Counselling in Viennese compulsory schools
illustrated by a case study

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Origins of the Viennese Counselling Model

The beginnings of our work can be found in a pavilion of the psychiatric hospital 'Steinhof', which was situated in an area called 'Am Spiegelgrund'. In those days (1945 and before), 210 pupils went to school in the pavilion. We are talking about children who were aggressive, criminal or came from desolate backgrounds and – specially in the case of girls – were sexually threatened or abused. Most of them lived in children’s homes.

In 1950, both school and children’s home moved to Wilhelminenberg and stayed there until 1977. Our seminar takes place in former classrooms.

In 1976, the Vienna Board of Education planned a model with a new approach to support children with behavioural disorders. The aim of this new project was twofold: First to ‘avoid placing children in special homes’ and second to ‘improve the children’s performance at school’. So, the first counselling teacher was born.

In 1977, the pupils of Wilhelminenberg were transferred to various other schools. The headteacher of Wilhelminenberg and the first counselling teacher moved to Galileigasse. So, the first school for special needs and integrated care came into existence.

Over the years the number of counselling teachers increased with such a rate so that they had to be assigned to 7 centres for special psychosocial needs.

Overview of the Viennese Counselling Model

On the next page you will find the organisational structures of the Vienna Board of Education. The Viennese Counselling Model is based in the 18th district of inspection.
**Centres for special educational needs (SPZ)**
- School in hospitals
- School for visually handicapped children
- School for children with hearing defects
- Schools for physically disabled children
- Schools for special psychosocial needs and integrative care

**Ambulant care**
- Counselling teachers
- Psychagogues

**Teaching in special classes**
- „Förderklasse“ (6-14 years)
- „Mosaikkasse“ (6-9 years)
- „Nestklasse“ (6-10 years)
- Classes at the centre (6-15 years)
- „Gaaden“ (6-15 years)
- Class in prison (14-15 years)

**Further offers**
- School counselling team
- „Abendberatung Schule“
- „Mobiles Mosaikteam“
- Crisis team
- „Blickwinkel“
- „Convoy“
- „Via“
- Clinical supervision

The next survey will show you an overview of non-school institutions counselling teachers often cooperate with.
General information on the work of counselling teachers

It's important to say that counselling teachers are teachers. They know by their own experience the work of a teacher and the different problems within the job. A teacher has to work for at least 3 years before starting the training for counselling teachers. This special training lasts for 2 years. In the psychosocial field training never ends. Most of the counselling teachers continue their studies (e.g. studies at the university, special training in clinical supervision, psychoanalysis, Gestalt or family therapy a.s.o.).

Counselling teachers have a free choice of their counselling methods. The method you will hear about in this seminar is mostly based on psychoanalytical theory and understanding.

In the schoolyear 2000/2001, the Vienna Board of Education employed 145 counselling teachers and 58 psychagogues, in total 203 counsellors. They looked after 370 compulsory schools and 4616 children with special psychosocial needs.

Here are just a few numbers to show you the broad picture: Vienna has got 439 compulsory schools. 84,3 % of them are using this special support system. Vienna has got 98243 pupils. 4,7 % of them are supported by counsellors.
Statistics
(school year 2000/2001)

Vienna has got 439 compulsory schools. 370 of them (= 84,3 %) used the support-systems of counselling teachers and psychagogues.

Vienna has got 98243 pupils of compulsory age. 4616 of them (= 4,7 %) were treated by counselling teachers or psychagogues.

Usually a counselling teacher is responsible for 2 schools and works with approximately 25 children.
Counselling teachers are responsible for children with behavioural disorders; children who have problems and who cause problems.

Behavioural disorders manifest themselves in different ways:
- Aggressiveness
- Using bad language, fighting and bullying
- Refusing to go to school (truancy)
- Refusing to have success at school (good grades)
- Anxiety
- Extreme timidity
- Psychosomatic disorders (headaches and belly-aches on days when exams are scheduled, dirtying one’s pants)
- Self-destructive behaviour (hitting oneself, extreme nail-biting)
- Desolate background (family situation, parents neglect children)
- Introvert, uncommunicative pupils etc.

The class teachers consult the counselling teacher, when they become aware that a child shows strange behaviour. The teachers discuss the situation in order to find out which methods and steps are necessary and recommended. Medical check-ups, psychological tests, parent counselling, clinical supervision for the teachers, psychotherapy for the child, special social projects within the class or cooperation with other psychosocial institutions are also available.

The aim of our work is defined as follows: Great efforts shall be undertaken to save these children from early segregation and to support them in their regular schools. (integration/inclusion instead of segregation/exclusion).

The two pillars of our work are professional confidentiality and the clients’ freedom of consultation.

The therapy of the child takes place during the lessons, usually one hour a week.

The work with emotionally troubled children demands a continual reflection on the work which is guaranteed by the following ways of quality insurance:
- thorough selection of applicants for the counselling training, considering particularly their capacity of introspection
- regular meetings of training staff to reflect on efficiency of seminars
- continuous evaluation and modification of in-service-training to the needs and interests of team members (special teachers, counsellors, supervisors, headteachers, inspectors)
- international exchange (visits, EU-projects, seminars)
- organisational development training
- school counsellors as teacher trainers and speakers at public events dealing with relevant issues
- periodical discussions of cases and counselling strategies in regional teams and quality circles
- development of new special projects (small classes, school counselling team, parental consultation in the evenings, teaching in prison, etc.)
- statistics (age, gender of children taken in charge)
- clinical supervision

Case study

The case study of Martin should demonstrate the day-to-day work of a counselling teacher. The therapy of Martin lasted 3 years and took place 2 hours/week. At the beginning Martin was a 6 years old boy. His father died and his mother was alcoholic. Changes of the inner-psychic world of Martin and changes in the reality were shown.
Changes in reality:
Martin behaved in a very strange way at primary school. He disturbed the teaching process, he was aggressive to other pupils, he bullied and beat them. He was chaotic, always in movement and unconcentrated. After 1½ years he had to be transferred to a special class (Förderklasse), where he stayed for 1½ years. During this time the removal of Martin was unavoidable and he was transferred to a children's home. In his 4th and last year of primary school he attended normal school and he didn't need support by the counselling teacher any more.

Changes in the inner-psychic world of Martin:
In the first year of treatment Martin was able to speak about his actual situation and feelings. The main themes were aggression and anxiety. Via role-plays he acted out his questions and inner conflicts. At that time he could not yet bring together good and bad characteristics of a person.
He built up stories with boys who had only loveable qualities and other boys who had only aggressive characteristics.
In the second year he tried to stop the splitting in only good children and only bad children. He imagined role-plays where a good child became a bad child. So he learned to integrate loveable and aggressive parts of each person.
In the third year he reflected his positive and negative characteristics as well as those of his mother and helpers. Martin developed a new view of his own personality and of the situation of his mother in the therapy. He realized that his mother had own problems, that he was not responsible and guilty for her problems. His self-representations and object-representations changed and became more objective. Martin could accept that his mother had big problems. It was no longer necessary for him to protect her because he knew at that moment that the alcohol problem of his mother was never his fault nor his guilt.
The transfer to the children's home represented a great stress. Because of the work already done in the therapy Martin had more psychic competences to get over this enormous event and to avoid a complete breakdown.

Helper-meetings:
In addition we had helper-meetings that took place every 6 to 8 weeks. The participants of those helper-meetings were: the teacher, the counselling teacher, the nursery of the day-care group, the special nursery and the social worker.
The aims of these meetings were to exchange information on the family, to discuss possibilities for the protection and the positive development of Martin. We thought over the removal of Martin with the mothers' agreement and without.

Conclusions and comments

What does my case study have to do with 'mental health promotion' and 'combating violence'?
Some of you will ask why Martin wasn't transferred to a children's home immediately. The helpers already talked about the removal of Martin in the first year of treatment. It was rather sure at that time that the mother wouldn't be able to solve her problems. Why had Martin to
stay in this difficult situation with his mother for another two years? Why didn't the social worker transfer him to the crisis center sooner?.

There are two reasons, one concerning the inner-psychic situation of Martin and one the external reality:

- External reasons: If a mother doesn't accept the removal of her child, legal proceedings will have to be started. Expert opinions, proofs of violence and other tests are necessary (e.g. from hospitals, police, school). At that time the available facts were not enough.

- Inner-psychic reasons: If Martin had been transferred to the crisis center and the children's home against the wish of his mother, the resistance of mother and son as well as their holding together would have increased. The helpers would have been seen as bad external objects who only wanted to separate mother and son. Martin would have acted out his inner-psychic obligation to protect his mother. During the first year of treatment he could not yet integrate good and bad characteristics of each person. At that time he thought that there exist good people (e.g. he and his mother) and bad people (e.g. school and welfare department who want to separate him from his mother.).

Martin was transferred to the crisis centre in the third year of treatment. The internal and external factors were more favourable:

- The mother accepted the removal of Martin. She had a breakdown, she took responsibility for her physical state and her disability to bring up Martin. But her disability had nothing to do with her love for Martin.

- In the therapy Martin had learned that everyone has good and bad parts, positive and negative, loveable and aggressive characteristics. He could realize the problems of his mother without own feelings of guilt. He could also realize the positive parts of the helpers.

Sometimes it was very difficult for the helpers to watch and stand the violence without immediate action. But on a long-term basis I think it was helpful. But it's only helpful if the helpers build a system like a net; a net for the protection of the child. I know other cases where a child is transferred to the crisis centre, comes back to the family and again to the crisis centre. In my opinion these real external changes make inner-psychic changes more difficult and prolong the violence.

Of course, there are other cases where the transfer to the children's home is unavoidable even in the first year of treatment or without therapy.

In Vienna the counselling model has developed during the last 25 years. I want to close my paper with 2 points underlining the necessity of continuance of this model:

The first is a general or politico-economical one and concerns a saying you already heard during this seminar. It's the saying of Julius Tandler and I want to bring it back to your mind: "Wer Kindern Paläste baut, reißt Kerkermauern nieder." - "Those who build castles for children, pull down prison walls." Economists use a term called 'Umwegrentabilität' (indirect profitability). It means that you invest money now to avoid much higher investments in the future. We understand our model as an investment for the future.

The second point is an individual one. Children with special psychosocial needs and their parents are often not able to use the offers of counselling and therapy centres. Financial
reasons and their time management play an important role. Therefore I argue for counselling offers within and outside school. So, counselling and therapy can be helpful for those who need it.