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Research Article

COUNSELLING PSYCHOLOGY PERSPECTIVE OF PSYCHOSOCIAL ISSUES IN CHILD COUNSELING

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A R T I C L E I N F O

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A B S T R A C T

This article aimsto delineate psychosocial issues in child counselling from a counselling psychology perspective. It used the qualitative literature search and deployed a descriptive design. The delineation of psychosocial issues is the key to enhancing knowledge and understanding of child counselling. The development of people over the lifespan can be segmented into four distinct cohorts: childhood, adolescence, adulthood and elderhood. The childhood cohort encompasses the age range from conception to approximately fifteen years of a child's life. Without a clearer understanding of the key issues and conceptsin child development, the context of child counselling is likely to be shrouded in mystery and misapplication. Therefore, the study of child development is paramount for counsellors specializing in child counselling.

INTRODUCTION

This article aims to delineate psychosocial issues in child counselling from a counselling psychology perspective. It also seeks to clarify some key concepts in child development – stages of a child's life, attachment theory and moral development - that are cardinal to the theory and practice of child counselling. When viewed from a contemporary perspective, human development over the lifespan can be segmented into four distinct cohorts: childhood, adolescence, adulthood and elderhood. The childhood cohort encompasses the age range from conception to approximately fifteen years of life; adolescence (youth or young adults) covers the period from sixteen to twenty-four years; adulthood covers the period from twenty-five to seventy-four years; and elderhood extends from the end of adulthood until death. It is apparent that childhood has ways of seeing, thinking, feeling, behaving and experiencing peculiar to itself, distinct from the other three cohorts of human development. This view underscores the importance of children as clients in psychosocial counselling service provision. For counsellors to facilitate orderly and resourceful interactions with children in a counselling relationship, they need theoretical knowledge and appreciation of the complex processes that govern the child's physical, social, emotional, and intellectual development. Without a clearer understanding of the key issues and conceptsin child development, the context of child counselling is likely to be shrouded in mystery and misapplication.

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There are varying descriptions of a child such as a person's son or daughter; a boy or girl aged 15 years, 18 years and 21 years. Based on African traditions and cultures, a child is any person aged 0-15 years. This is the perspective shared in child counselling; and it will act as a reference point in the discourse throughout this article. These varying descriptions of a child have three things in common: first, childhood is a distinct period of life, with its own meaning, expectations, and goals; second, childhood can be segmented in varying stages depending on the context of application; and third, childhood is a special cohort in life with social meaning and legal protection. Just like adults, children need more than merely financial and material support. Basically, children need clothing, food, shelter, education, good health, freedom, protection and security to enhance their psychological, emotional and physical development. These aspects constitute their fundamental human rights as children, including a right to a name, nationality and ethnicity. Children also need to love and be loved, to care and be cared for, to feel accepted and valued as individuals, to feel a sense of belongingness and togetherness, and to express their autonomy and freedom. Any deficit or alteration in these basic needs and expectations may impair not only the well-being of children, but also their normal growth and development.

The psychosocial development of people involves many facets from conception until death; and it refers to the maturation of a person's personality and his response to various groups such as family, school, community, and environment (Berns, 2010; Hurlock, 2011). The theory accounts for the patterns of human development, represents as a product of the interaction between individual needs and societal expectations, and offers

an organizational framework for considering developmental issues within the all-encompassing perspective of psychosocial evolution (Newman and Newman, 1991). The term psychosocial evolution refers to those human abilities and potentials that allow people to gather knowledge, social norms and practices from past ancestors and transmit them to the next descendants or passed on from one successive generation to another (Chiboola and Munsaka, 2016; McLeod, 2003). These include aspects such as maturation rites, child-rearing practices, traditional norms and customs, culture, informal education, and communication patterns. The abilities of a person are partly influenced by the demands of society and opportunities of the environment. These are essential elements in child development in that they do not only help to shape the behaviour and personality of children during their transition to maturity and adulthood, but also to act as barometers for understanding their behaviour and conduct in adulthood as mature members of the community.

From the Zambian context, not much is documented on the psychosocial issues related to child counselling, which is a growing area of special interest amongst members of the counselling profession. The research question was: What are the psychosocial issues in child counselling? The qualitative literature search aimed to delineate psychosocial issues in child counselling and clarify some key concepts in child developmentfrom a counselling psychology perspective. In the context of this discourse, the term child counselling refers to the help given to children experiencing problem situations or psychosocial dysfunctions through interaction with a counsellor; the term delineate refers to the description or clarification of issues and concepts related to child development; and the term psychosocial issue refers to psychological factors that manifest at each developmental stage of a child's life within the context of his culture and social environment.

METHODS

The methodology applied was qualitative literature search based on the descriptive design (Creswell, 2013). The descriptive design helps to develop intuitive knowledge that enhances understanding about the phenomenon under study, focuses on the construction of meanings in social interactions that people attach to their experiences, and the relationship between knowledge, experience and action (McLeod, 2013; Popay and Williams, 1998). The search sought to identify and describe some key issues and concepts in child development with a view to enhancing knowledge and generate new insights about the subject matter under study.

FINDINGS AND DISCUSSION

There are many theories and concepts used to explain child development which will not be considered in this discourse due to its limited nature. The focus is on three key aspects related to child development from a psychosocial perspective: stages of a child's life, attachment theory, and moral development. These three aspects have a strong bearing on human behaviour and conduct, as well as a strong influence on interpersonal relationships and communication patterns that is cardinal in child counselling (Miller, 1993). There are other equally important aspects that underpin child development but are excluded on account of space. Child counselling has more to do with communication for behaviour and attitude change, improvement of interpersonal communication, and remediation of problem situations. It is, therefore, necessary that the counsellors must be knowledgeable about the scope of psychosocial issues and some key concepts related to child development, as well as the importance of such knowledge in the practice of child counselling, particularly in the context of remediation of psychosocial dysfunctions and other related concerns.

The concept of staging is usually applied in explaining the developmental stages from conception to elderhood that all people pass through during their lifespan. The stage of development is characterized by a specific underlying organization; and every stage has some characteristics and complexities that differentiate it from preceding and succeeding stages (Newman and Newman, 1991). Each stage has characteristic psychosocial issuesrepresented in a polarity of positive or negative; and the way people resolve the issues at that particular stage influences their behaviour and experience at later stages in the lifespan (Hurlock, 2011). The polarity representation of psychosocial issues does not imply that some children will develop only the positive polar and others the negative polar during their psychosocial development journey (Miller, 1993). These are conceptual explanations that aid understanding the social behaviours of children at the various stages of their development. The same child can be good in some aspects and not so in others. Equally, there are marked differences in the capabilities and potentialities of children in the same age specifically or age band generally.

Five stages of a child's life

There are various categorizations or models to explain human development, with some theories postulating five, eight, ten or more stages of the human life (Hurlock, 2011; Jacobs, 1993; Miller, 1993; Newman and Newman, 1991; Turner and Helms, 1995).Each basic cohort has a number of stages integrated within it. Such descriptions are intended to elaborate the concepts more clearly and provide tangible explanations to aid understanding. In this discourse it is suggested that the childhood cohort be segmented in five stages: prenatalhood, infanthood, early childhood, middle childhood, and late childhood (Table 1); and these are elaborated herein. This reformulation is very important as it helps to clarifysome key concepts, the psychosocial issues and concerns amenablein child counselling. The stages constitute a theoretical framework for analysis and clarification of the psychosocial issues, including the identification of common developmentaltasks appropriate for each stage of child development.

Table 1 Five stages of a child's life

No.	Stage	Psychosocial Issue	Outcome
1	Prenatalhood (0-9 months)	Confidence vs. Despair	Faith
2	Infanthood (0-3 yrs.)	Trust vs. Mistrust	Hope
3	Early childhood (4-7 yrs.)	Autonomy vs. Shame	Will
4	Middle childhood (8-11 yrs.)	Initiative vs. Guilt	Purpose
5	Late childhood (12-15 yrs.)	Industry vs. Inferiority	Competence

Prenatalhood (0-9 months): In most scholarly writings on stage theory, the prenatal stage is usually excluded primarily because life begins at birth from a legal perspective. However, it is argued that life begins at conception from a biological perspective. The social interpretation of life integrates the two perspectives; and it is manifest that the care needs of a child in his mother's womb are equally as important as those for the child outside. Integration of prenatalhood to describe the stages of a child's life is the basic step in the reformulation of childhood from a contemporary perspective.

Like most other African countries, the Zambian culture and society value the sanctity of a child's life right from conception. In order to promote a healthy development of the unborn child, the expectant mother needs to attend antenatal clinics for the duration of her pregnancy. Since the child in the womb depends on his mother for survival, her nutritional needs ought to be well-balanced and adequate to cater for the unborn child so as to enable it to develop and grow healthily (Snooks, 2009). The expectant mother needs adequate rest and exercise. In the event of any physical illness, she needs to seek early medical attention and treatment. This protects the unborn child in the womb because some illnesses such as syphilis and malaria may adversely affect the growth of a baby in the womb if they remain untreated for too long, including complications of delivery and premature birth or infant mortality (Hewstone, Fincham and Foster, 2005).

The psychosocial context of prenatalhood is that an expectant mother must have confidence about the well-being of the child developing in her womb and garner enough faith of delivering a healthy baby. This expectation works to the contrary when the expectant mother is infected with human immunodeficiency virus (HIV) or suffering from a chronic physical illness (Schneiderman, Antoni, Saab and Ironson, 2001). She displays a lot of fear and despair, constantly wondering whether or not the child will be born free of infection or deformity (Pretorius, Greeff, Freeks and Kruger, 2015). When the expectant mother is HIV-infected, she must seek early medical attention to protect the unborn baby from acquiring HIV infection through the prevention of mother-to-child transmission (PMTCT) intervention (Chiboola, 2006). The unborn child is entitled to the same rights and parental care as those of a born one. The role of the counsellor is to provide adequate information to the expectant mother about her health and nutritional needs, as well as preventive counselling about environmental hazards and communicable diseases that may adversely affect both her health and that of the unborn child.

Infanthood (0-3 years): From birth until three years of age, a child is almost a helpless person whose survival entirely depends upon his mother (or primary caregiver if orphaned at birth or when the mother is in gainful employment). His needs for food, warmth and protection, including hygiene and sanitation are met through the mother; and the quality of care, emotional love, presence and support helps to generate trust in the infant (Hurlock, 2011). Equally, the infant's sense of trust in the outside world depends on his relationship with the mother, the nature of communication and interaction he receives, and the social environment in which he lives (Miller, 1993). Trust is considered one of the most important characteristics in personality development; and a majority of children acquire it without any problem (Newman and Newman, 1991). The positive product is hope or optimism. When the quality of emotional love and support is inadequate or poor or abusive, the child develops mistrust which has a bearing on his behaviour and personality in the later years of life (Pawlik and Rosenzweig, 2000). For instance, a mistrustful personality is prone to lying, deception and mischief - traits that become prominent as the child grows older. Besides, mistrust can also be linked to egocentricism, ambivalence, introversion, withdrawal, isolation, and fault-finding - traits that manifest in adulthood and they have a negative bearing on interpersonal communication with other people.

Further, the quality of care and support is linked to the child's social environment. A secure and supportive environment helps the infant to explore the outside world with vigour and enthusiasm (Sarafino and Smith, 2011). A stable family tends to greatly contribute to the infant's development of trust, that is, his ability to freely interact and communicate with the parents, other people and the environment; whereas an unstable family has the potential to trigger mistrust, that is, the infant feels distrustful and loses hope in his dealings with the parents, other people and the environment (Henderson and Thompson, 2011). These issues do not only affect the infant at this stage, but also in later stages of his life. The other psychosocial issues that may adversely affect the infant's development and his prospects for the future at this stage include early orphanhood, marital disruption, misplaced parenting, foster parenting and physical illness.All these psychosocial issues cause a lot of worry, anxiety and emotional distress not only to the child, but also to the mother and other family members as well.

Early childhood (4-7 years): During this stage of a child's development, his needs expand appreciably. He is able to talk and demand for things he wants, he is able to feed himself and, with proper toilet training, he can use a toilet without difficulty. The psychosocial issue is autonomy versus shame. When the child is given greater leverage and freedom to explore, express and discover his environment, the chances of developing autonomy are enhanced. Autonomy is the prime driver to success; it promotes the will and motivation to achieve one's life goals, including the exercise of self-control. This is true for both children and adults. It is desirable to allow a child work through difficult problems himself so that he develops a sense of individuation, autonomy and willpower to achieve desired goals and outcomes (Jacobs, 1993). If parents or guardians are overly critical the child may begin to doubt his own adequacy and competence. Shame is an inhibiting factor to the development of initiative; it prohibits free exploration; it limits the capacity for problem solving; and it can be a recipe for frustration, anger and guilty feelings. These negative emotional states permeate through adulthood.

During early childhood the major activity is playing. Children determine and develop the scope of play instinctively when given ample authority and leverage to do so by their parents or guardians.Freedom of parental authority and control increases the child's level of initiative, that is, the child freely explores many types and avenues of play, including when and how to play. The reverse is true when there is too much parental authority and control resulting in guilt feelings on the part of a child. This inhibits his psychosocial development; and how the parents react to a child's individuality will affect the degree to which he feels free to express himself (Miller, 1993). If initiative or innovation is condemned, the child will suffer

guilt; and if encouraged, the child will gain a sense of purpose (Jacobs, 1993). Guilty feelings predispose the inferiority complex and negativism in most children. It is on the basis of this understanding that parents, teachers and counsellors bear a responsibility to ensuring that children are not inhibited from play or condemned for their initiative at play.

Middle childhood (8-11 years): During this stage of a child's life, much of his time is spent at school. Almost all the children in this age band will have learned how to control their bowels (avoid inappropriate soiling) and bladders (avoid inappropriate urinating) both at home and school. Most children unless disturbed by some family or classroom crisis are likely to be freed of these physical anxieties by school-age (Jacobs, 1993). Failure to achieve effective control of the bowels and bladder causes anxiety, worry and lessened concentration in the classroom thereby inhibiting the child's academic progress or resulting in poor school attendance and performance (Kundu, 2015; Seifert and Sutton, 2009). Some of the psychosocial issues school children experience include: first, separation anxiety (that is, fear of leaving or lack of parental presence) can result in school phobia (Alloy, Riskind and Manos 2005). In more rural communities in Zambia for instance, school phobia could also be triggered by long distance, lack of parental guidance, fear of poor or weak academic performance, criticism or punishment by the teacher, bullying by older boys, and onset of antisocial conduct.Second, social challenge or social distance due to mistrust; and third, rebellion for several factors such as excessive parental authority and control, inadequate support and care, inappropriate criticism, unwarranted prohibitions, peer pressure, abusive disposition and misplaced or erroneous judgement (Henderson and Thompson, 2011).

During middle childhood, children try to find out how things work, why they work, and how these factors affect their social life (Turner and Helms, 1995). If they succeed, they are likely to become more industrious and gain a sense of social competence. If they do not, they may consider themselves inferior. Inferiority complex breeds guilty feelings and role confusion. Children who feel intellectually inferior or socially incompetent may become loners and develop their physical capacities to compensate for these negative feelings, such as becoming good footballers or athletes. All these are important factors in child counselling; and the counsellor would do well to appreciate these dynamisms andvariations when interacting with children in middle childhood (Gilbert, 2009).

Late childhood (12-15 years): This stageis part reformulation of child development advanced in this discourse. At both its beginning and end, late childhood is marked by conditions that profoundly affect a child's personal and social adjustment (Hurlock, 2011). In Zambia for instance, the young girls and boys in this age band are actively in school, either at primary level in grades six and seven or at junior secondary level in grades eight and nine. Some of them may not be in school, especially in rural communities due to poverty, limited opportunities and facilities or drop out due to poor academic performance, and forced child marriage or accidentalchild pregnancy. This stage of a child's life is truly a transitional period between typical childhood (0-11 years) and the onset of adolescence or young adulthood (16 years and above), a turning point of no return with its own ambiguities, complexities, and vicissitudes.

This stage marks the onset of the pubescence period with special characteristics such as menarche in girls and nocturnal emissions in boys. It is the time for visible physical and personal development that segments girls from boys; a period of sexual identity reformulation; and the time for reworking typical childhood themes with realism (Jacobs, 1993). The sexual organs and physical body develop appreciably but complete their maturation during adolescence. The psychological faculties develop and progressively continue to mature until adulthood. The cosmorphysical features change from typical childlike to adolescent like or adult like. The rapidity at which this transition takes place evokes emotional turbulence in most of the children (Turner and Helms, 1995). For some, it generates pride and control, others shame and despair, and yet others fear and anxiety or a combination of all these facets (Miller, 1993). Children in this age band would have their comprehension of issues, decision making, and moral reasoning matured appreciably but not completely. The maturation process is completed during adolescence for most children and in early adulthood for yet others (Gross, 1993).

Symbolically, the issue of menstruation in girls transforms them into women while the issue of masturbation in boys transforms them into men. This realization drives some girls and boys into sexual experimentation (self-indulgence) or subjects them to sexual abuse (seduction by teachers, parents, guardians, relatives, and acquaintances); and sexual fantasy (wish to be wife or husband, mother or father). Children in this age bandnaturally try to make sense of their world, including physical and social phenomena (Kail and Cavanaugh, 2000); and they consistently create and test theories to explain the world they observe (Myers, Shoffner and Briggs, 2002). This is one of the psychosocial challenges of late childhood. The other challenges revolve around forced child marriage, accidental child pregnancy, complications in labour or abortion, child-parenting, exploitation, alcohol/drug abuse, and physical illness. Whatever the tale, these psychosocial dysfunctions negatively impact the children's life goals. It is the role of counsellors to address these dysfunctions when they present during child counselling and to provide appropriate advice and guidance with extreme objectivity, sensitivity and impartiality.

Attachment theory

The social attachment of a baby to his mother is an important event in child development; and it involves many different factors. Attachment is an innate bond that develops during conceptiondue to the necessity for survival and mother love, the gratification of needs, and the child's cognitive and physical development (Spiegel, Severino and Morrison, 2000). At birth, an infant relies for protection and gratification of needs on his mother. Communication is one of the primary ingredients in the development of attachment between infant and mother, including the act of carrying the infant on his mother's back which is a common feature in most African traditions and cultures. The other important aspects to the concept of attachment are the psychological, emotional and physiological needs of both infant and mother. During conception a child is solely attached to the mother. After birth, infants do not necessarily become attached solely to their mothers but they also develop attachments to other people who interact with them socially regardless of any care-giving functions or roles such as the father, older siblings or grandfather. In families where both mother and father work,

infants find solace in primary caregivers, older siblings and neighbours. Thisis core to the concept of social attachment.

As children mature their social world expands from only their parents to friends, school, religion, ethnicity, and society. Since people take long to mature in comparison to other living organisms, the attachment between infant and mother in the first three years of a child's life has a special quality and significance (Bowlby, 1982). Separation from an attachment such as the mother-child bond has three effects (Turner and Helms, 1995): First, the initial effect of separation generates anxiety, disbelief, and searching for the lost one. Depending on the nature of separation, children usually find alternative attachments where they place hope for survival, comfort and protection. The searching for a lost attachment may make a child cry often, look miserable, and lose appetite. His health may be adversely affected as well (Walker, 2002). Second, separation may cause psychological effects of depression, withdrawal and isolation. The child feels lost and uncared for which accentuates his mistrust of strangers and the social environment. Third, a child learns to live and cope with the loss. Depending on the nature of separation and with passage of time, a child gradually recovers from the loss or grief if the new guardians and the social environment are emotionally supportive and protective. The child accepts the new situation and lives a normal life once again. This is critical to understanding loss and grief as experienced by children. Counsellors should be consciously aware of this dynamic interplay between the quality of social attachment and the presenting psychosocial dysfunction during counselling interactions with children.

Moral development

The concept of moral development refers to the staging of moral decision making, value clarification, conscientiousness and intuition(Newman and Newman, 1991). The development of acceptable moral values, virtues and belief system enhances interpersonal interaction and communication not only in childhood, but in adolescence and adulthood as well. The process starts at infancy and permeates throughout a person's lifespan. The development of a child's morals depends on the stage of thought and cognitive abilities. In adulthood, there is sufficient evidence indicating that people at high levels of moral development appear to behave more morally than those at lower levels and they tend to be more honest and altruistic (Gross, 1993). According to the moral development theory espoused by Kohlberg, there are three distinct levels of moral development: pre-conventional, conventional and post-conventional. Each of these levels is divided in two stages, that is, a total of six stages. In this discourse, the emphasis is placed on the pre-conventional and conventional levels of moral development (that is, stages 1-4) that are cardinal to the psychosocial development of children (Table 2). The various levels of moral development inform the operationalization of moral reasoning and judgement in children, adolescents, adults and elders. This theory helps the counsellor to appreciate people's reasons for doing right or wrong, understand the dynamics of moral judgement, and the limitations to sustainable behaviour change and personal growth (Thompson and Rudolph, 1992). It also helps the counsellor to appreciate the child's behavioural disposition and conduct in the context of child counselling.

Table 2 Moral development in children

Level and Stage	Psychosocial Perspective of Stage
Level 1: Pre-Conventional Stage1: Heteronomous Morality	• Doesn't consider the interests of others • Doesn't relate to points of view • Actions considered physical rather than psychological • Confusion of authority perspective with one's own • Aware that everybody has his own interests to pursue • Aware that the interests may conflict
Stage 2: Individualism	• Right is relative in the concrete individualistic sense • Serve one's needs and interests as primary goal • Aware of shared feelings, agreements and expectations
Level 2: Conventional Stage 3: Interpersonal Conformity	• Aware that shared interests take primacy over individual interests • Relates points of view through the concrete perspective • Doesn't consider the generalized system perspective • Differentiates societal points of view from interpersonal agreements
Stage 4: Social System	• Appreciates the social system that define roles and rules • Conforms to social system rules to avoid disruption or sanction • Considers individual relations in terms of place in the social system

Pre-conventional level*:* The first stage in moral development and decision making is called heteronomous morality. The concept of heteronomy is the opposite of autonomy, and it refers to aperson's ability to appreciate different perceptions according to same situations or occurrences by different people. Children operating at pre-conventional level of moral judgement recognize labels of good and bad, right and wrong, but they fail to interpret these labels in terms of social conventions or standards. They only adhere to prescribed rules to avoid punishment not because of respect or moral support for the rule. Two factors stand out at this level: first, the egocentric view which prescribes the desire to do something in order to satisfy one's own needs irrespective of all the punishment consequences; and second, the individualistic perspective which generates a conscious awareness that right or wrong is relative to individual perception and interpretation. In a majority of cases, younger children exhibit an egocentric view. Children place their needs and desires central to whatever they do; they take punishment as part of the game of life; they do not consider the interests of other people; they interpret social issues from an egocentric perspective; and repeated mistakes become habitual (Miller, 1993).

Children inclined to antisocial behaviour, criminality, exploitation and abuse are associated with pre-conventional level moral decisions that are devoid of an empathic consideration for other people and their feelings, including the outcome consequences (Alloy, Riskind and Manos, 2005). Egocentricism is linked to and associated with pre-conventional moral judgement and infantile or childlike tendencies in adulthood (Jacobs, 1993). Besides, egocentricism is devoid of the concrete 'golden rule' of putting oneself in the other person's shoes, that is, an obligation to do good so as to avoid harming the other person psychologically or otherwise. As children grow older, their moral judgement becomes

predominantly individualistic, that is, they follow social rules only when it is to their interests, needs or advantage. Most children perceive punishment as unfair and not right because other people have their own interests and needs; and they appreciate that their interests and needs conflict with those applying sanctions or punishment. When there is conflict of interest, children would rather go it their way regardless of the anticipated punishment or sanction. This is what differentiates between moral decisions of children and those of adults; and it also partly explains why children repeatedly commit the same omissions despite the punishment applied. This understanding is cardinal in child counselling.

Conventional level moral judgement is based on anticipated expectations such as in the family, peer group, society and environment. Stages three and four of moral development prescribes that conformity with social rules and obligations becomes a norm; and a child's good behaviour is that which pleases, helps or earns the approval of parents and other people. Older children in the age band 12-15 years operate at this level. Maintaining conventional expectation has a value in its own right and it does not only benefit the individual child, but also his parents, other people and the society. The cardinal driving force in the social context is the child's ability to differentiate his needs or aspirations from those of other children in particular and the society in general (Hurlock, 2011). Empathic understanding and appreciation of other people's points of view is paramount just like the recognition of one's role and the governing rules of the social system (Turner and Helms, 1995). Actions are judged by motive rather than reasoning. It is a common truism that good motives lead to good acts, bad motives lead to bad acts, and yet, an individual child's conduct is partly judged by the type of his companions, by what he does, and how other people perceive his actions or social behaviour.

Conventional moral judgement shows a loyalty to conformity as well as identification with persons or groups who maintain the social order. It is in the context of this understanding that children in the late childhood age band are expected to conform to social pressure and live up to what their colleagues do as a fashionable undertaking and peer group requirement. Older children share fantasies, expectancies and experiences as they interact socially; they plan things in consultation with each other; and they encourage one another to try out what the other has done for personal satisfaction or gaining experience or being like the other colleagues. Older children are prone to indulging in bad social behaviour depending on their associates and context of association, including their experiences in the family and the environment. They may show understanding of some social issues but their level of comprehending the consequences is limited. Contextually, good behaviour includes doing one's duty, respecting authority, maintaining the social order, and achieving personal life goals; whereas bad behaviour is precisely the opposite of the good-behaviour aspects. These are important issues that ought to be well understood and appreciated for they provide the base knowledge, opportunities and limitations that counsellors engaged in child counselling can use for improved service delivery.

CONCLUSION

This article clearly demonstrates that there are many and varying psychosocial issues in child counselling and that the study of child development is paramount for counsellors specializing in child counselling. It is manifest that depending on the specific age band, the children'spsychosocial and moral developments would not have reached maturity by the age of fifteen years; their faculties for moral reasoning, decision-making and comprehension are equally limited; and they can only access psychosocial counselling services based on a triadic counselling relationship or by parental consent and guidance. The implication of this observation is that the child counsellor must be knowledgeable and skillful in detecting the underlying psychosocial issues; must exhibit a deeper understanding and appreciation about the psychosocial dysfunction; must be cautious about the efficacy of counselling interventions applied; and must be sensitive and accommodating to the needs of the child client. Inadvertently, children have preferences on how they wish to behave, interact and respond to developmental issues both amongst themselves, with other people and their social environments. Therefore, there is a lot more that can be learned by facilitating counselling interactions with children according to their age band; and this should be the focus of child counselling based on the psychosocial counselling model.

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