Key Theories & Skills in

# COUNSELLING CHILDREN & YOUNG PEOPLE

## An Integrative Approach

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# About the Author

**Rebecca Kirkbride** is a BACP senior accredited psychotherapeutic counsellor, clinical supervisor, author and trainer. She has been practising as a therapist for 20 years and since 2018 has been convener of a new MA in Integrative Counselling and Psychotherapy for Children, Adolescents and Families at The University of Roehampton. Rebecca is author of books, chapters and articles on the subject of counselling for children and adolescents and has facilitated CPD trainings for BACP, among others.

Rebecca lives in Brighton with her family and two noisy rescue cockatiels, Stitch and Pearl.

# 1.9 Puberty & the Adolescent Transition

The early entries in this part of the book have focused mainly on the first months and years of life, exploring the impact of early relational experiences on various aspects of child development. Developmental progression from birth to toddlerhood is rapid, as the pre-verbal new-born becomes the older baby, seeking out and learning from social engagement as well as developing attachment strategies. Then the developing child becomes able to utilise language to communicate wants and desires as well as their use their body with advancing skills to complete important tasks.

## Key Understandings

### Latency and middle childhood

From approximately 5–11 years (middle childhood), children enter a relatively settled period in terms of development as many enter formal education, leading to increased knowledge and understanding, the development of social relationships, and rapidly increasing physical competence. By 5 years-old, the brain is 90% developed and primed to engage with whatever learning opportunities the environment offers.

In many societies it is the education system which reflects the current view of development, as demands on children to take in complex information increases as they move up through the school. In UK society, the biggest transition faced by young people, since starting school at 4 or 5 years of age, is the move to secondary school around the age of 11 or 12 years. It could be seen as no accident that this transition occurs around the time of puberty when children begin the journey from childhood into young adulthood.

### Adolescence

'Adolescence' is a word derived from the Latin *adolescere*, meaning 'to grow up' (www.etymonline.com/word/adolescent), and is defined as 'the period of life when a child develops into an adult: the period from puberty to maturity, terminating legally at the age of majority' (www.merriamwebster.com/dictionary/adolescence). To understand adolescence fully we need to consider it from a number of perspectives. Every individual experience of this phase will be formed by various factors, including: environment, early

experiences and culture. Adolescence is a lengthy developmental period, potentially lasting from around 10–24 years of age. Due to the significance of the young person's cultural and environmental context on this process, it is arguably as much culturally as biologically determined.

Pubertal processes include significant growth of the brain (see entry 1.8, p. 000), leading to advances in cognitive capacity as well as the ability to process complex emotions. Piaget (1964) characterised this as the 'formal operations' stage, when the individual begins to think and handle abstract and hypothetical concepts in more sophisticated ways. This change in cognition is significant in terms of confidentiality and consent in the therapeutic relationship (see entry 2.9, p. 000).

Socially, the adolescent relies less on their parents and peer relationships become increasingly significant. Alongside this change, romantic bonds are hoped for and possibly formed, and sexual relationships may begin for the first time. Adolescents who have experienced deficits in early relational experiences may be vulnerable during this time, for example, if they attempt to meet their unmet infantile needs through adolescent sexual relationships (see entries 3.10, p. 000 and 3.15, p. 000).

## The Onset of Puberty

The term 'puberty' is derived from the Latin *pubertatem*, meaning 'age of maturity, manhood' (www.etymonline.com/word/puberty), but the term is commonly used to describe the biological processes which drive the dramatic transition from childhood to adulthood, rather than the point of arrival itself.

Puberty brings changes across genders as bodies and minds develop in preparation for adulthood. These changes occur at a different rate for male and females and for individuals of both genders. Puberty generally takes place over 5–7 years, with hormonal changes becoming significant around 10 years for girls and 12 years in boys (Tanner, 1989).

There are five key areas of change at puberty:

1. Accelerated skeletal growth.
2. Increases and/or redistribution of body fat and muscle tissue.
3. Development of the circulatory and respiratory systems, and thus increased strength and endurance.
4. Maturation of secondary sexual characteristics and reproductive organs.
5. Changes in hormonal/endocrinal systems which regulate and coordinate other pubertal events (Archibald et al., 2006).

According to Susman and Rogol (2004: 15):

> Puberty is one of the most profound biological and social transitions in the life span. It begins with subtle changes in brain-neuroendocrine processes,

hormone concentrations, and physical characteristics and culminates in reproductive maturity.

The universal changes which add up to the process described as *puberty* will naturally take a different course and operate to a different timescale for each individual. This in itself can prove challenges, and there is evidence to suggest that the chronological age at which pubertal events occur, such as first menstruation for girls and voices breaking for boys, can be significant in terms of whether these events have a negative impact on the individual (Steinberg & Morris, 2001; Mendle et al., 2007; Mendle & Ferrero, 2012). For example, a girl whose periods begin before she feels ready to cope with impending adulthood may develop eating issues as her psyche attempts to 'stop the clock' on puberty and return her to the place of safety represented by pre-pubescent childhood.

Individuals experiences puberty in their own, unique way. Their experience is dependent on a number of factors, such as cultural narratives regarding adolescence and adulthood, early relational experiences, conscious and unconscious feelings about adulthood, etc. Fonagy et al. (2004: 318) suggest that puberty 'might trigger emotional upheaval. Which biological events might do so could be quite idiosyncratic, depending to a degree on what particular changes represent to the adolescent'. Integrative therapy can hold a space for exploration of the individual experience of adolescence in order to make meaning of it for the young person on a developmental path towards adulthood.

In addition to biological, cognitive and physiological changes taking place during puberty, adolescence is a time of intense change in terms of interpersonal relationships. The most significant transition involves the adolescent's relationship with parents and family. The majority of young people gradually separate from their parents as they move through this phase and develop a separate identity and sense of self (see entries 3.16, p. 000 and 3.20, p. 000).

Psychoanalyst Erik Erikson (1968) described this search for identity as the central task for adolescence, as young people transition from reliance on their family for their identity to being able to form one of their own, suited for the adult world into which they are moving. Young people who come for therapy at this time often find establishing this identity problematic, for various reasons. For example, a young man who has not had an opportunity to engage with his own desires and motivation, but follows a path to university laid out for him by his parents, may struggle when he gets there and eventually drop out, not really knowing why he has not been able to manage this transition.

Young people need a rich variety of experiences to help them develop a sense of themselves and their capabilities. For Erikson (1950), the adolescent mind was a 'mind of the moratorium', which needed space and time

away from the limitations of childhood but protection from the demands of full adulthood for this sense of self to develop fully. For many young people growing up in modern society, this space is hard to find. Even the relative safety of time spent studying at university is overshadowed by the threat of student debt as well as the challenges of finding housing and making a way in the world after graduation. In this respect, therapy provides a space in which young people can explore identity as well as fears and anxieties about adulthood, without needing to definitely know who they are or what they believe. The therapeutic relationship provides this 'holding' via the core relationship components, including unconditional positive regard (see entry 2.2, p. 000) for the young person's process as they develop. This requires a particular approach from the therapist, who must free themselves of 'memory and desire' (Bion, 1967), allowing the young person to become themselves free of the imposition of further conditions of worth.

Environmental and systemic factors, such as family or cultural expectations of adolescents, socio-economic factors, and the way a particular society supports or impedes the transition to adulthood will all affect individual development. These will be explored in more depth in subsequent entries.

## Summary

- Puberty heralds the biological, psychological, social and emotional processes which drive the transition from childhood to adulthood.
- The adolescent phase is a unique experience for all individuals and is affected by various factors, including early relational experiences, environmental and cultural factors.
- Adolescence sees the individual separating from parents and family, with peer relationships becoming increasingly significant. This can lead to vulnerability for some young people.
- Identity formation is a key process for adolescence as the young person individuates in preparation for adulthood. Counselling offers a 'holding space' for the young person as they resolve issues which may impede appropriate development.

## Additional Resources


- Lerner, R.M. & Steinberg, L.D. (eds) (2004) *Handbook of Adolescent Psychology* (2nd edition). London: Wiley.
- Steinberg, L.D. (2017) *Adolescence*. New York: McGraw-Hill.

## Associated Entries

1.8 Neurobiological Development
1.10 Environmental & Systemic Factors
1.11 Developmental Implications for Counselling
2.2 Core Relationship Components
3.5 Therapeutic 'Chat'
3.16 Identity
3.17 Sexuality & Gender Identity

# 1.11 Developmental Implications for Counselling

The developmental stage a child or young person has reached has implications for many aspects of the therapeutic process (see entry 1.1, p. 000). These include establishing and sustaining the therapeutic alliance, which is a vital factor in providing positive therapeutic outcomes for children and young people.

## Key Understandings

In all therapeutic work, therapists benefit from an understanding of human development, including factors contributing to psychological and emotional difficulties in later life. In work with children and young people, developmental understanding plays a pivotal role in the therapeutic process, with practitioners required to gain a sense of the client's developmental capacity in order to work effectively. For example, the way an 8-year-old client will experience the death of a parent will be different from an 11- or 15-year-old. We can also say that the way this experience is perceived by one 8-year-old might differ significantly from another 8-year-old, and that this difference might be due in part to their developmental capacity for understanding death, or to other factors such as differences in terms of how the death impacted their family system. Developmental differences such as these will also manifest in the therapeutic process. For example, if one of the 8-year-olds has had the opportunity to develop secure attachments in early relationships and has a well-developed capacity to play and to symbolise, they might respond quickly to a therapeutic play-based intervention where they can build a good therapeutic alliance with their counsellor and begin to work through feelings via play and metaphor. They may have a good experience of counselling that enables them to feel confident to return when they perhaps need to revisit the grieving process as an older child or adolescent. Alternatively, the 8-year-old may have experienced trauma and difficulties in early relationships. They may find it harder to form a working alliance with their counsellor, who they might feel mistrust of initially. They may find it harder to play and to symbolise, to trust that it is OK to experience and express feelings, and that these can be worked through

relationally. In this case, the early stages of counselling will probably focus on aiding the child in building trust in the therapeutic relationship prior to beginning any work on the loss or the grieving process itself. This is not to say that only one of these children is an appropriate referral for counselling, only that this is an example of the importance of considering developmental stage and capacity when beginning therapeutic work. The provision of the core relationship conditions (for example, see entry 2.2, p. 000) needs to be considered with respect to developmental stage or the particular phase the client is currently encountering. For example, there needs to be an understanding of, and even empathic connection to, where a child or young person is developmentally if the client is to experience interventions as empathic. Often child and adolescent clients perceive their issues as less important than those of 'grown-ups'. The capacity to demonstrate empathy in a manner that allows the client to experience the attempt to understand the problem from their perspective is vital, rather than conveying the message that they will feel differently when they are older and can see things from an adult perspective.

Contracting is an area in which an understanding of developmental capacity is crucial, particularly with regards to consent and confidentiality (see entry 2.9, p. 000). Consent can be complex to negotiate as it centres around seemingly arbitrary concepts, such as 'capacity to consent' and 'sufficient understanding'. Navigating these areas of practice will be greatly aided by a broad knowledge of development and the factors determining what a child or young person is capable of in these respects.

The role taken by parents in their child's therapy will differ depending on factors including developmental stage, the context of therapy and the presenting issue being worked with, rather than being dictated simply by chronological age (see entry 2.12, p. 000). According to Anna Freud (1965: 43):

> Some of the most lively controversies concerning the specificity of child analysis are related to the question of whether and how far parents should be included in the therapeutic process. Although this is overtly a technical point, the issue at stake is a theoretical one, namely, the decision whether and from which point onward a child should cease to be considered as a product of and dependent on his family and should be given the status of a separate entity, a psychic structure in its own right.

As we will see throughout this book, the consideration of whether or to what extent a child is a 'separate entity' provides much of the tension in therapeutic work, as well as for the developing child themselves as they grapple with their own understanding of the journey from childhood through adolescence, and onto adulthood, including the tricky developmental tasks of separation and individuation.

Working therapeutically with children and adolescents requires flexibility and understanding of how developmental experiences and capacity affects

the therapeutic process from the earliest stages of contracting, through establishing the therapeutic relationship, and onto choice of intervention and the therapeutic work itself, and including the termination process. While this requirement presents some complex challenges, it also offers the opportunity to develop a deep engagement with the processes of human development, its universalities and its unique unfolding in every individual life and journey.

## Summary

- Understanding developmental experiences provides insight into the client and their issues.
- Understanding developmental capacity allows deeper engagement with the client 'where they are' in the present moment.
- Developmental capacity has implications for all aspects of the therapeutic process with children and young people, including capacity to consent, cognitive capabilities, the therapeutic relationship and endings.

## Additional Resources

- Freud, A. (1965) 'The relations between child analysis and adult development', in *The Writings of Anna Freud. Vol. VI: Normality and Pathology in Childhood: Assessments of Development*. New York: International Universities Press.

## Associated Entries

2.2 Core Relationship Components
2.5 Contracting
2.8 Risk Assessment & Safeguarding
2.9 Confidentiality & Consent
3.3 Play-Based Interventions
3.5 Therapeutic 'Chat'
3.14 Trauma & Abuse
3.26 Neurodiversity: Autism Spectrum Disorder (ASD) & Attention-Deficit Hyperactivity Disorder (ADHD)
4.7 Refugee Communities
4.8 Looked-After Children (LAC)