might be accompanied by a parent, older sibling, or friend. It is a little unconventional, but I have found it to be effective in getting started with young, difficult children. Typically, after the first session the child is comfortable to meet with you alone. Once you have provided a safe, predictable environment and explained the rules of the counselling game you must help the child cultivate a desire to change.

#### INVITING A CHILD TO BE YOUR PARTNER

Many children view counselling as a game where the odds are stacked against them. If they are honest with the therapist and cooperate, they lose by being blamed for their problem, giving up payoffs and having to take on additional responsibilities. Therefore they may resort to telling us what they think we want to hear; they may promise to do whatever we suggest but do not necessarily follow through. In order to gain their cooperation and a commitment to meaningful change, we must invite them to be our partners.

Most difficult children are referred to counsellors for their inability to get along with their peers, siblings, teachers, or parents. Typically the child blames the other person for the difficulty. Trying to convince children that they are to blame for all or part of the difficulty is sure to lead to a struggle (Kottler, 1992). A better tactic might be to suggest to these children that you can help them to do things that will change the way other people treat them. This is less threatening than blaming them and allows you to be cast in the role of a partner rather than adversary.

For example, Tim, a six-year-old, was referred for disrupting the classroom and disobeying the teacher. Tim insisted that the teacher hated him and picked on him. After assuring him that he was not going to be punished, the counsellor suggested that they think of ways to trick the

teacher into liking him to “get her off his back.” Tim was quick to come up with ideas.

Sometimes children recognize their role in the problem but do not want to change because of the payoffs of recognition by peers. In these cases the counsellor must modify the payoffs and/or gain the cooperation of the peers.

In another example, Clare was referred to the school counsellor for constantly disrupting her third-grade class by making clever comments behind the teacher’s back. The teacher had tried ignoring Clare but the other children found her hilarious and were a source of reinforcement for her disruptive behaviour. The counsellor found it necessary to gain the cooperation of the other children.

*Counsellor:* “Children, as you know, Clare has been getting in trouble for making you laugh behind the teacher’s back. The teacher and I need each of you to help Clare not get into trouble. The next time she says funny things in class I don’t want you to look at Clare and I don’t want you to laugh. We will give Clare time at the end of class to tell you funny jokes if she wants to.”

Some difficult children only feel worthwhile when they are defiant or get their own way. Not only do they not cooperate, but they also actively resist our efforts to change them. Going with the resistance is usually more productive than engaging the child in a power struggle (Sweeney, 1989). Sometimes the child’s motivation to resist change can be channeled into constructive change through reframing or paradox (Lawson, 1986; Watzlawick, Weakland & Fisch, 1974).

For example, nine-year-old Henri constantly fought with his six-year-old sister. His attacks sometimes were cruel and vicious. No manner of punishment deterred him. He hated coming to the counselling clinic, hated the counsellor and refused to cooperate. After several fruitless sessions, the counsellor decided to try a paradoxical technique.

*Counsellor:* “I can see that you are a very powerful young man. You do not want to cooperate with me and there’s nothing I can do about it. (Silent pause as Henri looks surprisingly at the counsellor.) So I give up, you win, I cannot help you.”

*Henri:* “You mean you don’t care what I do with my sister.”

*Counsellor:* “I care very much about you and your sister, but you are too powerful and besides, it is obvious to me that you are incapable of treating her nicely” (paradox).

*Henri:* “I can if I want to.”

*Counsellor:* “I don’t believe you.”

*Henri:* “I’ll show you!”

Henri proceeded to tell the counsellor how he could do nice things for his sister and look after her. Staying in role, the counsellor acted surprised, but tried to reinforce Henri's commitment to prove the counsellor wrong and be nice to his sister.

*Counsellor:* "You know if you manage to get along with your sister you're going to make us counsellors and psychologists look mighty stupid. In fact, you parents probably won't even bring you here anymore."

The paradox works by using the child's resistance to ensure compliance. The counsellor tells the child that he or she cannot possibly change or improve. The child changes in order to defy the counsellor. If the child does not defy the counsellor then it is probable that the child is willing to cooperate with the counsellor.

Children under the age of four or five may not fully comprehend the effect of their behaviour on others and how it contributes to their problems. Attempts to reason with them ("When you do that to Brian it hurts him") or instill empathy ("How would you feel if someone did that to you?") may fail, not because they are cruel or heartless, but because developmentally they are incapable of empathy. Setting up more immediate consequences for their actions may be necessary.

For example, Mrs. Ramirez told the counsellor that her four-year-old, Blanca, was always taking toys away from her little brother David, causing him to cry. Mom had tried scolding her and reasoning with her, but to no avail. The counsellor suggested that when this happened mom should simply remove her from David and the toys without making a big scene. If she returned and took the toys away from David, mom was to remove her again. Although Mrs. Ramirez had to intervene five times the first day, by the end of the week Blanca was no longer taking toys from her brother.

#### FACILITATING CHANGE

Even when we are successful in motivating children to change, the children may resist our efforts to help them change. This may be because they do not know how to change, they are afraid to change, or others will not allow them to change (Ritchie, 1986). When we see a child get into trouble for doing the wrong thing we often wonder why he or she persists in the behaviours. Sometimes it is the only way the child knows how to behave in those situations. Children do not have the same repertoire of behaviours as adults. Counsellors sometimes must teach children more appropriate behaviours in order to help them overcome their difficulties.

For example, Caitlin could not get along with the other preschool children. She would not play with them, frequently took their materials, and constantly sought the attention of the teacher. Caitlin was an only child and it became apparent to the counsellor that she had no experi-

ence interacting with other children. The counsellor used the Mutual Storytelling Technique (Gardner, 1971; 1975). First, Caitlin told a story about what happened in preschool to a girl similar to her. In Caitlin's version the child was unfairly treated by the other children and ignored by the teacher. Then the counsellor retold the story but changed the ending. In the counsellor's version the child asked one of the other children if she could play with her, they both had fun and the teacher praised them for their behaviour. The Mutual Storytelling Technique enables the counsellor to suggest strategies of change without directly confronting the child.

Next the counsellor engaged Caitlin in a role play using puppets to model how to approach others, again avoiding a direct confrontation with Caitlin's lack of skills. After the counsellor was convinced that Caitlin could initiate cooperative play she arranged with the teacher for Caitlin to approach another girl who would be receptive. This structuring of the environment is an important element in helping children overcome their difficulties.

Fear of change itself deters some children from attempting to change in counselling, just as it deters many adult clients from change (Kottler, 1992). Acting in a customary way and experiencing familiar consequences for those actions may provide a sense of security for a child, even if the consequences the child experiences are hurtful.

As an example, Todd, who was 12, would periodically get into trouble at school for fighting or defying the teacher. Otherwise he was an obedient child. Whenever he got into trouble both of his parents would come to school to try to sort things out. During an individual session with the school counsellor, Todd mentioned that his parents were not getting along with each other. Every now and then an argument would escalate into a shouting match and Todd's mother would leave home and stay with her mother. Every time his parents had an argument resulting in his mother leaving home, Todd would get into trouble, forcing his parents to come to school together. After the school meeting, his mother always returned to Todd's home. When the counsellor brought this to Todd's attention he seemed irritated. While he admitted that he could probably avoid getting into trouble at school, he was afraid that if he did not get into trouble his mother might never come back. Todd was trying to keep the family system intact by presenting as the problem child. The school counsellor referred Todd's family to a family counsellor to help them find more constructive ways of holding the family together.

The parents were taught to recognize when an argument was escalating and how to disengage. Todd was assured that his behaviour would not cause or prevent his parents' arguments. In addition, the counsellor encouraged Todd's parents to become more involved with Todd's school

activities (homework, team sports, etc.) as a means of strengthening the family system.

Some children are unhappy with their situation but are not powerful enough to change a rigid system such as the family or the school. Counsellors may have to supplement individual therapy with family therapy or consultation in order to provoke sufficient systemic movement to accommodate the child's new role and behaviours.

In another example, Ian, age 10, was referred to the guidance counsellor as an underachiever. The teacher reported that he had the academic ability to succeed, but did not apply himself and took failure badly. A consultation with the parents revealed that Ian's older brother was the family genius, had top marks in all subjects, and was on the honour roll. The parents constantly compared Ian to his older brother. Because Ian felt that he could never compete with his brother he had learned to stop trying. He had given up.

Rather than work against Ian's resistance to school, the guidance counsellor searched for interests and talents Ian might have distinct from those of his older brother (Sweeney, 1989). Ian revealed a love for music. Recognizing Ian's impossible task of living up to his brother's reputation, the counsellor encouraged Ian to pursue his interest in music and encouraged Ian's brother and parents to recognize Ian's unique talents. The counsellor explained to Ian's parents and teachers how Ian's perceived comparison with his older brother was sapping his motivation to perform academically. Once his parents and teachers understood Ian's burden they were less harsh on him. With the guidance of the counsellor his parents arranged for Ian to have piano lessons and praised him for his accomplishments. His teachers also provided Ian with opportunities to display his talents. As Ian received more recognition and encouragement, he gained confidence and even showed more interest in his academics.

#### MAINTAINING CHANGE

If change is the immediate goal of most counselling, then maintaining change is the long-term goal. Maintaining change with children is particularly difficult due to the changing nature of their relationships with others and the changes occurring within themselves. In order to maintain therapeutic change, counsellors must reach out to the systems which influence the child.

For example, Ann was an only child. When she was five her parents divorced and a year later her mother joined another man and his three children. Two of the children were older than Ann, and one, Lisa, was two years younger than Ann. Ann had serious problems adjusting to the new family and did not get along with any of her new siblings. She was particularly jealous of little Lisa. When the family first presented for



counselling, the counsellor tried to help each child find a place in the new family structure. For Ann, this involved giving up the undivided attention of her mother and establishing relationships with her new siblings. Initially, Ann allied with her two, new, older brothers against Lisa. While this seemed less than ideal to the parents, the counsellor encouraged them to go along with the arrangement as a way of helping Ann integrate into the new family so long as she and the brothers were not cruel to Lisa.

As the children matured the sibling relationships changed dramatically. Anne's older brothers no longer wanted to play with Ann and she felt abandoned. At that point the counsellor encouraged Ann to help look after her little sister. Ann found new purpose and recognition in her role as caretaker of Lisa. Though this is a simplified view of the many changes that occur in families, it illustrates how counsellors must be prepared to facilitate new relationships among family members in order to maintain harmony and balance in the family system. When a child presents with difficulties it is usually a sign that the system is out of harmony and requires some readjustments.

With adult clients, termination is appropriate when they are able to sustain new behaviours on their own. With children this is more difficult. Unable to assert the same degree of control over their environment as adults, they may need the assistance of others to maintain their gains from counselling. Parents, teachers, siblings or peers may be enlisted to reinforce the child's efforts to change. Most children are highly motivated to please or gain acceptance of these significant others. It is important to begin involving others in the counselling process before termination to ensure they are capable of helping. Children must be informed how others will help them and agree to this assistance.

Paul, age eight, had been molested by his stepfather. Paul was brought to counselling by his mother who explained that he occasionally became uncontrollably frightened when he was taken to unfamiliar places. After helping Paul work through his pain over several months, the counsellor invited Paul's mother to a session. The counsellor explained how Paul had felt betrayed by her and how she needed to rebuild his trust in her, but at his pace. The counsellor feared that if mom tried to smother Paul with affection that it could frighten him more. The counsellor taught Paul to signal his mother when he was afraid and needed comfort by touching his nose. It was their secret signal so that if there were others present they would not have to know that Paul was afraid. When Paul made the signal mother could remove him from the situation and provide him with support. At the same time Paul's mother learned to give Paul more responsibilities around the house and praised him for his independence.

Working with difficult children often means involving significant others. This calls for cooperation and requires that the counsellor walk a tightrope between keeping others such as parents and peers informed while maintaining the confidentiality which is the basis of the counselling relationship. It is possible to secure cooperation of others without jeopardizing the relationship. Counsellors should seek permission from the child before sharing information to others. If information must be shared, even if the child does not want it to be shared, the counsellor should inform the child of the nature of the disclosure. This is preferable to the child finding out that his or her trust was broken by the counsellor.

For example, Will, age six, had been working with the counsellor for several weeks and had revealed many conflicts between himself and his sister. The counsellor thought it was time to involve the parents in the intervention but did not want Will to feel betrayed.

*Counsellor:* "Will, I want to call your mother this afternoon to let her know how well you are coming along. What would you like me to tell her?"

*Will:* "I don't know."

*Counsellor:* "I would like to tell her that you are trying very hard not to get into trouble but when your sister teases you, you end up getting in trouble. What do you think about that?"

*Will:* "All right."

*Counsellor:* "I would also like to tell her about your new trick for not being bothered by your sister so that she knows what you are doing. She might even be able to help you when your sister tries to annoy you. Does that sound O.K.?"

Counsellors should heed a final caution on the limits of confidentiality with children. While you, the counsellor, have an ethical obligation to maintain the confidence of your clients, never assume that what is said in counselling will not be told to others by the client.

#### SUMMARY

Counselling difficult children presents unique obstacles. Because children are almost always involuntarily referred, counsellors must work especially hard to gain their trust. Viewing the counselling process as a game in which the counsellor invites the child to be a partner and discloses the rules of the game to the child may help in establishing a trusting relationship.

In order to secure the child's cooperation and commitment to change, we must avoid blaming the child. Indirect confrontations through puppets, artwork, or storytelling may be more productive with younger children. With older children, working with their resistance rather than against it may prove more effective.

Children have limited control over themselves and even less control over their environment, including significant others. Parents, siblings, teachers and peers form a system which wields significant influence over children. It makes little sense to try to instigate change by pulling the child out of the system, working with the child individually, then thrusting the child back into the system. Effecting real change in children may have to be accompanied by change in key people in the children's lives. Maintaining lasting change in children almost always necessitates accommodation on the part of these key people.

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