

# Adolescents' perspectives on SSWs' counselling practice in Swedish elementary schools: “plumb the depths and navigate to shore”

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## Abstract

**Purpose** – This study aims to gain a comprehensive understanding of adolescent's experiences of individual school social work counselling in Swedish elementary schools.

**Design/methodology/approach** – The study encompasses interviews with 16 adolescents about their experiences of individual counselling with school social workers (SSWs). The data was analysed using conventional content analysis.

**Findings** – The main result was the adolescents' desire “to navigate to shore” to speak freely about their whole lives with a professional SSW and find a “safe haven,” [...] where a trusting professional cared for and comforted them in counselling. The counselling contact contributed to increased knowledge about oneself. The results reveal the importance of the SSWs paying attention and listening to the adolescents' narratives. The creation of a coherent life narrative enables to finally end counselling and “Cast off.”

**Originality/value** – The results highlight the importance of Swedish SSWs focusing on individual counselling sessions with adolescents to provide a setting for growth.

**Keywords** School social work, Counselling, Adolescent perspective, Family factors, Ill-health

**Paper type** Research paper

## Introduction

According to the [World Health Organisation \(2021\)](#), 14% of 10 to 19-year-olds experience mental ill-health. [Arslan \(2019\)](#) and [Huxtable \(2022\)](#) point out [...] strong associations between school achievement and a variety of internalised and externalised problems. Mental ill-health conditions place adolescents into a higher risk group for educational difficulties ([Olivier et al., 2020](#)), social exclusion ([Barzeva et al., 2021](#)) and lack of school belonging ([Arslan, 2018](#)). [Slaten et al. \(2016\)](#) define school belonging as the importance of being heard and feeling involved. [Bethell et al. \(2014\)](#) argued that the experience of school belonging and support from friends and peers are two protective factors in school. [Riley \(2017\)](#) concluded that when children have a sense of school belonging, they feel confident and safe. Another preventive factor ([Bethell et al., 2014](#)) is for SSWs to ensure that all children have positive relationships with one or more adults.

[Nowak \(2020\)](#) argued that eligibility for upper secondary school is one of the most important preventive efforts to avoid exclusion and to secure the skills required by the labour market and adulthood. Furthermore, there is a strong correlation between students' socioeconomic background and their school results ([Nilsson, 2014](#); [Folkhälsomyndigheten, 2023](#)). Societal and economic conditions for children, woven together with family and health conditions, are

strongly correlated, according to [Bruno and Bečević \(2020\)](#). Regarding family-related issues, the possibility of learning is reduced if a child is emotionally abused and/or neglected ([Maguire et al., 2015](#); [Blodgett and Lanigan, 2018](#)).

Swedish society has difficulties providing youth-friendly support in healthcare services for adolescents with mental health problems, particularly those in need of care “in between” psychosocial support and psychiatric treatment ([Westberg Haggström et al., 2020](#)). Attending a formal service can cause feelings of discomfort and loss of autonomy, so easily accessed informal support is seen as preferable ([Lynch et al., 2022](#)). According to Swedish law ([SFS, 2018:1197](#)), children have the right to receive support and to explain their situation freely. [Heimer et al. \(2018\)](#) point out that it is particularly important to let children in vulnerable circumstances have a say in their life situations. [Michelson \(2022a, 2022b\)](#) concluded that young people’s narratives can indicate what kind of support they need, what kind of resistance they face from adults and the barriers they encounter on their road to self-discovery. Here, the most relevant factor is “to be listened to” ([Prout and James, 2015](#)). The young participants in [Brown et al.’s \(2019\)](#) study interpreted others’ listening in terms of action and practical support from the social worker, and a belief that the social worker had listened to them only when they had acted on what the young person asked for.

School is an institution that works on prevention, health promotion and remediation with school social workers (SSWs) as the psychosocial experts in an interprofessional team. In the Swedish school context, pupil health teams (PHT) have been organised as multidisciplinary teams, including nurses, physicians, psychologists, special educational teachers and SSWs. The PHT works to prevent school failure by providing assistance to children at risk [[Sveriges Kommuner och Regioner \(SKR\), 2022](#); [Guvå and Hylander, 2017](#)] so that children become eligible for a national programme in upper secondary school.

In the UK and USA, there are both SSWs [[British Association of Social Workers \(BASW\), 2023a, 2023b](#); [National Association of Social Workers \(NASW\), 2023](#)] and school-based counsellors [[British Association for Counsellors and Psychotherapist \(BACP\), 2023](#); [American School Counselor Association \(ASCA\), 2023](#)]. [Baginsky \(2008\)](#) argued that schools should assist with child welfare and take responsibility for safeguarding. SSWs in Sweden have a combined profession of counselling and social work (cf. [Zabek et al., 2023](#)), which also includes a safeguarding perspective/position (cf. [Beddoe, 2018](#); [Rafter, 2022](#); [British Association of Social Workers BASW 2023b](#)). One prominent task for Swedish SSWs is to meet children’s needs by offering individual counselling ([Kjellgren et al., 2022](#); [Kjellgren et al., 2023b](#)). Individual counselling is described by the Swedish authorities as “professional counselling, such as supporting, motivating and crisis counselling as well as assessment of and counselling with individual pupils and their families” ([Skolverket and Socialstyrelsen, 2016](#), p. 31). The focus of the counselling depends on the individual SSW’s flexibility when implementing a variety of practice elements to fit the needs of the specific child and in relation to the school context and its prerequisites ([Kjellgren et al., 2022](#)). One significant challenge is a lack of guidelines regarding the role or the execution of the SSW’s work ([Kjellgren et al., 2023a](#)), which also seems to affect the SSW’s assurance of individual counselling in a school setting. Even so, advantages are seen because all children and adolescents spend a great deal of their time at school and could be offered counselling within this familiar environment ([Knight et al., 2018](#)).

The overall aim of this study is to deepen our understanding of adolescents’ experiences of individual SSW counselling in Swedish elementary schools. Research questions included:

- RQ1. What characterises SSWs’ individual counselling according to the adolescents’ experiences and expressed needs?
- RQ2. What core aspects of individual SSW counselling do adolescents find facilitating or hampering?

## Method

### *Setting*

Our intention with this study was to recruit a group of adolescents enrolled in Swedish elementary schools who could represent a broad spectrum of SSW counselling experiences. To cover different basic prerequisites, we selected six geographical areas: three metropolitan areas, two large cities and one large rural area, covering southern, mid and northern parts of the country.

Principals, school social-work coordinators, PHT managers, SSWs, parents and adolescents (peers) in the six areas were identified and contacted to help us distribute information about the study to eligible participants. This information was also posted on the website “Skolkurator.nu” (Swedish SSW Association). There were difficulties in obtaining cooperation from some “gatekeepers”, mainly principals and SSWs (cf. [Fargas-Malet et al., 2010](#)). At the end of our recruitment period of four months, 20 adolescents within the catchment areas had agreed to participate in the study and were contacted by e-mail by the first author with a request to participate in the study.

### *Participants*

Of those 20, 16 showed up, gave their consent and participated in the interviews. The 16 interviewed adolescents had received counselling from 12 different SSWs. Seven respondents came from metropolitan areas, and nine were from rural areas. There were ten girls and six boys. Their characteristics are presented in [Table 1](#). There were two inclusion criteria: the children (1) had come to counselling during their school years 7–9 and (2) were 15–16 years of age. All respondents were in the ninth grade and had experienced counselling sessions with an SSW. They would not be continuing their counselling with the SSW because they would be changing schools within a month. The interpretation by the researcher is that this situation provided prerequisites for the children to express themselves more freely about the counselling and their relationship with the SSW.

### *Consent and ethical considerations*

The adolescents were informed about the study and invited to participate, where they gave their consent orally. Before the interview, they signed a written consent form. The adolescents who were interviewed online had their consent form and study information posted to them, and the consent form was sent back to the researchers. They were all informed of their right to end their participation in the study at any time if they wished. The interviews took place in a quiet, separate room at the adolescent’s school (on site), at their home or any safe place (online), according to their preference (cf. [Fargas-Malet et al., 2010](#)).

The European Code of Conduct for Research ([Vetenskapsrådet, 2017](#)) was carefully considered. The project was approved by the Swedish Ethical Review Authority (Dnr 2019-04934). No potential conflicts of interest are reported by the authors.

### *Data collection*

The purpose was to include as much information as possible about individual counselling from the adolescents’ perspective. They were asked to focus on the counselling they had received during the latter part of elementary school (seven to nine years) and talk about their experiences. The collection of information took place after the COVID-19 period. All Swedish elementary schools were kept open during the COVID-19 pandemic and exempted from lockdown.

**Table 1** Adolescent characteristics

Name <sup>a</sup>	Interview location	Area	Gender	SSW		Initiator	No. of semesters in counselling	No. of sessions	Concern/problem in focus	Degree of problem <sup>c</sup>	External contact (outside school) <sup>d</sup>
				F = Female	M = Male						
Lima	Onsite	Rural B	Girl	Zulu (F)	Teacher and mother	4 in year 8-9	60	Family Peer relational Mental ill-health	Severe	-	
Echo	Online	Rural B	Boy	Zulu (F)	Teacher	12 in years 4-9	170 1/week. (Year 9 every two weeks)	Home situation Peer relational Spare time	Quite/fairly severe	Social Services Police	
Oscar	Onsite	Rural A	Boy	Romeo (M)	Mother	10 in years 5-9	75 15 times year 5 + 60 times years 7-9	Family Mental ill-health Death within family	Quite/fairly severe	Child and Adolescent Psychiatry Somatic Healthcare Counsellor	
Victor	Onsite	Rural A	Boy	Romeo (M)	Himself	14 2 in year 1 12 in years 4-9	220 1/week sometimes more	Home situation School related	Severe	Child and Adolescent Psychiatry Social Services	
Nova	Onsite	Rural A	Girl	Romeo (M)	Mother	2 1 in years 4-6 1 in year 9	30 1/week	Family Mental ill-health	Severe	Social Services	
Milla	Onsite	Rural A	Girl	Mikkan (F)	Teacher	7 1 in years 4-6 6 in years 7-9	40 Years 4-6 + 7-8 total approx. 10 times. Year 9 1/w = 30 times	School related Peer relational School absenteeism	Severe	-	
Sonja	Onsite	City C	Girl	Sigrid (F)	Herself	6 in years 7-9	90 1/week	Mental ill-health affecting school and relations	Severe	Child and Adolescent Psychiatry BRIS (Children's rights in society – voluntary help organisation)	
Sierra	Online	City D	Girl	Bravo (M)	Teacher	3 in years 8-9	45 1/week	School	Quite/fairly severe	-	
India	Online	City D	Girl	Bravo (M)	Teacher	10 in years 4 + 6-9	150 1/week	Peer relational Bullying	Very severe	Primary Healthcare	
Olof	Online	City D	Boy	Juliette (F)	Himself and peers	2 in years 7-9	10	Mental ill-health Trouble in life	Not specified in interview	-	
Gustav	Online	City E	Boy	Xara (F)	Teacher	2 1 in year 5 1 in year 9	30 1/week	Mental ill-health Peer relational	Quite/fairly severe	Child and Adolescent Psychiatry	
Ada	Onsite	Rural A	Girl	Kajsa (F)	Teacher	2.5 in years 8-9	35 1/week	Physical health Mental ill-health Home situation	Severe (Interviewers assesses)	Child and Adolescent Psychiatry	

(continued)

**Table 1**

Name <sup>a</sup>	Intenview location	Area	Gender	SSW F = Female M = Male	Initiator	No. of semesters in counselling	No. of sessions	Concern/problem in focus	Degree of problem <sup>c</sup>	External contact (outside school) <sup>d</sup>
Erika	Onsite	Rural A	Girl	Alpha (F)	Herself	4 in years 7-9.	12	Family Mental ill-health	Severe	Social Services Child and Adolescent Psychiatry
Helga	Online	City D	Girl	Xerxas (F)	Teacher and mother	14 in years 3-9	45 Irregularly years 3-7 Year 9 1/week	School related Mental ill-health	Severe	Child and Adolescent Psychiatry Social Services
Laisha	Online	City D	Girl	Charlie (F)	Herself	4 in years 8-9	10	Bullying	Very severe	Primary Healthcare
Mike	Online	Rural A	Boy	Martina (F)	Himself	10 in years 5-9	30	Mental ill-health Personality Mental ill-health	Severe	-
Total [1]	8 online 8 onsite	7 Rural A 2 Rural B 1 City C 5 City D 1 City E	10 girls 6 boys	10 female SSWs 2 male SSWs	6 Him/ herself 6 Teacher 2 Teacher and mother 2 Mother	Mean: 6.65 $\cong$ 7 semesters Median: 5 semesters	Mean: 65.75 $\cong$ 66 sessions	Mental ill-health: 12 Family/home situation: 7 School related: 7 Peer relational: 6 Physical: 2 Spare time: 1 Personality: 1	Severe problems dominates	11 out of 16 had or have had external (outside school) contact

**Notes:** <sup>a</sup>All names are fictional to ensure the anonymity of the adolescents. <sup>b</sup>The total number of semesters in counselling is specified in bold font, followed by a number of semesters distributed by school year/s when the counselling took place. <sup>c</sup>Degree of problem, the used scale contained four alternatives: mild, quite/fairly severe, severe and very severe. The adolescents were asked how they experienced their degree of problem when seeking SSW. <sup>d</sup>External contact refers to the child's contact with other actors regarding the child's mental ill-health and/or family/home situation  
 Source: Table by authors

Eight interviews were conducted onsite and eight online. The interviews lasted 25–58 min, with an average of 42 min. They were semi-structured (Fargas-Malet *et al.*, 2010) and contained questions divided into four core areas: background (e.g. acceptance, initiating and the focus of concerns), counselling (e.g. experiences, facilitators and changes/relief), relationship (between the SSW and the adolescent) and achievements (e.g. goals and aims). The adolescents' answers were clarified and deepened through openly formulated follow-up questions based on what they had said earlier in the interview (Greig & Taylor, 1999; Korkman *et al.*, 2008).

The interviews were conducted by the first author, who is a trained social worker and an experienced child and adolescent psychotherapist. This is a quantitative, cross-sectional study; all the data was collected during a limited period of one month. However, it is not comprehensive but based on a sample of a selected study population.

### **Data analysis**

All the interviews were audio-recorded and transcribed verbatim (McMullin, 2021), and the data was analysed using conventional content analysis (Hsieh and Shannon, 2005). The transcripts were first read several times to achieve an understanding of the material and the content as a whole. The analysis was used to develop a deeper understanding of the adolescents' experiences of SSW counselling. For an optional analysis, the three co-authors conducted the analysis first separately and secondly together using the following steps:

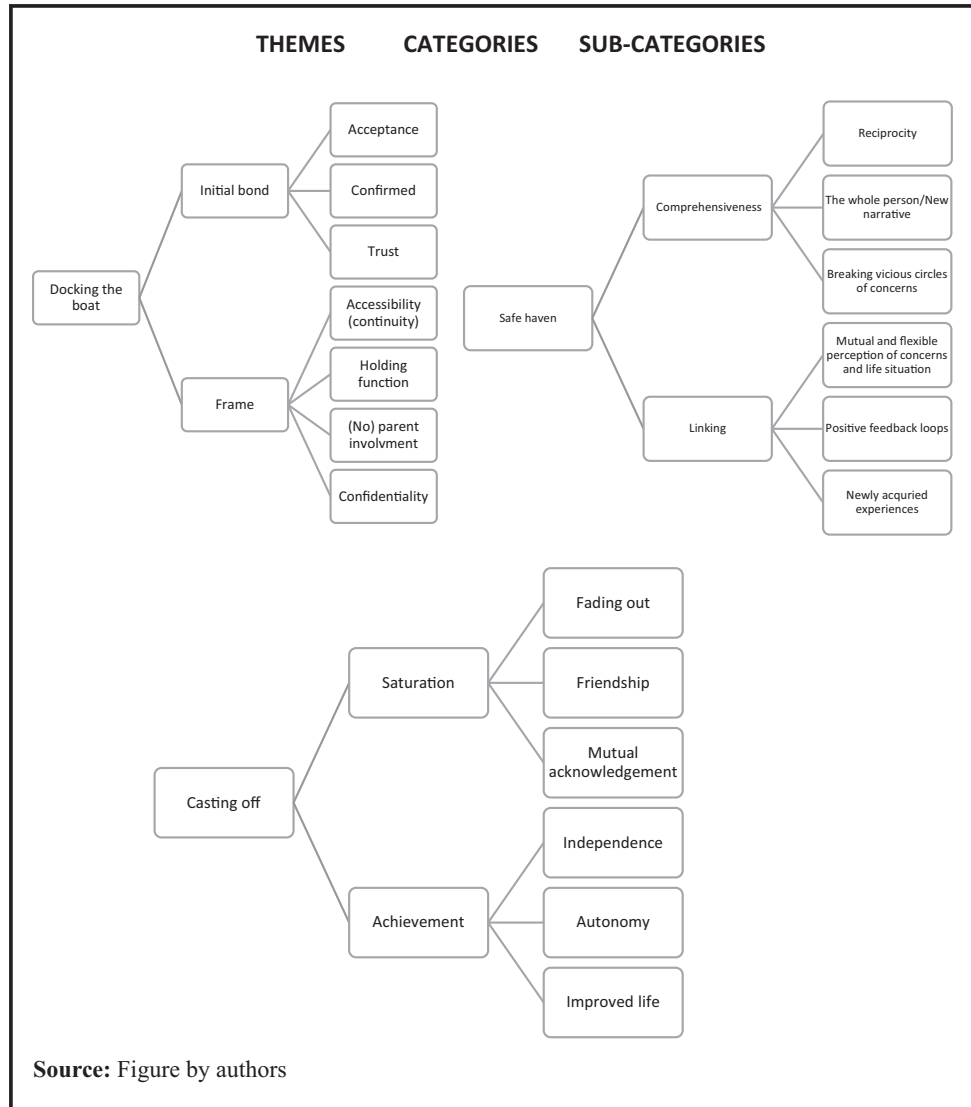
- all three authors became acquainted with the data and made initial notes;
- the first author marked meaning-bearing units and collated these into potential themes;
- the co-authors received the preliminary categorisation, including meaning-bearing units. During this step, a narrative theoretical framework emerged as an opportunity to enrich the result section; and
- the three authors shared, reviewed and discussed the categorisation until a consensus was reached.

The categorisation of data was finally clustered into themes, representing general aspects of the adolescents' experiences of the counselling process and specific notions about the relationship. The analysis process ended with one overall theme: "Plumb the depths and navigate to shore", covering three themes divided into six categories, including three (or four) subthemes each (Figure 1).

### **Theoretical framework**

As a theoretical framework, we use ideas about counselling relations and therapeutic storytelling. Bruner (1987) states that narratives are the stories we tell about our lives, "our autobiographies", and how our history shapes us and the world around us. *Narrative practice* is used to simultaneously characterise two activities: the resources to tell stories and the auspices under which stories are told. Interestingly, both Gubrium and Holstein (1998) and Bruner (1987) focused on *how* people tell the stories of their lives. When telling this narrative to another person, one is presented with a set of discernible plots and repertoires for the story. The meaning and coherence of a story are drawn from the narrative linkages, as well as the disparate plots and items from which a story is composed (*narrative composition*). By composing the narrative and taking *control* (*narrative control*) over it, the voice of the teller becomes more authentic. To be able to create one's narrative, for example, during counselling, a listening ear and a genuine relationship are needed for a *working alliance*. Kietai (2012) built upon Bowlby's (1988) initial hypothesis that a child's internal working model, *attachment style*, is closely related to the possibility of creating a working alliance. Storytelling is based on past experiences, which guide our current and future thoughts,

**Figure 1** Categories and subthemes



feelings and behaviours. White (2001) gave an account of the extent to which telling one's narrative provides a mechanism for the unpacking of negative and disabling identity conclusions through reauthoring conversations. Breaking away from negative identity conclusions contributes to the identification and exploration of the very knowledge of life.

## Results

The results aim to deepen our understanding of adolescents' experiences of individual counselling with SSWs in Swedish elementary schools. "Plumb the depths and navigate to shore" is used as the first core metaphor for capturing how adolescents became aware of their mental ill-health and concerns, simultaneously with hope for change and what could be understood as an aspiration for therapeutic security with an SSW. Below, the results are reported under three themes: (I) *docking the boat* refers to adolescents finding SSW support; (II) *a safe haven* is the opportunity, in a secure place, for the adolescents to receive professional counselling with an SSW; and (III) *casting off* signifies having coped with concerns, or ending counselling when the semester came to an end (Figure 1).

## Docking the boat

Docking the boat is a commitment phase where an *initial bond* between the adolescent and the SSW and a *frame* for contact is established. The relational creation of this *initial bond* appears almost immediately between the adolescent and SSW. Adolescents who sought SSWs felt an urgent need for individual counselling due to mental ill-health and related concerns. The adolescents arrived at the SSWs' pier equipped with a variety of capabilities and capacities for change via counselling. Despite these differences, "docking the boat" was twofold: a conscious decision and a stance. Through sharing and *acceptance* from the SSWs, the adolescents felt *confirmed* in their current situation. They stated that the SSWs showed a great understanding of their concerns, symptoms and behaviour, which was perceived as helpful. When the counselling appointments were made, the adolescents felt seen and confirmed in their life situations and described feelings of relief at being able to talk and making things talkable. A *trusting* relationship was founded as a prerequisite for counselling:

She's like a trusting adult to me [...] who's safe and secure, this is like the best day of the week when she's here, because then I can talk, say what I like and I know she won't tell anyone, so that feels good[...]and I feel good being here. (Sonja)

Setting the *frame* for counselling seemed important for creating common ground in the counselling relationship. Some adolescents sought counselling contact themselves, but others were referred by teachers or parents. Usually, adults (parents, teachers and SSWs) agree together on the appropriateness of the counselling sessions. One obstacle to counselling was when *parents* were invited to or included in the sessions. There were various aspects to this. Firstly, the adolescents wanted their own mental and physical space and a counterpart (SSW) focused on supporting them. Secondly, when a parent was invited, the following issues easily occurred:

- the parent occupied both focus and speaking time;
- the parent continued the conversation at home without the SSW; and
- the adolescents were unwilling to burden parents with their difficulties and concerns.

Adolescents who had experience of an external contact, such as *Child and Adolescent Psychiatry*, explained that it was difficult to obtain help from them due to geographical distance or their way of handling concerns, as well as a lack of appointments. *Access* to the SSWs, who demonstrated *availability* by offering appointments and communicating rapidly, strengthened the initial bond and creation of a frame. Some adolescents wanted more frequent counselling sessions and felt hampered by not having the SSW onsite every day. Easy access to the SSWs was one key factor for coming to counselling during schooldays. Should the SSWs not be at school for whatever reason, the adolescents were encouraged to contact them even during weekends and holidays if their concerns became too urgent. The adolescents rarely used this opportunity, however.

Overall, contact with SSWs was considered valuable. What was described as important was the mental accessibility, the role of contention and the mutual respect in the relationship, a *holding function* that inspired adolescents to grow and develop. Another factor that encouraged seeking help in school was the adolescents' awareness of the SSW as a well-known person, visible in school and bound to *confidentiality*.

## A safe haven

The theme *a safe haven* reflects the adolescents' need to be cared for and have their concerns alleviated. In this second theme, two categories were identified: *comprehensiveness* and *linking*. These include practice elements of counselling strategies in a therapeutic setting. They primarily encompass aspects of the relationship and the adolescents' opportunities to create a life narrative to grow and heal.



The category of *comprehensiveness* entailed experiences of adolescents appreciating and longing to be seen as a “whole person” rather than being defined by their concerns. The telling of “the whole story/new narrative” implied a healing power itself; by obtaining complementary and developed narratives about themselves, adolescents did not solely identify with their concerns. Comprehensiveness encompassed not only the adolescents but also included the SSW as a person and the *reciprocity* that arose between them in the counselling relationship.

*Breaking vicious circles of concern* captures how adolescents seek SSW counselling for their various concerns and symptoms while trying to understand and reflect upon how these challenges affect their lives. A prominent desire to experience relief was evident, but adolescents did not know how to navigate away from those negative circles themselves. In terms of areas of concern, adolescents primarily provided examples of relational concerns within the family and mental ill-health. The symptoms were often prominent and, therefore, became the focus of the counselling: anxiety, stress, extrovert behaviour, mental and somatic ill-health and lack of self-esteem:

[...] I was quite wild, I hung out with the wrong people, then there were issues with relations and then, well, there were some at home, family-related, there was bit of everything [...] I had some problems with self-esteem [...] and who I am. (Echo)

Adolescents managed to “Break vicious circles” when given the space to create and tell complementary stories about their lives. Echo, for example, was trying to discover “who he was.” By making problems visible through telling their narratives, comprehensiveness and relational reciprocity were created in the listening ear of the SSW.

The adolescents also described what they understood as their own limitations and how these affected their relationship with the SSW. They felt insecure when talking about themselves, how they felt and their lives in general. Adolescents also explained that they overthought their own concerns, fixating on what others might think about them or that they do not want to worry others. When contemplating the future, this overthinking was characterised by negativity. These vicious circles were of an ambivalent, intrapsychic character.

The following category – *linking – a mutual perception about concerns and life* was described by adolescents as a need to share life experiences and difficulties with a neutral adult. Adolescents explained their great need to unburden painful experiences by putting what had occurred into words. Sharing helped them to externalise issues that had been bottled up for a long time. Adolescents named this sharing as talking out, ventilating or receiving help:

It was more like I thought I could open myself up and have somebody to talk to, somebody who would listen to me, as well as listening to find out a bit more about my horrible experiences and so on [...] (Laisha)

The actual linking explains how adolescents described the complexity of their concerns and how they co-vary, e.g. concerns about relationships at home can generate stress. This could lead to reduced capacity for school performance, which in turn contributed to poor self-esteem and relational concerns with friends. This knowledge created *a mutual and flexible perception of concerns and life situations*:

It was mostly within the family, very very much within the family [...] so it was very tough there and, like, it affected school so it made it super hard and my well-being [...] so the only thing I thought about was what was dragging me down so I couldn't focus like [...] (Nova)

[...]it was hard being at school and that I didn't go to school, and not having many friends [...] we started talking about like what made it hard, and what was difficult in school. Then it came up like, yeah, but it was hard at home and therefore it's difficult getting to school and I think it's related [...] I truanted quite a lot. (Milla)

When the link between concerns and symptoms was pinpointed in consensus with the SSW, adolescents seemed more accepting of that linkage. For adolescents, it becomes difficult when the SSWs interpret the complexity and linkages of their concerns in the wrong way or jump to conclusions too early in the story without exploring those interpretations together with the adolescent. However, the adolescents considered that linking advice by listening works even better when the SSWs encourage them to find advice and solutions themselves.

In addition, the questions asked by the SSWs were described as helpful, and the adolescents described the broad repertoire of these questions as covering different aspects and phenomena of adolescent life. The broad repertoire of questioning and the *flexibility* in what was discussable in SSW counselling implies an openness to get to know all sides of the adolescents:

I can say whatever I like [...] so when I'm there, we really talk about like everything, how everything is around me right now, what future plans I have and things like that, yeah [...] yeah, but it's mostly who I am as a human being and things like that. (Mike)

The adolescents stated that SSWs also showed flexibility in the manner in which they carried out the counselling. There was a conversational culture, relaxed and inviting, similar to an everyday conversation that gradually shifted to focus on specific concerns. The aim then became to develop skills and strategies for relief. Helpful interventions were mentioned, such as when the SSWs applied affirmations, family mapping, pros and cons lists or lifelines, to name just a few. The personalities of the SSWs were decisive when it came to the adolescents' receptiveness to engaging in mutual problem-solving. In addition to the adolescents' need for flexibility, the relational aspects of sessions were very important:

We talked about everything, we wrote everything down, we made lists and we talked about my future, what I wanted it to look like, and positives and negatives about my thoughts and everything that happens [...] yeah, I was made to do the three houses as you usually do [...] And then we talked about them, she wrote down the houses for me and I just talked about everything. She just sat there, listened and smiled. Yeah, so she helped me going forwards and still in what was difficult, like helping me seeing a future [...] (Lima)

The questioning and the capacity of the SSWs to link concerns consisted of three parts: (1) that it was carried out together with the adolescents, (2) that it increased the SSWs' understanding of the adolescents and (3) that the adolescents gained a better understanding of themselves. Moreover, the SSW added and wove in additional advice and support for issues that had been brought up during the counselling, thus creating helpful and *positive feedback loops*.

A few of the adolescents stated that a reduced level of the above-mentioned facilitating qualities led to negative and hampering experiences of counselling during the "safe haven" phase.

### Casting off

This theme entailed adolescents' experiences of "casting off" the ropes and ending the counselling, which was contained in three different experiences:

1. that the contact simply *faded out*;
2. that the decision was made by the adolescent; or
3. that a mutual agreement took place.

A consideration of the aim (why "docking the boat") would have been helpful, and also a mutual agreement about when it was time for "casting off." On the one hand, the adolescents wanted to have a specific explanation as to why and when the contact would

end. On the other hand, they also appreciated openness in counselling topics, the focus shifting and to own the decision about ending the contact. The material reveals a variation in the duration of the series of contacts (Table 1).

Different ambivalent and hampering feelings were expressed as being attached to the ending process of counselling. Some adolescents thought that it was both a relief and simultaneously sad and stressful. "Casting off" encapsulated a sense of *saturation* when ending the counselling, that it was no longer adding anything new.

In some contacts, the SSW had been too neutral and distanced, and in others, too involved and overly *friendly*. The first approach, distanced, implied that the adolescent did not feel a genuine interest and that the SSW was simply doing the job. The second approach, overly friendly, implied a lack of professionalism from the SSW, allowing the relationship to become too relaxed and turn into a peer relationship.

Adolescents sometimes claimed that the goal of counselling was not clear and said that they attended sessions by sitting them out and wishing the time would just pass. They expressed frustration about being engulfed in a challenging life situation and said that counselling did not contribute to enough *achievement*, as expressed in the following:

I would say it was just the same [...] because I'd talked about everything there was, but I still carry it [...], okay, I've dropped one stone but I'm still carrying another ten [...] but I drop off a few stones here and there to different people, there you are, now you know my life story [...] Susan has three, Kate maybe five, Jack has a bag [...] [How many stones fit into your bag? The interviewer asked] Thousands [...] but, there's only room for like twenty. (Ada)

At the other end of the spectrum, some adolescents clearly stated that their concerns had been alleviated and healed; hence, the aim of the counselling was considered *achieved*. However, the SSWs did not sum up any results during counselling. Instead, the adolescents reached this conclusion while being interviewed. Adolescents who had hosted thoughts of suicide expressed an increased feeling of an *improved life*, in fact, a substantial change:

Well, I had thoughts of suicide and things like that before, and it disappeared, when I talked to the SSW [...] and I had more family dinners, and my terror of the night disappeared as well [...] (Gustav)

What I remember are hard moments, the hardest I've been through, it's like when I'm sitting here with her, but I've also felt like [...] I'm happy that I went to Sigrid, if I hadn't done it I don't know where I would have been today because now I have an adult I can talk to about everything and without shame, so it feels really good. She's there for me in the moment, she's a person who's given me a picture of how I can live. That's like this; yeah, I feel bad right now, but I'm not giving up because of it. She's made me see that it really is worth living. (Sonja)

Furthermore, expressions of achievement reflected a growing sense of self-confidence and *independence* and primarily of a future life. Adolescents' own attitudes, knowledge and adjustments towards their concerns were important in counselling:

It's difficult to understand that you're supposed to feel better just by talking, but that was something I had to work on, to get my self-esteem back and to reject my anxiety and, in a way, it helped just spitting it out, everything I had on the inside, everything I'd been through. (Laisha)

During the counselling period, Helga found the strength within herself to address some of her difficulties, such as school absenteeism. Echo described a growing understanding of how his anger and difficulties in life hindered him from cognitive development and knowledge acquisition:

It was in eighth grade when I didn't go to school [...] I feel now that I couldn't have gone [...] but I would have needed to go back [...] I can't not finish school. So, then I realised I need to do something about it [...] it was difficult coming back, but I just had to do it [...] (Helga)

There's been a lot going on with my dad and granddad and a lot of other things that's made me have a hell of a lump in my head, which causes me to understand nothing. So, I would say it might be the cause of my aggressive behaviour that occurs every now and then, when things become too much, I channel anger instead of sorrow[... ]but now things are calmer. (Echo)

The adolescents explained that the most helpful feature of meeting an SSW regularly was that their life narrative had been the focus all along. Receiving undivided attention in respectful meetings contributed to the adolescents' feeling seen and confirmed. Having a space of their own and being allowed to open up was very important:

I felt that I was very lonely and that I couldn't talk to anyone else about these things because I thought nobody would ever understand or want to listen to me[...]. I'll never forget Sigrid, she's been there during my whole later part of elementary school, and that's kind of what I'll remember: that I went to see Sigrid every Friday. (Sonja)

In summary, "casting off" shows that the counselling relationship and the mutual work regarding mental ill-health and concerns needs to be manifested and mutually acknowledged. The adolescents spoke about their route towards an uncertain future but with the experience of a secure and trusting professional relationship. Being able to explore and "plumb the depths" of intra-psychological issues and acquire an awareness of mental ill-health helped. But also, the opportunity "to navigate to shore" and find a "safe haven," where a trusting professional cared and comforted them in counselling, symbolised a "carry-along-experience" for them.

## Discussion

This study reveals aspects of adolescents' experiences of individual counselling with SSWs in Swedish elementary schools that could contribute to an understanding of the complex life situation of adolescents. The results were metaphorically captured as "Plumb the depths and navigate to shore," as the adolescents sought help for mental introspection and relational safety. In accordance with previous research (Maguire *et al.*, 2015; Folkhälsomyndigheten, 2023; Huxtable, 2022), the results of our study conclude that adolescents who "dock the boat" in SSW counselling do so to receive support, mainly regarding mental ill-health, family and relational concerns (Table 1). Such support connects to schools' social aims and socialisation function (SFS, 2010:800; SKOLFS, 2021:5; Skolverket and Socialstyrelsen, 2016). It seems reasonable that the SSWs, when acting as a "safe haven," contribute to providing children with the conditions they need to grow as independent and autonomous individuals through a socialisation process.

### *Described needs – adolescents in counselling*

The adolescents in this study were well aware of the value of completing school. Despite this knowledge, they had not found solutions to manage their life situation or muster enough power to withstand the pressures of life. Adolescents' life situations and concerns often seem to be complex and not only school-related; however, they do affect their academic achievements. Therefore, an exploratory approach in individual counselling, where the SSW attempts to understand the adolescents' perspectives on their current concerns and their manifestation in school, could be fruitful.

Considering our results, emerging from Gubrium and Holstein's (1998) concept of *narrative practice*, we can learn something about the preconditions/auspices for enabling adolescents' therapeutic storytelling, a "safe haven," where they are listened to. A sheltering environment, with a professional who is interested in listening to the adolescent tell their story, increases their autonomy. Westberg Häggström *et al.* (2020) have pointed out that adolescents are not able to access adequate help from public health services regarding their mental ill-health. However, in our study, a vast majority of the adolescents (Table 1) did

gain access to both formal mental-health services and SSWs. This might have contributed to their ability to focus on problems/concerns from different perspectives in different contexts, i.e. to focus on reducing symptoms in public health and on the problem from the perspective of the whole person in a relational setting with the SSW. In addition, allowing young people to seek counselling themselves while in school gives a greater sense of control and access than might be possible within formal mental-health services (Knight *et al.*, 2018). However, to be able to consult an SSW in school is not a reality for all children. In some parts of Sweden, SSWs share their time between a number of schools (Kjellgren *et al.*, 2022), which contributes to differences in access and the availability of counselling. Children in rural areas face greater difficulties in gaining access to public healthcare (Hernan *et al.*, 2010), which might further hinder them from receiving adequate help, either from school or public healthcare. It could be of great interest for further research to study differences in approach in various counselling settings and adolescents' opportunities to access adequate help in different parts of Sweden, and also in different regions and municipalities.

Docking at the SSW's pier implies an opportunity for adolescents to tell their stories, their autobiographies. Gubrium and Holstein (1998) and Bruner (1987) explain this phase as *narrative composition*, like playing a piece of music. Creating a working alliance (Kietabl, 2012) creates an opportunity to unpack negative identity conclusions and break away from them by composing an alternative interpretation and narrative. This could be seen as a dyadic exploration of life knowledge between the SSW and the adolescent. According to Knight *et al.* (2018), the relationship between adolescents and SSWs has several important features that contrast with the usual hierarchical relationship between students and teachers. SSWs are disconnected from educational tasks and assessment functions. This might mean that it is easier for [...] adolescents to compose their narratives more freely.

The adolescents in this study found the opportunity to reflect and act upon their life narrative facilitating. This could be understood as what Gubrium and Holstein (1998) describe as *narrative control*. These individual narratives also include memories of how significant others have responded and most likely will continue to respond in pressurised situations. According to Prout and James (2015), adolescents' "truth" about themselves and their situation tends to be self-validating in negative terms. Furthermore, these "truths" are often rigid, they are reproduced and manifested. For the adolescents in this study, it seemed impossible to find their way further on the bonds and relationships between themselves, their parents and teachers before entering counseling. Our results show that, during counselling, the adolescents found ways to unlock vicious circles by reflecting upon their life narrative as a whole person.

In our study, the adolescents showed an understanding of the mutual impact of parents' and adolescents' concerns for each other. They emphasised that they were a burden to their parents. Hence, it became important that SSWs were available with their expertise and offered a professional frame for counselling as a way for the children to make this part of life discussable to create a more authentic self. Michelson (2022a, 2022b) found that adolescents wonder about their lives and worry about becoming like their parents (including parental problems), as well as the parental perspective dominating in the sense of knowing more than the adolescent. This was not prominent in our results but could be a possible explanation for the adolescents' preference to exclude their parents from counselling sessions and contact with the SSW. Hochschild (2013) argued that the traditional family's position as a safe haven in a hard world is no longer the case. Those things that once were part of private life – love, emotional presence, friendship and a listening ear – are being transferred and transformed into packaged expert services. Our study reveals that the SSW could be one of those experts and an important person enabling the adolescent to be understood as "a whole person." It is the emotionally

trusting relationship, the alliance between the SSW and the child, that constitutes the very basis for change.

### ***Psychosocial expertise – SSWs' professional function***

At an individual level, [...] school social workers possess overall knowledge about identifying risk factors and how to strengthen protective factors for children. One important task for SSWs, the psychosocial experts in schools, ought to be meeting children and facilitating their individual development. In a broader psychosocial sense, this will prepare them for the strains of modern life (SKOLFS 2021:5; Skolverket, 2022). According to the law (SFS, 2018:1197), children have the right to receive support and be able to explain their situation freely. The adolescents in our study wanted free space, a room and a listening ear without interference or interpretations from other adults. In addition, when adolescents, such as some of those in this study, are heard and understood as creators of their own life narratives through their storytelling (Prout and James, 2015), they can also give voice to their own *narrative composition* (Gubrium and Holstein, 1998) by integrating concerns about, or eliminating them from, their "lives as a whole." This could be interpreted as a way of both socialising adolescents (in norms and values) and the subjectification function, which could include the strengthening of independence and space to support the child's own actions and give them the opportunity to exert influence.

The results of this study clearly show that the SSW's flexibility in counselling is beneficial to adolescents. Good counselling relationships between SSWs and adolescents are essential (Howe, 2008) in the provision of meaningful mental healthcare for young people. This includes the creation of trust, confidentiality, a collaborative approach (Lynch *et al.*, 2021), a working alliance and agreement about goals (Tracey and Kokotovic, 1989). Such a relationship contains a holding function with healing value (Ferguson *et al.*, 2022). Furthermore, the SSW's ability to establish a trusting relationship enables adolescents to exercise their autonomy and handle their lives (Geldard *et al.*, 2017).

The adolescents in this study spoke in positive ways about their SSWs and the counselling relationship. Thus, they also described the hampering experiences of a relationship that changed over time, moving from a professional relationship to a more friendly one, which became less helpful. This could have affected the *working alliance*. Adolescents who attended counselling over a long period had noticed that the SSWs changed their posture and conveyance of counselling and its purpose. Early on, the counselling focused on [...] processing the adolescent's concerns, while further into the process, the counselling sessions graduated to a more friendly character. Furthermore, a lack of agreed goals and working models/methods may also have affected the working alliance negatively.

One prominent strength of this study is that the participants described their individual counselling in great detail and provided richly illustrated challenges and merits of their counselling relationship with an SSW. Our overall impression is that the adolescents who participated enjoyed sharing their stories during the research interviews. Furthermore, the interviews covered the total period of counselling contact experienced by the adolescent. One limitation of our study is the time-limited approach of a single interview occasion. This calls for further research with a longitudinal research design, which could explore more aspects of the counselling process and relationship, which should be of interest.

This study highlights the necessity of focusing on children's mental ill-health, their psychosocial situation and their need for adequate support. The findings highlight the importance of assisting adolescents in reaching their knowledge goals and supporting their social and emotional growth by listening to their "whole story."

In line with previous research (Huxtable, 2022; Kjellgren *et al.*, 2022), this study shows that SSWs could be among the central actors supplying this support. However, it is worth considering that SSWs provide support to the children despite a lack of guidelines for the performance of SSW's work (Kjellgren *et al.*, 2023a), which also may affect SSW's individual counselling in a school environment.

## Conclusions

The findings reveal facilitating and hampering components in the important processes that occur during individual counselling. Apparent hampering components are when the SSWs become overfriendly or too distanced or when parents are included in counselling sessions. The facilitating components in the SSW-adolescent counselling relationship are the SSWs' attentive listening in a friendly-professional approach in an environment that forms a "safe haven." The adolescents' desire is to be able to speak freely and autonomously, to present the entirety of their life as a narrative, to be taken seriously with a focus on their concerns and a whole-life approach, and a willingness and power to "dock the boat." For adolescents, this narrative composition and the creation of a coherent life narrative is essential in counselling to be able to finally call "cast off" and sail ahead.

## Note

1. Final row is labelled Total. The contents provides a summary of the columns contents.

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