Counseling Children and Adolescents

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To my children, Isaac and Ava. Daily, you inspire in me unconditional love and gratitude. I’m so glad that of all the people in this world I got you two!

And to the kiddos who were the backdrop of this text: Rachel, Gracie, Becky, Hayden, Hope, and Max. Thank you for enriching my life.

And finally, to all of my young clients who have taught me more about counseling than any book ever could. Thank you!  ~VEK

To my five wonderful children, without whom this book would have been done sooner; yet, I would have lacked a real understanding of childhood development that only experience teaches!  ~MJP

To the strong women in my life—my role models, my teachers, my advocates. Mom, you tirelessly love me, and I love you! Margaret and Lori, I cherish your friendship and mentorship. Victoria Kress, there is no way to measure the effect you have had on my life. You are my friend, my mentor, my open door, and my inspiration. Thank you for this opportunity.

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To all the people who have dedicated their life’s work to helping others. This is a tough, rewarding job, and I thank you for your compassion and desire to make the future brighter.  ~NAS
PREFACE

When we were students in graduate school, we did not learn much about counseling youth and their families per se. Our education focused primarily on counseling adults; it was assumed that most of our clients would, in fact, be adults. Many counseling textbook writers gear their books’ content toward work with adults. As such, we were excited to construct a textbook—the textbook we wish we had in graduate school—to place a spotlight on counseling young people.

In graduate school, we were presented with and absorbed a great deal of foundational counseling information, such as various counseling theories and basic techniques for use with clients. However, when faced with our first counseling sessions, we struggled with how to proceed. When most counselors start out, they feel flooded with information that they need to digest and determine how to apply. New counselors are challenged to apply academic information, to conceptualize their clients, and to determine how to proceed in helping them to make the changes they desire; however, applying this information and moving forward as a counselor is no easy task. Our aim in writing this text was to develop a practical resource that would help counselors to feel empowered to thoughtfully and deliberately assist their clients in tackling their complex issues and difficulties.

Counselors have a strength-based, humanistic orientation; they believe in the power of their clients’ strengths, and they aim to empower their clients. Of fundamental importance to us in developing this text was our desire to create a book that highlighted our value of such an approach. Our conceptual framework (i.e., the I CAN START model) involves a way of thinking about clients’ concerns that is strength-based and contextually sensitive. This conceptual model is detailed in Chapter 9 and is applied to each case study in subsequent chapters.

Our clients deserve the most effective treatments available. We have seen too many circumstances where well-meaning counselors have neglected and sometimes even harmed their young clients. This text provides readers with information on evidence-based approaches that can be used to address numerous issues young people navigate. There is a paucity of research on addressing some problems in living described in this text. In these situations, we have made every attempt to provide the reader with the most comprehensive, rigorous assimilation of the current literature, along with a summary of any important emerging approaches or counseling considerations.

There are multiple interventions that are associated with the counseling theories and approaches discussed in this text. There are also hundreds of ways these interventions can be applied, illustrated, and woven into the fabric of counseling. We frequently hear our students and supervisees comment that they want to better understand what it “looks like” to apply various theories and/or interventions. Students often say to us, “But how do you do or apply this intervention?” To illustrate the varied ways counseling methods can be applied, each chapter includes examples of creative applications of counseling interventions. These creative interventions are intended to illustrate the vehicles that can be used to apply interventions (e.g., art, play, movement).

Throughout the text readers will find boldfaced words. These words highlight concepts that are important and that readers should take note of. Various features are also included in the text. At least two creative toolbox features are included in most chapters (Chapters 5–19); these features are clinical activities that have a creative flavor. The creative toolbox activities are intended to highlight applied, creative ways that counselors can engage young people. Various clinical toolbox activities are also included, which etext readers can access. The clinical toolbox activities include various clinically focused, practical resources such as clinical interventions, worksheets, and additional information counselors can use to inform their counseling practice.

ORGANIZATION OF THE TEXT

This book is organized in three parts: Part 1: Developmental and Systematic Foundations of Youth Counseling (Chapters 1–2); Part 2: Foundations of Youth Counseling: Theory and Practice (Chapters 3–9); and Part 3: Common Presenting Concerns and Counseling Interventions (Chapters 10–19).
Chapter 1 introduces human development and the developmental foundations of youth counseling. We assume that our readers have some basic knowledge of human development, or that they will at some point in their training complete a human development course. Therefore, only basic human development information that is relevant in the context of counseling youth is provided. In addition, youth development and individual risk and protective factors are discussed in Chapter 1.

Chapter 2 addresses the contextual and systemic risk and protective factors that affect youth. More specifically, family, school, and community risk and protective factors are presented so counselors can account for these when counseling youth. The chapter highlights the importance of considering youth’s holistic context in relation to their mental health.

Chapter 3, we delve into the structure of youth counseling, and we discuss the basic foundations central to all youth counseling. The chapter begins with a discussion of the qualities, characteristics, and behaviors that effective counselors possess. Then, it discusses the preliminary—or initial—counseling tasks that lay the foundation for individual counseling with young clients. Next, the chapter discusses the working and termination stages of youth counseling. Emphasis is placed on practical matters associated with youth counseling.

Ethics should always be counselors’ top priority. Above all, counselors should do no harm. When counseling youth, ethical matters are especially complicated because parents/caregivers and other children are often involved in counselors’ decision making. Chapter 4 focuses on the common ethics-related struggles youth counselors traverse, along with practical suggestions for how counselors can make ethical decisions.

In Chapters 5, 6, and 7, we address common theories that are useful in youth counseling. The theories selected are the ones most commonly discussed in the popular and research literature (e.g., cognitive behavioral theory, person-centered therapy, reality therapy), as well as those evidenced to have the greatest clinical use with youth. As with Chapter 1, we assume that readers have—or will soon have—some advanced training on specific counseling theories. Our aim was to discuss these theories in the context of counseling youth and to illuminate the theories’ major components with an eye to young people’s—and their families’—unique counseling needs. Because effective youth counselors work with their clients’ families, Chapter 7 focuses exclusively on family and systems counseling perspectives.

Chapter 8 addresses play and expressive arts counseling. Both play and expressive arts theories and methods are developmentally appropriate and thus important in counseling young people. Chapter 8 provides an overview of how these approaches can be used as part of an overarching theoretical philosophy or as inherently therapeutic counseling methods with youth.

Chapter 9 presents the I CAN START case conceptualization and counseling/treatment planning model. The I CAN START model is a comprehensive case conceptualization model that integrates a strength-based and contextually sensitive way of thinking about clients and their presenting struggles. Chapter 9 discusses the components of this model and introduces readers to a case application of the model. Subsequent chapters begin with a brief case and end with a counseling application using the I CAN START counseling/treatment model.

Chapter 10 focuses on select safety-related clinical issues that must be a priority in counseling youth. An emphasis is placed on practical steps counselors can take to promote and support young people’s safety. The clinical issues selected are those that counselors encounter with the greatest frequency and those that invite the most serious potential for risk to clients, counselors, and/or members of the community, including suicide, homicide, and self-injury.

Family-related transitions and struggles can have a positive or negative impact on young people’s development, wellness, and mental health. Chapter 11 addresses family-related transitions and struggles, including parental divorce or separation, blended families, kinship caregiving relationships, adoption, parental substance abuse, and youth grief and loss. The chapter discusses how counselors can address and counsel youth who are navigating these family-related transitions. In addition, the chapter explores protective factors that families and counselors may cultivate and strengthen to increase children’s resiliencies.

Most youth experience academic, career, or social-emotional struggles at some point. Chapter 12 discusses common struggles that counselors help youth to navigate and offers approaches that can be used to help youth. Topics include study skill deficits and test anxiety, intimacy and dating, bullying and relational
aggression, making and retaining friends, struggles associated with changing schools, and managing school attendance problems.

Chapter 13 discusses the diagnosis, assessment, and counseling approaches that are useful when working with youth who have neurodevelopmental and intellectual impairments. The chapter addresses the disorders that counselors most frequently encounter, including attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, intellectual disabilities, and learning disorders.

Counselors in any setting commonly see youth, especially adolescents, who engage in disruptive behaviors. Teachers and caregivers, and even the legal system, reach out to counselors to mediate and manage these behaviors. Chapter 14 provides a discussion of the characteristics, symptoms, and types of disruptive behavior problems in youth, including conduct disorder and oppositional defiant disorder. The chapter discusses counseling interventions that are effective with youth who display disruptive behaviors.

Many youth experience traumatic events—whether acute or ongoing—that affect their mental health. Counselors play an important role in helping young people and their families adapt to traumatic experiences. In the United States, child abuse is the most common cause of childhood trauma. As such, Chapter 15 discusses trauma with a special focus on child maltreatment. It provides the diagnostic criteria, assessment, and counseling approaches that are useful and effective when working with youth who have experienced abuse and traumatic events. Adverse effects and difficulties associated with trauma may, in some cases, develop into mental health disorders, including reactive attachment disorder, posttraumatic stress disorder, and complex trauma reactions.

Substance use among young people is a serious community problem, and it creates problems not just for young people, but also for their parents, school personnel, and members of the community. Because young people are still growing and developing biologically, psychologically, and socially, the use of substances presents challenges beyond those faced by adults. Chapter 16 provides information on the risks, prevalence, assessment, and counseling and treatment options for young people who are misusing alcohol or other substances.

Anxiety is one of the most frequently diagnosed psychiatric disorders in youth, with a lifetime anxiety prevalence rate of 15–20%. Chapter 17 discusses separation anxiety disorder, generalized anxiety disorder, phobias, panic disorders, and obsessive-compulsive disorder, along with associated intervention approaches.

With prevalence rates for adolescent depression hovering around 11%, counselors must be versed in addressing youth depression. Chapter 18 addresses depressive and bipolar disorders, along with the ways counselors can support youth who have these disorders.

Chapter 19 discusses challenges youth face relative to physical health-related problems. More specifically, two categories of disorders—eating disorders and elimination disorders—are explored as well as counseling considerations for youth who have a chronic physical illness or health-related disability.

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~Victoria E. Kress

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~Nicole A. Stargell
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