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President's Message

Dear Members and Friends of ACAC,

I am honored to serve my fellow child and adolescent counselors this fiscal year. My presidential year started off with our second national conference in Austin, Texas. As many of you know, we spent an evening focusing on service. Our members and friends donated over \$1200 for RAICES organization to help them support children and families being separated at the U. S. border. We then had a wonderful day of conference and collaboration.

The board is hoping to start a webinar series to support your continuing education on the summers we don't have a national conference. This way, more of our members and friends can participate in our continuing education efforts, no matter their location. Our committees have been re-energized, and ACAC is excited to continue to offer research grants and awards this year. Keep an eye on ACA Connect and the ACAC community or announcements (accessed through the ACA website and your log in information). We are also looking in to starting a separate listserv for our members. The board convened a new committee to begin to develop Child and Adolescent Counselor Competencies.

We hope to see some of you at the national ACA conference in San Diego, California, April 15-19, 2020. In addition to our membership meeting, we are sponsoring three presentations at ACA:

- Lockdown Drills
- What is Child Counseling? Building a Set of Child Counseling Competencies
- Children of the Opioid Crisis.

We hope to have an offsite reception for our members who are in the area! Stay tuned!!

Newsletter

Submissions

Please consider submitting an article for the Spring Newsletter. The deadline is March 15, 2020.

- 1-3 pages in length
- APA style
- Use scholarly resources

Send submissions in a Word document to tkascsakphd@icloud.com and use ACAC Newsletter in the Subject Line

Great opportunity for collaborations between faculty and students and for doctoral students!

Awesome opportunity for practicing counselors!

ACAC State Affiliated Organizations

Does your state have a Current ACAC organization? Currently, Florida, Illinois and North Carolina have state ACAC Organizations. Find out more information at: <http://acachild.org/about-us/acac-state-affiliated-organizations/>

ACAC Position Statements

Check out the Resources page to read the ACAC statements on immigration, LGBTQQIAA, and more. These are all items that are relevant to our work as child and adolescent counselors.



ACAC Conference in Austin

ACAC President Evette Horton, ACA President Heather Trepal and ACAC Trustee Le'Ann Solmonson

President's Message, cont'd

The board is excited about these changes and events. If you have any questions about ACAC or ideas on how we can make ACAC more supportive of your professional development as a child and adolescent counselor, please let me know: Evette@digital4all.com

Remember, take care of yourselves ACAC counselors! Our work is difficult at times. We must remain vigilant about our mental health care, so we can continue to help support all the young developing brains!

Evette

Thank-you to Dr. Peggy Mayfield for her service as the ACAC Newsletter Editor!



Putting A Spotlight on The Stressors That Affect Mental Health Refugee Children

Denise Lenares-Solomon

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The academic and social functioning of refugee children are impacted by the trauma and stress they experience as refugees (Mancini, 2019). In a pilot study conducted by Mancini (2019), the author stated that dissociation and hyper-arousal as being somatic and deregulatory symptoms that profoundly affect children's social and academic function. According to the United Nations High Commissioner for Refugees (UNHCR), refugees are individuals who are fleeing persecution or conflict (UNHCR, 2019). UNHCR also reported that 111,000 separated and unaccompanied children sought refuge in 2018. Furthermore, children 18 years and younger make up about half of all the refugee population in 2018. Consequently, it is important to understand the refugee experience and the subsequent stressors that affect their mental wellbeing.

Refugee Experience Phases and Associated Stressors

Papadopoulos (2001) discussed four phases experienced by refugees. These phases are anticipation, devastating events, survival, and adjustment. Anticipation occurs in the 'pre-traumatic period' and is a phase of uncertainty as they become aware of possible imminent danger and have to decide what is best decision- flee or stay. Devastating events refers to the period in which war atrocities are experienced by some refugees. The survival phase refers to refugees who are no longer in physical danger from enemies; however, they are still not free from intense suffering. Despite not being in physical danger from enemies during the survival phase, refugees still are at risk from intense suffering as refugees may not know where their family members are, where they will go, or even what will happen to them (Papadopoulos, 2001). The last period, the adjustment period is the most difficult time for refugees after arriving in the country that has received them. Unfortunately, high hopes are often replaced by harsh reality filled with helplessness, anger, ambivalence, bitterness, and disorientation (Papadopoulos, 1999).

In discussing the mental health of refugee children and adolescents, The National Child Traumatic Stress Network Refugee Trauma Task Force (NCTSN) (2003) acknowledged these four phases and posited that they are applicable to three phases of the refugee experience they identified and discussed. The three phases discussed by the NCTSN task force related to the mental health of children and adolescent refugees are preflight, flight, and resettlement (NCTSN, 2003). Following are the phases and the related stressors experienced by children and adolescent refugees (NCTSN, 2003):

Preflight: Occur at the start of war or political violence, this is the time prior to fleeing their country of origin (Papadopoulos, 2001). Young people may witness this violence or even become a part of it.

Flight: The flight phase is particularly stressful because of its instability and unpredictability. Experiences which can be distressing and taxing on young refugees during this time include separation from caregivers, refugee camps, and detention centers.

Resettlement: During this time refugee children and families attempt to reestablish their lives (Rousseau, 1995). Unfortunately, the length of time being exposed to trauma affects the already complex adjustment and acculturation processes. This would result in a range of difficulties and symptoms. The risk for psychosocial impairment and psychiatric disorders increases when a person experiences resettlement, displacement and organized violence (Hodes & Vostanis, 2019).

In a review of research in this area, Hodes and Vostanis (2019) concluded that posttraumatic, post-traumatic stress disorder (PTSD), and depressive symptoms are at higher prevalence for children who have witnessed war. With resettlement, the severity in these psychopathology states may decrease over time; however, young people who have been most exposed to war may experience higher continuity of PTSD (Hodes & Vostanis, 2019). Another study on stress reactions and stressful experiences among children and adolescent refugees concluded that this population suffer from significant conflict-related exposures (Lustig, et.al., 2004). Utilizing the phases of preflight, flight, and resettlement, they highlighted the struggle of asylum seekers, former child soldiers, and unaccompanied minors. Although more research is recommended, this study suggested that coping strategies, social relations, and belief systems may be effective in mediating stress (Lustig, et.al. (2004). Another research has demonstrated that delivering psychological interventions to refugee children who are distressed in group settings may be an effective approach (Hodes & Vostanis, 2019). Unfortunately, for those suffering from more impaired disorders, a range of specific therapies are required.

Spotlight on Stressors, cont'd

Conclusion

In order to provide effective services to children and adolescent refugees, mental health service providers and clinicians need to be able to identify stressors. Consequently, the needs of refugee children and adolescents for there is a gap between understanding the risk and vulnerability experience by this population and the effectiveness of the treatment they receive (Hodes & Vostanis, 2019).

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Intentional Counselors: Pursuing Empathy and Awareness in a Divided World

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Think back to your graduate counseling education. What sort of training did you receive on working with immigrant and refugee youth? How often was this topic discussed in your courses? Regardless of your personal educational experiences, the necessity for clinicians adequately trained to work with this population cannot be ignored. Significant aspects of that training include awareness of one's own biases and empathy for this population.

There are one million foreign-born children of unauthorized parents in United States, and approximately 4.5 million US-born children of unauthorized parents (Passel and Cohn, 2011). The great variety of immigrant and refugee youth statuses and experiences in the US should also be noted; some immigrant or refugee minors are unaccompanied and undocumented (see Herbst et al., 2018), while others arrive to the US with a parent or guardian, documented or otherwise. The Migration Policy Institute has reported, citing the U.S. Census Bureau's American Community Survey, that in 2017, there were over 18 million children with at least one immigrant parent in the States, with twelve percent of those children born outside the US.

These minors face distinctive challenges and hardships, including pre-migration and migration stressors, discrimination, acculturation stress, poverty, and innumerable others (Pumariega, Roth, & Pumariega, 2005). Researchers have noted that the majority of immigrants never receive needed mental health services (Birman et al., 2005; Ellis et al., 2010), with such services often underutilized by minority children in general (Kataoka, Zhang, & Wells, 2002). Ellis, Miller, Baldwin, and Abdi (2011) cite numerous barriers to refugee children receiving mental health services, such as distrust, stigma, and resettlement stressors.

With general recognition of the existence and numerical growth of this population, along with knowledge of the hardships regularly faced, it is imperative that counselors take initiative to prepare themselves for work with this population. However, before working with any such clients, and in addition to reading, advocacy work, and connection with various community organizations, it may be critical for mental health counselors to examine their own biases and empathy (or lack thereof) towards immigrants, particularly children and adolescents.

With a country obviously divided regarding feelings towards and policies concerning immigrants and refugees in the United States, counselors must examine their own biases concerning this population, an absolute for ethical counseling in general (American Counseling Association, 2014). Roxas, Gabriel, and Becker (2017) reported on the lived experiences of discrimination of various adolescent immigrants and those students' desires for increased patience, encouragement, empathy, and anti-racism from school counselors. Again, with the experiences and needs of this population in mind, counselors may examine possibly held biases through critical self-reflection. Such self-reflection may include examination of one's own cultural background and of defensiveness regarding issues such as racism and white privilege (see Roysicar, 2003), along with consideration of one's beliefs and assumptions about this population.

Empathy, widely regarded as an absolute for effective counseling, is defined in a multitude of ways by a variety of individuals. One such definition includes Carl Rogers' (1957): sensing "the client's private world as if it were your own, but without ever losing the 'as if' quality" (p. 829). In working with diverse populations, Chung and Bemak (2002) have suggested counselors employ culturally sensitive empathy, meaning counselors acknowledge the cultural uniqueness of each client and "[perceive] the meaning of the client's self-experience

Intentional Counselors, cont'd

from another culture" (p. 156). Roysicar (2003) has also noted the importance of counselor attempts to truly understand clients of other cultures without negative judgment.

The following practical steps may be taken by counselors to increase and/or subsequently display empathy for child and adolescent immigrant and refugee clients: (a) take interest in and educate oneself on the practices, family dynamics, and sociopolitical underpinnings specific to the client's culture; (b) remain aware of racism, oppression, and discrimination minority clients may experience, and use this awareness to bolster advocate for and empowerment of such clients (Chung & Bemak, 2002), and; (c) partake in mindfulness and other activities with the intention of increasing one's empathy (see Fulton & Cashwell, 2015).

There is a significant need to serve child and adolescent immigrants and refugees in a country divided by political and moral opinion. Aware of such division and the necessity for increased education and advocacy, counselors may make additional preparations for working with and advocating for this population, such as taking initiative to increase awareness of and combat one's biases and taking deliberate steps to increase and express empathy for immigrant and refugee youth. Perhaps much significant change, whether on a large or small scale, happens at least partly through empathy and action from otherwise unaffected individuals. We, as counselors, must learn to empathize with and therefore act on behalf of all individuals, even those with experiences and cultures quite different from our own.

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Counseling Refugee and Immigrant Children with Culturally Responsive Play Therapy and Art Therapy

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According to the Pew Research Center (2019), the U.S. foreign-born, immigrant population reached a record in 2017 with 44.4 million or almost one fifth of the U.S. population. From 1994 to 2017, the population of immigrant children in the United States grew by 51 percent, to 19.6 million, or one-quarter of all U.S. children (Childtrends.org, 2019). Play and creative art therapies provide evidence-based, trauma informed, culturally responsive approaches for counseling children and adolescents facing immigration and refugee issues (Hudspeth, 2016).

Multiple Stressors and Cultural Strengths

Many immigrants and refugees experience multiple stressors and traumatic events including a high prevalence of serious mental health issues, prejudice and discrimination, linguistic and communication issues, severe culture shock from moving to a new country along with learning another language, culture and new systems (Bemak & Chung, 2015; Sue, Sue, Neville, & Smith, 2019). The immigration experience is “extremely difficult and results in loss of family, identity, culture and community along with dramatic shifts in social, familial, and gender roles; and acculturation, adjustment, and adaptation problems in the new country” (Bemak & Chung, 2015, p. 325). Despite the risks associated with immigration, many barriers to seeking treatment exist and include a fear of government anti-immigration policies, including deportation, along with language barriers, poverty and a lack of resources including transportation. Utilizing cultural strengths to empower children and families to overcome challenges is essential to culturally competent counseling. Many immigrant families share a cultural collectivistic orientation, which includes a strong emphasis on family and community support and religious or spiritual practices (Sue et al., 2019).

Implications for Practice and Advocacy

Children and adolescents in immigrant families may have feelings of grief and loss, helplessness, social isolation, boredom, loneliness, posttraumatic stress disorder, anxiety, fear, depression, and increased risk of suicide (Bemak & Chung, 2017; Ceballos & Bratton, 2010; Lee, 2013; Sue et al., 2019). Counselors must take steps to ensure the client’s safety, with a sensitivity to trauma before and after migration, psychoeducation about counseling and confidentiality, along with the “integration of culturally responsive healing methodologies, such as metaphor, imagery, myth ritual, narrative therapy, dreamwork, gestalt, role playing, psychodrama, and storytelling” (Bemak & Chung, 2017, p. 303). Culturally competent counselors will include translators, informed consent forms translated into other languages, and alliances with community organizations as well as social justice advocacy on immigration issues.

Play Therapy: Family and Group Interventions

Play therapy has proven effective as a culturally responsive approach with a diversity of immigrant children including children from Middle Eastern, Asian and Latinx cultures. Because individuals from collectivistic cultures tend to value an emphasis on the group, family and community over individual needs, empowering family, group and community approaches are important in working with immigrant children and adolescents. Play therapy allows children to express themselves symbolically and nonverbally with toys (real-life, acting-out, aggressive-release, creative expression, and emotional release). Child Parent Relationship Therapy (CPRT) combines both filial and play therapy to effectively reduce Latinx parental stress and child behavioral problems while empowering children and parents (Ceballos & Bratton, 2010).

Counseling Refugee and Immigrant Children, cont'd

Child-centered, group play therapy has demonstrated efficacy in reducing child interpersonal relationship difficulties, increasing child self-control and increasing child self-confidence with 8 and 9 year old children of new immigrants from Taiwan (Su & Tsai, 2016). Play therapy with Somali refugees provides a culturally responsive approach when considering the role of religion, toy selection, gender roles and cultural taboos (Killian, Cardona, & Hudspeth, 2017). "Somali cultural toys include Islamic paraphernalia, African animals, flags and dolls of different races with culturally appropriate dress (e.g., dolls with hijabs)" (p. 28).

Creative Arts Therapy: Family and Group Interventions

Lee (2013) described the art therapy experiences of Korean immigrant children in a community-based art therapy program as an empowering approach to help children access their strengths and cope with difficulties. Specifically, non-directive art therapy including narrative storytelling, clay sculpture making and drawing "increased children's sense of empowerment and ownership, enjoyment, safety, concentration and motivation" in children previously experiencing adjustment issues including inattention and disruptive classroom behaviors (Lee, 2013, p. 62).

The Home of Expressive Arts and Learning (HEAL) program utilized an integrated narrative, family support approach with group art and music therapies to positively impact the mental health outcomes for recent refugees with high rates of trauma (Quinlan, Schweitzer, Khawaja, & Griffin, 2016). Specific creative arts interventions included sculpture, painting, collage, drawing, photography, digital art, doll, puppet and mask making, creating group murals, story-telling, drama and dancing.

Conclusion

When working with immigrant children and families, culturally responsive approaches include emphasizing safety, empowerment, inclusion of family, group and community approaches, play therapy and art therapy approaches. Nondirective, group approaches with consideration to culturally diverse toys and narrative art therapies provide positive outcomes.

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In the mid-2000's, the second author interviewed single mothers who had recently come from Liberia to the US with refugee status (Clarke & Borders, 2014). Something they said often was how thankful they were for free education for their children. "School fees" were common in many African countries and a significant barrier to children's education there (Global Education Monitoring Report, 2016). The study participants were delighted to send their children to school without worrying if they could afford it. But their children, the younger generation of new Americans, had different perspectives on education and life in the US. An American education was seen as valuable to their parents, but the young people had to actually *live* it.

Schools are likely to be one of the first systems that new American or refugee families will navigate in the US (Kia-Keating & Ellis, 2007). School counselors are in an advantageous position to plan and offer programs that will meet the unique needs of this population. Specifically, we consider how school counselors can address the need for students to find community in schools, the desire for parents to support their children's education, and the necessity to address emotional struggles new American students may face.

Strengths and Challenges

Student Connectedness

New Americans who come from more interdependent cultures will often find ways to recreate their communities in the US. These support networks can be vital for emotion well-being as well as practical help with things like finding employment or culturally familiar food. Though sometimes accused of being too insular, these ethnic networks are actually very important to a healthy acculturation process. In schools, the social cliques can echo their parents' communities, but children must also find ways to be a part of the whole school system. Kovacev and Shute (2004) found that adolescent refugee well-being was related to their perceived social support and peer acceptance.

School counselors can establish a peer-mentor program as an intentional way to meet this need of the new American student. Research supports that peer-mentoring programs are beneficial in the promotion of school connectedness for mentors and mentees, alike (Karcher, 2008). While some peer-mentor models focus on academics (PALS, 2019), others have been created specifically to meet the needs of students moving to the district from outside the US (e.g. Cassity & Gow, 2005).

To establish a successful peer-mentor program, school counselors can identify and train peer mentors who show potential to connect with new students, particularly those living in America for the first time. While not necessary, the mentor may have been a new American student themselves. Because peer mentors can be trained and prepared to meet the needs of students upon arrival, the program could be easily scaled up or down as needs arose.

Family Connectedness

Families who value education and appreciate those providing it can be great partners for school personnel. However, first generation families may appear to be unengaged or unwilling to participate in school activities even though they have a strong desire to support their child's education. An understandable lack of knowledge of the written and unwritten norms in a particular school can be a barrier. New Americans may have specific beliefs about the roles of school personnel, perhaps seeing them as authority figures, which could shape interactions. And basic structural factors like transportation, literacy in English, access to technology, and work schedules can all shape their interactions with schools. School counselors can lead the way in assessing the school's readiness for and compatibility with new family needs. School personnel must examine if how they traditionally have done certain things is appropriate for a diverse range of families.

Once needs and areas for change have been identified, action can be taken. A model of the peer-mentor program that is adapted for parents can extend to families and be beneficial for new American parents navigating the school system for the first time. School counselors can consider partnering with their Parent Teacher Organization (PTO) to form a subcommittee of parents willing to serve as a "mentor" in navigating typical processes within the American educational system and within their immediate school culture specifically. School counselors can solicit parent volunteers who would be appropriate for this subcommittee and can establish guidelines for what this supportive relationship would look like and consist of. Although not necessary, parent volunteers who were once a new American themselves would have the added advantage of understanding the unique challenges these parents face.



Addressing Emotions

Fear and trauma are common among new arrivals to the US. Some families are coming because of national disasters or are fleeing violence. Even if there were not life-threatening experiences, new Americans endure the loss of a home country, separation from friends and family, and the stress of so many things being new and unfamiliar. Parents can often find meaning in these struggles because they see the new environment as beneficial for their children, but the younger generation has to find their own purpose in their struggles.

In a comprehensive school counseling program, small group counseling instruction is an effective delivery service that school counselors can employ (ASCA, 2019) to meet the various needs of the student body. School counselors can design a psycho-educational group in which new American needs are met with a two-pronged approach. One focus of the group will be to incorporate educational elements in which students learn about school culture and norms, and the other focus will be addressing fears and anxiety with an appropriate therapeutic intervention. As a by-product, the naturally occurring universality and cohesion that develops as the group progresses will also address the need for above mentioned need for connection and belonging.

Providing opportunity to learn about school culture can occur in various ways in the group. School counselors can invite school personnel, such as administrators, school nurses, or even older students from school governing bodies, to meet with the group. Highlighting micro-elements of the school culture will build understanding and connections to the larger school culture. Special time can be set aside to orient members to the school system through tours, exposure to extra-curricular activities, and structured question and answer time.

Group time will also be allotted to address fears and anxiety that students may be experiencing. The use of Cognitive-Behavioral Therapeutic (CBT) has proven to be effective in the reduction of fear and anxiety in new American students (Ehnholt, Smith, & Yule, 2005). Through CBT interventions, students can learn relaxation techniques, how to identify their fears, understand the connection between their thoughts and emotions, and build their resources and coping mechanisms (Clark & Beck, 2012).

The benefits of offering such a group can also extend to the student's family. It will be important to provide a take-home letter for parents, explaining the topics covered in the group and what their child has learned about their new school's culture. The communication will further develop the parent's understanding of various cultural elements, as well as their sense of belonging and security. Accessing school resources so that all communication is offered in the parents' native language will be a critical component of this step. The school counselor can also begin to develop a referral list community counselors who have experience working with refugees and other newcomers. Both student and parents may benefit from community referrals.

Summary

American students and families will face various challenges in the acculturation process. However, with this awareness, school counselors can provide services that meet these needs, while capitalizing on the strengths of familial support and the new American's desire to build connections. For a helpful guide on programs for refugee youth visit this agency [site](#) and search for "RESPECT".

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Strategies for Counselors and Families to Support LGBTQ Youth

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In a 2018 Gallup poll, it was identified that 4.5% of the United States population identifies as LGBTQ. This was an increase from the 2017 estimations of 4.1. Millennials who identify as LGBTQ increased to 8.1% from 7.3%. Morandi, Blaszczynski and Nimrod (2017) found that youth are increasingly identifying with some type of LGBTQ identity. LGBTQ communities continue to experience stigma and marginalization despite a continual increase in LGBTQ identities. For instance, in school, LGBTQ students experience high levels of verbal and physical harassment which influences academic performance and psychological adjustment (GLSEN, 2017).

Family plays an important role in supporting LGBTQ youth. Researchers found that a family that accepts their LGBTQ child predicts greater self-esteem, social support, and overall better health (Ryan, Russel, Huebner, Dian, & Sanchez, 2010). Also, a supportive environment fosters greater resilience and positive outcomes for LGBTQ youth (Woodford, Kulick, Garvey, Sinco, & Hong, 2018). However, families caring for an LGBTQ youth are often unsure how to support their child. Counselors serving these families can consultation and guidance to foster a supportive and accepting environment. Counselor competency in working with gender and sexual minority continues to be addressed in the literature (Bidel, 2005; Ali, Lambie, & Bloom, 2017). The Family Acceptance Institute (2009) discussed ways in which families can support their LGBTQ youth. It would be helpful to adapt these strategies for counselors and counselor educators competency.

Strategies for Counselors and Families to Support LGBTQ Youth

Be curious about the child's LGBTQ identity, not judgmental.

The ability to define one's own identity is crucial in LGBTQ development (Cass, 1979; Weinberg, Williams, & Pryor, 1994; Leibowitz & Telingator, 2012). Engaging the LGBTQ youth about their identity and how it is developing fosters a sense of self-awareness and models acceptance for the youth. Counselors who demonstrate curiosity and promote youth's self-determination, model to families that LGBTQ identity development is natural and identity exploration is important to LGBTQ adolescence.

Recognizing Coming Out as a Developmental Milestone

Coming out, or disclosing your sexual and/or gender identity, is a developmental stage that is crucial for LGBTQ youth. Multiple developmental models suggest that awareness and disclosure of gender and/or sexual identity as part of normal LGBTQ development (Cass, 1979; Weinberg et al., 1994; Clifford & Oxford, 2007). Furthermore, disclosure of sexual and/or gender identity in supportive environments has significant positive outcomes (Kosciw, Palmer, & Kull, 2015). Counselors must recognize the importance of this process and allow the LGBTQ youth to guide the process. Counselors can help families develop patience and support around LGBTQ youth's coming out process through psychoeducation of this developmental milestone.

Family participation in school, community, and advocacy based program

Counselors can encourage families of LGBTQ youth to seek out accurate and affirmative information to dispel myths about the LGBTQ community. Participation in LGBTQ school and community-based programs have shown to increase resilience in LGBTQ youth (Heck, 2015; Luke, Harper, Goodrich, & Singh, 2017). Organizations like Parents and Friends of Lesbian and Gays (PFLAG) in the community and Gay, Straight Alliances (GSA) in schools are useful venues for families to seek support. The LGBTQ community has a strong tradition of advocacy because of experiences marginalization and stigma. Families are in a positions of power and able to advocate for their LGBTQ child. Counselors can encourage families to speak out when their LGBTQ child encounter issues of marginalization and stigma.

Engage with the LGBTQ child's friends and romantic partner

It is well known that youth and adolescence are influenced by their peers and romantic partners (Keijsers et al., 2011). Counselors can encourage families to engage with the child's peers and romantic partners. By doing so, families are help to normalize LGBTQ identities within the family and can also monitor peer influences on the LGBTQ youth.

Supporting LBGTQ Youth, Contd.

Support healthy & safe identity expression

Identity exploration is a key feature of adolescence. LGBTQ identity models suggests that identity exploration is a key component to healthy development (Cass, 1979). Gender and sexual minority youth have compounded stress in identity development due to external stigma and marginalization. Counselors can encourage families to support safe and healthy identity exploration. Experimentation with pronouns, gender atypical interests and behavior, gender expression are all a normal part of LGBTQ youth development. Families that support this gender atypical exploration help position the youth to experience positive outcomes. For example, Russel, Pollitt, Li, and Grossman (2018) found that families that use a transgender child's chosen name reduced depressive symptoms, suicidal, ideation, and suicidal behavior.

By being curious and non-judgmental, recognizing the importance of coming out, encouraging family participation in school, community, and advocacy based programs, and engaging peers and romantic partners, counselors are in a unique position to encourage families to support their LGBTQ child. Doing so, reduces negative outcomes, increase resilience, and fosters a deeper sense of family for the young person.

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Play Therapy? It is in the Bag!

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Child centered play therapy (CCPT) bridges an alliance between the child and the counselor. Research indicates that clients who feel understood by their therapists tended to have better outcomes (Elliott, Bohart, Watson, & Greenberg, 2011). Play is children's universal language and most natural form of communication (Landreth, 2012). Toys become the children's words for expression of thoughts and feelings, ideas, and exploration. Play therapy is an overall effective treatment when working with a variety of problems that children face (LeBlanc & Ritchie, 2001).

Studies have demonstrated the effects of CCPT (Bratton et al., 2005; Leblanc & Ritchie, 2001; Lin & Bratton, 2015; Ray et al., 2015) including helping children learn problem solving, expression of feelings, and skills that help them confront fears, guilt and anxiety (Landreth, Ray, & Bratton, 2009; Parker & O'Brien, 2011; Schaefer, 2011). Additionally, benefits to using play therapy include positive outcomes for children with ADHD, aggression, social-emotional competency, positive behaviors, academic performance, and self-concept (Axline, 1949; Blanco, Muro, Holliman, Stickley, & Carter, 2015; Cochran, Cochran, Cholette, & Nordling, 2011; Cheng & Ray, 2016; Meany-Walen, Bullis, Kottman, & Taylor, 2015; Ray, Schottelkorb, & Tsai, 2007).

With this type of evidence, it is difficult to understand why more clinicians and professional school counselors are not using play therapy. Many find barriers to play therapy to include not enough time to use the technique, not enough space for the materials, not enough money to fund the 'necessary' toys for the play space, and a lack of supervision/training (Ebrahim, Steen, & Paradise, 2012).

What's in the Bag?

Imaginative/Creative

- Colored pencils- draw pictures, sketch events
- Egg cartons- sorting emotion cards, crushing (aggressive release), to hold paint
- Paper plates - used to draw on, draw their own face with emotions
- Tape - to hold together various other materials (popsicle sticks, paper, balloons, pipe cleaners, Balloons)
- Beachball - for aggressive release
- Stuffed animals - nurturing and fantasy play, and family sculptures
- Cotton Balls - used to paint with, used to simulate putting makeup on and used for snowballs for dolls
- Sunglasses- Each CCPT provider should have something that children can 'hide' behind. Ideally, it will be a screen or puppet, but with a tote bag, these are not realistic. Therefore, sunglasses can provide the same 'protection' and coverage that a child may desire.
- Sand/rocks - can create events and environments in sand, write and paint on rocks, self-soothing by sifting the sand between fingers and hands, burying objects
- Bongos and other percussive instruments - can be made out of cans and/or shakers filled with rice or beans, typically used for aggressive release, to make music, and regulate of emotions
- Dress up clothes - scarves & capes rather than complete outfits

Realistic/Nurturing

- Cars (toys)
- Dolls
- Doctor's Kit
- Old cell phone
- Baby bottle
- Finger puppets
- Animal families

Aggressive Release

- Rope
- Playdough
- Dinosaurs
- Military figurines
- Handcuffs
- Rubber knife
- Play money

Play Therapy, contd

This article will address the issue of 'not having enough money to fund the necessary toys. Landreth tells us to "select toys, not collect toys" (2012) which indicates the value in quality not quantity of the toys. Toys should reflect the cultures with which one works. Some considerations include skin color of dolls or people figures, clothes/costumes, toy food items, instruments, and transportation. Additionally, it is important to understand which toys are most beneficial to play therapy. The three recommended variations of toys include aggressive release toys, imaginative/creative play, and realistic/nurturing toys.

Designing Play Therapy in a Bag

While perhaps ideal to have many toys, CCPT can be accomplished with toys/materials and activities that fit in a tote bag. Following is a list of the 'must have' CCPT toys that can fit in a tote. Counselors are encouraged to think "outside the tote bag" for ideas, toys and activities that are appropriate for their population and age group. The sidebar provides a list of items to be included in a bag. Items under Imaginative/creative will have a brief description of what the item has been used for in past sessions; but as a reminder and as true CCPTs know, there are no bounds as to how a child uses an item.

Toys/materials

Obtaining toys and materials are an essential part of the process. However, there is usually a lack of funding for these items. Toys can be obtained from second-hand shops, yard sales and discount stores. We often overlook the simplest of toys for the brighter, shinier, and more complex and often more expensive toys. Instead, consider items such as egg cartons, white paper, cardboard boxes, cotton balls, tape, two yards of fabric, sand, rocks, etc. Utilize a local "dollar store" for items such as paper plates, plastic ware, balloons, finger puppets, dolls, rope, dart gun, handcuffs, beachball, and seasonal items. Ask people for donations. The quickest way to do this is via social media. Many people have items sitting in boxes but have not considered what to do with them yet. Many of them will be happy to know their toys in storage will go to good use helping children find their voice. The importance of CCPT and its use with young children should not be withheld because of lack of supplies. All the above items will fit in a tote bag and can be easily stored.

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The mission of ACAC is to promote a greater awareness, advocacy, and understanding of children and adolescents, as defined as the ages from birth to adolescents, among members of the counseling profession and related helping fields;



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Advance developmentally appropriate prevention and intervention strategies for counseling children and adolescents;



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Provide professional development activities to improve education and training of counselors who work with children and adolescents;



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