

Connecting with Kids

Delaware Technical & Community College — Human Services Department



Who should read this newsletter?

- Any student interested in working with children or adolescents
- Any student who wants to supplement their learning experience

Why you'll want to read this newsletter

- To understand how your human services courses apply to working with children and adolescents
- To better prepare yourself for the world of work

Developmental Issues in Counseling Children

Perhaps you have wondered why you must take a course in Child and Adolescent Development. There are many developmental milestones that could be factors in counseling. It is imperative that human service workers develop a thorough knowledge of these in order to accurately assess the strengths and needs of clients. This article examines some of these factors for 10 year olds.

According to Piaget's theory of cognitive development, 10 year-old children are concrete thinkers. Because they are conversant, talk therapy may be appropriate. They are able to appreciate the views of others as they move away from egocentric thinking. This ability is important if counselors use perspective-taking techniques. Although abstract reasoning may not be present, the average 10 year-old has sufficient attention, concentration, and memory to engage in an effective therapeutic exchange (Thompson & Rudolph, 2002).

Erikson's ideas about psychosocial development are the benchmark for discussing this aspect of development. According to his model, 10 year-old children are in the Industry vs. Inferiority stage. As children enter school, they begin to learn skill sets needed to be successful adults. This is facilitated by encouragement and nurturing (Thompson & Rudolph, 2002).

Another key aspect of social development is the increased importance of peer relationships. Children in this age group begin to recognize that parents and other adults are fallible, and prefer to spend more time with friends (Oesterreich, 2001). It is important to recognize these changes as developmentally appropriate. Group counseling and peer intervention models are effective for this age group.

Perhaps the most common milestone with implications for counseling is the tendency to defy authority. While children demonstrate better control of anger, they may engage in defiant acts (Oesterreich, 2001). This is developmentally appropriate, but no less troubling for parents and teachers. Many children are referred for counseling when shifts in attitude and behavior become apparent.

In sum, there are many developmental milestones that may be factors in counseling children. We must measure current behavior with these milestones in order to accurately assess and treat clients.

What About the Development of Teens?

Adolescence is a time of great change. The major developmental task is establishing an identity – a process which often continues into adulthood. Unlike younger children, they do not model themselves after others, but modify and synthesize earlier identifications into a new identity (Papalia, Olds, & Feldman, 1999).

Some identity confusion is normal and accounts for their chaotic behavior and hallmark self-consciousness. Defenses against this confusion are intolerance of differences and cliquishness. They may also regress into childish behavior to avoid conflict (Papalia, Olds, & Feldman, 1999).

The peer group increases in importance, as teens use their friends as the testing ground for their ideas about themselves and life. Peer relations have positive and negative influences. Those who experience peer rejection show the greatest problems (Papalia, Olds, & Feldman, 1999).

Research does not support the popular idea that all teens are rebellious (Papalia, Olds, & Feldman, 1999). Parents and teachers may need our support, as they struggle to understand these and other changes of adolescence.

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Person-Centered Theory

Person-centered theory is the model used in our human service degree program because of its emphasis on developing a therapeutic relationship with clients. Carl Rogers suggested that unconditional positive regard, empathy, and genuineness were necessary and sufficient conditions for client growth. So how does this theory apply to understanding and helping children and adolescents?

Because this theory is so dependent on the relationship, it may not be effective with very young children. It takes a special person to develop true empathy for children. Because of their sensitivity, children are experts at detecting a lack of sincerity or genuineness. Active listening skills are critical in developing and communicating acceptance, empathy, and genuineness (Thompson & Rudolph, 2000).

You may remember that Rogers believed that counselors should be the expert in developing the therapeutic relationship, but that clients should direct the interview. The counselor using this theory with children may have to assume a more active role than originally described by Rogers. This may be especially true for clients from cultures that expect the counselor to be an expert (Thompson & Rudolph, 2000).

The order of the counseling process may also need to be adjusted. Typically in person-centered therapy, clients progress from self-exploration, to understanding, to action. Because children are concrete thinkers, they might benefit from beginning with action, followed by understanding and exploration (Thompson & Rudolph, 2000).

As you learn more about this and other theories, you will begin to develop your own ideas about how to adapt them to working with children and adolescents.

“It takes a special person to develop true empathy for children.”

What is Play Therapy?

Maybe you have wondered how you would apply your counseling skills and techniques with children. From a developmental perspective, children often have difficulty expressing themselves in words. But children do communicate beautifully in an activity that they do every day—play. Ginott (1994) said “a child’s play is his talk and toys are his words” (as cited in Henderson, 2000, p.373).

Play therapy is “the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development (Association for Play Therapy, 2003).” It can be used to establish a relationship with a child, help the child communicate their concerns, assist in assessment, and promote healing (Henderson, 2000).

There are many theories of play therapy, and if you are interested in working with children, you are encouraged to attend additional training. Play therapy is more than just playing with a child or observing their play. The toys and activities must be selected carefully, and you must be trained in how to implement and interpret play.

For additional information, you are encouraged to explore the following sites:

Association for Play Therapy, Inc.— <http://www.a4pt.org/>

Kid Power— <http://users.snowcrest.net/kidpower/play.html>

Sandplay Therapists of America— <http://www.sandplay.org/>

The Play Therapy Training Institute, Inc.— <http://www.ptti.org/>



Children love to paint and their artwork is often very insightful.

After taking the Ethical Issues and Problems course, you should realize that ethical practice is not always straightforward. “Ethical dilemmas are sometimes unavoidable. It is not surprising to find that ethical issues involving children are somewhat more ambiguous and complex” (Hall & Lin, 1995). The purpose of the following articles is to highlight some of the ethical issues in working with children and adolescents.

Do I Need Special Training to Work with Children?

Yes, human service workers are expected to obtain additional education, training, and supervision (Corey, Corey, & Callahan, 2003). Children are not merely miniature adults, and are considered to be a special counseling population. Coursework in child psychopathology and child counseling theory, and a thorough understanding of development and family dynamics are critical components in preparing to work with children (Lawrence & Kurpius, 2000).

Most ethical codes remind us that it is not ethical to practice in areas for which we are not trained. The training you receive in most programs is geared to working with adults. Because of developmental issues and special concerns, the techniques are quite different. For example, some children will not respond to “talk therapy,” and the counselor will need to be trained in the use of other modalities. These include play therapy, art and music therapy, and recreational therapy (Corey, Corey, & Callahan, 2003).



What Rights Do Children Have as Clients?

There are two main issues regarding children’s rights. First—Can children consent to treatment without the knowledge and consent of their parents? Most states require parental consent before a child can begin counseling. In Delaware, minors can consent to outpatient substance abuse treatment if they are at least 14 years of age. Younger minors and those requiring inpatient treatment require parental consent (Substance Abuse Treatment Act, 2003). Hall & Lin (1995) remind us that no matter what our position on the capacity of children to consent, they are deserving of dignity at all times in counseling.

Secondly—What are the limits of confidentiality when working with children? One of the difficulties in balancing parental and child rights is the lack of specific guidance in law, ethical codes, and social standards (Mitchell, Disque, & Robertson, 2002). There is a difference, though, between the parents’ right to information about their child and the right to access the child’s records. Generally, parents are entitled to general information about the child’s progress (Corey, Corey, & Callahan, 2003). While some children and teens will not seek help without the absolute guarantee of privacy, we must also consider the rights of their parents. “Although minor clients have an *ethical* right to privacy and confidentiality in the counseling relationship, the law still favors the rights of parents over their children” (Corey et al).

There is agreement that in cases of suspected abuse and harm to self or others, confidentiality must be broken. Beyond these circumstances, the counselor must make an ethical decision after carefully considering the legal and ethical rights of parents and children, the developmental age of the child, and the best interests of the child. In addition, you should always know the policies of the agency you work for.

“You should always know the policies of the agency you work for.”

WEBSITES

American Counseling Association
Codes of Ethics and Standards of Practice
www.counseling.org

National Organization for Human Service Education
Ethical Standards of Human Service Professionals
www.nohse.org/ethstand.html



Group Work with Children & Teens

As children grow and mature, they become increasingly involved in group settings. These include classrooms and social activities (Rowatt, 2001). Group counseling, then, seems to be a natural extension for their developmental tasks.

According to research, group interventions are effective with a variety of issues faced by children. These include divorce, bereavement, academic retention, and low performance (Thompson & Rudolph, 2000).

There are some key differences between groups for children and those you learned about in the Dynamics of Group Communication course.

Practical Considerations

The size and duration of the group depend on the age of the members. Generally, the younger the children, the smaller and shorter the group. You must also take into account the issues being addressed. While a group of 6 pre-teens dealing with divorce may be manageable, the same number of preteens with acting out behavior is not practical or wise (Corey & Corey, 2002).

Structure and Process

The counselor may need to provide more structure than for some adult groups. Avoid being rigid, though, as flexibility and spontaneity are important in working with young clients (Corey & Corey, 2002).

During the initial stages, groups for children and teens may progress differently than those composed of adults. "They get to know one another, clarify the rules of participation, and jockey for leadership and power. Until these dynamics have been established, most adolescent groups will not function effectively" (Rowatt, 2001, p.71).

Because children form attachments quickly, you may want to begin talking about termination a bit earlier in the process. Corey & Corey (2003) suggest you begin 3 sessions before the end of a 12 session group.

With a well-developed proposal, appropriate education and experience, and good preparation, groups can provide a wonderful setting for helping children and teenagers meet their needs.



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