A MESSAGE FROM OUR PRESIDENT

Le'Ann Solmonson, ACAC President

Are we there yet? How much longer? Do you remember taking car trips as a child and thinking it would never end? I have a similar feeling as I read the headlines in my local newspaper telling us that once again our ICU beds are completely full with COVID-19 patients. Just a few months ago, it looked like we might be turning the corner and seeing a possible end in sight. In the early days of the pandemic, I was in a Zoom meeting with colleagues who are faculty members in programs at universities where there is also a medical school. I remember thinking they were crazy when they said their doctors were saying this was going to last for 2 to 3 years. It was an overwhelming thought and just did not feel like that could possibly be true. And yet, here we are in the surge of another wave 20 months later. As disheartening as it is, I remind myself that we have done this before and we can do it again. We have learned a lot about how to protect ourselves and how to treat this terrible virus.
If we are completely honest with ourselves and each other, we know we will be forever changed because of our experience with a pandemic. So will our children, grandchildren, and the children we serve. It only seems appropriate for our newsletter to focus on healing and resiliency in children and adolescents. For many, the pandemic has impacted the quality of their educational experience, their ability to engage in positive experiences that foster social and emotional development, and a sense of normalcy. A study published on September 3 in JAMA Network Open found that remote schooling may have a higher negative impact on the mental health of older children, black and Hispanic children, and children from lower income families (Hawrilenko, Kroshus, Tandon, & Christakis, 2021). The study found that children from higher income households were more likely to attend school in person. Another study by Ridout, Alavi, Ridout, et al (2021) reported an increase in emergency visits of youth, 5 to 17 related to suicidal thoughts and behaviors during the second half of 2020 as compared to previous years.

As counselors working with children, our current skill set may not be adequate to respond appropriately to the pandemic related experiences of the children and adolescents we serve. It is our hope that this newsletter will assist in the work you do as you help your clients and students heal and develop a new normal. As a division, we have been focused on providing professional development opportunities that will be beneficial to you in your work.

Our monthly webinar series have included sessions on play therapy techniques for telehealth, trauma, and neurocounseling techniques. We have had good feedback and attendance on the monthly webinars and have made the decision to continue them in 2022. Keep an eye out for the announcement of the monthly topics and the call for proposals. You can register for the upcoming webinars at www.acac.teachable.com. All webinars are recorded and can be accessed at any time. The webinars provide 2 hours of NBCC continuing education credit with a discount for ACAC members.

We also continue our focus on anti-racism within the division. Our Anti-Racist Committee is working with all other committees to ensure we are a fully inclusive and welcoming organization and to address any barriers or biases that may impact our BIPOC members. We also want to increase the competencies of all our members in working with BIPOC clients. ACAC has seen tremendous growth in membership in the last year, and we are very excited about the number of members who signed up to serve on a committee. As a division, I believe we have shown resilience in pivoting our focus and activities to meet the needs of our members during a difficult time. If you have other ideas of how we can do better, please do not hesitate to reach out to me. I am honored to be serving as your President this year and continue the good work of those who led before me, as well as continue to grow the division.

Grace and Peace Always,
Le’Ann Solmonson
ACAC President, 2021-22
lsolmonson@gmail.com
Meet the Editing Team!

Dr. Michelle Hollenbaugh, Editor

K. Michelle Hunnicutt Hollenbaugh, Ph.D., LPC-S, is an Associate Professor and Assistant Department Chair at Texas A&M University-Corpus Christi. Her research interests include Dialectical Behavior Therapy and evidence-based research. She has previous editorial experience as the Executive Editor of the Journal of Professional Counseling, and serves on the Editorial Board of the Journal of Child and Adolescent Counseling. Michelle is so excited for the opportunity to serve ACAC and engage in outreach to the membership in this capacity.

Jordan Mann, Associate Editor

Jordan Mann, BA, is a graduate student pursuing her master’s in Clinical Mental Health Counseling at The Chicago School of Professional Psychology. She has a bachelor's degree in Psychology, with a minor in American Sign Language from the University of North Florida. Jordan has presented in many professional conferences such as ACA, ACC, and ACES on the topics of trauma, resilience, and supportive online interventions with youth and adolescents. Jordan is the student representative on the ACC conference planning committee and for the annual virtual conference for The Chicago School of Professional Psychology. Jordan is the master’s student representative for the new division within ACA called International Association for Resilience and Trauma Counseling (IARTC). Jordan is the President of Theta Chi Sigma, The Chicago School of Professional Psychology’s official chapter of Chi Sigma Iota honor society. Jordan started working as a graduate assistant in the Spring of 2020 and continues to assist her peers. Her interests in the field of counseling include trauma, high-conflict divorce, anxiety disorders, addiction, and obsessive-compulsive disorder, all within the population of youth and adolescents.

Dr. Donna Hickman, Associate Editor

Donna Hickman, PhD, LPC, CSC is an Assistant Professor and coordinator of the school counseling program at Texas A&M University-Commerce. She is a Licensed Professional Counselor and certified school counselor in the state of Texas. Donna has 22 years of experience in Texas public schools as an elementary school teacher and counselor. She has also worked with children, adolescents, and adults in private practice. Her research interest areas include professional school counselor advocacy, graduate student mental health, and counselor self-care and wellness.
Fostering Resilience Following the Pandemic: The Utilization of a Wellness-Based Counseling Approach for Adolescents Returning to School

Jeremiah Stokes and Godfrey Ddungu

The Effects of the COVID-19 Virus on Students’ Mental Health

Over the past year, the COVID-19 pandemic, and the response to counter its effects, elicited significant challenges for adolescents (Phelps & Sperry, 2020). Many of the major disruptions for students were associated with a shift in how young people engaged in their educational and academic responsibilities. In fact, in March of 2021, all public school buildings closed their doors. This event brought about a nationwide movement towards distance-based learning. In a matter of weeks, millions of students made a shift from engaging in their typical daily routine, which entailed going to school, to confinement within their homes. School, in addition to being an institution for learning, also facilitated significantly high levels of social engagement (Mertens et al., 2020). This change, among others amid the pandemic, created a stress-response in adolescents (van der Groep et al., 2020).

The Covid-19 pandemic has had a significantly negative impact on children and adolescents’ psychosocial functioning (Phelps & Sperry, 2020). One major contributing factor was the nation-wide school closure. This process elicited a number of challenges for all educational stakeholders, however, many students were particularly challenged with navigating a new learning environment. Moreover, many young people began to experience isolation and struggled with new psychosocial stressors (van de Groep et al., 2020). Although there were efforts made by schools to continue providing educational instruction, as well as many discussions on how to deliver specific online education to students, there have been limited efforts to support students with resources for mental health (Phelps & Sperry, 2020). As such, it would behoove schools to establish a comprehensive plan to address the possible mental health and socio-emotional developmental needs of their students as they continue to return to school (Van de Groep et al., 2020).

Moreover, the lockdown due to the COVID-19 pandemic led to significant changes in adolescents’ social environment, as schools resorted to online home-education with very little physical contact with peers and friends (Van de Groep et al., 2020). This limited physical contact with other students during the closure of schools has created a concern among health and mental health professionals. Specifically, one of the major concerns associated with the lockdown is the lack of socialization and its effects on adolescent mental health (van de Groep et al., 2020). Another critical concern of the COVID-19 pandemic on children and adolescent mental health has been associated with the death of family members due to the virus. This has raised concerns with mental health professionals, as these losses have potential to cause long-term effects on mental health, including a higher risk of developing mood disorders and suicidal thoughts in adulthood (van de Groep et al., 2020).
Resilience and Wellness in Response to the Pandemic

Resilience is associated with an individual’s ability to cope with a crisis-related situation, and to return to a psychological baseline that is relatively similar to what it was prior to the crisis occurring (Keles, et al., 2018). Moreover, Neville et al (2019); Windle (2011) conceptualized resilience as the process in which one is able to negotiate effectively, adapt, and utilize the resources that are available to experience well-being after a traumatic event or crisis. As such, resilience is not something that we are necessarily born with, but rather, it is built over time through experiences and interactions with our environment.

To fully exemplify how resilience has been utilized by children and adolescents, it may be advantageous to conceptualize each child’s individual differences through a lens that includes a vastness of circumstances and responses. Many experienced significantly traumatic events including the death of loved ones and complete displacement (Phelps & Sperry, 2020). However, other children may have experienced circumstances that were less traumatic, such as school displacement and anxiety about the virus. Nonetheless, most of the circumstances have had the capacity to challenge young people, and thus elicit the probability for a resilience response. Moreover, due to the strong association with a negative response to school closure, it would benefit counselors and school counselors to conceptualize potential mechanisms to assist students in their approach to building more resilience. One such way to do this, is for counselors and school counselors to consider the utilization of a wellness informed counseling model with adolescents in school during the time of pandemic (Mertens et al., 2020).

The counseling profession has placed value on holistic and wellness-informed counseling models for decades (Myers & Sweeney, 2007). There have been numerous models and interventions that have focused on counselors assisting clients through a strength-based lens as a means of achieving wellness. These interventions often take into account clients’ strengths, and focus on holistic practices aimed at achieving balance and wellbeing within the various dimensions of peoples’ lives (Myers & Sweeney, 2007). Moreover, wellness models of counseling have been shown to have applicability in schools (Villalba & Borders, 2005). As such, both school counselors and clinical mental health counselors should consider placing emphasis upon the utilization of wellness models with adolescents in schools during and after the COVID-19 pandemic. This approach to helping students work through some of the presenting challenges such as a lack of socialization, grief and other trauma and crisis responses, may help to increase their capacity for resilience (Arman, 2002).

As our culture continues to face global challenges, there can be responses set in place to help children and adolescents navigate some of the difficulties that our world currently faces. Some of these challenges may be best addressed by helping young people learn how to foster resilience through a wellness-oriented lifestyle.
Case Study

The following case study will depict a 14 year old female high school student named Clara who has returned to her school for the 2021-2022 school year. She is working with a counselor, Josey, on campus: Clara was referred to her school’s counselor because one of her teachers noticed that she had been crying in class, and when the teacher asked about it after class, she reported that she felt nervous and uncomfortable at school. When the counselor met with Clara, she reported that she was very nervous every morning on her way to school. After further interviewing, Josey determines that Clara is having significant anxiety and panic attacks. The counselor explores some of Clara’s deeper experiences and she expresses to the counselor that since the COVID-19 lockdown, she gets very nervous around people. Also, she expresses that because she was isolated for several months, she now gets anxious around people. The counselor utilizes a wellness-informed and holistic conceptualization of Clara’s current situation. This process entails the counselor exploring the various dimensions of the client’s life including: her physical wellbeing, including sleep hygiene, diet and activity levels; her psychological and emotional functioning, including her perception of her situation, emotional regulation skills and problem solving abilities; the client’s sociorelational functioning including family dynamics and peer-based relationships; the client’s academic functioning; and spirituality and/or religious practices. By doing so, the counselor determines that Clara is lacking in several areas including: limited familial support, poor social skills, a lack of coping skills, and a poor diet and sleep schedule. The counselor identifies Clara’s lack of resilience is somewhat attributed to the factors lacking in her life from a holistic and interconnected perspective. As such, the counselor provides a treatment approach that seeks to help Clara improve her dynamic from a multi-tiered and integrated model. With permission from Clara, the counselor contacts and integrates Clara’s mother, Rita, into the treatment process. The family counseling component illuminates some of the familial issues and Rita is then able to provide a specific way of supporting Clara. This case helps to identify a wellness-informed case conceptualization and treatment plan where the counselor is actively and intentionally working on helping the client gain more resilience to her current situation, which a great deal was related to the pandemic and her return to school. The client can learn to identify her own struggles from an interconnected perspective and then address a multitude of issues with holistic practices.

References

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The current coronavirus (COVID-19) pandemic disrupted the routine and aspects of life for many. While the loss of routine impacts all students, for some students, routines are especially important. Many families and students with neurodiversity are currently working through issues that all students face but may be particularly hard for youth with disabilities. Students with neurodiversity are working hard to navigate unknown territories, which create many additional stressors and new challenges.

What is Neurodiversity?

The concept of neurodiversity is not new. In short, neurodiversity recognizes neurological variations (Roberston, 2009). Neurodiversity includes many variations such as autism spectrum disorder, ADHD, dyslexia, dyspraxia, dysphagia, Tourette syndrome, obsessive-compulsive disorder, and other cognitive variations. Sometimes these variations are not physically visible. Awareness and knowledge about neurodiversity embraces learning differences instead of viewing them as deficits. School counselors (SC) can help facilitate a school climate that helps stakeholders understand and respect students with neurodiversity. Additionally, school counselors can help students with neurodiversity by helping them identify talents and strengths, while embracing a system with structures in place to effectively include everyone.

Due to the pandemic, there may be an increase in challenges for students with neurodiversity. The rise in infections due to COVID-19, and deaths it has caused, have affected millions of people worldwide. People with neurodiversity are especially affected by changes in their daily life due to restrictions set in place. As K–12 schools move between online and face-to-face classrooms, there is more opportunity to identify and affirm the needs of students that are neurodiverse. Currently many students and families have been physically isolated because of district policies or because of medical necessity. These families and students with neurodiversity face the loss of academic support, loss of access to therapies, and the loss of various support services. The loss of academic supports due to the pandemic can contribute to significant stress and fear for families. Schools can collaborate with families to create supportive opportunities for students with neurodiversity.

The Role of the School Counselor

There may be social and emotional challenges among students with neurodiversity. This may include anxiety, social isolation, depression, loneliness, and poor social and planning skills (Anderson et al., 2018; Renzulli & Gelbar, 2019). Moreover, students with neurodiversity report challenges with peers and can often be victims of bullying by peers (Wiener, 2020). School counselors can advocate for these students in a variety of ways, both directly and indirectly. Such initiatives can focus on developing tolerance, understanding, respect, empathy, self-esteem, anger management, diversity, cooperation, as well as other anti-bullying efforts (Milsom, 2006).
ASCA has identified specific roles and responsibilities for school counselors assisting students with diverse needs (Studer & Quigney, 2005). The roles include serving on multidisciplinary teams and providing direct counseling services to students. School counselors are required to participate in the identification of students with disabilities by serving on screening teams and assisting in evaluation where appropriate. Moreover, school counselors can assist with Individualized Educational Programs (IEP) by discussing students' academic, emotional, and social domains. School counselors may provide direct services such as individual and group counseling to meet the needs of students with neurodiversity.

**Providing Support**

School counselors can help provide a nurturing environment that provides comfort and support for students with neurodiversity (Goodman-Scott et al., 2019). Counselors can provide social support by creating social groups that promote positive self-esteem (Leggett, 2013). Parent/caregiver support may be initiated through virtual “coffee and chats” which aim to provide safe environments to support the needs of families.

We (the authors of this article) practiced this approach at one local Southeastern university and experienced success. We shared tips with parents/caregivers and provided families with opportunities to share concerns and challenges. The “coffee and chats” offered a platform for parents to engage with other parents and professionals, while having a safe space to feel heard when voicing many worries, concerns, and feelings they were encountering. Many parents expressed that something as simple as this event allowed them to feel heard, understood, and validated. The following topics were covered with families to address stress related responses for families and youth with neurodiversity:

1. **Recognizing the role of the parent as an expert.** It is important for parents to recognize common stress responses in their children. Parents should look for their child’s specific stress responses. Stress in children with neurodiversity can look like changes in emotions (e.g., sadness, irritability, crying, silence), physical changes (headaches and stomach aches, change in appetite or sleep), and behavioral changes (aggression, impulsivity, outbursts, repetitive questioning), or look like regression in the form of resurfacing past problematic behaviors or routines.

2. **Provide parents/caregivers tools to allow children to process stress.** This can include children’s questions in an honest and developmentally appropriate manner, validating and normalizing the child’s feelings, and not avoiding discussion of the event or stressor. Parents can ask their child what they know about the situation and how they have understood it.
3. Encourage parents to maintain a routine. Facilitators encourage families to find something that can be continued to create a sense of normalcy. In maintaining routines, parents and families can model calm behavior. An example is creating a time to practice exercises that promote emotional regulation (e.g., practicing deep breathing, exercising, cooking, or enjoying a meaningful activity together). Whichever activities is utilized, parents can be role models by narrating how the activity is calming for them.

4. Families can be encouraged to seek outside support. The goal of seeking outside support normalizes asking for help when you need it. Facilitators can give families resources for other forms of support.

Building Equitable Spaces

School counselors can support families and children with neurodiversity by collaborating with parents/caregivers to provide children with the best support through the pandemic. School counselors must recognize the importance of parental knowledge, especially as it relates to their own children (Neece et al., 2009). As Taub (2018) noted, parents feel most included when they have personal interactions with school staff and these interactions strengthen the bond between families and schools. By assisting in parent advocacy training, school counselors can help increase parents’ knowledge of their children’s rights in the school system.

School counselors should acknowledge the unique needs of culturally and linguistically diverse families with neurodiversity. These families desire a personal relationship that helps them feel less alienated and feel more empowered to participate in their child’s educational plans (Taub, 2018). Schools must recognize language can be an important barrier to the inclusion in education of some diverse student groups. Language is an essential component to the well-being, sense of belonging, and self-worth of these student groups (Smith-Adcock et al., 2018). During school closures, school counselors can include resources that cater to the language spoken in the home to foster the inclusion of vulnerable groups.

Conclusion

To conclude, families and children with neurodiversity may be experiencing acute stress, loss, and fear, in response to the COVID-19 pandemic. Since children with neurodiversity may have their own challenges with communication and emotional regulation, their stress responses may present themselves differently than those of other children. By becoming aware and moving towards inclusive practices, children with neurodiversity may gain a sense of control over their routine, reduce the stigma, and work towards positive relationships. Furthermore, more inclusive practices will relieve stress for the family unit and create more harmony within school for everyone.


Asylum seekers have been coming to the United States for decades for many different situations occurring around the world. Even though COVID-19 pandemic has reduced the amount of individuals arriving to seek asylum, the pandemic did not halt the abuse and inhumane conditions that these individuals and their families face in their home country and once they arrive in the United States. An asylum seeker is an individual that is seeking asylum at her/his/their current location due to safety. There are many obstacles that asylum seekers go through by the time they arrive in the United States. The most vulnerable asylum-seeking populations are women and children and they are fleeing their homes due to serious violence and discrimination (Alberto & Chilton, 2018).

The COVID-19 pandemic has created a wave of grief and loss and deterioration of mental health. Since December 2019, COVID-19 has spread across the world leading to mass infection and a global pandemic that has caused immense food, job, and housing insecurity (Mofijur, 2021). Additionally, the pandemic has impacted immigrants and immigration efforts. There is still family separation, mandated detention, and mistreatment from ICE officials, border patrol, and detention workers (Alberto & Chinton, 2018). In regard to asylum seekers and refugee youth in the United States, they are likely to have physical and mental health concerns. The shut down of many offices and businesses that typically provide aid to asylum seekers has left many in this group without the support they might otherwise rely on to sustain themselves (Bhopal, 2020). Some asylum seekers rely on government housing, temporary shelters, or live at home with others. Social distancing and following recommended CDC guidelines have created another barrier to maintaining health with more difficulty for asylum seekers to access the health and mental care resources (Aragona, Barbato, Cavani, Costanzo, & Mirisola, 2020; Bhopal, 2020). A higher level of mental health disorders and post-traumatic stress disorder (PTSD) exist in asylum seekers, with children refugees experiencing high rates of anxiety. Access to counselors and other mental health professionals is often difficult for this population, this proves even more difficult during a pandemic where resources are scarce (Pinzón-Espinosa et al., 2021). These effects not only impact adult asylum seekers but children and adolescents in these family units. Youth that are in the house with younger siblings find themselves taking on more responsibility in the home, which can at times impact their own mental health and learning. Job loss during the pandemic also impacts children of asylum seekers. They often too feel the strain of money and finances, especially in households with a more collectivistic view of society.

**Implications for School Counselors**

During this global pandemic, it is important to provide safe counseling services to build resiliency and start the process of healing that may have exacerbated mental health concerns prior to the pandemic. For the schools that have provided internet access to all students, telehealth is still an effective approach for counseling even while many schools are back in person.
For school counselors that are in person, face to face counseling is still effective & necessary since some students cannot engage in telehealth sessions due to many reasons (i.e., safety in the house, lack of privacy). Counselors providing in-person counseling in the schools should provide and use PPE, social distancing, and clean the office between sessions for the safety of the youth and the counselor. School counselors may also take students to their school pantry to choose nonperishable items & gently used clothes since the pandemic has hit many asylum seekers financially. Providing assistance for basic needs and a safe space could improve the academic success in these students.

**Implications for Clinical Mental Health Counselors**

Clinical mental health counselors are advised to consider the following implications when working with children and adolescent asylum seekers during these times of healing. First, mental health counselors should be open to collaborating with school counselors. The care of asylum-seeking youth exceeds most responsibilities of school counselors. The continuation of care by a mental health counselor fills the gaps in support that might exist for a child (e.g., long term counseling for complex trauma). Another consideration for mental health counselors is that many asylum seekers feel powerless or a loss of agency (Meyers, 2021). The pandemic has left many asylum seekers frustrated with the decisions they can no longer control. This frustration does not exclude children and adolescents and could have an effect on their well-being as they may be the language and cultural brokers of their families. It can be helpful in session to acknowledge these struggles and utilize approaches that allow asylum-seeking youth to have autonomy in session and process finding control out of session (e.g., asking what it is like going back to school, how things are at home for the students) (Meyers, 2021). Language and cultural barriers may exist, and counselors could consider if an interpreter or further learning on the part of the counselor is needed (Pinzón-Espinosa et al., 2021). A final consideration is the use of culturally relevant and age-appropriate interventions. Counselors need to ensure that the approaches used with asylum-seeking youth to acknowledge and respect their culture and experiences are age and developmentally appropriate to heal and build resiliency (e.g., play therapy, family sessions). Counselors in schools and in the field can create systemic change by advocating and providing counseling services to children and adolescents seeking asylum.
References


Using Karpman’s Triangle with At-Risk Youth

Benjamin R. Robertson

At-risk children and adolescents can be faced with troublesome issues that are unique to their own backgrounds, developmental stages, and require the knowledge, skills, and disposition to overcome life’s obstacles. Educating families on Karpman’s Drama Triangle (1968) can help them use the necessary tools to avoid or remove themselves from chaotic and unhelpful behaviors/interactions. This paper will describe relevant aspects of Karpman’s Drama Triangle as well as offer strategies to utilize this paradigm in conceptualizing and addressing problematic relational issues in at-risk youth.

Karpman’s Drama Triangle

In addition to resiliency and other strengths-based attributes for those who have experienced trauma and psychological distress, healing can bring about a measure of closure and lead to life progress. One means that prevents healing is adverse roles in personal relationships. Karpman’s Drama Triangle serves as an illustrative model for the flawed positions (persecutor, victim, and rescuer) adolescents and parents might find themselves in. In Karpman’s Drama Triangle, the “victim” refers to an individual who wants aid and pity from others, often lacking culpability for their choices or outcomes. The “rescuer” is one that has a desire to protect the victim by dominating and manipulating a situation, sometimes without evaluating the costs. The “persecutor” is seen as one who punishes the victim, feeling bitter and infuriated from trying to fix the problems associated with the victim (Clark, 2020). For victims, they may view themselves as powerless or incapable of changing their circumstances, possibly from believing only others can make decisions that influence their outcomes. Rescuers tend to want others to rely on them for support, seeking to fortify their relationships by having others believe that they need them. Persecutors can use their perceived power to influence others’ decisions. These codependent dynamics can strain and distort relationships. Moreover, each of the three roles are rooted in fear, the antithesis of love and trust (Hoogstad, 2008). As an example, a counselor may be conducting family sessions with a teenage boy and his parents. It appears that the boy has not been taking accountability for his own actions and feels blamed with unjust punishment toward (the “victim”). It is noted that the boy is not following rules in the home and relies on his father who is easily persuaded to lessen expectations/consequences (the “rescuer”). However, his mother chastises and implements punishment for his behaviors (the “persecutor”). The counselor can provide education to the family regarding their interpersonal dynamics and the roles that each member falls into. The counselor can then work with the family members to identify healthier roles and improve on their communication and boundaries through exploration, education, and alliance.
Promoting Healing

Eastham (2009) mentioned that families can find healing once an awareness of the drama triangle is identified and family members work to step away from their damaging roles. Teaching about how these ongoing exchanges harm relationships as well as ways to adopt healthier alternatives, such as adaptive roles, may empower clients to have more favorable results. A counselor can work with a client on finding their own skills and resources that can assist them in being proactive in their own lives. Further, counselors can help clients learn and promote action, improvement, and to hold themselves and others accountable. Finally, they can help clients to empower and develop others through encouragement and positive reinforcement.

Hoogstad (2008) emphasized the importance of unconditional love and acceptance that various helpers, including counselors and caregivers, can have for youth, and acknowledging the separation of the individual and their behavior. This curative disposition can foster the philosophy of addressing one’s actions based on their merit, contrasted to attributing one’s humanistic worth on how they behave. Moreover, due to the COVID-19 pandemic, alterations in the lives of millions of people have occurred and there are several mental health and recuperative factors to consider. Luthar et al. (2021) found basic supportive and thoughtful dispositions of adults towards young persons to be restorative. The authors also determined that individuals need help in solidifying relationships as well as finding and implementing modes of communicating, whether it be in-person or virtual. This may be a call for caregivers and counselors to become creative in how they can assist families and communities in healing and staying connected through times of consternation.

References


In a time where access to technology is almost uncontrollable, the adolescents in our community are at risk with activities that their developing brains aren’t quite ready to endure. The bombardment of pornographic material can be difficult for them to navigate. What happens when an adolescent client and/or their family seeks out counseling for ways to manage the effects related to pornography use or over-use? Counselors do not often have the appropriate training and tools to assess adolescent clients or to provide treatment. This article takes a look at aspects of this predicament and introduces potential solutions to the problems.

Adolescents and Pornography

There are mixed opinions regarding the impact of pornography on adolescent development. Some believe that the use of pornography can help an adolescent curb their curiosity about sex without negatively impacting another individual. Others find that pornography can disturb sexual and character development, as well as create sexual and gender biases concerning sex. According to Droubay (2020), several states have declared pornography use a public health crisis and have enacted various positions to help protect youth from its effects. Popular opinion still emphasizes the negative impacts of erotic materials, and yet how often do counselors visit this topic and think on how to support and assess adolescent clients with these concerns? Adolescents’ perceptions of how to behave sexually, including the perception gathered from explicit materials that sexual behavior may not involve negative consequences, are likely to shape their sexual development and how they will relate to others. Therefore, it is crucial that counselors possess the ability and willingness to discuss these topics with their adolescent clients, and to assess for any problems associated with problematic pornography use.

Counselor Competence with Pornography-Use Treatment

There is a definite need for better training for counselors in areas of sexual issues and sexuality, particularly to address issues of pornography use. Short et al. (2016), surveyed 183 mental health professionals, half of whom were licensed masters level counselors, as well as 20% who were licensed school psychologists, social workers, marriage and family therapists, and psychologists. These professionals indicated feeling that they had insufficient training to deal with issues around internet pornography but feel more capable and competent if there are diagnoses to accompany treatment. However, there is still conflict within the scientific community as to whether problematic pornography use is a diagnosable addiction, and therefore symptoms often become severe before clients seek help or counselors yield to these issues.
Historically, mental health counseling programs do not provide a human sexuality class, as the Council for Accreditation of Counseling & Related Educational Programs does not require it within its standards Diambria et al. (2016) cited a study from 2012 showing that 0.4% of counseling programs had the word sex in their syllabi, and only 1% containing a specific course on sexuality. This does not bode well for counselors working with clients in general, as sex and sexuality are a crucial part of human nature and well-being. Although most counselor education programs do not provide these types of courses, it is still a requirement of the ACA Code of Ethics for clinicians to maintain the proper training to sufficiently service the needs of their clients.

Clinicians working with individuals on sexual issues, and in this case particularly with issues of pornography use, tend to experience discomfort with the topic. This discomfort is not found necessarily with clinicians with sex-therapist certification, but with counselors who work in general practice. The discomfort that counselors experience has various sources and can have an extensive impact on them and their clients, resulting in a range of ethical concerns.

Adapting to Increased Access

The development of readily available internet pornography has led to an apparent acceptance of pornographic material in our society due to mere exposure, while remaining a secret and shameful topic in families and schools, and especially within religious families. Technology is ever-increasing as a strong-hold in our children’s lives. Not only is internet-based pornography and other sexually explicit material more accessible, but it is also experienced by youth anonymously, quickly, alongside peers through social media, and oftentimes unintentionally. Understandably, our children will most likely experience pornography at a young age despite any efforts to prevent this.

It is essential for clinicians, educators, and parents alike to stay privy to the trends that exist and those that are on the rise to help adolescents navigate such an overwhelming venue. Currently, smartphones, tablets, and gaming stations being used to consume pornography are often out of adult purview due to the many methods of disguise. For clinicians to be aware of these and to assist parents in their mediation of pornography use, would allow for progress in alleviating the mental health effects to the adolescent client. Parents are the best and most influential leverage with adolescent media health, and helping educate parents can promote healthier behaviors, including pornography abstinence.

Assessment Options

Depending on the concern regarding clients’ pornography use, there are many assessments to aid in goal setting and treatment planning. However, many of these, such as the Pornography Usage Measure (Reid et al., 2011), the Problematic Pornography Consumption Scale (Kor et al., 2014), and others, are not created with the adolescent client in mind.
Some assessments have been created in consideration of the parent, such as the Parent Perception Youth Pornography Addiction Screening Tool (PPYPAST). Yet, these types of assessments are aimed at screening for behaviors of addiction and general use before clients develop addictive qualities.

Informal assessments with adolescents are important, as often these can be done casually within the process of treatment when the topic may arise regarding comorbid issues. Informal assessments can be achieved through the intake process, games that involve learning about the client’s life and behaviors, a conversation about relationships and peer group expectations, the use of movie clips on various social topics, and other creative methods. Clinicians are encouraged to further discover how they may integrate assessing for pornography use with their adolescent clients, as adolescence is typically the beginning of habit-forming use and can be best addressed during this stage.

One suggestion for assessing adolescents for pornography use is to evaluate the root of the use. The Association for the Treatment of Sexual abusers advocates for clinicians to evaluate what role and function pornography plays in the adolescent’s life. Informal assessments may be useful in this area, but there are also many formal assessments that may identify risks and behaviors more efficiently. For example, the Brief Sensation Seeking Scale (Hoyle et al., 2002), the Youth with Sexual Behavior Problems Inventory (Friedrich et al., 1992), and the Experiences with Close Relationships Scale (Brennan et al., 1998), can all prove useful for discovering what needs pornography is meeting in the adolescent’s life. Then, a holistic treatment plan can be made that will include interventions for both problematic behaviors and their root(s).

References


An adolescent’s mindset significantly impacts their academic self-esteem. Specifically, an individual’s mindset is defined as “the beliefs that people hold about their most basic qualities such as intelligence, talents and personality” (Boylan et al., 2018, p. 16). These mindsets can be classified as “fixed” or “growth.” Students with fixed mindsets often view academic challenges as negative and fail to move forward. In contrast, a student with a growth mindset displays a sense of “I can do it” when faced with difficult academic tasks. School counselors, teachers, and administrators possess the unique ability to instill positive academic self-concept and strong self-efficacy in each of their students. Researchers say that a growth mindset must be directly taught, rather than modeled or explained by caregivers or teachers (Boylan et al., 2018). According to these researchers, early childhood educators believe that a growth mindset was important to their students’ academic development, but they do not feel effective or knowledgeable enough to teach their students what it means to have a growth mindset.

A child who adopts a growth mindset understands that their abilities can grow and change with a steady combination of time and effort (Boylan et al., 2018). However, the current state of elementary schools poses significant systemic blocks to the development of growth mindset in elementary-age children. Many schools around the country focus heavily on performance outcomes that are reflected in standardized testing benchmarks. This intense focus on academic benchmarks leads students to develop a performance-goal orientation—an outlook focused on providing a specific, correct outcome, rather than an emphasis on developing skills for learning—that fosters helplessness and feeling of inadequacy when personal and school goals are unmet (Hargreaves et al., 2021). Students who are exposed to highly competitive, performance-oriented atmospheres in the classroom often feel a sense of fear and loss of autonomy over their learning experience, which can lead to a decrease in academic self-concept and achievement. In contrast, students who have the opportunity to develop a learning-goal orientation often experience increased resiliency in the face of academic challenges and understand that mastery takes place over time, rather than all at once (Boylan et al., 2018).

Additionally, students who adopt a learning-goal orientation and a growth mindset often experience smoother development of self-control, social-emotional development, and positive academic self-concept (Boylan et al. 2018). Seeing challenges as growth opportunities leads to better mental health outcomes, particularly when these ideas are developed and fostered at an early age.

As counselors and child-advocates, we maintain responsibility for the positive growth and development of our students’ well-being and academic self-concept (ASCA, 2019). Although school counselors do not always have the opportunity to interact with each student in the school, we do have the unique ability to work directly with the teachers, faculty, and administrators.
Perhaps this is the opportunity for school counselors to engage faculty in conversations about the importance of learning-goal orientation. This may include providing a presentation on the meaning of growth mindset and offering specific ways teachers and administrators can help foster this in their students by emphasizing the process of learning, rather than the outcome or grade. For instance, if students become engaged with the lesson, learn to continually try—even after failure—ask thoughtful questions, and properly ask for help, then the seed of a growth mindset is planted.

The COVID–19 pandemic has brought about significant difficulties publicly, personally, and mentally, and our students have been directly affected by this unprecedented global emergency (Cowen & Myers, 2020). As we transition back to face-to-face learning, students face a potentially difficult process of reintegrating into school after an extended time away. If students are to be held to the same academic standards in the midst of a social upheaval, then it is our responsibility to diligently instill the ideals of a growth mindset in our students. Some elementary school classrooms have reported positive outcomes from teaching their students growth mindset mantras such as, “this is hard, but I can do it” or emphasizing the importance of the word “yet” (Boylan et al., 2018). Resiliency and growth mindset can be fostered, developed, and progressed with the help of educators who are dedicated to the promotion of positive academic self-concept in their students. Academics can be a daunting and seemingly insurmountable task for many students, but perhaps this can change with the collaboration of counselors, teachers, and administrators on developing a school-wide growth mindset that celebrates the process of learning, rather than the performance outcome.

References


Children and adolescents experience many life transitions that can aid and shape healthy development and progression into the subsequent phases of their lives (Graber & Brooks-Gunn, 1996). Disruptions during these transitions can result in psychological stress and behavioral concerns. The rise of the COVID-19 pandemic created unexpected disruptions in many children's routines due to quarantine and the resulting life changes. The changes in their schedules limited their physical activity, putting them at risk for worsened health conditions and severe behavioral changes (Cowie & Myers, 2021). These interruptions in their daily routines also led to increased exposure to family violence, exploitation, neglect, social isolation, and a myriad of negative mental health consequences—increased levels of depressive and anxiety symptoms, mood swings, psychosomatic complaints, and suicidal ideations and attempts (de Figueiredo et al., 2021; Panda et al., 2020). The current pandemic amplified the need to build resiliency in children to cope with the customary transitions of childhood and the ongoing changes associated with COVID-19. As a result, counselors need strategies to facilitate the reestablishment of healthy routines for children to build protective resiliency factors, increase family stability, and lower risk factors due to the impact COVID-19 has on children's mental health.

Resiliency is the ability to adapt during adversity by utilizing positive functioning and resources to recover quickly (Afifi & Macmillan, 2011). Resiliency in children can assist them in coping with Adverse Childhood Experiences (ACEs) such as abuse, neglect, trauma, and other stressful events, which can minimize the long-term effects of these adverse events (Afifi & MacMillan, 2011). Resilient children are likely to have more protective factors than risk factors, which negate present risk factors. Factors such as self-efficacy, effective caregiving, and positive peer relationships are a few examples of protective factors that can assist during a pandemic (Ellis et al., 2017).

Environmental supports from professionals such as mental health counselors and school counselors serve as necessary safeguards for vulnerable children and adolescents experiencing challenging moments (Kourkoutas & Xavier, 2010). For example, counselors can position themselves as most beneficial to this population by creating welcoming therapeutic environments and encouraging other members of a youth’s support system to follow suit. Counselors can also intentionally select therapeutic interventions as they work towards achieving meaningful contextual and cultural goals that lead to the transference of therapeutic success into a child’s real-world social ecologies (Allan & Ungar, 2014). They can accomplish this by fostering the development of strategies that enhance a child’s natural tendency for resilient behaviors, nurture their existing protective factors, and generate additional assets and resources (Rak & Patterson, 1996; Zolkoski & Bullock, 2012).
Counselors should employ a variety of techniques to help children build resilience throughout the COVID-19 pandemic. Having a resilience-focused clinical perspective helps counselors to guide clients navigate their way toward sustaining their mental and emotional health (Allan & Ungar, 2014). Also, it is beneficial to use a solution-focused approach to empower clients to draw from their current resources to cope with and manage new problems. Counselors should develop realistic strategies to enhance clients’ self-concepts while focusing on cultivating transferable skills. Other skills like role-playing to improve self-expression and teaching conflict resolution techniques can assist clients with interpersonal challenges. Finally, counselors should maintain a nurturing stance that communicates empathy, sensitivity, genuine hope, and unconditional positive regard, and provides positive reinforcements (Allan & Ungar, 2014; Kourkoutas & Xavier, 2010).

Counselors can incorporate routines and rituals in session and stress the importance of continuing these practices out of session as routines provide organization, and rituals are predictable acts that ascribe symbolic meanings to the activity. Establishing structure through routines and rituals plays a valuable part in building protective resiliency factors (Harris et al., 2019). Additionally fostering the development of healthy coping strategies and self-regulation is paramount during times of distress such as the COVID-19 pandemic (Taylor, 2011). Toward this end, counselors can explore the family's values and traditions to help them remember the importance of their routines and rituals to their overall cohesion as a family, thus building a sense of safety and allowing children to re-engage in healthy development despite the damaging impacts of COVID-19.

References


COVID-19 has introduced a collective trauma in most parts of the world. Masiero and colleagues (2020) identified multiple sources of trauma for adults, including high-stakes decision fatigue in healthcare professionals, grief and bereavement in people who have lost loved ones, loss of roles and identity, and social divisions related to economic shutdown. Children and adolescents experience unique challenges in this pandemic. Not only do they navigate the new virtual schooling world, but they are also vulnerable when their caregivers experience trauma and mental health concerns.

Trauma experts argue that the cumulative effects of trauma can be passed down along generations, increasing other unpredictable impacts (Denov et al., 2019), thus developing the idea of transgenerational trauma (also called intergenerational trauma or multigenerational trauma). Goodman and West-Olatunji (2008) suggest that transgenerational trauma can instill unique coping skills and resilience in future generations, based on the resilience theory that individuals and families go through, a dynamic process whereby they face challenges and also develop coping mechanisms that allow them to overcome these challenges (Walsh, 2002). Generally speaking, resilience factors include a sense of cultural/racial identity, a belief that life is meaningful, and family support (Goodman & West-Olatunji, 2008). In the COVID-19 pandemic, resilience factors include developing cohesiveness in a family system, being flexible and adaptive to changes over time, actively learning to use technologies, and holding space for mixed emotions when it comes to grief and loss.

Children and adolescents are impacted by their caregivers’ traumatic symptoms, and are perceptive to the family members’ coping skills, strengths, and resilience. When working with children and young adolescents, counselors could explore family resilience by discussing what the family has been doing to adjust to the constant changes. With the client’s permission, parents and other family members can also be invited to this discussion.

When working with older adolescents, the transgenerational trauma and resilience genogram, developed by Goodman (2013), becomes a useful tool. When creating a transgenerational trauma and resilience genogram, the counselor could start with the basic form of a traditional genogram and then place the distal and proximal factors that directly or indirectly impact the client. These factors could be part of the larger systems described in Bronfenbrenner’s (1977) ecological model, including the client’s family, school, community, and other social-cultural factors.
For example, a client might identify virtual schooling and having conflict with parents at home as proximal factors. Distal factors for an adolescent client could include the parents’ work environment, especially when a parent is a healthcare professional, and when the family experiences financial instability because of the economic shutdown. An important aspect of the transgenerational trauma and resilience genogram activity is to connect intergenerational and systemic issues with the client’s personal experiences, nurturing the client’s self-compassion and compassion for the family. Another aspect is to recognize and develop strengths and coping skills (Goodman, 2013). The client will identify resources they have and helpful coping skills demonstrated by different family members. They may also be able to identify the strengths and skills they hope to develop at this challenging time.

A Case Example

Evan Huang, a 17-year-old boy, has been a straight-A student and is getting ready for his application season for college. He identifies himself as a second-generation Chinese American immigrant. Evan started to receive individual counseling because of depression and anxiety symptoms during the pandemic. As Evan shared, his mom works as a school administrator and his dad is the owner of a local restaurant. Both his brothers are in college. With Evan’s permission, his parents were invited to his counseling session. The counselor created a transgenerational trauma and resilience genogram with Evan and his parents, which included Evan, his siblings, his parents and their siblings, and Evan’s grandparents. Evan identified proximal factors as stress related to his application season, struggling with virtual school, and separation from his brothers. Evan identified distal factors as parents’ work changes and the social–cultural background. To be more specific, Evan said his mom had been much busier at work and his dad had been much more wearied and anxious staying at home. “I want mom to provide feedback for my college applications instead of only focusing on her work. I want dad to have fun with his friends instead of checking in with me 50 times per day,” said Evan. Although his family is not under financial pressure, the pandemic has changed his parents’ working style, further impacting the family dynamic. Evan also mentioned concerns about hate crimes against the Asian American community. He worries about his brothers’ safety away from home. In the counseling session, Evan’s parents responded to his needs and discussed how they want to have more quality time together as a family. They also shared their stories as first-generation immigrants, including the traumatic experiences of dealing with discrimination and microagression. They both mentioned homesickness as a difficulty when they arrived in the U.S. Meanwhile, Evan and his parents explored strengths and coping skills they had developed as individuals and as a family, including unconditional love and acceptance, independence, work ethics, a sense of humor, persistence, forgivingness, and self-assertiveness. Evan said he had been very hard-working and expressed a willingness to develop forgivingness and a sense of humor, which he wanted to learn from his father and oldest brother. Evan felt thrilled to hear the stories of his grandparents and to learn about how they coped with separation from loved ones. At the end of the session, Evan said, “I will keep the genogram, take it with me to college, and update my strengths and resilience every year.”
When using the transgenerational trauma and resilience genogram with a client, it is vital that the counselor not only collects information but also genuinely honors the lived experience of each generation in the client’s family. Thus, this intervention technique provides an opportunity for intergenerational learning, which is therapeutically beneficial to the client.

References


Incorporating Mindfulness to Increase Adolescent Resilience

Diane D. Walsh

Research indicates that mindfulness has a positive impact on mental health and resiliency in a variety of contexts (Gu et al., 2015; Grossman et al., 2003; Kallapiran et al., 2015). For adolescent clients, mindfulness can be a practical, engaging resource to support healing and growth. During COVID-19, practicing mindfulness increased resilience and emotional intelligence in teenagers, especially when mindfulness practices were maintained over time (Yuan, 2021). Another study found adolescents in a mentoring program with mindfulness training had less symptoms of posttraumatic stress disorder during COVID-19 as compared to peers who did not receive mindfulness training (Miller et al., 2021).

When introducing mindfulness to clients, mindfulness-based therapies such as dialectical behavior therapy (DBT; Linehan, 2014) often suggest practicing mindfulness through counselor led scripts or breathing focused exercises. McKeering and Hwang (2018) indicated the value of several different types of mindfulness activities for adolescents, including breath meditations, loving kindness, and body focused exercises. Despite the variety in mindfulness practices, Nilsson (2014) suggests that there are four distinct but related dimensions of mindfulness: physical, mental, social, and existential. As such, counselors working with adolescents can collaborate with clients to integrate different types of mindfulness exercises that highlight clients’ strengths, interests, or preferences.

While mindfulness in general may be helpful to promoting resilience in teens, spiritually based mindfulness might be uniquely beneficial for adolescents during COVID-19. Research indicates that spirituality can be a source of resilience and support for teens (Kim & Esquivel, 2011; McCann et al. 2020; Pandya, 2017), and in a study of an 8-week based mindfulness course for adolescents, resiliency, positive risk-taking, and self-compassion had increased by the end of the program (Bluth & Eisenlohr-Moul, 2017). Spiritually based mindfulness can take a variety of forms, such as loving kindness or self-compassion practices. If an adolescent is religious, their faith tradition may have contemplative prayer or specific meditation exercises.

Despite the benefits and relative popularity of mindfulness, integrating mindfulness is not without challenges. Clients might say, “it didn’t really do anything for me,” or “I got distracted.” When this occurs, it can be helpful to remind the client that experiencing the benefits of mindfulness may take time (Yaun, 2021); it is not typical to have immediate or intense results. It may also be that the client has yet to develop the sensitivity to perceiving and experiencing the impact of mindfulness, and this can be facilitated in session through reflection and open-ended questions.

If clients feel discomfort with certain types of mindfulness, it may be helpful to use age-appropriate interventions or encouraging teens to incorporate mindfulness in their daily lives (Sapthiang et al., 2019). For instance, clients may be encouraged to practice mindfulness in their daily lives (Sapthiang et al., 2019). For instance, clients may be encouraged to practice mindfulness techniques at home or in specific situations related to areas of presenting concerns. When clients experience discomfort, it is important to check in and explore what
the cause might be. When counselors sense discomfort is due to trauma or other major stressors, clients should not be pushed. Certain mindfulness practices may not be safe for a client yet, so using a culturally sensitive, trauma informed approach is key (Duane et al., 2021).

While this article focused primarily on clients practicing mindfulness, counselors can benefit as well. Mindfulness can be a form of self-care for counselors (Friedman, 2017), and clients perceive counselors who practice mindfulness as being empathetic (Fulton, 2016). In addition, practicing mindfulness increases counselor compassion for self and others (Fulton, 2018). This research suggests that mindfulness has a positive impact for counselors in and outside of session.

Incorporating mindfulness in session can lead towards greater resiliency in clients. While there may be challenges to integrating mindfulness, benefits include increased self-awareness and self-compassion, along with a decrease in rumination and emotional reactivity (Bluth & Eisenlohr-Moul, 2017; Gu et al., 2015). Ultimately, mindfulness can be incorporated in sessions with teens for increased resiliency in the face of hardship and a lasting positive impact.

References


Creativity as a Resilience Builder in Children

Carnesha E. Ben, LAC, CRC and Helen Jennings–Hood, LPC

During this difficult time in an ongoing pandemic, children are experiencing double the rates of clinical depression and anxiety than that reported pre-pandemic (Molano, 2021). The urgent need for access to mental health care and support in children’s lives is immense and makes the presence of school counselors and mental health counselors in America’s education systems crucial for the growth of resilience through creativity and adaptability. Counselors who work in a school setting are at the front lines of making an impact on the resilience of children through their direct work with students, parents, and educators (Bokoch & Hass–Cohen, 2020). Bringing creativity and expressive arts therapies into the conversation around building resilience is vital for those doing therapeutic work with those under 18.

Now, children are growing up in a time when there is a global struggle to stay connected to peers, be well, manage stress, and social changes that the pandemic has generated (Araújo et al., 2021). Reported numbers of mental health issues across all races, socio-economic statuses, and gender are increasing due to the pandemic and were already cited as the major problems that adolescents were concerned about in their peers even before the onset of the COVID–19 virus (Horowitz & Graf, 2020). The article, “How Can We Solve America’s Creativity Crisis” by The Genius of Play (2018) introduces a discussion about the absence of creativity in the educational curriculum in recent years, alluding to the idea that without creativity school-age children might struggle with overcoming adversities (Ruini et al., 2020). Part of this ongoing engagement requires assessment to ensure that children in the educational environment meet specific district requirements. However, one might propose the question, “what role does creativity play in this process?” Although there has been much debate concerning topics focusing on racism or social justice, emerging literature is switching gears by highlighting the crucial role of creativity and its impact on healing through developing resiliency skills, specifically for at-risk children (Folostina et al., 2015). Educational systems must be aware of this “invisible” crisis since creativity is often integrated into therapeutic interventions in forms of play therapy, expressive arts, music, drama, etc. (Folostina et al., 2015).

In childhood, creativity is expressed through play, art activities, role play, crafts, open-ended assignments, and narrative activities. Many of these creative opportunities happen in an educational setting with peers (Prentice, 2010). Yet, children slowly lose their originality and effectiveness as they grow and begin to place more emphasis on productivity (Runco & Jaeger, 2012). Unknowingly, a child is practicing emotional articulation and reducing anxiety when engaging in expressive arts. These specific approaches are integrated into therapeutic interventions and education to cater to the emotional and cognitive needs of children and adolescents to assist with developing helpful coping mechanisms (Hoffman, 2016). Creativity taught through expressive arts therapy in a school-based environment has been shown to support children in learning “healthy coping skills and a positive sense of self in a setting and manner that is developmentally appropriate (p.6 Somerville et al., 2017).”
Expressive arts therapy interventions can be used with children in many settings and are “uniquely situated to provide individual, family, and community connectivity and relational healing within a systems approach because most art forms are scalable (p.23 Hare, 2020)”.

In expressive art therapeutic practices, counselors can access the language of creativity and play that children may not have a verbal language to convey (Cobett, 2016). Counselors can use the tools of creativity and play to process through difficult emotions and experiences in a safe way that builds resilience in children as they can use imagination and innovation to creatively problem solve and explore alternate circumstances (Somerville et al., 2017). Counselors practicing expressive arts therapies with children can create safe spaces to allow healing and acceptance in play which is necessary for children to develop emotional intelligence. Engaging with a child in expressive arts therapies can empower children to express, process difficult emotions, give a glimpse of the inner workings of the child’s mind, grow imagination, encourage problem-solving, practice emotional regulation, and further teach creativity through practice (Nazeri et al., 2020).

The beauty of creative therapeutic intervention is that it can be as simple or as complicated as the clinician is comfortable, capable, and competent in providing (ACA, 2014). Counselors should always educate and inform themselves to be sensitive to the client’s appropriateness for therapeutic creative expression and processing (ACA, 2014). However, a counselor does not need to be an artist themselves or have specializations to provide general expressive and creative prompts. There are in-depth training programs for competent usage of sand play therapies or interventions meant to be used by licensed art therapists (Association of Play Therapy, 2019 & Art Therapy Credentials Board, Inc., 2021). Yet, ideas for creative therapeutic interventions meant generally for licensed counselors are often available for free online and range from arts and craft prompts, sand tray, narrative activities, digital activities for online therapy sessions, and many others at any level of creativity. The essential creative ability is already built into the client through their interactions with others and experiences and can be cultivated simply through encouragement and acceptance (Mountori, 2017). Processing through creative therapeutic interventions can involve open-ended questions and active listening, something that counselors are trained to provide.

Conclusion

As the pandemic continues, distressing symptoms remain on the rise, especially for children and adolescents. This means that mental health demands are projected to increase as school administrators, educators, parents, and counselors remain vigilant in finding the best strategies to provide a safe learning space to establish a sense of normalcy. Blending expressive art therapies into their work with children, counselors and educators can increase their impact in teaching and building resilience. A step to solving the creativity crisis requires America’s educational leaders to consider the emotional and cognitive advantages of creativity in a child’s development (Carter, 2008).
Encouraging creativity in therapeutic interventions by clinicians can be welcome support in building resilience for children. Although much research is necessary to further explore the creativity crisis and its solution, it is evident that creativity serves as one of the many healing remedies for navigating through an unpredictable world.

References


It has been about 18 months since public schools first closed across the country due to COVID-19. Since then, children and adolescents have been engaging in remote learning or blended learning in which they have some days in school and other days at home. This was quite the adjustment for most families as they did not have much notice to prepare their children. During this time, news and announcements around COVID-19 were flooding the media. It has been difficult to avoid hearing the updates and mandates that would continue to change their lives daily. A child’s level of understanding varies based on their age and their development. As a telehealth clinician, I have seen first-hand how difficult it has been for children to process this information as they worry how COVID-19 will impact them and their families. Due to this, adjustment disorder is a highly likely diagnosis we will see more frequently due to the long-lasting impact of COVID-19.

Kazlauskas and Quero (2020) state ICD-11 defines adjustment disorder as a stress response to significant and identifiable life stressors with a clinical presentation of the following two core symptoms: (a) preoccupation with a stressor and (b) failure to adapt, which might also include sleep disorder symptoms, among others (p. S22). In my work with children and families, I have seen a preoccupation with the virus, cleanliness that mimics possible obsessive-compulsive behaviors, frequent questioning around death, increased desire for screen time/video games, and lastly a fear of never seeing their friends again. For some, the lack of time spent in a structured classroom has shown displays of regressive behaviors. (Liu et al., 2020 as cited by Imran et al. 2020) states being quarantined or isolated often break the usual routines of children and adolescents and can make an already challenging situation far more difficult, particularly for those with special needs or preexisting psychiatric difficulties. When focused on behavior modification, it is typical for a clinician to work with the caregivers to reinforce behaviors, however due to parents also experiencing similar concerns with anxiety, it appears difficult to be consistent with these actions at home. As children prepare to attend school in-person without a remote learning option, it would be wise to keep these concerns in mind. School faculty and staff will need to be prepared to deal with the various changes the children are going through daily. Getting re-acclimated to the school setting will be yet another change children and adolescents will face this year. “A high increase in adjustment problems in response to the stressors associated with COVID-19 could be present in the several months since the start of the pandemic and could last long after the vaccine or effective medication to cure COVID-19 becomes available” (Kazlauskas and Quero, 2020, p.S22). School counselors and community mental health providers will need to be prepared with tools to engage these children and adolescents as they continue to combat these adjustments daily. Although they are returning to some level of normalcy, COVID-19 is still a factor that can cause daily stress. Despite the concern for daily stress, children and adolescents have shown themselves to be resilient.
With appropriate coping strategies and methods, children and adolescents will be able to utilize various tools to get them through these difficult times. The most effective approach I have utilized with children and adolescents is TF-CBT. TF-CBT allows children, adolescents, and parents to be involved in therapy sessions to address concerns of possible trauma, depression, anxiety and/or behavioral concerns. This modality provides psychoeducation, hands on coping strategies as well as the opportunity for parents and their children to work and process together. Due to the current constraints of COVID-19 and possible fear of in-person sessions, there is the option of engaging via telehealth however research has noted the possibility of clients dropping out as in person sessions appear to be more effective and have better success (Wild et al., 2020, p.2). The three phases of TF-CBT (safety and stabilization, formal gradual exposure, and consolidation/integration) allow both parents and children to explore their experiences, receive validation, acknowledge triggers, reframe negative thinking, and develop effective coping strategies. Completing these phases via telehealth allows for a collaborative process as there is the ability to share the screen with clients. Doing so allows for visualization of the cognitive triangle, feelings body map, and narrative portion while the child expresses their thoughts and feelings. Further exploring various resources can assist with finding ways to implement these strategies via telehealth. As children and adolescents spend most of their day in the school setting, it appears most helpful for them to have coping strategies they can use anywhere, such as grounding activities and deep breathing. Allowing the child to have their narrative of what transpired can give them the autonomy to feel in control of the situation. The earlier the intervention, the better. Madanes et al. (2020) states “early interventions should bolster adaptive coping mechanisms, identify and alleviate peritraumatic reactions, provide early symptom assessment, and, where relevant, use interventions such as trauma-focused cognitive-behavioral therapy (CBT)” (p.298). Increased support from those in the child’s life will be key to his/her success.

References


Could one imagine having their entire life flipped up-side down, told to learn in a completely different format, and be cut off from in-person social interaction except for those within your immediate household? Well, that has been the reality for many children due to the COVID-19 pandemic. Children tend to experience big emotions as they try to navigate this huge, technology driven world, and since our current world is revolving around technology and social media, especially due to the pandemic, it can be difficult when it comes to regular talk therapy. How will living in a virtual-focused world affect a student’s transition back to in-person schooling, and how can school counselors create an environment to ease the transition?

In a study by Davis et al. (2015), researchers integrate reality therapy with play therapy; additionally, the researchers reported significant improvement in school counselors’ ability in relating to and interacting with a student, and most reported a better sense of connectivity. Bradley (2014) reviewed William Glasser’s reality theory approaches and reported that to have a fulfilled quality world one needs a “place in our minds where we store everything that makes, or that we believe would make, us happy and satisfied” (p. 7). Giving students a hands-on activity, in general and in counseling, could foster a space of comfort, ease, and communication, especially when students are coming back to in-person school after learning in a virtual environment. This is an idea that also can be integrated as a social skills group.

When it comes to reality therapy, the five basic needs of love and belonging, power, freedom, and fun can be explored through the following questions that are the acronym WDEP: what do you want? what are you doing to get it? how is it working (evaluation)? and what’s the plan? (Vernon & Schimmel, 2019). Using a reality approach with students coming back to school, the school counselor can help students explore their emotions and develop a sense of control with their plan. In doing so, school counselors can help students develop a quality world and a sense of belonging within the school.

Reality therapy, through creative approaches, can foster a safe space without a heavy focus on the talking aspect of seeing a counselor. For example, using a creative counseling box can be an important tool to break the ice, give a space of comfort, and provide an alternate way of communicating. A creative counseling box is filled with art supplies and craft supplies, such as pipe cleaners, ribbon, yarn, beads, buttons, Play Doh, colored pencils, scissors, construction paper, and bracelet making kits. A student can interact with a hands-on activity and discuss with a counselor without feeling overwhelmed. These activities can include coloring, making a bracelet, playing with Play Doh, and any other activity using the materials from a creative counseling box.
Typically, a school counselor is aware of a student’s needs before or at the beginning of the school year, so the school counselor could use creative approaches through a reality lens to gain perspective on the student’s quality world, basic needs, goals for what they want and what they need, and support systems. For example, a student could create a bracelet and have each bead represent an individual in their life. The counselor could reflect on or ask questions about who is on the student’s bracelet. This also can be fostered within a group setting to promote social networks. A way to do this is to have students work collaboratively to create something. For instance, a variety of materials, such as pipe cleaners, ribbon, yarn, buttons, scissors, glue, and a large sheet of paper can be placed in the middle of the table and the counselor can ask the student to create a visual of a focus question: How do you feel about coming back to school? What do you need to feel safe at school? What is fun at school? Giving the student a variety of options for craft supplies and an open-ended question allows the student to have control of the session. This would foster communication between partners or groups and build teamwork skills, if the activity were used within a group setting.

Using creative approaches within reality therapy’s WDEP technique is an opportunity to foster children’s sense of belonging as they return to an in-person school environment. This could be individualized or done within a group. A way to integrate these concepts is with a creative counseling box. This could be drawing pictures, making friendship bracelets, creating bar graphs of the five basic needs, using the car diagram to demonstrate the basic needs, etc. “When little people are overwhelmed by big emotions, it’s our job to share our calm, not join their chaos” (Knost, n.d.).

References


The Association for Child and Adolescent Counseling (ACAC) is committed to the principle that all children and adolescents (ages birth through adolescence) have equal access to a full array of mental health services, regardless of ability to pay or insurance coverage.

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