

Instructor's Manual

CONTENTS

1. Working With Children, Adolescents, and Their Parents: Practical Application of Developmental Theory	1
2. The Individual Counseling Process	7
3. Expressive Techniques: Counseling Interventions for Children and Adolescents	12
4. Play Therapy	17
5. Brief Counseling With Children and Adolescents.....	22
6. Applications of Rational–Emotive Behavior Therapy With Children and Adolescents	26
7. Counseling With Exceptional Children	31
8. Counseling Children From Diverse Backgrounds.....	38
9. Counseling Children and Adolescents With Special Needs	43
10. Counseling At-Risk Children and Adolescents	49
11. Small-Group Counseling	55
12. Designing a Developmental Counseling Curriculum.....	60
13. Working With Parents	67
14. Family Counseling in the Schools	73
Answer Keys for Test Items.....	81



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Chapter 1: Working With Children, Adolescents, and Their Parents: Practical Application of Developmental Theory

Topics Addressed

I. Model of Developmental Levels

- basic needs, normal developmental problems, situational issues
- prevention
- problem conceptualization
- design and selection of age-appropriate assessment instruments
- application of developmentally appropriate interventions
- how young clients process information
- areas of development: physical, cognitive, self, social, and emotional

II. Developmental Characteristics of Early Childhood (2–5)

- physical development: development of gross and fine motor skills
- cognitive development: imagination, preoperational thinking, centration, animism, artificialism, language development
- self-development: egocentrism, high self-esteem, increase in self-control and initiative
- social development: associative play, difficulty engaging in cooperative play
- emotional development: limited vocabulary for feelings, limited understanding of other people's emotions

III. Counseling Applications for Early Childhood

- attention spans of 4- and 5-year-olds are limited
- use variety of concrete techniques
- typical problems: difficulty engaging in cooperative play, taking things literally which can result in fear, situational problems (divorce, abuse, parent alcoholism)

IV. Developmental Characteristics of Middle Childhood (6–11)

- physical development: slow growth rate, high degree of physical self-control
- cognitive development: transitional period from 5–7, reach concrete operational stage at age 8, understand more abstract concepts
- self-development: expanding self-understanding, development of internal locus of control, self-criticism versus self-confidence
- social development: socialization with peers, group acceptance, peer pressure; by age 8, children become more prosocial
- emotional development: experience of more complex emotions, increased ability to recognize and communicate feelings

V. Counseling Applications for Middle Childhood

- children have many first-time experiences
- limited ability to think logically and see possibilities
- typical problems revolve around school, family, appearance, health, peer relationships, self-concept, situational problems

VI. Developmental Characteristics of Early Adolescence (10–14)

- physical development: rapid physical changes, onset of puberty, growth spurts, variations in physical maturity, increase in sexual thoughts and feelings
- cognitive development: gradual shift to formal operational thinking
- self-development: self-definition and integration, autonomy versus dependency, imaginary audience, personal fable
- social development: importance of peer relationships, developing more independence from parents, resist authority
- emotional development: emotional instability, increased emotional intensity (including anger), feelings are overwhelming

VII. Counseling Applications for Early Adolescence

- need to remember that formal operational thinking occurs gradually
- problem behaviors are often a result of incompetencies in thinking and reasoning
- adolescents need adult guidance

VIII. Developmental Characteristics of Mid-Adolescence (15–18)

- physical development: males differ from females in terms of rate of development, very strong sexual urges
- cognitive development: continued development of formal operational thinking, characterized by abstract thinking and hypothesizing, still inconsistencies in thinking and behaving
- self-development: independence, search for identity, questioning, experimenting and exploring, increased self-confidence
- social development: peer relationships continue to be important, increase in intimate friendships, more social sensitivity, need more autonomy from family
- emotional development: more emotional stability, dependent on level of formal operational thinking, more emotional maturity

IX. Counseling Applications for Mid-Adolescence

- most are better able to express themselves verbally
- typical teenage problems include decisions about relationships and the future, anxiety about the future

Key Terms

preoperational
concrete operational
formal operational
self-esteem
identity development
ethnic identity development
centration
egocentrism
puberty
time warp
self-definition
integration
imaginary audience
personal fable
independence

Test Items

1. Counselors need knowledge about child and adolescent development because
 - a) it helps them understand how clients respond to problems.
 - b) it facilitates accurate assessment.
 - c) it can be used in consultation with parents and teachers.
 - d) all of the above
2. In terms of their cognitive development, most early adolescents shift from
 - a) preoperational to concrete operational thinking.
 - b) formal operational to abstract thinking.
 - c) concrete to formal operational thinking.
 - d) preoperational to abstract thinking.

3. Most typically, mid-adolescents have concerns about
 - a) their family.
 - b) what to do after high school.
 - c) sexuality/sexual experimentation.
 - d) both b) and c)

4. Unidimensional thought refers to
 - a) understanding cause and effect.
 - b) centering on one aspect of the situation.
 - c) being able to see things from a broader perspective.
 - d) none of the above

5. Which of the following characterizes preschoolers' emotional development?
 - a) They understand that it is possible to experience different emotions about a situation simultaneously.
 - b) They have a good feeling vocabulary.
 - c) They understand that it is possible to experience different emotions at different times.
 - d) Their ability to understand why others are upset is very good.

6. Schave and Schave (1989) noted that young adolescents are incapable of linking events, feelings, and situations. They called this concept
 - a) personal fable.
 - b) imaginary audience.
 - c) time warp.
 - d) emotional immaturity.

7. Mid-adolescence is a time for developing
 - a) identity.
 - b) life concepts.
 - c) dependence.
 - d) interdependence.

8. A common response to authority during early adolescence is
 - a) compliance.
 - b) carelessness.
 - c) resistance.
 - d) all of the above

9. Developmentally appropriate interventions for children and adolescents should be
 - a) auditory.
 - b) concrete.
 - c) visual and kinesthetic.
 - d) all of the above

10. Adults often overreact to adolescents' illogical behavior because they assume that
 - a) the adolescent's actions are intentional.
 - b) the adolescent's actions are goal-directed.
 - c) the adolescent's actions are misdirected.
 - d) the adolescent's actions are pathological.

11. Which of the following does NOT describe preschoolers?
 - a) They are egocentric.
 - b) They are concrete operational thinkers.
 - c) They typically engage in associative play.
 - d) Their physical growth is slower than in earlier years.

12. Which of the following is NOT true for 8-year-olds?
 - a) They are abstract thinkers.
 - b) They have a multidimensional view of themselves.
 - c) They are more prosocial.
 - d) They experience more complex emotions.

13. During middle childhood, children are
 - a) skilled at thinking logically and seeing alternatives.
 - b) very egocentric.
 - c) better able to recognize and communicate feelings to others.
 - d) none of the above

14. Which of the following best describes early adolescence?
 - a) Physical changes occur more rapidly than at any point in the life span.
 - b) Puberty begins at about age 11 for females and age 13 for males.
 - c) The shift from concrete to formal operational thinking has been attained.
 - d) The “personal fable” phenomenon is prevalent.

15. Which of the following best describes the “imaginary audience”?
 - a) The belief that others are as concerned with us as we are.
 - b) The belief that because they are unique they are invulnerable.
 - c) The belief that people cause natural phenomena.
 - d) None of the above

16. Cognitive development during mid-adolescence is characterized by
 - a) hypothesizing and philosophizing.
 - b) conceptualizing things as either–or.
 - c) consistency in thinking and behaving.
 - d) all of the above

17. Which of the following characterize emotional development during mid-adolescence?
 - a) Rapid mood fluctuations
 - b) Being overwhelmed by emotions
 - c) Being better able to deal with emotionally charged issues
 - d) All of the above

18. Which of the following describe social development during mid-adolescence?
 - a) Intimate friendships increase.
 - b) Males seek intimate relationships sooner than females.
 - c) They remain very dependent on friends for emotional support.
 - d) All of the above

19. Which of the following does NOT characterize self-development during early adolescence?
 - a) Autonomy
 - b) Self-consciousness and egocentricity
 - c) Increased self-esteem
 - d) Oversensitivity

20. Which of the following characterize self-development during middle childhood?
 - a) They often become self-critical.
 - b) They have a multidimensional view of themselves.
 - c) They develop a more internal locus of control.
 - d) All of the above

Essay Questions

1. Describe in detail five reasons why a counselor working with children and adolescents should be knowledgeable about development when working with children, adolescents, or their parents.
2. Describe three major changes in each of these areas (physical, cognitive, social, emotional, and self-development) for early childhood, middle childhood, early adolescence, and mid-adolescence.
3. What would a developmentally savvy counselor need to take into consideration when planning assessment and interventions for those in mid-adolescence?
4. Taking into consideration the developmental characteristics of early adolescence, identify and describe five specific things you as a counselor would want parents to know so they are more prepared for this stage of development.
5. Taking into consideration the developmental characteristics of mid-adolescence, identify and describe five specific things you as a counselor would want parents to know so they are more prepared for this stage of development.

Questions for Class Discussion

1. What do you remember about your own developmental history? What was developmentally significant for you as a preschooler? During elementary school? As an adolescent?
2. Discuss how the emotional and self-development of a person in middle childhood is different from the emotional and self-development of a person in early adolescence.
3. As a counselor working with pre-school children, you are asked to consult with parents on behavioral interventions at home. What information about the children's developmental stages would you want the parents to know, and how would you explain the phenomena of animism and artificialism to them?
4. What suggestions would you have to make schools more developmentally appropriate for adolescents age 15–18?
5. Which age group do you think would be the most interesting and/or challenging for you to work with as a school or mental health counselor, and why?

Class Exercises

1. This activity is a good way to introduce the concept of developmental stages. Gather up 5–6 “props” that represent each developmental stage: early and middle childhood, early and mid-adolescence. (Suggestions include a stuffed animal and a night light for early childhood, a book and a toy for middle childhood, a mirror and a phone for early adolescence, and matches and a car key for mid-adolescence.) Put the props for each stage in a separate paper bag. Divide the class into groups and give each group a bag, instructing them to make up a skit representing the designated age group and utilizing the objects in the bag. Evaluate the presentation of each skit, list developmental characteristics on the board, and use this as a spring board for discussion about this topic.
2. Divide students into four groups and ask each group to develop a creative way of informing parents about developmental characteristics of one of the following: early childhood, middle childhood, early adolescence, mid-adolescence.

3. Ask students to select one of the four developmental stages: early or middle childhood, early or mid-adolescence. Then have them briefly describe in writing 5–6 typical developmental problems they recall experiencing during this stage. Next, ask them to find a child or adolescent who represents the stage they selected and interview that individual about what this age is like for him or her. Ask students to then write a short paper to share with the class outlining similarities and/or differences between their own problems at this age in comparison to the child or adolescent they interviewed.
4. Have students work in small groups and prepare a short in-service presentation for teachers and administrators which will explain key concepts about one of the five (social, emotional, cognitive, physical, or self-development) aspects of development and what schools can do to be more developmentally responsive.

Chapter 2: The Individual Counseling Process

Topics Addressed

I. Basic Guidelines for Working With Young Clients

- includes a list of basic admonitions

II. Dealing With Resistance

- definition of resistance as a self-protective behavior
- defenses may be adaptive or maladaptive
- respect a child's resistance
- use play therapy, role playing, self-disclosure, confrontation to deal with resistance
- acknowledge and “go with” resistance by an adolescent
- parents also may become resistant

III. The Counseling Process

A. Intake

- gather information
- exchange expectations
- inform clients and others about counseling in developmentally appropriate language
- developmental considerations (asynchronous development)
- ethical and legal concerns (informed consent, confidentiality, equal partner)
- conceptualize the client as part of a system (family, work environment, school, etc.)

B. Meeting for the first session

- create child-friendly physical setting
- define the problem through active listening (culturally sensitive)
- assess, using formal and informal procedures
- build trust and rapport
- use questions appropriately

C. Establishing a relationship and developing a focus

- use play media
- give clients feedback about themselves
- affirm client unconditionally
- allow client to change his or her story
- use self-disclosure judiciously
- take a “one-down” position
- use process questions
- use structured exercises (list included)
- with adolescents, demonstrate acceptance, interest, collaboration, respect, and low reactivity

D. Working together toward change

- develop interventions that are carefully planned, designed, implemented, and evaluated
- use brief-counseling approaches, systematic problem-solving models, rational–emotive behavior therapy
- resist the temptation to give advice
- keep session focused on the “here-and-now”
- empower clients by affirming their resilience

E. Closure

- make referrals and ensure smooth transitions
- process termination issues
- address predictions, expectations, and fears about the future

Key Terms

resistance
intake
informed consent
confidentiality
unconditional affirmation
BASIC ID
DSM-IV
one-down position
resilience
referral
active listening
here-and-now focus
self-disclosure
system context

Test Items

Multiple Choice

1. According to this chapter, all but which of the following is true regarding working with young clients?
 - a) Counselor language and interventions should be developmentally appropriate.
 - b) Young clients may have difficulty with a here-and-now focus.
 - c) Expert questioning is the most important skill in counselors.
 - d) Building a strong relationship is important when working with young clients.
2. Which of the following would not be an appropriate counselor guideline during intake with a young child?
 - a) Parents should be engaged in a conversation about their expectations of counseling, since they may have anxiety about the counseling process for their child.
 - b) During phone or face-to-face interviews with family members, all questions should be focused on the child.
 - c) Counselors have obligations to parents, while also being responsible for protecting children's rights.
 - d) Confidentiality issues should be addressed with parents of clients who are minors.
3. Of the following, which would most likely be an effective way to build a trusting relationship with a young child at the outset of counseling?
 - a) Show the child that you can listen expertly.
 - b) Focus on what you assume is the presenting problem.
 - c) Develop a pattern of following the client's response with another question.
 - d) Avoid paraphrasing, summarizing, and reflecting feelings because of the client's young age.
4. If teachers pressure a school counselor to "fix" a child's behavior problem, an appropriate counseling approach would be to
 - a) move into a mode of asking more closed than open questions.
 - b) self-disclose to the child about how frustrating it is to have such limited time.
 - c) make sure to concentrate adequately on building a relationship.
 - d) assume that this is a situation where relationship-building must be sacrificed.
5. Counselors should assume that the reason many children and adolescents like to play with toys, draw, or play or manipulate something with their hands during counseling sessions is that
 - a) they are resistant to cooperating with the counseling process.
 - b) they need to be distracted from the intensity of the counseling experience.
 - c) they are asserting their independence in the face of questioning.
 - d) they are refusing to verbalize feelings and thoughts.

6. It is appropriate, when using play or other media during counseling sessions, to
 - a) give evaluative feedback to the young client for whatever products are produced.
 - b) assume that the play or artistic expression is independent of counseling content.
 - c) see it as unconnected to relationship-building.
 - d) view it in conjunction with other behaviors during the session.

7. When a counselor self-discloses that he/she once had an experience similar to that being described by a young client,
 - a) the self-disclosure moves the focus from the client to the counselor.
 - b) the self-disclosure enhances the positive effects of active listening.
 - c) adolescents, especially, appreciate knowing that someone else has had such an experience.
 - d) the self-disclosure validates the client's experience as unique and important.

8. Which of the following is not true regarding "process" comments and questions?
 - a) They can help both counselors and clients deal with awkward moments.
 - b) They can be used to stop long narratives.
 - c) They can help to reinforce moments of significant personal growth.
 - d) They are used mostly in response to external, rather than internal, situations, conditions, or behaviors.

True/False

9. ____ Resistance is less common in young clients than in adults regarding investing in the counseling process.

10. ____ Active listening is less important when building rapport and defining the problem than when exploring situations in depth.

11. ____ Most jurisdictions allow minors to consent to treatment without parental knowledge in certain circumstances.

12. ____ Counselors should keep in mind that documentation is potentially public information.

13. ____ Because children are young and therefore adaptable, developing a working relationship with them takes less time than with adult clients.

14. ____ Forcing a child or adolescent to share information during a session can interfere with the counseling process.

15. ____ Structured exercises should be avoided when working with young clients, since they diminish the therapeutic effect of counseling.

16. ____ Establishing a trusting relationship with children and adolescents may be a worthy end in itself.

17. ____ The less counselors intrude with judgment and advice, the more children will tell them.

18. ____ Some counselor questions may reflect curiosity more than a desire to help.

19. ____ "Why" questions are especially recommended when counseling young clients, because their behavior can be difficult for adults to understand.

20. ____ Furniture and positioning of counselor and client may disempower young clients.

Essay Questions

1. Discuss the construct “resistance” in terms of a) how it can be conceptualized, b) what might contribute to it, c) how it might be reframed as something positive, and d) appropriate counseling responses to it, including strategies for working with it.
2. How might a counselor explain what “counseling” is to a low-ability 14-year-old boy? To a gifted 10-year-old? To a high-school senior with average intellectual ability?
3. How might a counselor explain “confidentiality” to parents of an 8-year-old client during intake?
4. How might a counselor explain “confidentiality” to the same 8-year-old? Include reference to when you would have to breach confidentiality, how you plan to deal with parental requests for information from counseling sessions, and what obligations you have to your young client in regard to privacy.
5. Explain this statement: A child is part of a system.
6. Explain what a “one-down” position is for a counselor.
7. Make an argument against giving advice as a counselor.
8. Offer a possible “reframe” (i.e., putting a positive frame around something negative) for four of the following for a 12-year-old who has a difficult situation at home, including periodic family homelessness: lying, cheating, denying emotions, using substances, aggressive behavior, caustic humor.
9. Discuss termination issues as related to counseling children and adolescents, citing at least six strategies that can potentially help both counselor and client to end the counseling relationship appropriately.

Questions for Class Discussion

1. What are the legal and ethical concerns when working with a minor who was referred for counseling by his or her teacher?
2. How would you set up the waiting area and your counseling office for seeing both preschool-age children and adolescents?
3. What are some aspects of the counseling process that you should especially consider when working with adolescents?
4. Discuss how counseling with children is different from counseling with adults.
5. Discuss the stages of the counseling process when working with hypothetical client Nancy, a 12-year-old adolescent who was referred to you because of her difficulties with her younger stepsister.

Class Exercises

1. Invite students to work with a partner to address the following: A tearful 12-year-old conveys to you, at the outset of a session, that he or she is afraid to sleep at night because of a great fear of death. Think of five possible initial counselor responses to that revelation. Provide the exact words for each response.
2. Direct students to find a partner. Each partnership should develop two “get acquainted” strategies for use with a designated age group (pre-school, elementary, middle school, high school). Invite them to share ideas with the large group.

3. Ask students to interact with three children or adolescents (varying in ages from 5–18) outside of class. The students should practice building rapport with each student for 15 minutes, using suggestions provided in this chapter. Have them write a brief summary of the developmental differences they noted among and between age levels.

4. Divide the class into triads. Have each student write a short scenario identifying a child or adolescent who is forced to go to counseling against his or her wishes. Collect the scenarios and put them into a hat. Then ask each triad to designate a counselor, counselee, and observer. Pass the hat and have each counselor draw a scenario to role-play. The counselor should then attempt to deal with the resistance using his or her own ideas as well as suggestions provided in the chapter. After 10 minutes, process the experience and switch roles, using new scenarios.

Chapter 3: Expressive Techniques: Counseling Interventions for Children and Adolescents

Topics Addressed

I. Interventions

- counselors choose interventions based on their theoretical orientation
- interventions need to be developmentally appropriate for children
- counselors need to know a variety of interventions

A. Art

- facilitates communication
- allows clients to express anger/hostility
- enables clients to perceive themselves and others more clearly
- may be used with diverse populations
- focuses on process not product
- examples: Color Your Life, Lines of Feeling, Windows, Serial Drawing Technique, Squiggle Drawing Game

B. Bibliotherapy

- facilitates relationships with clients
- helps individuals solve problems and better understand themselves through reading
- increases insight through identification
- teaches cognitive strategies
- examples: Using Storybooks, Super Action Heroes

C. Games

- useful to facilitate verbalization
- useful for clients with both externalizing and internalizing disorders
- can facilitate problem solving
- examples: Me Too, Soup Cans

D. Activity books and worksheets

- are adaptable, flexible, and nonthreatening
- enable clients to gain stronger awareness and understanding of pertinent counseling issues
- examples: *The Passport Series*, Solutions for Sad Feelings: Thinking, Feeling, and Behaving for Children

E. Music

- used as a therapeutic device for children and adolescents
- facilitates affective expression
- reduces anxiety and stress
- communicates feelings
- often used in conjunction with other techniques
- examples: Music and Color, Music Collage, Music Listening, My Own Song, Reframing, Songs and Lessons

F. Puppets

- assist clients with establishing trust and rapport
- offer physical and psychological safety
- facilitate self-expression about problematic events and situations
- example: Puppet Theater

G. Role play

- spontaneous, highly personalized improvisation
- encourages safe expression of strong feelings, both positive and negative
- encourages social interaction, learning, awareness, creativity, and spontaneity
- example: Empty Chair Dialoguing

H. Storytelling

- has a long tradition of use
- facilitates personal understanding
- allows clients to process painful memories
- example: Mutual Storytelling Technique, Completing the Story, My Very Own Magic Wand, My Very Own Place, When I Am Angry

I. Metaphors

- add richness to description and provide memorable symbols for children
- used to describe individual or group characteristics, processes, and products in familiar terms
- help children understand experiences that are not easily described in literal terms
- useful in developing empathy
- example: Movies as Metaphors

J. Therapeutic writing

- effective particularly with older children and adults
- provides cathartic emotional release
- contributes to personal integration and self-validation
- examples: Autobiography; Lifeline; Outer/Inner Exercise; Uninterrupted, Sustained, Silent Writing

K. Multicultural techniques

- help decrease stereotypes
- help to develop an understanding of differences between persons
- examples: Diversity Bingo, Dream Catcher, Multicultural Circle, You are Dealt a Hand in Life, What's in a Name?

L. Interventions for specific problems

- provides suggestions for interventions with career exploration, anger and aggression, grief and loss, stress and anxiety experiences, self-awareness/self-esteem, and technology.

Key Terms

Anger and aggression

Art

Bibliotherapy

Career exploration

Creativity

Drama

Grief and Loss

Guided imagery

Metaphor

Multicultural techniques

Music

Puppets

Role play

Self-esteem

Storytelling

Stress and anxiety

Technology in counseling

Therapeutic writing

Videoconferencing

Web Page Memorial

Test Items

1. Which of the following is a reason to use expressive techniques in counseling with children?
 - a) They facilitate insight.
 - b) They facilitate communication.
 - c) They encourage self-awareness.
 - d) All of the above
2. Art therapy techniques are particularly appropriate for use with children who
 - a) have difficulty communicating verbally.
 - b) are under the age of 13.
 - c) have artistic talent.
 - d) clearly perceive themselves and those around them.
3. Which of the following is NOT an example of an art therapy technique?
 - a) Color Your Life
 - b) Windows
 - c) Me Too
 - d) Lines of Feeling
4. Which of the following counseling topics can benefit from the use of bibliotherapy?
 - a) Exploring relationship problems
 - b) Depression
 - c) Substance abuse
 - d) All are appropriate topics.
5. Games can be helpful and appropriate interventions for children with which of the following problems?
 - a) Resistance to counseling
 - b) Verbal deficiencies
 - c) Attention disorders
 - d) All of the above
6. Which of the following is NOT an advantage in using workbooks as part of the counseling process with children?
 - a) Reliance on reading skills
 - b) Familiarity of using workbooks
 - c) Tangible record of progress
 - d) Opportunity to take workbooks home for future use
7. Music can be used appropriately in counseling with which of the following?
 - a) Depression
 - b) Anxiety
 - c) Grief
 - d) All of the above
8. Puppets can be used effectively in counseling to help children
 - a) establish trust and rapport.
 - b) displace feelings about significant others.
 - c) project feelings considered unacceptable.
 - d) all of the above
9. Role play is effective in helping children do all of the following EXCEPT
 - a) safely express strong feelings.
 - b) practice prosocial behaviors.
 - c) eliminate performance anxiety.
 - d) rehearse new skills.

10. Which of the following is NOT a step in the storytelling technique?
- a) Make a tape of make-believe television or radio show in which the child is the guest of honor.
 - b) After the tape is made, let the child listen to the tape.
 - c) Comment about the story (how good the story is).
 - d) Interpret the message to the client.
11. Which of the following is an example of structured writing used as a therapeutic writing technique?
- a) Autobiography
 - b) Lifeline
 - c) Outer/Inner exercise
 - d) All of the above
12. Which of the following is an example of a multicultural awareness technique?
- a) Dream Catcher
 - b) Acknowledgements
 - c) You Are Dealt a Hand in Life
 - d) Both A and C
13. Which of the following techniques is NOT described as a technique to use with self-esteem problems?
- a) How to Be, How Not to Be
 - b) Negative Mantra
 - c) Magic Box
 - d) Life Boat
14. When someone significant in the child's life dies or when s/he experiences a loss s/he may feel which of the following:
- a) Abandonment
 - b) Anger
 - c) Sadness and guilt
 - d) All of the above
15. For most children and adolescents, feelings of loss and grief are
- a) Confusing and disturbing.
 - b) Inspired.
 - c) Animated.
 - d) Content.
16. The following technique is used to treat a client who worries excessively:
- a) The Price of Perfection
 - b) Burst or Bounce Back
 - c) Paradoxical Intervention
 - d) Dream Catcher
17. A podcast
- a) is an audio or video file that can be listened to on the internet.
 - b) can be downloaded and listened to on an Apple ipod.
 - c) is special because it allows individuals to publish radio shows that interested listeners can subscribe to.
 - d) all of the above
18. MySpace.com is a social networking website that
- a) has no effect on a teenager's self-concept.
 - b) is very carefully monitored so parents should not be concerned about the material posted on their child's web site.
 - c) is public but is never used by youth under 14 years of age.
 - d) can be used positively in the counseling relationship.

Essay Questions

1. Discuss the importance of appropriately considering the developmental level of children and adolescents when deciding the type of creative techniques to use in counseling.
2. Discuss how the use of technology can be used to enhance the therapeutic alliance. Describe specific situations and provide examples for how professional counselors can use these techniques.
3. Discuss how the use of games can enhance the counseling process with children. Give specific examples of how games help children deal with problem areas.
4. Discuss the importance of using techniques that promote multicultural awareness when working with children and adolescents. What are specific treatment goals that you might emphasize when implementing these techniques?

Questions for Class Discussion

1. What kinds of creative talents do you have? What creative techniques could you see yourself using with your clients?
2. Everyone deals with stress differently. How do you deal with stress? Which of the stress management techniques discussed in Chapter 3 would work better for you? Why do you think this strategy would be more effective in reducing your stress level?
3. What kinds of therapeutic writing exercises might be useful for a 16-year-old adolescent? What justification would you use in a treatment plan for implementing these techniques?
4. Discuss why some stress is considered to be good stress. Give an example of a situation in which stress could be helpful. At what point does stress become a problem?
5. Create your own stress management plan. In this plan, consider
 - a) factors that make you feel stressed,
 - b) strategies for managing stress that might work for you, and
 - c) changes you could make in your life to help avoid stress.

Class Exercises

1. When using interventions such as the ones discussed in this chapter with children or adolescents, the developmental level of the client is an important consideration. In small groups, discuss the effect of developmental levels on both the choice of intervention and the potential effectiveness of an intervention.
2. Choose a specific problem that a child or adolescent might bring to counseling (anger, conflict resolution, divorce, grief, self-esteem, etc.). Create a game to help the child (client) with his/her problem.
3. Many student counselors are uncomfortable using creative interventions with clients, often because they have not been taught to effectively use the techniques. Divide the class into groups of three: client, counselor, and observer. In a practice counseling session, the client presents a problem to the counselor who selects and uses an appropriate intervention. After practicing the intervention, the participants discuss its use, appropriateness for the client, comfort/discomfort with using it, etc. (Note: Client problems may be assigned by the instructor or selected by the student.)
4. Individually or in small groups, ask students to select a creative intervention to demonstrate and discuss with the class. After demonstrating how the intervention is performed with a client, discuss the following: client problems for which the intervention is (or is not) appropriate, modifications needed for use with clients of different ages and/or developmental levels, problems that might occur when conducting the intervention with a client, and your feelings about the intervention (were you comfortable/uncomfortable using it; do you think it produces the results it should, etc.).

Chapter 4: Play Therapy

Topics Addressed

I. Appropriate Clients for Play Therapy

- usually for children between the ages of 3–12
- factors to be considered: capacity of child to learn, have insight, and be able to form a relationship with an adult

II. Goals of Play Therapy

- build up a child's sense of self-efficacy and competence
- increase problem-solving and decision-making skills
- explore and express feelings
- learn more about self and others

III. Setting Up a Play Therapy Space

- counselor needs to feel comfortable in the space
- specific instructions according to Landreth (1991)
 - 150–200 square feet
 - privacy of playroom
 - washable walls and floors, sink
 - storage shelves and cabinets
 - sink and bathroom attached to main room
 - one-way mirror and videotaping

IV. Toy Selection and Arrangement

- toys should be interesting, educational, and spark creativity
- toys can be nurturing, scary, aggressive, expressive, and pretend/fantasy toys
- structured placement of toys in playroom

V. Basic Play Therapy Skills

- tracking: describing the child's behavior to the child
- restating content: paraphrasing the child's verbalizations
- reflecting feelings: helping the child express and understand his or her emotions and expand emotional vocabulary
- returning responsibility to the child: increasing the child's self-reliance, self-confidence, and self-responsibility
- using the child's metaphor: tracking, restating, reflecting feeling without imposing the counselor's own interpretation
- limiting: protecting the child and counselor from harm, increase child's sense of self-control and responsibility

VI. Theoretical Approaches to Play Therapy

A. Child-Centered Play Therapy

- Axline developed this therapy (1969) based on client-centered therapy (Rogers)
- counselor provides three core conditions: empathy, genuineness, unconditional positive regard
- five distinct phases
- non-directive

B. Adlerian Play Therapy

- developed by Kottman (1993)
- combines principles and strategies of individual psychology with basics of play therapy
- four phases
- nondirective and directive elements

C. Cognitive-Behavioral Play Therapy (CBPT)

- developed by Knell (1993)
- CBPT combines cognitive-behavioral strategies within a play therapy delivery system
- four stages
- nondirective and directive elements

D. Theraplay

- developed by Jernberg (1979), theraplay is modeled after healthy interaction between parents and their children
- use of parents as observers and cotherapists
- use of two counselors in the session
- dimensions of structure, challenge, intrusion/engagement, nurture
- intensive, brief, directive

VII. Training and Experience

- paradigm shift: toys and play as primary modality for communication
- Association for Play Therapy and Canadian Association for Child and Play Therapy/International Board of Examination of Certified Play Therapists provide guidelines for registration and certification
- importance of training and competence of play therapist

Key Terms

play therapy

theraplay

Marschak Interaction Method (MIM)

lifestyle

Cognitive-Behavioral Play Therapy (CBPT)

Adlerian Play Therapy

tracking

Child-Centered Play Therapy

limiting

playroom

toys

International Board of Examination of Certified Play Therapists

self-efficacy

metaphor

Test Items

1. Theraplay is a _____ model of play therapy.
 - a) non-directive
 - b) supportive
 - c) directive
 - d) none of the above
2. Adlerian Play Therapy progresses through _____ phases.
 - a) three
 - b) five
 - c) four
 - d) six

3. Which one of the following skills is NOT a basic play therapy skill?
 - a) Limiting
 - b) Tracking
 - c) Confronting
 - d) Restating content

4. Limiting is done to
 - a) protect the child from harm.
 - b) protect the counselor from harm.
 - c) increase child's sense of self-control.
 - d) all of the above

5. Child-centered play therapists work primarily through
 - a) empathy.
 - b) understanding.
 - c) support.
 - d) none of the above

6. Cognitive–Behavioral Play Therapy is
 - a) client focused.
 - b) problem focused.
 - c) solution focused.
 - d) insight focused.

7. When a child is using a metaphor in a play therapy session, the counselor should
 - a) ignore it.
 - b) use a therapist metaphor.
 - c) use the child's metaphor.
 - d) all of the above

8. How many studies have been conducted about the effectiveness of play therapy?
 - a) None
 - b) A few
 - c) Many
 - d) An unusually high number

9. Which of the following questions should therapists ask themselves before engaging in play therapy with children?
 - a) Do I have the necessary skills to work with this child?
 - b) Do I have enough energy to fully commit to working with this child?
 - c) Is my practice setting appropriate for a play therapy setting?
 - d) All of the above

10. Which are the four feeling states that most kindergartners and preschoolers recognize?
 - a) sad, mad, glad, scared
 - b) sad, tired, mad, scared
 - c) bored, mad, glad, happy
 - d) Kindergartners and preschoolers do not recognize feelings.

Essay Questions

1. Explain the basic model of Theraplay and mention at least five important characteristics of this play therapy.
2. What makes a child an appropriate client for play therapy? Consider developmental aspects, characteristics of the child, and the concerns presented.
3. Describe an “ideal” play room.
4. Discuss three play therapy strategies in detail and give an example for how you would implement them in an actual session with a 7-year-old boy.

Questions for Class Discussion

1. As a future play therapist, what kinds of toys would you like to have in your playroom? Why? Refer to the toy classification set up by Kottman (2003).
2. Discuss three play therapy strategies in detail and give an example for how you would implement them in an actual session with a 7-year-old boy whose parents are divorcing.
3. Share with other people in the class what characteristics you possess that would or would not make you a good play therapist.
4. With which play therapy approach would you feel most comfortable? Why?
5. How would you explain to a group of parents the goals of and purpose behind using play therapy with children?

Class Exercises

1. In small groups, have students discuss how they would explain the process and goals of play therapy to a) a parent of a child, b) the child, and c) the child’s teacher.
2. Have everyone in the class write five possible descriptions of play therapy clients on a piece of paper. Cut the papers into strips so that only one client is on each strip. Divide into triads—with one person designated as the child, one as the play therapist, and one as the observer. Have each of the children draw a strip, describe any background to the therapist, and begin to act as if he or she is that client. The therapist should use one or more of the play therapy responses described in the chapter, and then the child and the therapist should continue to interact for 4–5 minutes. The observer should give feedback about what he or she has noticed during the interaction, starting with the therapist’s strengths.
3. Divide students into small groups. For each of the following scenarios, decide which of the play therapy skills described in this chapter (tracking, restating content, reflecting feelings, returning responsibility to the child, using the child’s metaphor, and limit setting) you would use to respond to the child. Generate several different possible responses to each one, remembering that you can combine several kinds of skills in a single response.
 - A. Glenda, a 6-year-old, was referred because she seems to be extremely distressed about her parents’ recent divorce. She comes into her third play therapy session frowning and crying, sits down, and says, “I hate my mom. I hate coming here. I wanted to play, and she made me come here.”
 - B. Gordon, a 5-year-old child whose mother is bipolar and does not always comply with her medical regimen, picks up a teddy bear and hugs it, throws it on the floor and stamps on it, picks it up and hugs it, and throws it across the room.

- C. Christina, an 8-year-old whose presenting problem is anxiety and depression, begins to draw a picture, turns to you, and says, “I am going to paint this picture for you. What do you want me to paint?”
- D. Rickie, a 7-year-old with behavior problems, picks up a dart gun and aims it at your knee.
- E. Rickie then aims the dart gun at your face.
- F. In her first session, Krickie (9) says, “I wish my dad weren’t in prison. My mom really misses him. Sometimes I do, too. You know he is in jail for having abused me, don’t you?”
- G. Jamal (4) hides all of the children dolls behind and under the furniture in the dollhouse. He takes the father doll and has him look for the children. When he can’t find them, he gets really mad and starts yelling and cussing.
- H. In his tenth session, Roberto, an extremely competent third grader referred for self-esteem problems, wants a paper airplane. He hands you a piece of paper and asks you to make it for him.
- I. Lee Su (8) is Chinese American. She has been referred for getting into repeated fights on the playground, which she has contended are started by other people. She arranges the green soldiers in one line and the tan soldiers in another line, and (with lots of sound effects—yelling ethnic slurs, screaming in pain) has the tan soldiers wipe out the green soldiers. As she is doing this, she seems to get angrier and angrier.

Chapter 5: Brief Counseling With Children and Adolescents

Topics Addressed

I. Eight Characteristics of Brief Counseling

- time limited (single 10-minute session to five sessions)
- solution focused (ask for exceptions to the problem, untapped resources, goals)
- action based (giving directives, assigning tasks)
- socially interactive (use social support to aid in the change process)
- detail oriented (details about what is working, desired states, and methods)
- humor eliciting (focus on life-enhancing elements rather than pain)
- developmentally attentive (ecologically sound solutions, meeting of five needs)
- relationship based (counselor-therapist relationship is important)

II. Case Studies

- by John Littrell
- based on the brief counseling model developed by the Mental Research Institute (MRI; Fisch, Weakland, & Segal, 1982; Watzlawick, Weakland, & Fisch, 1974)
 - problem definition
 - investigation of solutions attempted so far
 - definition of change to be achieved
 - formation and implementation of a plan for change

III. Summary

- brief counseling is a tool among many
- focused on children's strengths
- focus is on the future
- may preclude counselor burn out
- effective tool for creating new patterns

Key Terms

Mental Research Institute (MRI)

brief counseling

solution focused

problem definition

action based

time limited

relationship based

socially interactive

strengths

detail oriented

developmentally attentive

humor eliciting

Test Items

1. Brief counseling is
 - a) time limited.
 - b) relationship based.
 - c) developmentally appropriate.
 - d) all of the above

2. A counselor working from a brief counseling model would most likely ask which one of the following questions?
 - a) What is problematic for you?
 - b) When is this not a problem for you?
 - c) How did you progress?
 - d) both a) and c)

3. Which of the following is NOT a step in the MRI brief counseling model?
 - a) Problem definition
 - b) Diagnosis
 - c) Investigation of solution
 - d) Formulation and implementation of a plan

4. Brief counseling is
 - a) present oriented.
 - b) past oriented.
 - c) future oriented.
 - d) both a) and b)

5. Brief counselors encourage client action by way of
 - a) assigning tasks.
 - b) supporting already existent client behaviors.
 - c) using creative techniques.
 - d) modeling.

6. Brief counseling means
 - a) no more than 2 sessions.
 - b) 1 session only.
 - c) up to 10 sessions.
 - d) up to 5 sessions.

7. Brief counseling is useful with children because
 - a) it focuses on a child's needs.
 - b) it focuses on a child's strengths.
 - c) it focuses on a child's options.
 - d) it focuses on a child's wants.

8. Brief counseling focuses on
 - a) the origin of problems.
 - b) the nature of problems.
 - c) exceptions to problems.
 - d) maintenance of problems.

9. In brief counseling, clients are challenged to
 - a) examine their problems in depth.
 - b) use their resources.
 - c) change their family systems.
 - d) none of the above

10. Which of the following statements is NOT true?
 - a) Brief counseling is useful with a variety of clients.
 - b) Brief counseling is only one approach among many.
 - c) Clinical judgment must always enter into the choice of counseling approaches.
 - d) Brief counseling is the most effective counseling approach.

Essay Questions

1. Describe the eight characteristics of brief counseling and illustrate with an example for each characteristic.
2. Explain the four steps of brief counseling according to the MRI model.
3. Mention at least three advantages and three disadvantages for using a brief counseling approach.
4. How does the brief counseling model differ from a psychodynamic (humanistic, Adlerian) approach?

Questions for Class Discussion

1. Debate these questions: Could you see yourself working from a brief counseling framework? Why or why not? What do you see as the advantages and disadvantages?
2. Apply the MRI brief counseling model to the following case:
Andrea, a 10-year-old girl, has had difficulty getting along with her younger sister Beth, who is 7. They fight constantly over toys, TV programs, and the mother's attention. Usually, Andrea picks the fights.
3. In your opinion, how effective and beneficial can short-term therapy (no more than four sessions) be?
4. The brief counseling model described in your textbook has eight characteristics. Discuss which ones you find most and least helpful and which ones would be easy or difficult for you to implement in session.
5. Do you think there are issues that won't be effectively addressed with the methods described in this chapter? If so, identify examples and support your answer.

Class Exercises

1. In groups of three, have one person be the counselor, another role-play a client, and a third be an observer. The client thinks about a problem that a child or adolescent might display at school. The counselor conducts three mini-counseling sessions of five minutes each:
 - a) In the first session, the counselor and client focus on the problem.
 - b) In the second session, the counselor and client explore attempted solutions, exceptions, and strengths.
 - c) In the third session, the counselor begins by immediately talking about a goal that the client might want to work on. In other words, the counselor stays focused with the client on what he or she might want, not on the problem.

The observer notes the behavioral and affective responses of the client in each of the three sessions. After conducting the three sessions, discuss the similarities and differences experienced by the counselor and client by specifically answering: What is most helpful for the client and counselor? The least helpful?

Reverse roles and repeat.

2. In class, discuss the eight characteristics of brief counseling: time limited, solution focused, action based, socially interactive, detail oriented, humor eliciting, developmentally attentive, and relationship based. Which characteristics are most challenging to your way of thinking about counseling? What assumptions about counseling would you have to change to begin using brief counseling?
3. This exercise incorporates the fun, creativity, and action of brief counseling by providing students a chance to review and apply the eight characteristics of brief counseling and the four basic steps of the brief counseling model. Have students work in groups of two or three.

Step 1: Choose a familiar fairy tale, myth, fable, or modern myth; use any short story that poses a dilemma.

Step 2: Rewrite the story using the following guidelines:

1. Define the problem in behavioral terms.
2. Examine the attempted solutions, exceptions, and strengths of the characters as provided in the story.
3. Set a behavioral goal that is readily achievable.
4. Assign a task to facilitate change.

Step 3: Analyze the story and your proposed intervention. Be sure that you have incorporated the eight characteristics of brief counseling, as described on pages 149–151. If you missed one of the eight characteristics of brief counseling, determine how you might incorporate it into the intervention process.

Step 4: Describe a possible outcome that might result from your intervention. In this case, you are reauthoring the ending of the chosen tale. Do something different. Make your outcome fun, interesting, and amazing. Showcase your skill and creativity as brief counselors.

Step 5: Present your intervention to the class, describing how each of the eight characteristics of brief counseling is incorporated into the intervention. Describe how the four-step process guided your intervention.

Option A: Present the modified tale, myth, or story as an article on brief counseling.

Option B: Enact the counseling scenario you have developed. Have one person portray a brief counselor. Have others portray characters in the story who have come to seek counseling assistance. Upon completion of the counseling demonstration, summarize your incorporation of the four-step process. Describe the eight characteristics as portrayed in the enactment.

4. Review the description of the intervention involving Matt. Describe how you might have approached this situation, using the four-step process and incorporating the eight characteristics of brief counseling, in a way that differs from the author's approach. Describe how you would talk with the mother. In this first session, how might you intervene to initiate a small and observable change in Matt's behavior?
5. The counselor in the case "Carving a Mask" was confronted with a student from a culture different from his own. What would be the challenges you would have faced if you had been the counselor? To what extent is your counselor preparation program preparing you to work with people from cultural backgrounds unlike your own? If the preparation is inadequate, what steps are you taking to ensure that you will be as prepared as possible for multicultural counseling situations?
6. Brief counseling is simply a tool for helping people. Under what circumstances is brief counseling an appropriate tool? An inappropriate tool?
7. Assuming that you were intrigued by the cases of brief counseling in this chapter, what would be your next step in adding some brief counseling skills to your repertoire? Hint: Read several of the brief counseling articles/books cited in this article's references.

Chapter 6: Applications of Rational–Emotive Behavior Therapy With Children and Adolescents

Topics Addressed

I. Rational–Emotive Behavior Therapy (REBT): An Overview

- developed by Albert Ellis (1955)
- cognition is the most important determinant of emotion
- beliefs about activating events influence people’s emotions and behaviors
- irrational beliefs need to be disputed and replaced with rational beliefs
- REBT is a self-help, educative therapy
- REBT is a comprehensive therapy
- A-B-C-D-E-F model

II. Applications of REBT With Children and Adolescents

- used as both a therapeutic and preventive treatment in schools and mental health settings
- rational–emotive education/systematic application of concepts
- very applicable with children and adolescents; teaches emotional and behavioral self-control
- advantages of REBT: immediate direct intervention, applicability, less time-consuming, adapts to a child’s environment, helps them deal with what they can and cannot control, basic principles easy to understand

III. The Counseling Relationship

- adapt style to particular client (active-directive style; less directive style)
- importance of establishing a good relationship with young clients
- variety of developmentally appropriate techniques can be used to build rapport

IV. Problem Assessment

- to determine problematic emotions and behaviors as well as irrational beliefs
- distinguish between practical and emotional problems

A. Assessing/disputing irrational beliefs

- identify specific irrational beliefs: self-downing, awfulizing/catastrophizing, shoulds, low frustration tolerance
- identify other cognitive distortions
- use developmentally appropriate techniques to elicit irrational beliefs
- use logical, functional, and empirical disputes

V. Individual Counseling Process

- follow A-B-C model
- brief description of activating event
- identify emotional and behavioral consequences
- develop emotional vocabulary as needed
- differentiate between feelings and thoughts
- identify irrational beliefs using age-appropriate methods
- dispute irrational beliefs using age-appropriate techniques

VI. Individual Counseling Interventions

- use role playing, games, music, art
- learn rational coping statements (Waters, 1981, p. 1)
- use experiments, worksheets, bibliotherapy
- use rational–emotive imagery
- use humor appropriately

VI. Rational–Emotive Education (REE)

A. Classroom application

- emphasis on prevention
- goal: help children understand and apply principles of emotional health
- implemented through structured emotional education lessons (feelings, beliefs and behaviors, self-acceptance, problem solving)
- sessions begin with stimulus activity, followed by a discussion (content and personalization questions)
- emotional education lessons should be regularly scheduled
- present topics sequentially with core ideas introduced and reinforced in developmentally appropriate ways

B. Small-group application

1. Problem-centered groups
 - members present current concerns
 - learn REBT principles for problem resolution
 - objectives: modeling rational attitudes and helping members apply basic REBT ideas
2. Preventative groups
 - 6–10 members
 - focus on children’s normal developmental difficulties
 - sessions structured around an activity with a specific objective

VII. Summary

- REBT is effective therapeutically and preventatively with children and adolescents
- REBT is aimed at helping clients get better, not just feel better

Key Terms

rational
emotive
preventive
awfulizing
catastrophizing
disputing
overgeneralizing
rational–emotive education (REE)
experiment
irrational belief
activating event
self-help
educative
practical problems
emotional problems
low frustration tolerance

Test Items

Multiple Choice

1. According to REBT theory, self-acceptance implies
 - a) acceptance of both strengths and weaknesses.
 - b) no global self-rating.
 - c) no such thing as a perfect person.
 - d) all of the above

2. Which of the following is NOT an irrational belief?
 - a) awfulizing
 - b) catastrophizing
 - c) self-downing
 - d) overstating

3. Who developed REBT?
 - a) Fritz Perls
 - b) Donald Meichenbaum
 - c) Albert Ellis
 - d) Aaron Beck

4. REBT stipulates that
 - a) thoughts govern feelings.
 - b) feelings govern thoughts.
 - c) thoughts govern feelings and behaviors.
 - d) behaviors govern feelings and thoughts.

5. Principles of rational–emotive behavior therapy have been incorporated into
 - a) classroom management.
 - b) rational–emotive education.
 - c) teacher education.
 - d) both a) and b)

6. Which of the following is a small-group application of rational–emotive group counseling?
 - a) Problem-centered
 - b) Client-centered
 - c) Remedial
 - d) Leader-centered

7. Key REBT concepts can be introduced to clients by way of
 - a) challenging beliefs and behaviors with questions.
 - b) bibliotherapy.
 - c) experiments.
 - d) all of the above

8. REBT posits that
 - a) irrational beliefs derive from a basic need.
 - b) irrational beliefs derive from a basic must.
 - c) irrational beliefs derive from a basic misunderstanding.
 - d) both a) and b)

9. REBT is increasingly being used with children and adolescents to help them not just “feel better” but to
 - a) be happy.
 - b) achieve more.
 - c) understand better.
 - d) get better.

10. According to REBT, the irrational belief most commonly associated with unhealthy anger is
 - a) demands.
 - b) desires.
 - c) feeling of injustice.
 - d) none of the above

11. Which of the following best characterizes REBT?
 - a) It is a self-help therapy.
 - b) It is educative.
 - c) It emphasizes skill acquisition.
 - d) all of the above

12. Which of the following is NOT an example of an irrational belief?
 - a) I want to get a good grade on this test.
 - b) I'll never get done with my homework.
 - c) I can't stand it if I don't get invited to the party.
 - d) all of the above

13. Which of the following is NOT a goal of REBT with young children?
 - a) To develop an emotional vocabulary
 - b) To learn rational coping statements
 - c) To differentiate between thoughts and feelings
 - d) To differentiate between unconscious and conscious thoughts

14. Which of the following is NOT true about REBT?
 - a) It is active-directive.
 - b) It endorses the use of many different types of interventions.
 - c) It de-emphasizes feelings.
 - d) It distinguishes between practical and emotional problems.

True/False

15. ____ REBT has been successfully employed with children and adolescents for a wide variety of problems.
16. ____ REBT cannot be used with children younger than 6 because of their level of cognitive development.
17. ____ When using REBT with young clients, the relationship between the practitioner and young client is considered an important part of the counseling process.
18. ____ All beliefs are irrational according to this theory.
19. ____ It is important for children to describe their activating event in detail.
20. ____ Emotional problems are realistic difficulties that involve lack of skills for dealing with the problem.

Essay Questions

1. Explain the basic ABC's of Rational-Emotive Behavior Therapy and delineate the main philosophical assumption underlying this approach.
2. Describe in detail how Rational-Emotive Education can be applied in a classroom setting. Give examples of lesson topics.
3. Make a case for using REBT with children and adolescents and support your arguments with current research findings.
4. Apply REBT to the case of Marcus, a seventh grader who is very upset because he was not chosen to sing in the school choir. Identify the activating event(s), possible irrational beliefs, emotional consequences, and examples of disputes you could employ to lessen his upset.

5. Apply REBT to the case of Sophia, a sophomore who is very upset that her boyfriend broke up with her. Identify the activating event(s), possible irrational beliefs, emotional consequences, and examples of disputes you could employ to lessen her upset.

Questions for Class Discussion

1. Discuss the basic REBT premise that cognition is the most important determinant of emotion. Do you agree that we “feel what we think”? Why or why not?
2. As a future school counselor, how could you promote children’s emotional health with the principles of REBT and Rational–Emotive Education?
3. Albert Ellis maintained that it is not necessary to have a warm, caring relationship with clients as a way of establishing rapport. Instead, he argued that rapport is established by immediately trying to help clients work on the problems they came to counseling to work out. Do you agree with his position? Why or why not? What modifications would you make, if any, in working with children and adolescents?
4. REBT stresses self-help and prevention and is a briefer form of therapy. How applicable do you think this approach will be as we continue in the new millennium?
5. What do you like best and/or least about this theory? Have you used it personally? If so, how helpful has it been in resolving your personal issues?

Class Exercises

1. Assuming that as a counselor we need to apply a theory to our own issues before we can help others, ask students to identify personal issues that they had strong negative feelings about, and work through it using the A-B-C-D-E-F model. Invite them to share this process in a triad after they have talked through how they could apply the model. Take turns role-playing a client with this concern. The other two members will assume a role as a counselor or an observer. After the problem has been worked through, have triads debrief and then switch roles so that each student has a chance to assume all roles.
2. Working in groups of four, design a rational–emotive education lesson that addresses one of the following: self-acceptance, feelings, or beliefs. Specify a specific age level and use the lesson format described in the chapter.
3. Ask students to find a partner and give each partnership one of the problems listed below. Have them, in writing, identify irrational beliefs, other disturbing emotions, and four different ways of disputing the irrational beliefs. Invite sharing in the large group when they have completed the task.

Problems:

- a) Simone is a 10-year-old who is devastated because she says “all the kids in the class are teasing me.”
 - b) Jason is a high school senior who put his fist through the door when his parents told him he couldn’t stay in a motel with his friends after the senior dance.
 - c) Maria is an eighth grader who is failing most of her subjects. She is very bright but says the work is too boring.
 - d) Patty is devastated because her boyfriend broke up with her.
4. Divide students into small groups and ask them to design a concrete intervention strategy that would help children or adolescents understand one of the following:
 - a) intensity of emotions
 - b) “shoulds”
 - c) LFT (low frustration tolerance)
 - d) self-downing

Invite groups to share their examples with the entire class.

Chapter 7: Counseling With Exceptional Children

Topics Addressed

I. Making a Case for Counseling Exceptional Children

- Exceptional children include those receiving special education services
- Other exceptional children include those who are gifted and twice exceptional
- Exceptional children need counseling just like normal children
- Counselors are not always well prepared nor willing to serve exceptional children
- Special education personnel are the primary service providers for exceptional groups
- Counselors need to clarify their feelings and attitudes about exceptional groups
- Counselors need to gain knowledge and training for working with these groups

II. Overview and History of Special Education

- 1950s: civil rights movement
- 1960s and 1970s: parents of disabled children forced public schools to stop segregation
- Two federal laws prohibited discrimination of disabled children by 1975
- Landmark Public Law 94-142: access to public education for all students from age 3 through 21
- Today this law is known as the Individuals with Disabilities Education Act (IDEA, 1997)
- Six provisions: child find, nondiscriminatory assessment, individualized education program, least restrictive environment, due-process safeguards, parental involvement
- shift toward full inclusion
- Additional educational provisions were added in the most recent revision of IDEA (2004)

A. Special education and additional services are provided for students with

1. specific learning disabilities
2. speech and language impairments
3. serious emotional disturbances
4. mental retardation
5. multiple disabilities
6. hearing impairments
7. visual impairments
8. orthopedic impairments
9. other health impairments
10. traumatic brain injury
11. autism

B. Section 504 of Rehabilitation Act

- provides for educational modifications and services to persons with disabilities that do not adversely affect their educational performance modifications: reduced/modified class work, different testing approaches, teacher's aide, sitting in front rows, etc.

C. Culture and special education

- Federal law prohibits disproportionate representation of exceptional children by race and ethnicity
- Despite these laws, African American, American Indian, and Latino students are overrepresented in special education
- There are numerous causes for cultural inequities
- Prevention of inequities: preservice teacher training; culturally sensitive screening; culture fair identification and assessment measures; early, effective educational supports; involvement of family and acceptance of family culture

D. Gifted education: started to be a legal topic in 1972; laws support research and programming for the gifted and talented

- Definition of giftedness: a complex group of talents
- Funding for gifted education has become more limited recently

E. Culturally diverse students in gifted programs

- Lower rate of culturally diverse students in gifted programs
- Increase equitable representation through teacher training, culturally sensitive assessment measures, family involvement, culturally inclusive services

F. Twice exceptional students

- Have both a learning disability and gifted talents
- Often are not included in gifted programs
- Can be assisted by advocating for accurate identification, facilitating communication among service providers and family, collaborating on academic programming, offering emotional support, providing educational and vocational planning

III. Students With Developmental Disabilities

A. Categorical descriptions

1. specific learning disabilities

- experience difficulties in an encapsulated area(s) of cognitive functioning
- adaptive functioning is mostly intact
- low self-esteem, poorly defined self-concept
- difficulties possible in language skills and perceptual–motor functioning

2. emotional disturbance

- at least low-average to average intellectual functioning
- often academic difficulties and discipline problems
- generally poor relationships with students without disabilities; issues of nonacceptance
- poor self-concept and low self-esteem

3. mild mental retardation

- prevalence: 2% in the school-age population
- delayed in terms of social and emotional functioning
- lower levels of self-esteem; more unfavorable self-concept
- poor adaptive behaviors (low tolerance, low frustration levels)
- perceptual–motor and language functioning are significantly delayed

B. Counseling students with developmental disabilities

- counselors need to be able to
 - understand characteristics and needs of these groups
 - be familiar with laws and rights pertaining to these groups
 - provide parents with referrals
 - consult with teachers
 - plan educational and social interventions
 - include these groups fully in the general classroom
 - help promote social and emotional adjustment
 - act as role models for dealing with disabled students
 - build positive self-esteem and empower these students
 - train self advocacy skills
 - work with the whole family
- 1. counseling students with specific learning disabilities
 - counselors should
 - note the need for remedial services for specific areas of functioning
 - know that a federal law mandates inclusion of these students in regular classrooms
 - consult with teachers about accommodations
 - do team work with the resource specialist
 - provide early postsecondary planning
 - work on social adjustment issues with these students
 - consult with a psychiatrist about medication
 - offer support to parents

2. counseling students with emotional disturbance
 - counselors should
 - provide for a stable, supportive environment with clear rules and limits
 - be familiar with childhood and adolescent disorders
 - advocate for accommodations for these students
 - provide teachers with social skills and behavioral strategies for dealing with these students
 - have training in crisis counseling and mandated reporting laws for child abuse
 - recommend family therapy
3. counseling students with mild mental retardation
 - counselors should
 - coordinate multiple services due to developmental delays in most areas of functioning
 - advocate for appropriate accommodations
 - promote tolerance for students with mental retardation
 - teach behavioral modification techniques to teachers and parents
 - consider appropriate individual counseling services despite cognitive limitations

IV. Students With Physical and Neurological Disabilities

- includes students with orthopedic impairments, other health impairments, traumatic brain injury, multiple disabilities, and autism

A. Categorical descriptions

1. students with orthopedic impairments
 - 0.2% of school-age population in the United States
 - students with musculoskeletal, spinal cord, and neurological impairments
2. students with multiple disabilities
 - 0.3% of school-age population in the United States
 - the difficulties experienced are more than the sum of the difficulties with individual disabilities
 - many combinations of disabilities are possible

B. Counseling students with physical and neurological disabilities

- work closely with multidisciplinary team
 - assist parents in coping with a child's disability
 - offer students counseling and self-advocacy skill training
 - transition plan should be in place for the child by age 16
1. students with orthopedic impairments
 - recognize child's strengths and coordinate services with other specialists
 - assist parents in advocating for appropriate assessment and services at school and through community resources
 - students should be included to the maximum extent possible
 2. students with multiple disabilities
 - have an understanding of disabilities in multiple areas
 - work with all involved parties
 - assist parents by advocating for school and community services
 - help develop plan to promote the long-term adjustment of these students
 - work on areas of self-esteem, self-help, and social skills if students have a high enough level of communication and cognitive functioning

V. Students with Attention Deficit/Hyperactivity Disorder

- incidence: 7.4% of children and adolescents
- developmentally inappropriate hyperactivity, inattention, and impulsivity symptoms must be evident in child by age 7
- three subtypes of adhd: predominately inattentive type, predominately hyperactive-impulsive type, combined type
- linked to difficulties in behavioral inhibition, executive functioning, and self regulation
- children with ADHD may or may not qualify for educational services

A. Counseling children and adolescents with ADHD

- comprehensive approach to interventions recommended:
 - behavioral modification
 - self management strategies
 - social skills training
 - stimulant medication (concerta and adderall)
 - teacher consultation
 - family counseling
 - support groups
 - parenting programs (parent education programs are available)
 - direct counseling (work on self-esteem and self-control issues)

VI. Gifted Children and Adolescents

- one of the most misunderstood and least served groups
- stereotype of gifted students being emotionally unstable not accurate for many students
- adjustment issues most often occur in highly gifted group, such as sensitivity, isolation, perfectionism
- giftedness is oftentimes not seen as a special educational category
- educational services for the gifted are inadequate or nonexistent
- the definition of giftedness is more than having a high iq
- counselors need to understand sociopolitical as well as individual issues with which these students are dealing
- counselors should educate and support parents and advocate for better services

A. Counseling gifted children

- these children are oftentimes overly sensitive and overexcitable
- giftedness is sometimes misunderstood as difficulty in adjusting to a normal educational setting
 1. adjustment in the academic environment
 - counselors should consult with teachers, assist parents in advocating for their children, and coordinate services
 2. adjustment in the home
 - family counseling
 - parent education
 - parent consultation services
 3. direct counseling with the gifted
 - teach cognitive strategies (self-monitoring, self-discipline)
 - group counseling to increase peer support
 - encourage self-awareness and self-acceptance
 - teach coping with perfectionism
 - teach them how to set realistic short- and long-term goals
 - bibliotherapy

Key Terms

inclusion
dysnomia
consultation
advocacy
giftedness
twice exceptional
ADHD
behavioral modification
hyperactivity–impulsivity
Individuals With Disabilities Education Act
discrimination
stimulant medication

Test Items

1. Federal legislation makes it imperative that
 - a) all counselors working with children and adolescents be knowledgeable about the identification of and services for those with exceptional needs.
 - b) all counselors working with exceptional children are sensitive to their issues.
 - c) all counselors working with children and adolescents be informed about the teachers' attitudes about these students.
 - d) none of the above

2. Students who are twice exceptional
 - a) have been identified as gifted.
 - b) have an identified learning disability.
 - c) both a) and b)
 - d) none of the above.

3. Students with severe and profound emotional and behavior disorders are characterized by
 - a) inappropriate behaviors or feelings under normal conditions.
 - b) an inability to learn which cannot be explained by intellectual, sensory, or health factors.
 - c) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
 - d) all of the above

4. The prevalence of mental retardation of all degrees is approximately _____ in children ages 3–12 in the U.S.
 - a) 5%
 - b) 3%
 - c) 2%
 - d) 1.2%

5. Individuals with specific learning disabilities exhibit
 - a) psychological processing deficits.
 - b) global difficulties in the areas of memory and attention.
 - c) exhibit average or above-average intellectual ability.
 - d) both a) and c)

6. The Individuals With Disabilities Education Act (1997) requires that
 - a) access to private education is provided for exceptional students.
 - b) students with disabilities should get public funding.
 - c) access to public education is provided for all students from age 3 to 21 with disabilities.
 - d) students with disabilities need separate schools.

7. Children and adolescents with learning disabilities are in need of
 - a) preventive services that target all areas of functioning.
 - b) remedial services that target specific areas of functioning.
 - c) educational services in special schools.
 - d) none of the above

8. What is the most common social/emotional difficulty experienced by students with disabilities?
 - a) Low self-esteem
 - b) Panic attacks
 - c) Lack of motivation
 - d) Relationship difficulties

9. Counselors can help to accurately identify culturally diverse students with disabilities by
- offering teacher inservices in cultural awareness and skills.
 - using culture fair identification procedures.
 - encourage family involvement that is culturally inclusive.
 - all of the above
10. Counselors working with children with disabilities ideally embrace a(n) _____ approach with that client group.
- group
 - individual
 - multidisciplinary
 - multifaceted

Essay Questions

- Describe what part school counselors might have in providing services to students with special education needs.
- What are three specific difficulties gifted students might face in schools today, and what suggestions do you have as a school counselor to help alleviate these difficulties?
- What are the indicators that a child is suffering from Attention Deficit/Hyperactivity Disorder? What treatment options are available for that child?
- Describe some issues when identifying students with exceptional needs from diverse groups and how to address these issues.

Questions for Class Discussion

- How do you think and feel about working with students with special education needs?
- Discuss the possible academic, social, and emotional difficulties that gifted and talented students face in the traditional school system.
- What is your opinion about the inclusion of exceptional children in regular classrooms?
- Would a traditional counselor model work with students with severe emotional disabilities? Why? Why not?
- What are the possible impairments that students with physical and neurological disabilities might have to deal with?

Class Exercises

- Group discussion question: Imagine that you are a counselor who has just begun to work with a 13-year-old student who has a history of academic problems (especially with reading comprehension) and has exhibited poor social skills among classmates. What resources would you suggest for this student and his/her parents to assess the possible causes of the student's problem? What counseling interventions might you provide for the student and the family? Assuming that the student will qualify for special education and/or related services, who would you involve in the school and what classroom modifications would you suggest to ensure optimal educational and social/emotional adjustment for the student? What cultural issues would you consider in this case? (See vignette on Devon in the developmental disabilities section for ideas.)

2. In a group of four students, role-play a multidisciplinary team, including a counselor, a general education teacher, a special education teacher, and a parent who have identified a three-year-old child as qualifying for special education and related services. The student has been determined to have neurological disabilities, specifically visual and hearing impairments. What recommendations for additional services might the team have for this student? What counseling interventions might be appropriate for the parents or other family members? How can the counselor collaborate with the other team members to promote optimal success for the child? (See the vignette on Jen in the physical and neurological disabilities section for ideas.)
3. In pairs, role-play a parent and counselor discussing difficulties that the parent is having with his or her ADHD 6-year-old. In the role of the parent, describe the problems that the student is experiencing. In the role of the counselor, what information and interventions could be offered to this parent? Additionally, what counseling strategies might prove effective for the child? (See vignette on Carlos in the ADHD section for ideas.)
4. In triads, role-play a counselor, a teacher, and a parent meeting to discuss difficulties that the parent and teacher are having with a gifted fifth-grade student. What are some possible challenges such a student would present in the classroom and in the home? In the role of the counselor, what information and interventions might be offered to the parent and teacher? What role might the counselor play in serving as an advocate for gifted children at this school? Finally, discuss implications of such advocacy for systemic change at the school. What cultural implications should be considered? (See vignette on Jasmine in the gifted section for ideas.)

Chapter 8: Counseling Children From Diverse Backgrounds

Topics Addressed

I. Examining counselor bias and improving awareness

- build knowledge by attending and becoming involved in cultural events in the community
- read autobiographies of diverse individuals
- develop cross-cultural relationships in personal and professional settings
- arrange the counseling office with a variety of artifacts and art work representing various cultures
- learn a language other than English
- be open to new learning experiences
- attend professional development workshops focusing on various aspects of multiculturalism

II. Acculturation and ethnic identity formation

- acculturation
 - integration
 - assimilation
 - separation
 - marginalization
 - assessment
- identity model for children
 - ethnic self-identity
 - ethnic constancy
 - ethnic role behavior
 - ethnic knowledge
 - ethnic feelings and preferences

III. Ethnically diverse children and adolescents

- African American children
 - traditional African values
 - unity (umoja)
 - self-determination (kujichagalia)
 - purpose (nia)
 - faith (imani)
 - creativity (kuumba)
 - cooperative economics (ujaama)
 - collective work and responsibility (ujima)
 - involve family members when possible
 - multiple generations may live in one household
 - understand role of religion and spirituality
- Arab American children
 - values
 - generosity
 - hospitality
 - prosperity
 - family honor
 - hard work
 - thrift
 - educational attainment
 - economic advancement
 - loyalty and commitment to family
 - outward expression of emotions
 - utilize goal directed and concrete interventions

- Asian American children
 - values
 - reservation
 - constraint
 - emotional self-control
 - collective
 - Asian youth may present with problems related to career and education concerns more often than social or emotional concerns
 - future time orientation
 - focus on education and career issues
- Latino (Hispanic) children
 - values
 - faith in family and friends (familism)
 - respect (respecto)
 - trust in others (confianza)
 - being a nice and gentle person (simpatia)
 - counselors need to consider providing services in Spanish
 - Latinos and Latinas tend to take a less structured approach regarding time and place emphasis on the present than the past and the future
- Native American children
 - descriptive statements or summaries may be more effective than questions, as the directedness may be viewed as rude or make young clients uncomfortable
 - Native Americans tend to be more in tune with the earth's natural rhythms and take their cues from nature (i.e., sunrise) regarding time
 - consider consulting with shamen, traditional healers, or spiritual leaders to increase knowledge of the Native American worldview

IV. Gender

- gender awareness
- gender socialization
- counseling considerations and interventions
 - avoid gender stereotypes when working with youth because these can contribute to misdiagnosis and treatment of young boys and girls
 - adolescent girls tend to meet their needs through relationships, whereas boys tend to meet their needs through mastery and competition
 - with gender variant children, nondirective play therapy fosters acceptance which may facilitate young children to explore their gender identity

V. Spirituality and Religion

- Judaism
- Islam
- Hinduism
- Buddhism
- counseling considerations and interventions
 - Counselors need to educate themselves about various religious and spiritual practices and belief systems. Counselors may consider attending religious or spiritual events different from their own practices.
 - Counselors need to be flexible with appointment times and schedules so as to not conflict with weekly religious services and holiday celebrations.
 - Counselors need to remember that family members may not all practice the same religion or have the same spiritual belief systems.

VI. Counseling Interventions of Diverse Youth

- creative arts
- music
- genogram
- bibliotherapy
- first language
- office arrangement

Key Terms

integration
assimilation
separation
marginalization
ethnic self identity
ethnic role behavior
ethnic constancy
ethnic knowledge

Test Items

Multiple Choice

1. Which is not one of the domains of the Multicultural Counseling Competencies?
 - a) Awareness of personal bias
 - b) Awareness of the client's worldview
 - c) Ability to perform social advocacy
 - d) Knowledge about culturally appropriate interventions and strategies
2. Rejecting the dominant culture and retaining the culture-of-origin exclusively describes
 - a) integration.
 - b) assimilation.
 - c) separation.
 - d) marginalization.
3. A child exhibiting _____ is characterized by the recognition that many of their behaviors are important components of their ethnic heritages and practices.
 - a) ethnic self-identity
 - b) ethnic role behavior
 - c) ethnic constancy
 - d) ethnic knowledge
4. Which is not one the traditional African values centered around the principles of the Nguzo Saba?
 - a) Independence
 - b) Faith
 - c) Creativity
 - d) Unity
5. Typically, a father's role in an Arab American family includes all of the following except
 - a) providing economically.
 - b) acting as disciplinarian.
 - c) helping to maintain honor.
 - d) educating the children.

6. Native Americans tend to focus their attention on the
 - a) future.
 - b) past.
 - c) present.
 - d) All of the above

7. Girls tend to spend their time doing
 - a) side by side activities.
 - b) face to face activities.
 - c) shoulder to shoulder activities.
 - d) equal time in all three types of activities.

8. The Five Pillars of Faith are components of
 - a) Judaism.
 - b) Islam.
 - c) Hinduism.
 - d) Buddhism.

9. The chapter suggests do the following regarding a counselor's office:
 - a) Limit the number of photos.
 - b) Include only professional, not personal materials.
 - c) Have artwork that represents a variety of cultures.
 - d) Secure furniture so it cannot be moved around.

10. What intervention was not recommended for working with diverse youth:
 - a) creative arts.
 - b) music.
 - c) bibliotherapy.
 - d) talk therapy.

True/False

11. ____ The American School Counseling Association adopted a position statement regarding multicultural competent counseling.

12. ____ School counselors are not in an ideal position to teach and encourage self-advocacy skills.

13. ____ African Americans tend to place less emphasis on being on time for an activity and more emphasis on the involvement in an activity.

14. ____ Most Arab Americans are Muslim.

15. ____ Asian youth may present with problems related to career and education concerns more often than social or emotional concerns.

16. ____ Cuento therapy uses culturally relevant folktales to convey messages about values, beliefs, and healthy behavior.

17. ____ Native Americans tend to convey their histories in written form.

18. ____ Counselors must avoid gender stereotypes when working with youth because these can contribute to misdiagnosis and treatment of young boys and girls.

19. ____ Some young Jewish children wear small head coverings called yarmulkes.

20. ____ Creative therapies are not appropriate interventions of diverse youth.

Essay Questions

1. Describe how children develop their ethnic identities.
2. What group of individuals covered in this chapter would be the most challenging or difficult for you to work with and why? Imagine you are faced with a situation in which a referral is not possible. List three ways you could improve your ability to work with a client from this group.
3. List and describe five ways you would intervene when witnessing discrimination at your workplace.

Class Discussion

1. How will you develop your awareness, knowledge, and skills regarding counseling diverse youth?
2. Discuss with a partner a time you have experienced or witness discrimination or oppression.

Class Activities

1. Have the students watch a movie with characters from diverse backgrounds and discuss the characters' levels of acculturation and identity development.
2. Have the students identify and present to the class various resources available in the local community for youth of diverse backgrounds.
3. Have the students develop a workshop for teachers addressing the needs of diverse youth.

Chapter 9: Counseling Children and Adolescents With Special Needs

Topics Addressed

I. Introduction

- all young students have the potential to become at-risk students
- pressures come from family, school, peers, and society
- early intervention is helpful

II. Resilience

- definition: positive outcomes for children adjusting to special problems
- studies showed that at-risk children can become competent adults through resilience

A. Characteristics of resiliency

- certain personality traits, such as a proactive perspective, are protective factors for resilient children
- role models and caregivers outside of the family are also protective factors

B. Interventions

- Desetta, Wolin and Wolin (2000) listed seven resiliencies children develop when they cope with problems
- counselors need to reframe pain and stress as resiliencies
- counselors can teach resiliency skills in classroom guidance sessions or in small groups to enhance protective factors within children
- resilient children engage in thriving rather than at-risk behaviors
- counselors can apply their knowledge of resiliencies when consulting with parents

III. Counseling Children and Adolescents in Nontraditional Families

- children in nontraditional families are more prone to self-defeating behaviors
- the traditional family is radically changing to diverse family systems

A. Counseling children and adolescents of divorce

- more than half of all children will spend time in an alternate family structure by their 18th birthday
- divorce signifies major changes through a chain of events
 1. Characteristics
 - the following issues might be present: fear, sadness, feelings of loss, loneliness, rejection, conflicting loyalties, anger
 - usual adjustment period to divorce is 2 to 3 years
 - factors in adjustment: level of cumulative stress, temperament and personality, child's age, gender
 2. Interventions
 - six psychological tasks for children of divorce (Wallerstein & Blakeslee, 1996)
 - acknowledge the reality of the divorce
 - disengage from the parental conflict and resume regular habits
 - resolve the loss
 - resolve anger and self-blame
 - accept the permanence of the divorce
 - achieve realistic hope regarding relationships
 - counselors need to facilitate the development of resiliency

B. Counseling children and adolescents in stepfamilies and blended families

- stepfamily is the fastest growing family form in the U.S.
- term: blended family
- blending causes difficulties on several levels
 1. Characteristics
 - issues in stepfamilies can be organized in four categories (Walsh, 1992)
 1. initial family issues
 2. developing family issues

- 3. feelings about self and others
 - 4. adult issues that relate to the new family
2. Interventions
- counselors should help young clients understand the differences in blended families
 - teach coping skills
 - deal with a perceived lack of control over the children's environment
 - provide a safe place for the expression of feelings
 - counselors can use a variety of techniques to help children in blended families cope with the new family situation
 - counselors need to take into consideration the normal developmental issues that are compounded by the blending of families
- C. Counseling children and adolescents who are adopted
- key issue: adopted children have sustained a major loss and need to cope with that
 - circumstances surrounding the adoption have a major impact on the children
1. Characteristics
- age at the time of adoption influences adjustment
 - the younger child is less capable of understanding the meaning of adoption than the older child
 - adolescents may struggle with more identity issues
2. Interventions
- issues surrounding the adoption may resurface around critical developmental periods
 - counselors need to consider the child's age when choosing interventions
 - adopted children may struggle with low self-esteem, trust issues, and feelings of rejection
 - the family should be involved in the counseling process
 - group counseling is helpful to address personal issues
 - adolescents need to have safe places to express their true feelings and confusion
 - the search for birth parents may pose an additional traumatic experience
- D. counseling children and adolescents of alcoholic parents
- one in every four children is exposed to alcohol abuse or dependence in the family
 - alcoholic homes provide circumstances that interfere with normal development
1. Characteristics
- children of alcoholic parents may display role reversal, low self-esteem, and role confusion
 - they assume something is shameful about their families and therefore about themselves
 - Wegscheider-Cruse (1989) four roles of children in alcoholic families: family hero, scapegoat, lost child, mascot should not be used to stereotype
2. Interventions
- children in alcoholic homes feel powerless
 - group counseling is recommended
 - communicate understanding, acceptance, empathy, and compassion
 - children of alcoholics are more likely to exhibit emotional and behavioral problems than children from nonalcoholic homes
- E. Counseling grieving children and adolescents
- children's grief is often misunderstood
 - children and adolescents may experience a number of losses while growing up
1. Characteristics
- children's ages and levels of cognitive development influence their understanding of death
 - preoperational thought (2–7 years): irreversibility of death is incomprehensible
 - concrete operational thought (7–11 years): death is seen as irreversible but cannot happen to the child personally
 - formal operational thinking (11–12 and older): death is perceived as irreversible, inevitable, and universal (Webb, 2002)
 - counselors need to work with parents to help them see how children's grief differs from adult grief

- counselors need to assess individual factors; factors related to the death itself; and family, social, religious, and cultural factors when working with a grieving child or adolescent
- different stage models for grief
- grief is different from posttraumatic stress disorder
- five themes help children cope: relationships, containment, linking objects, connections, and meaning making
- 2. Interventions
 - grief process is comprised of a series of psychological tasks
 1. early phase of grief: gain an understanding of the death
 2. middle phase of grief: bereavement groups
 3. late phase of grief: consolidation of the child's identity, resuming normal, developmental tasks

F. Counseling gay and lesbian youth

- adolescent homosexuality is more than experimental behavior
- gay and lesbian youth need to cope with issues like harassment, abuse, rejection, discrimination, AIDS, or suicide
- 1. Characteristics
 - likelihood for suicide among gay and lesbian youth is much higher than among heterosexual youth
 - AIDS concerns
 - academic and social problems in school, often due to a sense of social isolation
 - gay and lesbian youth may engage in coping behaviors to hide their homosexuality
- 2. Interventions
 - counselors should not push clients to premature resolution of the issue
 - support groups
 - teachers and parents need support, such as PFLAG
 - gay and lesbian youth need positive role models and contact with the larger gay community

G. Counseling children and adolescents with eating difficulties

- many children and adolescents have eating problems
- societal myths shape children's beliefs about food, body image, and weight
- both boys and girls are weight conscious at an early age
- 1. Characteristics
 - poor eating habits may lead to more serious eating disorders
 - adolescents are especially vulnerable to developing eating disorders
 - risk factors are female gender, middle-class socioeconomic level, and dysfunctional family background
 - social norms are associated with the development of eating disorders
 - different eating patterns: normal eating; dysfunctional eating; eating disorders
 - about 10% of high school students may have some form of an eating disorder
 - bulimia and anorexia nervosa
 - severely eating-disordered clients need to be under the care of a physician and a psychiatrist
 - increasing numbers of children in the U.S. are overweight
- 2. Interventions
 - variety of treatments can be effective (individual, group, and family counseling)
 - collaboration with a physician
 - rapport and strong therapeutic relationship are important
 - behavioral, cognitive, emotional, and interpersonal issues need to be addressed
 - low self-esteem and a lack of self-confidence
 - challenge irrational beliefs about body image
 - family dysfunctions (boundary problems, rigidity) may play a role in eating disorders
 - parenting skills training
 - referrals to specialists for eating disorders should be made early into the disorder
 - develop school wellness programs
 - target high-risk groups, such as athletes and cheerleaders
 - counteract the influence of the media on children's body image

H. Responding to school-age children and adolescents affected by terrorist acts

- provide opportunities to openly discuss their concerns and stresses
 1. Characteristics
 - can impact children's assumptions about how safe and secure their world is
 - denial is another typical initial reaction
 - other common reactions: nightmares, sleep disturbances, changes in eating patterns, emotional regression, increased levels of aggression and violence, physical ailments (headaches, stomachaches, sweating), anger, blame, emotional responses (clingy, unhappy, demanding of more attention, loss of trust, loss of control), acting out the trauma, withdrawal, losing interest in school
 - fear (about the safety of themselves and their families, fear of further terrorism) is the major reaction
 - students are disturbed to the extent that they see disturbance in adults
 2. Interventions
 - asking questions more important than giving advice
 - help children describe the impact the event had on them
 - discuss how safe we are and point out people who can assist them
 - give clear messages about the inappropriateness of showing disrespect to any people involved
 - encourage them to express themselves
 - give suggestions to parents how they can be helpful
 - Adapted Family Debriefing Model (Juhnke, 2002): parent debriefing, joint student–parent debriefing

IV. Summary

- developmental assessment and interventions (Vernon, 2002) help young clients find self-enhancing ways to cope with difficult life situations
- importance of identifying strengths and resiliencies in the clients
- importance of empowering clients

Key Terms

boundary
rigidity
developmental assessment
resiliency
at-risk student
stepfamily
adoption
blended family
children of alcoholic parents
formal operational thought
concrete operational thought
homosexuality
scapegoat
mascot
lost child

Test Items

1. Gay and lesbian youth have (a) _____ risk for suicide as compared to heterosexual youth.
 - a) low
 - b) normal
 - c) high
 - d) no

2. Children in the preoperational stage of development usually believe that
 - a) death is irreversible.
 - b) death is universal.
 - c) death is reversible.
 - d) death is inevitable.

3. The middle child in an alcoholic family is commonly called a
 - a) family hero.
 - b) scapegoat.
 - c) mascot.
 - d) lost child.

4. Resilience is defined as
 - a) the capacity to overcome identifiable risk factors and avoid negative outcomes.
 - b) the capacity to reach out for help.
 - c) the capacity to deal with trauma.
 - d) the capacity to overcome negative consequences.

5. Children of divorce may experience
 - a) fear.
 - b) anger.
 - c) loneliness.
 - d) all of the above

6. How well children adjust to divorce depends on
 - a) the child's age.
 - b) the cumulative stress children experience.
 - c) both a) and b)
 - d) none of the above

7. A stepfamily is defined as
 - a) a household in which there is a new adult couple.
 - b) a household in which there is an adult couple, at least one of whom has a child by a previous relationship.
 - c) a household in which each parent has a child from a previous marriage.
 - d) a household in which there are children from previous marriages together with children from the current marriage.

8. The key issue for adoptive families seems to be that the adopted children have sustained
 - a) major trauma.
 - b) major loss.
 - c) major illness.
 - d) major social role confusion.

9. Adopted adolescents oftentimes struggle with
 - a) their self-identity.
 - b) their heritage.
 - c) the search for birth parents.
 - d) all of the above

10. Counselors working with at-risk youth should
 - a) encourage them to get involved in school activities.
 - b) identify resilient traits in these clients.
 - c) empower these clients.
 - d) both b) and c)

Essay Questions

1. Discuss special consideration with an eating-disordered population in high school and suggest a variety of school-based interventions for this population.
2. What are the difficulties adopted children deal with, and how can you as a school or mental health counselor help them adjust to their particular situation?
3. Mention at least three protective factors of resilient children and provide a case example for how each protective factor might manifest itself in a particular child.
4. What difficulties can you see for children of alcoholics? How could you as a school or mental health counselor address these difficulties?

Questions for Class Discussion

1. Which client population mentioned in the chapter would you feel least/most comfortable working with, and why?
2. What personality traits do you have that are included in the characteristics of resiliency?
3. What are some of the potential issues for blended families and how you would talk to remarried couples about the prevention of these issues?
4. What are your thoughts about adopted adolescents searching for their birth parents?
5. How does an alcoholic parent influence the development of his or her children?

Class Exercises

1. In small groups have members discuss which of the seven resiliencies described by Desetta, Wolin, and Wolin (2000) they have developed and give examples of how they have used these resiliencies to deal with difficult issues in the past and how they use them currently.
2. In small groups have members create strategies counselors could use to help children and adolescents of divorce resolve each of the six psychological tasks described by Wallerstein and Blakeslee (1996). Have groups share their strategies with the entire class.
3. In small groups have members describe their first experience with the loss/death of an important person in their lives. Ask group members to explain what facilitated or inhibited their grieving.
4. Invite a panel of gay/lesbian/bisexual students to speak to the class about growing up as a gay/lesbian/bisexual person. After the panel presentation conduct a discussion of myths and stereotypes about gay/lesbian/bisexual people.
5. Ask members of the class who have experienced some of the issues described in the chapter such as divorce, remarriage, or loss to form a small group in the center of the classroom with the other members of the class in a larger outside circle. Facilitate a discussion among the small group members about their personal experiences with the issue. When they are finished, ask members of the large outside group to respond to the discussion.

Chapter 10: Counseling At-Risk Children and Adolescents

Topics Addressed

I. Introduction

- changing socioeconomic factors have changed family environments in recent years
- poverty, economic instability, marital transitions, and violence influence children
- challenges faced by today's youth are as great as never before
- fewer adults function as role models

II. Local Contexts of At-Risk Behavior

A. The family context

- family systems theories need to be applied to the norms, values, and practices of individual families within the cultural context
- characteristics of healthy families: open system, adaptive, flexible
- parenting style in healthy families differs from parenting in troubled families
 1. Changing family structure
 - divorce rates are rising
 - blended families are a reality for many children
 - working parents place extra caretaking responsibilities on children
 2. Dysfunctional families
 - dysfunction in families is stressful for all members and can cause disorders
 - family environments that put children at risk are: violence in the home, child abuse, neglect, homicide, and sexual abuse

B. The peer context

- peer group becomes more influential with onset of adolescence
- provides supportive micro-environment for behavior
- peer support interventions positively influence peer groups and youth behavior:
 1. Cooperative learning groups
 2. Peer mediation programs
- need to be cautious of deviancy training in peer interventions
- minimize risk for deviancy training by:
 1. Utilizing well-trained group leaders
 2. Providing effective supervision
 3. Using well structured intervention protocols
 4. Including some adolescents with good social skills

C. The school context

- Healthy school environments consist of: strong leadership, collaboration, sense of fairness and respect, discipline, community support, and academic curriculum
- strong correlations between school difficulties and the development of serious problems
- schools can reduce risk and promote positive adjustment for all students
- gender role socialization may contribute to problems for girls in schools
- school dropout is higher for the students already at risk
- rising school violence

III. A Framework for Prevention and Intervention

- Many factors contribute to and maintain mental health problems in youth
- J.J. McWhirter and colleagues (2007) proposed a comprehensive prevention/intervention framework
 1. At-risk continuum
 - the degree to which youth are at risk for serious behaviors and problems
 - continuum from minimal risk to remote risk, to high risk, to imminent risk

2. Approach continuum
 - types of prevention and intervention approaches most appropriate for different levels of risk
 - continuum from universal (life-skills curriculum) to selected (Head Start) to indicated treatment approaches (substance abuse program) to second-chance programs
3. Contexts continuum
 - reflects how society/community, family, and school are involved in prevention and intervention efforts

IV. Specific Disorders and Problems

A. Depression

1. Incidence and characteristics
 - variety of symptoms for depression and dysthymia
 - irritability and boredom may replace depressed mood in children and adolescents
 - adult depression differs from depression in childhood and adolescence
 - developmental issues may affect etiology, course, and outcome of depression
 - depression affects 30% of adolescent population and 2–5% of children
 - variety of risk factors for the onset of depression
 - females have higher rates of depression than males
 - depression is not a developmental “phase”
 - the developmental process as well as the psychological, social, and biological components of depression need to be taken into consideration for diagnosis
2. Prevention and treatment of depression
 - interventions should involve the family, the school, and the community
 - counselors need to alter treatments to make them developmentally appropriate
 - cognitive–behavioral models of intervention are most effective and other promising interventions include interpersonal therapy, family therapy, and antidepressant medication

B. Suicide

1. Incidence and characteristics
 - suicide is the third leading cause of death among adolescents
 - gay and lesbian adolescents have a very high rate of suicide attempts
 - American Indians have the highest suicide rate among ethnic minority adolescents
 - females are more likely to attempt and males more likely to complete suicide
 - depression, difficult adjustments, stressful living conditions, loneliness, impulsivity, risk-taking, low self-esteem, faulty thinking patterns are all associated with higher suicide risk
2. Suicide assessment
 - multifaceted approach
 - clinical interview should include: family history of suicide, previous attempts, substance abuse, anxiety, hopelessness, current family problems, and stressors
3. Prevention and intervention for suicide
 - focus on environmental and interpersonal characteristics associated with suicide
 - school setting is a good place for primary prevention
 - offer family support programs
 - early intervention should minimize frequency and severity of suicidal ideation
 - establish interdisciplinary crisis teams in schools
 - McWhirter et al. (2007): use of a four-step model for managing a suicide crisis
 1. Assess lethality
 2. Written contract and emergency phone number
 3. Monitor and track client’s behavior for 1–3 days
 4. Inform the client’s parents

C. Substance abuse

1. Incidence and characteristics
 - experimentation with substances is typical for many middle and high school youth

- differences in alcohol and drug use across racial/ethnic groups
 - drugs most frequently used by adolescents are alcohol, tobacco, and marijuana
 - youth with a substance use disorder often experience another mental disorder
2. Prevention and treatment
 - evidence-based substance abuse prevention programs can be implemented in schools for universal, selected, and indicated interventions
 - substance abuse treatment is usually provided by community mental health clinics, residential settings, or medical centers
 - common treatment approaches are 12-step, cognitive-behavioral, family-based interventions, and therapeutic communities
 3. School intervention
 - some schools have a Student Assistance Program (SAP)
 - counselors may have difficulty establishing a positive working relationship because of students underreporting drug use and zero tolerance policies in schools
 - counselors can use Motivational Interviewing strategies to work with resistance
 1. initiate a discussion with student about how personal information will be used
 2. listen to challenges the student is currently facing
 3. use reflective statements to communicate understanding

V. Summary

- counseling process with at-risk children and adolescents is complex
- need for comprehensive interventions
- knowledge of community and school programs and resources
- advocacy for broader social and policy change

Key Terms

family systems
 poverty
 domestic violence
 peer group
 school dropout
 gender role socialization
 at-risk continuum
 approach continuum
 context continuum
 depression
 cognitive-behavioral models
 suicide
 interdisciplinary crisis team
 substance abuse
 motivational interviewing

Test Items

1. In comparison to the past, adults currently spend _____ time helping children develop skills such as responsibility and self-discipline.
 - a) more
 - b) less
 - c) none of their
 - d) the same amount of

2. Healthy parents' practices fall near the middle with respect to which one of the following continuums?
 - a) Unattached–attached continuum
 - b) Permissive–restrictive continuum
 - c) Hostility–warmth continuum
 - d) Anxious involvement–calm detachment continuum

3. According to the chapter, a pervasive risk factor for the development of psychological, social, academic, and behavioral problems in children and adolescents is
 - a) the Internet.
 - b) poverty.
 - c) family history.
 - d) religion.

4. Who typically becomes more influential with the onset of adolescence?
 - a) Family members
 - b) Celebrities
 - c) Peers
 - d) Teachers

5. Which type of peer group intervention involves grouping lower performing students with higher performing students in order to increase academic performance?
 - a) Scholastic achievement groups
 - b) Peer mediation programs
 - c) Life skills programs
 - d) Cooperative learning groups

6. There are racial and ethnic differences in school dropout rates. Of the following, which group of students is more likely to drop out of school?
 - a) American Indian students
 - b) African American students
 - c) Hispanic students
 - d) Pacific Islander students

7. The school dropout rate in many states is as high as
 - a) one in two students.
 - b) one in four students.
 - c) one in eight students.
 - d) one in ten students.

8. A student's parents recently divorced. According to the at-risk continuum, to what degree is this student at risk for serious behaviors such as substance abuse or gang involvement?
 - a) Minimal risk
 - b) Remote risk
 - c) High risk
 - d) Imminent risk

9. A former heroin user shares her story at an assembly for junior high school students. According to the approach continuum, what level of prevention is being used?
 - a) Universal
 - b) Experimental
 - c) Selected
 - d) Indicated

10. Which of the following statements about depression is true?
- a) Interpersonal therapy is better than family therapy for treating depression
 - b) Family therapy is better than interpersonal therapy for treating depression
 - c) Males are twice as likely to experience depression in comparison to females
 - d) Females are twice as likely to experience depression in comparison to males
11. It is important for counselors, school personnel, and parents to know that adolescent depression
- a) is not a phase.
 - b) does not exist.
 - c) occurs only in males.
 - d) can only be cured by medication.
12. _____ are more likely to attempt suicide, whereas _____ are more likely to commit suicide.
- a) Children; adolescents
 - b) Males; females
 - c) Adolescents; adults
 - d) Females; males
13. School administrators may be reluctant to allow suicide screenings to be conducted at their school because
- a) the cost of screening for suicide in adolescents is so high.
 - b) they do not want their school to be labeled as having a “suicide problem.”
 - c) drawing attention to the topic may result in an increase in suicide attempts.
 - d) school counseling centers are often not equipped to treat suicidal ideation.
14. The most commonly used drug among adolescents is
- a) tobacco.
 - b) alcohol.
 - c) marijuana.
 - d) inhalants.
15. Which of the following is a Motivational Interviewing technique that can be used to work with an adolescent’s resistance to treatment?
- a) Listening to the challenges the client is facing
 - b) Confronting the client about her substance use
 - c) Informing the client’s parents about her substance use
 - d) Educating the client about the health risks of substance use

Essay Questions

1. Discuss at least three challenges children and adolescents are facing in today’s society and explain how these challenges might influence their emotional health.
2. Analyze either the school context or the family context as it contributes to the development of at-risk behaviors in students.
3. Describe the differences between universal, selective, and indicated interventions. Provide an example of each type of intervention in your description.
4. What are some symptoms commonly found in adolescents with depression? How do these symptoms differ from symptoms in adults?
5. Discuss at least two difficulties that counselors encounter when working with substance using adolescents. Then, describe how a counselor would use Motivational Interviewing techniques to address these difficulties.

Questions for Class Discussion

1. In your opinion, what are the most serious challenges facing today's youth, and why are they serious challenges?
2. As a school counselor, how would you describe your role in working with at-risk children and adolescents?
3. How would you identify at-risk children and adolescents in a school setting and with whom would you want to collaborate?
4. As a school counselor, what would you do with a suicidal sixth-grade male? In your discussion, include information about etiology, assessment, and outcome information on suicide provided in the chapter.
5. Do you see any hope for changing the social environment of at-risk students?

Class Exercises

1. Small Group Discussion

You are a counselor in a middle-school setting and you have just begun working with Mario, a 14-year-old Mexican adolescent who was recently referred to you by his homeroom teacher. The teacher reports that Mario has been withdrawn, uninterested in his schoolwork (he is usually an A–B student), and has displayed poor appetite and fatigue. When you talk to Mario, you learn that his father recently moved out of the home, and his parents have told Mario and his 11-year-old sister that it is nothing serious; they just need a little break from each other. Mario does not appear to have a particularly close relationship with his father, but his relationship with his mother seems somewhat enmeshed. With this information, discuss in your group how a counselor might apply the at-risk continuum to assist Mario? What other information would you need? Whom would you involve in your intervention plan for Mario? How might you involve other professionals in your intervention strategies?

2. Small Group Discussion

Assign one problem to each group and then debrief the discussion in the larger group. Using McWhirter and colleagues' (2007) framework for prevention and intervention, discuss the types of interventions you would utilize and structures you would want to have in place to work with the following problems faced by children and adolescents at risk:

- a) suicidal children and adolescents
- b) substance abuse and addiction
- c) depressive disorders in children and adolescents
- d) physically and/or sexually abused children and adolescents

3. Class Discussion Exercise

Have the class discuss how they think each of the societal risk factors discussed in the chapter has an impact on the development of children and adolescents. For example, what are the mechanisms by which poverty contributes to negative developmental outcomes? How is it that some children from impoverished backgrounds seem to overcome such obstacles? What are the family and school factors that can place a child at risk, and what are the environmental factors that help to protect children from negative developmental outcomes?

4. Small Group Discussion

Have each small group evaluate the resources available for at-risk youth in their community. For example, what resources are available for at-risk children and adolescents in our community? How are these resources meeting or not meeting the needs of youth in our community? Based on what you read in the chapter, what other resources do you think are needed in our community to assist at-risk children and adolescents?

5. Role play

In pairs, role-play a school counselor and a student discussing the student's alcohol use and then debrief the role play in the larger group. What was challenging about playing the role of the counselor or student? How did you overcome these challenges? What difficulties might you encounter when talking to students about their alcohol or drug use? How might school policies or your own views on substance use influence how you talk to students about their substance use? What resources might you use to assist your students who use alcohol or drugs?

Chapter 11: Small-Group Counseling

Topics Addressed

I. Introduction

- groups offer a sense of belonging
- group as a social microcosim
- ideal counseling format for school settings

II. Benefits of Group Counseling With Children and Adolescents

- increase skills and knowledge for making choices
- promote personal growth and resolve problems
- group counseling works well for all students starting with elementary school
- young children should be in play and activity groups
- with increased verbal ability, groups include more verbal activities and social interaction training
- groups may be the preferred counseling mode for adolescents
- adolescent groups have the same group counseling procedures as adult groups

III. Stages of Group

1. Initial stage
 - build rapport and cohesion among group members
 - set group rules, goals, and objectives
 - ensure member commitment
2. Transition stage
 - characterized by conflict, resistance, and challenges to the leader
 - group is trying to find the “real” purpose
 - establishment of trust
3. Working stage
 - group has progressed through preliminary issues to now help individuals deal with their problems
 - in the working stage, the group is there to help members achieve their personal goals
4. Termination
 - evaluation of the group process and individual progress
 - reinforcement of learning during group
 - planning for after-group arrangements

V. The Counselor’s Role

1. Before: Logistics and collaboration
 - assess student needs, define group purpose and objectives, identify and select members, schedule sessions, plan activities, and secure space
 - work with parents, teachers, and administrators
2. During: Facilitate group processes
 - guide group through stages
 - encourage member participation and reinforce supportive environment
 - confront resistance and maintain adherence to mutually agreed upon group rules
3. After: Evaluation and accountability
 - facilitate feedback during termination stage
 - members self-evaluate regarding progress and growth
 - conduct follow-up evaluation to solicit feedback on group effectiveness from all stakeholders (e.g., students, parents, teachers, administrators, etc.)
 - empirically validate efficacy of small group intervention
 - ability to use pre/post-test analyses as well as aggregate and disaggregate data

VI. Ethical Considerations in Group Work With Minors

- group leaders need to protect client welfare
- minors need assistance with making responsible choices for themselves
- ethical responsibility of the counselor to advise young clients of their rights in counseling
- parents have a legal and ethical right to be informed about their child's progress in group
- counselor should prepare an information sheet about the group and send it to parents
- written consent could be acquired from parents
- counselors need to discuss confidentiality issues
- counselors need to practice within local and state laws regarding child abuse
- videotaping is only possible after the members have been informed and have consented

VII. Logistics of Group Formation

1. Selecting group participants
 - multifaceted and highly interactive
 - selection should be transparent and confidential as well as include a prescreening interview
 - prescreening interview is used to determine suitability, assess readiness/willingness, and discuss the group
 - potential members often emanate from existing and established relationships
 - secure written consent from parents and/or guardians
 - invite parents and/or guardians to be a part of the process
 - not all children and adolescents are ready for group counseling and can benefit more from individual counseling.
2. Determining size of the group
 - 3–4 members for primary school
 - 6–8 members or possibly 5–10 members for older children or adolescents
 - coleadership recommended
 - student absenteeism should be considered
3. Determining length and number of group meetings
 - ideally 90–120 minutes once a week
 - school counselors need to adjust to students' schedules
 - groups in schools tend to meet for a normal class hour once or twice a week for 8–12 weeks
 - groups in schools can be held several times per week
4. Setting group rules
 - approach collaboratively for sense of ownership
 - examples include: confidentiality, voluntary membership, active involvement in the group, and adherence to coconstructed rules
 - groups tend to set additional rules
 - counselor and members are bound by the rules and hold each other accountable

IX. Types of Counseling Groups

Common Elements

- definite purpose as delineated in the goals and objectives
 - requirements for member participation and enforce rules
 - inclusion of structured procedures as well as activities to make the group meaningful and productive
 - three specific types of group: problem centered, developmental, and topic specific
1. Problem-centered groups
 - open ended and focused on members' concerns at a particular time
 - emphasis is on here-and-now experiences
 - oriented toward personal action; members are committed to work on their own issues as well as others
 - older students are more likely to benefit from this type of group due to their problem-solving abilities
 - members are often similar in age, with similar concerns
 2. Developmental groups
 - help young clients meet the day-to-day challenges of growing up
 - skill development and instillation of knowledge

- focused on growth and prevention rather than remediation
 - type of group recommended for students who are developmentally delayed
 - groups have a central theme depending on the students' level of functioning
 - counselor needs to have knowledge of developmentally-oriented issues
3. Topic-specific groups
- designed to meet the needs of individuals in dealing with circumstances and stress that interfere with normal functioning
 - group membership is usually focused on “at-risk” students
 - group process includes skill development and explores issues in depth
 - members share similar concerns and assist each other in handling serious issues
 - counselors frequently use media, structured activities, role play, and homework assignments
 - groups typically arise out of crisis situations, such as grief and loss, suicide, or abuse

X. Summary

- group counseling is an efficient, effective, and viable approach for young clients
- groups reach more students and provide feedback and support
- groups do not replace individual counseling or classroom guidance
- groups help in preventing and remediating problems

Key Terminology

initial stage
 transition stage
 working stage
 termination stage
 topic-specific group
 problem-centered group
 developmental group
 group cohesion
 consent
 modeling
 group rules
 evaluation
 effectiveness
 screening
 giving and receiving feedback

Test Items

1. The group counselor's role in working with children and adolescents is primarily to be
 - a) supportive.
 - b) facilitative.
 - c) nondirective.
 - d) passive.

2. Parents of a third grader who participates in a group on friendship issues led by the school counselor have
 - a) limited rights to information about the group.
 - b) no rights to information about the group.
 - c) legal and ethical rights to be informed about their child's progress in group.
 - d) legal and ethical rights to be informed about each group member's progress in group.

3. Which of the following students might not benefit from a group counseling situation?
 - a) Jamie, a well-adjusted sixth-grade girl
 - b) Peter, a shy and reserved 12-year-old boy
 - c) Cory, a middle schooler with severe disciplinary problems
 - d) Susan, a second grader who is dealing with her parents' recent divorce

4. Which of the following is not a common group rule?
 - a) Only the leader speaks
 - b) Leader and members adhere to confidentiality rules
 - c) The group starts on time
 - d) Group leader and group members obey the group rules

5. Developmental groups help children
 - a) deal with specific problems.
 - b) meet the challenges of everyday, normal activities in the process of growing up.
 - c) prevent future problems.
 - d) none of the above

6. Which of the following is not a way to conduct a group evaluation?
 - a) The group leader asks for feedback from group members.
 - b) The group leader speaks to teachers and parents after the group is over.
 - c) The group leader administers a brief survey about the group experience.
 - d) All of the above are valid group evaluation techniques.

7. The size of a play therapy group for elementary students should be
 - a) 3–4 members.
 - b) 2–5 members.
 - c) 5–8 members.
 - d) It does not matter how many members the group has.

8. According to the chapter, the three types of groups used with children and adolescents are
 - a) problem-specific, parent-relationships, and solution-focused groups.
 - b) problem-specific, developmental, and solution-focused groups.
 - c) problem-centered, developmental, and topic-specific groups.
 - d) problem-centered, solution-focused, and developmental groups.

9. A common goal of group counseling with children and adolescents is
 - a) to promote personal growth.
 - b) to create opportunity to gain knowledge and skills.
 - c) to resolve problems and conflicts.
 - d) all of the above

10. Resistance in group members is most commonly experienced during the
 - a) working stage.
 - b) initial stage.
 - c) transition stage.
 - d) termination stage.

Essay Questions

1. Describe at least three group member behaviors typical during the transition stage and speculate how they could be resolved by the group.
2. Discuss how you would ensure confidentiality in a counseling group for adolescents. Consider both confidentiality for group members and confidentiality issues involving the parents and/or guardians.
3. Why should a group leader screen potential group members?
4. A counselor wants to set up a group for junior high students. List and explain at least five logistical issues the counselor needs to consider before the group can start.

Questions for Class Discussion

1. During your own years in school, did you ever participate in a group? What kind of group was it? What do you remember from the experience?
2. Why might groups be beneficial for adolescents? Consider social, cognitive, and emotional aspects of their development.
3. As a school counselor, you would like to conduct groups for elementary students. Develop a pro and con list for group counseling with this age group.
4. What group rules would you as the group leader want to set, and what rules would you hope group members come up with during the first session?

Class Exercises

1. Divide the class into small groups. Have each group design a written outline for a developmental counseling group based upon one of the issues listed in the text (p. 373). Present the outline to the class for discussion.
2. Divide the class into small groups. Have each group design a written outline for a topic-specific group based upon one of the issues listed in the text (p. 376–377). Present the outline to the class for discussion. Expand the discussion to include alterations that can be made to the group procedures to accommodate different age groups and students with disabilities.
3. For each of the above activities, have the small groups design a written announcement for the counseling group, and a disclosure statement to be presented to prospective group members during the interview process. Role-play the interview process with class participants serving as the prospective group members and/or as the guardians of prospective group members whose informed consent is being sought.

Chapter 12: Designing a Developmental Counseling Curriculum

Topics Addressed

I. Introduction

- the image of the school counselor is changing
- school counseling as reactive, remedial, and crisis oriented
- the need for accountability in school counseling
- today, school counseling is more preventive in nature, includes teaching, developmental guidance, and group counseling

II. Developmental/Preventative Models

- developmental guidance and counseling models started in the early 1970s
- American School Counselor Association (ASCA) adopted developmental guidance approach in 1979
- in 1997, ASCA published National Standards for School Counseling Programs
- developmental guidance and counseling integrates a counseling curriculum into the educational curriculum
- identification of the four elements and four components as an organizational structure
- developmental guidance helps with normal developmental issues, is organized, planned, sequential, flexible, integrated in the curriculum, comprehensive, and collaborative
- developmental guidance considers stages and tasks of normal human development
- developmental guidance and counseling can be remedial, crisis, and prevention oriented
- the transformational model for school counseling must be systemic and include a social justice component

III. Counseling All Students in the Classroom

- core of developmental guidance and counseling is prevention
- guidance models span K–12 and have defined competencies for each grade level
- student competencies differ among school districts and states but are usually organized into three domains: personal/social, career/vocational, and academic/learning
- school guidance and counseling models respond to needs of students currently growing up, restrictions on the use of one-to-one counseling in schools, and cost-effectiveness issues
- school guidance and counseling models are unique to the needs of each school and its students

IV. The Counselor's New Role as Educator

- counselors today have a multitude of roles, such as teacher, therapist, group facilitator, career specialist, crisis manager, mediator, consultant, administrator, and so forth
- implementing a well-developed counseling curriculum requires administrative support and program management skills
- large-group counseling is vital to the developmental/preventative focus but should not infringe on individual and small-group counseling
- developmental programming is based on a team approach in collaboration with teachers
- team teaching is possible as well as training teachers to implement counseling curricula
- time and space for developmental programming is difficult to find in schools (student advisory periods, homeroom hours, or split lunch periods are a possibility)
- teachers in the role of student advisories in high schools can foster relationships between students and an adult and increase life skills development
- counselor can take developmental guidance and counseling units to the classroom
- any curriculum unit must be evaluated and its impact accounted for
- the ancillary school counseling role needs to change to an integral role
- school counselors have to become educators who are accountable to the other parts of the school system

V. Major Principles in a Counseling Curriculum

- all students need assistance in accomplishing developmental tasks
- a counseling curriculum is a systematic approach for providing students with age-appropriate lessons
- major goal is skill development

- counseling curriculums must be comprehensive, ongoing, age-appropriate, well organized, flexible, accountable, and planned
- counselors need to develop a counseling curriculum that fits the needs of their school system
- an evaluation of the curriculum is an integral part
- more and more programs such as Brigman, Webb and Campbell (2007) are showing how developmental counseling curriculum positively impacts academic success

VI. A Student Development Program Model

- life themes, life transitions, and life skills need to be addressed in the personal/social, career/vocational, and academic/learning areas to help students gain competencies in these areas
- student development program is a structured, sequenced, large-group activity
- goal of student development program is preventive to help students deal more effectively with normal developmental issues

VII. Working Within the Structural Framework

- counselors should prioritize and structure essential topics and units across the K–12 curriculum
- special needs topics characteristic to individual schools or communities should be included
- use the Structural Framework Form for a Developmental Counseling Program
- before the form is used, select grade level and conduct a comprehensive needs assessment
- then identify topics and objectives
- good curriculum development emphasizes learning from all three domains

VIII. How to Design a Lesson

- Format for developing counseling units and lessons
 - units are normally organized around a developmentally appropriate theme or topic
 - units are composed of several lessons (4–10)
 - brief rationale for the unit should be included in the unit format
 - example of classroom lesson by Vernon (1989):
 1. Purpose and objectives
 2. Stimulus activity/procedure
 3. Content-level discussion
 4. Personal-level discussion
 5. Closure
 - include an evaluation either at the end of each session or at the end of a unit
 - unit and lesson design are challenging

IX. How to Conduct Classroom Guidance and Counseling Lessons

- counseling sessions in the classroom differ from counseling in an office
- counselor and teacher may share the responsibility for implementing a classroom guidance model
- counselor should do in-service training, team teaching, or modeling
- teaching a counseling curriculum is more personalized and learning should extend to the students' individual, family, and social environments
- counselors must have a strong knowledge of classroom management skills when they are working in the classroom including (1) fundamental classroom strategies, (2) instructional practices for interactive and independent learning, (3) strategies that motivate students, and (4) strategic management of discipline
- goal is to personalize and internalize the curriculum so that learning situations are personally meaningful, positive, nonthreatening, self-initiated, self-evaluated, and feeling-focused
- counseling curriculum must include factual and objective information so that the student's skills and knowledge on the topic has been increased or enhanced
- teaching a counseling curriculum is a very effective and efficient way to reach the most students
- necessary classroom skills
 - counselors and teachers need to be familiar with the best teaching methods for counseling curriculum
 - pacing, nonjudgmental responses, open-ended questioning, etc.

X. Steps in Classroom Lessons

- it takes careful planning and preparation to make classroom lessons meaningful
- counselors should avoid storytelling
- counselors should inform parents if controversial material is to be discussed

XI. The Future of Developmental Programming

- done to avert students' problems or "nip them in the bud"
- content is preventive in nature
- example curricula that are considered "best practices" and "evidence based" in having a positive impact on student performance
- more practical research needed

XII. Summary

- the future of developmental programming looks promising
- practical research is needed to make a case for developmental counseling and guidance models
- counselors need to see themselves as educators who collaborate with teachers, parents, and administrators
- a counseling curriculum is an essential part of the total school curriculum

Key Terms

developmental guidance

student competencies

student advisories

life themes

life transitions

life skills

counseling curriculum

classroom management

in-service training

team teaching

integration

content-level discussion

personal-level discussion

cooperative learning

invitational learning

Test Items

1. In today's schools, counselors need to assume the role(s) of
 - a) teacher.
 - b) educator.
 - c) crisis manager.
 - d) all of the above
2. Units written for a counseling curriculum should include
 - a) unit objectives.
 - b) rationale for unit.
 - c) student names.
 - d) both a) and b)

3. Which of the following areas is NOT commonly addressed by a student development program?
 - a) Career/vocational
 - b) Family/history
 - c) Personal/social
 - d) Academic/learning

4. Which of the following statements about developmental school counseling is NOT true?
 - a) Developmental school counseling is for all students.
 - b) Developmental school counseling involves all school personnel.
 - c) Developmental school counseling is mainly meant for at-risk students.
 - d) Developmental school counseling is sequential and flexible.

5. Developmental school counseling models are meant to help students achieve
 - a) student competencies.
 - b) a problem-free school life.
 - c) good rapport with teachers.
 - d) good rapport with other students.

6. Which of the following is NOT a skill important to successfully teaching a counseling curriculum in the classroom?
 - a) Authoritarian discipline
 - b) Classroom management skills
 - c) Active listening
 - d) Involving all students

7. In chapter 12, the author suggests that school counselors do the following when they are planning to discuss controversial material in classroom guidance sessions:
 - a) Warn the students.
 - b) Inform the parents before the session.
 - c) Inform the parents after the session.
 - d) Warn the principal.

8. Teaching a counseling curriculum is more _____ than teaching an academic curriculum.
 - a) demanding
 - b) personalized
 - c) beneficial
 - d) none of the above

9. A counseling unit needs to include a(n) _____ in order to be complete and comprehensive.
 - a) publication
 - b) written summary
 - c) evaluation
 - d) official title

10. School counselors sometimes have difficulty finding time when they can reach students for developmental guidance. Counselors might use _____ to deliver the developmental counseling curriculum.
 - a) classroom time
 - b) student advisory periods
 - c) split lunch periods
 - d) all of the above

Essay Questions

1. Describe why life themes, life transitions, and life skills all need to be included in a comprehensive student development program.
2. How have the roles for school counselors changed in the last twenty to thirty years?
3. What role do you believe social justice needs to play in working with students and how does this impact the development of a classroom counseling curriculum?
4. What are the major principles to keep in mind when designing a counseling curriculum? Specifically comment on the importance of assessment and evaluation in curriculum development.
5. Mention and discuss the five components that a classroom guidance and counseling session should contain, according to Vernon (1989).

Questions for Class Discussion

1. What roles do you see in your future as a school counselor? How comfortable will you feel in these roles?
2. Imagine that you are talking to a school principal. How could you explain to the principal why a guidance and counseling curriculum should be an integral part of the total educational curriculum?
3. How do you see the future for developmental counseling programs in schools? What role does having a counseling curriculum in your school play?
4. What concerns do you have regarding going into a regular classroom in a school to teach a counseling curriculum? What should you remember about classroom management? How will you need to augment your teaching to address the needs of students with diverse needs?
5. Why are life themes, life transitions, and life skills important in a student development program?
6. Support or refute the following statement: Counselors should not ask teachers to implement a counseling curriculum in the classroom when it is a counselor's job to do so.

Class Exercises

1. Design a counseling curriculum unit with four lessons.

Reread pages 407–413 on the suggested format for developing a counseling unit and lessons. Have students select a topic for a unit they would be interested in developing. Encourage them to make this unit relevant with the possibility of using it as part of their internship experience. (Some classroom teachers may also be interested in using the unit immediately in their own classes!) Have students develop this exercise in two parts:

Part A: Unit development

Have students address the following components in their paper/presentation:

1. Grade level (be specific)
2. Unit name or topic (be creative)
3. State appropriate grade level competencies
4. Rationale for the unit for this grade level
5. Unit purpose
6. Unit objectives

7. Number of lessons (predetermine how many lessons you want the students to include)
8. Evaluation procedures and methods (include copy)
9. Detailed procedures of the lessons

Part B: Detailed procedures of the four lessons in the unit

(Have students follow the suggested lesson plan format on p. 411)

1. Title of lesson or topic to be covered
2. Lesson objectives (how do these relate to the unit objectives)
3. Time needed
4. Materials needed
5. Stimulus activity (how will the lesson get introduced and started)
6. Activity procedures in detail
7. Content-level discussion questions
8. Personal-level discussion questions
9. Closure of activity
10. Evaluation of lesson if it is different from the unit evaluation
11. Resource references for any materials used in the lesson (APA format)

Follow-up to the exercise:

- A. After students have completed the development of their units and lessons, have them share these in class. If possible, have students submit their work for your critique and grade. Then, ask students to make improvements and copy their units for others in the class who are working at the same grade level. At the end of the class, students would have as many developmental counseling classroom curriculum units as students in the class—a valued resource!
- B. Have students actually teach one of the lessons to the class. Allow time for feedback and critique.
- C. If students have access to field work, have them lead one of the lessons in an actual classroom and then critique the experience.

2. The Developmental School Counseling Model exercise

Students need to thoroughly understand how the developmental guidance approach works in establishing this approach within a school counseling program. Try some of the following ideas:

- A. Have students review state developmental and comprehensive guidance models. Compare what they learn to the National Standards for School Counselors, indicated by ASCA.
- B. Divide students into teams of three and tell them they are the counseling program at their school. Have them prepare a 10-minute presentation on why the school counseling program should become developmental. Have them make this presentation to the class as if the class were the school board meeting. Ask 4–5 students to sit out front representing the board and have them be prepared to ask the presenters questions. In their presentation they must define the approach, indicate its merits, tell how it will benefit students, and how it would best be introduced into the current program. Have the class critique the presentation and vote on whether or not the program should be accepted.
- C. If your local school districts are already developmental in their counseling program, have students investigate a program and critique it. Have students make an appointment with the director of counseling and ask questions to learn about the counseling program. Work with students prior to the visit to construct a list of pertinent questions to ask. Have students report to the class what they learned from their visit. Have students add their own critique about the developmental nature of the counseling program they visited.

3. Developing goals and topics for a counseling curriculum

Reread pp. 399–407. Following the suggestion in the book on p. 401, have students select a grade level and develop the structure for a developmental counseling program. Have students select a grade level and then identify student competencies for that grade level in the three domains suggested: career/vocational, academic/learning, and personal/social. Have students defend how these competencies may impact those competencies that might be identified in the grades preceding and following their grade choice. After identifying the competencies, have students list the important life themes, life skills, and life transitions that they believe should be addressed for this grade level. This information is important because it informs the components in the counseling program such as the curriculum developed, the individual planning done by counselors, and the type of responsive services students will seek from the counselor. Have students work in teams on this project. Have them present their identified goals and the themes, skills, and transitions identified to the class on overheads or in a handout. Encourage feedback from the class. Have students defend their choice of competencies and programs.

4. Arrange for students to make three classroom visits to a school setting in which they intend to work as a school counselor. Visit the classroom and observe the teacher in that classroom teaching a lesson. Have students go to at least three different classes, including one that is a special education classroom. Following the observations have the student write a reflection paper that addresses the following questions:
 - What interactions did I observe the teacher making with the students?
 - How did the class start and end?
 - How did the teacher deal with discipline in the class?
 - How attentive were the students?
 - How did the teacher address individual differences among the student learners?
 - What would I incorporate into my own lessons from this teacher? What would I avoid?
5. Have the student visit a local school district and interview the curriculum director at that school. Or have a panel of 2–3 curriculum directors come to class to discuss their role and to talk about how a counseling curriculum might fit into their overall school curriculum.

Chapter 13: Working With Parents

Topics Addressed

I. Introduction

- increased stressors on today's families impact children
- childhood stress, depression, and suicide are increasing
- at-risk children are from privileged as well as underprivileged backgrounds
- traditional patterns of parental authority are less effective now than in the past
- the "traditional" family is a myth
- parents need help in managing the contemporary challenge of parenting
- parent education has existed since the 1920s
- counselors play an important role in parent education and parent consultation today

II. Definitions

- parent education consists of imparting information and skills beneficial to good parenting
- preventive focus
- parent consultation deals more specifically with an existing problem and is not preventive

III. Outcomes of Parent Education and Consultation (Stone and Bradley, 1994)

1. Improved parent-child relationships
2. Improved behavior at home and school
3. Improved acceptance of responsibility
4. Parent involvement in the school
5. Improvement in school achievement

IV. Cultural Considerations

- many ethnic minorities fear or distrust services or feel ashamed about admitting they need help
- important not to make generalizations about groups, as other factors (gender, age) can play a part
- knowledge and sensitivity to different cultural and ethnic groups and their variables is key
- population in this country is increasingly becoming more ethnically diverse, which impacts consultation with parents and families

V. Parent Education Programs

- frequently done in a group format
- parent groups are efficient and provide support
- assessment of parents' needs and concerns determines program content and process
- parent education programs need to be flexible and fit with the intended participants

A. Format and topics

- several approaches for parent education: support groups, parent study groups, parent education
- purpose of support groups is to encourage discussion and interaction among parents
- parent study groups and parent education are highly structured
- purpose of parent education and study groups is to develop parenting skills and impart information
- groups may be organized around issues pertaining to general parenting practices, selected topics, and specific developmental levels
- format of parenting programs may vary (weekly, monthly, mini-conference, single session)
- group could read and discuss a book relevant to parenting issues
- counselors need to do a needs assessment first to determine which type and format of parent education programs would work best

B. Skills for the leader

- leader should engage in using good communication skills
- mini-lecturing and information-giving
- setting a supportive climate

- leader-modeling and self-disclosure
 - use of nonverbal communication to encourage member participation
 - group management
- C. Approaches to parent education
- number of published parent education programs are available
 - each approach emphasizes reeducating parents
 - example: Dinkmeyer and McKay (1997): *Systematic Training for Effective Parenting* program (STEP)
- D. Organizing a parent education program
- first, appoint a committee of professionals and parents to determine the best approach
 - second, develop a needs assessment (checklist)
 - promote the program
 - prepare for the parenting sessions (review materials, set up a room)
 - engage parents in planned activities
 - order supplemental materials
 - establish an evaluation procedure
- E. Myths about parenting
- parenting happens instinctively
 - children should be perfect
 - what works with one child will work with another
 - whatever parenting methods your parents used with you will automatically be best for your children
- F. Irrational beliefs about parenting (Vernon and Al-Mabuk, 1995)
1. Demands
 2. Self-downing
 3. Awfulizing or catastrophizing
 4. Low tolerance of frustration or discomfort anxiety
- G. Parenting style
- four parenting styles: authoritarian, authoritative, permissive, ignoring
- H. Discipline
- discipline differs from punishment
 - quality of parent–child relationship is affected by the way parents discipline
 - limits need to be reasonable and enhance children’s self-reliance and sense of responsibility
 - logical consequences are consequences arranged by parents
 - natural consequences follow the natural order of the universe
 - consequences should be applied both kindly and firmly
 - consequences should not be used when they cannot be carried out, when they are detrimental, when they would place the child in a dangerous situation, and when they are voiced in an angry way
 - consequences are effective because they link children with the reality of their behavior
- I. Problem solving
- conflict is natural among children and their parents
 - Friend and Cook (1992) suggested a problem-solving model:
 1. Understand the problem
 2. Consider the alternatives
 3. Select the best mutual alternative
 4. Discover the probable results of the chosen solution
 5. Establish a commitment
 6. Plan an evaluation
 - for problem solving to work, every step of the model needs to be followed

VI. Consultation

- consultation is an indirect process: counselor (consultant) works with parents (consultee) to bring about change in the client (child)
- consultation is a shared problem-solving process
- goal of consultation is to improve client functioning and create positive change
- consultation consists of five stages:
 1. Stage I: Phasing In (relationship building)
 2. Stage II: Problem Identification (clarifying the main problem, focusing)
 3. Stage III: Implementation of the Consultation (find strategies to solve the problem, give feedback, make recommendations)
 4. Stage IV: Evaluation (evaluate progress, monitor implementation, reinforce change)
 5. Stage V: Termination (bring closure to consultation agreement, review outcomes, terminate the relationship)

VII. Summary

- parent education and consultation are needed at all school levels and in mental health settings
- parent education imparts information and skills for good parenting
- parent consultation assists parents with specific problems

Key Terms

parent education
parent consultation
demanding
self-downing
awfulizing
low tolerance of frustration
discomfort anxiety
authoritarian
authoritative
permissive
ignoring
logical/natural consequences
consultant
consultee

Test Items

Multiple Choice

1. Logical consequences for children
 - a) are usually arranged by parents.
 - b) follow the law of nature.
 - c) are an agreement between parents and children.
 - d) none of the above
2. Which of the following is NOT an irrational belief for parents as identified by Vernon and Al-Mabuk (1995)?
 - a) Low tolerance of frustration
 - b) Demanding
 - c) Expecting
 - d) Awfulizing

3. The main difference between parent support groups and parent education is that
 - a) parent support groups are less structured than parent education.
 - b) parent support groups are more structured than parent education.
 - c) parent support groups are less likely to be attended than parent education.
 - d) parent support groups are more likely to be attended than parent education.

4. Which of the following is a possible outcome of parent education and consultation?
 - a) Improved parent–child relationships
 - b) Parent involvement in the school
 - c) Improved acceptance of responsibility
 - d) All of the above

5. Consultation with parents is
 - a) a direct service to the child.
 - b) an indirect service to the child.
 - c) an educational approach.
 - d) a supportive approach.

6. The parenting style most beneficial to children seems to be
 - a) the permissive style.
 - b) the ignoring style.
 - c) the authoritarian style.
 - d) the authoritative style.

7. Which of the following is NOT a stage in the consultation process?
 - a) Problem identification
 - b) Phasing in
 - c) Testing
 - d) Evaluation

8. Parent education groups have the primary goal of
 - a) imparting information about good parenting.
 - b) counseling parents on how to deal with their children.
 - c) skill development.
 - d) both a) and c)

9. Leaders of parent education programs should possess
 - a) good communication skills.
 - b) group facilitator skills.
 - c) teaching skills.
 - d) all of the above

10. Which of the following are possible steps in establishing a parent education program?
 - a) Appoint a committee of professionals and parents to decide on the best approach
 - b) Conduct a needs assessment
 - c) Duplicate a program that has been used in another community
 - d) Both a) and b)

11. Which of the following parenting practices are associated with greater pathology in children?
 - a) Lack of involvement
 - b) Inconsistency
 - c) Coercion
 - d) All of the above

12. Which of the following represent a short-term parenting style?
- a) Controlling
 - b) Permissive
 - c) Rewarding
 - d) All of the above
13. Which of the following is NOT true regarding logical consequences?
- a) Be kind and firm.
 - b) Give choices.
 - c) They follow the natural order of the universe.
 - d) They relate directly to the problem.
14. Which is NOT true regarding time out?
- a) Time out teaches children how you want them to behave.
 - b) Time out gives children time to regroup.
 - c) Time out allows them to think about their misbehavior.
 - d) Time out helps them calm down.

True/False

15. ____ Traditional patterns of parental authority are no longer effective.
16. ____ Logical consequences are not effective when parents are angry.
17. ____ The authoritarian parenting style is the most effective with adolescents.
18. ____ Parenting oppositional children could be a good type of a general parenting practices group.
19. ____ It is important to have a lot of structure in parent support groups.
20. ____ Participation in parent education programs does not improve children's school achievement.

Essay Questions

1. Explain the difference between parent education and parent consultation. Next, identify the stages of the consultation process and the priority task for the consultant at each stage.
2. Delineate the main points/phases of the problem-solving model by Friend & Cook (1992) (p. 445–6).
3. Consequences are not always useful ways of teaching children. Describe certain situations when the use of consequences might be useful.
4. Identify at least three irrational beliefs about parenting and provide an example for each irrational belief.
5. Identify and describe the four styles of parenting according to Vernon and Al-Mabuk.

Questions for Class Discussion

1. What discipline methods do you think would be most effective with young children? With adolescents? Which would be least effective?
2. What would be your suggestions for parent education program offerings in a school in your community? Are you familiar with what is already being offered at that school in terms of parent education?

3. Parent education programs tend to suffer from low parent attendance. What are some creative ways to get parents to attend parent education sessions?
4. If you were a parent yourself, what would you like to know about the parent consultation process before you would be willing to engage in it?
5. Can you identify examples of demanding, self-downing, awfulizing, and low frustration tolerance that you as a parent or parents you work with have?

Class Exercises

1. Divide the class into groups of five. Assign each group the following family situation. First read the problem presented and then work through each of the steps in the problem-solving process toward solution of the problem. Each group will present a solution to the class.

The Situation: Jane, a 17-year-old, has been driving one of the family cars for the past year. Lately she has been away from home a great deal and has been taking trips in the car out of town without her parents' permission. When Jane and her parents discuss this situation, it always ends in a huge argument. When these arguments come to a close, it is usually with Jane threatening to go anyway and with some statement that they can't stop her. On several occasions, Jane's father has become so furious he has thrown things in the house. How can these outbursts be reduced or avoided in the future?

The Problem-Solving Process:

1. The first step is to determine what the problem is and whose problem it is.
 2. Consider alternative ways to solve the problem. List what you consider to be several alternative solutions to the problem.
 3. Select the best (mutual) alternative from your list above that you consider reasonable and something that can be accomplished.
 4. Discuss the probable results of the chosen solution.
 5. Establish a commitment. What do you consider to be a way (time) for commitment to take place?
 6. Plan evaluation time. What do you think is a reasonable time to try out the decision?
2. In small groups, discuss a) How did your parents discipline you? b) How would you describe your relationship with your parents? c) Are your views about parenting traditional or nontraditional? Explain your answer. d) What traits do you feel are the most valuable in being an effective parent? e) What was the worst thing that ever happened to you as a child between you and your parents? f) What was the best experience that you ever had with your parents? Conduct a class discussion.
 3. The ways in which parents interact with their children tell a lot about their parenting skills. Have class members observe a parent interacting with his or her child. The best places to observe that interaction are the toy department, the breakfast food counter, or candy shelves at the check-out stand of a grocery store. In the observation, write down how you see the adult and child interacting with attention to the following questions:
 - a) How does the parent act toward his or her child? Is he or she polite and attentive or critical, demanding, scolding, and nagging?
 - b) How does the parent handle the child when he/she does something the parent does not want him or her to do? What does the parent say?
 - c) How does the parent act when the child wants to interact with him or her? Does the parent listen attentively or ignore the child?
 - d) Does the parent show approval for things the child may have done? Does the parent encourage the child in any way?

Once the observations have been completed, conduct a class discussion about the findings.

Chapter 14: Family Counseling in the Schools

Topics Addressed:

I. Family Stressors

A. external stressors on the family can have an impact on the healthy functioning of families.

- poverty
- lack of sufficient health care
- drug and alcohol addiction
- exposure to violent crime
- internal stressors
- the adaptation required with developmental growth
- academic transition points for the children
- the evolving definition of who comprises a family
- single parent families
- biracial families
- blended/remarried families
- same gender headed families
- grandparent headed families

II. Why Is Family Counseling Appropriate in the Schools?

- The family and the school are the two places that have a strong common goal of developing children.
- When problems arise at school, it may signal the need for intervention.
- Interventions aimed at family change may be more effective for difficulties arising from a child's home life than interventions aimed at symptom relief.

III. Why Intervene at the School Level?

- Parental involvement in school has been shown to have positive impact on children
- Facilitating parental involvement requires an individual with the knowledge and skills necessary to confront the complex dynamics often found in families.

IV. Does Family Counseling Work in the Schools?

- Family counseling is an effective mode of treatment for a large variety of student concerns.
- Family counseling has been shown to produce positive change quickly.
- Family counseling in the school is cost effective.

V. Multicultural Considerations

- Assessing acculturation levels of families
- Ethnicity may impact the child and the parents differently.
- Parents and children may choose to negotiate between their culture and the dominant culture in different ways.
- Key assumptions when attempting to do culturally sensitive counseling
- Families should express their feelings.
- Many cultures are more restrictive in directly expressing emotions.
- Families are paying greater attention to your verbal statements than nonverbal.
- Families may rely upon more subtle forms of communication to interpret the counselor's intent.
- Families will be comfortable in voluntary disclosure of personal information.
- Families may not answer voluntarily provide personal information unless directly asked. The counselor may be viewed as an authority figure.
- Problem solving strategies should be linear and/or logical.
- Families may be more comfortable with holistic or intuitive strategies.
- Errors counselors may make when working with families from other cultures.
- over- or underestimating the importance of one or more cultural values in the family's life

- failing to differentiate among various subcultural groups
- failing to understand how a cultural groups behavior will vary according to other environments

VI. Systemic Approaches

- Linear vs. systems perspective
- individual phenomenological perspective vs. examination of patterns of communication and interaction among family members.
- linearity vs. circular causality: Linearity examines events and possible consequences while circular causality helps one examine all of the possible related interactions or events in a circular pattern.

VII. Overview of theories

- Humanistic Approaches (Existential and Human Validation)
- believes the root cause of the family's concern to be emotional suppression
- helps the individuals within the family to express their feelings and not control behavior through feelings (i.e., guilt or shame)
- emphasizes open communication, empathy and self-disclosure
- sees family therapy as an emotional encounter
- Structural Approach
- Focuses upon the boundaries and hierarchy among family members.
- Boundaries balance the need for privacy and openness within a family.
- The hierarchy of the family relates to the various subsystems within the family.
- parental subsystem: the relationship between the parents and children
- sibling subsystem: includes the children and/or stepchildren with the family and the relationship to the parental subsystem
- spousal subsystem: the relationship between the parents within the family.
- Clear boundaries between the various subsystem is essential.
- Providing autonomy while still maintaining leadership within the family is a delicate balance.
- There are three solutions that may maintain a family's difficulties:
- Deny that a problem exists; action is necessary but is not taken.
- The effort to solve a problem that isn't really a problem; action is taken when it is not necessary.
- The effort is ineffective to solve a problem; there is way too much or way too little effort in the wrong direction.
- Solution Focused Approach
- Examines how the family has attempted to solve the problem
- The orientation is toward the future and to change with quick, concrete, working solutions.
- The presenting problem is viewed behaviorally.
- The counselor's role is to validate the family's experience, to guide family members as they shift behavior, and build on existing strengths.
- Strategic Approach
- The family's problems are seen when a family becomes stuck trying to maintain homeostasis when change is required.
- This approach emphasizes goal direction and examines the rules of the system.
- Strategic counselors are problem-focused and prescriptive.
- Focus is on the problem and the families interactional sequence.
- Techniques focus on interrupting the interactional patterns that are maintaining the problem.
- Social Construction and narrative approach
- Based on the belief that knowledge is constructed with our relations and interactions with others.
- Individuals are seen as constructing their own world view of reality.
- Counseling is then a meaning-making and a language-generating process where the counselor creates meaning with the client.
- Counselors engage the family in conversation that allows the telling of their stories.
- As work progress the goal is to change the narrative, so when retold the stories include hope and previously unacknowledged alternatives.
- The counselor is a collaborator with the family

VIII. Brief family counseling model

- Building rapport with the family is seen as being emphasized initially in counseling and then as a continual process throughout.
- Rapport with the family will assist not only initially but at other touch points throughout the educational pathway of the child.
- Steps of the brief counseling model:
 - Step 1: Determining the appropriateness of counseling.
 - Small steps can lead to big changes
 - Is the family willing to accept help?
 - Is the family's concern within my professional repertoire?
 - Is this problem of long-duration or more short term?
 - Step 2: Initial Contact
 - Gathering information from a variety of sources to assess need
 - Determination of who should attend family counseling
 - Framing the problem in a way that reduces barriers for a family to seek help.
 - Keep in mind the cultural considerations
 - Have classroom interventions not achieved the desired result?
 - Step 3: Setting up the meeting
 - Consider alternative meeting times outside of typical school hours in order to accommodate a family.
 - Setting the tone: It is important to convey to the family that you are in a position to help and are not taking sides or passing judgment.
 - Step 4: Initial meeting
 - Greet each member of the family present
 - Discuss meeting format
 - The process of counseling
 - Time involved
 - Confidentiality and its limits
 - Scheduling and follow-up sessions
 - Establishing the rules for effective communication
 - Rules should be quickly reinforced if the family begins to tip toward poor communication
 - Identifying the problem
 - Allow each member an opportunity to share his or her perspective of the problem
 - Focus on the behavioral descriptions of the problem if the session begins to lead to labeling.
 - Gain a history of the problem, including times when the problem does not occur
 - Ask about any recent changes to the family structure, such as birth of a sibling, separation, divorce, or relocation.
 - Typical Day
 - Ask for a description of a typical school day.
 - This assists in understanding the tempo, rules, and roles within the family.
 - Prior solutions
 - What prior attempts has the family made to solve the problem on their own?
 - Assess the failed solutions and note any changes (i.e., did the problem worsen; get better for a time then reverted back, etc.).
 - Join in finding potential solutions with the family.
 - Communicate hope for the future and that the family is not alone in its struggles.
 - Reframing the problem
 - Ask yourself what function the problem is serving within the family.
 - Place the problem in a new perspective: Resolution is a shared process with everyone's needed help.
 - Goal Setting
 - Think of small steps everyone can accomplish toward the desired objectives.
 - Emphasis is on shared responsibility for the problem.
 - Goal setting is accomplished congruent with the counselor and the family.
 - Coordinate with the child's educators to develop a multidimensional approach if appropriate.
 - Step 5: Ongoing sessions

- Be flexible with ongoing counseling. Meeting every week may be difficult for some families.
- Encourage families to continue with the progress of goals through the use of homework
- Keep in touch with the family through communication between sessions, if you are not meeting weekly.
- Termination
- The counselor and can discuss termination when functioning reaches the goals of counseling.
- Follow-up sessions a few weeks to a month after regular contact was made helps to determine if the family needs additional support or have slipped back into old patterns.
- At times, more persistent patterns may indicate the need for a referral for more intensive family interventions.

IX. Techniques

- The genogram and family life line
- provides a structural look at the family
- places relevant family history into view
- Play therapy techniques
- Many play therapy techniques can be adapted for use within family counseling.
- Role playing
- Assists in the tracking of sequences in the family and allows a closer look at the patterns the family uses when having difficulties.
- The patterns can be changed through interruption of the sequence by asking family members what comes next.
- The goal may be to increase the awareness of each family member of the choices they make within the pattern
- The doll house
- Assists in viewing the family in a nonthreatening way for the child.
- May provide a new perspective for the family.
- Bibliotherapy
- Can include a variety of media (print, video) or creative process (e.g., writing, painting, sculpting, movement) to communicate their stories.
- Media should be selected with care to include multiple levels of meaning for a variety of ages.
- The follow-up is essential to promote processing of the assignment.
- The Mobile
- Illustrates the interconnectivity of families. That one family member's actions can impact others.
- The Rope/Pass the Animal
- Assists in learning to take turns while communicating by encouraging listening.
- Humor
- Humor can lower resistance and create an openness to change.
- Keeping counseling sessions fun while accomplishing the goals of therapy will engage family members in the change process.

Key Terms:

External stressors
 Internal stressors
 Internalizing problems
 Externalizing problems
 Family Systems approach
 Acculturation
 Phenomenological Perspective
 Linearity
 Circular Causality
 Humanistic Approaches
 Structural Approach
 Boundaries

Subsystems
Solution-Focused Approach
Strategic Approach
Homeostatis
Equilibrium
Rule-Governed System
Social Constructionism

Test Items:

1. Which of the following is an example of external stressors that may impact a family?
 - a) Low socio-economic status
 - b) Starting school
 - c) Drug and alcohol abuse
 - d) Exposure to crime

2. Which of the following is NOT an example of internal stressors that may impact a family?
 - a) The addition of a sibling
 - b) Entering adolescence
 - c) Exposure to crime
 - d) Starting school

3. An example of externalizing behaviors at school is
 - a) Bullying other children
 - b) Depressed affect
 - c) Quiet and withdrawn
 - d) Crying often

4. Which of the following is an example of internalizing behavior?
 - a) Pushing other children on the playground
 - b) Teasing other children
 - c) Interrupting others frequently
 - d) Withdrawn and quiet

5. Family counseling is appropriate in schools because
 - a) Both hold common goals
 - b) Family problems can impact learning
 - c) Parental involvement is essential
 - d) All of the above

6. _____ viewed the root cause of problems within the family to be emotional suppression.
 - a) V. Satir
 - b) S. Minuchin
 - c) J. Haley
 - d) L. Berg

7. _____ approach emphasizes teaching open communication, empathy and self-disclosure.
 - a) Structural
 - b) Strategic
 - c) Humanistic
 - d) Narrative

8. Which of the following is NOT a family subsystem?
- Parental
 - Sibling
 - Parent/Child
 - Spousal
9. Parents who continually relinquish their personal time together may place additional stress upon _____ subsystem.
- Parental
 - Sibling
 - Parent/Child
 - Spousal
10. _____ approach emphasizes an orientation to the future with quick, concrete, working solutions.
- Structural
 - Solution-Focused
 - Strategic
 - Humanistic
11. Homeostatis is
- when the family denies that a problem exists.
 - when the family attempts solutions to a problem that isn't really the problem.
 - when the family has been ineffective in its efforts to solve the problem.
 - when the family becomes stuck coping with problems in the same manner.
12. _____ approach focuses upon the interactional sequence within the family.
- Social Constructionism
 - Structural
 - Strategic
 - Humanistic
13. _____ approach emphasizes the family's problem saturated stories as a reality for each individual.
- Narrative
 - Structural
 - Strategic
 - Humanistic
14. _____ approach is concerned with how people create meaning to explain the world around them.
- Structural
 - Strategic
 - Social Constructionism
 - Humanistic
15. Which approach does NOT emphasize how people create meaning to explain the world around them?
- Social Constructionism
 - Narrative
 - Solution-Focused
 - Strategic
16. Good candidates for Brief Family Counseling Models will have all of the following characteristics EXCEPT:
- The family has attempted solutions at home.
 - The family is concerned about the child's progress in school.
 - The family denies any problems and has refused to talk with school personnel.
 - The family is expressing frustration about past attempts at change.

17. The initial meeting has all of the following considerations EXCEPT
- establishing rules.
 - approaching the family.
 - problem identification.
 - prior solutions.
18. Which of the following is NOT a suitable intervention for early sessions?
- Genogram
 - The mobile
 - Pass the animal
 - None of the above

Essay Questions:

- What are some assumptions inherent in counseling that may prove to be difficult for families from nondominant cultures?
- Compare and contrast individual counseling to family counseling.
- Which family theory is the most appealing to you, which is most unappealing to you, and why? Please support your opinion with terms learned in this chapter.
- Discuss the pros and cons of counseling families within the school.

Class Discussion:

- Discuss the positive and negative aspects of doing family counseling in the schools. What barriers are present for the counselor to engage in family counseling in the schools? What are the benefits?
- Discuss the quote “at the end of the day, children will return to their families.” What does this mean for the school counselor and school interventions? Do you agree or disagree with this statement?
- What are some of the signals a child will exhibit in school when there are problems in the home? What about those children who show little outward signs of distress?
- How would you approach a family in order to broach the idea of brief family counseling? Role playing this within small groups may help students learn how to approach difficult topics with parents.
- Homeostatis is when families become stuck coping with problems as they have always done without adaptation to the needs of the situation or the individual. This concept is related to resistance. What does resistance look like in family therapy? What messages does resistance signal to the counselor? What are some ways to work with resistance in family counseling?

Class Exercises:

- Small group exercise. Have small groups develop a definition of “family.” Each group shares its definition with the class. Examine how the definitions are alike or different from one another. Discuss how difficult defining the word family is within an inclusive framework.
- Have the students break up into groups and generate a list of the types of concerns that would be appropriate for brief family counseling and the types of concerns that would be more appropriate for more intensive family therapy.

3. Working in small groups, have students role-play a family. Have the students role-play parents, children, and counselor. When role-playing a family, it helps to have the counselor step out of the room for the family to develop their concern and adopt a persona. After generating a typical problem appropriate for brief family counseling, have the counselor conduct an intake. At the end of the intake, each group can report the concern generated and discuss whether they believe that the concern was appropriate for brief family counseling or more intensive family therapy.
4. Working in small groups, have each group assigned one of the theories overviewed within this chapter (Humanistic, Structural, Solution-Focused, Strategic, and Social Construction approaches). Then have each group focus on the case of Lynn in the beginning of the chapter and answer the following questions.
5. What does this theory focus upon?
6. How does the theory believe change occurs within the family?
7. How would a counselor use this theory to conceptualize the concerns expressed in Lynn's family?
8. How would you reframe the problem for Lynn and her family from your theory?
9. What types of goals would you propose from your theoretical perspective?

Answer Keys

Chapter 1 Answers

Key: 1 d, 2 c, 3 d, 4 b, 5 c, 6 c, 7 a, 8 c, 9 d, 10 a, 11 b, 12 a, 13 c, 14 d, 15 a, 16 a, 17 c, 18 a, 19 c, 20 d

Chapter 2 Answers

Key: 1 c, 2 b, 3 a, 4 c, 5 b, 6 d, 7 a, 8 d, 9 F, 10 F, 11 T, 12 T, 13 F, 14 T, 15 F, 16 T, 17 T, 18 T, 19 F, 20 T

Chapter 3 Answers

Key: 1 d, 2 a, 3 c, 4 d, 5 d, 6 a, 7 d, 8 d, 9 c, 10 d, 11 d, 12 d, 13 b, 14 d, 15 a, 16 c, 17 d, 18 d

Chapter 4 Answers

Key: 1 c, 2 c, 3 c, 4 d, 5 a, 6 b, 7 c, 8 b, 9 d, 10 a

Chapter 5 Answers

Key: 1 d, 2 b, 3 b, 4 c, 5 a, 6 d, 7 b, 8 c, 9 b, 10 d

Chapter 6 Answers

Key: 1 d, 2 d, 3 c, 4 c, 5 b, 6 a, 7 d, 8 b, 9 d, 10 a, 11 d, 12 a, 13 d, 14 c, 15 T, 16 F, 17 T, 18 F, 19 F, 20 F

Chapter 7 Answers

Key: 1 a, 2 c, 3 d, 4 d, 5 d, 6 c, 7 b, 8 a, 9 d, 10 c

Chapter 8 Answers

Key: 1 c, 2 c, 3 b, 4 a, 5 d, 6 c, 7 b, 8 b, 9 c, 10 d, 11 T, 12 F, 13 T, 14 F, 15 T, 16 T, 17 F, 18 T, 19 T, 20 F

Chapter 9 Answers

Key: 1 c, 2 c, 3 d, 4 a, 5 d, 6 c, 7 b, 8 b, 9 d, 10 d

Chapter 10 Answers

Key: 1 b, 2 a, 3 b, 4 c, 5 d, 6 c, 7 b, 8 b, 9 a, 10 d, 11 a, 12 d, 13 c, 14 b, 15 a

Chapter 11 Answers

Key: 1 b, 2 c, 3 c, 4 a, 5 b, 6 d, 7 a, 8 c, 9 d, 10 c

Chapter 12 Answers

Key: 1 d, 2 d, 3 b, 4 c, 5 a, 6 a, 7 b, 8 b, 9 c, 10 d

Chapter 13 Answers

Key: 1 a, 2 c, 3 a, 4 d, 5 b, 6 d, 7 c, 8 c, 9 d, 10 d, 11 d, 12 d, 13 c, 14 a, 15 T, 16 T, 17 F, 18 F, 19 F, 20 F

Chapter 14 Answers

Key: 1 b, 2 c, 3 a, 4 d, 5 d, 6 a, 7 c, 8 c, 9 a, 10 b, 11 d, 12 c, 13 a, 14 c, 15 d, 16 c, 17 b, 18 d

