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# The counselling practice of school social workers in Swedish elementary schools. A focus group study

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## ABSTRACT

This article describes the counselling practice of school social workers (SSWs) with individual children. The work of SSWs is mainly about helping children and adolescents who for various reasons suffer from mental ill-health, school absenteeism or stress that make them unable to achieve their intended goals. SSWs preferably meet these children in individual counselling sessions. The aim of this article is to describe and analyse SSWs' experience of counselling with children and to examine the characteristics of counselling practice. The data collection was conducted through four semi-structured focus group interviews with a total of 22 SSWs in four different regions in Sweden. SSWs provide counselling to children in order to bring about improved feelings or behavioural changes. It can be noted that SSWs put emphasis on both the counselling process and the alliance with the child. The interviews showed a common practice among SSWs regarding the structure of the counselling sessions, with certain steps and approaches being employed. However, the specific interventions differed and were characterized by an eclectic standpoint in which SSWs utilize a broad repertoire of therapeutic schools and techniques. Furthermore, a relational perspective emerged as a most prominent focus for the SSWs by re-emerging throughout the material. We believe that SSWs could benefit from theoretical perspectives on 'contextual model' and 'attachment theory' as 'models of the mind'. Being emotionally close to the child and being able to follow their development requires a lot from SSWs, as both professional caregivers and as 'safe havens'.

## KEYWORDS

School social counselling; school social workers; focus group interview; contextual model; attachment theory

## Introduction

The increasing mental ill-health of children and adolescents is one of society's major challenges. School is an institution that works on prevention and health promotion with school social workers (SSWs) as key actors. Children have the right to grow up and feel safe, gain increased confidence and receive conditions facilitating the achievement of school knowledge goals (Swärd 2020). There is clear evidence that children's mental health is correlated with the possibility of learning (Skolverket och Socialstyrelsen [The Swedish National Agency for Education and The National Board of Health and Welfare] 2016, 13 f).

Globally, there have been a limited number of empirical studies on social workers' general counselling practices in school. Instead, the field is dominated by intervention studies that focus on student behavioural problems or specific diagnoses (Prout and Prout 1998; Reese et al. 2010; Lyon et al. 2013; Knapp, Jongsma, and Dimmitt 2014). Contextual variations

between countries such as differences in organization and assignments (Huxtable and Blyth 2002), make transferability difficult but still offer some indications as to the type of problems that SSWs might encounter.

Swedish compulsory schools are supposed to provide an interprofessional pupil health team, including medical, psychological, psychosocial and special educational support. In practice, this requires access to physicians, nurses, psychologists, school social workers (SSWs) and staff with special educational skills (Skolverket och Socialstyrelsen [The Swedish National Agency for Education and The National Board of Health and Welfare] 2016; SFS 2010, 800). In this context, SSWs are regarded as psychosocial experts. (SFS [Swedish Code of Statutes] 2010, 800; Backlund, 2007). Sweden has around 2,600 SSWs (SKR, 2020) who mainly work in municipal schools (92–98%) and just over one half of SSWs are based in cities. The majority of SSWs are women that hold a bachelor degree in social work and around 12–14% of them have received additional basic training in psychotherapy. Seven out of ten SSWs have between 300–800 children in their respective catchment areas. However, the number of children who have individual contact with an SSW at school is unknown (Novus 2019).

Individual counselling by SSWs has no statutory framework. Regarding parental consent, it is not required according to legislation and formal rules. However, it is strongly recommended that consent is considered regarding the age and maturity of the child and in circumstances that engage parents' care responsibilities. There are no guidance documents or accepted local regulations on how counselling should be designed and implemented. However, Isaksson (2016) has highlighted clusters of tasks based on the general working description of school social work (Association of School Social Workers, 2016). One central cluster refers to work tasks with pupils on an individual level, described as 'professional counselling, such as supporting, motivating and crisis counselling as well as assessment of and counselling with individual pupils and their families' (Skolverket & Socialstyrelsen, 2016). This description illustrates the diversity in counselling, covering what SSWs deal with on a practical level in their counselling practice.

In sum, the SSW is a well-established profession but the role and function of Swedish SSWs is vaguely described on the public and legal level and the literature on Swedish SSWs is scarce. Thus, knowledge of social work in Swedish schools is limited. The few national research studies on SSWs describe their role as being situated in the intersection between different expectations, and highlight the lack of a statutory framework. The perceptions of teachers and SSWs about the role and function of SSWs differ. Teachers expect SSWs to deal with pupils who are having difficulties in class and 'restore them to a teachable state' (Isaksson, 2016, 55) in order to enable teaching to continue (Backlund, 2007). However, SSWs themselves would appear to regard counselling with individual pupils as a major and key task (Isaksson 2016; Backlund, 2007). Further, the profession itself has indicated that the mental ill-health of pupils is by far the most common reason for individual counselling (Novus 2017, 2019).

In order to increase knowledge regarding SSWs' professional practice in Sweden, the overall aim of this article is to describe and analyse the SSWs' own experiences of their counselling practice. More specifically, the article concentrates on the structure, process of and interventions in SSWs' individual counselling of elementary school children.

As a theoretical framework, we use a contextual perspective of counselling inspired by/based on the generic contextual framework for psychotherapeutic work of Anderson and colleagues (2010). There are some basic differences between psychotherapy and counselling, as well as similarities, i.e. on a basic level, the relationship between a perceived helper and someone who seeks help in a difficult life situation (Frank and Frank 1991). Further, the contextual perspective has recently proved to be relevant in the study of school counselling (Baskin and Slaten 2014; Slaten & Baskin; 2014). The emphasis on context enables school counselling prerequisites to be taken into consideration, for example, that the SSW (or helper) is part of the school context, the counselling is conducted at school and might thus involve expectations of student peers and teachers regarding the student's ability to learn and perform (Baskin and Slaten 2014).

For many years, a focus on common factors (contextual model) or therapeutic technology (medical model) has been the primary means of understanding psychotherapy. The debate on these respective models has created a division in clinically active practitioners who, on the one hand, present their practice primarily based on technique and, on the other hand, practitioners who present their practice based on common factors. However, these models are intricately intertwined with the experiences and theoretical knowledge of the therapist. Such an intricate pattern could probably also be seen in the counselling practice of SSWs (Baskin and Slaten 2014).

Thus, the generic contextual framework for the psychotherapeutic work of Anderson, Lunnen, and Ogles (2010) has inspired the presentation and analysis of the focus group interviews in this study. The contextual model was developed by Frank and Frank (1991) and Wampold (2001). Anderson, Lunnen, and Ogles (2010) framework are based on Frank & Franks (1991) factors of what is needed to achieve a change process and starts with a specific individual in a specific context.:

- (a) a healing setting; a place approved by society to provide (and receive) help, reflexive space, freedom to explore new ways of thinking and behaving with no consequences in the real world.
- (b) a rationale or a myth, a conceptual framework that provides an explanation for the client's complaints and a method to resolve them;
- (c) an emotionally charged, confiding relationship with a helper; and
- (d) a ritual or procedure that requires the involvement of both the helper and the client to bring about the "cure" or resolution (Frank and Frank 1991).

The contextual framework emphasizes that there is a theory or rationale that is accepted and trusted by both the therapist and the client. Choice of theory or technique must accord with patient characteristics and views, but emphasis is primarily placed on that:

- (a) techniques or rituals are consistent with common cultural beliefs
- (b) the theory is understandable and accepted by the client
- (c) the treatment is implemented in a way that promotes positive results.

We believe that the described perspective can help to better understand SSWs' counselling practice in terms of structure, process and choice of counselling interventions and create an awareness of the child's need for counselling from an SSW (or helper) while also enabling the child to learn, perform and associate with their peers and teachers.

## Method

This article aims to answer questions about the structure, process and interventions in individual counselling sessions by SSWs with children. These themes were addressed through focus group interviews about the overall experiences of the SSWs' counselling practice: how contact with individual children is initiated, typical cases, interventions, experiences of the difficulties and opportunities in counselling, as well as experiences of collaborating with other actors.

The focus group interviews were seen as an adequate method for gathering data to obtain nuanced responses and also utilize the group dynamics between the SSWs to gain access to a wide range of experiences and cover different geographical areas in Sweden. Four catchment areas were initially selected: two metropolitan areas, one large city and one rural area. Coordinators and pupil health team managers were identified and contacted. Further information was provided on the website 'Skolkurator.nu'. All identified SSWs in the four catchment areas were contacted by email, including an invitation to participate in the study. A total of 25 SSWs agreed to participate in the study. Out of these, 22 participated in the interviews. The participants were all employed in municipal elementary schools. In the metropolitan areas, one group comprised eight people (two

with less than three years of experience as SSWs) and the other group comprised four people (one with less than three years of experience as an SSW). The large city group comprised four people (one with less than three years of experience as an SSW). The rural group comprised six people (one with less than three years of experience as an SSW). There was a variation in age, previous occupational activity and basic education (bachelor degree in social work) or post-secondary education (e.g. basic psychotherapy education). 18 out of 22 participants were women.

The focus groups were held at a location decided by the participants. The interviews lasted between 75–120 minutes and were conducted by two of the authors at three locations and by one of the authors at one location. All focus group interviews were recorded on an audio file and transcribed verbatim.

The transcribed interviews were divided into two main documents covering the themes ‘contextual conditions’ and ‘SSW-child interaction’. This was primarily achieved by transferring interview sections on the themes into the respective document. The analysis then continued with a close review of both documents, identifying statements that captured key thoughts. Each statement was also coded to ensure a connection with the original informant and interview. The document that is relevant to this article covering ‘SSW-child interaction’ was analysed. The analysis was inspired by content analysis. Because of the lack of a theoretical framework for school social work, the analysis started with an inductive approach in accordance with the following steps: First, all sections were coded regarding their essential meaning. Second, codes were sorted into categories, i.e. clusters of sections with a common meaning. In the final step, the authors jointly discussed the categories (Hsieh and Shannon 2005). In these discussions, the authors found that the results could easily be considered from the contextual framework for psychotherapy. Further, based on the framework of Anderson, Lunnen, and Ogles (2010), a number of themes were formed that could be compiled into the following categories: *Dealing with thoughts and behaviours in a safe setting* (including the subcategories own effort, problem/symptom, the case, typical case assessment, counselling, goals of change, challenges in counselling, expectations), *Structure in SSW counselling* (initiation, counselling, assessment, structure, carrying through, goals of change, process, remit), *A trustful relationship* (technology, process, counselling, challenges and merits of counselling, own effort), *Theoretical perspectives, diversity of models and techniques* (theory, intention, intervention, assessment, goals of change, own effort), and *The end and the possibility of post-treatment* (process, ending the counselling, challenges and merits of counselling, carrying through, intervention, remit).

The project has been approved by the Swedish Ethical Review Authority (Dnr 2019–04934).

## Results

This article is not intended to convey the conditions surrounding the SSWs’ healing setting, context or culture. This will be reported elsewhere. However, it can be noted that the possibility for SSWs to perform individual counselling is affected by these external factors in combination with the contextual conceptions and expectations of the counselling practice. The material also describes a variation in the children’s age, problem formulation and duration of the series of contacts.

### *Dealing with thoughts and behaviours in a safe setting*

The children who visited the SSWs had various symptoms and problems. Regarding problem areas, the SSWs in our study primarily provided examples of the child’s relational problems. This could concern difficulties in social interaction, relationships with others, parents who had separated and problems at home such as abuse and domestic violence. Problems and symptoms manifested in different ways but became visible at school. The informants described symptoms based on the problem areas that became prominent and in focus in the counselling: anxiety, stress, extrovert behaviour, mental and somatic ill-health, sleeping problems and lack of self-esteem.

The children were most often referred by pupil health teams, teachers or parents. Older children often sought contact themselves. A consistent starting point for the SSWs was that the counselling was conducted on the child's terms. The children were not forced into counselling. Their own desires and motivation were important for the SSWs.

The SSWs stated that they had expectations about the child being able to describe their own goals of change. The effort on the part of the child and the SSW would mean that the child was given the opportunity to experience change and that the effort would yield results. Teachers approach SSWs in hope and in the expectation that an SSW will be able to help and assist with (rapid) changes in the child's problems and/or behavioural repertoire. The SSW was expected to make a quick assessment, decision and effort, including correction and sometimes a reprimand guided by the adult's agenda. One of the SSW stated *It's true that the teachers think I should adjust some children by putting them into a 'therapy bucket' so that they can get them back into better shape later (J: T14)*, followed by a similar statement by another SSW *... and so I will wave my magic wand and then they will return to the classroom in full working order (G:E15)*

Some of the informants stated that they promoted themselves using different information strategies and that children sometimes contacted them directly for counselling. In these situations, the SSW worked more on their own assignment with the child and the pupil health team was less involved. The duration of the contacts varied, from more than a year to just a few sessions. The extent of the child's difficulties gave some indication of what kind of treatment they would require. The SSWs stated that they were not available 24/7, apart from a few exceptional cases. Some of the SSWs stated that in special circumstances some children might receive extra help and an SSW would give more of themselves. The material does not state who these children were or how they were chosen, nor what these assessments or decisions were based on. Teachers and parents would be included in many cases in which this had been agreed with the child, although not as a matter of routine.

### **Structure of SSW counselling**

Throughout the material, the informants described their strategy of using an initial exploratory assessment (phase one). It was the job of the SSW to invite the children to these sessions. The main purpose of the assessment was to explore the problem and, in interaction with the child, formulate the child's expectations of the counselling. The work of organizing this took place over the course of one to three sessions and included children and sometimes also parents or teachers.

According to the interviews, several of the SSWs stated that they scheduled time for an initial get-to-know session in order to establish a relationship. Context marking/explanation was the basis of the session combined with presenting the SSW's work and the purpose of counselling. This would be followed by an exploration of the child's situation and followed by an exploration of the child and their situation, guided by the question 'who are you?' The first session was described in a similar way by most of the informants as a memorized structure in their mind.

Further, the SSWs assessed the individual child's motivation to receive counselling. The SSWs stated that it was futile to attempt to engage a doubtful child in counselling. Most of the SSWs also levelled the severity of the child's problems. For example, in the event of severe phobia, severe anxiety or suicidal thoughts, the child would be referred to an adolescent psychiatrist. It was important for the SSW to include parents in the plan for starting counselling sessions with a child in order to gain a common understanding of the child's problems or the prevailing situation. The SSWs also stated that it was important to consider the school's impact on the child. By including the pupil health team in the assessment, the possibility of reaching consensus about the child's problems and symptoms increased. It was noted that there was apparently inflexibility in the school's management of structural measures concerning the child. One SSW stated: *What is the source of this behaviour and does it have anything to do with how our school environment is organised? It is very important to bear in mind what the school is doing with/to the child. (U: E30)*

The assessment sessions (1–3 sessions) were jointly described according to a similar structure, as follows:

- (1) The SSW starts by presenting themselves and their job confidentiality and then explains how the counselling sessions will be conducted.
- (2) The child is then asked to describe their reason for seeing the SSW.
- (3) The SSW asks the child about its life and school situation and how it is feeling. Furthermore, a record is taken of family, living conditions, interests, etc. Both parents and teachers can participate. When teachers are involved, they are asked to state their opinion about the school situation, the child's problems and whether there are adjustments that should be made in the school.

Thus, the assessment revolves around three main themes: the individual's well-being and mental ability, the influence of family and leisure time, and the school's flexibility and adaptations.

The SSWs described how the child's problem could be expressed and interpreted differently by the child and adults (parents and teachers). It was sometimes challenging for the SSWs when these agendas were inconsistent. However, the SSWs appeared to understand these problem-formulation sessions as most important for the interaction between the SSW and the child. The SSW had to balance the advocacy for the child with the expectations and demands for change in the child, as emphasized by the principal, parents and teachers.

The SSWs adapted their approach and manner depending on the child's age and maturity level. For some children (particularly older children), the SSW understood that it was important for them to attend the sessions without anyone knowing about it. However, for other children (usually younger children), it was important that other adults (parents and/or teacher) were involved in the process. It appeared to be important to the SSWs that the child, regardless of their age and the involvement of others, was given their own space in the counselling session with the opportunity for self-reflection. It could be about the need to understand themselves, their school performance or why they were unable to get on with their peers.

When the assessment sessions were completed, the counselling sessions were described according to a common structure. This would take place regardless of whether the child attended the session on its own, or whether its parents or teachers participated. The structure comprised four concluding themes/questions.

- (1) What is the current situation?
- (2) How does the SSW and child perceive the situation now?
- (3) The child's description of their current problem.
- (4) Summary and progress update.

In order for the child to relate to the four structural themes, several informants stated that a continuity and regularity in frequency, occasion and rhythm of the contact were preferred. However, many SSWs described this as being difficult to implement and maintain as a full-time service was rarely available at school.

Three types of structure in SSW counselling contacts were seen in the material.

- (1) Time-limited contacts (3–5 sessions)
- (2) Contacts with no time limit
- (3) Time-limited contacts that deviated from the time limit regarding the child's need for counselling

The stated common structure of the initial phase and the realization of the counselling could be understood as the SSWs' myth/rationale, i.e. clarification of problems and the design of methods to solve the same (Anderson, Lunnen, and Ogles 2010). Throughout the counselling process, the SSWs emphasized how they primarily regarded the children's interests but also the interests of others and adapted to the child's age and maturity level. Overall, the children were generally regarded as both pupils and counselling clients (cf. Baskin & Slaten, 2014)

### ***A trustful relationship***

The relationship between the SSW and the child was said to be in constant change. One of the informants described how she attempted to see the individual in the situation and in regard to the constant changes in the child. Thus, the SSW had to be exploratory, curious and open to the main issues of today's session.

“The individual in the situation” I can walk out of the room now and return in two minutes and I may not be the same person because I may have received a phone call telling me that someone had died, so we don't know . . . Because each time one of my pupils comes through the door I think “I don't know who you are this week although I know who you were last week but I have no idea now”. And then, it helps me a lot, I think, to not be, or to continue to be curious and responsive. (G:I3)

Some SSWs stated that the work alliance and process were easy to start, However, with other children SSWs needed interventions in order to get the process started. Being there and following the child could be a strategy, as the 'Broccoli SSW' describes:

She had been walking up and down my corridor for around six months and wanted to come into my room but didn't dare to. On one occasion, she entered my room when I was eating broccoli gratin and said: “Can I come in?” and I said “Sure you can, but can I finish my broccoli gratin first?” She now describes that meeting as being so important and has told me that “you sat eating and didn't look at me, so then I could sit in the corner and I was also free. I will always think of you as the “broccoli SSW” (U:C36)

By building a relationship with the child in the individual counselling sessions, several SSWs stated that this created the right conditions for supporting the children. The counselling sessions had a therapeutic value and were seen as a form of therapeutic support. This created the opportunity for the child to endure a difficult situation. The SSWs understood the relationship and their way of caring for the children as being important to the children, offering them psychological relief. This category differs significantly in content from the previous category, in which the SSWs talked a lot about structure and governance in counselling. Here, the importance of building trustful relationships with the children was emphasized. Consequently, a different attitude was detected in the informants' responses.

### ***Theoretical perspectives, diversity of models and techniques***

The intervention statements from the focus groups were seen in relation to theoretical perspectives in psychotherapy. The most prominent perspectives were cognitive behavioural theories (CBT), systemic theories, psychodynamic theories and attachment theories. Similarly, the SSW stated that their breadth of experience and accumulated skills were helpful. This brought security and clarity to the sessions. The SSWs described a variety of interventions that applied to the structure of the counselling sessions.

Several SSWs stated they used CBT as a basis for or starting point in the counselling sessions. This appeared to be a tangible and concrete way of clarifying the framework for problem and goal formulation and the child's processing of thoughts, emotions and actions.

In order to understand the child's life situation in the counselling session, the SSWs used different kinds of diaries: an anxiety diary, sleeping diary and activity diary. These diaries were then analysed in the counselling session using behaviour chains, problem solving and situational

analyses. They SSWs gave the children homework and asked them to return to the counselling session and report on how it had turned out. Parents also received home assignments, such as spending more time with their child.

The children also received psychoeducation, including routine information about what their week should contain; recovery, shutting down computer and mobile screens, sleeping and eating, as well as instructional cards providing information on anxiety and stress issues. Other interventions that were frequently used included 'bear cards', teddy bear pictures showing different emotions, drawing with paper and crayons, a whiteboard on which the children described themselves and drew how their life was shaped. Overall, these interventions were used according to the child's cognitive ability and with a more or less creative touch. For example, one SSWs used a guitar to stimulate the interaction.

Most of the SSWs stated that they used standardized forms of assessment such as VAS scales, OCR scales, suicide prevention measures, as well as self-made forms that children could tick using happy emojis about school, family, etc.

From a systemic theoretical perspective, interventions could be about role play, narratives (alternative stories) or externalization. *How has it been, do you feel more satisfied about yourself as a friend? Then the child says 'I don't know' and so on but if I should ask your teacher then what would she say? (J:K24)*

As noted above, the SSWs stated that they often made contact with the parents of children who were receiving individual counselling. For the majority of the informants, it was important to get to know the parents of the child, particularly if the child was younger than 13 years of age. The SSWs' collaboration with the child's social network gave them the opportunity to include other important persons in the child's life. Several informants used standardized methods to assess parental ability. Parental contact appeared to be motivated by different reasons. It could be about reaching out and making contact with the parents and, in doing so, strengthening and representing the child in what had emerged in the counselling sessions. This was particularly important in cases in which the child's concerns had not been articulated by the family. It could also be about helping parents attend to their child's needs and become involved in their child's life. It was further noted that parental involvement was necessary for assessing and communicating the parents' ability and its importance in relation to the child and the child's school performance. A commitment was also made to enable contact between the child and other adults in school, in order to support and help the child through the day.

Psychodynamic theory helped the SSWs to engage in more abstract counselling interventions, such as holding or containing, the ability to mentalize and being vigilant and attentive to transfer and countertransference processes and to providing interpretive interventions (hypotheses). One SSW considered the psychodynamic approach to be the very basic and defining perspective in her counselling practice, and most helpful to bring about a positive change and give the child the opportunity to handle difficult life situations.

In addition, the SSW referred to their perception of change in traditional psychodynamic perspectives, in this context, meaning that counselling sessions take place over time and that changes may take time to be really understood and sustained.

The child needs to feel confident that there is somewhere to go . . . I can't say what the purpose is sometimes, but it's very much about them wanting a relationship and then after a long time, then; it may come to a conclusion of the purpose, and then maybe you (as an SSW) have had 20 shorter sessions (U:P30)

In this way, several informants stated that the child not only used them as a dialogue partner in counselling – experiences of holding and containing in the counselling also empowered the child. SSWs appeared to perceive themselves as being a support for the child by being available to them in difficult periods and situations. Most of the SSWs in the study stated that they primarily cared for the child through their support, commitment and their emotional presence, as well as their efforts to support the emotional growth of the child.

Seen from an attachment perspective, the SSWs strove to become good caregivers for the children, i.e. attachment figures. They described their intention of enabling the child to form a trusting bond with them in order to promote the child's own growth and development. One SSW described their desire to achieve change by giving the child the hope and faith to grow and believe in themselves and develop their abilities and strengths.

### ***The end and the possibility of post-treatment***

Everything in life has a beginning and an end, including the contact between children and SSWs. Ending the counselling sessions was regarded as being a relational experience. For some of the informants, it meant booking a final session that wrapped everything up, and for others, the counselling sessions ended when the summer holidays started.

In the study, the SSWs described different signs/clues which indicated that the counselling sessions were coming to an end. One such clue was when a behavioural change was evident in the child or when a grieving process had become manageable. This was assessed differently based on developmental psychological aspects. To help with this connection process, informants described their extensive work on scales and evaluations: 'What has improved?'. 'How can this new behaviour/approach be maintained?'

Some of the SSWs had noted a reduction in the child's level of interest in the counselling sessions; the child failed to attend sessions, or they simply felt better and were ready to end the contact. Furthermore, some of the SSWs in the study described an emotional dimension to ending the counselling sessions. They described how they sometimes noted a decreased level of anxiety in the child and that they simultaneously became less important to the child. A final counselling session was desirable for the SSW in order to communicate the conclusion of counselling and goal fulfilment to the child. However, this did not occur frequently. Although the SSWs stated that a final counselling session had a high relational value, most SSWs reported that the contact often ended abruptly and that they were not able to thank each other or say goodbye.

The informants stated that there were a number of families and children who were unable to end the counselling sessions. One of the SSWs stated that these children ended a session and then repeatedly returned to counselling during their time at school. Several SSWs stated that after completing an individual counselling session, the child always had the opportunity to return, and that this often happened. The SSW usually had the child's mobile phone number and therefore immediately knew who it was who wanted to resume a contact. However, several of the informants expressed their concern about becoming too important and that the child would become dependent on their relationship with the SSW.

There were no systematic conclusions or summary assessments of what the intervention entailed for the children or SSWs. The SSWs did not automatically provide feedback to the person who had initiated the contact. The SSWs sometimes provided feedback for cases in which they were given the space and opportunity to do so, most often in connection with pupil health team meetings. The principal sometimes received feedback and, according to the informants, it was appreciated and relieving for the principal.

## **Discussion**

The aim of the study was to highlight the counselling practice of SSWs using their own articulated experiences. The focus group participants described their day-to-day work in great detail and richly illustrated both the merits and the challenges of their individual sessions with elementary school children. Nevertheless, there is always a risk that the shortcomings will become obscured and a more idealized picture of their work will emerge. This can particularly be the case in group interviews in which the dynamics between the participants can be marked by comparisons and competition. However, focus group interviews can also provide a creative forum in which

experiences can be enriched because of the interaction between participants with similar lived experiences. In this particular case, our overall impression is that the participants enjoyed sharing their stories and that the interview sessions offered safe and supportive forums in which they could discuss their counselling practice. A potential weakness of the study is the exclusive SSW perspective. The study does not cover perspectives of children's or other professions in the interprofessional pupil health team. Further, we make no comparisons between SSW sub-groups regarding e.g. geographical areas, age, or further training. These shortcomings limit the analytical range of the study.

The SSWs who participated in the study had spent quite a long time in the profession (more than five years), several had extensive counselling experience and some had received basic training in psychotherapy. Thus, the results can also contribute to the knowledge of psychotherapeutic counselling and therapeutic approaches in the school environment. The prerequisites and challenges specific for SSW counselling and psychotherapy, and children's perspectives of these interventions in school are topics that should be scrutinized further in other studies.

### **Common structure**

It is worth noting that there are no national guidelines that cover school social work and counselling in Sweden (Skolverket and Socialstyrelsen, 2016). Nevertheless, our results show a consensus, particularly about the structure of individual counselling that appears to emerge from the SSWs' daily practice.

The counselling contact can be summarized as follows:

- (1) The child formulates the problem
- (2) An adult (teacher, parent, SSW or other) formulates the problem
- (3) The SSW determines a starting point
- (4) The SSW builds a trusting relationship with the child
- (5) Flexible technique/technology (differs from one intervention to the next)
- (6) Eclectic theory affiliation (CBT, PDT, system theory, attachment theory)
- (7) Flexible ending to the contact (depending on the individual case and the characteristics of the child)

One common feature is an explorative approach in which the SSW attempts to understand the views of both the child and its parents about the current situation and the reasons for the counselling sessions. Based on this knowledge, the SSW then chooses a problem formulation upon which the counselling sessions will be based. In this process, forming an alliance or a trusting relationship with the child is perceived as key. The SSW assumes responsibility for organizing the sessions, makes appointments and starts to create a relationship and an alliance. A shared sense of responsibility gradually emerges between the child and the SSW. In other words, the child is expected to understand why the counselling sessions are necessary. The therapeutic meaning described here is about building an alliance and offering a safe and trustful environment for the child or, in terms of the contextual model, offering a trustful relationship in a healing setting (Frank and Frank 1991; Anderson, Lunnen, and Ogles 2010) at school. The relationship is the most essential factor in the contextual model (Frank and Frank 1991; Wampold 2001). Furthermore, Wampold and Imel (2015) propounded a therapeutic alliance, in other words, a counselling relationship, as being the most important factor for a positive outcome in counselling and the competency in building and maintaining trusting relationships with clients is therefore a crucial skill for counsellors (Slaten and Baskin 2014).

Regarding technology or interventions and theory affiliation, the results highlight flexibility and an eclectic approach. The starting point and direction in different contacts would appear to be informed by both the interests of the various actors (primarily the child) and in adjusting to the age

and maturity level of the child. Thus, the counselling sessions can manifest in different ways, through conversations about football, that the child plays guitar in order to express themselves, or that the SSW provides interventions that generate knowledge of psychoeducation. This requires a considerable amount of flexibility and creativity.

It is challenging for an SSW to create a healing setting and develop a trusting relationship with every child and this cannot always be achieved. However, it is seen as the responsibility of SSWs to make the contact understandable to the child. The SSWs described how some contacts faded or ended abruptly. This may have been because the child had not understood the reason for the counselling.

The majority of differences in this material were in how the SSWs described the final counselling sessions. Follow-up and reconciliation might be the responsibility of the SSWs, but who would receive feedback? This responsibility should include understanding the child's position, while also conveying the idea that the child's position can be incomprehensible and uncertain in some cases. Dissemination (feedback) of the insights could be directed at the children, parents and other professionals involved in the school.

### **Process, relationship and alliance**

The counselling practice at school aims to provide a healing or therapeutic effect regarding the difficulties that need to be addressed by the child. This is the overall aim described by SSWs in the study. It is the emotionally trusting relationships and the alliance between the SSW and the child that constitute the very basis of change.

It has been noted that effective support involves a balanced mix between the strengths and abilities of the child, a therapeutic relationship, hope and expectations, as well as therapeutic techniques. These factors are linked in a contextual model that forms a treating whole (Wampold 2001; Wampold and Budge 2012; Frank and Frank 1991; Anderson, Lunnen, and Ogles 2010). Thus, the SSWs appear to have a flexible repertoire and be willing to follow the child's need for change to a large extent (Baskin and Slaten 2014). This includes how the SSWs emphasized the child's own motivation for change as being a crucial prerequisite, i.e. a mutual contribution is needed in order for the healing process to be effective (Anderson, Lunnen, and Ogles 2010)

Further, the therapeutic relationship and the healing setting is embedded in the school context in which counselling sessions are provided that involve challenges. As shown here and in other studies on Swedish SSWs (Isaksson 2016; Backlund, 2007), SSWs sometimes meet with teachers' expectations for performing quick assessments, or punitive or reprimanding interventions that are not necessarily compatible with the child's desire for change. In such cases, the child interacts with the SSWs based on what Baskin & Slaten (2014, 88) call *external regulations*, i.e. the pressure from teachers and possibly other adults to engage in behaviour or attitude change. It is obvious that the school is both an academic and a therapeutic context which, in turn emphasizes the importance of SSWs being aware of diverse potential motives to and expectations on seeking counselling services in a school setting. This involves considering the child as both a pupil and a client (Baskin and Slaten 2014) and scrutinizing the school's, the pupil health team's, and particularly the SSW's, role in supporting the child's development and learning (Skolverket 2011).

Other challenges concern the client's age, stage of development and overall life situation. The informants stated that children tend to rapidly change their focus in the contact. Last week's theme can easily be replaced at the next session. Taking this into account, the intention to have a specific goal in mind, specific interventions to be followed up, measured and reported to the principal or pupil health team, could be both misdirected and hard to fulfil. Further, the informants also emphasized the child's need for discretion and how they were compliant with interruptions to and endings of the contact at the child's initiative, while also describing the difficulties that some children experienced with separations, for example, in connection with divorces.

In sum, there are some obvious differences between school social counselling and other clinical therapeutic contexts that, especially in the lack of statutory regulations, calls for caution when navigating the SSW role in defining goals and designing the rationale (choosing technique) in individual cases. Frank and Frank (1991) emphasizes the therapeutic match between the helper's conceptual scheme and the client and that the helper, at times, modifies his/her scheme in line with the client's needs and preferences. School counselling must also take into account the school curriculum to support children's development and learning (Skolverket 2011). A crucial question is how 'development and learning' is understood (consensus or conflicting views between players) and what interventions that are accepted and consistent with common beliefs.

### ***Eclectic approach to interventions***

The individual counselling sessions of SSWs with children take place in a healing setting. In this setting, SSWs appear to use a set of techniques and rituals that are consistent with common cultural beliefs. These beliefs may include the understanding that mental ill-health and stress should be eliminated before a child can achieve adequate knowledge acquisition.

Four different theoretical schools were identified in the material: systemic theory, cognitive behaviour theory, psychodynamic theory and attachment theory. These perspectives would appear to comprise the SSWs' theoretical rationales and conceptual framework and seem to be consistent with common cultural beliefs surrounding the SSWs counselling practice. They provide an explanation of the children's problems and a theoretical explanation of how counselling should help the child deal with these problems. The extent to which the children are included in the understanding of these rationales and framework has not been elucidated in this study.

Within the framework, an eclectic approach emerged in the analysis. The informants described a breadth in both their knowledge and intervention repertoire and described situationally tailored interventions informed by the interests of the child and other actors and adjusted to the age and maturity level of the child. This was mentioned by most of the participants in the focus groups. This would appear to be expedient, considering the diversity of problems, symptoms and ages faced by the counselling practice. Further, the eclectic approach is in line with the contextual model and is also advocated in psychotherapy literature. For example, Yalom (2010) emphasizes sensitivity and inventing a new theory for each patient. Baskin and Slaten (2014) argue for the flexibility of SSWs in implementing a variety of interventions that fit the specific needs of children at school. Thus, the eclectic approach can be assumed as a natural consequence of performing counselling in the school context, inevitable in the reality that characterizes the SSWs' everyday practice. Theory and practice are intertwined in relation to the school context and its prerequisites.

Even though the analysis identified theoretical diversity, a relational perspective emerged as a most prominent focus for the SSWs by re-emerging throughout the material. The SSWs generally expressed an understanding of and a willingness to establish a supportive relationship (Wampold and Budge 2012) with the child. The SSW's focus on the relational perspective can easily be understood out of attachment theory (Bowlby 1979) as a strive for providing a 'safe haven' to the child. However, an interesting contradiction also emerged here, a reluctance in SSWs to become too important (i.e. attachment figures) to the child and that they sometimes gave some of the responsibility for ending the counselling sessions to the child.

Seen in the light of both the contextual model and attachment theory, it is reasonable to assume that the relationship between a child and an SSW has the potential to become an important attachment relationship to the child. Attachment theory shows that children can relate to many people, and that they do so in a hierarchical manner (Bowlby 1979; Holmes and Bowlby 1993; Miller 2012). Thus, the SSWs' level of care (e.g. in terms of warmth, accessibility and predictability) influences their ranking. By this we mean that the SSW has the potential to be a temporary 'safe haven' (Bowlby 1979; Holmes and Bowlby 1993; Miller 2012) for children, particularly during difficult periods in their lives.

We believe that SSWs could benefit from more knowledge about the contextual model in counselling-oriented and therapeutic contacts in order to utilize the function of a ‘healing setting’ in school to a greater extent. Further, we encourage SSWs to put attachment theory in practice throughout their individual contacts with children, for example, by taking clear responsibility for both the beginning and the end of the contact. It could be considered to what extent these theoretical perspectives are included in the curricula for the bachelor degree or be topics for further training of SSWs. We believe that these theoretical perspectives as ‘models of the mind’ within SSWs has the potential to benefit the children’s growth, development and possibility of achieving both their educational and their life goals.

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