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# CHILD AND ADOLESCENT COUNSELING

AN INTEGRATED APPROACH



BRENDA JONES  
BETH A. DURODOYE

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# CHILD AND ADOLESCENT COUNSELING

PREVIEW

**Brenda Jones, PhD, LPC, NCC, CSC,** has educational experience in the public-school system that spans over 30 years, with 9 years of high school teaching experience, over 13 years of high school professional school counseling experience, and 8 years of clinical and head counseling experience. She is a nationally certified counselor, certified school counselor, and licensed professional counselor. She earned a PhD in counseling education and supervision. This year completes her 12th year as a clinical assistant professor at the University of Texas at San Antonio. She teaches child and adolescent counseling in a system context, counseling in a multicultural setting, school counseling internship, clinical mental health internship, and practicum in counseling. She serves on the editorial board of the *Journal of Creativity in Mental Health* and the *Journal of School Counseling* and is the past president of the Texas Association of Counselor Education and Supervision, representing school counseling and clinical mental health issues. She has published and presented on related issues at the local, state, and national levels and has actively served in the American Counseling Association, Association for Multicultural Counseling and Development, and American School Counseling Association, and their related divisions. She is the recipient of the Texas Counseling Association 2017 Professional Writing Award for the book *Child and Adolescent Counseling Case Studies: Developmental, Relational, Multicultural, and Systemic Perspectives*. In 2018, along with three other authors, Avent, Robertson, and Prado, Dr. Jones became the recipient of a national award (Outstanding Article Award) from the Association for Counselor Education and Supervision.

**Beth Durodoye, EdD, NCC,** is professor and chair of the Department of Leadership, Technology and Human Development at Georgia Southern University. Dr. Durodoye earned her EdD in counselor education from the University of Virginia and her MA in counseling from Marshall University. She is a board-certified counselor through the National Board of Certified Counselors. During her tenure as a faculty member at the University of Texas at San Antonio, she held an appointment as a provost faculty fellow, where her responsibilities emphasized campus internationalization efforts and the recruitment, retention, and progression of underrepresented graduate students. Her research and scholarly interests include multicultural competency, race and education, and ethnic identity development. She has authored numerous international, national, and state publications, with her most recent work being her coedited book *From Disagreement to Discourse: A Chronicle of Controversies in Schooling and Education*. She is a past president of the Texas Association for Multicultural Counseling and Development and a former associate editor of the journal *Counseling and Values*. Dr. Durodoye is the cochair of the Faculty Interests and Needs Committee of the National Conference on Race and Ethnicity in American Higher Education and currently serves as a consulting elder for the *Journal of Multicultural Counseling and Development*.

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Brenda Jones, PhD, LPC, NCC, CSC  
Beth Durodoye, EdD, NCC

EDITORS

PREVIEW



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*This book honors the vast efforts of counselors-in-training, professional school counselors, and clinical mental health counselors and supervisors. Their alliances instill optimism and effect growth and possibilities for children and adolescents in their care.*

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PREVIEW

# Foreword

The 20th-century Irish poet William Butler Yeats is purported to have said that writing poetry was harder than breaking stones. Were Yeats to be alive today and commenting on the creation of books, his comment might be similar. Putting together a book is a long and arduous process. It involves generating ideas and breaking down concepts into clear and readable prose. It is a journey filled with late nights and early mornings, as writing, rewriting, and editing take place in the rigorous silence of composition.

*Child and Adolescent Counseling: An Integrated Approach* is a book that reflects the arduous procedure of breaking down thoughts into pieces that are easily comprehended and applied. It is a text that contains a wealth of information that has been refined over time to reflect the latest thinking of scholars in the field of child and adolescent mental health. This well-wrought manuscript of comprehensive chapters articulates the latest and best research in working with children and adolescents in a readable and engaging way.

Thus, this book is clinical, theoretical, and practical. It is applicable to the myriad concerns that counselors face in dealing with developmental problems and challenges. If the domain of child and adolescent counseling were a quarry, the authors of this text would not only have mined the best pieces of the literature but—with the deft help of two outstanding editors—would have built an admirable edifice out of them. This book covers developmental theorists, theoretical viewpoints, multicultural matters, counseling stages, special populations, clinical applications, and ethical and legal considerations. In other words, all of the critical factors needed to understand and become involved with members of the two major populations addressed in this work are covered.

I am impressed with the layout, the writing, and the integrative nature of this volume. It should have a long shelf life, for it is extremely comprehensive and will be relevant for years to come.

Samuel T. Gladding, PhD, LPMHC, CCMHC, NCC  
Professor of Counseling  
Wake Forest University  
Fellow in the American Counseling Association  
Past President of the American Counseling Association

# Preface

## OVERALL GOAL OF THE BOOK

*Child and Adolescent Counseling: An Integrated Approach* emphasizes the powerful interconnections that support counseling central to children and adolescents. Potential users may find that the book's appeal lies in subject matter that can be used flexibly, in both school and clinical mental health counseling settings. This textbook offers practical applications for skill and theory development supplied by an impressive roster of counselor educators with a wealth of professional and clinical expertise. Moreover, this book assists in fostering graduate students in course engagement. In addition, this book may serve as a companion textbook for *Child and Adolescent Counseling Case Studies: Developmental, Relational, Multicultural, and Systemic Perspectives*, coedited by Brenda Jones, Thelma Duffey, and Shane Haberstroh.

## INTENDED AUDIENCE

This textbook is for counselor educators and counseling supervisors as they assist counselors-in-training and practicing counselors in acquiring a variety of child- and adolescent-centered theories, modalities, and methods. The book can be adopted as the main textbook for a variety of class settings and will also appeal to educators, students-in-training, and supervisors in closely related fields, including social workers and psychologists.

## DISTINGUISHING FEATURES/LEARNING TOOLS

The authors of this textbook have aligned student learning objectives with accountability efforts and effectiveness in higher education and presented pedagogical elements featuring the 2009 and 2016 CACREP Standards for both school and clinical mental health counseling. This is an attractive feature to educators and program directors accredited or seeking accreditation by CACREP. The authors have included charts, graphs, tables, and figures along with infused learning pedagogy, such as case studies and activities for increased conceptualization. The authors have also included chapter summaries, points to remember, other helpful items of information for consideration, and questions for further discussion to assist students in their reflections about chapter content.

## INSTRUCTOR'S RESOURCES

The book offers ancillary resources for ease of course preparation and includes sample 10- and 16-week syllabi, an Instructor's Manual, PowerPoint slides by chapter, and test-bank questions, which serve as time-efficient teaching tools, which users should find practical and appealing.

## ORGANIZATION OF CONTENTS

This book includes content that promotes the essence of counselor growth and theoretical grounding. A focus on skill development assists counselors-in-training to help children and adolescents in their navigation of ever-changing issues laden with personal, emotional, and social developmentally nuances. Part I of this book, *Developmental, Systemic, Multicultural, and Relational Perspectives for Working With Youth Populations* (Chapters 1–4), provides a holistic and integrated framework for counseling that scaffolds and threads four dimensional considerations throughout the book. This framework provides a directional path, assists the counselor in avoiding counseling mishaps, functions as a great equalizer when servicing youth, and supports optimal outcomes for young clients.

This book underscores the importance of using developmental perspectives that assist youth in successfully mastering tasks associated with various developmental milestones. Chapter 1, *Developmental Theorists and Other Considerations Used When Counseling Children and Adolescents*, highlights the incorporation of the self, emotional, cognitive, physical, social, and academic developmental domains. This assists counselors in assessing youth's levels of readiness and helps counselors in their quest for developmentally appropriate strategies and interventions. Chapter 2, *Systemic Influences That Impact Development When Counseling Children and Adolescents*, discusses the ways in which individual development interfaces with environmental milieus and provides a context reflective of how child and adolescent clients exist as part of larger systems. Unhealthy systems can inadvertently thrust youth into conundrums that may lead to harmful courses of action. Collaboration and connections with these systems remain crucial aspects for counselors when conceptualizing best recovery options. Children and adolescents develop and grow in relationships where they feel a bond with others and where they can genuinely express themselves. Counselors play an increasing role in creating relational contexts to help young people cope with the challenges of growing up. Chapter 3, *Relational Considerations in Child and Adolescent Counseling*, provides an understanding of youth's interpersonal and intrapersonal relations, the counselor–client therapeutic relationship, and relational cultural and attachment theories applicable to children and adolescents. Children's conceptualizations of the world emerge from culture and socialization. Given this, counselors should be trained to counsel within a multicultural framework that supports these cultural contexts. In Chapter 4, *Counseling Children and Adolescents: A Cross-Cultural Perspective*, the authors address cross-cultural counseling competency, diversity, and the concepts of kinship and acculturation. These perspectives honor the uniqueness of child and adolescent coping and healing traditions and serve as a model for diversity, equity, and inclusion.

Part I scaffolds Part II, *Theoretical Frameworks for Working With Youths: Putting Counseling Into Practice*, by providing a sound theoretical basis and structure for counseling. Part II includes Chapters 5, 6, and 7. Chapter 5, *Theoretical Frameworks and Applications in Child and Adolescent Counseling*, reviews a collection of counseling theories

and perspectives that may be used efficiently with children and adolescents. Chapter 6, *Theoretical Approaches and Modalities Used With Children and Adolescents*, extends Chapter 5 to demonstrate the intersection of developmental, systemic, relational, and multicultural foci to various approaches and modalities spanning a variety of methods. Chapter 6 also includes an extensive list of research-based, best-practice creative interventions for students and instructors and a list of professional organizations and conferences for counselors related to child and adolescent counseling. Chapter 7, *Counseling Sessions Involving Children and Adolescents*, connects contextually to the preceding chapters and addresses in particular counselors-in-training, the various stages of counseling sessions, and the need for practical formalities for conducting a counseling session in an array of counseling settings.

Part III, *Bridging Gaps: Special Populations (Children, Adolescents, and Parents)*, includes Chapters 8, 9, and 10 and examines current influences that spur children and adolescents to seek counseling. Chapter 8, *Contemporary Issues and Counseling Tropisms: Leaning Toward Promise With Children and Adolescents*, features issues regarding children at risk (or, to use an evolving term, *children at promise*) and addresses topics such as anxiety, body image, bullying, social deficits and relationships, sexual identity, sexual orientation, and engagement in the age of advanced technology and social media. Chapter 9, *Addressing the Needs of Children and Adolescents With Disabilities and Those Classified as Gifted*, includes a delineation of federal mandates and the identification, assessment, placement, services, and postsecondary transitions pertaining to this youth population. The authors present myriad ways that counselors may promote the personal, social, emotional, academic, career, and developmental growth of children and adolescents with disabilities and those designated as gifted. Chapter 10, *Addressing the Needs of Children and Adolescents of Special Populations*, speaks to the needs of children and adolescents in poverty, from ethnically diverse backgrounds, of military and changing families (including those with incarcerated parents), of same-sex parents, and with grandparents as caregivers. The authors bring to the fore children and adolescents from marginalized statuses (e.g., those with limited English proficiency; immigrants; transnationals; LGBTQ; and those from transient families, including refugees, migrants, and homeless).

Part IV, *Clinical Applications for Working With Minors*, encompasses Chapters 11, 12, and 13 and concentrates on therapeutic applications for children and adolescents facing issues such as child maltreatment, trauma and attachment issues, and crisis. Chapter 11, *Child and Adolescent Maltreatment*, focuses on the identification, signs and symptoms, and strategies to address the needs of abused and neglected children and adolescents. Other topics include adverse childhood experiences, types of abuse, reporting abuse and neglect, and child maltreatment. Chapter 12, *Addressing Trauma With Child and Adolescent Clients*, points to the complexity of trauma experiences and attachment issues. The authors examine the neurobiologic, social, psychologic, and academic impact of trauma-causing events, including cyberbullying, community violence, and human trafficking. Moreover, the authors present additional information on trauma-informed counseling, including creative interventions inspired by trauma-informed care along with trauma assessment and skills training. Chapter 13, *Techniques in Crisis Management Involving School-Age Youths*, contrasts crisis, crisis management, and critical incidents and highlights techniques in crisis management, including prevention, planning, interventive strategies and techniques, debriefing, and multicultural considerations before, during, and following critical incidents. The chapter also presents information on the roles that professional counselors play in the creation of crisis teams and in the designing, drafting, and implementation of crisis plans. In addition, the chapter discusses the reciprocal relation-

ship between trauma and culture and examines ways that schools and communities may promote inclusivity with a culturally sensitive focus.

Part V, Personal and Professional Concerns for Counselors, includes Chapters 14 and 15 and concentrates on additional counseling influences. Chapter 14, Ethical and Legal Considerations in Child and Adolescent Counseling, highlights significant ethical, legal, and related matters with unique applications for counseling minors, including confidentiality, consent and assent, the rights of parents and minors, custodial and noncustodial parents, the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA), best practices for addressing ethical issues, counselor competence and credentialing, value conflicts, dual roles and relationships, and social media. Chapter 15, Other Special Topics in Counseling Children and Adolescents: Program Identity, Essential Skills, and Counselor Wellness, addresses counselor-specific topics such as establishing and addressing barriers to effective school and clinical mental health counseling, providing access to mental health counseling through the use of an empathic framework for social justice and advocacy, detailing the evolving requirements for entrance to the school counseling profession, examining professional standards that undergird counselor preparation programs, and attending to counselor self-care and wellness.

Our vision for this book involved the creation of a text that spanned the needs of counselors-in-training, professional school counselors, clinical mental health counselors, marriage and family counselors, and supervisors in order to meet the needs of the youths they serve. We sought to create a timely text that pointedly addressed the realities that children, adolescents, and their counselors are confronted with each day. The recollection of our own optimal learning experiences motivated us to keep hands-on, concrete, and workable applications in mind. We also wanted to push readers to continue their reflections and growth beyond the bounds of the book and included resources and supplemental materials to prompt continuous personal and professional growth. Ultimately, we desired a book that assembled the contextual and interconnected information necessary for providers to address optimal recovery paths for children and adolescents.

*Brenda Jones  
Beth Durodoye*

# Acknowledgments

We respect the power of the family collectively. Its communal efforts serve to inspire and motivate our work. Brenda Jones wishes to thank her daughter, Nicole Jones; her grandson, Marcus Alexander Martin Jones; her siblings; and her late parents for their constant support and strength as she journeys to continuously provide optimal outcomes in the lives of children and adolescents. Beth Durodoye would like to express gratitude to her family, with special thanks to her mother and late father, who challenged her to make a difference to humanity through the written word.

We would like to thank each chapter contributor and our foreword author, Dr. Samuel T. Gladding, for providing the expertise that supports the best practices for counseling with children and adolescents. Their rich backgrounds and experiences provided the breadth and depth necessary for work with these populations. Their extensive work in their respective specializations is indicative of the real-world examples, practical steps, and important resources that they bring to their contributions and ultimately to the reader. We commend their efforts to provide the insight and action necessary to pointedly serve children and adolescents.

The publishing process can be likened to a jigsaw puzzle, whereby construction requires the intricate placement of parts to create a cohesive whole. We are grateful to the Springer editorial team of Rhonda Dearborn and Mehak Massand, who assisted us in putting the pieces of this process in place, remained available for questions, checked in with us at just the right times, and, most important, allowed us to retain our vision. We are indebted to their support in the realization of our book.

Developmental, Systemic,  
Multicultural, and Relational  
Perspectives for Working With  
Youth Populations

PREVIEW

# Developmental Theorists and Other Considerations Used When Counseling Children and Adolescents

*Brenda Jones*

## LEARNING OBJECTIVES

After completing this chapter, the reader should be able to:

- Identify the relationship between social, emotional, and mental health maturation with child and adolescent development.
- Demonstrate a comprehensive understanding of how developmental theory frameworks inform crafting and integrating client-centered counseling interventions, strategies, and best-practice methods.
- Develop an awareness of counseling implications when working with children with diverse developmental histories.

## CACREP STANDARDS FOR THIS CHAPTER

- CACREP 2016: 2.F.3.a., b., c., e., f., g., h., i.; F.5.f., j.; School Counseling, 5.G.2.g.; Clinical Mental Health Counseling, 5.C.2.f., g., j.
- CACREP 2009: II.G.1.c., III. a., b., c., d., f., h.; School Counseling, III.A.6, E.2.; Clinical Mental Health Counseling, III. A.9., C.8., 9., D.3., E. 1., 3.

*It takes a whole lot of rehearsing for a person to get to be him/herself.*

—William Saroyen

## INTRODUCTION

Counselors are expected to remain mindful of the importance of incorporating a developmental perspective when counseling children and adolescents and aiding them in successfully mastering tasks set at various developmental milestones. These elements subsist as a long-standing, core, and essential component of counseling. Developmental considerations provide great implications for counselors. Their level of development impacts how children make sense of and act in response to critical life circumstances (Jones et al., 2017; Vernon & Schimmel, 2019). A youth's level of development impacts their readiness to adapt to a fast-changing world (Gysbers & Henderson, 2013; Jones et al., 2017; Pledge, 2004; Vernon & Schimmel, 2019). Equally significant, children's level of development affects how they respond to creative and time-efficient counseling strategies, interventions, and theoretical modalities (Jones et al., 2017; Pledge, 2004; Vernon & Schimmel, 2019). This chapter highlights the fact that empowerment begins within the child or adolescent client. This makes counselor efficacy in developmental influences on children fundamental.

## KEY ASSUMPTIONS FOR POSITIVE MENTAL HEALTH

### NATURE VERSUS NURTURE

Developmental psychology includes a focus on the self, social, emotional, academic, and cognitive developmental domains. Cognitive activities comprise all the psychological processes and activities involved in thinking and knowing. This involves the mental process of knowing (awareness, perception, memory, reasoning, and judgment) and includes acquiring, processing, and organizing information. Cognitive development encompasses the study of how these processes develop in children and adolescents. Examining cognitive development provides an understanding of how youth become more efficient and effective in their mental processing, which allows them to understand their world effectively. As children develop, their thinking changes. This impacts not only their cognitive development but also their self, social, emotional, and academic development (Oakley, 2004).

*Nature* refers to inherited factors and includes eventful milestones that occur as children naturally mature (e.g., terrible twos, puberty, and transitioning to adulthood). *Nurture* includes those positive environmental encounters or interactions that further children's development. Long-standing debates remain as to how much nature or nurture influences development (Oakley, 2004).

*Development* can be defined as a maturational process that results from the optimal, two-way interaction between the child and the environment. Severe stressors, such as traumatizing events and neglect, can present developmental deficits. When vital needs become deficits, children react to these deficits contingent on their developmental level in the developmental domains listed earlier (Jones et al., 2017; Pledge, 2004; Vernon & Schimmel, 2019). Without appropriate strategies and interventions needed to minimize and overcome these deficits, children's behavioral responses may unintentionally and unknowingly impair coping choices as they tenaciously struggle to regain control over their lives. As a result of various self-defeating choices and behaviors, some children and adolescents may find

themselves in overwhelming situations that may evolve into new problematic circumstances with unintended outcomes. In some instances, children and adolescents may significantly lower self-efficacy and impair their self, social, personal, emotional, and cognitive development, which could lessen academic capabilities (Jones et al., 2017; Vernon & Schimmel, 2019).

Research from various fields of knowledge provides insight into defining developmental potential and the process by which development occurs. Britto et al. (2018) stress that early childhood development (ECD) programs foster the growth and development of children's cognitive and social skills, enhance future earnings, and disrupt intergenerational cycles of poverty and lost human capital. Although developmental processes transpire fairly similarly across cultures, the development rate varies as children acquire culture-specific skills and encounter the influence of other contextual factors. Whereas science points to genetics providing the blueprint for the developing brain, many theorists posit that the child's environment molds, sculpts, and influences development. Supportive and nurturing environments foster healthy development, whereas adverse and traumatic experiences result in diminished development, which can be life changing. The inseparable components of supportive and nurturing environments (adequate health, nutrition, security and safety, responsive caregiving, and early stimulation, learning opportunities, and protection) endure as necessary elements for optimal cognitive, language, and psychosocial outcomes (Britto et al., 2018).

## DEVELOPMENTAL THEORISTS

A strong theoretical framework that explains human development continues to be important because developmental theories lay a strong foundation for prevention (Coie et al., 1993). Additionally, by explaining how human behaviors develop, developmental theories provide a foundation for how behavior can be changed creatively and in a time-efficient manner. This informs counseling intervention, strategies, parent education, and prevention programs on which influential factors to target and when these programs can yield maximal impact (Kim et al., 2015). Many educators and counselors still subscribe to the nature-versus-nurture premise and rely on the guidance of four prominent theoretical frameworks developed by Piaget, Maslow, Vygotsky, and Bandura, who speak to the *systemic*, *relational*, and *multicultural* influences on development. Although not covered fully in this chapter, Bronfenbrenner's Ecological Model is examined in Chapters 2 and 8 and Erickson's Stages of Psychosocial Development are reviewed in Chapter 15. Commonalities and key elements of developments attributed to the work of these theorists detail theoretical models that continue to guide developmental research and counseling through epistemological and methodological principles. These include a developmental perspective and qualitative changes in cognition in the course of development. Again, developmental theories provide useful guides for understanding children and adolescents but will not provide a comprehensive explanation about development from diverse perspectives. Consequently, developmental generalizations may not be fully applicable to all racial, ethnic, or cultural groups.

## IMPACT OF THE BRAIN ON DEVELOPMENT

Regular life stressors and traumatic event exposures may impact the development of children and adolescents. Some impacts on children's growth follow typical occurrences (e.g.,

milestones, such as the terrible twos, puberty, and teenage transitioning, mentioned earlier) as they affect most children at predictable ages. Other impacts appear more restricted to the individual and present life-changing events (e.g., repeated and unaddressed exposure to violence and other traumatic experiences—community violence, school shootings, death and other loss of loved ones, parental incarceration, parental divorce, parents or caregivers with mental illness, and substance abuse in the home) that may have lifelong effects on executive function (EF) and learning, adversely impacting development and academic attainments (Jones et al., 2017; King-White et al., 2019).

Professionals now pay more attention to emerging brain research. Although ill defined, the construct of EF plays an important role in understanding psychological processes involved in the conscious control of thoughts and actions (Philip & Muller, 2011). Intensive research continues to focus on a variety of other viewpoints, including the perspectives highlighted in developmental counseling and psychology, developmental psychopathology, and educational counseling and psychology. Garbarino et al. (2002) report age, social, and cognitive development as key determinants of how children respond to various stimuli. Philip and Muller further stress that developmental research on EF revealed that EF first appears early in development close to the end of the first year of life and EF develops across a broad span of ages, with significant changes transpiring between 2 and 5 years of age, with almost adult-level performance reached at approximately 12 years of age. Performance on some assessment instruments progresses to adulthood, and malfunctions of EF occur in varying situations at different ages according to the complexity of the inferences required of a particular circumstance.

Children's brains become highly susceptible to threat and trauma-related cues, which in turn can affect emotional and psychological safety, health, and development. Patterns of hyperaroused brain activity may impact children's general information processing (e.g., children experiencing trauma may misinterpret ambiguous stimuli as threatening). Traumatized children may attempt to avoid stimuli that remind them of the trauma experience, causing them to disconnect emotionally from others and show diminished interest in events that they once enjoyed. Traumatized children may also experience difficulty expressing their emotions and managing and controlling their anger (Garbarino et al., 2002). When counselors teach children and adolescents to monitor their brain's neurobiologic responses, youth can better regulate their cognition and their behavior. The impact of trauma will be covered more extensively in Chapter 12.

## AN OVERVIEW OF FOUR PROMINENT THEORETICAL APPROACHES

### PIAGET'S COGNITIVE THEORY OF DEVELOPMENT

Piaget's theory stands as the most detailed theory of cognitive development. Piaget developed a keen interest in the nature of human knowledge and how this knowledge changed over time. This included how individuals acquired, processed, and organized information. He described human intelligence as a process of adaptation: "There is a continual construction of novelty" (Piaget, 1970, reprinted in 1988, p. 11). This definitive, creative, ingenious thought continues as the formidable theoretical assumption of Piaget's theory (Ginsburg & Oppen, 1979; Oakley, 2004; Piaget, 1983, 1988; Richardson, 1998). Piaget emphasized the central role of individual experience as a critical mechanism of development and illuminated the importance of the developing and transformative cognition in children and adolescents. Using this theoretical approach, professionals began to

examine individuals' experiences and the impact these experiences present to children's and adolescents' cognitive development (Opfer & Gelman, 2011). Piaget used two guiding principles—assimilation and accommodation—to assist professionals in understanding children's and adolescents' developing cognition.

## Assimilation and Accommodation

Piaget presents the role of active experience (*assimilation and accommodation*) as agents in development. He also introduced a variety of developmental tasks (e.g., *object permanence, animism, reversibility, egocentrism, centration, conservation, and equilibrium*) as critical elements of this theoretical approach. These tasks will be discussed more fully later in the chapter. Piaget defines *schemata* as the ongoing cognitive or mental structures by which individuals intellectually adapt to and organize their environments. Schemata assist individuals in processing and identifying stimuli, which enables one to make generalizations. Through numerous transactions with the environment and reflections on these transactions, children move in an orderly fashion from an understanding of the world based on action schemata, to one based on representations, to one based on internalized, organized operations (Dodd & Crosbie, 2011; Piaget, 1983, 1988). Piaget posits that clear links exist between children's cognitive development and the natural biological maturation of the brain and that each stage of development takes place as the brain matures. Piaget saw interaction with the environment as an important factor in cognitive development (Oakley, 2004; Piaget, 1983, 1988).

### ASSIMILATION

Piaget characterizes *assimilation* as the process of using knowledge and connecting this reality into one's *current* cognitive structure. Children's current cognitive makeup can limit or determine the quality of their thoughts. Distortion in thinking inevitably occurs as children attempt to integrate, comprehend, or understand this experience. Through assimilation, children continuously filter these experiences through their current ways of understanding (Dodd & Crosbie, 2011; Piaget, 1983, 1988).

### ACCOMMODATION

Conversely, *accommodation* refers to advanced modifications in cognitive organization that result from new environmental experiences. The developing restructuring of thought leads to a different and more satisfactory assimilation of the experience. Consequently, assimilation and accommodation coexist in a series of progressions through development. As a result, by fully understanding objects, events, and experiences through assimilation, children accommodate by making small cognitive adjustments, bringing them to a slightly more advanced cognitive level. However, this new cognitive level makes them aware of other inconsistencies and furthers the continuing cycle of assimilation–accommodation. For Piaget, this continues as the main process and progression of development (Dodd & Crosbie, 2011; Piaget, 1983, 1988). As children proceed through the progression of assimilation and accommodation, their brains develop through the natural process of maturation. This cultivates their understanding of the world and enhances their ability to accurately interpret and make predictions of their world (Oakley, 2004; Piaget, 1983, 1988).

Piaget's most general definition of intelligence involves the child's ability to physically and mentally adapt to the environment. This includes *systemic, relational, and multicultural* influences on these adaptations. Bold and controversial, Piaget's assertion is that every "normal" individual's cognitive development progresses from childhood to adolescence along a continuum through a series of four broad stages—*sensorimotor, preoperational, concrete operational, and formal operational* (summarized in Tables 1.1–1.4). He categorized these stages as periods of time during which a child's thinking and behavior, carried out in a variety of situations, tends to reflect a particular type of underlying mental logical

**TABLE 1.1 SENSORIMOTOR INTELLIGENCE: 0 TO 2 YEARS**

Stage of Development	Cognitive Development (Relational, Systemic, and Multicultural Influences)	Social Development (Relational, Systemic, and Multicultural Influences)	Emotional Development (Relational, Systemic, and Multicultural Influences)	Self/Physical Development (Relational, Systemic, and Multicultural Influences)
<b>Sensorimotor: 0–2 years</b>	<p>Restricted intellectual development</p> <p>Enhanced imagination, but not able to discern reality</p> <p>Schemata dependent on overt physical actions on their world</p>	<p>Behavior largely between sensation and motor relationships</p> <p>Social experimentation (mostly through play and simple imitations)</p> <p>Totally egocentric, unaware of causality to simple determination of causation, and no concept of rules</p>	<p>Experimentation and demonstration of primary emotions and interpersonal skills</p> <p>Reliance on early parent–child relationships, interactions, and attachment to foster feelings of trust and security</p> <p>Assume parent's emotional response to vague situations</p>	<p>No differentiation of self from other objects</p> <p>Navigates world with a set of simple reflexes and gross/fine motor skills (i.e., grabbing, hand-to-mouth coordination, and eye-to-hand coordination), which becomes complex, intentional, and organized</p> <p>Heavy reliance on parent/caregiver</p> <p>High level of energy</p>

Source: Data from Jimerson, S. R., Sharkey, J. D., Nyborg, V., & Furlong, M. J. (2004). Strength-based assessment and school psychology: A summary and synthesis. *California School Psychologist*, 9, 9–19. <https://doi.org/10.1007/BF03340903>; Miller, P. H. (2010). Piaget's theory: Past, present, and future. In U. Goswami (Ed.), *The Wiley-Blackwell handbook of childhood cognitive development* (2nd ed.). Wiley-Blackwell; Piaget, J. (1983). Piaget's theory. In P. H. Mussen (Series Ed.) & W. Kessen (Vol. Ed.) *Handbook of child psychology: Vol 1. History, theory, and methods* (4th ed.). Wiley; Piaget, 1988; Thomson, K. C., Oberle, E., Gadermann, A. M., Guhn, M., Rowcliffe, P., & Schonert-Reichi, K. A. (2018). Measuring social-emotional development in middle childhood: The middle years development instrument. *Journal of Applied Developmental Psychology*, 55, 107–118. <https://doi.org/10.1016/j.appdev.2017.03.005>; Wadsworth, B. J. (1979). *Piaget's theory of cognitive and affective development*. (2nd ed.). Longman; Wadsworth, B. J. (1989). *Piaget's theory of cognitive and affective development* (4th ed.). Longman.

structure or a general way of thinking. The stages reveal the different ways children adapt to their environment, which involve the corresponding processes of assimilation and accommodation. Each stage characterizes logical capabilities of complex growth in which development evolves gradually through a cumulative more advanced process. Each stage denotes a step, and each step typifies logical capacities for multifaceted growth in which development evolves gradually through an accumulative more advanced process (Morra et al., 2008; Piaget, 1983, 1988). Each age-related but unfixed stage entails a set of mental actions, which make available a particular type of interaction between the child and the environment, providing a fundamentally different view of the world. Piaget defines *equilibrium* as an adaptive need whereby the child continuously pursues throughout life a state of cognitive balance between assimilation and accommodation. Piaget proposed that stages follow a universal sequence, with each stage deriving from the previous stage, integrating, transforming, and readying for the next stage. Piaget also posits four broad interactive factors that impact cognitive development: (a) maturation, (b) active experience, (c) social interaction, and (d) a general progression of equilibrium (Piaget, 1961).

Piaget viewed a child's behavior during this stage as largely motor with no concept of a sense of rules. Even though cognitive development occurs as schemata, the child does not interpret events by thinking abstractly. Infants come into existence with no knowledge or ability to make cognitions about their new world. At birth, they navigate their world with a set of simple sensorimotor coordinations called *reflexes* (e.g., grabbing, sucking, and observing). New coordinations emerge from those present at birth by sequences of "re-equilibrations" and the development of "compensated" schemes representing the process of development.

In explaining distinctive observations of the stages, Piaget views the child in the sensorimotor stage as manipulating objects. Through changes in schemata as a result of ongoing assimilation and accommodation, a child at age 2 possesses a more refined range of cognition and affective schemata than a newborn through changes in schemata as a result of ongoing assimilation and accommodation. The child begins to display simplistic planning by anticipating events (e.g., a child requests to be picked up in anticipation that the caregiver will be leaving [Piaget, 1983, 1988; Singer & Revenson, 1996; Wadsworth, 1979, 1989]). Piaget (1983, 1988) explains *object permanence* as the understanding that objects exist even when one cannot see, feel, or hear them. As an example, infants (with no object permanence development) who see an object placed in a box will act as though the object no longer exists because they can no longer see the object.

Between 1 and 4 months, the development of hand–mouth and eye–ear coordination occurs. Around 8 to 12 months of age, infants become cognizant of using means to acquire an end. Piaget states that the child possesses the ability to combine behaviors previously learned in order to attain goals. Infants begin communicating cooperatively through pointing gestures. Primarily, these forms of communication signify infants' social-cognitive ability to direct and understand the attention of others. Subsequently, the infant must make inferences (or provoke others to make inferences) about the needed attention (Bruner, 1983; Piaget, 1952), making these types of social-cognitive abilities foundational to all forms of human communication (Opfer & Gelman, 2011).

Piaget categorizes the emerging cognitive structures during infancy as schemata—an organized pattern of behavior for interacting with the environment (e.g., a sucking scheme). Dodd and Crosbie (2011); Piaget (1983, 1988); Singer and Revenson (1996); and Wadsworth (1979, 1989) expanded further on this developing scheme by indicating that as the scheme develops and becomes more distinguished, children classify objects into *suckables* and *nonsuckables*, with various subgroups such as *hard suckables*, *soft suckables*,

and *tasty suckables*. These schemes become progressively organized, for example, when the sucking and grasping schemes evolve into a higher-order structure that allows coordinated reaching for an object and taking the object to the mouth to suck. In other words, new schemata incorporate prior schemata. They do not replace them. For example, if a young girl perceives a flower to be food, at some later time, she no longer views the flower as food but as a new object called a *flower*. She does not *replace* schemata. She creates a new schema (accommodation) for “flower,” while retaining her old, but now modified, schema for food (Piaget, 1983, 1988; Singer & Revenson, 1996; Wadsworth, 1979, 1989).

One-year-old infants make their first budding attempt to produce the language they hear in order to communicate more effectively with others. In a few years, they build up a collection of linguistics items through imitative, cultural learning. This imitative, cultural aspect becomes the foundational process for more complex learning even though this factor cannot account for children’s acquisition of the more abstract and grammatical dimensions of language (Tomasello, 2011).

Due to undeveloped cognitions, young children may not be able to discern between real and false acts. When observing someone pretending about something novel to them, the infant’s ability to interpret the act as pretense may be especially mystifying. Young children seem to assume the parent’s emotional response to a vague situation and act accordingly (Lillard & Witherington, 2004).

## PREOPERATIONAL THOUGHT: 2 TO 7 YEARS

Piaget (1963) states that “the individual is not born social, but progressively becomes it” (p. 6). Piaget believes that the child’s interactions with the environment foster social development and that affective development interacts interchangeably with social and cognitive development. This presents huge implications for counselors. Understanding, conceptualizing, fostering, and nurturing age-appropriate and developmentally appropriate counseling strategies and interventions remain critical when providing avenues for learning, coping, and success. Practically, this can provide important information for the timing of preventive interventions across youth development.

During the preoperational stage, the child progresses from primarily functioning in a sensorimotor mode to one who increasingly thinks about navigating the environment. The child also becomes more aware of rules. The dominance of perception over reasoning further characterizes the preoperational child. The development of language and other forms of representation or symbols (e.g., deferred imitation, symbolic play, drawing, mental images, and spoken language) starts during this stage although logical reasoning is absent. Through socialization, the child masters the use of spoken language by age 4. This becomes pivotal in allowing children to further navigate their world (Piaget, 1945/1962, 1983, 1988; Singer & Revenson, 1996; Wadsworth, 1979, 1989).

Piaget sees the preoperational characteristics of *egocentrism*, *centration*, *reversibility*, and *conservation* as necessary for cognitive development. They simultaneously serve as obstacles to the child’s ability to display complete logical thoughts and restrict development. In *egocentrism*, the child cannot perceive the viewpoint or assume the role of others. Instead, the child perceives that everyone thinks and views the world as they do. Consequently, the child never processes or evaluates their thoughts and actions and perceives others to be illogical and incorrect, allowing behavior to be dictated by this premise. At around 6 or 7 years of age, the child encounters conflict, judgment, and social pressures and begins

to accommodate others during these interactions. Repeated conflict, judgment, and social pressures prompt the child to evaluate the effectiveness of their thoughts and actions in comparison to others' causing a dissolution to this cognitive egocentrism. As the child matures developmentally, egocentrism slowly diminishes and exists reconstructed when new cognitive structures develop (Piaget, 1983, 1988).

Being able to discern what appears to be real becomes an important cue for development. By age 4, children also tend to be able to distinguish between what appears real and pretense (e.g., a child playing with a baby doll might understand that placing the doll on a shelf for storage does not cause long-term harm to the doll, as it would for a real baby [Lillard & Witherington, 2004; Piaget, 1983, 1988]).

Piaget describes *animism* as the notion that inanimate objects appear alive to children with undeveloped cognitive processing. They ascribe life, for example, to cartoons and characters such as those on the television show *Sesame Street* (Elmo, Big Bird, Oscar the Grouch, Cookie Monster, Grover, Bert, Kermit the Frog, and Miss Piggy) as well as to objects and forces of nature (e.g., wind, rivers, clouds, and the sun).

*Centration* refers to the child's inability to examine all properties or appearances of a visual stimulus. When presented with a stimulus, the child tends to be fixated on a narrow perceptual viewpoint of the stimulus. This affects the child's ability to effectively and fully assimilate (e.g., a child given two same-length pieces of yarn to compare will state that one piece of yarn curled half way appears shorter than the other piece of yarn that remains straight). This occurs even after the child first sees both pieces of yarn spread out straight appearing at exact length. Time and experience enhance perceptual growth in this area (Piaget, 1983, 1988).

*Reversibility*, according to Piaget (1963), "starts in the preoperational stage and fully occurs when a child can reverse operations. Closely related to centration, it represents the most clearly defined characteristic of intelligence" (p. 41), when children acquire the capacity to reverse a series of steps using basic reasoning. When individuals reverse thoughts, they can follow the line of reasoning back to where the thought started. In the first 18 months of life, children start to acquire reversibility during the sensorimotor level; however, it is not yet represented in thought. Reversibility develops gradually up to the age of 7; but children can express objects and situations in thought and action even up to the age of 11. Full reversibility emerges in thought, imagination, or hypotheticals, enabling the child to take on the qualities of mature logical and scientific thinking (Piaget, 1983, 1988; Richardson, 1998).

Perhaps the most famous task, *conservation* (i.e., of number, weight, length), used by Piaget to assess children's levels of conceptual development, relates to how well children, using a logical mathematical structure, conceptualize the amount or quantity of matter remaining the same regardless of the dimension of the container that holds the matter (e.g., a child, when given the same amount of blue liquid to be poured in a short, wider container and a narrower, more slender container, will say that the liquid in the short, wider container appears less). When a counselor shows preoperational children two rows of the same number of objects with one right above the other, the children agree that both rows appear identical. After spreading out one row while the second row remains in the same position, the child agrees that the expanded row contains more. Typically, children cannot conserve during the preoperational stage. Conservation tends to develop by the end of this stage, around the age of 7 (Piaget, 1983, 1988). Piaget would say that preoperational children fail the tasks listed previously, because they lack reversible mental operations, which characterizes the next stage: concrete operations.

TABLE 1.2 PREOPERATIONAL: 2 TO 7 YEARS

Stage of Development	Cognitive Development (Relational, Systemic, and Multicultural Influences)	Social Development (Relational, Systemic, and Multicultural Influences)	Emotional Development (Relational, Systemic, and Multicultural Influences)	Self/Physical Development (Relational, Systemic, and Multicultural Influences)
<p><b>Preoperational: 2–7 years</b></p>	<p>Thoughts characterized by emerging use of symbols and gestures, more advanced than sensorimotor, but intellectual development still restricted by perceptual activities and obstacles, including egocentrism, centration, animism, reversibility, and limited attention span</p> <p>Rare reflections on rigid thoughts and mostly not motivated to question own thinking but can reflect on causes</p> <p>Rapid language development</p> <p>Steady movement of cognitive development through assimilation and accommodation with limited understanding of abuse, death, and divorce</p>	<p>Display simple imitations</p> <p>Social behavior restrained by level of reasoning and knowledge (limited understanding of feelings and appreciation of social concepts such as honesty, cheating, accidents, social cues, and other's emotions)</p> <p>Advancing verbal and communicative behavior</p> <p>Progressive socialization rather than regressive with engagement in cooperative play, games, and competition with an emerging understanding of rules</p> <p>Emerging concerns about fitting in and belonging through personal expressions and dress</p>	<p>Social skills formation and successive creation of meaningful peer relationships continuously cultivated by early parent–child relationships, interactions, child-rearing practices, and attachment</p>	<p>Waning egocentrism that revives during the attainment of new cognitive structures</p> <p>High energy levels</p>

Source: Data from Jimerson, S. R., Sharkey, J. D., Nyborg, V., & Furlong, M. J. (2004). Strength-based assessment and school psychology: A summary and synthesis. *California School Psychologist*, 9, 9–19. <https://doi.org/10.1007/BF03340903>; Piaget, J. (1983). Piaget's theory. In P. H. Mussen (Series Ed.) & W. Kessen (Vol. Ed.) *Handbook of child psychology: Vol 1. History, theory, and methods* (4th ed.). Wiley; Piaget, 1988; Thomson, K. C., Oberle, E., Gademann, A. M., Guhn, M., Rowcliffe, P., & Schonert-Reichi, K. A. (2018). Measuring social-emotional development in middle childhood: The middle years development instrument. *Journal of Applied Developmental Psychology*, 55, 107–118. <https://doi.org/10.1016/j.appdev.2017.03.005>; Wadsworth, B. J. (1979). *Piaget's theory of cognitive and affective development* (2nd ed.). Longman; Wadsworth, B. J. (1989). *Piaget's theory of cognitive and affective development* (4th ed.). Longman.

## CONCRETE OPERATIONS: 7 TO 11 YEARS

In contrast to the preoperational child, the concrete operations child begins to apply cognitive and affective reasoning and logical thoughts to concrete circumstances. Logical thoughts provide the means to organize experiences (schemata) that appear more developed than previous experiences. Their thoughts appear reversible, allowing them to develop the ability to reverse operations (Piaget, 1981). Around the ages of 7 to 12, they become more adept at solving centration and conservation problems. This fosters concrete reasoning, which explains thoughts and actions. Language becomes the primary mode of communication. The child demonstrates an increased ability in understanding concepts such as causality, space, time, and speed. This evolution of cognitive development surpasses that in children functioning in the preoperational stage, although they cannot yet apply knowledge to hypothetical situations, as done in the last stage of development: formal operation (Piaget, 1972).

Conservation of feelings also occurs where children become able to organize and manage their affective thoughts from one event to another. Acts of accommodation appear more developed. They tend to view situations from others' points of view; they evaluate their own reasoning and seek validation of their own thoughts (primarily through social interactions with their peers). This makes them appear less egocentric. When encountering conflicts between perception and reasoning, they make judgments based on reasoning. They possess the ability to communicate more effectively due to enhanced language development (Piaget, 1983, 1988; Singer & Revenson, 1996; Wadsworth, 1979, 1989).

Children's morality during the preoperational stage appears to be that of obedience rather than an evaluation of their own thoughts and actions. Obedience to authority serves as the vehicle to guide and determine their sense of right and wrong. Through more developed reasoning, they begin to start making their own moral judgments around the ages of 7 or 8. Children in the concrete operational stage begin to understand the implications, consequences, and impact of rules. Cooperation during social interactions becomes more pronounced (Piaget, 1983, 1988; Singer & Revenson, 1996; Wadsworth, 1979, 1989). In the last stage—formal operation—children perform operations on generating possible outcomes while evaluating them in light of evidence (Dodd & Crosbie, 2011; Piaget, 1983, 1988).

## FORMAL OPERATIONS: 11 TO 15 YEARS

Formal operations begin around the age of 11 or 12. Compared to concrete operations, children in this stage display a much greater range of application and logic in their thought processes. During this time, children's cognitive development surpasses that of the concrete operations stage to evolve into the highest level of reasoning and logic. They display a highly developed understanding of causation and can handle complex verbal problems involving propositions and hypotheticals. In essence, they can employ theories or hypotheses. At this stage, children perform cognitive processes that appear almost the same as those in adults. They come up with their own autonomous views and possess a more advanced understanding of rules. The content and function of thought vary freely and continue to improve after this stage, which explains the differences between adolescent and adult processes. They can reason effectively about the present, past, and future. However, adolescents many times cannot differentiate between the logical world and the real world. The development of schemata (new areas of knowledge) does not stop at this stage. Schematic processes continue as individuals encounter new experiences. In summary, through assimilation, accommodation, and brain maturation, adolescents organize

TABLE 1.3 CONCRETE OPERATIONAL: 7 TO 11 YEARS

Stage of Development	Cognitive Development (Relational, Systemic, and Multicultural Influences)	Social Development (Relational, Systemic, and Multicultural Influences)	Emotional Development (Relational, Systemic, and Multicultural Influences)	Self/Physical Development (Relational, Systemic, and Multicultural Influences)
<p><b>Concrete operational: 7–11 years</b></p>	<p>Acts of accommodation more developed</p> <p>Thoughts more advanced than preoperational, with improved concepts of centration, reversibility, conservation, causality, space, time, and speed, yet the highest level of use of logical operation not attained—cannot apply logic to hypothetical, purely verbal, or purely abstract</p> <p>Gradual reasoning processes that become more logical with real, observable objects or events; can solve conservation and centration problems and attain reversibility</p> <p>Limited judgment made based on undeveloped reasoning, which may result in behavioral difficulties</p> <p>Language becomes communicative in function</p>	<p>Waning egocentrism primarily through social interactions with peers (succumbing to peer pressure and acceptance)</p> <p>Evaluate own reasoning with evolving perspective taking, and come to seek validation of personal thoughts by showing respect for others</p> <p>Through social interactions, verify or deny concepts through improved sense of causality, where cooperation becomes more pronounced</p> <p>Heightened concerns about personal expressions and dress</p>	<p>Self-awareness of one's own emotions through self-reflections</p> <p>Able to organize and manage affective thoughts from one event to another</p>	<p>Nonegocentric communication evolves</p> <p>Awareness that others can come to conclusions different from own</p>

Source: Data from Jimerson, S. R., Sharkey, J. D., Nyborg, V., & Furlong, M. J. (2004). Strength-based assessment and school psychology: A summary and synthesis. *California School Psychologist*, 9, 9–19. <https://doi.org/10.1007/BF03340903>; Piaget, J. (1983). Piaget's theory. In P. H. Mussen (Series Ed.) & W. Kessen (Vol. Ed.) *Handbook of child psychology: Vol 1. History, theory, and methods* (4th ed.). Wiley; Piaget, 1988; Thomson, K. C., Oberle, E., Gadermann, A. M., Guhn, M., Rowcliffe, P., & Schonert-Reichi, K. A. (2018). Measuring social-emotional development in middle childhood: The middle years development instrument. *Journal of Applied Developmental Psychology*, 55, 107–118. <https://doi.org/10.1016/j.appdev.2017.03.005>; Wadsworth, B. J. (1979). *Piaget's theory of cognitive and affective development* (2nd ed.). Longman; Wadsworth, B. J. (1989). *Piaget's theory of cognitive and affective development* (4th ed.). Longman.

their external world and give it structure. Schemata become the products of this organization and structure throughout the life span. The process of adaptation occurs when the individual feels a need, value, or a motivation to do so. Piaget calls this need for adaptation *disequilibrium*, an imbalance between assimilation and accommodation. During *disequilibrium*, the child strives to seek equilibrium to further assimilation or accommodation. *Equilibrium*, a state of cognitive balance, becomes the necessary mechanism toward which individuals constantly seek. Ultimately, assimilation and accommodation account for the growth and development of cognitive structures. The concept of equilibrium and *disequilibrium* presents major implications for counseling children and adolescents (Piaget, 1983, 1988; Singer & Revenson, 1996; Wadsworth, 1979, 1989).

## MASLOW'S HIERARCHY OF NEEDS

Maslow's (1962) hierarchy of needs theory (as depicted in Figure 1.1) provided major contributions to numerous professions. Rather than moderating behavior to an environmental stimulus, Maslow (1970), a humanistic psychologist, adopts a holistic approach to education, learning, and development by looking at the complexities of individuals' physical, emotional, social, and intellectual qualities and the impact on learning and development. Applications of Maslow's hierarchy theory to the work of counselors appear obvious. Maslow (1943) originally stated that individuals must fulfill lower level deficit needs before progressing on to meet higher level growth needs. He later refined his position by stating that satisfaction of a need cannot be viewed as an "all-or-none" phenomenon and admitted that his earlier statements tended toward "the false impression that a need must be satisfied 100 percent before the next need emerges" (Maslow, 1987, p. 69). For example, before clients' cognitive needs (higher level needs) can be met, they must first satisfy their basic and salient physiological needs (lower level needs; see McLeod, 2018; Piaget, 1983, 1988). A hungry, tired young client living in unsafe emotional and physical environments will continuously struggle to focus in the moment on educational, counseling, and therapeutic interventions.

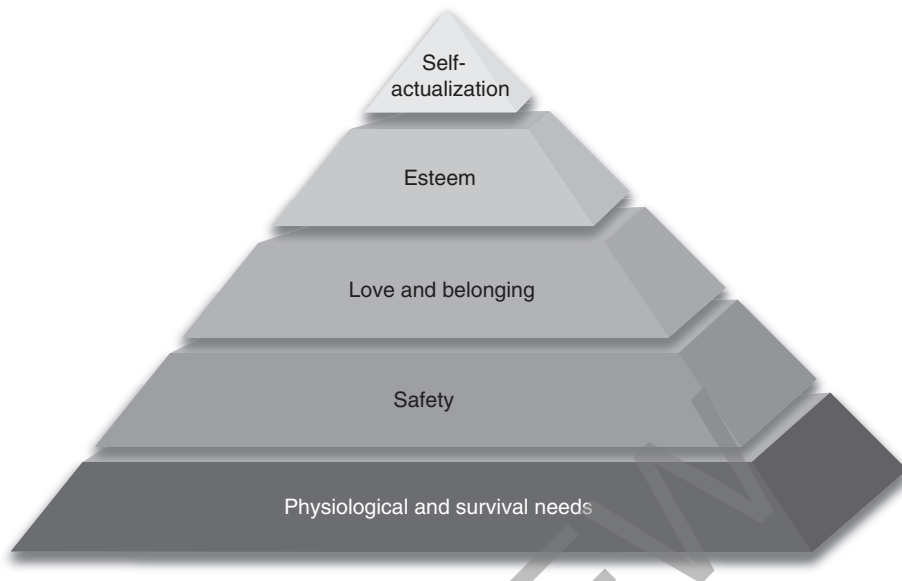
Maslow's theoretical model posits that children's needs and the fulfillment of these needs lead to healthy development and a strong foundation for the future. Maslow (1962, 1971) and Maslow et al. (1998) focused on human potentials. Maslow believed that individuals strive to reach their highest level of competence in many areas. Maslow divides this five-stage model into *deficiency needs* and *growth needs*, with the first four levels referred to as *deficiency needs* and the top level as *growth needs*. Deficiency needs, which appear most potent, result from deprivation and motivate people when deprived needs go unmet. Personal motivation to fulfill such needs becomes stronger until the need becomes fulfilled (e.g., school-age children with low self-esteem will not improve academically at an optimal pace until their level of self-esteem has increased). Also, children become less motivated to satisfy higher level needs when they continuously experience unmet lower level needs. If children do not feel a sense of safety, they sometimes become anxious, fearful, or withdrawn and lose their innate motivation to explore and learn (Wellhausen, 2019).

Maslow (1970, 1971) describes level one—the most basic needs—as *physiological or survival needs* (e.g., food, air, water, sleep, protection, shelter, and clothing). Maslow describes level two, *safety from physical and psychological harm*, as freedom from fear, anxiety, pain, and chaos in the present moment and a trust in a predictable future in an organized world. *Love and belonging*, Maslow's level three need in the hierarchy, includes a need to be loved and to love, a belief in seeking to overcome loneliness and alienation by gaining a sense

TABLE 1.4 FORMAL OPERATIONAL: 11+ YEARS

Stage of Development	Cognitive Development (Relational, Systemic, and Multicultural Influences)	Social Development (Relational, Systemic, and Multicultural Influences)	Emotional Development (Relational, Systemic, and Multicultural Influences)	Self/Physical Development (Relational, Systemic, and Multicultural Influences)
<p><b>Formal operational: 11+ years</b></p>	<p>A much larger range of application of logical operations as compared to concrete operation</p> <p>Mature cognitive structure equipped almost as well as adults with assimilation and accommodation producing schematic changes throughout life</p> <p>Sometimes seek instant gratification with illogical thoughts and feelings of being invincible</p> <p>Can process a myriad of complex hypothetical and verbal problems in present, past, and future contexts</p> <p>Can employ theories in problem-solving in an integrated manner with a true understanding of causation</p>	<p>Obtain a comprehensive understanding of social norms for behavior</p> <p>Evolving autonomy from parents/caregivers with increased experimentation, explorations, challenging, and testing of adult beliefs</p> <p>Continuing concerns about personal expressions and dress</p>	<p>Display variations of emotions presenting increased and varying levels of stress, anxiety, tension, rebellion, and self-consciousness</p> <p>Can be impulsive without an awareness of future consequences</p> <p>Sometimes resent the boundaries that adults present</p>	<p>Evaluation and reflection skills more pronounced with advanced personal, moral, and ethical responsibilities</p> <p>Rapid growth and physical and biologic changes during puberty with clear differences between males and females</p>

Source: Data from Jimerson, S. R., Sharkey, J. D., Nyborg, V., & Furlong, M. J. (2004). Strength-based assessment and school psychology: A summary and synthesis. *California School Psychologist, 9*, 9–19. <https://doi.org/10.1007/BF03340903>; Piaget, J. (1983). Piaget's theory. In P. H. Mussen (Series Ed.) & W. Kessen (Vol. Ed.) *Handbook of child psychology: Vol 1. History, theory, and methods* (4th ed.). Wiley; Piaget, 1988; Thomson, K. C., Oberle, E., Gademann, A. M., Guhn, M., Rowcliffe, P., & Schonert-Reichi, K. A. (2018). Measuring social-emotional development in middle childhood: The middle years development instrument. *Journal of Applied Developmental Psychology, 55*, 107–118. <https://doi.org/10.1016/j.appdev.2017.03.005>; Wadsworth, B. J. (1979). *Piaget's theory of cognitive and affective development* (2nd ed.). Longman; Wadsworth, B. J. (1989). *Piaget's theory of cognitive and affective development* (4th ed.). Longman.



**FIGURE 1.1 Maslow's hierarchy of needs.**

Source: Data from Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396. <https://doi.org/10.1037/h0054346>; Maslow, A. H. (1962). *Toward a psychology of being*. D. Van Nostrand Company; Maslow, A. (1970). *Motivation and personality* (2nd ed.). Harper & Row; Maslow, A. (1971). *The farther reaches of human nature*. Viking; Maslow, A. H. (1987). *Motivation and personality* (3rd ed.). Pearson Education.

of inclusion and validation. When an individual satisfies the first three levels, the need for *esteem*, level four, becomes a focus (e.g., respect, self-confidence, reputation, dignity, appreciation, prestige, achievement, and recognition). When experiencing unmet needs, people may perceive themselves as inferior or worthless.

Maslow (1970), along with McLeod (2018) and Wellhousen (2019), states that growth needs (e.g., fulfillment of goals and dreams, employment, resources, health, a realization of one's full potential) do not stem from deprivation but rather from a desire to grow as an individual. When individuals satisfy the foregoing needs, they become capable of reaching level five—the highest level need—*self-actualization*. Self-actualization needs signify the fulfillment of one's nature. "A musician must make music, an artist must paint, a poet must write, if he is to be ultimately at peace with himself. What a man can be, he must be. He must be true to his own nature" (Maslow, 1970, p. 44). Maslow believed that people do not move forward toward self-actualization when they continuously face societal hindrances (Maslow, 1970). Unfortunately, failure to meet lower level needs interrupts this progression. Lived experiences (e.g., divorce, incarceration, job loss, discrimination, the impact of a crisis such as the coronavirus disease 2019 [COVID-19] pandemic, death of a love one, and virtual grief expressions) may cause an individual to vacillate between the levels of the hierarchy. Consequently, not everyone will move through the hierarchy in a one-directional manner; some may fluctuate between the different hierarchical levels based on types of needs experienced. However, culture may present an intervening factor regarding this premise. In environments that have large numbers of people living in poverty, individuals appear capable of higher order needs, such as love and belongingness, despite deprivation, which should not occur per Maslow. Many know of individuals (e.g., Mother Teresa and Nelson Mandela) who faced innumerable deficiency needs over

a large portion of their lifetime; however, they achieved self-actualization. Psychologists now conceptualize motivation as a mediating behavior, whereby needs may operate on many levels simultaneously. A person may be motivated by higher growth needs while simultaneously possessing lower level deficit needs (McLeod, 2018).

## VYGOTSKY AND THE SOCIOCULTURAL APPROACH

Vygotsky agreed with Piaget that children and adolescents do not passively absorb knowledge. Instead, they actively construct knowledge. Vygotsky differed with Piaget in that he drew a distinction with the fact that children acquire complex thinking through social interactions, in particular with “expert others” (*systemic* and *relational* influences by teachers, counselors, peers, parents). Learning results from these interactions. Opler and Gelman (2011) point to cultural and social experiences as central to the importance of Vygotsky’s theory of psychological development and chronicle the evolution of Vygotsky’s theory into *sociocultural theory* and *activity theory*. The interconnection between sociocultural theory and the work of Vygotsky provides an interpretation of learning and development as mediated processes in that both approaches strive to theorize and investigate the processes by which social, cultural, and historical factors shape human functioning and development (Daniels, 2011). Vygotsky (1978) posits that “intermental” (social) experience shapes “intramental” (psychological) development through the aid of culturally produced artifacts (e.g., forms of talk, representations in the form of ideas and beliefs, signs and symbols). Professionals understand this to be “a mediated process produced and shaped by culture and human engagement with the world” (Vygotsky, 1934/1987, p. 78). Vygotsky further argues that cultural tools and practices produce a formative effect on development: “Every function in the child’s cultural development appears twice: first, on the social level, and later, on the individual level: first between people (interpsychological), and then inside the child (intrapsychological).”

Vygotsky posits a clear relationship between language and thoughts. He further states that communication fosters individuals’ social understanding (Daniel, 2011). Oakley (2004) presents the following implications regarding Vygotsky’s theory for education and counseling: Vygotsky highlighted the importance of culture. Considering children and adolescents from a cultural context enhances one’s understanding of their cognitive, social, emotional, and self-development. Counseling conceptualizations, assessments, and diagnoses can be flawed with a myriad of inaccurate understandings of the child without this consideration. Vygotsky believed that youth learn through their own exploration and promoted the idea that youth should be given opportunities for the use of language to enhance that exploration. Professionals should encourage youth to listen to and discuss ideas with others. This assists them in evolving their current ideas to more developed ones, thereby allowing them to come to an understanding of new ideas.

## BANDURA'S SOCIAL-EMOTIONAL LEARNING THEORY

Social-cognitive theory endorses a casual structure grounded in triadic give-and-take interconnections (Bandura, 1986). In this triadic codetermination, human functioning derives from the interchange of intrapersonal influences, the individual’s behavior, and the environmental forces that impact them. Again, this includes *systemic*, *relational*, and *multicultural* influences. Because intrapersonal influences and self-efficacy remain integral

parts of the causal situations in this dynamic interchange, individuals play a large part in shaping events that take place in their lives. Founded as an agentic perspective, social-cognitive theory exerts purposeful influence over an individual's performance and the progression of experiences by one's actions. This theory provides an integrated theory of personality that speaks to the complexities of one's self-development, adaptation, and change (Bandura, 1999, 2000, 2002).

Bandura's social-cognitive theory adopts an additional perspective. Bandura (2002) offers an explanation of how the growing primacy of the symbolic environment and the expanded opportunities this theory affords enable people to exercise greater influence on how they communicate, educate themselves, carry out their work, relate to each other, and conduct their business and daily affairs. Individuals use their influence through different agencies deep-rooted in corresponding types of efficacy beliefs (Bandura, 1997, 2000). In the *personal agency* realm, individuals' influence depends on what they can control directly. However, in many areas of functioning, individuals may not possess direct control over conditions that impact their lives. They may employ what Bandura calls the *proxy agency*, instead. In this case, individuals influence others to provide resources, knowledge, and means to act on their behalf to secure the outcomes they desire. Ultimately, people do not live their lives in social isolation. Many times, in order to achieve, they must work together with others.

## Self-Efficacy

*Self-efficacy* as a component of social-cognitive theory speaks to the foundation of self-efficacy beliefs, their structure and functional properties, their varied effects, the manner in which they work, and the progression by which one enlists such beliefs for personal and social change. Children make choices based on their self-perceptions and competence. Therefore, children perform better and appear more motivated to select increasingly challenging tasks when they believe that they hold the ability to accomplish a particular task (Bandura, 1997, 2000, 2001). Research provides abundant information on the different attributes of self-efficacy theory. Bandura states that people's beliefs regarding their capabilities vary across activities and situational circumstances, rather than manifesting uniformly across tasks and contexts. He further posits that people's beliefs in their capabilities develop in four ways and become the foundations of self-efficacy. This provides enormous implications for counseling. The first—mastery experiences—can be explained as follows: If people's attainments appear continuously easy, they come to expect quick results, which causes certain discouragement when they experience setbacks and failures. In order to develop resiliency, self-efficacy requires experience in prevailing over obstacles through perseverance. Resilience can be maintained by learning how to manage failure, in that failure becomes informative, as opposed to being intimidating and disheartening.

Second, social modeling (also known as *subconscious learning*—one of the hallmarks of social-cognitive theory, which is heavily impacted by *developmental, systemic, relational, and multicultural* influences) plays an influential role in developing self-efficacy through the acquisition of attitudes, values, and styles of behavior. Watching someone succeed simply through perseverance increases one's aspirations and beliefs in their own potentials. Third, Bandura lists social persuasion as a mode of influence. Being persuaded to believe in oneself increases perseverance in times when one faces struggles. This can be accomplished when the individual reduces traits such as anxiety and depression and capitalizes on physical strength and stamina, thereby acquiring a more positive self-assessment of

their capabilities. Self-efficacy beliefs and coping abilities play a pivotal role in the regulation of emotional states; impact the quality of cognitive, motivational, affective, and decision-making functioning; and determine whether individuals develop a pessimistic or optimistic orientation, thereby affecting the quality of their lives (Bandura, 1986, 1997, 2001; Bandura & Huston, 1961).

Last, Bandura (1997, 2001) suggests that self-efficacy beliefs contribute to self-development. Such beliefs impact the array of options people may consider and the choices they make when deciding on setting the course of their life paths.

## The Impact of Social Media on Social Learning Theory

Social Learning Theory posits that learning occurs through the observation, imitation, and modeling of the behavior of others (Social Learning Theory, 2014). Denton (2015) states that

*social media transformed individuals' interactions and experiences. This transformation . . . changed communication, a crucial tool that fosters social learning, to a multifaceted mechanism that remains interactive, immersive, and omnipresent. (p. 2)*

Denton further states:

*Facebook, Twitter, Instagram, and a variety of other services are now synonymous with daily social interaction; and for the first time in human history, all the world is truly a stage . . . human interaction and learning have expanded greatly. (p. 1)*

Social media offers visual and auditory impacts that provide tactile stimuli through the physical process of interacting technological interchanges. In doing so, this multisensory approach to information sharing experienced in a social learning context provides unique avenues for symbolization and memory creation (Denton). In essence, social media causes youth to continuously deal continuously with the complexities of our contemporary society, which presents issues far beyond their control, comprehension, and levels of developmental.

## Social-Emotional Learning

Social-emotional learning (SEL) provides many implications for counselors. Some SEL interventions, grounded in Social Learning Theories, focus on how children interpret social cues and respond to social challenges. For social learning to occur, children and adolescents must exchange knowledge in an interactive environment. Within Bandura's framework for social learning, self-efficacy plays a pivotal role. In terms of social learning, children and adolescents remain steadfast in achieving a social outcome if they believe in their own capacity to achieve that outcome. Long-standing differences between self-concept and self-efficacy exist. Self-concept, as per Bong and Clark (1999), seems more strongly influenced by comparisons made in social contexts. Conversely, self-efficacy remains focused primarily on mastery. Both relate to individuals' perceptions of their abilities and appear to be influenced by individual choices (Bong & Clark, 1999). Shavelson et al. (1976) posit that self-concept plays a crucial role in explaining the alternatives children and adolescents choose when faced with decision-making tasks. As stated earlier, Bandura's (1997) self-efficacy theory stresses that ability perception appears to have a big impact on choice behavior and defines self-efficacy as the expectation to successfully perform a behavior required for a particular task.

## RISK FACTORS THAT IMPACT DEVELOPMENT

Adverse social, psychological, and emotional interactions experienced by children brought on by *systemic*, *relational*, and *multicultural* influences incite risk factors that affect their development. The literature presents various causes of developmental communication disorders—environmental, physiologic, or psychologic—although most children experience difficulties for which no known etiology exists (Dodd & Crosbie, 2011). Many risk factors (e.g., inappropriate childhood discipline practices, emotional or psychological abuse, physical abuse, sexual abuse, neglect, divorce, blended family situations, military connections, human trafficking, teenage parenting, and foster care) can provide lasting negative impacts and present asymmetrical rather than symmetrical development (Akmatov, 2011). The author of this chapter briefly examines these risk factors here; this discussion is expanded upon in other chapters.

## SOCIAL, CULTURAL, AND BIOLOGIC CONSIDERATIONS

Caregivers *systemically* and *relationally* play an important role in their children's development in diverse ways (Efevbera et al., 2017). Caregivers from poor households can devote limited resources (including time) to furthering and protecting ECD (Maggi et al., 2010). Yousafzai et al. (2018) indicate that more than 250 million children experience deficits in cognitive developmental potentials in the first 5 years of life. Research on parenting, stimulation, and early childhood education reports consistent medium to high statistical effect sizes on ECD and children's schooling outcomes.

## CHILD ABUSE AND NEGLECT

From a *developmental*, *systemic*, *relational*, and *multicultural* perspective, the look in children's eyes upon encountering their caregiver many times displays anticipation as to whether this will be a positive (or a negative) interaction between the child and the caregiver. Negative interactions, collectively called *child maltreatment*, may start during early childhood, with lingering effects that may continue into adolescence. Long-standing research asserts that such maltreatment (e.g., harsh physical punishment, low nurturance, neglect, acculturation stress, historical oppression, intergenerational trauma, and ongoing marginalization) presents a number of mental health problems, including internalizing and externalizing problems as well as other maladaptive developmental problems (Maccoby & Martin, 1983; Zabin et al., 2005). Trickett et al. (2011) found that at the age of menarche, sexually abused females appear to develop earlier than nonabused females, which can present many undesirable outcomes. This topic is discussed more fully in Chapter 11.

## SOCIAL INFLUENCES

Although all systems (e.g., family, peer group, and media) participate in youth development, gender seems to be one social influence that impacts youths' abilities and interests (Galambos et al., 2009). Bussey and Bandura's (1999) social-cognitive theory of gender development suggests that complex social subsystems as well as cognitive processes influence gender development. They argue that boys and girls encounter different kinds of modeling and receive different feedback from their peers, families, and teachers based on their

gender during their formative years. Influenced by children's immediate surroundings (e.g., parents, siblings, and caretakers), immediate settings (e.g., home and school), and external systems (e.g., workplace of parents), ECD exposure remains critical for growth (Walker et al., 2007). The home (the first and most influential environment) in which children interact and reach developmental milestones plays a significant role (Maggi et al., 2010). Therefore, a stimulating environment with nurturing, responsive, and caring parents and other caregivers (e.g., reading, singing, and playing) remains associated with language, cognitive, and social development (Black et al., 2017; Maggi et al., 2010; Yousafzai et al., 2014).

According to Perry and Pauletti (2011), females appear to outperform males on verbal tasks, and males appear to be better adept at performing spatial tasks and math word problems. In the context of attainment, females appear to choose easier tasks, avoid competition, and possess lower expectations than males and are likely to experience performance-debilitating anxiety in math. In spite of this, females currently surpass males in college enrollment, and their rate of enrollment in calculus courses appears to be similar to that of males (National Science Foundation, Division of Science Resources Statistics, 2008). In a relational context, females appear more "people oriented" and males more "things oriented" (Galambos et al., 2009). Females appear to spend a greater amount of time than males in relationship activities, whereas males appear to engage more in physical tasks, such as athletics. Females tend to prefer part-time people-oriented jobs, such as waitressing and babysitting, whereas males tend to prefer jobs that require more manual labor and working with tools. Females tend to choose more people-oriented occupations, such as teacher or social worker. Males tend to display more interest in object-oriented occupations, such as mechanic or engineer. Male competence beliefs appear higher than those of females in math, computers, and sports. Females seem stronger than males in areas such as reading, English, music, art, and social studies (Harter, 2006; Hyde, 2005). Females appear to possess poorer body image than males (Harter, 2006). Negative body image tends to foster eating disorders (anorexia, bulimia), depression, self-mutilation, low self-esteem, and appearance rumination (Ruble et al., 2006). These differences appear bigger than what probably would be expected from real differences in abilities. This suggests that other factors (e.g., gender stereotypes) may contribute to this (Perry & Pauletti, 2011).

## ENVIRONMENTAL FACTORS

Biologic and social factors impact innate early development within the child and the wider environment of the child (Sameroff, 2006). Millions of children under age 5 in low- and middle-income areas fall short of acceptable outcomes for physical, educational, and cognitive development due to *systemic* impacts such as poverty, poor nutrition, and other social risks (Grantham-McGregor et al., 2007). A recent study estimated that many of these children show below-than-expected outcomes for socioemotional or cognitive development. Children's competencies may be inhibited with long-term consequences (Efevbera et al., 2017). Understanding the impact of factors such as poor health and nutrition remains important for early childhood developmental outcomes, because they provide the need for appropriate intervention that sets children on a positive trajectory for adulthood (Anderson et al., 2003; Engle et al., 2011).

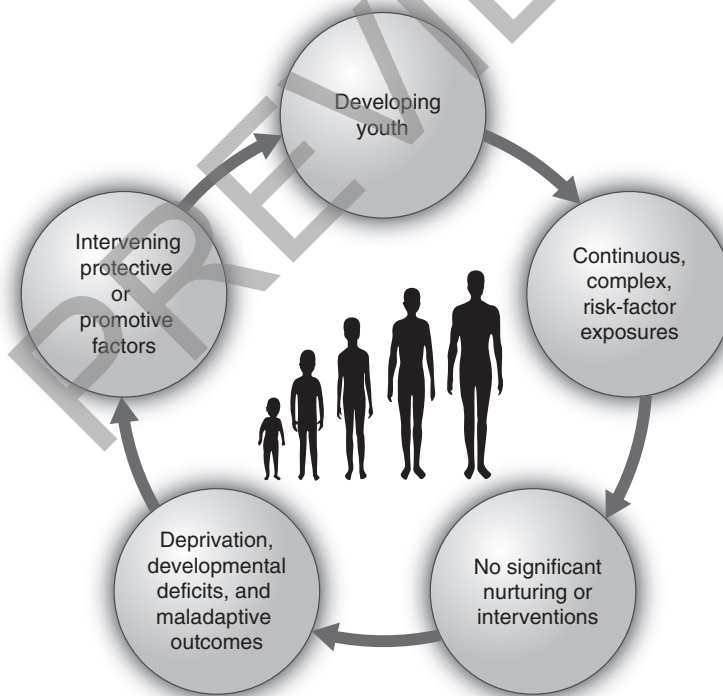
Studies examining child and adolescent development (Jencks & Mayer, 1990; Leventhal & Brooks-Gunn, 2000) suggest that poverty provides an ecologic context that affects individuals' growth, development, and adjustment. Furthermore, poverty exacerbates family challenges in providing the experiences, resources, and services that remain essential for underprivileged youth to thrive and grow into healthy, productive adults. Poverty- and crime-stricken neighborhoods create additional challenges for adolescents to develop

positive social networks and avoid poor developmental outcomes. In addition, schools in deprived communities lack resources and social capital to provide quality education and usually evidence low student achievement, increased school failure, and dropout rates (Murry et al., 2011; Neild & Balfanz, 2006).

Conditions such as war, disaster, displacement, the chaos of forced migration, and the impact of the COVID-19 pandemic put children and adolescents at high risk for developmental difficulties. These conditions present risk of poor developmental outcomes (e.g., lower academic achievement, reduced economic earnings, and lower levels of physical and mental health) and may follow them throughout their lives.

## WAYS TO ENHANCE DEVELOPMENT

Despite the enormous range of developmental challenges presented to children and adolescents, not all encounters produce maladaptive outcomes as they traverse stage-salient and other contextual tasks (as illustrated in Figure 1.2). Many children and adolescents experience dynamic *developmental, systemic, relational, and multicultural* interplays between



**FIGURE 1.2** Cycle of healthy development.

Source: Data from Akmatov, M. K. (2011). Child abuse in 28 developing and transitional countries—results from the multiple indicator cluster surveys. *International Journal of Epidemiology*, 40, 219–227. <https://doi.org/10.1093/ije/dyq168>; Kim, B. K. E., Obesterle, S., Catalano, R. F., & Hawkins, J. D. (2015). Change in protective factors across adolescent development. *Journal of Applied Developmental Psychology*, 40, 26–37. <https://doi.org/10.1016/j.appdev.2015.04.006>; Search Institute. (2020). *Developmental assets*. <https://www.search-institute.org/our-research/development-assets>.

themselves and predictable environments, which allows them to undergo positive adjustments, in turn producing healthy social, emotional, personal, and behavioral development. Over the past 20 years, researchers and practitioners have been interested in understanding protective factors (Fraser, 2004), often referred to as *internal* or *external promotive factors* (Sameroff, 2006) or *assets* (Mannes et al., 2005), and stressed the importance of their positive function and role in youth development. These factors give children new perspectives, decrease the probability of problem behaviors, and increase the likelihood of positive outcomes. External protective factors (e.g., resources, opportunities, mentoring, social capital, and recognition) and internal protective factors (e.g., skills, resilience, motivation, desire, ability, and self-worth) occurring across multiple domains foster healthy development (Kim et al., 2015; Search Institute, 2020). Opportunities for involvement in community-based prosocial activities encourage families to increase opportunities and ensure that youth receive ample opportunities to interact with prosocial peers (Kim et al., 2015). Protective factors are discussed further in Chapter 11.

Hamre and Capella (2015) highlight the importance of schools as a central context for child and adolescent development. In the absence of a caring and nurturing environment, children may experience severe stress and psychosocial deprivation, which can lead to long-term effects on health, learning, and behavior. In the absence of a caring and nurturing environment, severe, prolonged stress and psychosocial deprivation not only affect the individual child but also may extend to subsequent generations and to the broader community through biologic, behavioral, and socioeconomic processes. This leads to an intergenerational cycle of adversity, disadvantage, and trauma and the continuous exposure to inequities. These issues jeopardize the safety, social cohesion, and stability of societies (Murphy et al., 2018). Early childhood development programs and responsive care from a consistent, nurturing caregiver and community system during the child's early years may provide protection and buffer the child from negative effects and consequences while supporting healthy development. Buchmann and Steinhoff (2017) point to the fact that significant gains can be made with developmental outcomes across adolescence by a thorough examination of the dynamic interplay of opportunities and constraints linked to young people's social position.

Children with developmental issues experience a multitude of complex problems. Again, early family and systemic interventions conducive to shaping and enhancing development become imperative (Chojnacka-Synaszko, 2016). Research demonstrates that SEL remains key to children's successful school and career outcomes mostly because SEL tenets enhance children's ability to integrate thinking about their emotions and behaviors in ways that lead to positive academic and social outcomes (Jones & Doolittle, 2017; Swartz, 2017). Jones and Doolittle (2017) further indicate that SEL interventions seem to be most effective when presented as developmentally appropriate modalities. Guided by three essential principles that form the basis for effectiveness, SEL presents, first, the premise that neurologic and physical changes determine which SEL skills appear to be the most important at a given developmental state and when mastery should be achieved. For example, a shift from the ability to recognize and name different emotional states to understanding that different people can experience different emotional reactions to the same objective situation evolves and matures gradually, spanning from early childhood to adolescence. In other words, the set of skills broadens over time with some primary skills serving as the basis for later skills. Second, children's experiences (from early childhood through adolescence) outside the family and home become broader, more diverse, and influential as they grow older. Third, the method of intervention delivery must be appropriate to a child's developmental level (e.g., using play-based programs for younger children, didactic teaching and experiential activities that promote practice in middle childhood, and interventions that account for viewpoints and need for autonomy and respect for adolescents).

Additional ways to enhance development include counselors teaching youth about what happens to their brain when they encounter traumatic experiences. In the face of a crisis, older children and adolescents may use this information to “calm” their brains by taking a “mental walk” through the neurologic reactions to their bodies. In doing so, they may decrease self-sabotaging responses and outcomes. Moreover, counselors may refer youth to local university counseling services provided by the counseling clinical department or university-level counseling centers.

## CASE STUDY 1.1

Adriana, an extremely emotional 16-year-old ninth-grade Hispanic female who lives in a south-central Texas city, came to the counselor’s office to talk about her depressive feelings resulting from recent negative interactions with members of her peer group. Her peers confronted her about her promiscuity and unceasingly denigrated her character in a very public way. Adriana appeared confused because her mother and grandmother continuously modeled this lifestyle, which also served as a means for family income. All her life, she considered these actions to be a way of showing love and appreciation.

Over a series of counseling sessions, the counselor explored Adriana’s backstory and discovered that Adriana came from a socioeconomically poor neighborhood. Adriana’s mother requested that Adriana—although not fully an emancipated teen—move out, find her own apartment, and make a living for herself at the age of 15. From this, Adriana experienced encounters that most adults would struggle to navigate. From other disclosures, the counselor found out that Adriana, a new student to the campus, repeated the ninth grade due to language barriers and attendance issues while attending her previous school. Adriana enrolled as an English-Language Learner/Limited English Proficiency student. Her prior school sent recommendations to place Adriana in all remedial core courses although Adriana had earned exceedingly high grades in each of these courses.

Over the course of meeting with Adriana, the counselor integrated activities that enhanced Adriana’s self-worth and her intrapersonal and interpersonal awareness regarding society’s expectation of female behavior. The counselor and Adriana processed those societal behavioral expectations that appeared fair and objective as well as those that appeared to be subjective and not so fair. As Adriana’s sense of self-worth, self-acceptance, and academic performance increased, the counselor met with Adriana and her core academic teachers to see if the teachers would allow Adriana to complete upper level honors and advanced placement honors courses instead of the remedial classes. All teachers agreed, and Adriana met the counselor’s expectations by earning all A’s. This presented clear evidence that the school, upon Adriana’s entrance, inappropriately placed Adriana in courses far below her potential.

Adriana’s enhanced academic performances continued through her senior year. The counselor worked collaboratively with Adriana (now 19 years old) to complete and submit admission applications and the necessary college/university-level and federal financial aid forms. The counselor also wrote letters of recommendations to discreetly explain Adriana’s dilemma at the beginning of her high school career and the progress and successes she later demonstrated as a graduating senior. Adriana graduated with a partial scholarship to a local university. About 15 years later, the counselor received an urgent email from Adriana, in which she invited the counselor to her university graduation ceremony. The counselor attended and witnessed the university president honor Adriana as the top graduate in the class! During her speech, Adriana openly recognized the counselor as a major factor that fostered her success. After graduation, Adriana started a teaching career, during which she also served as a mentor to students who encountered life experiences similar to hers.

### Activity 1.1

Form small groups within the class. Participate in full discussions of the following questions. Refer to areas covered in this chapter (e.g., *nature versus nurture*, *developmental theories*, *brain development*, *risk factors*, and *developmental enhancers*) in your answers. Afterward, select a reporter for your group who will share answers to the full class:

- What multicultural or diversity factors would you consider for Adriana as you assess her needs?
- Assess and discuss how Adriana's personal, social, cognitive, and academic developmental levels first inhibited and later contributed to her growth, wellness, resiliency, and achievement.
- What systemic and relational approaches would you consider in your work with Adriana as a counselor?

## CHAPTER SUMMARY

Developmental considerations provide great implications for counselors. Development follows a path that is continuously impacted by systemic, relational, and multicultural influences. These influences affect how children make sense out of and act in response to critical life circumstances. Incorporating a developmental perspective when counseling children and adolescents and aiding them in successfully mastering tasks at various developmental milestones continue to be an essential core component of counseling. Children's level of development affects how they respond to creative and time-efficient counseling strategies, interventions, and modalities. This makes counselor efficacy in developmental influences on children fundamental and foundational. Four prominent theoretical lenses, created by Piaget, Maslow, Vygotsky, and Bandura, serve as the framework for this chapter.

Developmental psychology includes domains such as self, social, emotional, and cognitive development and includes the process of how children and adolescents acquire, process, and organize information in order to gain a better understanding of their worlds. Long-standing debates remain as to how much nature or nurture plays a role in development. Nurture includes those positive environmental encounters that foster children's development. Although science points out that genetics provide the blueprint for the developing brain, nurture (the child's environment) molds, sculpts, and influences development. Supportive and nurturing environments foster healthy development, whereas adverse and traumatic experiences produce risk factors that can lead to asymmetrical rather than symmetrical development, which can in turn have lasting, life-changing effects.

Although developmental processes transpire similarly across cultures, the development rate varies as children acquire culture-specific skills and the influence of other contextual factors while experiencing relatable tragedies. Consequently, developmental generalizations may not be fully applicable to all racial, ethnic, or cultural groups.

## POINTS TO REMEMBER

- *Development* can be defined as a maturational process that results from the optimal, two-way interaction between the child and the environment.

- Systemic, relational, and multicultural influences impact development.
- When vital needs become deficits, children react to these deficits contingent on their developmental level in the developmental self, social, emotional, academic, and cognitive domains.
- Brain research, including an understanding of EF, plays an important role in understanding psychological processes involved in the conscious control of thoughts and actions.
- When counselors teach children and adolescents to monitor their brain's neurobiologic responses, youth can better regulate their cognition and their behavior.
- Despite developmental encounters presented to children and adolescents, not all challenges produce maladaptive outcomes as they traverse stage-salient and other contextual tasks.
- Early family and systemic interventions conducive to shaping and enhancing development remain imperative.

## OTHER HELPFUL ITEMS OF INFORMATION FOR CONSIDERATION

- A full summary of Piaget's theory falls beyond the scope of this chapter, and the author refers readers to other sources using the following URL: [www.piaget.org](http://www.piaget.org)
- The Search Institute's 40 Developmental Assets assists counselors, educators, and parents in their effort to foster youth development. The following link provides information and handouts in English and Spanish for various age groups: [www.search-institute.org/our-research/development-assets/developmental-assets-framework](http://www.search-institute.org/our-research/development-assets/developmental-assets-framework)
- Additional information regarding Albert Bandura's Social Learning Theory may be found at [www.verywellmind.com/social-learning-theory-2795074](http://www.verywellmind.com/social-learning-theory-2795074)
- Videos of Vygotsky's sociocultural theory can be found at [www.bing.com/videos/search?q=vygotsky%27s+theory&qpv=vygotsky%27s+theory&FORM=VDRE](http://www.bing.com/videos/search?q=vygotsky%27s+theory&qpv=vygotsky%27s+theory&FORM=VDRE)
- The Nurturing Care for Early Childhood Development framework may be found at [nurturing-care.org/resources/nurturing-care-framework-toolkit](http://nurturing-care.org/resources/nurturing-care-framework-toolkit)
- Videos of Maslow's hierarchy of needs may be found at [www.bing.com/videos/search?q=maslow%27s+hierarchy+of+needs&qpv=maslow%27s+hierarchy+of+needs&FORM=VDRE](http://www.bing.com/videos/search?q=maslow%27s+hierarchy+of+needs&qpv=maslow%27s+hierarchy+of+needs&FORM=VDRE)

## QUESTIONS FOR FURTHER DISCUSSION

- What ways can counselors assist parents through psychoeducational sessions in understanding stage-salient and other developmental contexts?
- How can developmental frameworks be influenced by culture-specific and other contextual factors?
- What avenues can counselors use to increase the awareness of traumatized youth to understand what happens to their brain when responding to trauma-related cues?

- In what ways can counselors assist schools and communities in providing early exposures and opportunities to enhance children's development during the formative years?
- What creative means might counselors use to foster growth in youth with asymmetrical development (e.g., children and adolescents with physical, mental, and neurologic disabilities)?

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# Relational Considerations in Child and Adolescent Counseling

*Maria Haiyasoso*

## LEARNING OBJECTIVES

After completing this chapter, the reader should be able to:

- Demonstrate an understanding of how relational contexts impact psychosocial and developmental processes for children and adolescents.
- Expand knowledge of relational-cultural and attachment-based theoretical approaches and their applicability in clinical work with youth.
- Recognize ways to apply relational considerations in clinical practice across school and clinical mental health settings.

## CACREP STANDARDS FOR THIS CHAPTER

- CACREP 2016: 2.F.1.b., 2.F.2.d., 2.F.3.f., 2.F.5.f.; School Counseling, 5.G.2.a.; 5.G.3.h.; Clinical Mental Health Counseling, 5.C.2.a., j.
- CACREP 2009: II.B.1.; II.G.1.a., II.G.2.a., d., II.G.3.d., f., h., II.G.5.e.; School Counseling, III.A.3., 6.; D.1.; F.1.; Clinical Mental Health Counseling, III.A.2., 3.; B.1.; E.1., 2.; G.1.

## INTRODUCTION

*For years mental health professionals taught people that they could be psychologically healthy without social support, that “unless you love yourself, no one else will love you.” . . . The truth is, you cannot love yourself unless you have been loved and are loved. The capacity to love cannot be built in isolation.*

—Bruce D. Perry, MD, PhD & M. Szalavitz, *The Boy Who Was Raised as a Dog*

Perry and Szalavitz’s (2006) quote reminds counselors of the importance of learning about child and adolescent clients’ relational contexts and prioritizing the therapeutic relationship. This author recalls supervising a master’s student counselor-in-training, in which the university’s training clinic unexpectedly assigned the student a 7-year-old male to work with. The student left the session wide eyed, stating, “I struggled with the most basic things in that session!” After processing in supervision, the student asked about materials that would help her “have a successful next session” with the child client. This author replied, “Be completely present, be yourself, and remember to see the child’s experience through the lens of ‘we’ than rather than ‘me.’” The student hoped for a different response, but she eventually learned what many counselors know about working with youth: When children feel a sense of safety and connection, they tend toward success—inside and outside of counseling. This chapter comprises the understanding of child clients within relational contexts, the therapeutic relationship, and attachment-based and relational approaches suitable for counseling youth.

## THE IMPACT OF CLIENTS’ INTRAPERSONAL AND INTERPERSONAL PROCESSES WITHIN RELATIONAL CONTEXTS

Developmentally, children and adolescents evolve in their perception of themselves, others, and the world around them. For example, according to Piaget (1932/1997) and as mentioned in Chapter 1, children in the preoperational stage, which lasts until around 7 years of age, characteristically experience their world through egocentrism (seeing oneself as the primary, central figure and unable to take another’s perspective). A counselor should select interventions and goals with their child and adolescent clients’ developmental stages in mind. Yet, across all stages of development, counselors must address child and adolescent clients’ intrapersonal and interpersonal processes in order to better understand clients’ mental health concerns. The term *intrapersonal* refers to the process that occurs within the child, such as understanding of self and inner thoughts. Interpersonal contexts involve interactions with others. Learning about child and adolescent clients’ intrapersonal skills as well as their interpersonal interactions with others provides counselors with valuable information integral to developing a holistic view of clients.

## ATTENDING TO INTRAPERSONAL SKILLS

Counselors benefit from understanding intrapersonal skills or internal processes when addressing mental health concerns in children and adolescents. Children begin to demonstrate intrapersonal functions, such as experiencing primary emotions (e.g., surprise, joy, anger, sadness, fear, and disgust) from approximately 3 to 8 months of age and

self-conscious emotions (e.g., empathy, jealousy, embarrassment, pride, shame, guilt) from 1.5 to 2.5 years of age (Lewis, 2002). Various factors, such as genetics, temperament, maturation processes, and observing caregivers, influence this development. Intrapersonal skills that begin early and impact how one relates to one's self and others over the life span include self-esteem, self-understanding, and self-regulation.

Counselors learn about child and adolescent clients' self-esteem, or what they think and feel about themselves, to learn more about messages they internalize, their sense of agency, and their perceived worth. Knowing about a client's self-esteem allows counselors to choose responses and interventions that target goals aligned with intrapersonal enhancement. Self-awareness encompasses the ability to recognize and to identify the self and one's internal experience as well as how one impacts others. Exploring children's self-awareness helps counselors understand how children make sense of their inner experience and external environment. Self-regulation encompasses the ability to control one's behavior and inward and outward expression. Counseling offers a prime opportunity for counselors to help children and adolescents practice noticing their internal states and managing heightened emotions or sensations. For example, a counselor might talk to a child about a time when the child felt angry using statements or questions that elicit more detail about the anger (e.g., "Point to the angry feeling in your body"; "Do you see its shape or color?"). Then, the counselor might ask the child to practice time-efficient breathing exercises to help make the angry feeling more tolerable. For a young child, a counselor can teach the child to inhale for a count of three and exhale for a count of three but on exhaling blow a pencil lying across the top of a table so that the pencil slowly rolls away from the child. For an adolescent, the counselor can teach four-square or box breathing, where the adolescent inhales for three or four counts, holds for three or four counts, exhales for three or four counts, and then repeats. If a child chronically struggles intrapersonally (e.g., feels low worth and low sense of agency, experiences regular meltdowns, or struggles to manage difficult emotions), counselors can use a variety of creative means, such as mindfulness, breathing and relaxation strategies, movement, role play, puppet play, narrative activities, and sand tray. These techniques can help the child enhance their intrapersonal skills to equip them to self-manage in contexts outside of the counseling session.

Consider the example of Lynn, a 9-year-old female raised by her maternal grandmother, Petra. Petra raised Lynn at the age of 18 months, when Lynn's mother met a man and left the home to begin a new life. Petra resented her daughter for leaving, not staying in contact, and not helping to support Lynn. No one knew Lynn's father's identity. Petra knew that only she could care for Lynn, even though she earned modest wages as a school bus driver. Petra consistently provided for Lynn but struggled to provide her with emotional support.

Petra, at the recommendation of Lynn's teacher, consented to Lynn visiting with the school counselor for weekly sessions because the teacher reported that Lynn appeared to shut down in class and did not do her work. Initially, Lynn appeared wary of the school counselor, Angie, and seemed skeptical when Angie showed interest in learning about her. Lynn did not speak to Angie, and when she did, she spoke inaudibly or in an extremely low tone. Angie explained that Lynn could choose any activity and direct the course of the session. Lynn experienced discomfort with the sole focus of an adult directed on her and felt awkward with her position of power. At the beginning of counseling, Lynn moved around Angie's office tentatively, barely grazing the toys and materials with her fingertips. Eventually, she routinely gravitated toward the puppet stand for many following sessions. Lynn consistently chose a kangaroo hand puppet with a joey in the pouch attached by an elastic string. Lynn removed the joey from the mama's pouch every time she played

with the puppet. She made the mama kangaroo drive to the store, attend to chores, make meals, and talk or text on the phone. Over time, Lynn opened up to Angie and visibly enjoyed being in charge. Her animated puppet play and the themes in her play included feeling lonely, seeking protection, and wanting to be nurtured. Lynn believed that she made “things harder” for her grandmother, she “tries to stay out of the way” at home, and “feels stupid” at school. Lynn clearly saw herself as alone and as a burden.

Activities such as the puppet play in the case example of Lynn can create an opportunity for understanding intrapersonal dynamics in children and what children and adolescents perceive and believe about themselves. Consequently, play and experiential activities with youth provide counselors with data for establishing goals and crafting tailored interventions. In the case illustration, the school counselor focused on esteem-building responses to facilitate a sense of mastery and efficacy (Landreth, 2012) in Lynn. When children possess a healthy sense of self, they can navigate their social spaces with more flexibility and adaptability. In addition, the school counselor challenged Lynn to engage and interact in an unfamiliar way. The next section further discusses the importance of attending to interpersonal capacities in child and adolescent clients.

## ADDRESSING INTERPERSONAL CONTEXTS

Childhood remains inherently full of rapid change, transition, and internal reorganization. However, children and adolescents, like all people, exist and develop within interpersonal contexts. For example, children begin emotional development and acquire interpersonal skills, such as social referencing (i.e., reading emotional cues in others) around 2 years of age (Thompson, 2006) and using emotional vocabulary in self and others between 2 and 4 years of age (Ridgeway et al., 1985). Adolescence produces a time of emotional ups and downs, with hormonal changes and the environment contributing to the fluctuation (Collins & Lausen, 2012). Adolescents’ emotional development involves growing an ability to regulate mood, but this does not occur in a vacuum and rather impacts how adolescents engage in social contexts. Understanding the mutual influences between children and their environments throughout their development remains integral to effective treatment. When counselors explore the various contexts in which a child exists (e.g., family, peer group, school, societal/cultural), they can begin to understand the etiology and progression of mental health concerns.

### Family System

Professionals view the family as the first and primary interpersonal system to which most children belong. Family members typically function in a routine or in a manner that aims to achieve a sort of systemic homeostasis (members seek to achieve balance in the family system); see Anderson and Sabatelli (2007). The notion of homeostasis depends on the idiosyncrasies and norms for a particular family. Despite having common goals (often around survival), family members maintain individual needs. Yet the manner in which children do or do not identify or express their needs depends on multiple factors. If children customarily get their needs met via nonverbal gestures, verbal requests, or crying and their caregivers respond predictably and in a healthy manner, children know what to expect from their caregivers and feel safe in those relationships. In contrast, if children do not get

their needs met by caregivers or if their requests for help result in neglectful, punitive, or abusive reactions, they may seek alternative ways to meet their needs or may entirely give up going to the caregiver for help. Even worse, children may carry shame and perceive themselves as incapable, disappointing, or unworthy (Badenoch, 2018). For example, Lynn would not ask for help with reading. In Lynn's previous attempts to ask Petra for help, Petra had expressed her exhaustion after long shifts driving the school bus or indicated that Lynn needed to pay more attention in class if she experienced difficulties reading. Through these interactions, Lynn often felt embarrassed asking for help with reading and eventually ceased asking.

Related concerns emerged in Lynn's play during counseling. In the puppet play, Angie noted that Lynn did not play in a manner that the mama kangaroo acknowledged or engaged with the joey, which was removed from the pouch and dangling behind the mama kangaroo by the elastic string, as she moved from task to task. Lynn spoke rapidly and rushed when acting as the mama kangaroo. When acting as the joey, Lynn spoke quietly and despondently stated "I feel cold and want to be in the pouch" and attempted to climb in. Lynn regularly moved the mama kangaroo away from the joey and often stated, "Not now" or "In a little while." Lynn, speaking as the baby joey, displayed disappointment and frustration. She said quietly "You always say that" and did not provide a response from the mama. Lynn regularly played out this scenario in slightly variant ways, but ultimately the story line remained the same: She attempted to engage the joey and the mama in the beginning of the puppet play and quit trying by the end. In response, Angie reflected Lynn's feelings and honored her desire to be seen, heard, and closer to her grandmother. Angie conveyed warmth and acceptance, leading Lynn to feel safe in the counseling environment and counseling relationship and making the expression of those difficult emotions possible. As such, part of Angie's work then included engaging Petra in treatment.

When working with youth, counselors typically work with key individuals in a youth's interpersonal contexts—their caregivers. Counselors often find that they can involve caregivers as partners in treatment, using caregiver consultations or inviting caregivers to participate in sessions with permission from the child. Counselors should work diligently to convey respect, empathy, and credibility to the caregivers of the youth they serve. If caregivers feel heard and supported in the process of the child's treatment, their relationship with the counselor strengthens, becomes rooted in trust, and facilitates caregivers' receptivity to learning and collaboration. Receptive and invested caregivers welcome education and suggestions about how to continue treatment or practice skills at home (Landreth, 2012). For example, Angie invited Petra to meet to discuss Lynn's academic needs, and in the meeting she additionally informed Petra about Lynn practicing healthy self-expression and clear communication when discussing feelings and needs associated with homework. This created a continuous thread of care for Lynn because Angie educated Petra on the value of healthy self-expression and clear communication and tasks to work on with Lynn to help her achieve this interpersonal goal along with academic goals.

Individual family members will bear influence on one another when one member of the family system shifts or changes behavior. Again, family members seek to achieve balance in the system and when one member shifts, other members likely sense the shift and respond—even unconsciously. Therefore, counselors need to make relational considerations regarding family context and maintain ongoing check-ins with caregivers to learn about shifts in behavior and the impact, favorable and unfavorable, on the relationships in the family system.

## Peer Groups

Peers become increasingly important to children's interpersonal context as they grow older. Friendships serve as cognitive and social resources for children and play a fundamental role in their emotional well-being (Sullivan, 1953). Lansford et al. (2014) found an increased likelihood in the long term for well-liked children aged 5 to 8 to possess high-quality dyadic friendships in their adulthood. Connections in youth potentially impact the ability to form bonds later in life.

Around age 12, peer groups become one of the most influential in an adolescent's life (Furman & Buhrmester, 1992). During most of adolescence, the areas of the brain responsible for self-regulation and good decision-making remain undeveloped. This may account for increased reward-seeking and risk-taking behaviors throughout this developmental period, often characterized by prevalent peer pressure (Collins & Laursen, 2012). Adolescents develop more interest in social relationships with peers and engage in more intimate relationships overall (Collins et al., 2009). Self-esteem seems to decline or become unstable for adolescents as a shift in social and romantic relationships occurs (Bee & Boyd, 2007). Yet perceived support from friendships predicts adolescents' self-worth beyond the support of parents and romantic partners (Laursen et al., 2006). Counselors working with adolescents should consider the more central role relationships play in adolescents' lives.

## School System

For many children and adolescents, school remains the predominant interpersonal setting outside of the home. People may hope that school environments only provide comfortable, enriching, and growth-fostering social experiences for youth; yet realistically many youth might experience an array of distressing social interactions and events (e.g., bullying, disagreements with teachers or administrators, or academic challenges). According to the American School Counselor Association's (ASCA's) Professional Standards and Competencies (2019), professional school counselors work in tandem with families and other school personnel to foster academic, developmental, and relational wellness for pre-K–12 students. As such, professional school counselors support children and adolescents in need and ideally attend to relational and contextual factors related and unrelated to their school environment.

If students struggle in their interpersonal interactions with peers and teachers or become the subject of bullying, school counselors can create programming and provide direct and indirect services with these relational considerations in mind. This author discusses the therapeutic relationship in an upcoming section in this chapter, but it remains important to note that professional school counselors highly influence students' lives in important and lasting ways beyond their elementary and secondary education when they attend to relational considerations. They can address social justice inequities by advocating for students, attend to disruptive behaviors often associated with poor self-concept (Bidell & Deacon, 2010), and help students choose college and career paths (Shapiro et al., 2015).

For counselors practicing in community agencies and private practice, working with school-age youth requires similar considerations for their school environment and experiences. From her own private practice, this author estimates that she better served a substantial number of child and adolescent clients through collaborating with their school counselors and teachers. Students' mental health concerns can impact their academic

performance, and professional school-based and community-based counselors support teachers and families to help school-age clients reach their academic and therapeutic goals.

Child and adolescent clients' families, peer groups, and schools comprise their primary interpersonal and systemic contexts. However, all people exist within a broader societal and cultural context. Counselors who invest in relational considerations acknowledge the importance of the cultural and contextual views of clients.

## Cultural Context

Beyond interpersonal contexts at school and home, children and adolescents navigate their sociocultural environment and cultural identities. Culture refers to the identity of a group based on values, beliefs, norms, behaviors, and institutions (Ratts & Pederson, 2014). Culture influences perception of self, others, the world, and the relationships among people. Thus, multiculturally competent counselors show commitment to acquiring the knowledge, awareness, and skills for working with multicultural populations. They should seek to acquire information about their child and adolescent clients' concerns within the context of their cultural identities, to distinguish and account for within-group and between-group differences, and to examine their own cultural context, beliefs, and assumptions (Ratts et al., 2016).

Returning to the case example discussed previously, Lynn's grandmother, Petra, a Mexican American woman in her late 50s, comes from a low socioeconomic background. Petra married at a young age, stayed married to a mostly absent husband, and never remarried after his death. She devoted herself to raising her children. Later in life, she provided care and assistance to her mother and drove her to and from dialysis and other medical appointments. When Petra took on primary caregiving responsibilities and guardianship of Lynn, she felt an intense mix of emotions. Petra felt betrayed by her daughter, for whom she had provided all necessities and whom she had raised with values centered on the importance of family. Further, she felt angry when she paralleled her daughter's abandonment with her husband's absence and felt a sense of guilt, wondering if more could be done to model good parenting. Petra loved Lynn, but she did not anticipate starting over and raising another child.

Despite the torrent of emotions, Petra lived in a state of survival and operated in a task-oriented manner. Petra wondered, "Do I have it in me to raise another child at my age?" and "Somehow I messed up in raising her mom, but what if I don't have the energy to figure out a different way to be with Lynn?" She possessed little tolerance for her own emotional reactions to these questions but reached out to her priest and her aunt for advice. Petra did not invite emotion-filled discussions, and Lynn could not help but pick up on cues from Petra to avoid asking questions about her mom.

Unaccustomed to exploring her feelings and inner experiences, Lynn hesitated to open up in counseling, when a teacher referred her to the school counselor after Lynn appeared shut down in class and missed several assignments. In addition, Lynn felt unsafe expressing her personal reactions to academic challenges, to the lack of help at home, and to her mother's permanent absence. Lynn instinctively abided by the adage: Family business stays in the family. Angie contacted Petra to involve her in addressing Lynn's presenting concerns. Petra never considered seeking counseling for herself or Lynn and somewhat resented Angie for asking her to attend a meeting at the school.

In the case of Lynn, any counselor working with this family would do well to understand Latinxs often carry traditional values of interdependence, especially *familismo* (an

emphasis on family; Child Welfare Information Gateway, 2014). Some Latinx families entrust family matters to very few outside of the family (Delgado, 2000). The counselor should also consider relational dynamics between the matriarch of the family and her grandchild. Lynn follows her grandmother's lead without question and reveres her, a typical characteristic of Latinx families (Delgado, 2000). Other traditional values include *dignidad* (dignity) and *respeto* (respect), which counselors should consider when building their relationship with Petra and earning her trust. Petra appears to be prideful, but a counselor should avoid misinterpreting her reticence to explore emotion for rudeness when, in fact, she finds opening up and trusting others a lifelong challenge.

Although counselors should know general information about cultural groups based on testimonies and research, they should avoid assuming that all people within a group identically relate, behave, think, and feel in their interpersonal interactions. Instead, counselors can honor within-group differences and practice *cultural humility*, or a state of being that embodies the cultural competence that arises when counselors remain open to learning about their clients (Hook et al., 2013). For Lynn, the preceding general characteristics about Latinxs applied to her family. These applicable qualities of Latinxs could inform Angie's approach to relating to Lynn and Petra as well as frame her understanding for how they related to each other. Yet, counselors should remember that the Latinx population represents many different countries of origin, ethnicities, races (e.g., Black, White, Mestizo), socioeconomic statuses, languages, religions, and immigration and settlement trends (Child Welfare Information Gateway, 2014). Moreover, culturally competent counselors must reflect on their own cultural context and assumptions. For example, if a counselor learned to value individualistic ideals associated with Western culture (e.g., autonomy and separation), then the counselor may make negative assumptions about clients from collectivistic cultures who insist on consulting with family members before making decisions. In order for counselors to relate to and learn from clients, they must evaluate their own beliefs.

In sum, counselors help clients practice healthy ways to self-manage and habituate in interpersonal and intrapersonal situations across settings and contexts. Counselors need to assess intrapersonal skills that serve as the framework for how child and adolescent clients perceive themselves and others. Counselors need to consider interpersonal contexts such as family, peer groups, and school environments, and they work toward engaging caregivers and school professionals who can help provide continuity of care and bridge counseling and the other areas of the client's life. Finally, they seek to understand the impact of culture on clients' relationships and practice cultural humility to forge strong therapeutic relationships with clients. In order to effectively treat mental health concerns and to address the needs of children and their families, counselors must take into account intrapersonal and interpersonal contexts throughout the counseling relationship.

## THERAPEUTIC RELATIONSHIP

Since Freud's seminal work in the late 19th and early 20th centuries, years of theory development and empirical research continue to reveal that a positive, trusting, and collaborative therapeutic relationship positively affects treatment outcomes (Horvath, 2005). As such, clinicians and researchers continue to recognize the important role of the therapeutic relationship (Horvath & Bedi, 2002; Karver et al., 2005), which functions to produce a milieu that facilitates client change (Shirk & Saiz, 1992). Although the majority of this research previously focused on adult populations, empirical evidence similarly indicates

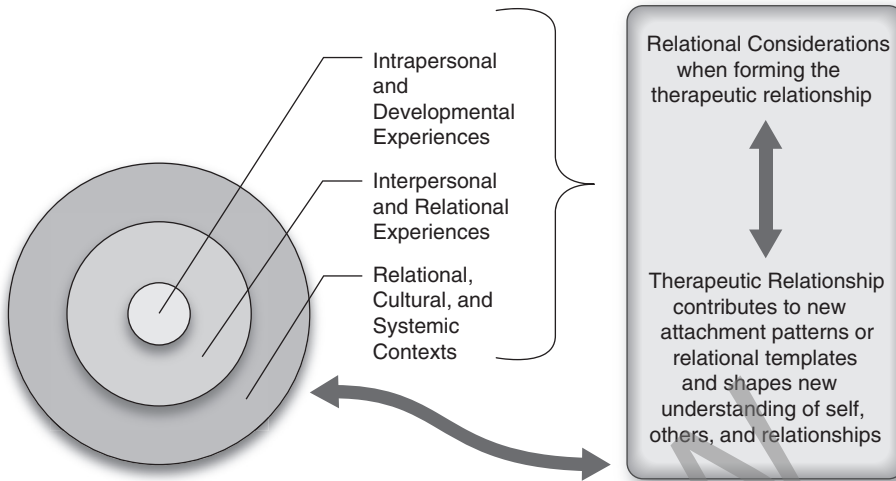
that the therapeutic relationship between child clients and counselors is significantly and consistently associated with treatment outcomes (Kazdin et al., 2005; Shirk & Karver, 2003). In Shirk and Karver's (2003) meta-analysis of the association between relationship variables and treatment outcomes for children, the association between the therapeutic relationship and treatment outcome held regardless of type of counseling or level of child development. Child age, gender, or race did not account for a moderating effect on the relationship between therapeutic alliance and treatment outcomes.

Unlike results of studies where the measure of therapeutic alliance occurred early in treatment with adults and found more predictive of outcomes, Shirk and Karver (2003) found that alliance measures that occurred later in the treatment more reliably predicted outcomes for studies of child treatment. Relatedly, for youth with a history of maltreatment, change in the therapeutic relationship over the course of counseling remained more predictive of outcome than alliance measured early in treatment (Eltz et al., 1995). Adolescents who experienced abuse demonstrated lower positive therapeutic relationship scores in the initial phases of therapy but over time showed a pattern of improved alliance comparable to children without histories of maltreatment. Child characteristics such as emotional or functional differences, gender, or symptom severity did not account for the association. In short, it may take time to build a connected and trusting therapeutic relationship.

These findings remain particularly salient for those working with children and adolescents mandated to attend counseling or whose home environments do not promote trust and safety. Child and adolescent clients from such circumstances may not want to participate in counseling right away or may be slow to connect with the counselor. Notably, youth who consistently held low alliance scores evidenced the worst outcomes (Eltz et al., 1995), which emphasizes the greater point that investing in quality therapeutic relationships can make a difference for youth. Returning to the case of Lynn, her initial hesitancy toward counseling and unfamiliarity with the focal attention of an adult caused Angie to work diligently toward building the therapeutic relationship. In other words, Lynn eventually learned that her relationship with Angie fostered a sense of safety and trust. Lynn experienced safety in connecting with Angie, which allowed the therapeutic relationship to evolve from labored and unsteady to attuned and secure. As counselors continue to work toward strong therapeutic relationships, they should expect them to ebb and flow.

Forming the therapeutic relationship requires consistent messages of acceptance. Landreth (2012) proposed that therapists hold responsibility for conveying "four healing messages" to children: "I am here," "I hear you," "I understand," and "I care" (pp. 209–210). This helps children feel safe in the relationship. A connected and strong therapeutic relationship involves building trust over time and conveying understanding, which necessitates counselors to consider clients' relational factors. How can one develop a relationship and truly know about a child without knowing about the aforementioned intrapersonal, interpersonal, and cultural contexts? In the selected relational approaches outlined in the following section, the therapeutic relationship serves not only to create safety but also as a vehicle for new relational understanding (see Figure 3.1). New relational understanding emerges when the following occur:

1. Counselors learn about a client's relational contexts across the intrapersonal, interpersonal, and cultural domains of experience.
2. Counselors build a therapeutic relationship rooted in understanding the aforementioned contexts and contextual factors and continue to grow their understanding.



**FIGURE 3.1 Forming therapeutic relationships. Relational considerations for counselors that inform a therapeutic relationship. The therapeutic relationship can contribute to new relational understanding of self and others, and the new understanding becomes integrated into their relational context.**

3. Through expressed interest, acceptance, attunement, and empathy, the therapeutic relationship contributes to positive changes in the client's view of self, self-in-context, and self-in-therapeutic relationship.
4. New relational templates and self-understanding form and become integrated into the client's evolving relational contexts.

## RELATIONAL APPROACHES APPLICABLE TO CHILDREN AND ADOLESCENTS

Elkins (2012) suggested that counseling involves a relationship between people rooted in a human predilection to reach out for help or to provide help to others in times of need. Humans operate hardwired for connection with other human beings (Banks, 2015), and as such counselors should stay mindful of relational considerations in approaches that work well for counseling youth. In the following, the author briefly overviews relational approaches including attachment theories and relational-cultural theory (RCT) as they pertain to working with child and adolescent clients. For more in-depth information on these theories, the author recommends consulting the resources listed in the resources section of this chapter.

### ATTACHMENT THEORY

Based on studies of orphaned and homeless infants during World War II, John Bowlby (1951, 1953, 1969, 1979, 1988) concluded that infants need a consistent relationship with a

primary caregiver to develop healthily. Bowlby (1973) suggested that attachment to caregivers creates a bond that plays a protective function as children explore their world. People operate using an *internal working model*, or an understanding of interpersonal relationships that constitute the basis for personality development (Bowlby, 1973). In their strange situation study, Ainsworth et al. (1978) studied the impact of brief separation on mother–infant dyad behaviors. Their observations showed three attachment styles: *secure*, *avoidant*, and *resistant*. Securely attached children greeted their mothers and engaged in physical contact after a separation. Children with avoidant attachment did not engage with or prefer their mothers over strangers after separation and displayed aggression toward them. Children with resistant attachment pursued physical contact but also demonstrated anger toward the mothers upon reuniting. Main and Solomon (1990) later offered a fourth attachment style—*disorganized/disoriented*—to describe children who indicated contradictory, fearful, and distressed behaviors toward their caregivers. The vast body of attachment research contributed to mental health professionals’ understanding of parent–child relationships and the impact on individuals over the life span. The following section specifically includes attachment-informed therapy approaches for children.

## ATTACHMENT-INFORMED APPROACHES

Attachment theory informed several clinical approaches designed for counseling children. In the 1960s, Ann Jernberg developed Theraplay, which the counseling field recognizes as one of the first approaches to integrate the principles of attachment theory for children to help with healthy attunement in parent–child interactions (Booth & Jernberg, 2010). Theraplay consists of interactive and relationship-focused activities during an intensive and short-term treatment geared to facilitate secure attachment and optimal mental health (Booth & Jernberg, 2010). Counselors use a structured play format, but they use few toys. Instead, counselors serve as the main toy and incorporate everyday items such as cotton balls, bubbles, lotion, and bouncy balls. Children receive attentive responses, and counselors intentionally engage children in eye contact and activities involving touch (Bundy-Myrow & Booth, 2009). Goals include improved attachment patterns, better coregulation, and empowered parents who continue to interact in ways that sustain positive changes in attachment and attunement (Bundy-Myrow & Booth, 2009).

Similarly, the developers of the Circle of Security (COS; Marvin et al., 2002) created an attachment-based intervention for high-risk toddlers and preschool children who experienced behavioral and emotional difficulties often related to insecure attachment with their caregivers. The COS project included teaching caregivers to facilitate healthy development in their children and consequently improve their attachment through viewing and analyzing their video-recorded interactions with their children. The caregivers worked with psychotherapists in group settings, but each dyad received feedback specific to their attachment style and internal working models. Currently, multiple forms of COS treatment exist, with the overarching goal of caregivers being learning about the value of observing and appropriately responding to their child and increasing their reflecting skills to strengthen secure attachment (Marvin et al., 2002).

Another example and an evidence-based, trauma-informed model, Trust-Based Relational Intervention (TBRI), aims to address trauma through meeting attachment needs of children (Purvis et al., 2013a). Grounded in attachment theory and developmental neuroscience, the TBRI model comprises three tenets: *empowering* to address physical needs, *connecting* to build trust and set the stage for secure attachment, and *correcting* to address behavioral needs (Purvis et al., 2013a). Clinicians used the TBRI model with children

across many settings, including day camps (Purvis et al., 2013b) and residential treatment facilities (Purvis et al., 2014).

When working with youth who may lack secure attachments, attachment-focused counselors should be mindful of the fact that they may be the only secure attachment in the child's life and should attend to their own internal working models and build awareness of their own attachment patterns (Wallin, 2007). Adults' attachment styles correspond to the attachment styles in children: secure (corresponds to secure in childhood), avoidant (corresponds to avoidant in childhood), preoccupied (corresponds to resistant in childhood), and fearful (corresponds to disorganized in childhood); see Alexander (1992).

Recall that Angie used experiential and play-based activities with Lynn in her sessions. Lynn's attachment style could be categorized as insecure, specifically anxious-avoidant. Her internal working model, as evidenced by her play, suggests that she finds her caregiver to be unresponsive and that she is unworthy of attention. Fortunately, counseling can provide opportunities for constructing new attachment patterns (Wallin, 2007). When counselors are consistent, congruent, and accepting, clients feel safe relying on the counselor and the therapeutic relationship. The corrective experience of a cohesive and trusting therapeutic relationship helps create new and secure attachment patterns (Wallin, 2007). In order to establish safety for paving the way to secure attachment, counselors should make sessions feel inviting, warm, predictable, and nonjudgmental and behave in congruent and culturally sensitive ways.

## RELATIONAL-CULTURAL THEORY

RCT, developed by scholars at the Stone Center at Wellesley College, focuses on creating growth-fostering relationships and exploring connections and disconnections in one's life and relationships (Miller, 2008). The focus on connection in youth may seem contradictory to one of the tasks commonly associated with development in childhood: to grow more self-sufficient. However, RCT departs from the traditional notion that individuals need to separate and strive for individuation and rather promotes a focus on building and maintaining meaningful, healthy connections (Miller, 2008). Children increasingly regard interpersonal relationships as important as they mature and develop. In essence, relationships help children make sense of their world and their place in it. Thus, a focus on wellness and growth through the prism of connection allows counselors to target salient areas of child and adolescent clients' lives.

As RCT counselors address the relational considerations of intra- and interpersonal dynamics and cultural context of child and adolescent clients, they may find specific RCT tenets consistently applicable: *mutual empathy*, *connection*, *disconnection*, *relational images*, *relational resilience*, and *power*.

### Mutual Empathy

The relational-cultural approach moves away from traditional views of empathy, in which empathy operates solely in one direction, from counselor to the client. RCT theorists suggest that bidirectional *mutual empathy* benefits the counseling relationship, in which both parties openly acknowledge each person's impact on the individuals and the relationship (Jordan, 2018). They also endorse self-empathy to help clients honor their experiences with compassion (Duffey & Somody, 2011). These forms of empathy allow clients to feel safe

and accepted, a sense of agency and mattering, and hopefully an empathic understanding of self. Lynn, unfamiliar with mutuality, felt uncomfortable when Angie regarded her as funny and smart. Angie smiled and laughed when Lynn made clever or humorous remarks, and Angie thanked Lynn every time she taught her something new. Over time, Lynn saw her positive impact on Angie, and this augmented her view of herself and improved her relational confidence over the course of therapy.

## Connection

Jean Baker Miller (2008) proposed that sense of self and worth subsists through an ability to form and maintain growth-fostering connection in relationships. Growth-fostering relationships characteristically reflect “five good things: (a) a sense of zest; (b) clarity about oneself, the other, and the relationship; (c) a sense of personal worth; (d) the capacity to be creative and productive; and (e) the desire for more connection” (Jordan, 2008, p. 2). The therapeutic relationship, from the RCT perspective, creates new relational templates for child and adolescent clients and models growth-fostering connection due to mutual empathy and empowerment. The warm and accepting presence of and with the counselor, the clear boundaries and expectations of the relationship, challenging negative relational images (discussed in more detail in the following section) to foster a more compassionate sense of self, and consistent and genuine interactions all culminate to form growth-fostering connection. Through the therapeutic relationship, child and adolescent clients can strive for new relational patterns characteristic of growth-fostering connection, with a sense of possibility for healthy relationships outside of the context of counseling.

## Disconnection

Alongside connection, RCT theorists value disconnection as a normative and healthy part of all relationships. Disconnections occur in relationships void of empathy and mutual empowerment and may result in a person feeling disappointment, misinterpreted, violated, or a sense of danger (Jordan, 2018). Disconnection leads to stronger connection when people in the relationship experience disconnection in a manner that allows the people in the relationship to feel heard, respected, and free to be authentic (Jordan, 2008). Yet, if a person experiences invalidation or dismissive responses when disconnection occurs, one may resort to strategies of disconnection (Duffey & Somody, 2011). *Central relational paradox* represents one strategy of disconnection in which a person engages in an inauthentic way to achieve (or stay in) connection with others (Miller & Stiver, 1997). The paradox arises because people use inauthenticity as a shield to protect themselves from rejection, but inauthenticity keeps people from real connection with others (Miller, 2008).

Society may perpetuate the paradox (Miller & Stiver, 1997) through the overt or covert messages children and adolescents receive. According to several of this author’s own child and adolescent clients, overt and covert messages around trauma and relational violations, substance use, familial and community values, gender roles and expectations related to behavior and appearance, academic achievement and career aspirations, interactions on social media, friendships and popularity, intimate relationships, and political climate all feed into how they create meaning of their relationships and their roles in those relationships. In Lynn’s case, she protected herself by withholding her need and desire to ask questions about her parentage and to let Petra know that she yearned for her affection and

attention. She hid away the part of herself that she believed created difficulty for Petra. One clearly sees Lynn's logic in self-protecting. Equally and unfortunately, one can see the impossibility of true connection with Petra as long as Lynn withholds her needs.

## Relational Images

Relational images reflect the patterns of one's relational experience, which begins early in life and continues over the life span (Miller & Stiver, 1997). According to Miller and Stiver (1997), people ascribe meaning to their relational images, which informs their views of themselves, others, and the world. Lynn felt abandoned by the adults in her life, and this served as the primary basis for her relational images. She believed herself to be unworthy and bad, which allowed her to make sense of her biologic parents' abandoning her and her grandmother's emotional unavailability. She felt largely ignored and learned that if she could make herself invisible, everything at home seemed less stressful for her grandmother. Before Lynn started counseling, she kept conversations with Petra light and brief, spent most of her time playing in her room, and stayed out of Petra's way as much as possible. Petra suspected and feared that Lynn experienced loneliness, but recall that Petra avoided emotional expression and discussion. Petra sidestepped Lynn's emotional needs—not out of malice but in response to her own discomfort and grief. Lynn, unaware of Petra's insight, continued to exist quietly and viewed her strategy to be successful: Staying quiet yielded positive results. The positive outcome reinforced Lynn's relational images of caregiver–child relationships. Here, one can see that the meaning the child or adolescent takes away from an experience plays a key role in determining how they function intra- and interpersonally. Thus, part of a counselor's role involves understanding the relational images and templates that guide child and adolescent clients' lived experiences and reality.

## Relational Resilience

People demonstrate relational resilience when they move toward growth-fostering relationships and mutuality after experiencing disconnection (Jordan, 2013, 2018). Achieving new or renewed connection remains less relevant than actually attempting to reconnect after experiencing adversity (J. Jordan, personal communication, June 21, 2014). Many children and adolescents struggle with chronic disconnection as a result of conflict or other issues (e.g., name-calling, bullying, and severe childhood maltreatment). Some may resort to isolation to self-protect. If a child ventures out from isolation after surviving relational or physical trauma and attempts to connect with others, this connotes a sign of relational resilience.

Initially, Lynn took her time trusting her school counselor. Lynn expected her to become disinterested and to leave her behind, as others did. Over time, Lynn started to not only welcome the counseling sessions but became excited to spend time with Angie. Feeling safe in the therapeutic relationship, she allowed herself to attempt connection with Angie, sharing her perspectives of Petra (that she minimally mattered to Petra) and her wishes for a better relationship with her. During parent consultations, Angie provided feedback, psychoeducation, and homework, and she helped facilitate communication that gave Petra insight about Lynn's perceptions and feelings. Petra employed the strategies she learned in the parent consultations at home. She made concerted efforts to increase

eye contact and dialogue with Lynn every day. If Lynn approached her for any reason, she committed no less than 30 seconds of her attention on attending to Lynn's needs. She invited Lynn to help with dinner and other manageable and developmentally appropriate tasks to increase their time together and to help with the workload. Petra reported that she needed more time to increase her comfort with discussing Lynn's mom and still struggled to increase her own emotional vocabulary and expression. Nevertheless, both Lynn and Petra reported improved mood, connection, and home life. After successful connection with Angie and improved connection with Petra, Lynn's teacher reported that Lynn made other attempts of connection with her teachers and two classmates. Lynn's attempts at connection indicated a newfound relational resilience that spanned several areas of her life.

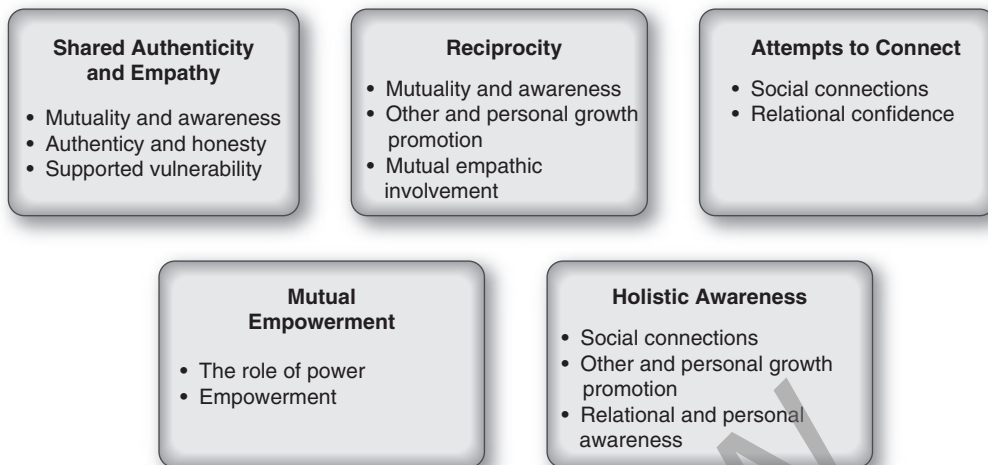
## Power

Relational-cultural theorists distinguish *power over* (i.e., control) from *power with* (i.e., empowerment) in their view of power in people's lives and society (Jordan, 2018). Power over occurs in relationships that allow people to dominate and control others, and power with involves mutual empowerment of all people in a relationship (Jordan, 2018). Counselors can offer child and adolescent clients choices and can allow them to take the lead in sessions to promote empowerment, as Lynn's counselor did in their sessions. Yet counselors also recognize that power differentials exist in child and adolescents' lives and the settings in which they live. Understanding that shared power may be unsafe or unsuitable for all situations, counselors can work with caregivers to identify appropriate opportunities for empowering their children. Caregivers can offer choices to their children whenever possible. Petra realized that the process for allowing Lynn to make choices could be simple and easy and still produce the desired outcome of shared power. She encouraged Lynn to decide the station they listened to on the way to church, to choose between two dessert options for them to enjoy after dinner, and many other daily choices. Caregivers, through communicating that children's opinions carry value, can offer moments for them to engage in decision-making that not only create immediate satisfaction but also create a sense of agency.

Many approaches target problem-solving and symptom reduction in children. Although targeting these important areas helps children, relational health influences mental health as well. Exploring the RCT concepts allows counselors using relational approaches to provide opportunities for youth to expand their self-understanding in relationships, to identify characteristics of growth-fostering relationships, and to practice establishing and maintaining healthy boundaries in relationships (Haiyasoso & Schuermann, 2018).

## APPLYING RELATIONAL-CULTURAL THEORY IN COUNSELING CHILD AND ADOLESCENT CLIENTS

Counselors integrate the aforementioned RCT principles into models to target specific populations. For example, Haiyasoso and Schuermann (2018) propose RCT as an appropriate framework for counseling adolescent survivors of child sexual abuse (CSA) to address common relational concerns and to build relational health in the aftermath of abuse. The authors offer the Relational Health Model (RHM), which merges relational



**FIGURE 3.2 Relational Health Model. Relational Health Model for counselors working with survivors of child sexual abuse, merging relational competency, power (see Duffey et al., 2009), and relational resilience (see Jordan, 2013).**

Source: Adapted from Haiyasoso, M., & Schuermann, H. (2018). Application of relational-cultural theory with adolescent sexual abuse survivors. *Journal of Child and Adolescent Counseling*, 4, 171. Copyright 2018 by the Association for Child and Adolescent Counseling.

competencies and the role of power (Duffey et al., 2009) with areas in a relational model of resilience (Jordan, 2013). Tenets of the model include the following: *Shared Authenticity and Empathy*, *Reciprocity*, *Attempts to Connect*, *Mutual Empowerment*, and *Holistic Awareness* (see Figure 3.2). *Shared Authenticity and Empathy* encompasses the idea that counselors can help adolescents grow in their own awareness about areas of life where they may or may not feel safe enough to be authentic. Counselors stay mutually engaged and authentic to model a therapeutic, growth-fostering relationship in the adolescent's life. Authenticity leads to freedom to be vulnerable, and when people in interpersonal relationships can be vulnerable, true connection and shared empathy is possible. *Reciprocity* involves counselors modeling and highlighting that mutuality and respect can exist in relationships where all parties involved in the relationship encourage and hold space for one another. In *Attempts to Connect*, counselors explore the biologic and social imperative of connection with adolescents and learn about their perceived relational confidence. Within the *Mutual Empowerment* domain, counselors focus on power as a concept that influences interactions across relational contexts. Counselors should empower adolescents to exercise their power through self-expression and effective use of their voice, and counselors should stay mindful of clients' cultural and intersectional identities that may impact their experiences with power or lack thereof. In the last tenet, *Holistic Awareness*, counselors can scan adolescents' previous and current social connections for the five good things. They can also explore patterns of giving and receiving support and establishing healthy boundaries. The authors apply the model to a case illustration to address relational, developmental, and therapeutic needs of adolescent survivors of CSA.

## PROCESSING QUESTIONS FOR EACH DOMAIN IN THE RELATIONAL HEALTH MODEL

- *Shared Authenticity and Empathy*: When and where does the client feel safe enough to be vulnerable? Can they reach out to others and avoid isolation? Am I as the counselor cultivating safety? Am I modeling authenticity? In what ways can I highlight our therapeutic relationship as an example for a healthy relational template?
- *Reciprocity*: Have I defined and demonstrated mutuality and mutual empathy well? In what relationships outside of counseling do clients experience mutuality and see their impact on others? How does this client promote self and others?
- *Attempts to Connect*: How readily does the client trust others? Do they trust themselves? How do they perceive connection with others? Knowing that mutuality bolsters relational confidence, when, where, and with whom do they experience mutuality?
- *Mutual Empowerment*: When has this client felt empowered? When has this client felt violated or disempowered? What are the cultural norms around power and expression for this client? How can I offer opportunities to empower the client in session?
- *Holistic Awareness*: Are there behaviors serving as attempts to connect with and feel connected to others? What previous relationships contain the five good things? Which relationships lack the five good things?

For youth in school settings, Tucker et al. (2011) provide a framework of the 5 Es to foster relational skills in adolescents: encourage self-empathy, explore relational images, educate about power, explain disconnections and conflict, and expand relational capacities (p. 312). Students' social and peer relationships come fraught with challenges (e.g., relational aggression and bullying). Counselors can assist students who experience these challenges through helping them build relational skills to more effectively manage areas of concern or conflict (Tucker et al., 2011).

In another example, Vicario et al. (2013) developed relational-cultural play therapy (RCPT) through integrating the principles of trauma-focused play therapy (Gil, 2011) and the relational-cultural approach from Tucker et al. (2011). The RCPT approach addresses trauma through Gil's (2011) 3 Rs, which include reexperiencing (i.e., recollecting traumatic events and placing blame on the offender), releasing (i.e., experiencing the trauma as an event from the past and no longer occurring), and reorganizing (i.e., experiencing the trauma as a moment in time versus a defining and focal part of the child's identity [Vicario et al., 2013]). The authors integrated the 3 Rs (reexperiencing, releasing, and reorganizing) with Tucker et al.'s (2011) 5 Es (encourage self-empathy, explore relational images, educate about power, explain disconnections and conflict, and expand relational capacities) and suggested that RCPT could be adapted to work with adolescents and adults if counselors apply the principles through other forms of counseling, such as psychodrama, art, or music therapy (Vicario et al., 2013).

Common RCT concepts exist at the core of the previously discussed relational approaches proposed for youth. Although counselors view these integrative approaches to be anecdotally effective, they lack empirical research on their effectiveness. In an effort to hone in on relational considerations and help promote growth-fostering characteristics in a developmentally appropriate manner, counselors can integrate these approaches with evidence-based practices if clients present with poor relational health and a lack of healthy connection with others.

## CASE STUDY 3.1

### NOEMI

Before the coronavirus disease 2019 (COVID-19) pandemic, Noemi, an 11-year-old Filipino American female, and her family lived a modest and comfortable life. Noemi's parents owned and operated a local coffee shop but temporarily closed their café when the pandemic struck. As the shutdown continued, the emotional, physical, and financial toll on her parents grew increasingly evident. Noemi overheard her parents' discussions about their financial difficulties and saw many instances of her father consoling her crying mother. Eventually, Noemi, her parents, and her three younger siblings moved into her paternal aunt's home. Despite being surrounded by people she loved, Noemi felt isolated and sad. Accustomed to her siblings, she knew how to share, wait her turn, and coexist without a lot of privacy. Yet, at her aunt's home, she had to contend not only with her siblings but also with her cousins, all younger than Noemi. She felt lost as she tried to focus on online school assignments when her school resumed remotely. She experienced difficulty with paying attention and focusing on her assignments due to the busyness around her, with all of the children and adults trying to work from home. Her typically cheery affect became blunted, and her normally open manner appeared shut down and withdrawn. She communicated with her best friend via phone calls and text messages and shared a little bit about her feelings with her best friend's mom. Noemi described feeling intense shame for feeling angry about being forced to move into her aunt's home and being required to stay home from school. Otherwise, she maintained few relationships with peers and expressed minimal emotions with others. Her mother noticed her markedly changed demeanor and contacted the school counselor. The school counselor suggested scheduling a virtual counseling session with Noemi.

#### Activity 3.1

The following written exercises can help bring focus to relational considerations and relational-cultural responses. Reference the preceding case example to complete the exercises.

##### Written Exercise 1: Intrapersonal and Interpersonal Context

Exploring the client's intrapersonal and interpersonal contexts (family, peer, school, and cultural) fosters better understanding of the client and allows the client to feel heard.

- Take 1 to 2 minutes to list the questions that first come to mind after reading the case example of Noemi and her family.
- Then, scan those questions to see which questions assess her intrapersonal functioning (e.g., self-esteem, emotional expression, and regulation) and which examine her identities, cultural groups, and family/peer interactions. Do you notice any differences in your lists?
- Refer to the processing questions for the following RHM domains (p. 68): *Attempts to Connect*, *Mutual Empowerment*, and *Holistic Awareness*. If you were the counselor, are there additional questions that you might add to learn about Noemi's intrapersonal and interpersonal contexts?

##### Written Exercise 2: Therapeutic Relationship

In order to cultivate mutual empathy and authenticity in the therapeutic relationship, a counselor must attempt to create a supportive environment.

- List the top three necessary qualities you want to convey to Noemi to create a sense of trust and connection.
- Briefly describe what you need to do to demonstrate mutual empathy.
- Indicate in two to three sentences how you will know that you have achieved connection and trust with Noemi.

## CHAPTER SUMMARY

Relational contexts impact psychosocial and developmental processes for children and adolescents. Intrapersonally, children develop their sense of self-esteem, learn their own self-awareness, and expand their ability to self-regulate. Adolescents participate in this ongoing process and attempt to keep pace with evolving needs and hormonal changes. Interpersonally, youth reside within embedded relational contexts including family, peer groups, school settings, and the broader community. Children and adolescents increasingly value friendships and peers as they mature. Counselors should seek to understand relational contexts in their clinical work with children and adolescents because treating the whole child requires understanding of these relational and cultural influences. Knowing the integral nature of human connection and relationship, counselors working from an attachment-based or relational lens explore their child and adolescent clients' relational health and competency and encourage relational resilience. Above all, focusing on building and fostering a strong therapeutic relationship over time remains among the most important relational considerations and key to effectively connecting with child and adolescent clients.

## POINTS TO REMEMBER

- Focus on the “we” instead of the “me” in clients' experiences. Children and adolescents exist and develop within relational, cultural, and systemic contexts.
- Learn about child and adolescent clients' intrapersonal and interpersonal experiences in order to conceptualize them in a holistic manner.
- Understand the mutual influences between children and their environments (familial, social, academic) throughout their development.
- Seek to form a therapeutic relationship that honors the human tendency to reach for connection in the counseling setting as well as in clients' daily lives.
- Remember that the therapeutic relationship can reshape child and adolescent clients' relational templates, which leads to an augmented understanding of self and self in context.

- In terms of relational resiliency, counselors view establishing connection or reconnection as less relevant than the actual act of attempting to reconnect. The effort, vulnerability, and courage to try matter most.

## OTHER HELPFUL ITEMS OF INFORMATION FOR CONSIDERATION

### RECOMMENDED READING

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### QUESTIONS FOR FURTHER DISCUSSION

- The chapter centers on relational considerations. Appraise your own awareness of your relational contexts. How might these influence your own understanding of child and adolescent clients' presenting concerns?
- Reflect on the case of Lynn. What feelings come up for you as you reflect on Lynn and Petra? How did Petra's background and relational contexts contribute to your understanding of Petra?
- Consider the distinctions in the RCT perspective of power (*power over* vs. *power with*). In a society that values competition, how do you reconcile the relational idea of mutual empowerment (e.g., "I feel empowered when you are empowered")? Do you see yourself integrating *power with* dynamics in your therapeutic work with child and adolescent clients?
- Think of the five good things that characterized growth-fostering relationships: zest, clarity, worth, productivity and creativity, and desire for more connection. You may simply ask your child and adolescent clients to reflect developmentally on their relationships and list those that possess these qualities. However, that may not always be appropriate. What other experiential ways can you work with young clients to explore the quality of their relationships?
- The therapeutic relationship naturally experiences ups and downs. How do you envision managing this dynamic process with child and adolescent clients?

### KEY REFERENCES

Only key references appear in the print edition. The full reference list appears in the digital product on Springer Publishing Connect: [connect.springerpub.com/content/book/978-0-8261-4764-6/chapter/ch03](http://connect.springerpub.com/content/book/978-0-8261-4764-6/chapter/ch03)

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PREVIEW

Instructor's Manual for

# CHILD AND ADOLESCENT COUNSELING: AN INTEGRATED APPROACH

Brenda Jones

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Editors



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PREVIEW

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PREVIEW

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# PART I

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## DEVELOPMENTAL, SYSTEMIC, MULTICULTURAL, AND RELATIONAL PERSPECTIVES FOR WORKING WITH YOUTH POPULATIONS

PREVIEW

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# CHAPTER 1

---

## DEVELOPMENTAL THEORISTS AND OTHER CONSIDERATIONS USED WHEN COUNSELING CHILDREN AND ADOLESCENTS

### KEYWORDS

child and adolescent development, risk factors, protective factors, developmental theorists, developmental tasks, hierarchy of needs, self-efficacy, Social Learning Theory, social cultural theory

### CACREP STANDARDS

- CACREP 2016: 2.F.3.a., b., c., e., f., g., h., i.; F.5.f., j.; School Counseling: 5.G.2.g.; Clinical Mental Health Counseling: 5.C.2.f., g., j.
- CACREP 2009: II.G.1.c., III. a., b., c., d., f., h.; School Counseling: III.A.6, E.2.; Clinical Mental Health Counseling: III. A.9., C.8., 9., D.3., E. 1., 3.

### CHAPTER SUMMARY

Developmental considerations provide great implications for counselors. The level of development impacts how children make sense out of and act in response to critical life circumstances. Incorporating a developmental perspective when counseling children and adolescents and aiding them in successfully mastering tasks at various developmental milestones continues to be a core and essential component of counseling. Children's level of development affects how they respond to counseling strategies, interventions, and modalities. This makes counselor efficacy in developmental influences on children fundamental and foundational. Four prominent theoretical lenses created by Piaget, Maslow, Vygotsky, and Bandura serve as the frameworks for this chapter.

Developmental psychology includes domains such as self, social, emotional, and cognitive development and includes how children and adolescents acquire, process, and organize information in order to gain a better understanding of their worlds. Long-standing debates remain as to how much nature or nurture plays a role in development. Nurture includes those positive environmental encounters that foster children's development. While science points out that genetics provides the blueprint for the developing brain, nature (the child's environment) molds, sculpts, and influences development. Supportive and nurturing environments foster healthy development while adverse and traumatic

experiences produce risk factors that can present asymmetrical rather than symmetrical development and can be life-changing with lasting effects.

While developmental processes transpire similarly across cultures, the development rate varies as children acquire culture-specific skills and the influence of other contextual factors while experiencing relatable tragedies. Consequently, developmental generalizations may not be fully applicable to all racial, ethnic, or cultural groups.

## POINTS TO REMEMBER

- Development can be defined as a maturational process that results from the optimal, two-way interaction between the child and the environment.
- Systemic, relational, and multicultural influences impact development.
- When vital needs become deficits, children react to these deficits contingent on their developmental level in the developmental self, social, emotional, academic, and cognitive domains.
- Brain research, including an understanding of executive function, plays an important role in understanding psychological processes involved in the conscious control of thoughts and actions.
- When counselors teach children and adolescents to monitor their brain's neurobiological responses, youth can better regulate their cognition and their behavior.
- Despite developmental encounters presented to children and adolescents, not all challenges produce maladaptive outcomes as they traverse stage-salient and other contextual tasks.
- Early family and systems interventions conducive to shaping and enhancing development remain imperative.

## OTHER HELPFUL INFORMATION FOR CONSIDERATION

- A full summary of Piaget's theory falls beyond the scope of this chapter and the author refers readers to other sources using this link: [www.piaget.org](http://www.piaget.org)
- The Search Institute's 40 Developmental Assets assists counselors, educators, and parents in their effort to foster youth's development. This link provides information and handouts in English and Spanish for various age groups and may be found at [www.search-institute.org/our-research/development-assets/developmental-assets-framework/](http://www.search-institute.org/our-research/development-assets/developmental-assets-framework/)
- Additional information regarding Albert Bandura's Social Learning Theory may be found at [www.verywellmind.com/social-learning-theory-2795074](http://www.verywellmind.com/social-learning-theory-2795074)
- Videos of Vygotsky's Social-Cultural Theory can be found at [www.bing.com/videos/search?q=vygotsky%27s+theory&qpv=vygotsky%27s+theory&FORM=VDRE](http://www.bing.com/videos/search?q=vygotsky%27s+theory&qpv=vygotsky%27s+theory&FORM=VDRE)
- Nurturing Care for Early Childhood Development Framework may be found at [nurturing-care.org/resources/nurturing-care-framework-toolkit/](http://nurturing-care.org/resources/nurturing-care-framework-toolkit/)
- Videos of Maslow's hierarchy of needs may be found at [www.bing.com/videos/search?q=maslow%27s+hierarchy+of+needs&qpv=maslow%27s+hierarchy+of+needs&FORM=VDRE](http://www.bing.com/videos/search?q=maslow%27s+hierarchy+of+needs&qpv=maslow%27s+hierarchy+of+needs&FORM=VDRE)

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# CHAPTER 3

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## RELATIONAL CONSIDERATIONS IN CHILD AND ADOLESCENT COUNSELING

### KEYWORDS

therapeutic relationship with children, therapeutic relationship with adolescents, relational-cultural theory, relational health, relational resiliency, attachment

### CACREP STANDARDS

- CACREP 2016: 2.F.1.b., 2.F.2.d., 2.F.3.f., 2.F.5.f.; School Counseling, 5.G.2.a.; 5.G.3.h.; Clinical Mental Health Counseling, 5.C.2.A., j.
- CACREP 2009: II.B.1.; II.G.1.a., II.G.2.a., d., II.G.3.d., f., h., II.G.5.e.; School Counseling, III.A.3., 6.; D.1.; F.1.; Clinical Mental Health Counseling, III.A.2., 3.; B.1.; E.1., 2.; G.1.

### CHAPTER SUMMARY

Relational contexts impact psychosocial and developmental processes for children and adolescents. Intrapersonally, children develop their sense of self-esteem, learn their own self-awareness, and expand their ability to self-regulate. Adolescents participate in this ongoing process and attempt to keep pace with evolving needs and hormonal changes. Interpersonally, youth reside within embedded relational contexts including family, peer groups, school settings, and the broader community. Children and adolescents increasingly value friendships and peers as they mature. Counselors should seek to understand relational contexts in their clinical work with children and adolescents because treating the whole child requires understanding these relational and cultural influences. Knowing the integral nature of human connection and relationship, counselors working from an attachment-based or relational lens explore their child and adolescent clients' relational health and competency and encourage relational resilience. Above all, focusing on building and fostering a strong therapeutic relationship over time remains among the most important relational considerations and key to effectively connecting with children and adolescents.

## POINTS TO REMEMBER

- Focus on the “we” instead of the “me” in clients’ experiences. Children and adolescents exist and develop within relational, cultural, and systemic contexts.
- Learn about child and adolescent clients’ intrapersonal and interpersonal experiences in order to conceptualize clients in a holistic manner.
- Understand the mutual influences between children and their environments (familial, social, academic) throughout their development.
- Seek to form a therapeutic relationship that honors the human tendency to reach for connection in the counseling setting as well as in clients’ daily lives.
- Remember that the therapeutic relationship can reshape child and adolescent clients’ relational templates, which leads to an augmented understanding of self and self in context.
- In terms of relational resiliency, remember that counselors view establishing connection or reconnection as less relevant than the actual act of attempting to reconnect. The effort, vulnerability, and courage to try matter most.

## OTHER HELPFUL INFORMATION FOR CONSIDERATION

### Recommended Reading

- Banks, A. (2016). *Wired to connect*. Tarcher/Penguin.
- Coan, J. A. (2016). Toward a neuroscience of attachment. In J. Cassidy, & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (3rd ed.). Guilford.
- Kestly, T. A. (2014). *The interpersonal neurobiology of play: Brain-building interventions for emotional well-being*. Norton.
- Miller, J. B. (Ed.). (1973). *Psychoanalysis and women*. Brunner/Mazel.
- Munns, E. (2003). Theraplay: Attachment enhancing play therapy. In C. E. Schaefer (Ed.), *Foundations of play therapy*. Wiley.

Test Bank for

# CHILD AND ADOLESCENT COUNSELING: AN INTEGRATED APPROACH

Brenda Jones

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Editors



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PREVIEW

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# CHAPTER 1

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## DEVELOPMENTAL THEORISTS AND OTHER CONSIDERATIONS USED WHEN COUNSELING CHILDREN AND ADOLESCENTS

### TEST BANK QUESTIONS

1. Which of the following statements about developmental processes is false?
  - a. They transpire fairly similar across cultures. @ No. This is true.
  - b. The rate of development varies as children acquire culture-specific skills. @ No. This is true.
  - c. They are important when counselors conceptualize clients' presenting concerns and determine the most effective strategies and interventions to use. @ No. This is true.
  - \*d. They do not need to be considered since the child usually has a family, peers, and a school to offer them resources and support. @ Yes. Developmental process needs to be considered in order to work effectively with families, school personnel, and other individuals who impact the child's life.
  
2. Which of the following *is not* a theoretical assumption for developmental theorists?
  - a. Children and adolescents are impacted by nature and nurture. @ No. Nature and nurture play a crucial role in development.
  - b. The central role of experience is a critical mechanism of development. @ No. Each new experience creates schemata, which individuals assimilate and accommodate to new, emerging experiences and knowledge, which impacts development.
  - \*c. Development is fixed at birth and does not occur over time. @ Yes. Development is sequential or stage oriented and occurs over lifetime.
  - d. Provides a foundation for how behavior changes. @ No. This is a true statement.
  
3. A child's ability to examine all properties or appearances of a visual stimulus is called
  - \*a. Centration. @ Yes. Centration refers to the child's ability to examine all properties or appearances of a visual stimulus.
  - b. Assimilation. @ No. Assimilation is the process of using new knowledge and connecting this reality into one's current ways of understanding.
  - c. Animism. @ No. Animism is the notion that inanimate objects appear alive to children with undeveloped cognitive processing.
  - d. Equilibrium. @ No. Equilibrium is a state of cognitive balance.

4. A Piagetian task that relates to how well children, using a logical mathematical structure, conceptualize the amount or quantity of a matter remaining the same regardless of the dimension of the container that holds the matter.
  - a. Centration. @ No. Centration refers to the child's ability to examine all properties or appearances of a visual stimulus.
  - \*b. Conservation. @ Yes. Conservation is a Piagetian term that assesses children's levels of conceptual development and relates to how well children, using a logical mathematical structure, conceptualize the amount or quantity of a matter remaining the same regardless of the dimension of the container that holds the matter.
  - c. Reversibility. @ No. Reversibility is a Piagetian term that defines when children acquire the capacity to reverse a series of steps using basic reasoning.
  - d. Accommodation. @ No. After assimilating, accommodation refers to advanced modifications in cognitive organization that result from additional environmental experiences.
  
5. Youth can process a myriad of complex hypothetical and verbal problems in past, present, and future contexts during this Piagetian stage of development.
  - a. Preoperational. @ No. Children cannot master these tasks during the preoperational stage.
  - b. Sensorimotor. @ No. This is the stage where the most basic and underdeveloped cognitive structure is present.
  - \*c. Formal operation. @ Yes. This is the correct stage where these tasks can be performed.
  - d. Concrete operation. @ No. Children cannot process complex hypothetical situations during this stage.
  
6. When an individual satisfies the first four levels of Maslow's hierarchy, the focus transitions from \_\_\_\_\_ .
  - a. Self-actualization. @ No. This is the focus after the first four levels have been mastered.
  - b. Fulfillment of one's nature. @ No. This is the same as self-actualization.
  - \*c. Lower level needs. @ Yes. The individual can now focus on growth and fulfillment of one's goals and nature.
  - d. Growth and fulfillment of goals. @ No. This is part of the self-actualization process.
  
7. Bandura's Social Cognitive Theory endorses a causal structure grounded in triadic give-and-take interconnections. He posits that human functioning derives from the interchange of intrapersonal influences, environmental forces, and
  - \*a. The individual's behavior. @ Yes. This is a factor in that triad.
  - b. A relationship between language and thought. @ No. This is not a factor in that triad.
  - c. Assimilation and accommodation. @ No. These are Piagetian tasks to promote cognitive development.
  - d. Deficiency needs. @ No. These are foci of Maslow's hierarchy of needs theory.

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# CHAPTER 3

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## RELATIONAL CONSIDERATIONS IN CHILD AND ADOLESCENT COUNSELING

### TEST BANK QUESTIONS

1. Counselors who address child and adolescent clients' \_\_\_\_\_ contexts will likely better understand clients' mental health concerns.
  - a. Hypothetical. @ No. Counselors who examine hypothetical contexts might help clients uncover what they prefer, fear, and so on but not necessarily the context they currently experience.
  - b. Pretend. @ No. Counselors who examine pretend contexts might help clients uncover what they prefer, fear, and so on but not necessarily the context they currently experience.
  - \*c. Relational. @ Yes. Counselors who understand relational contexts will understand more about clients' lived experiences and environmental influences.
  - d. None of the above. @ No. Counselors who understand relational contexts will understand more about clients' lived experiences and environmental influences.
  
2. Counselors can help children and adolescents bring awareness to their \_\_\_\_\_ so that they can manage heightened emotions or sensations.
  - a. External locus of control. @ No. Counselors who help clients examine their external locus of control do so to help clients increase an internal locus of control.
  - \*b. Internal states. @ Yes. Counselors who help clients examine internal state of being help increase clients' awareness so that they can begin to downregulate and regain a sense of safety.
  - c. All of the above. @ No. Counselors who help clients examine internal state of being help increase clients' awareness so that they can begin to downregulate and regain a sense of safety.
  - d. None of the above. @ No. Counselors who help clients examine internal state of being help increase clients' awareness so that they can begin to downregulate and regain a sense of safety.
  
3. When working with youth, counselors typically \_\_\_\_\_ their caregivers.
  - \*a. Include. @ Yes. Counselors who work with youth will typically work with their caregivers and enlist them as partners in treatment.
  - b. Ignore. @ No. Counselors who work with youth will typically work with their caregivers and enlist them as partners in treatment.
  - c. Never meet. @ No. Counselors should meet the caregivers to obtain consent and pertinent information. Then, they meet frequently to consult or include them in sessions.
  - d. Assess. @ No. If counselors administer assessments to caregivers, they likely seek to learn about the child's presenting concerns and relevant history.

4. Even strong therapeutic relationships commonly \_\_\_\_\_.
- a. Impede progress. @ No. Strong therapeutic relationships contribute to client progress.
  - \*b. Ebb and flow. @ Yes. Counselors should expect the therapeutic relationship to experience moments of ebb and flow, rupture and repair, connection and disconnection.
  - c. Require little effort. @ No. Counselors work hard to attend to relational factors, their own cultural competence, and to convey empathy, nonjudgment, and acceptance.
  - d. All of the above. @ No. Counselors should expect the therapeutic relationship to experience moments of ebb and flow, rupture and repair, connection and disconnection.
5. People demonstrate \_\_\_\_\_ when they move toward growth-fostering relationships and mutuality after experiencing disconnection.
- a. Mutual empathy. @ No. Mutual empathy is bidirectional empathy.
  - b. Disconnection. @ No. Disconnection is a rupture in a relationship.
  - \*c. Relational resilience. @ Yes. Relational resilience occurs when people attempt to connect and engage in growth-fostering relationship after experiencing adversity or disconnection.
  - d. Power. @ No. Power, in relational-cultural theory, refers to feeling empowered through empowering others.

PREVIEW

Brenda Jones

POWERPOINTS TO ACCOMPANY

# CHAPTER 1

Developmental Theorists and Other Considerations  
Used When Counseling Children and Adolescents

## Learning Objectives

- Identify the relationship between social, emotional, and mental health maturation with child and adolescent development
- Demonstrate a comprehensive understanding of how developmental theory frameworks inform crafting and integrating client-centered counseling interventions, strategies, and best-practice methods
- Establish an awareness of counseling implications when working with children with diverse developmental histories

# Introduction

- Youth's level of development impacts their readiness to adapt to a fast-changing world
- Levels of development also impact how children make sense out of and act in response to critical life circumstances
- Children's and adolescents' level of development affects how they respond to counseling strategies, interventions, and modalities

# Key Assumptions for Positive Mental Health

- Nature versus nurture
- Development in culturally specific context
- Impact of developmental theories
- The brain and development

# Piaget's Cognitive Theory of Development

- Includes how individuals acquire, process, and organize information
- Describes human intelligence as a process of adaptation
  - Assimilation
  - Accommodation

# Stages of Cognitive Development

- Sensorimotor
- Preoperational
- Concrete operation
- Formal operation

**TABLE 1.1 SENSORIMOTOR INTELLIGENCE: 0 TO 2 YEARS**

Stage of Development	Cognitive Development <i>(Relational, Systemic, &amp; Multicultural Influences)</i>	Social Development <i>(Relational, Systemic, &amp; Multicultural Influences)</i>	Emotional Development <i>(Relational, Systemic, &amp; Multicultural Influences)</i>	Self/Physical Development <i>(Relational, Systemic, &amp; Multicultural Influences)</i>
Sensorimotor 0 to 2 years	<p>Restricted intellectual development</p> <p>Enhanced imagination, but not able to discern reality</p> <p>Schemata dependent on overt physical actions on their world</p>	<p>Behavior largely between sensation and motor relationships</p> <p>Social experimentation (mostly through play and simple imitations)</p> <p>Totally egocentric, unaware of causality to simple determination of causation, and no concept of rules</p>	<p>Experimentation and demonstration of primary emotions and interpersonal skills</p> <p>Reliance on early parent–child relationships, interactions and attachment to foster feelings of trust and security</p> <p>Assume parent’s emotional response to vague situations</p>	<p>No differentiation of self from other objects</p> <p>Navigates world with a set of simple reflexes and gross/fine motor skills (e.g., grabbing, hand-to mouth, and eye-to-hand coordination) which becomes complex, intentional, and organized</p> <p>Heavy reliance on parent/caregiver</p> <p>High level of energy</p>

**TABLE 1.2 PREOPERATIONAL: TWO TO SEVEN YEARS**

Stage of Development	Cognitive Development	Social Development	Emotional Development	Self/Physical Development
Preoperational 2 to 7 years	<p>Thoughts characterized by emerging use of symbols and gestures, more advanced than sensorimotor, but intellectual development still restricted by perceptual activities and obstacles including egocentrism, centration, animism, reversibility, and limited attention span</p> <p>Rare reflections on rigid thoughts and mostly not motivated to question own thinking but can reflect on causes</p> <p>Language development occurs very rapidly</p> <p>Cognitive development moves steadily through assimilation and accommodation with limited understanding of abuse, death, and divorce</p>	<p>Display simple imitations</p> <p>Social behavior restrained by level of reasoning and knowledge (limited understanding of feelings and appreciation of social concepts such as honesty, cheating, accidents, social cues, and other’s emotions)</p> <p>Advancing verbal and communicative behavior</p> <p>Progressive socialization rather than regressive with engagement in cooperative play, games, and competition with an emerging understanding of rules</p> <p>Emerging concerns about fitting in and belonging through personal expressions and dress</p>	<p>Early parent–child relationships, interactions, child-rearing practices, and attachment continue to cultivate social skills formation and successive creation of meaningful peer relationships</p>	<p>Egocentrism wanes but revives during the attainment of new cognitive structures</p> <p>High energy levels</p>

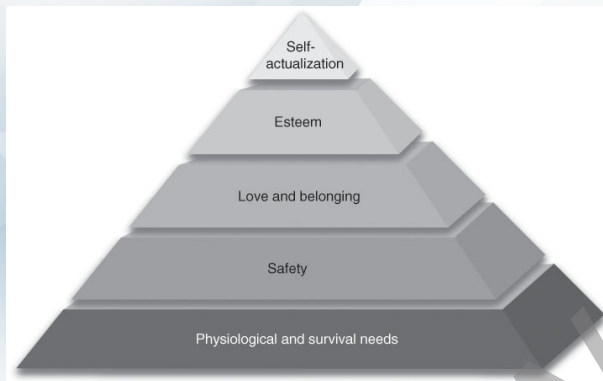
**TABLE 1.3 CONCRETE OPERATIONAL: 7 TO 11 YEARS**

Stage of Development	Cognitive Development <i>(Relational, Systemic, &amp; Multicultural Influences)</i>	Social Development <i>(Relational, Systemic, &amp; Multicultural Influences)</i>	Emotional Development <i>(Relational, Systemic, &amp; Multicultural Influences)</i>	Self/Physical Development <i>(Relational, Systemic, &amp; Multicultural Influences)</i>
Concrete operational 7 to 11 years	<p>Acts of accommodation more developed</p> <p>Thoughts more advanced than preoperation with improved concepts of centration, reversibility, conservation, causality, space, time, and speed, yet the highest level of use of logical operation not attained—cannot apply logic to hypothetical, purely verbal, or purely abstract</p> <p>Reasoning processes gradually becoming more logical with real, observable objects or events and can solve conservation and centration problems, and attain reversibility</p> <p>Limited judgment made based on undeveloped reasoning, which may result in behavioral difficulties</p> <p>Language becomes communicative in function</p>	<p>Egocentrism wanes primarily through social interactions with peers (succumbing to peer pressure and acceptance)</p> <p>Evaluate own reasoning with evolving perspective taking, and come to seek validation of personal thoughts by showing respect for others</p> <p>Through social interactions, verify or deny concepts through improved sense of causality where cooperation becomes more pronounced</p> <p>Heightened concerns about personal expressions and dress</p>	<p>Self-awareness of one's own emotions through self-reflections</p> <p>Able to organize and manage affective thoughts from one event to another</p>	<p>Nonegocentric communication evolves</p> <p>Awareness that others can come to conclusions different from own</p>

**TABLE 1.4 FORMAL OPERATIONAL: 11+ YEARS**

Stage of Development	Cognitive Development <i>(Relational, Systemic, &amp; Multicultural Influences)</i>	Social Development <i>(Relational, Systemic, &amp; Multicultural Influences)</i>	Emotional Development <i>(Relational, Systemic, &amp; Multicultural Influences)</i>	Self/Physical Development <i>(Relational, Systemic, &amp; Multicultural Influences)</i>
Formal operational 11+ years	<p>A much larger range of application of logical operations as compared to concrete operation</p> <p>Mature cognitive structure equipped almost as well as adults with assimilation and accommodation producing schematic changes throughout life</p> <p>Sometimes seek instant gratification with illogical thoughts and feelings of being invincible</p> <p>Can process a myriad of complex hypothetical and verbal problems in present, past, and future contexts</p> <p>Can employ theories in problem solving in an integrated manner with a true understanding of causation</p>	<p>Obtained a comprehensive understanding of social norms for behavior</p> <p>Evolving autonomy from parents/caregivers with increased experimentation, explorations, challenging, and testing of adult beliefs</p> <p>Continuing concerns about personal expressions and dress</p>	<p>Display variations of emotions presenting increased and varying levels of stress, anxiety, tension, rebellion, and self-consciousness</p> <p>Can be impulsive without an awareness of future consequences</p> <p>Sometimes resent the boundaries that adults present</p>	<p>Evaluation and reflection skills more pronounced with advanced personal, moral, and ethical responsibilities</p> <p>Rapid growth and physical and biological changes during puberty with clear differences between males and females</p>

# Maslow's Hierarchy of Needs



**FIGURE 1.1 Maslow's hierarchy of needs.**

Sources: Data from Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396. <https://doi.org/10.1037/h0054346>; Maslow, A. H. (1962). *Toward a psychology of being*. D. Van Nostrand Company; Maslow, A. (1970). *Motivation and personality* (2nd ed.). Harper & Row; Maslow, A. (1971). *The farther reaches of human nature*. Viking; Maslow, A. H. (1987). *Motivation and personality* (3rd ed.). Pearson Education.

# Vygotsky and the Sociocultural Approach

- Vygotsky posits that children acquire complex thinking through social interactions, in particular with “expert others” (teachers, counselors, peers, parents)
- The interconnection of sociocultural theory to the work of Vygotsky provides an interpretation of learning and development as mediated processes in that both approaches strive to theorize and investigate the processes by which social, cultural, and historical factors shape human functioning and development
- Considering children and adolescents from a cultural context enhances one’s understanding of their cognitive, social, emotional, and self-development

## Bandura's Social-Emotional Learning Theory

- Endorses a casual structure grounded in triadic give-and-take interconnections
- Human functioning derives from the interchange of intrapersonal influences, the individual's behavior, and the environmental forces that impact them
- Intrapersonal influences and self-efficacy remain integral parts of the causal situations in this dynamic interchange, and individuals play a large part in shaping events that take place in their lives

## Bandura's Agentic Perspectives

- In the *personal agency* realm, individuals' influence depends on what they can control directly
- However, in many areas of functioning, individuals may not have direct control over conditions that impact their lives. They may employ what Bandura calls the *proxy agency* instead. In this case, individuals influence others to provide resources, knowledge, and means to act on their behalf to secure the outcomes they desire
- Ultimately, people do not live their lives in social isolation. Many times, in order to achieve, they must work together with others

## Bandura's Premise on Self-Efficacy

- Children make choices based on their self-perceptions and competence
- People's beliefs in their capabilities develop in four ways and become the foundations of self-efficacy
  - If people's attainments appear continuously easy, they come to expect quick results, which causes certain discouragement when experiencing setbacks and failures
  - Social modeling plays an influential role in developing self-efficacy through the acquisition of attitudes, values, and styles of behavior. Watching someone succeed simply through perseverance increases one's aspirations and beliefs in their own potentials

## Bandura's Premise on Self-Efficacy (cont'd.)

- Social persuasion, being persuaded to believe in oneself, increases perseverance in times acquiring a more positive self-assessment of their capabilities
- Self-efficacy beliefs contribute to self-development in that they impact the array of options people may consider and the choices they make when deciding on setting the course of their life paths on becoming

## Other Considerations for Social Learning

- The impact of social media
- The benefits of social-emotional learning

## Risk Factors That Impact Development

- Social cultural and biological considerations
- Child abuse and neglect
- Social influences
- Environmental factors

## Ways to Enhance Development

- Protective or promotive factors or assets
- The school as a central context
- Family and systems interventions

## Implication for Counselors

- Counselor efficacy in developmental influences on children remains fundamental and foundational
  - Youth's level of development impacts their readiness to adapt to a fast-changing world
  - Counseling strategies, interventions, and modalities must be developmentally appropriate

# Chapter Summary

- Points to Remember
- Other Helpful Information for Consideration
- Questions for Further Discussion

Maria Haiyasoso

POWERPOINTS TO ACCOMPANY

## CHAPTER 3

### Relational Considerations in Child and Adolescent Counseling

## Learning Objectives

- Understand relational contexts that impact psychosocial and developmental processes for children and adolescents
- Expand knowledge of relational-cultural and attachment-based theoretical approaches and their applicability in clinical work with youth
- Recognize ways to apply relational considerations in clinical practice across school and clinical mental health settings

# Intrapersonal and Interpersonal Contexts

- Developmentally, children and adolescents evolve in their perception of themselves, others, and the world around them
- Counselors must address child and adolescent clients' relational contexts in order to better understand clients' mental health concerns
- Learning about child and adolescent clients' **intrapersonal skills** as well as their **interpersonal interactions** helps counselors develop a holistic view of clients

# Intrapersonal

- Various factors such as genetics, temperament, maturation processes, and observing caregivers influence this development
- Some intrapersonal skills begin early and impact how one relates to self and others over the life span
  - Self-esteem: what individuals think and feel about themselves
  - Self-understanding: the ability to recognize and to identify the self, one's internal experience, and one's impact on others
  - Self-regulation: the ability to control one's behavior and inward and outward expression

# Interpersonal

- Children begin to acquire interpersonal skills, such as social referencing (i.e., reading emotional cues in others), around 2 years and using emotional vocabulary in self and others between 2 and 4 years of age
- Adolescence presents a time of emotional ups and downs with hormonal changes and environment contributing to the fluctuation
- Adolescents' emotional development impacts how adolescents engage in social contexts

# Interpersonal (cont'd.)

- Understanding the mutual influences between children and their environments throughout their development remains integral to effective treatment

## Interpersonal: Family

- Counselors need to make relational considerations regarding family context as families are the first and primary system to which most children belong
- When children experience consistency in getting their needs met, they know what to expect and feel safe in those relationships
  - I cry, and someone responds with care; I ask a question, and I get help

## Interpersonal: Family (cont'd.)

- When children experience inconsistency or pain when attempting to get their needs met, they do not know what to expect, seek out other ways to meet needs, stop trying, or feel unsafe in those relationships
  - I cry, and I am ignored; I ask a question, and I am punished
  - Can bring about feelings of shame and the desire to isolate

## Interpersonal: Family (cont'd.)

- Counselors often involve caregivers as partners in treatment through
  - consulting with caregivers to provide psychoeducation and to check on progress
  - inviting caregivers to participate in sessions with the permission from the child
  - educating caregivers about how to continue treatment at home

## Interpersonal: Peer

- Counselors working with youth should consider the more central role relationships play in clients' lives
  - As they grow older, children increasingly value their peers, who serve as cognitive and social resources
  - Adolescents increase reward-seeking behaviors when in the presence of their peers, but the areas of the brain responsible for self-regulation and good decision-making remain undeveloped during most of adolescence (read: a recipe for risk taking!)

## Interpersonal: Peer (cont'd.)

- Often, adolescents' self-worth is linked to opinions of peers above and beyond family and romantic partners
- Connections in youth potentially impact the ability to form bonds later in life

Collins, W. A., & Laursen, B. P. (2012). *Relationship pathways: From adolescence to young adulthood*. SAGE Publications, Inc.  
Larsford, J. E., Yu, T., Pettit, G. S., Bates, J. E., & Dodge, K. A. (2014). Pathways of peer relationships from childhood to young adulthood. *Journal of Abnormal Developmental Psychology*, 43, 111–117. <https://doi.org/10.1016/j.jadp.2013.12.002>  
Laursen, B., Furman, W., & Mooney, K. S. (2006). Predicting interpersonal competence and self-worth from adolescent relationships and relationship networks: Variable-centered and person-centered perspectives. *Merrell-Puller Quarterly*, 52, 527–600. <https://doi.org/10.1353/mpq.2006.0030>

## Interpersonal: School

- School serves as the predominate social setting outside of the home
- School counselors work with families and other school personnel to foster academic, developmental, and relational wellness for pre-K–12 students
- School counselors can create programming and offer direct and indirect services with various relational considerations (e.g., relational aggression, bullying) in mind

## Interpersonal: School (cont'd.)

- School counselors highly influence students' lives in important and lasting ways
  - Addressing social justice inequities by advocating for students
  - Attending to disruptive behaviors often associated with poor self-concept
  - Helping students choose college and career paths

## Interpersonal: School (cont'd.)

- Students' mental health concerns can impact their academic performance, and professional school-based and community-based counselors support teachers and families to help school-age clients reach their academic and therapeutic goals

## Interpersonal: Societal/Cultural

- Children and adolescents navigate their sociocultural environment and cultural identities
- Culture (i.e., identity of a group based on values, beliefs, norms, behaviors, and institutions) influences perception of self, others, the world, and their relationships

## Interpersonal: Societal/Cultural (cont'd.)

- **Multiculturally competent counselors do the following**
  - Commit to acquiring knowledge, awareness (reflect on their own cultural context, biases, and assumptions), and skills for working with multicultural populations
  - Seek to learn about clients' concerns within the context of their cultural identities
  - Know general information about cultural groups, but honor within-group differences
  - Practice *cultural humility* or a state of being that embodies the cultural competence that arises when counselors remain open to learning about their clients

# Therapeutic Relationship

- The therapeutic relationship produces a milieu that facilitates client change
- The therapeutic relationship significantly and consistently associates with treatment outcomes with youth
  - When compared to rating alliance early in treatment, later alliance measures more reliably predict outcomes for studies of child and adolescent counseling
  - Youth who consistently held low alliance scores evidenced the worst outcomes

Eliz, M. J., Shirk, S. R., & Safran, N. (1995). Alliance formation and treatment outcome among maltreated adolescents. *Child Abuse & Neglect*, 20(4), 419-431. [https://doi.org/10.1016/0145-2134\(95\)00008-V](https://doi.org/10.1016/0145-2134(95)00008-V)

Honath, A., & Belsky, J. (2002). The alliance in J. Neurosis (Ed.). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. University Press.

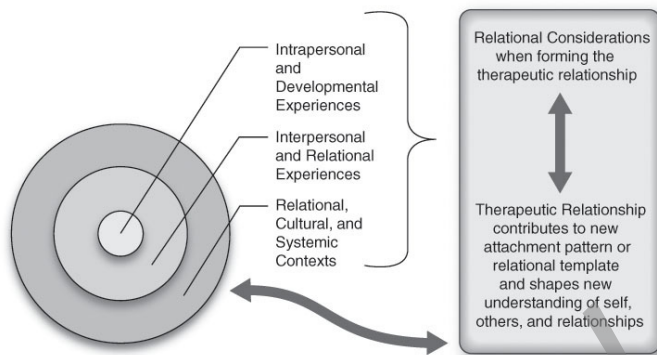
Karver, M. S., Handelsman, J. B., Fields, S., & Bekman, L. (2003). A theoretical model of common process factors in youth and family therapy. *Mental Health Services Research*, 7(1), 35-51. <https://doi.org/10.1007/s11020-005-1554-4>

Shirk, S. R., & Saiz, C. C. (1992). Clinical, empirical, and developmental perspectives on the therapeutic relationship in child psychotherapy. *Development and Psychopathology*, 4(4), 713-728. <https://doi.org/10.1017/S0954579400004946>

# Therapeutic Relationship (cont'd.)

- Forming the therapeutic relationship requires consistent messages of acceptance
- Therapists are responsible for conveying “four healing messages”
  - “I am here,” “I hear you,” “I understand,” and “I care”
- A connected and strong therapeutic relationship involves building trust over time and conveying understanding, which necessitates counselors to consider clients’ relational factors
- The therapeutic relationship serves not only to create safety but also as a vehicle for new relational understanding

## Therapeutic Relationship (cont'd.)



**FIGURE 3.1** Forming Therapeutic Relationships. Relational considerations for counselors that inform a therapeutic relationship. The therapeutic relationship can contribute to new relational understanding of self and others and the new understanding becomes integrated into their relational context.

## Relational Approaches

- Humans are hardwired for connection with other human beings
- Counselors should stay mindful of relational considerations in approaches that work well for counseling youth
- Relational approaches are suitable for youth
  - Attachment theories
  - Relational-cultural theory (RCT)

## Relational Approaches: Attachment Theory

- **Attachment** to caregivers creates a bond that forms a protective function as children explore their world
- The **internal working model**, or an understanding of interpersonal relationships that constitute the basis for personality development, impacts how children function
- Attachment studies contributed to mental health professionals' understanding of parent–child relationships and the impact on individuals over the life span

Bowlby, J. (1973). Attachment and loss: Vol. 2. Separation. Basic Books.

## Relational Approaches: Attachment Theory (cont'd.)

- In the seminal strange situation study, three attachment styles emerged and Main later contributed another attachment style in her research
  - **Secure:** greeted their mothers and engaged in physical contact after the separation
  - **Avoidant:** did not engage with or prefer their mothers over strangers after the separation and displayed aggression toward them
  - **Resistant:** pursued physical contact but also demonstrated anger toward the mothers upon reuniting
  - **Disorganized/Disoriented:** displayed contradictory, fearful, and distressed behaviors toward their caregivers

Bowlby, J. (1973). Attachment and loss: Vol. 2. Separation. Basic Books.

# Attachment-Informed Approaches

- Attachment theory informed several clinical approaches designed for counseling children
  - Theraplay
  - Circle of Security (COS)
  - Trust-Based Relational Intervention (TBRI)

# Theraplay

- Theraplay consists of interactive and relationship-focused activities during an intensive and short-term treatment
- Counselors
  - use a structured play format
  - are the “main toy” in sessions
  - use everyday items such as cotton balls, bubbles, lotion, and bouncy balls
  - use attentive responses including eye contact and activities involving touch
- Goals: improved attachment patterns, better coregulation, and empowered parents who pursue optimal attachment attunement

## Circle of Security

- COS is an attachment-based intervention for high-risk toddlers and preschool children who experience behavioral and emotional difficulties often related to insecure attachment with their caregivers
- The COS project included
  - teaching caregivers to facilitate healthy development and improve attachment in their children through viewing and analyzing their video-recorded interactions with their children
  - working with psychotherapists in group settings
  - receiving feedback specific to their caregiver–child dyad’s attachment style and internal working models

## Circle of Security (cont'd.)

- Currently there are multiple forms of COS treatment with the overarching goal of caregivers learning about the value of observing and appropriately responding to their child and increasing their reflecting skills to strengthen secure attachment

# Trust-Based Relational Intervention

- TBRI is an evidence-based, trauma-informed model grounded in attachment theory and developmental neuroscience
- The TBRI model comprises three tenets
  - *Empowering* to address physical needs
  - *Connecting* to build trust and set the stage for secure attachment
  - *Correcting* to address behavioral needs
- Clinicians used the TBRI model with children across many settings including day camps and residential treatment facilities

Purvis, K. B., Cross, D. R., Dansereau, D. F., & Parris, S. R. (2013). Trust-based relational intervention (TBRI): A systemic approach to complex developmental trauma. *Child & Youth Services*, 34(4), 360–386. <https://doi.org/10.1080/0145935X.2013.859906>

Purvis, K. B., McKenzie, E., Cross, D. R., & Pazar, E. B. (2013). A spontaneous emergence of attachment behavior in at-risk children and a correlation with sensory deficits. *Journal of Child and Adolescent Psychiatric Nursing*, 26, 165–172. <https://doi.org/10.1111/jan.12041>

Purvis, K. B., McKenzie, E. B., Pazar, E. B., Cross, D. R., & Beckwith, A. (2014). A trust-based intervention for complex developmental trauma: A case study from a residential treatment center. *Child and Adolescent Social Work Journal*, 21, 355–368. <https://doi.org/10.1007/s10560-014-0328-6>

# Relational Approaches: RCT

- RCT, developed by scholars at the Stone Center at Wellesley College, focuses on creating growth-fostering relationships and exploring connections and disconnections in one's life and relationships
- RCT departs from the traditional notion that individuals need to separate and strive for individuation and rather promotes a focus on building and maintaining meaningful, healthy connections

Miller, J. B. (2008). VI. Connections, disconnections, and violations. *Feminism & Psychology*, 18(3), 368–380. <https://doi.org/10.1177/0959353508092090>

## RCT Tenets

- Mutual empathy, cornerstone of RCT; bidirectional empathy in which all parties openly acknowledge each person's impact on the individuals and the relationship
- Connection: **mutual empathy** and **empowerment** in growth-fostering relationships. Reflects “five good things”
  - (a) sense of zest; (b) clarity about oneself, the other, and the relationship; (c) sense of personal worth; (d) capacity to be creative and productive; and (e) desire for more connection

## RCT Tenets (cont'd.)

- Disconnection: moments or situations in relationships when empathy and mutual empowerment are absent and may result in a person feeling disappointment, misinterpreted, violated, or a sense of danger
  - Central relational paradox: a person engages inauthentically to achieve or to stay in connection; yet the inauthenticity keeps people from real connection with others

## RCT Tenets (cont'd.)

- **Relational images:** patterns of one's relational experience, which begins early in life and continues over the life span
  - People ascribe meaning to their relational images, which informs their views of themselves, others, and the world
- **Relational resilience:** when a person moves toward growth-fostering relationships and mutuality after experiencing disconnection

## RCT Tenets (cont'd.)

- **Power:** mutual empowerment; in RCT, *power over* occurs in relationships that allow people to dominate and control others, and *power with* involves mutual empowerment of all people in a relationship

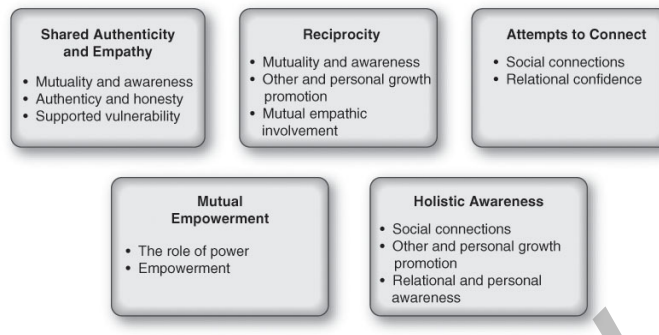
## Examples of Models of RCT With Youth

- Relationships help children make sense of their world and their place in it. A focus on wellness and growth through the prism of connection allows counselors to target salient areas of child and adolescent clients' lives
  - Relational Health Model
  - 5 Es
  - Relational-cultural play therapy (RCPT)

## Relational Health Model

- Framework for counseling adolescent survivors of child sexual abuse to address common relational concerns and to build relational health in the aftermath of abuse
- Overlaps relational competencies, power, and relational model of resilience and presents domains for counselors to cover with youth

# Relational Health Model



**FIGURE 3.2 Relational Health Model. Relational health model for counselors working with survivors of CSA merging relational competency, power (See Duffey et al., 2009), and relational resilience (See Jordan, 2013).**

Source: Adapted from Haiyasoso, M., & Schuermann, H. (2018). Application of relational-cultural theory with adolescent sexual abuse survivors. *Journal of Child and Adolescent Counseling*, 4, 171. Copyright 2018 by the Association for Child and Adolescent Counseling.

## 5 Es

- A framework for counselors in school settings to foster relational skills in adolescents to more effectively manage areas of concern or conflict
  - Encourage self-empathy
  - Explore relational images
  - Educate about power
  - Explain disconnections and conflict
  - Expand relational capacities

# Relational-Cultural Play Therapy

- RCPT integrates principles of trauma-focused play therapy (Gil, 2011) and the relational-cultural approach by Tucker et al. (2011)
- The RCPT approach addresses trauma through 5 Es (previous slide) and Gil's (2011) 3 Rs
  - Reexperiencing: recollecting traumatic events and placing blame on the offender
  - Releasing: experiencing the trauma as an event from the past and no longer occurring
  - Reorganizing: experiencing the trauma as a moment in time versus a defining and focal part of the child's identity

Gil, E. (2011). Helping abused and traumatized children: Integrating directive and nondirective approaches. The Guilford Press.  
Tucker, C., Smith-Adcock, S., & Trepal, H. C. (2011). Relational-cultural theory for middle school counselors. *Professional School Counseling, 14*(5), 310–316. <https://doi.org/10.1177/2156759X1101400503>

# Relational-Cultural Play Therapy (cont'd.)

- RCPT could be adapted to work with adolescents and adults if the principles are applied through other forms of counseling such as psychodrama, art, or music therapy

Vicario, M., Tucker, C., Smith-Adcock, S., & Hudgins-Mitchell, C. (2013). Relational-cultural play therapy: Reestablishing healthy connections with children exposed to trauma. *International Journal of Play Therapy, 22*(2), 102–117. <https://doi.org/10.1037/a0032313>

## Relational Considerations: Wrap-Up

- Relational contexts impact psychosocial and developmental processes for children and adolescents
  - Intrapersonal
    - Children develop their sense of self-esteem, learn their own self-awareness, and expand their ability to self-regulate
    - Adolescents participate in this ongoing process and attempt to keep pace with evolving needs and hormonal changes
  - Interpersonal
    - Youth reside within embedded relational contexts including family, peer groups, school settings, and the broader community

## Relational Considerations: Wrap-Up (cont'd.)

- Treating the whole child requires understanding of these relational influences
- Focusing on building and fostering a strong therapeutic relationship remains among the most important relational considerations, and key to effectively connecting with children and adolescents

# Chapter Summary

- Points to Remember
- Other Helpful Information for Consideration
- Questions for Further Discussion