President’s Message

Greetings, ACAC members, and happy new school year to those of you who work in school settings. Your ACAC board is hard at work on creating new resources and opportunities for you. We are forging ahead with plans for our second national conference, to be held July 25-26 2019 in Austin TX. We hope to see many of you there! Requests for proposals will be coming soon via the ACA Connect tool, so please be watching for that.

We’re also preparing for division elections. We will be voting for a new president-elect and governing council representative, and an at-large board member. We have added a new student representative to the governing council, Rachel Jacoby. Rachel is a PhD student in counselor education and supervision at the University of Toledo in Toledo, OH. We’re very grateful to Rachel for her time and efforts on behalf of our ACAC student members. Please be sure to vote for new officers.

(continued on page 2)
ACAC is standing strong as a fast growing and large division, with about 750 members. Although we are one of the larger divisions of ACA now, we know that there are many, many ACA members who work primarily with children and adolescents who haven’t yet joined. One of the most effective marketing strategies we have is our members telling friends about the divisions and the benefits of membership. Please continue to talk up ACAC and how important it is for us to have a separate division advocating for the needs of our clients and members. I’d really like to see us break 800 members before our second conference this summer. That’s only 60 new members, not hard at all if we all work together!

Thanks again to each of you for all of the work you do every day on behalf of young people. I hope to see you at ACA in New Orleans and at our own ACAC conference this summer in Austin. As always, if there is something you’d like to see ACAC provide to members, please be in touch. We’re here for you.

Catherine Tucker, PhD, LMHC, LPT-S
President, Association for Child and Adolescent Counseling
What Makes a Child Resilient?

Christine Vinci, MA, LCPC, CCTP, NCC

In 1955, psychologists Emmy Werner and Ruth Smith conducted a longitudinal study of infants born that year on the Hawaiian island of Kauai from birth into adulthood, also called the Kauai Longitudinal Study. This study is considered one of the most groundbreaking studies related to resiliency, exploring the impact of a variety of factors such as biological and psychosocial risk factors, stressful life events, and protective factors (Weir, 2017). A percentage of children participated in the study faced very adverse conditions as they grew such as perinatal stress, chronic poverty, parents who had not graduated from high school, and family environments that were engulfed in the chronic discord of parental alcoholism or mental illness. Many of these children developed serious problems of their own by age 10. Despite their challenges, about one-third of the children in adverse situations did very well in their lives (Emel, 2016). Among the two-thirds of at-risk children who did show signs of problem behavior in childhood and adolescence, the majority had been able to change their life around by age 40.

What attributed to change was when they were presented with new opportunities to change such as continuing education in adult high school or community college, joining the armed forces, marrying a stable partner, participating in a religious community, recovering from serious illness or accident, and in some cases, psychotherapy (Weir, 2017). The research in this study has evolved over time as our world has evolved, however, the idea of resiliency has always existed. As a clinician, the resiliency of children not only drew me to my clinical work, but that the idea of resiliency being a tool for making positive changes in one’s lives. Going back to the idea of resiliency, we often associate this with children. But why? What does that really mean? Many researchers attribute this to brain development, not necessarily that resiliency only happens in childhood, but continues to develop into adulthood (Weir, 2017). In the Kauai Longitudinal Study, protective factors are very influential in not only how children develop resiliency, but continue to develop resiliency as they become older.

According to the findings in the Kauani Longitudinal Study, protective factors are extremely important when discussing resiliency. Not only do protective factors foster resiliency, but helps us bounce back from adversity (Emel, 2016). Here are some most common protective factors:

1. **Autonomy:** In this sense, it is the idea of being able to accomplish tasks alone. Werner and Smith found that toddlers, “tended to meet the world on their own terms.” (Emel, 2016). It is about accomplishing tasks you know you are capable of doing and feeling good (continued on page 4)
about it. Like checking something off a to-do list. To be clear, this isn't saying that all tasks need to be done alone and not to ask for help. In fact, it is helping to develop a sense of autonomy in order to make decisions of knowing what you can do and when you need to ask for help.

2. **Seeking new opportunities:** participants in the Kauai Longitudinal Study who did better once they have grown out of adolescence did so by taking advantage of opportunities that were open to them such as education or career. For example, if we think about this in the current context, kids that participate in after school activities or sports have been shown to have a lower risk of engaging in crime or drug use.

3. **Sociability:** This is how we respond to others in a socially acceptable way and utilizing skills in eliciting positive attention from others. Positive sociability includes: empathy, ability to be open to feedback, overall positive attitude, being a team player, and willingness to help others. The idea is that coming across with positive sociability elicits positive responses from others. Those with positive sociability also have a positive outlook in life, despite adversities they are going through.

4. **Emotional support outside the family:** It is important to have family support, of course, but it is just as important to have support outside of the family. Whether it is a friend or teacher, or even a therapist, it is important to have someone to connect with that cares. This is very important at times of crisis. As we know, children and adolescents don't tell their parents everything. In the Kauai Longitudinal Study, participants that struggled as teenagers found that having at least one adult who is caring and committed made a difference in how they moved through adversity. Not only being a moral compass, but giving them tools to survive and thrive.

5. **Problem solving:** Being able to problem solve increases confidence and plans of a future. Being stuck and having difficulty in this area makes it harder to move forward in life. Having skills to effectively problem solve is essential, not only in childhood, but across the lifespan.

6. **Internal locus of control:** This is the belief that one can impact their own destiny based on their behaviors and actions. Those with lower locus of control have difficulty with being accountable, repeating negative behaviors and actions. Children with a (continued on page 5)
higher locus of control are shown to be more assertiveness and achievement-focused. Resulting in being able to gain a better sense of control in their lives to make the choice to move forward and grow from past experiences.

Overall, resiliency is very powerful. In an evolving world, it is more important now more than ever to learn about resiliency. Not only to foster it, but to learn from it, grow from it, and develop it on our own as adults. The research into what makes a child resilient is something that continues to be a need. It continues to amaze me what children are capable of and how resilient they truly are. We can learn a lot about the children in our lives.

References


Engaging the Emotional Brain One Experience at a Time

Valarie L. Harris, BSW, MA, LPC-MHSP, NCC

When working with children and adolescents, it’s important to understand the function of the emotional brain and how to effectively access it. The emotional brain can be described as the amygdala since it’s the seat of all emotion as well as the “threat detector” for our experiences. Joseph LeDoux proposed that the emotional brain stores key stimuli on the basis of experience and association (2012). These experience-dependent associations go on to create response patterns that are involuntarily expressed thru a similar-same dynamic meaning that if the brain encounters a similar experience, it will express the same response pattern. (LeDoux, 2012). Although these response patterns are involuntarily expressed, they are not in a fixed state and thus, they can be altered with new experiences and associations. (LeDoux, 2012).

Oftentimes, children and adolescents present to therapy with some sort of unwanted behavior/feeling (response pattern). It is important to understand that this behavior/feeling was once needed for survival, according to the emotional brain. When a therapist can effectively engage the emotional brain in a new experience, this allows a new association to be made, which allows for a new response pattern. Think of the presenting behavior/feeling as a response to a prior perceived threat or a basic way to get a need met.

The emotional brain is pre-verbal so it is like speaking with a young toddler. Using experiential exercises to excite the emotional brain thru colors, images, sounds, and movement will create the best environment for a new experience and association. Think about using beanie babies to do a family or classroom sculpt. Imagine seeing the undesired behavior as the way the client “got through” a difficult or overwhelming experience. Invite the client to draw a symbol that represents the desired qualities for a future response. The therapist could even do a guided meditation around it or make up a dance to help strengthen the new association. Be creative and go for it! The emotional brain is always open to something new and fun!

Reference

BECOME AN ACAC STATE AFFILIATE

CURRENT ACAC STATE ORGANIZATIONS

FLORIDA (FACAC)
HTTP://WWW.FLACOUNSELING.ORG/? PAGE=170

ILLINOIS (ACACI)
HTTPS://WWW.ACA CILLINOIS.COM/

NORTH CAROLINA (ACACNC)
HTTPS://NCOUNSELINGASSOCIATION.ORG/NCCA-DIVISIONS/ACACNC/

PROCESS

ACAC State Affiliated Organizations
Do you want to start a state-affiliated ACAC? Here’s what to do!

Organizations interested in becoming an Association for Child and Adolescent Counseling (ACAC) state affiliate should do the following:

Visit the ACAC website at ACACchil.org and familiarize themselves with the website;

Review the ACAC bylaws posted on the website, paying special attention to Article IV, Branches of the Association;

Submit the following information to the Branch Affiliation Coordinator:

Name and contact information for the official contact person for the organization making the application;

An application letter indicating the organization’s interest in becoming an ACAC state affiliate;

The formal title of the organization (must be “Association for Child and Adolescent Counseling in [geopolitical subdivision]”);

Organization bylaws (must be congruent with the bylaws of ACA and ACAC);

A list of current officers and members;

Please submit all application packets and direct any questions to Michael Meyer at Meyer@nccac.org.

North Carolina (NCAC) https://ncacounselingassociation.org/nccac-divisions/ncacnc/
Childhood Resiliency After Mass Trauma

Rachel Jacoby

The University of Toledo

I grew up in the Jewish community of Squirrel Hill in Pittsburgh, Pennsylvania. Although I no longer live in the Pittsburgh area, most of my family still does. On October 27, 2018, a senseless tragedy took place within my community. A man who was driven by Anti-Semitism, walked into the Tree of Life synagogue and murdered 11 people during Shabbat services and a Bris (baby naming of a male). Children were present in the building at the time of the shootings, however none were murdered. Although Tree of Life was not my family’s “home synagogue,” it holds a deep connection to my family. My father grew up attending Tree of Life. My parents were married there. I have family still actively involved within the Tree of Life community. It is still part of my community.

As more information flooded the news and social media outlets about the incidents that occurred at Tree of Life, I noticed how the people and organizations within the Jewish community and the greater community of Pittsburgh responded. As the media released more information I noticed two things. I first noticed that my social media was flooded with posts about how to speak with the children of the community about the events that occurred. The second thing I noticed is that a group of teenagers from a local high school were the ones to come together and organize one of the vigils that took place the day of the tragic events. Children were there. They were leading the vigil. They knew how to be resilient. They wanted to be with the community.

What does it mean to be resilient? The Merriam-Webster Dictionary defines “resilience” as “the ability to recover from or adjust easily to misfortune or change” (2018, n.p.). When a traumatic event occurs, the term “misfortune” is not necessarily the way to describe how a person may really be feeling. According to Veronese and Barola (2018), children are able to cope with trauma, based on their ability to understand and identify what makes them feel safe. By including children in processing a mass trauma, they are able to take ownership and control of their emotions and healing process (Veronese & Barola, 2018). We allow them to create their own feeling of safety. As time passes on following a traumatic event, we must remember that memories can flood back at anytime, impacting the child’s response and coping abilities (Veronese & Barola, 2018).
When considering the ability to be resilient, consider the age of the child. According to Erikson’s developmental theory, all individuals face a psychosocial crisis based on their age and developmental stage. As children explore these stages and crises of life, it is crucial that they are given the foundation to build the ability to be resilient. According to a study completed by Bowden, Reed & Nicholson (2018), children identify that their ability to be resilient and cope with difficult situations is based on their coping mechanisms. Several of the identified coping mechanisms were listening to music, engaging in physical activities (dancing, sports), and reading. Additionally, Bowden et al. (2018), reported that giving children the opportunity to express their feelings, building trusting relationships, and being reminded that happiness and laughter are healthy parts of healing, are helpful in allowing children to establish their ability to be resilient.

My community is resilient. As days progress, I continue to see the children making sure that the community continues to address the traumatic events that happened. Teenagers are organizing vigils. Middle school students are planning prayer services. Younger children are creating cards and letters to share with the families of the victims and survivors. In order to help children be resilient, we must continue to let them express themselves and cope at their own pace, even after a major traumatic event occurs.

References


Submit an Article!

- 1-3 pages in length
- Use scholarly resources
- APA formatting
- Due by March 1st, 2019
- Send to mayfield.peggyc@gmail.com
- Use ACAC Newsletter in the Subject Line
- Great opportunity for collaborations between faculty and students
- Awesome opportunity for practitioners!
The Association for Child and Adolescent Counseling
Graduate Student Committee
Welcome!

ACAC aims to provide a professional forum for the dissemination of research, theoretical, and clinical literature related to the counseling and mental health of infants, children, and adolescents. ACAC promotes and values raising the professional standard, through professional development and prevention and intervention.

Raising Standards
Professional Development
Prevention & Intervention

As a committee, our goal is to improve the education and training of counselors, by providing quarterly discussion panels, collaborations with the bimonthly newsletter, networking events during the national professional conferences, and more. ACAC welcomes all counseling practitioners, educators, and students. As a New Graduate Member sign up to know you better, click here to complete the survey.

A big big thank you!

We would like to thank you for being a member of the Association for Child and Adolescent Counseling. As a graduate student, please consider becoming an active member of this division and our committee.

Google Docs Link: https://docs.google.com/forms/d/e/1FAIpQLSsepawmVm2Nfig0sE0G362PQJYTuFwHq234p2_gFEcM2IT7dhg/viewform?usp=sf_link