A MESSAGE FROM THE PRESIDENT

by Catherine Tucker, PhD, LMHC, RPTS

This quarter, most of my message will be the ACAC annual report for 2018. Although it contains many of the highlights from the past year, and a few of our plans for 2019, I do want to add a few explanations for our members. Overall, ACAC has had another excellent year.

Our membership numbers are up 4.93% from 2017, with 745 members as of April 2018. The largest subset of our membership is graduate students, with 161 student members. In order to better serve this significant group of members, we have a new Graduate Student Chair. Kirby Christian, a recent graduate of the Chicago School of Professional Psychology, will lead this committee. We’re excited to see what ACAC can do to engage our students more fully.

Another large subset of our membership (128 members) are engaged in work within school settings. Some of these members identify as school counselors while others work in administration or as agency counselors assigned to schools. Regardless of job title, all of these members are doing important work in promoting improved mental health in children and adolescents. Please be on the lookout for an upcoming announcement from our journal editor, Ryan Holliman, about a special issue of the journal focusing on counseling within schools.

Finally, we are also beginning to plan our second ACAC conference. Please mark your calendars for July 25-26 2019. We’ll be meeting in Austin, TX, to talk about how technology impacts the mental health of our youth. A call for proposals will be coming soon from the planning committee, which is led by our President-Elect, Evette Horton. I’d like to personally encourage those of you who are working with youth directly to submit proposals to speak, especially members of color and members who identify with the LGBTQIA community and other minority experiences. New voices are key to the ongoing growth of our collective knowledge. We hope to see many of you there!
June 18, 2018

Dear Dr. Lawson, ACA staff, and members,

Please see below a brief list of key division accomplishments for 2018. An overview of key goals for 2019 is also included.

1. ACAC, the newest ACA division, continues to grow at a generally steady pace, and to retain members. As of the most recent membership report, we have 721 members.
2. Working from the success of our inaugural conference, we are planning a second ACAC conference for July 25-26, 2019 in Austin, TX. The conference theme is Counseling Children and Adolescents in the Age of Technology.
3. ACAC members presented multiple sessions at the ACA conference in Atlanta, three of them sponsored by the division.
4. ACAC continues to be engaged in advocacy efforts. We signed a joint statement on gun safety. Our advocacy committee is currently crafting statements on bullying and the separation of children and parents at the US borders.
5. The ACAC journal is now in its third year of publication. Our new editor, Ryan Holliman, has replaced the founding editor, Dee Ray. We are now publishing 3 paper and electronic journal editions per year. We plan to produce a special issue on school services in the near future.
6. We have refreshed our standing committees with new chairs and key personnel. Membership and graduate student committee chairs will now attend regular board meetings.
7. ACAC awarded $2000 in research grants in 2018. This funding supports four very diverse projects.

Respectfully submitted,

Catherine Tucker, PhD, LMHC, RPTS
President ACAC 2017-2019

Be sure to see Dr. Tucker’s recent interview for a Washington Post article regarding NREPP: https://www.washingtonpost.com/national/health-science/trump-administration-freezes-database-of-addiction-and-mental-health-programs/2018/01/10/ed421654-f577-11e7-beb6-c8d48830c54d_story.html?utm_term=.889179ca46e2
Every therapist, at some point in time, comes to a point when they have a client who challenges something they have learned in their studies and makes them consider their training in a new light. This occurred fifteen years ago when referred a young child of about four. “Dan” was a cute little dark haired mop of a child, a profoundly deaf child of hearing parents with minimal sign language skills, mostly home signs. He had been taken into custody of the Department of Social Services after allegations of abuse and neglect had been made against the family and his biological parents tested positive for drugs.

Since this therapist possessed advanced sign language skills, the referral was a natural match. Following the protocols of Client-Centered Play Therapy, “Dan” was introduced to the playroom and he quickly started to explore the room. As he played with some cars and a track he assembled, he became hyperfocused on his play activity. With a hearing child, a client-centered play therapist would be taught to continue to make tracking responses, whether or not the child responded. However, what if the child was unable to hear? Or was/is non-verbal? These and several other thoughts poured through my mind. Should his shoulder be tapped lightly and a reflection provided in sign language, which may or may not be understood because of his language level? Should he just play, as an interruption would be considered directive? If option two is chosen, how can this be classified as therapy? These and several others occupied the forefront of thought and inspired a new train of reflection. How important was language to the therapeutic nature of counseling?
There have been numerous studies that have demonstrated strong links between language and behavioral issues. Children have higher incidences of behavioral problems when they have a diagnosis of a language disorder. This is the same in reverse, children with language disorders have higher incidences of behavioral issues. Yet, what started first remains in debate (Beitchman et al., 2001: Brownlie et al., 2004). Research in this area has been obscure, as it is difficult to isolate the any general developmental process that may be behind problems both in language development and behavioral issues (Rescorla, Ross & McClure, 2007).

Although externalizing behavioral problems in young children are common, early behavioral problems are a relatively consistent risk factor for future problems, from poor academic performance, social difficulties and future behavioral problems. Young children who have issues tend to carry those issues from elementary school, into adolescence and adulthood. Language is key to development as well. It is the way that social norms are learned and behavioral controls are taught (Luria, 1961). Currently, it is not known when language impacts behavior or whether it is through emotional and behavioral regulation or parent-child communication (Barker, et al., 2009).

The result of this reflective moment changed the way counseling was provided. During intake, time is now focused on social-emotional language assessment to see how much is known and understood. In addition to client-centered play approaches, time is also devoted to providing psychoeducation about what feelings ‘look like/feel like’. Parents are encouraged to work on building feeling vocabularies with their child and, when services are provided in the schools, a comprehensive social-emotional program is encouraged that will develop a child’s language skills in this area. Although there is much research on being present with clients, reflecting back and reframing what is seen and heard, it is almost important to ensure our clients leave our services being able to effectively express themselves in the future. In order to do this, time needs to be devoted to grasping the importance of language on skill development and enhancing the counseling process.
References


Connecting to the Disconnected: Creative Approaches to Building Rapport with Adolescents

by

Valarie L. Harris, LPC-MHSP, NCC

It’s no surprise that as the adolescent population becomes more connected to the cyber world, it becomes more difficult to connect with them in the office. Yet, it is imperative that counselors adequately connect to their younger clients as it is not only a key indicator of client retention in therapy, but it’s also highly predictive of therapeutic outcomes (Bennett, Lee, Lindahl, Wharton, & Mark, 2017). When working with this population, consider the following to assist with building a lasting rapport:

1.) Connect with Music: Counselors can find out a lot about the adolescents they work with by the music they listen to and the bands/artists they follow. Consider asking them to share the top five songs on their playlist or their favorite band/artist and ask them what draws them to those five. If they want to play one or two in session, let them!

2.) Connect with Emotion: Adolescents don’t always know how to describe their feelings. Counselors can assist and participate with them in a creative check-in (emotionally, physically, mentally and spiritually) using things like: colors, vehicles, song titles, movie characters, and animals.

3.) Connect with Technology: Apps such as Stigma, Moodtrack, Happify, DBT Skills Card, Calm, and Headspace can be effective tools for incorporating evidence based interventions both in session and between sessions without it feeling like “homework.”

The most important aspect of working with adolescents is to connect with the things that are important to them. If it’s a certain sport, read up about that sport and get to know the latest “news”. If it’s the arts, get in the floor and help them create a vision boards. If it’s animals, invite them to bring their pet into a session. Invest in them and they will invest in the process! Happy connecting!

References
As divorce continues to be a common occurrence among families, going to court is becoming increasingly common for counselors who work with children and adolescents. Counselors should be knowledgeable of their ethical codes in preparation for court, as well as when on the stand. The American Counseling Association’s Code of Ethics (2014) addresses dual relationships and this applies in the courtroom regarding which type of testimony counselors should render. To avoid dual or changing roles, counselors should know the difference between being a fact witness and an expert witness.

A fact witness is someone who is commonly in direct contact with the litigants, frequently serving as their counselors before the legal system became involved. A counselor testifying as a fact witness is not changing roles. Fact witnesses are not allowed to draw conclusions and must rely only on the facts of their interactions with their clients. A fact witness’s testimony is limited. For example, a counselor can say, “I observed the mother/father…” A fact witness cannot say, “I believe the mother/father should…”

The role of an expert witness does not act as a client advocate, instead, as someone who lends experience to the court; therefore, a change of roles is typically required when counselors provide expert testimony. To be qualified as an "expert" counselors must demonstrate a mastery of the research in all the areas in which they are testifying. This allows the expert to draw conclusions about a case. However, expert witnesses should have little to no personal connection to the complainants and defendants in a case.

When preparing for court, counselors should remember that fact witnesses cannot speculate; instead, they must stick to the facts. Also, counselors should typically only act as expert witness when they are not counseling the client involved in the case.

References
Retrieved from http://www.counseling.org
Counseling High School Students with Disabilities: Challenges of College Transition
Part I: Beginning the Conversation
by
Sarah French
Assistant Professor, Illinois State University

Many counselors in school, agency, and private practice settings work with families as they prepare for the day when a young person with a disability will graduate from high school and begin post-secondary education. As both a former administrator of a college student disability services office and the parent of an adult with a disability who was once a college student, I know how much families rely on your counseling voice as they navigate the new terrain of college life. This is the first of a two-part article designed to help counselors identify issues that students and their families need to consider as they plan for that transition.

Essential conversations that students, parents and counselors can have prior to college planning are about the student’s needs, talents, dreams, and realities. What makes his heart sing? What activities fully absorb her attention? What are his strengths? What areas of challenge keep arising for her? Does he like big groups or small gatherings? Does she organize her time well? Is he a leader or a follower? Have there been issues with substances, mental health, or trauma? All students who go away from home for the first time carry their hearts, their minds, and their vulnerabilities with them.

As students and families approach the college planning process, they first need to understand that it is wise to start early. All students, especially those with disabilities, benefit from learning about college services, admissions standards, and academic guidelines so that they may adjust their coursework, behavior or goals early in their high school careers. Second, while students with disabilities attend and successfully graduate from college, they may also face more significant challenges than their peers without disabilities. (Hartley, 2013; Kupferman & Schultz, 2015; Lyman et al., 2016; Sanford et al, 2011). To succeed, it is necessary to have a well-designed academic plan (and often an alternate plan) and social support system in place. The statistics regarding college attendance, persistence, retention, and graduation for students with disabilities can be startling.
While higher numbers of students with disabilities are attending college, it is important to note that there is a significant difference in completion rates between students with and those without disabilities (Thompson-Ebanks, 2012). Students with disabilities are less likely to graduate compared to students without disabilities (Sanford et al, 2011). Furthermore, there are within-group differences among students with disabilities depending upon the disabling condition; for instance, students with mental or emotional disabilities are more likely to drop out of college. Collins & Mowbray (2005, p. 304) reported that 86% of students with psychiatric disabilities withdraw prior to degree completion.

In 2016, only 14.4% of individuals with disabilities in the United States possessed a college degree, as opposed to 33.8% of those without disabilities. Furthermore, 26.6% of individuals ages 21 to 64 with disabilities were estimated to live below the poverty line, compared to 10.9% of those without disabilities (Erickson, Lee, & von Schrader, 2018). Completing a two or four-year college degree is an important asset for everyone, but is especially significant for a person with a disability. Therefore, it is critical for students with disabilities and their parents, mentors, counselors, and teachers to determine the academic prerequisites for potential career interests and realistically match interests to course preparation whenever possible. These statistics should not be used to scare students; instead, they can assist counselors in their work with families to emphasize the complementary needs for planning and support during both the secondary and post-secondary years.

Making a physical visit to colleges is an important step for students and their parents. College visits should include an admissions tour, including tours of the dormitories, the library, the student recreation center, a classroom building or two, and if possible, a conversation with a faculty member in a department in which the student is interested. Students and their parents should always set up individual appointments with the disability services offices. It is critical for students to meet the disability services staff and to receive concrete answers about types of services offered and the paperwork that students will need to apply for those services. Some of this information should be available online on the college or university webpage, but that is not a substitute for an in-person visit.
One of the significant differences that students with disabilities encounter when making the transition from high school to college is that, at the post-secondary level, students are expected to initiate contact with the disability services office, request accommodations, and provide the documentation required to activate services. Unless their high school has provided extended transition planning, students may be unfamiliar with college-level policies, and mistakenly assume that the college will be aware of their needs and provide needed services.

In actuality, students with disabilities in colleges and universities must advocate for their own needs. Because many students will have had parents and teachers fulfill this role during their K-12 years, they may have neither the skills nor the historical knowledge about their disabilities to provide information to disability service providers when they arrive at college. One of the most important skills students need to acquire during their junior and senior years of high school is the ability to articulate the nature of their disability, the kinds of accommodations that have been made for them prior to college entry, and which services were most helpful and why. They also need to learn, rehearse and assess their self-determination skill cycle—assessment, short and long-term goal setting, evaluation and recalibration—to be able to utilize those skills when they transition to college and vocational settings. (Martin, Portley & Graham, 2010, pp. 66-78.)

Another significant difference between the services provided for K-12 students and those provided at the college level is that different laws with different goals govern the services. The law that regulates the identification and education of students with disabilities in elementary and secondary school, the IDEA, is designed to provide supports that lead to the student’s success. Amended in 2008, the Americans with Disabilities Act governs disability accommodations at the college level with the goal to provide equal access. College students may receive accommodations or services designed to level the playing field, but they themselves are ultimately responsible for their own success. Section 504 covers both secondary and postsecondary students; however, colleges and universities meet their obligations by providing accommodations to qualified students. Services provided under a 504 plan in high school are not automatically transferable at the college level; in fact, some accommodations may not be assigned because they violate the essential academic expectations of a course. (Madaus, 2010, p.17).
The Americans with Disabilities Act as Amended in 2008 included several important provisions pertinent to college students. First, it defined a disability as something that substantially limits one or more major life activities, a record of having such an impairment, or being regarded as having such an impairment. Second, the definition of a “major life activity” was expanded to include many functions such as breathing, thinking, concentrating, reading, and other bodily functions. Third, episodic conditions, circumstances that occur sporadically or flow in and out of remission, are considered disabilities. Fourth, impairments that require “mitigating measures” such as medications are considered disabilities even when the symptoms are controlled by a device or substance. Finally, the Act covers auxiliary aids such as interpreters, aides, wheelchairs, etc. (Bowman, 2011, pp. 87-89; Madaus, 2010, pp. 15-16). The provisions covered by the Act opened doors for many people to have access to higher education.

At the college level, students do not receive IEPs or a Section 504 plan. Therefore, neither the faculty members nor the disability services staff will monitor whether students are utilizing their accommodations and academic performance, unless the students choose to initiate and participate in that discussion. Furthermore, it is up to the students to talk with the professor about their accommodations and to alert the disability services office if their accommodations are not met. Embarrassment or anxiety about approaching a faculty member about accommodations can hinder students. They may fear being “outed” in front of their fellow students and simply opt to manage their disability on their own. It is critical for students to seek assistance from their disability services provider; however, many do not. For that reason, they may need to rehearse what to do if they run into difficulty. If parents hear their child is frustrated by a professor who is not honoring their accommodations, it is important to listen to why their child is reluctant talk about their concerns with the professor or with the disability services office.

Many students who have been in special education programs during their K-12 years are determined to leave the label and the stigma behind when they begin college. They may not know enough about the process to understand that their application for disability services is confidential and that their accommodations will not be activated without their permission. For students coming from a system where teachers and peers knew that they were in special education, gaining anonymity and making a fresh start in college is very
References


Save the Date

2nd ACAC Conference

July 25-26, 2019
Austin, TX.

"Counseling Children and Adolescents in the Age of Technology"

Call for Papers

Please submit articles for the Fall ACAC Newsletter

Due Date: October 15, 2018
Submit to: mayfield.peggyc@gmail.com

Theme: Enhancing Resiliency, Emotional Regulation, and Attachment
Birth through Late Adolescence

Articles are typically 1-2 pages with at least one scholarly reference published in the past 5 years, and are formatted according to APA guidelines. Submit articles as a Word document. Please list ACAC Fall 2018 Newsletter in the subject line.