

Lauren Wilson

Comprehensive Child and Adolescent Counseling Assignment

COSC 611

Liberty University

Component 1: Developmental Changes in Counseling

Larissa is a 14-year-old girl who was born in Mexico but has lived legally in the United States for the last 5 years. She asked to speak to the school counselor because she and her parents have been experiencing more conflict lately because she wants to do more with her friends, especially on weekends, and her parents want her to attend family functions with them. They say she can have her friends come to her house, but she is reluctant to invite them because her parents don't speak much English. She says she wants to be respectful of her parents but thinks they don't understand what it is like for her. As the counselor, what developmental and cultural factors are relevant to this case? How would you incorporate these factors into your counseling approach with this client?

As a school counselor, it is part of a counselor's job to be aware and considerate of the Hispanic culture, as well as Larissa's cognitive, social, and emotional development. In the text, *Counseling Children and Adolescents* it states, for minority youth, ethnicity can play a critical role in self-identity, and ethnicity identity development may moderate the impact of discrimination and prejudice on their self-esteem (Vernon & Schimmel, 2019). Larissa is changing, developing, and wanting more freedom as she matures and gets older. I would first take in to consideration the Hispanic culture and family values. I would then ask Larissa to talk to her parents and understand where they are coming from next. I would want to make sure to respect Larissa's parents and culture.

Validation and understanding other family member's point of view is an important aspect to Larissa and her parents having a better understanding of each other. Asking Larissa to respectful and understanding of her parents is another step into helping Larissa. By incorporating these ideas,

I would then ask Larissa to sit down with her parents and to come an agreement where both her and her parents are happy and satisfied with one and another.

The three major changes Larissa is going is through is developing her self-identity, wanting more of a social life away from her parents, and a cognitive change within her brain. According to the text, *Counseling Children and Adolescents*, it states early adolescence, generally considered ages 11-14, is a period of tremendous change. Puberty is the catalysts for adolescence, and young adolescents are impacted in numerous ways. It's a confusing time for most because they to contend with many significant unique changes to this age level (Vernon & Schimmel, 2019).

The first major change Larissa is going through is self-identity. Larissa is a 14 year old girl that wants to learn about herself and spend time with her friends. She feels like parents are holding her back and not giving her the freedom and independence to explore and learn about her self-identity and spend time with her friends and people her own age.

The second major change Larissa is going through is wanting more of a social life. At the age of 14, many teenagers want to spend more time with their friends and peers, then they do with their family. Larissa is feeling like her parents are not letting her have a social life and she's not able to spend the time she wants to with her friends.

The third major change Larissa is going through is a cognitive change in her brain. Right now, all Larissa wants to do is spend time with her friends. She has not developed the maturity in her brain to see her parents point of view and why they want to spend more time with her.

Resiliency Traits

Three resiliency traits that can positively affect students learning and development are a sense of control, proactive parenting, and a strong social connection. According to Vernon & Schimmel, they state that having self-regulation that includes impulse control, the ability to delay

gratification, the ability to self-soothe, and the ability to regulate attention and emotions (Schimmel & Vernon, 2019). Having a proactive parent in a child's life will also help with resiliency as well. Children need at least one caregiver that is warm and caring, but provides appropriate limits and boundaries as well. A strong social connection is vital as well in a child's life. Academic achievement and active engagement in school helps children develop resilience (Vernon & Schimmel, 2019).

Component #2: Individual Counseling

Nancy

When working with Nancy, a 12 year old that has recently been adopted from a foster family that is not getting along with her siblings, I would first build a strong connection or a rapport with Nancy. I would help her to understand that I'm a safe person. Nancy can talk to me about anything and counseling is a safe place. After establishing a relationship with Nancy, I would then go over the ASCA Confidentiality procedures. Making sure Nancy knows that if she tells me she wants to hurt or kill herself or someone else, I am a mandated reporter and I have to tell someone. After letting her know the rules and procedures of counseling I would then start the counseling process.

To start the counseling process, I would begin to ask Nancy questions. After gathering her answers, I would go from there. Talking to her teachers, observing her in the classroom, and also talking with her parents will help me to implement a plan to help Nancy. Role-Play could be a useful tool in this scenario as well. According to the text, *Counseling Children and Adolescents* it states, by acting out various roles and/or villain personas, children can often communicate different emotions, experiences, and power differentials (Vernon & Schimmel, 2019). I feel as though by getting Nancy to role-play her problems with her siblings, I can get a

better understanding of what is going on between Nancy and her siblings. Helping to guide Nancy into talking with her family, and working out reasons why she is not getting along with her sibling is something I would suggest Nancy doing. Communication with Nancy and her family is key in this situation. I would let Nancy and her parents know of community resources as well. Support groups for newly adopted children might be beneficial to Nancy.

Termination

The termination process would come next. I would remind Nancy that she can always come to me if she has a problem. I would start by meeting with Nancy less and less as the weeks the continue. I will remind Nancy I'm always here if she needs me. I would give Nancy and her family the proper referrals that are needed to outside agencies. According to the text, Counseling Children and Adolescents it states, when both client and the counselor will be available, the client can be made aware that a future counseling session can be arranged if need (Vernon & Schimmel, 2019). I want Nancy to feel comfortable talking with her siblings and parents about her concerns. I also would want her to always feel comfortable coming to counseling when problems arise in her household.

School Counseling Informed Consent

Dear Parent(s)/Guardian(s):

Your child has been referred to receive counseling services at school. I appreciate any consideration you may give to this type of assistance for your child. If you would like your child to receive counseling services, please complete, sign and return the enclosed papers to school. This form needs to be completed, signed, and returned to the counseling office each school year, if you would like your child to receive counseling services at school.

Parental Informed Consent: This form allows your child to participate in counseling.

Please do not hesitate to call me with any questions, concerns, or progress that you may wish to hear about or report. I enjoy helping your child reach their fullest potential academically & socially.

Sincerely,

Lauren E. Wilson

School Counselor

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Parent Informed Consent for Counseling Services

Child's Name: _____

I, the undersigned, _____ am fully aware of all the circumstances of my son's/daughter's participation in counseling services and I give the school my informed consent to provide these services.

Parent Signature

Date

Information will be treated confidentially.

***Confidentiality shall NOT be maintained where there is:

- A student that says that they are being abused/neglected or there is strong evidence to believe that the student is being abused/neglected
- If the student threatens to harm themselves or others
- If there is a court order

Counseling Children and Adolescents whose first language is not English

When it comes to children coming to counseling when their first language is not English, and they have different cultures and beliefs, the counselor needs to be prepared to counsel the student. The first step to counseling a student that does not speak English is having a translator or interpreter in the session. This will be a useful resource to be able to know what the student and counselor are both saying. The second step for the counselor is to know about the student's beliefs, culture, and religion. Before the session it's important for the counselor to study and be prepared for the appropriate culture, beliefs, and religion of the student.

Play therapy is a way to reach many students coming from many different culture backgrounds. According to the article, Culturally Responsive Play Therapy with Somali Refugees, it states because play is seen as children's primary mode of communication, it is important to provide an environment that can effectively meet their needs. Ray (2011) believed that the process of toy selection should include the basic idea that toys have a purpose for children. Therefore, it is important to provide toys, games, and supplies that honor and support children's cultural identity. O'Connor (2005) suggested that all children, regardless of cultural identity, must have contact with toys, games, and supplies that precisely replicate their own cultural and ethnic identity (Killian, Cardona, Hudspeth, 2017).

Component #3 Ethical Considerations and Theoretical Approaches

When working with students in a school setting, I will use Solution-Focused Brief Counseling (SFBC). According to the text Counseling Children and Adolescents, SBFC is a future- focused, goal directed approach to counseling/therapy that highlights the importance of searching for solutions rather than focusing on problems (Vernon & Schimmel, 2019). This approach can be congruent in a school setting and is a comprehensive way of helping children and adolescents. I

feel as though that it can help many students coming from different cultures because of its focus on solutions rather than focusing on problems.

As a school counselor, I will not share any of my religious beliefs, but I will remain open and neutral to students that may have different religious beliefs than I do. I will make sure students know that I'm a safe person and my counseling office is a safe place to talk about different religious beliefs and practices.

What are the legal and ethical concerns when working with a 7-year-old minor student who was referred for counseling by his or her teacher? When would you have to breach confidentiality and what obligations do you have to your young student with regard to privacy? Will you contact the student's parent? When is a referral to outside resources warranted? Specifically cite applicable ASCA Ethical Standards for School Counselors (ASCA, 2016).

As a school counselor, it is my job to work with and help all students that come to me for counseling and assistance. I would first have to legally get consent from his parents in order to counsel and work with him. In A.2.f, of the ASCA Code of Ethics it states, keep information confidential unless legal requirements demand confidential information be revealed or a breach is required to prevent serious and foreseeable harm to the student or others. Serious and foreseeable harm is different for each minor in schools and is determined by a student's developmental and chronological age, the setting, parental/guardian rights and the nature of the harm. School counselors consult with appropriate professionals when in doubt as to the validity of an exception (ASCA Code of Ethics, 2022). Since I'm a mandated reporter, I would have to inform the proper authorities if the 7 year old boy threatens to harm himself or others. I would go over this with the 7 year old boy and his parents before starting the counseling sessions.

If there is a problem that I cannot address within the session, I would then refer the 7 year old boy to a different counseling agency or psychiatrist for further assistance.

Creative Approach to Therapy

One creative approach to therapy, I think that would help students is play therapy. According to the text, *Counseling Children and Adolescents*, the counselor uses toys, art, games, dance, and movement, storytelling and metaphors, and other play media as the primary vehicle for communicating with younger children (Vernon & Schimmel, 2019). Many people think of play therapy in counseling young children, but it could be used in counseling adolescents as well. Play therapy could be used in counseling older children as well. According to the article, *The Use of Play Therapy with Adolescents in High school*, it states the developmental tasks of adolescents focus on several areas: personal identity, sexuality, family and peer relationships, and educational and vocational choice (Newton 1995). Play therapy techniques that are mindful of these tasks can help adolescents to develop socialization skills, communication skills, self-confidence, and problem-solving abilities, and to become more aware of their developing sexuality, their values, and their sense of self. Play therapy techniques that are developmentally appropriate for use with adolescents include drawing, visualization, games, and creative dramatics (Breen & Daigneault, 1998).

Component #4: Multicultural Counseling and Transition Programs

I will expand my knowledge, awareness, and skills on multicultural issues facing students by reading, researching, and going to conferences where they discuss multicultural issues that students are facing. There are also several interventions that counselors can implement when working with diverse students. Some examples of these interventions include creative art, music, and technology. According to the text, *Counseling Children and Adolescents* it states that

creative arts interventions are ideal when counseling diverse youth. They assist clients in communicating their thoughts, feelings, and behaviors, and are particularly helpful when language barriers exist. The text goes on to state that an effective strategy when working with clients from diverse backgrounds is to compile an electric music library or playlist using Spotify or iTunes that represent various different cultures, and clients can select which songs best represent their culture. Technology is also a great to integrate into their counseling sessions when working with diverse youth. Counselors can invite students to lead them on a social media tour sharing their favorite websites, YouTube channels, and social media accounts (Vernon & Schimmel, 2019). These are some ways to help to integrate counseling and diverse backgrounds. It's also a great way to help students open up more to a counselor.

Transition Programs

Transition programs are a helpful way to help students to learn more about opportunities after high school. Several transition programs that can be beneficial to students are Career Day, a College fair, and military enlistment opportunities. Career day can show students what careers are available, the education, training, and what the career is like on an everyday basis. Another transition program that can be available to students is a College fair. Different colleges can come to talk to students about their school. Colleges can discuss everything from college cost, scholarship opportunities, grades, to SAT scores. Another transition program that can be available to students is military enlistment opportunities. Men and women who serve in the military can come to talk to students about enlistment and the military. Offering various opportunities to all students can help them make a better choice of ideas that they can go into upon high school graduation.

Component #5 Counseling at Risk Children and Adolescents

The four step framework for working with at risk students that Schimmel and Vernon discuss in the text, *Counseling Children and Adolescents* is assessment, prevention, intervention, and social advocacy. The text goes on to state some assessments that are appropriate for children and adolescents. Two assessments include Children's Depression Inventory and the Multidimensional Anxiety Scale for Children (Vernon & Schimmel, 2019). These could be assessments for children that are depressed or have anxiety. These assessments can be done to help a counselor figure out the best plan of action.

Counseling Students that have Depression & Anxiety or Drug or Alcohol Addictions

Referring students to support groups and Professional Counselors that specifically specialize in depression and anxiety or drug and alcohol addictions can be resources used by a School Counselor. Another resource is Cognitive Behavioral Therapy (CBT). This type of therapy can help teenagers recognize their harmful thought patterns and actions and how to change their thought patterns. The text goes on to state how Counselors can prevent at risk behaviors in students. The Essentials of Childhood is a program designed by the CDC's Violence Prevention division. Three core tenants of this program that aims at the community include preventing child malnourishment, safety, stability, and nurturing (Vernon & Schimmel, 2019). Vernon and Schimmel then go onto state that being a social advocate means knowing how to be an effective support system in your community, which entails educating yourself on a specific social justice that your client is facing and how to best advocate alongside them (Vernon & Schimmel, 2019).

Suicide in Adolescents

The text, *Counseling Children and Adolescents* states, the twelve warning signs for suicide that school counselors should consider when assessing for suicide are as follows: when

students are feeling like a burden, being isolated, increased anxiety, feeling trapped or in unbearable pain, increased substance use, looking for a way to access lethal means, increased anger or rage, extreme mood swings, expressing hopelessness, sleeping too little or too much, talking or posting about wanting to die, and making plans for suicide (Schimmel & Vernon, 2019). These are warning signs for students that are at risk for suicide.

According to the article, Suicide 1: Self-harm and Suicide in Adolescents it states that self-harm and suicide are major public health problems in adolescents, with rates of self-harm being high in the teenage years and suicide being the second most common cause of death in young people worldwide. Important contributors to self-harm and suicide include genetic vulnerability and psychiatric, psychological, familial, social, and cultural factors. The effects of media and contagion are also important, with the internet having an important contemporary role (Hawton & Saunders, 2012). School Counselors need to be aware and vigilant to helping students that are risk for suicide.

In the community I live in Georgia there are several organizations that provide counseling services to child and youth that are struggling with suicidal thoughts and/or ideations. These organizations include, The Methodist Children's Home in Macon and Anchor Hospital in Atlanta, Georgia are two resources that can help children and youth experiencing suicidal thoughts and or ideations.

Reference

- American School Counseling Association. ASCA Ethical Standards for School Counselors. (2022) <https://www.schoolcounselor.org/getmedia/44f30280-ffe8-4b41-9ad8-f15909c3d164/EthicalStandards.pdf>Links to an external site.Links to an external site.Links to an external site.
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