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Particularities of the Professional Helping Relationship with Children

Specyfika profesjonalnej relacji pomocowej z dziećmi

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ABSTRACT

This article is based on a real case of intervention between a social educator and a child in second childhood. It focuses on developing professional helping relationships with children, thus, reflecting on the particularities of the request, the praxis, and the role of each actor. Since it is one of the possibilities of psychosocial intervention, the helping relationship is based on a relational experience in which the professional becomes a facilitator of the child's development, in a close and safe friendly atmosphere. The relational meeting requires the professional to have qualities, such as authenticity, empathy, respect, and unconditional acceptance of the other, be it the child or his carers. This article aims to reflect on the implications of the practice of helping relationships in child interventions and contribute to a better understanding of the importance of these relationships throughout each child's change and empowerment process.

Keywords: helping relationship; professional; children; Home for Children and Youth

INTRODUCTION

The *helping relationship*, a term coined by Carl Rogers (1995), is a possibility for psychosocial action, based on a quality relationship. In a relationship

of proximity and affection, professionals facilitate the transformation process of the people they help in favour of a more adjusted and complete development, well-being, and empowerment. Helping relationships with children have specific characteristics that are important to emphasize and reflect on. Therefore, based on the narrative of a real case of a helping relationship with a child, this article aims to present and analyse the intervention developed, reflecting on the particularities of its praxis, requests, and the role of each participant.

The helping relationship with children: Brief theoretical framework

The professional helping relationship, as a possibility for psychosocial intervention, can develop in the day-to-day reality of the assisted person – in which the spontaneity, lack of planning, and unpredictability of situations tend to prevail – but it can also happen occasionally, in a structured way and through prior scheduling (Simões et al., 2006).

The professional tries to help the child to find himself better and to adapt to the surrounding contexts (Capul, Lemay, 2019) through regular and intense meetings (Rogers, 1995) and/or by sharing his daily (co)existence. That is, the helping relationship aims to change behaviours, attenuate symptoms, develop the capacity for adaptation and the ability to face the adversities of the child's existence, as well as to make helping networks efficient and necessary for the recovery of mental health, autonomy and improvement of the quality of life (Chalifour, 2008; Grooss, Mcmullen, 1982, quoted by Soriano, 2005; Rogers, 1995).

According to Simões et al. (2006), one of the characteristics that differentiate the helping relationship from other relationships is the fact that it is asymmetric, since the roles and functions of the actors are distinct, although this does not mean that one is stronger and more dominant, whereas the other is weaker and more passive. Both play significant and complementary roles: the person who helps, whose function is to empower and facilitate the development, and the one who is helped, by having an inner strength, which is the driving force of this relationship. Another aspect to be emphasized is that the helping relationship is a non-directive process, that is, the professional when viewed as a development and self-discovery enhancer, should not overlap or make decisions for the other, nor take sides or provide solutions, since the subject is expected to be able to (re)find his path (Rogers, 1995). The professional must be particularly available to listen to and interact with the child, refraining from sharing confidences about his personal and emotional life (e.g. Haubert, Vieira, 2014; Telles, 2014; Wolff, 1999).

Rogers (1995) has listed a set of conditions for the development of a helping relationship, namely: the regularity of the meetings between the actors; an intervention that is significantly free of control patterns and contexts; the ability of the assisted person to express his tensions, self-commitment, and self-understanding.

Also, in the helping relationship with children, regular meetings, based on an "emotional and shared experience" (Matos, 2006, p. 4), should take place for a sufficiently long time to create meaningful bonds between the professional and the child, to develop complicity between them, and foster and value the processes that are needed for the expected change to happen. The continuity, depth, and intensity of this relationship seem to influence the improvement of the child's symptoms and development (Deakin, Nunes, 2008; Goodman et al., 2017), particularly when the child has educational or other difficulties, lives with carers with mental illness or is part of a specific family configuration, such as single-parent families (Wolff, 1999). Although the duration may affect the curative and transformative power of the intervention (Matos, 2004), it is not possible, however, to predict exactly how long each situation will take, since the success and efficiency of the helping relationship vary according to the depth, the objectives of the intervention and the internal and intuitive availability of the professional, as well as of the assisted person.

The helping relationship begins when the child is admitted, preferably in a climate of openness, respect and interest for what the person is, and the helping professional should show curiosity, enthusiasm, desire to help and hope for change. Thus, at first, the exchanges between the actors permit to clarify the request for help, the expectations regarding the process and to know more about the person who needs to be helped (Chalifour, 2008).

The expression of tensions and the capacity for commitment and understanding arise differently among children, young people, and adults. In second childdhood, given their developmental characteristics, children should be helped to express, in a verbal and non-verbal way, their thoughts and feelings, particularly the deeper ones, as they have fewer skills to describe them, and it is more difficult for them to provide concrete accounts of their life stories (Wolff, 1999). It is, therefore, essential that the professional uses, according to Andolfi (2014), "a playful and symbolic language, expressed through play and non-verbal signals" (p. 25). Inventing stories during the intervention process "is like telling the child: let's talk about ourselves through a story" (p. 79). As for metaphorical objects, these can be of great evocative value and can reveal, through real resources, feelings and emotions of the child's reality. For example, the wand allows the professional to question the child: "If you had the possibility of actually using it, what magic could we do with your family?" (p. 262). The use of drawing, games, and diversion may also be important for this intervention, because, through them, the child can talk about his moods and the conflicts he experiences or that happen in his social reality. The child can also express himself about how he assimilates certain situations and assigns them new meanings (Conti, Sperb, 2001, quoted by Hansen et al., 2007). As referred by Estrada (2016), it is through diversion that "children learn much of what they know about themselves and the world, but also project their fantasies, hopes, and fears" (p. 119). Play-Doh/plasticine, pottery, puppets,

and walks with the professional can also be useful for such intervention (Wolff, 1999). In contrast, card games or puzzles are less effective because they do not facilitate the expression of fantasy, but they may be used with more inhibited children. Relational questions can also be used in different formats. We have for example the "as if" questions which can be used to ask for something instead of something else, "entering a dimension in which a child can only suppose or imagine, for example, »If your mother were here what would you say?«" (Andolfi, 2014, p. 76); the "metaphorical questions" refer to "a creative language in which a concrete image is used to mean something else" (p. 76); and the "more or less" and "before or after" questions (p. 77) as well. The instruments and strategies should be appropriate for the child's age, interests, and resources. They should help the professional decipher the predominant thoughts and feelings in the child's mind and enable the child to understand and tolerate his conflicts (Wolff, 1999). Moreover, the professional should be able to healthily regress into age, playing genuinely and getting involved in the activities proposed by the child, to be able to communicate with him through the children's language (Castro, Sturmer, 2009).

Given that the intervention with children is not usually carried out at their request, but at their carers' request, and since children depend on them for their care and education, the professional needs to establish a close relationship with the carers considering them as co-participants and co-responsible for the process of change (Castro, Sturmer, 2009; Kazdin, 1996, quoted by Deakin, Nunes, 2008; Strecht, 2002; Wolff, 1999). However, it is not always possible to establish and maintain a connection with the carers (Costa, Dias, 2005). Since many of the difficulties and resistances observed come from the feeling of guilt and failure that the family feels towards the child, fearing to be judged and criticized by the professional (Capul, Lemay, 2019), he needs to be sensitive to these issues (Castro, Sturmer, 2009).

Parents are very often the target of the intervention during the child's helping process since the family often has needs that go beyond child support. In any case, intervention should always aim to be in line with the objectives and priorities of the family and establish a crucial relationship of trust between the actors to create a context of change, in which parental skills must be strengthened (Dunst, 2017; Dunst et al., 2014; Dunst, Espe-Sherwindt, 2016).

The end of the helping relationship should be prepared so that the child does not feel abandoned by the professional (Mesquita, Ribeiro, 2009). At this stage, it is important to relive the experiential process of help, allowing the child to identify the successes achieved, as well as aspects that (still) need to be observed (Luz, 2005, quoted by Castro, Sturmer, 2009) and the professional can ensure his willingness to help the child in the future if needed (Mesquita, Ribeiro, 2009).

For all these reasons, it is obvious that the helping process takes place in a relationship of intimacy and is based on a new birth of the child from the "maternal uterus" of the professional (Matos, 2006, p. 8). As a result of establishing relationships

of significant quality, this helping relationship can culminate in true therapeutic miracles (Soriano, 2005), since the professional becomes an object of development that enables and creates conditions for the child's development (Matos, 2006).

DAVID: A STORY OF A HELPING RELATIONSHIP

Method

The following case study happened in a Home for Children and Youth over three years, between a child and a social educator, his guardian, and his case manager. The option for a case study was done once we investigated an intersubjective, descriptive, and comprehensive knowledge of the reality investigated. In this approach, the meanings and processes assume big relevance and the data tends to be analysed inductively (Bogdan, Biklen, 1998).

This study aimed to investigate the specificities of a professional helping relationship developed with children, based on a real experience. A semi-structured interview was carried out with the professional. She was asked if she had ever developed any helping relationships in her professional context. If so: a) how the helping relationship was built and developed; b) what were its particularities as it was developed with a child and in a foster home; c) what was its praxis; and d) what was the role of each social actor. An audio recording was made.

To ensure the confidentiality of the child's identity, his name and some of his life stories have been changed, and professional and institutional identifications have been omitted. The study complies with internationally accepted ethical guidelines and relevant professional ethical guidelines. Informed verbal consent was given (only) by the professional, as she was the child's guardian and case manager.

David

David was an 8-year-old child, the youngest of four siblings, all of them placed in institutions. Coming from an economically disadvantaged single-parent family and without any family background, he was, since he was born, covered by a legal process of Protection and Promotion of Children at Risk. His mother had psychic and emotional disorders and was diagnosed with a clinical picture of chronic depression, requiring daily pharmacological therapy, which she chose not to take.

The mother-child relationship, very close and emotional, was characterized by the absence of rules and blurring of roles, turning David into "a small commandeering and shouting dictator". He did not accept the presence of other elements, brothers or father. He has no contact with his father whose whereabouts are unknown.

David did not attend pre-school education. When he was six years old, he started the first grade and began to show aggressive behaviours towards his peers

and to the teacher, and revealed a low achievement at school. The situation got worse, his mother threatened the teacher, she constantly found excuses for her son's behaviour, and she had suicidal and homicidal ideation (towards her child). Therefore, in 2011, David was admitted to a Home for Childhood and Youth.

The child's integration into an institutional context was difficult due to the separation and distance from his mother, as well as the feeling of personal guilt regarding what had happened. David tended to isolate himself from the other children and preferred playing alone. He often cried, and was sad, and conflicts and an absence of trust characterized relationships with adults. The social worker, his case manager, was paying attention and sensitive to these signs and tried to build a relationship of proximity and trust with him. She tried to help him understand why he was admitted to the institution, not only in her private office but also during the institution's day-to-day activities, trying to reduce the feeling of guilt and facilitate his integration, welfare, and global development.

Because it was difficult for him to trust others, David was first afraid to talk about himself, his family, and his reality. Nevertheless, he was able to share, through writing, his deepest stories and feelings. When he shared some experiences related to his mother, he tended to do it in an idealized way, which did not correspond to reality. Without confronting his story, the professional was emotionally available to listen to his joys, sorrows, fears, and desires, respecting his rhythm and showing an attitude of acceptance, without judging him or his mother, which enabled her to establish and consolidate the helping relationship gradually.

Many strategies and instruments were used during this intervention, such as conversations, games, and drawings, amongst others, provided by the professional and selected by the child. While they were playing or walking around the institution, the professional empathically tried to give new purposes and meanings to whatever the child would share – namely the importance of his mother for him, the understanding of the feelings they felt for each other, distress, pain and guilt caused by separation – so that he would progressively understand his inner and relational experience.

The sharing of institutional daily life enabled the professional to observe and know David in his multiple dimensions and to intervene immediately, especially when there were conflicts between him and his peers, leading him to reflect on the meaning(s) and the impact(s) of his attitudes and behaviours.

Considering the severe psychic pain and symptomatology evidenced, the case manager, in conjunction with other professionals, managed to get the child to attend weekly psychotherapy sessions with the psychologist of the institution coupled with child psychiatry counselling. At the same time, she tried to involve Andre's mother in his life project. The expenses related to the trips would be supported by the institution as agreed during the educational team meeting.

The intervention with the mother did not have the desired effects since she was not willing to be part of the process. Nevertheless, she agreed to have psychiatric

counselling as suggested by the case manager and the psychologist, accepting that she first needed to work on inner dimensions before she would be able or could work on her relationship with her child.

Despite the insufficient involvement of the mother, David has evolved, and, after a year of daily coexistence, he trusted and felt safe with the professional. At this stage, he had already accepted that he was in an institution, so the intervention started to focus on analyzing his behaviours toward his peers and searching for strategies that would allow enhancing his interpersonal relations. Because he was more stable emotionally, David started to regularly spend weekends at home. However, after a few days with his mother, he started to reveal signs of disorganization and instability, since the relationship pattern between them persisted. Tantrums and defiant behaviour were then common, which forced the professional to set, in a healthy but firm way, limits to his behaviour.

Throughout the process, the professional tried to establish short-term goals with the child. By involving him and encouraging his participation, she made him feel valued, with skills and co-responsible for the process of change. Some of the objectives were related to improving school achievement, others with interpersonal relationships and one of them was associated with leisure purposes, such as sports. His involvement in the process and his gradual emotional stability had a positive impact on his achievement at school, as well as on his interpersonal relationships. David seemed more tolerant of his peers, particularly at school, and with adults. He was most likely to deal with his frustration and to interact in a more adjusted and healthy way.

As the child succeeded in achieving his goals, many rewards were used so that he would stay focused on pursuing the necessary and desired changes. For example, he could enjoy some activities: a trip with a reference adult, a trip to the cinema, or a snack outside the institution. Initially, David chose to be accompanied only by the professional, but progressively some children were involved in these activities, thus, showing that he had established privileged relationships with some children and that he had forged his circle of friends.

After two years of this helping relationship, David showed a significant improvement. Although he sometimes presented difficulties in his relations with his peers, he particularly seemed to understand the need for rules and limits in interpersonal relationships and daily living. Feeling no more guilt, he appeared to accept his reality and was more capable of managing and tolerating frustration. He seemed to have accepted and understood the influence of several factors, which he could not be held responsible for and could not control, factors which had conditioned his life and led him to be institutionalized.

Now, David is in the group of teenagers of the Home for Children and Youth, the reason why the change of room and case manager has become inevitable. To prepare for the end of the helping process in advance, the professional, the

psychologist, and the child had a meeting to inform the child about the change coming. Thus, the change took place gradually: David started to have dinner with older children and then he started to sleep in their room, although he kept attending the activities of the first group. The professional continued to be available to help him, although she was not as present in his daily life as she was before.

Although the end of the helping relationship had been planned and desired, it was painful for both David and the professional. However, they knew that physical and emotional detachment was necessary, and they both accepted the separation as necessary to a new beginning, based on greater autonomy, independence, and empowerment.

Discussion about the helping relationship carried out with David

The analysed helping relationship was built and consolidated within the daily dynamics of a Home for Children and Youth and of the social actors involved in it, as well as the interest, curiosity, and willingness of the professional to be emotionally involved and to feel that everyday life is going on when nothing seems to happen (Pais, 2012). For three years, the relational experience has made possible the necessary emotional investment to reach the changes that had been envisaged and the recovery of the child's healthy development.

As mentioned above, in a helping relationship with children, the parents usually ask for help in the child's interest. They do it either on an autonomous basis or because they were advised to do it by teachers or other professionals (Castro, Sturmer, 2009; Wolff, 1999). However, in some cases, as for David, the professionals and entities, such as the courts, feel that intervention is necessary. This happens, as reported by Wolff (1999), when there are recurring situations of gross negligence – as was the case of David – of mistreatment and physical, sexual, or psychological abuse. The call for help and the recognition of the child's problem(s) come, as we can see, mostly from adults (Wolff, 1999; Deakin, Nunes, 2008; Castro, Sturmer, 2009). Children rarely ask for help directly (Castro, Sturmer, 2009), as they have fewer skills to describe their thoughts and feelings and more difficulty providing concrete accounts of their life histories (Wolff, 1999). Nevertheless, they find ways of expressing their anxiety, distress, or other conflicts, and this must be considered by adults (Castro, Sturmer, 2009).

Low tolerance for frustration, hostility towards the peer group and adults, particularly teachers, the difficulty in being separated from his mother, and his sadness can indicate David's need for help. Children usually reveal some of their emotional difficulties by changing their behaviour where the "acting and non-mentalizing side" prevails (Strecht, 2005, p. 160). In addition, when a given problem or emotional disturbance, be it transitional or prolonged, or adverse circumstances arise, the child's learning ability tends to be affected (Strecht, 2005),

which enables one to understand and justify the low school achievements at the beginning of this helping relationship.

The intervention began shortly after David was institutionalized. From the very first moment, the professional of the helping relationship, the case manager, showed emotional availability, curiosity, and willingness to enter the child's world, as defended by Castro and Sturmer (2009). She intended to create an attachment as safe as possible. During the regular meetings and daily coexistence, conditions were formed to establish a friendly, harmonious, and secure relationship (Axline, 2003; Wolff, 1999), which enabled gradual emotional bonding and the establishment of proximity and trust between them.

In the first moments, the professional tried to know and understand the child as an individual, but also as a member of a family, school, and community. She first tried to reassure the child that his presence was intended to help him understand himself better. To achieve this, she needed to identify the child's difficulties and the underlying causes, to perceive any possible psychopathology affecting the child or one of his carers (Wolff, 1990), as well as to find out about their resources and potentialities. Giving voice to the child, she also tried to involve the mother, the school, and other professionals (psychologist and paediatrician) to envisage an articulated work, as defended by several authors (e.g. Castro, Sturmer, 2009; Strecht, 2005; Wolff, 1999).

Carrying out anamnesis with carers and other professionals and accessing information that only they have, can help understand the purpose and meaning of what the child tries to express. It also provides a better knowledge of the people with whom he interacts and enables the professional to more accurately consider the intervention to be performed (Wolff, 1999). Besides the fact that this collaboration is important at an early stage, it should also take place during the intervention, since the active involvement of these actors can lead to faster and more significant changes (Strecht, 2005).

The articulation with other professionals happened naturally and positively but the intervention with the mother brought challenges that led the professional to reflect on herself as a person and as a professional. There was, from the beginning, a total openness and unconditional acceptance, as regards the child. On the contrary, this did not happen with his mother. Her beliefs, expectations, and stereotypes often affected the relationship she tried to build and the intervention itself. She was aware of this situation and, besides carrying out a personal analysis and reflection, she asked for help to present the difficulties she was experiencing and to discuss the ongoing intervention. Held by the psychologist of the institution, they had some, rather few, meetings, with little involvement and, consequently, with few results with the child. However, the mother could initiate a psychiatric follow-up to work on the inner dimensions that prevented her from being attentive, sensitive, and responsive to the child's needs.

The professional must also ensure in this early phase that the child is actively involved and participating in his process of change (Chalifour, 2008). One of the first tasks carried out by the professional was to show interest and curiosity in listening to the child, namely his perception of the reasons and impacts of his institutionalization, and his scholastic and relational difficulties. The professional must show that she unconditionally accepts the child, without judgments, and that the child can and should talk about matters that are important to him and that affect him (Wolff, 1999), without fear or shame. This position of unconditional acceptance and relational honesty was assumed by the professional. Consequently, David gradually started to trust her and was integrally and genuinely included in the relationship.

The confidentiality and secrecy of the issues brought by the child should be emphasized from the beginning of the relationship (Castro, Sturmer, 2009; Wolff, 1999). That happened in this case because the professional understood the importance of confidentiality, either for the child to trust him or in the development of the helping process: *He was said he could trust the professional and that nothing would be told to his mother or to any other adult or child.* Thus, as defended by Deakin and Nunes (2008), the child was reassured that his conversations would not be revealed to other people unless he allowed it. If, at any time, the professional considers the breach of confidentiality as fundamental – because some issues do not allow for confidentiality, given the criminal laws and for child protection – she should help the child understand that, to protect him, she could not guarantee confidentiality for certain revelations (Wolff, 1999).

When the child had difficulties expressing himself verbally, he chose to write some of his experiences and feelings (*He used to write… Sometimes short sentences, but they helped him understand what he was feeling*). Writing emerged on his initiative and interest and was used whenever it was found appropriate. Bearing in mind that the helping relationship tends to reveal the subject's intimacy (Soriano, 2005) and that the child should be assisted in expressing his thoughts, it should be possible to use various forms, strategies, and instruments of expression/interaction with children during the intervention (Wolff, 1999). In addition to conversations and writing, the use of games, drawings, and group dynamics exercises with other children were equally privileged, although at a later stage of the helping process. The willingness and interest shown by the professional in being and entering the world of the child led her to be attentive to the forms of expression that had proved to be more adjusted to interact, involve and work with the child.

It is the responsibility of the professional to understand and interpret the symbolic content underlying the child's verbal and non-verbal communication. This presupposes an empathic attitude, characterized by the ability to capture the subjective world of the child as if it were hers (Rogers, 1995). It also implies that the professional assumes that he knows how the child has faced certain situations

(Wolff, 1999) and he does not judge and respects the child's rhythm and participates in his experience, by putting herself in the child's place and trying to see the world as the child sees it (Rogers, 1995). As already seen above, the professional has shown, from the beginning and throughout the whole intervention process, an empathic and welcoming attitude, which allowed her to communicate and to be strongly connected with David. She, thus, accessed more intimate details of the child, since he trusted her and felt more accepted and understood and then gradually started to expose himself insofar as he was able to tolerate his pain. He understood it was time to face his issues and fears that had restrained him from being happier and to grow in an integral and rewarding way.

The helping relationship has evolved, and this evolution was linked to the unconditional acceptance of the child by the professional (Axline, 2003; Rogers, 1995). By accepting David's different facets – particularly his feelings, disappointments, and difficulties – she enabled him to gradually accept himself, as well as his personal reality. He started to be able to undergo his feelings and to discover the meaning of his experience, in a climate of security and full acceptance. Meaningful learning (Rogers, 1895) about himself and his reality was happening, and the changes arising from them happened in a tenuous but consistent way.

Although the professional fully accepted the child, she did not allow him to adopt aggressive attitudes that would endanger him or others. When David was aggressive, he tended to be anxious, out of control, and afraid of his power. The professional did not react in a counter-transferential way, she understood the purpose and meaning of this behaviour and attempted to make him understand himself, dominate and tolerate his feelings so that they would not be expressed in his behaviour. Although the professional should be able to accept the manifestation of the child's feelings, the establishment of rules and limits, as a form of non-hostile control, becomes essential for the child to understand his responsibility during the relationship (Strecht, 2005; Wolff, 1999). It is the construction of an authority and protection identity which limits or overrides the need to punish as a way of modifying the child's behaviour (Strecht, 2005). One of the initiatives carried out by the professional, when the child behaved aggressively towards the group, was, first, to discontinue the behaviour, and then, once he was calm, to talk and reflect with him, in private, about what had happened, trying to reach the purpose of his anger, frustration, and aggression. Through the intervention, the professional was attempting to maintain the safety of the child and others, and by making simple comments about his feelings and behaviours, she aimed at better understanding the behaviours and feelings related to them, to avoid new negative reactions and to promote better management of the emotions. When control was not established, the professional held the child firmly but with affection until his anxiety or aggression was controlled. At the same time, she gave him responsibilities, which enabled him to accept himself as

a person of rights, but also of duties, free and responsible for his decisions and his conduct. Should there be no responsibility, as Delgado (2006) affirms, the child's behaviour may jeopardize his interest, the rights of others, and of those who live with him and share his environment daily.

Given the challenges presented, the importance of the helping professional is, as referred by Veiga (2009), Veiga et al. (2011) and Veiga et al. (2017), an emotionally mature and balanced person who can reflect on his own and other's behaviors and emotions, as well as to handle them. This emotional maturity enabled the professional to help David manage his difficulties, "without reacting emotionally, counter transferentially, to his transfer reactions" (Mauco, 1983, quoted by Veiga, 2009, p. 50).

After a sufficiently long time, the gradual emotional stability of the child and confidence in the professional created conditions to intervene in dimensions related to his difficulties in establishing and maintaining healthy interpersonal relationships, be it with the peer group or with adults: *I used a few examples. I tried to explain to him: "Imagine you were in the street and someone told you something like that. How would you feel?". I used practical examples, if possible from his daily life, to help him realize that his posture was not always the most appropriate. Always without judging him.* This approach became possible because, insofar as the relationship evolved, the child perceived better the helping process and the role of the professional and his role in this relationship, which enabled him to become more and more involved in the identification of conflicts and in the ways of overcoming them, thus becoming progressively more prepared to welcome the professional's opinions, as referred by Castro and Sturmer (2009). Throughout the process, the child started to feel free to address the issues that were worrying him and began to look at and feel the professional as a person who, besides being part of his institutional daily life, was part of his life. Besides, he could make use of subjects or plays from former meetings whenever he wanted to. His continued presence restored comfort and genuine hope and allowed him to solve some of his internal and relational issues, and empowered his healthier side. As mentioned by Strecht (2002) and Wolff (1999), the establishment of a real emotional relationship in which the child gets a positive image of what he is and feels understood by the professional, can lead to the recovery of his normal psychic growth and help him healthily face his life and adversities by borrowing the qualities of the professional. It is, thus, understandable that the professional has become a source of real gratification and a model of identification/role model for the child.

As previously mentioned, the end of the helping relationship, which must be agreed upon and prepared, is always a challenge, since it implies a relational loss with which it is necessary to be able to handle and overcome. In David's case, the end was promptly considered and prepared by everyone involved, given his improvements and natural group change. At this stage, both the professional and the child had time to share the purposes, meanings, and feelings about what they

had experienced in the relationship, considering the change "an opportunity to experience new and good intra- and interpersonal experiences" (Mesquita, Ribeiro, 2009, p. 149). As previously mentioned, the professional experienced this moment with a certain ambivalence. She was proud of David's positive changes and had a sense of accomplishment, but she also felt sad for losing a very close and meaningful three-year relationship. Nevertheless, she was aware of the ultimate goal of the intervention, and she was happy to see him leave, with wings to fly. He could return to his safe nest whenever he wanted and needed to!

CONCLUSIONS

"No one establishes a quality relationship with another person without reaching his heart" (Estrada, 2016, p. 22). Also, in the helping relationship with children, professionals must, first, realize how to gain their trust and their hearts (Estrada, 2016). In the relationship established between the helping professional and David, built and developed gradually in the daily life of the foster home, the affection and the attitude of acceptance and empathic understanding of the professional allowed the child to start trusting her and to become captivated, due to her willingness to be involved and be active in the process of change. The "trick to unlock the child's condition is (...) trying to feel the same way as he feels by looking at his heart, gaining his trust and leading the way for change that everyone is looking forward, based on a healthy relationship" (Estrada, 2016, p. 122). It was in and through a stable and secure relationship that David has changed his way of feeling, thinking, and acting. Freed from the guilt that enslaved him, he was, at the end of the process, more autonomous, able to grow and develop healthily.

The helping relationship is certainly one of the most powerful interventions in social intervention, as it creates conditions that allow the person being helped to overcome limiting or painful situations (Simões et al., 2006). In this process, the professional has a huge responsibility and a leading role, as they are the facilitators of the change process (Soriano, 2005).

As mentioned throughout the article, in the helping relationship with children, the professional is supposed to help them resolve their issues and resume their full development. Due to the dependency characteristic of childhood, it is important to involve their carers or legal guardians during the intervention to have a greater impact and speed up the change process. Drawings, games, movies, and symbolic play can be used to reach the child's (inner) world (e.g. Castro, Stürmer, 2009; Wolff, 1999). This can be a challenge for professionals, as it is not always easy to "leave the adult and intellectualised world to reach the child's playful world, with all its symbolism" (Costa, Dias, 2005, p. 45).

Finally, it should be emphasised that professionals should genuinely enjoy working with children and regards them with respect and consideration, regardless

of their age. Professionals are expected to be truthful, honest, spontaneous, and creative in the relational and change process. Their presence, attention, and actions must correspond to the children's needs, allowing themselves to be involved in children's play and worlds (Castro, Stürmer, 2009). But, as children become more autonomous and their healthy development resumes, professionals' actions and presence must be gradually dispensable.

REFERENCES

Andolfi, M. (2014). *A criança como recurso terapêutico*. Lisboa: Editorial Caminho.

Axline, V. (2003). *Terapia de juego*. Mexico: Editorial Diana.

Bogdan, R., Biklen, S. (1998). *Qualitative Research for Education: An Introduction to Theory and Methods*. Syracuse: Allyn and Bacon.

Capul, M., Lemay, M. (2019). *De l'education spécialisée*. Paris: ERES.

Castro, M., Sturmer, A. (2009) A clínica com crianças e adolescentes: o processo psicoterápico. In: M. Castro, A. Sturmer (Eds.), *Crianças e adolescentes em psicoterapia: A abordagem psicanalítica* (pp. 77–96). Porto Alegre: Artemed.

Chalifour, J. (2008). *A intervenção terapêutica. Os fundamentos existencial-humanistas da relação de ajuda*. Loures: Lusodidacta.

Costa, M., Dias, C. (2005). A prática da psicoterapia infantil na visão de terapeutas nas seguintes abordagens: Psicodrama, gestalt terapia e centrada na pessoa. *Estudos de Psicologia*, *22*(1), 43–51. DOI: 10.1590/S0103-166X2005000100006

Deakin, E., Nunes, M. (2008). Investigação em psicoterapia com crianças: Uma revisão. *Revista de Psiquiatria do Rio Grande do Sul*, *30*(1).https://dx.doi.org/10.1590/S0101-81082008000200003

Delgado, P. (2006). *Os direitos da criança. Da participação à responsabilidade*. Porto: Profedições.

Dunst, C. (2017). Family systems early childhood intervention. In: H. Sukkar C.J. Dunst, J. Kirkby (Eds.), *Early Childhood Intervention: Working with Families of Young Children with Special Needs* (pp. 36–58). New York: Routledge / Taylor & Francis Group.

Dunst, C., Bruder, M., Espe-Sherwindt, M. (2014). Family capacity-building in early childhood intervention: Do context and setting matter? *School Community Journal*, *24*(1), 37–48.

Dunst, C., Espe-Sherwindt, M. (2016). Family-centered practices in early childhood intervention. In: B. Reichow, B. Boyd, E. Barton, S. Odom (Eds.), *Handbook of Early Childhood Special Education* (pp. 37–55). Springer International Publishing Switzerland. DOI: 10.1007/978-3-319-28492-7_3

Estrada, M. (2016). *Um mapa para chegar ao coração da criança*. Lisboa: Oficina do Livro.

Goodman, G., Chung, H., Fischel, L., Athey-Lloyd, L. (2017). Simulation modeling analysis of sequential relations among therapeutic alliance, symptoms, and adherence to child-centered play therapy between a child with autism spectrumdisorder and two therapists. *Clinical Child Psychology and Psychiatry*, *22*(3), 455–466. DOI: 10.1177/1359104517691082

Hansen, J., Macarini, S., Martins, G., Wanderlind, F., Vieira, M. (2007). O brincar e suas implicações para o desenvolvimento infantil a partir da psicologia evolucionista. *Revista Brasileira de Crescimento e Desenvolvimento Humano*, *17*(2), 133–143.

Haubert, C., Vieira, A. (2014). Símbolos, complexos e a construção da identidade na psicoterapia com crianças. *Aletheia*, *45*(1), 222–237. https://www.redalyc.org/pdf/1150/115048474017.pdf

Matos, A.C. (2004). *Saúde mental*. Forte da Casa: Climepsi Editores.

Matos, A.C. (2006). *Para que serve uma psicanálise hoje?* Paper session presented at I Congresso Luso-Brasileiro de Psicanálise, Lisboa.

Mesquita, R., Ribeiro, E. (2009). Aliança terapêutica e finalização da terapia. In: E. Ribeiro (Ed.), *Aliança terapêutica: Da teoria à prática* (pp. 143–165). Braga: Psiquilibrios Edições.

Pais, M. (2012). *Sociologia da vida quotidiana*. Lisboa: Imprensa de Ciências Sociais.

Rogers, C. (1995). *On Becoming a Person: A Therapist's View of Psychotherapy*. Boston: Houghton Mifflin Harcourt.

Simões, J., Fonseca, M., Belo, A. (2006). Relação de ajuda, horizontes de existência. *Revista. Referência*, *2*(3), 45–54.

Soriano, J. (2005). *Los procesos de la relación de ayuda*. Bilbao: Biblioteca de Psicología desclée de Brouwer.

Strecht, P. (2002). *Crescer vazio. Repercussões psíquicas do abandono, negligência e maus tratos em crianças e adolescentes*. Lisboa: Assírio and Alvim.

Strecht, P. (2005). *Preciso de ti. Perturbações psicossosicais em crianças e adolescentes*. Lisboa: Círculo de Leitores.

Telles, T. (2014). A infância na fenomenologia de Merleau-Ponty: Contribuições para a psicologia e para educação. *Revista do NUFEN*, *6*(2), 4–14. http://pepsic.bvsalud.org/pdf/rnufen/v6n2/a02.pdf

Veiga, S. (2009). *Palcos de conhecimento. Espaços de transformação. Contributos da metodologia sociodramática para a formação dos educadores sociais* [PhD Thesis, Universityof Évora]. Institutional Repository of the University of Évora, Portugal. https://dspace.uevora.pt/rdpc/handle/10174/11860?locale=pt

Veiga, S., Bertão, A., Franco, V. (2011). A metodologia sociodramática na formação pessoal de profissionais da relação. In: A. Pimentel, V. Franco (Eds.). *Diálogos dentro da psicologia: Contributos da investigação luso-brasileira em Psicologia social, clínica e educacional* (pp. 17–32). Aloendro 32). Lisboa: Aloendro.

Veiga, S., Ferreira, J. (2017). A pessoa do profissional de relação de ajuda... em contextos de saúde mental. *Sensos-e*, *4*(2), 36–50. DOI: 10.34630/sensos-e.v4i2.2538

Wolff, S. (1999). Psicoterapia infantil. In: S. Bloch (Ed.), *Uma Introdução às Psicoterapias* (pp. 267–296). Forte da Casa: Climepsi.

ABSTRAKT

Artykuł opiera się na prawdziwym przypadku interwencji między pedagogiem społecznym a dzieckiem w drugim dzieciństwie. Koncentruje się na rozwoju profesjonalnych relacji pomocowych z dziećmi, odzwierciedlając w ten sposób specyfikę prośby, praktyki i roli każdego z aktorów. Ponieważ jest to jedna z możliwości interwencji psychospołecznej, relacja pomocowa opiera się na doświadczeniu relacyjnym, w którym profesjonalista staje się facylitatorem rozwoju dziecka, w bliskiej i bezpiecznej przyjaznej atmosferze. Spotkanie relacyjne wymaga od profesjonalisty posiadania takich cech, jak autentyczność, empatia, szacunek i bezwarunkowa akceptacja drugiej osoby, czy to dziecka, czy jego opiekunów. Niniejszy artykuł ma na celu zastanowienie się nad implikacjami praktyki relacji pomocowych w interwencjach z dziećmi i przyczynienie się do lepszego zrozumienia znaczenia tych relacji w całym procesie zmiany i wzmacniania pozycji każdego dziecka.

Słowa kluczowe: relacja pomocowa; profesjonalizm; dzieci; dom dzieci i młodzieży