Message from ACAC President Gail Roaten

Dear ACAC Members,

I bring you greetings from Texas! I hope all of you are planning to attend our inaugural conference this July in Washington, DC. Catherine Tucker and her planning committee have worked tirelessly on the conference. There will be great presentations for all types of counselors working with all ages of children.

We hope you join us for our membership meeting in San Francisco at ACA this spring. Great things are going on in ACAC!

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As I reminisce about my work with ACAC, I am amazed at the journey. A small group of very determined people started out as an interest group, then worked our way to affiliate status, and finally now a full-fledged division with almost 700 members! We have grown and changed and really tried to meet the needs of our membership. I am really proud of the work our team has accomplished, and I look forward to great things in the future.

My best to you all,

Gail Roaten, Ph.D., LPC, ACAC President
Using Art-Based Approaches with Traumatized Children

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Trauma exacts deleterious effects in the lives of children. What has come to light in the past few decades is that childhood trauma may have lifelong negative consequences such as an increased risk for severe health issues, substance abuse, suicide risk, obesity, and even premature death. These risks extend across the entire life spectrum as evidenced by the Adverse Childhood Experiences Study (Felitti et al., 1998). Despite such ominous potentials in the aftermath of trauma, research has demonstrated that creative approaches can help assuage the full impact of trauma in the lives of children and adolescents (Coleman & Macintosh, 2015; Dobson & Perry, 2010; Foa, Keane, Friedman, & Cohen, 2009; Naff, 2014).

Creative approaches include those that incorporate drawing, painting, collaging, clay work, and myriad other modalities. Such approaches can enhance the relational, social-emotional, and academic functioning children and adolescents, including those who have experienced trauma (Foa, Keane, Friedman, & Cohen, 2009; Lenz, Holman, & Dominguez, 2010; Naff, 2014). Gantt and Tinnin (2007) noted art-making’s particular effectiveness in short-term interventions. Moreover, Coleman and Macintosh pointed out that “Art making accesses the same brain areas where trauma memories are mediated” (2015, p. 27). By utilizing art-making children are able to create a sense of distance from the traumatic event and the artifact of the session can be an ongoing reminder of the child’s newfound sense of security (Coleman & Macintosh, 2015). As with any approach used by the counselor, it is important to remember that methods are adjuncts to the relational aspects of counseling that have been shown to be crucial to the helping process (Carkhuff, 1993; Corey, 2010; Rogers, 1957).
A variety of materials are appropriate for using with traumatized children and adolescents. Clay, paint, roving, collage materials, and various types of slime or goo lend themselves to therapeutic ends when working with young people. For example, one type of project that can prove beneficial in addressing trauma involves the construction of a 3D mask. Young people can use any number of materials to construct the mask including papier mâché, clay, and gypsona bandages. Masks can be formed by placing appropriate materials over a form such as inexpensive masks that are readily available at party supply or hobby stores. Once dried the mask can be decorated in a variety of ways to process the traumatic event. One idea would be to decorate the inside of the mask to depict the child’s resilient characteristics prior to the event. Colors, words, and various materials can be utilized in this process. The exterior of the mask can be decorated to depict the client’s characteristics post trauma. The mask then becomes a tool through which the young person can process the trauma while having a tangible reminder of enduring strengths and resilient qualities. Kent and Davis (2010) see resilience as a quality that can be enhanced and one that can help to address trauma. In this vein, the mask with its resilient core may have the potential to build the child’s capacity to transcend the traumatic event.

References


Considering Intergenerational Trauma

Leslie Contos, LPC, NCC
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Counselors working with children and adolescents need to be aware of the possible effects of intergenerational trauma on their clients. Research supports a significant relationship between parent exposure to interpersonal trauma and parenting difficulties. A parent who is a survivor of trauma may be hypervigilant and overinvolved with a lack of clear boundaries, or may exhibit numbing and detachment. (Cohen, Hien, & Batchelder, 2008; Schwerdtfeger & Goff, 2007; Dekel & Goldblatt, 2008). Kellerman (2001) states that the following issues may be found in children experiencing intergenerational trauma:

**Identity Problems:** Overidentification with parents and lack of personal identity, viewing self through victim/survivor status, or overachieving as a form of compensation.

**Cognitive Patterns:** Preoccupation with death or harm, or catastrophic expectancy.

**Emotional Patterns:** Nightmares of persecution, unresolved anger complicated by guilt, increased vulnerability to stressors, depression, anxiety, psychosomatic symptoms, or aggression.

**Interpersonal Functioning:** Extremes in family dependence or independence with difficulty handling interpersonal conflict and forming intimate attachments.

Children may experience intergenerational trauma from direct exposure to the parent’s symptoms (such as detachment or hypervigilance) or through the parent’s traumatizing behavior towards the child (such as abuse or neglect). Intergenerational trauma may be transmitted in a complex combination of interpersonal dynamics, socialization, and communication, with some research suggesting genetic transmission. Attachment research has concluded that adult patterns do correlate with infant attachment styles, with dismissing parents tending to have an avoidant infant.
Parents who experience trauma disorders such as PTSD, may establish a relationship with their children that is mediated by attachment disorganization (Schwerdtfeger & Goff, 2007; Kellerman, 2001; Dekel & Goldblatt, 2008).

Psychodynamic literature describes projection and identification processes as a possible method of trauma transmission. The traumatized parent may seek to avoid pain through projection of emotions of persecution, aggression, guilt and shame onto the child. The child may end up identifying with these projected emotions and experience the feelings as their own; making it difficult to form the separate-self which is necessary for healthy development. The child may exhibit the isolation, guilt, and detachment of the parent (Dekel & Goldblatt, 2008).

**Assessment of intergenerational trauma** can typically occur during the intake or biopsychosocial evaluation, but opportunities exist throughout the counseling relationship. The creation of family genograms or family timelines which include multiple generations of stories and relationship patterns, can also provide ample information on generational trauma for the children you work with.

References


Developing Self-Awareness and Problem-Solving

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Young children often present for group therapy or social skills services due to reasons including, but not limited to, low social awareness of peer’s verbal and nonverbal feedback, low frustration tolerance, lack of flexibility, lack of self-awareness, and difficulties with problem solving abilities. Many social skills programs contain a variety of activities to address such deficits including The Incredible Years (Webster-Stratton, C., 2013); Social Thinking (Winner, M., 2009); and Incredible Flexible You (Hendrix, R., 2013). When a clinic/agency, private practice, or even school has limited funds, a counselor may seek activities or group ideas to increase these deficiencies. This article seeks to provide an outline for increasing the child’s awareness of self, awareness of self and others, flexibility, frustration tolerance and problem solving abilities through activities developed and targeted for children ages 6-13 years based on groups grounded in existential theory.

Existential theory promotes the idea of free will, often promoting the client’s ability to choose in any number of situations (Gladding, 2013). Placing responsibility for one’s actions at the forefront, which works well in group settings, specifically when working with children struggling to master social skills. For example, as a child struggles to gain awareness of self and others after making a comment about another group member in which the group member elicits feelings of discomfort based on the comment, the therapist may offer feedback to the child such as, “Sam, I am wondering if you think Ryan is comfortable or uncomfortable with your comment you just made?” Another example might be directed toward a child struggling to gain awareness of self and others while continuously interrupting each member of the group. The therapist may elicit feedback in the form of promoting awareness such as “Sam, it appears that you have a comment/question to make after each group
member shares information. I wonder how you think the other group members feel/think about your comments/questions. I am wondering if you can look at their faces to see if they like your comments/questions or do not like your comments/questions.” This type of feedback allows the child to think about his actions and, thus, recognize facial expression from his peers to decide whether his behaviors are “working” or “not working” for him, as well as for others.

Social skills groups may provide children the opportunity to increase interpersonal learning and raise self-awareness. Through guided group exercises, a child may experience verbal promptings acknowledging which behavior(s) is “working” and “not working.” Some children may require more direction than others. An example of verbal promptings that may require more direction may be counting the number of times a specific behavior occurs from a child so that the child can promote awareness of his behaviors with support from the therapist.

According to Vygotsky (1978), children may have a gap between their actual developmental level and the achievable developmental level with the assistance from adult or peer guidance. Today, professionals consider this scaffolding, which is used to bolster a child's independent learning through adult and peer interactions which lead to an advancement in developmental levels of problem solving. For example, as the group leader facilitates the establishment of group rules and norms, the leader may be the first to have awareness of behaviors that are “not working” for the child, other group members, or the group.

Group offers its’ members opportunities to try out behaviors to determine what is “working” and “not working” in social settings. Other behaviors that may need fine tuning in groups include, but
are not limited to, eye contact, side conversations amongst two or more group members, invasion of personal space, and off topic comments/responses. Through this technique of providing feedback to group members, therapists may provide group members with a non-invasive approach that offers opportunities to try out alternative behaviors that may “work” better.

References


Counselors and Teachers in Collaborative Consultation to Support School-Aged Victims of Trauma

Deedre Mitchell, PhD, NCC, LPC
Messiah College

Victims of child maltreatment require extra care and attention to overcome the troubling effects of their trauma (Henderson & Thompson, 2016). Counselors can utilize their skills in individual, group, and family sessions with these clients and the use of their expertise need not end there. As mental health experts, counselors can extend their knowledge to help other adults understand the effects of trauma on the children in their care. Teachers and school personnel, for example, spend much time with school-aged children who are suffering from the effects of traumatic experiences. Unfortunately, the symptoms and behaviors that these children present in the classroom and in social situations are often misinterpreted, which may result in well-intentioned but unsuccessful strategies (Pledge, 2004). This challenge can be mitigated when school and clinical mental health counselors provide consultation services to educate and support teachers to better understand victims of trauma.

Generally, consultation is a process involving a consultant and consultee working towards positive change through a series of steps which may include assessment, problem identification, strategy, implementation, and evaluation (Brown, Pryzwansky, & Schulte, 2011). One typically views the consultant as an expert which implies a differentiation of power (Stone & Dahir, 2016). According to Stone and Dahir (2016), teachers may become frustrated if counselors, as mental health experts, suggest strategies for working with struggling students that are not conducive to the daily struggles in the classroom. Collaborative consultation may be an effective model for consulting with school personnel on student issues (Dougherty, 2014) that would encourage teacher buy-in and would enable both parties to bring their knowledge and expertise to the consultation table in a spirit of collaboration. According to Baker, Robichoud, Dietrich, Wells, and Schreck (2009), a collaborative mode of consultation involves a process of mutually considering ways to comprehend and resolve challenges. While counselors bring knowledge and expertise about trauma effects and treatment,
the impact of trauma on childhood development, and reporting laws and procedures; the teacher is aware of the educational needs of the student, as well as the dynamics and concerns of the daily classroom. Together, the counselor and teacher can identify prospective solutions, weigh the pros and cons of these solutions, choose strategies for implementation, and evaluate the outcomes.

As collaborative consultants, counselors must keep in mind the unique obstacles faced when working with traumatized youth. Often, traumatic events are not openly shared with educators and it becomes difficult to identify and understand the reasons behind a child’s behavior or learning problems (Crosby, 2015). With client consent and within ethical guidelines of maintaining client confidentiality (ACA 2014), counselors may be able to shed light on events contributing to the presenting behaviors. Additionally, teachers can be informed of the ways in which traumatized children present themselves differently in the classroom as they may struggle to follow directions, overreact to situations, and fail to make appropriate connections (Crosby, 2015). In addition to sharing this knowledge, counselors can engage teachers to share about the unique needs of the client and the classroom. Together, teacher and counselor can consider prospective solutions. For example, is this classroom an emotionally-safe learning environment? What would be an appropriate trauma-sensitive discipline policy?

As stated, traumatized youth have unique and often misunderstood educational needs. The counselor should be prepared to not only consult with teachers on the needs of their clients, but to consider doing so in a spirit of collaboration. These efforts will gain a more comprehensive view of the situation and further support the success of the client.

References


Congratulations to the Three Winners of the ACAC 2017 Research Grant!

1. Dr. Jonathan Ricks, University of North Carolina at Pembroke: Mindfulness for Stress Reduction with American Indian Adolescents

2. Drs. Stacey Havlik and Christa Bialka, Villanova University: Understanding Elementary and Middle School Counselors’ Experiences with Disability Awareness

3. Christine Hennigan, student member, Dr. Sarah Springer, and Vanessa Howard, Monmouth University: Addressing Suicidality: Examining Pre-Service School Counselors’ Perceptions of their Training Experiences

Each of these research proposals will receive $500 from the ACAC. This award will be given at the ACAC membership meeting, at the ACA conference in San Francisco later this month.

Recipients, congratulations to you, and please let me know if you will be attending the ACAC membership meeting.

Thank you to everyone who applied, there were many strong applications.

Warmly,

The ACAC 2017 Grant Committee

Emily Goodman-Scott,
Assistant Professor and School Counseling Coordinator,
Old Dominion University

Kim Collins,
Assistant Professor,
Austin Pay State University

Melanie Burgess,
Doctoral Student,
Old Dominion University
The Association for Child and Adolescent Counseling (ACAC)  
A Division of ACA  

Inaugural National Conference  
July 20-21, 2017  
Arlington, VA  

Trauma in Children and Adolescents  
Keynote speaker: Deb del Vecchio-Scully, Sandy Hook Counselor & Trauma treatment expert  
~CEUs available~

Register at:

Visit our Facebook page for details!
[http://acachild.org](http://acachild.org)

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JOIN US IN SAN FRANCISCO
March 16-19, 2017
for the
ACA Conference and Expo

ACAC Meetings

ACAC Board Meeting
Thursday, March 16, 8-12
Fremont

ACAC Membership Meeting
Friday, March 17, 3-4:30
Nob Hill

ACAC Sponsored ACA Presentations

Friday, March 17
3:00pm - 4:00pm
ACAC Featured Session
Program ID #173, Room 2022
Tips and Tools for Counseling Youth with Sensory Processing Disorder
60-Minute Education Session
Emily Goodman-Scott, Melanie Burgess, Simone Lambert
Sensory processing disorder (SPD) is a neurological disorder impacting the behavioral, emotional, and social functioning of nearly 20 percent of youth. However, SPD is largely unrecognized in the counseling profession. Counselors serving youth in mental health and school settings attend this session to learn more about SPD and gain strategies for screening, diagnosing, treating, and collaborating with related stakeholders. Come prepared for a wealth of tips and tools to help you best serve the youth on your caseload.

Saturday, March 18
10:30am - 12:00pm
ACAC Featured Session
Program ID #248, Room 2002
More than Just a “Bad Kid”: Exploring Positive Self-Concepts with Students
90-Minute Education Session
Shanice N. Armstrong, Richard J. Ricard
Have you ever met students who have given up on themselves? Who felt so powerless that they lose hope and see no point in even trying? This mentality is a small component of the “Why Try” Effect. The “Why Try” Effect involves self-stigma and stereotype threat, mediators such as self-esteem/efficacy, and their effect on goal-related behavior. This session will guide attendees in understanding the underlying research of this phenomenon and evidence-based practices to combat internalized hopelessness.

**Saturday, March 18**  
**5:00pm - 5:30pm**  
*ACAC Featured Session*  
Program ID #785, 2nd Floor, Poster Area 1  
**Identifying and Addressing the Needs of Refugee Adolescents in Schools**  
30-Minute Poster Session  
*Amanda D. Rumsey*  
With the growing number of refugees being resettled in the U.S., schools are seeing an increase in the numbers of refugee students and counselors are faced with providing appropriate services to support the needs of these youth. Information gathered from school counselors who currently work with refugee adolescents was collected and will be shared with attendees. Suggestions for providing support and ideas for future research will be discussed.

**Sunday, March 19**  
**10:00am - 10:30am**  
*ACAC Featured Session*  
Program ID #818, 2nd Floor, Poster Area 4  
**Can We Play Too: Including Children in Family Therapy**  
30-Minute Poster Session  
*Jennifer Pereira*  
Therapists often struggle when working to appropriately include young children in family sessions due to differences in cognitive, emotional, and social understanding. This poster outlines various methods for including young family members in sessions in ways that allow them to benefit from therapy and add to the positive outcomes.
CALL FOR PAPERS

Fall 2017 ACAC Newsletter

Please consider submitting an article for our Fall 2017 Newsletter. We are currently accepting submissions. Submissions should be scholarly-based articles of 1-3 pages focused on counseling children and adolescents. Send articles to the ACAC Newsletter Editor at mayfield.peggyc@gmail.com no later than August 14, 2017. Early submissions are strongly encouraged.