

Benchmark Comprehensive Child and Adolescent Counseling

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Author Note

This paper has no arguments or problems to note for the audience. If there are any questions about the paper message, the author at lpuckett10@liberty.edu

Abstract

Child and Adolescent Counseling requires careful consideration of human development, a theoretical approach, and the counseling process. A counselor advocates for students' social, academic, and emotional needs and collaborates with the facility, community members, and family to provide the best services for every student under the counselor's care. Counselors should understand that working with children and adolescents requires building trust and rapport, being a leader, mentor, and role model, and advocating for all their needs.

Benchmark Comprehensive Child and Adolescent Counseling

School Counselors in the school system define their role as counselors by advocating to the school staff and community. Often, there needs to be more clarification about the importance of a counselor and how their role can impact students' lives. Counselors can give a new perspective as they try to help meet all the students' needs across grades and development. This paper will cover why child and adolescent counseling is crucial for students' success in their dreams and goals. First, we will look at the developmental considerations of counseling, and second, we will look at the individual counseling process. Third, we will look at theoretical approaches and ethical concerns, and finally, we will cover counseling At-Risk adolescents. This paper aims to give a glimpse of the essential nature of counseling.

Developmental Considerations in Counseling

Stages of Development

To address school counselors, this paper will only address four stages of development and the three significant changes in growth that happen in these stages: Early Childhood, Middle Childhood, Early Adolescence, and Middle Adolescence.

In early childhood, social connections are constantly changing. According to Erick Erickson's Psychosocial Theory, these children are in the initiative vs. guilt stage, which means they take the initiative in activities and want to do things themselves (*1.1.5: Developmental Theories*, 2020). Play goes from associative play at 4 with hardly any cooperation and no assigned roles (Broderick & Blewitt, 2019) to more cooperative play at 5, which includes game sharing, conflict resolution, and shared goals (Howe & Leach, 2019). Emotional development aligns with this social connection as well. Their emotional vocabulary is still limited, and most students in this group demonstrate emotions through their behavior. Children this age have

difficulty understanding that they can have different emotions about one situation (Burkitt et al., 2018). Regarding cognitive development, children in this age range are preoperational thinkers, meaning they solve their problems based on what they hear and cannot grasp abstract ideas. They tend to focus on their perspective of things. (Vernon & Shimmel, 2024).

Middle childhood differs significantly from early childhood regarding children's continued growth and development. Socialization and peer connection are essential to social development during this period. There is no longer any egocentrism, and according to Berk (2017), They are more mature and develop the ability to interpret social cues and evaluate input to understand their peers' perspectives. Also, middle childhood is where emotional development increases dramatically. This is more defined in gender differences, with females showing more positive and internalizing emotions and males externalizing and demonstrating more negative feelings. (Rademacher et al. 2022). During these social and emotional changes, these children also transition from preoperational to concrete operational thought in cognitive development. Due to this change, children are better at suppressing bad behavior, paying attention longer, and following through with their plans. However, they still struggle with problem-solving as they often believe there is only one way to solve problems (Sieger et al., 2017).

Early adolescence, much like the other two, depends on peers to play a crucial role in social development. Because of this, adolescents struggle with peer pressure and are more susceptible to bullying and harassment. Not only does it impact their social development, but it also contributes to their emotional development. Adolescent age is a time of an explosion of negative emotions and can cause strife between parent and child. They also may have a higher rate of anxiety and depression (Vernon & Shimmel, 2024). As for cognitive development, early adolescents are in the formal operational thinking stage and slowly transition to a more abstract

mindset. During this period in their lives, individual variability and cultural differences apply to where each student is in their cognitive development.

The middle adolescent also sees peer relationships as the key to social development, but less anxiety and peer pressure exist. For them, peer relationship is more about trying out various roles (Broderick & Blewitt, 2019; Erford, 2018), learning to appreciate individual differences, and forming more mature and intimate relationships (Berk, 2017; Erford, 2018). During this time, females have broader social support, and their relationships are more intense and empathic than males. (Vernon & Shimmel, 2024). Emotional development is more complex and less explosive. However, there is an increase in depression associated with the transitional change of growing older. As mentioned above, cognitive development is constantly changing to more abstract thinking. During middle adolescence, students can better ponder and question morals and values of self and society and give opinions on political issues. (Broderick & Blewitt, 2019; Osherson, 2017).

Explaining Counseling for Students

According to ASCA Ethical Standards for School Counselors (2019), School counselors must inform students of the purposes, goals, techniques, and rules of procedure under which students receive counseling (Ethical Standard A.2.b). Since this is an ethical standard, counselors must have the skills to explain their role and the reason behind counseling to every student, regardless of developmental, cultural, or language barriers, according to the ACA Code of Ethics A.2.c. “Counselors communicate information in ways that are both developmentally and culturally appropriate. Counselors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language that

counselors use, counselors provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients.” (ACA 2014).

As stated in the above Ethical Code, School Counselors must also ensure that they communicate the information that fits the student's developmental level—for example, using simple vocabulary to explain what the counselor does to an elementary student and slowly progressing to using complex vocabulary as they age. Also, using simplified versions of complex words can benefit students who may be English language learners or have different cultural contexts and meanings. For example, using language like “work alongside” instead of assist or help can eliminate the cultural perception that you are there to fix or help fix someone's problem, which can have negative connotations in certain cultures.

Individual Counseling Process

Stages of Counseling

In this section, we will cover the six stages of the individual counseling process, as Vernon and Shimmel (2024) stated using the following example case: Nancy is a 12-year-old adolescent who was recently adopted from the foster care system and is having difficulties with her new younger siblings.

The first stage is to establish rapport. As Besler (2017) states, helping children learn that a trusting relationship is possible can be the key to corrective emotional experiences, which may help them trust and feel valued. As someone who was adopted, I (the author) can testify to how having a trusting relationship can also influence the embrace of a growth mindset and resilience. Rapport building with Nancy could be talking to her about her interests and hobbies and bringing fidget toys and kinetic sand to play with. Also, setting the room as comfortable and private as possible can help eliminate the feeling of distance and authority.

The second stage in the counseling process is resistance and reluctance. Nancy was most likely not self-referred and may have perceived the school counselor as another adult who would tell her what was wrong with her or discipline her. Even if Nancy had come to the school counselor independently, she would still have been resistant and reluctant to change her behavior. She may struggle to understand her reason for being there or worry that the school counselor will tell others what was shared in the session. There may also be resistance from family or clients based on cultural values and beliefs. (Vernon & Shimmel, 2024). Even so, the school counselor must continue to grow rapport with their client. Without building trust, these barriers of resistance and reluctance will not cease.

The third stage is the intake and assessment stage. As mentioned, students are most likely self-referred or referred by a teacher. After the initial referral, the counselor must collaborate with caregivers, teachers, and sometimes mental health professionals to gather Nancy's initial data or ideas. School counselors might invite caregivers to share their concerns or problems with the student at home, or if they cannot visit in person, they can communicate over the phone. The counselor can explain their role to Nancy's caregivers during this time. (Vernon & Shimmel, 2024). School counselors should also strive to include Nancy in gathering her information. By collecting this information, the school counselor can determine what assessments are needed and use evaluations to gather more information.

The fourth stage is developing interventions. At this stage, the school counselor takes the information gathered in the initial visit and introduction meetings to build interventions that align with Nancy's needs and future goals. Vernon and Shimmel (2024) state, "In designing interventions, it is also important to be aware of unsuccessful interventions, the counselor skills, the clients developmental/ability level and learning styles, as well as cultural considerations and

time constraints.” (pg. 58). Interventions should be built upon the school counselor's understanding of best practices and Nancy’s information. With Nancy, using creative arts interventions such as metaphors, music, bibliotherapy, cinematherapy, games, role play and drama, art, and video games (Vernon & Shimmel 2024) would work more efficiently than structured exercises. Foster/adopted children are often more inclined to creative arts and activities when it comes to processing trauma.

The fifth stage is termination. Regarding Nancy, unless outside forces end the counseling process early, a school counselor must consistently remind clients about terminating services. As Vernon and Shimmel (2024) state, the counselor should help clients process the feelings associated with the loss and reassure Nancy that her memory will remain with them afterward. However, the school counselor must monitor their own emotions about the loss of support for the student. Keeping this in mind, a school counselor should try their best to get Nancy in a healthy place where she may not need to return to the counselor, and if unsuccessful in doing so, it is time for the counselor to move on to the final stage: referrals.

The final stage of the counseling process is the referral process. Sometimes, during the sessions, the counselor might refer the student for additional services (e.g., Occupational therapy). Other times, the counselor may see that the student's needs are more significant than the services they can provide or offer and, therefore, need to offer referrals to give the student a better chance of success. (Vernon & Shimmel, 2024). Nancy may need additional services to meet her needs in the school. Foster/adopted children often struggle with developmental delays, learning disabilities, and mental illness due to ACEs. Although the school counselor will most likely be able to help Nancy with managing life in school and interactions with peers, they may need to refer Nancy to get mental health care or help with further processing of trauma.

Nancy might also need guidance and advocacy to access opportunities and resources to enhance her transition to a new home. Incorporating the small group support group can help Nancy receive the community and connect with their new peers. Allowing Nancy to be in a group that supports other blended-family students can help Nancy feel less alone and more understood. (Vernon & Shimmel, 2024). Also, doing things like sibling group play therapy could help Nancy grow her connection with her family and develop social skills. (Vernon & Shimmel, 2024. Pp. 441).

Termination Considerations

Termination can often bring feelings of abandonment and affect their success. When school counselors get to the termination stage of the counseling process, they should find the best strategies to get effective results. Following are six strategies that counselors can use to bring about a successful termination;

1. It uses a clock-like reminder: It reiterates the impending termination to clients, establishing it at the beginning of treatment, discussing it over time, and revisiting it at the last five treatment sessions. (Nof et al., 2017, pg. 30).
2. Symbolic listening: According to Grumbach et al. (2021), symbolic listening connects the client's content to termination symbols. It involves listening to what has and has not been said and exploring the client's feelings from beginning to end. There are three techniques for symbolic listening: a. Validating, b—interpreting, and c. engaging in personal meaning exploration (Nof et al., 2017).
3. Celebration of changes can be as simple as ending with an official ritual or celebration. As Grumbach et al. (2021) stated, “Focusing on termination as a rite

of passage or something to be celebrated affirms the student clients' sense of accomplishment. Student clients must be engaged in exploring the services and the progress they have made while in counseling.”

4. Creating behavioral contracts: Behavioral contracts are agreements between the counselor and student on how they wish to see their behaviors change. (Arief Aulia Rahman, 2024). In the termination stage, these contracts can be agreements about behavioral changes or improvements the student can continue pursuing independently.
5. Addressing the abandonment mindset: Younggren, Fisher, Foote, and Hjelt (2011) point out that the counselor must articulate termination reasons in the initial consent agreement and treatment plan so that when the termination goals are met, the client does not view it as abandonment. Also, by doing this, the client is fully aware of the expectations they can have from the counselor during sessions. If the client drops out of their free will, the counselor only must attempt to reach out. Afterward, the counselor is no longer considered bound by the agreement.
6. The gift exercise: Although this technique is used mainly in group settings, it can also be applied to individual counseling. The gift can be symbolic or metaphoric, like a farewell to the old self, a gift representing the new present self, or even a gift to the inner child. (Terry, 2011). Using this technique, students can review and apply all they have learned to a concrete item. It is similar to the idea behind the celebration technique.

Theoretical Approaches and Ethical Considerations

Theoretical Orientation

The primary theoretical orientation I will use when working with the students is person-centered therapy, created by Dr. Carl Rogers. This theory considers the client as a person and their independent capability to process trauma. Counselors can implement three concepts in the theory: congruence, unconditional positive regard, and empathic understanding.

A. Congruence, according to Carl Rogers, is when a therapist is fully and accurately aware of what he is experiencing at any moment in the relationship. “He is freely, deeply, and acceptably himself, with his experience of his feelings and reactions matched by an accurate awareness of them as they occur and change.” (Rogers, 1961, pg. 282-283).

B. Unconditional positive regard is when the therapist warmly cares for the client without expecting anything in return. According to Carl Rogers, this involves accepting a client as a separate person and allowing them to have individual experiences and find meaning in them. (Rogers, 1961, pg. 283).

C. Empathic understanding is the ability of the therapist to enter the client's world as if it were their own, allowing the client's emotions to become their own without being bound by them. According to Carl Rogers, when this happens, the therapist can move through the client's world freely and communicate both understanding of their feelings and voice meaning to emotions misunderstood by the client (Rogers, 1961, pg.284).

The person-centered theory is good for working with culturally diverse students. Because their focus is understanding the person as they present themselves, a counselor can approach culturally diverse students with a desire to understand their perception of their world. Also, it connects to how I wish to incorporate my faith into my counseling. By using congruence,

unconditional positive regard, and empathic understanding, I can confidently help students who may differ in opinion of the values of my faith. When I struggle morally with a case, I can lean on my understanding that the relationship is not about my moral beliefs but rather the well-being and care of my client.

Creative Approach

Music therapy is one of the creative approaches I want to use in my future counseling. I will use most, if not all, innovative approaches in my counseling career. However, I have a deeper connection to music, as I often use music for my self-counseling process. The most appropriate times to use this approach would be in the beginning when establishing rapport. As Vernon and Shimmel stated, music relaxes students and is an effective way to initiate conversations. (Vernon & Shimmel 2024, pg. 94). you can also use it to assess problems or build goals. Having students write their songs that address the issues they may be experiencing can help counselors determine what can be done, and discussion about the song or word meaning can help lead to goal-setting

Confidentiality Considerations

Confidentiality can be a tricky endeavor when it comes to children and adolescents. While the child is under a caregiver's care, there are confidentiality limits that school counselors should be mindful of. When it comes to a breach of confidentiality, a school counselor is only ethically obligated to breach in the following situations;

1. Legal requirements; ASCA Ethical Standard A.2.e. "Keep information confidential unless legal requirements demand that confidential information be revealed or a breach is required to prevent severe and foreseeable harm to the student." (pg.16)

2. Attempt to harm: School counselors are mandated reporters when students express an attempt or intent to harm others or themselves or report someone attempting or intending to hurt them. ASCA ethical standard A.2.l. “Convey a student’s highly sensitive information (e.g., a student’s suicidal ideation) through personal contact such as a phone call or visit and not less-secure means such as a notation in the educational record or an email.” (pg.17).
3. Parental rights: ASCA ethical standard A.2.f. “Recognize their primary ethical obligation for confidentiality is to the students but balance that obligation with an understanding of parents’/guardians’ legal and inherent rights to be a guiding voice in their children’s lives.” (pg.16).

With these in mind, a counselor should also be aware of how they can advocate for their students' confidentiality by being mindful of the ethical standards that promote autonomy;

1. ASCA ethical standard A.2.g. “Promote the autonomy of students to the extent possible and use the most appropriate and least intrusive method to breach confidentiality, if such action is warranted.” (pg.17).
2. ASCA ethical standard A.2.i. “Request of the court that disclosure not be required when school counselor’s testimony or case notes are subpoenaed if the release of confidential information may potentially harm a student or the counseling relationship.” (pg.17).
3. ASCA ethical standard A.2.m. “Advocate for appropriate safeguards and protocols so highly sensitive student information is not disclosed accidentally to individuals who do not have a need to know such information.” (Pg.17).

Counseling At-Risk Children/Adolescents

Framework & Interventions

According to Vernon and Shimmel (2024), there is a framework for counseling at-risk children and adolescents. The framework covers assessment, prevention, intervention, and social advocacy.

Assessment: Counselors should consider using a biopsychosocial evaluation when working with at-risk students. After getting the initial data, counselors should assess for depression and anxiety, which are typical for most at-risk students. Finally, including assessments on trauma can help a counselor determine the next steps. (Vernon & Shimmel, 2024, pg. 411-412).

Prevention: Prevention and intervention often work together to process present issues and prevent further harm; that is the goal of prevention. Providing safety, stability, and nurturing care for students through counseling interventions and community resources are some of the ways one can prevent further child maltreatment (CDC, 2014, p.7).

Intervention: Because there is quite a diverse group of people among at-risk students, interventions will only work for some students in this category. Most counselors consider using creative approaches with this group of students since creative interventions are culturally diverse and have few limitations. Some interventions with higher success with at-risk students include the strength-based approach, integrated care, and mindfulness-based counseling.

Social Advocacy: Counselors should strive to advocate for their students throughout counseling. School counselors should always be willing to grow their cultural competencies so they don't have a single-lens view of cultural competencies that ignores the person as a whole. (Ratts et al. 2015, pg 31). Jun (2010) encourages counselors to have intersectionality, which is

about increasing multicultural knowledge from a holistic perspective, allowing counselors to understand their clients from a sociocultural, historical context. (pg. 8).

Two interventions I would use when working with at-risk students who struggle with substance abuse or addiction would be the strength-based approach and the grounding/stabilization approach. According to Vernon & Shimmel (2024), “a strength-based approach allows counselors to help clients and family members put a name on positive human qualities that are unrecognized and unacknowledge.” (pg.413). Focusing on strengths can help improve self-esteem and positive self-worth. Grounding is about helping your clients feel fully present in their physical bodies. Most addiction and substance abuse stems from anxiety about uncertainties. Using this intervention can help give students a healthier way of coping with this level of stress than drowning themselves in drug use.

Two interventions I would use when working with students who struggle with depression would be Mindfulness-based counseling and the eye-movement desensitization and reprocessing (EMDR) technique. Mindfulness-based counseling (MBC) promotes self-regulation. It encourages students to participate in mindfulness practices such as yoga, breath work, body scans, and awareness of the present (Zenner et al., 2014). It helps give the clients a sense of control over their lives and the treatment they may not get otherwise. EMDR is an eight-phase therapy model (it requires training before use). Ultimately, it helps a client process past trauma, identify current events that may trigger responses, and anticipate future scenarios in which clients can be resiliency skills. (Vernon & Shimmel, 2024, pg. 380-381).

Crisis Planning and Management

According to Vernon & Shimmel (2024), Events of mass trauma and violence are increasing each year, and their impact is spreading with the exposure and information given on social media platforms. (pg. 405) As a result of media coverage of these events, we are seeing an uprise in the development of acute stress reactions, PTSD, anxiety, and conduct problems in children. (National Child Traumatic Stress Network, 2017). Because of this, it has been necessary for a crisis management plan to be put in place in schools to decrease the level of stress these events bring to students. According to Erbacher et al. (2024), a Crisis Plan should have the following essential requirements:

1. Protocols and procedures are stated clearly;
2. Appropriate measures are taken to maintain the safety and security of all involved;
3. Actions are taken in a deliberate manner, and steps are not accidentally omitted;
4. Explanations can be provided for actions taken, and
5. Communication flow is explicitly stated. (pg.101).

When building a crisis management team, a counselor should usually be mindful of who is on the team. According to Erbacher et al. (2024), the team members should include the following people;

1. Crisis response team coordinators are usually the principal or superintendent.
They are responsible for all crisis prevention, intervention, and postvention levels and are also the point of contact—the person in charge.
2. Suicide prevention coordinator - A staff member in charge of remaining updated on research resources and programs related to suicide. Also, they can be in charge of referrals, assessments, policies, and procedures about suicidal students.

3. Administrator/Principal - (see above statement)
4. School resource officer (SRO) - A law enforcement liaison who ensures the safety and security of the school.
5. Mental health liaison - A mental health professional coordinates with other professionals to emotionally support all school staff and students. They may monitor students in safe rooms and ensure proper procedures are followed.
6. Social media manager (SMM) - A staff member who monitors social media posts made by students and uses social media to disseminate information quickly to stakeholders and flag any suspicious searches concerning self-harm topics done by students.
7. School nurse - A nurse who provides information on a student's health history, current medications, and frequent health concerns. They can also be the key provider of first aid for students who engage in suicidal attempts at the school.
8. Teacher, student, and parent liaisons can represent their group in the meeting and contribute to the crisis plan (Erbacher et al. 2024).

School counselors can work as liaisons for parents or students in the crisis team. They can also provide information on students with confidentiality limitations. Because counselors have insider knowledge and training, they can contribute resources and research for the Crisis response team coordinator and Suicide Prevention coordinator. School counselors can also be critical players in assessing, preventing, intervening, and advocating each student case brought into these crisis management teams.

Suicide Prevention Program

According to the World Health Organization (2021), over 700,000 people die by suicide globally each year. Suicide is the second leading cause of death for children ages 10-14 and adolescents and young adults ages 15-24 (CDC, 2020). According to O'Hare (2018), High-risk suicidal behaviors are correlated with traumatic events. By this fact alone, counselors understand the importance of not only having suicide prevention programs in place in the school but also the crucial role in crisis management.

Teachers, school administration, parents, and school counselors should be involved in the suicide prevention program. According to Erbacher et al. (2024), the administrator's role in the prevention protocol is to take progress monitoring notes, ensure protocols are as detailed and precise as possible, and work the timeframe around meetings and other duties (pg. 167).

Teachers, parents, and staff can be trained to recognize and assess possible suicidal students.

The two evidence-based suicide prevention programs that school counselors might use in their work with students are as follows;

1. The Collaborative Assessment and Management of Suicidality (CAMS)

Framework. According to Vernon & Shimmel (2024), "Central to CAMS is the value of the therapeutic alliance, empathy for the client's suicidal suffering, collaboration between the counselor and client around the shared meaning of the client's experience, and honesty." (pg. 378). One tool that CAMS uses is the Suicide Status Form (SSF), which is used in each session to evaluate the client's suicidal intentions.

- Trauma-focused cognitive-behavioral therapy (TF-CBT). According to Vernon & Shimmel (2024), TF-CBT is an effective therapy for

overcoming trauma-related difficulties experienced by children and adolescents. It helps reduce negative emotional and behavioral responses to trauma. (pg. 379). The treatment has eight components, which stem from the acronym PRACTICE. PRACTICE is as follows:

- **P**sychoeducation and parenting skills
- **R**elaxation techniques
- **A**ffective expression and regulation
- **C**ognitive coping skills
- **I**n vivo exposure
- **C**onjoint parent/child sessions
- **E**nhancing personal safety and future growth (Vernon & Shimmel, 2024, pg. 379-380).

These components are crucial for helping clients develop a foundation of security and safety. School counselors can use this therapy to help students build their community and healthy socio-emotional development.

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