

CHAPTER 3

Understanding the Developmental Worldview of Children and Adolescents

Learning Objectives

- Understand how child and adolescent development across cognitive, physical, and social/emotional domains potentially affects counseling interactions
- Understand concepts of risk and resilience and the application of this knowledge to school-based support services
- Understand the importance of children's development in the context of home, school, and community

During medieval times, children were considered to be miniature adults who were the same as their larger counterparts in every way except size. Much later, Rousseau (1762/1955), the French philosopher, put forth the romantic notion of the child as a noble savage who was naturally endowed with an innate sense of right and wrong that would be harmed by adult interference. These

mixed notions of childhood resulted in a relatively late understanding of the difficulties that children experience and the subsequent application of adult theories and strategies to treat identified issues. As the field of developmental psychology has advanced, we not only have a much better understanding of how the minds, bodies, and emotions of children develop, but we also understand that they view the world differently than adults do. With this knowledge, we can create developmentally appropriate counseling programs and adapt our skills to meet the needs of children and adolescents.

SCHOOL-BASED SUPPORT FOR CHILDREN AND ADOLESCENTS

Mental health professionals cannot stop children from experiencing stress or negative events in their lives. However, the timely provision of preventive and intervention programs can go a long way toward reducing the incidence of emotional and behavioral difficulties (NRC & IOM, 2009). When parents find that their children are struggling, they often turn to their family physician or to a school-based professional helper. Given the position of schools as one of the lead agencies in delivering mental health support to children and adolescents, it is critical that those in positions to provide these services (e.g., school counselors, school psychologists, school social workers) are well-prepared to engage in prevention, early intervention, and crisis response as needed. The most efficient place to deliver these types of services is in schools where children and adolescents spend their days.

There is a wide range of effective prevention and intervention strategies that may be used by a school-based professional on any given day. Counseling is one of the foundational skills used either in isolation or as a component of one of the other approaches (e.g., consultation, guidance). Within the *ASCA National Model: A Framework for School Counseling Programs* (2005), individual or group counseling is one of the key elements in a responsive delivery system. Recently, the National Association of School Psychologists also adopted a *Model for Comprehensive and Integrated School Psychological Services* (2010b) that promotes the use of “interventions and mental health services to address social and life skill development” as one of the key domains of school psychology practice. Clearly, the provision of counseling services to children, adolescents, and families is an important role for school-based helpers.

To be an effective helper, you must consider both the presenting issue and students' developmental level when selecting and implementing counseling interventions. There can be serious limitations to traditional counseling approaches that rely too heavily on language or oral expression, especially when working with a younger population or students who have disabilities. School-based professionals need to be familiar with and skilled in the use of developmentally appropriate approaches that match the students' cognitive, verbal, and emotional levels.

UNDERSTANDING THE DEVELOPMENT OF CHILDREN AND ADOLESCENTS

Developmental theories relate to almost every aspect of children's functioning. Although we have presented each of the different developmental domains separately (e.g., physical, cognitive), it is important to understand that these areas are intertwined. Advances in one area are only made possible by growth in another area (e.g., moral development is made possible by advances in cognitive skills). It is also important to keep in mind that not all students develop at the same rate. The suggested age ranges reflect typical development, but by no means do they signify that there is something wrong with students if they are not yet ready to perform age-appropriate developmental tasks. Additionally, there are differences across culture in how development within these domains is experienced. For the purposes of this chapter, we focus on those developmental domains that are most likely to be relevant to a counseling relationship: physical, cognitive, language, moral, and social-emotional.

Physical Development

As children develop, physical changes will be apparent to the casual observer. What is less obvious are the many important physiological and neurological changes occurring that will facilitate the other areas of development. During infancy and early childhood, children develop an incredible number of synapses, or branches that reach between neurons. Shortly after this fantastic cycle of growth, many of these synapses disappear. Those that are used more frequently remain. This process is known as *synaptic pruning*. The process of growth and shedding takes place over the course of several years (McDevitt & Ormrod, 2010; Nelson, Thomas, & de Haan, 2006). It is hypothesized that the overgrowth of synapses prepares young children to adapt to their environments. Once it is determined which synapses are used and which are unnecessary,

the excess connections disappear, allowing the brain to work more efficiently (McDevitt & Ormrod, 2010).

A process known as myelination also begins early in a child's development. In this process an insulating layer of fat covers nerve cells. The insulating layer increases the speed at which neurochemical information moves along the axon, facilitating more rapid and efficient information processing (Travis, 1998). At the earliest ages, those nerves that involve sensory development become myelinated, followed by those neurons responsible for motor development. The final area of the brain in which myelination occurs is in the cortex with the neurons associated with complex thinking skills (Nelson et al., 2006). This pattern of brain growth continues through late adolescence.

Attention span has also been linked to myelination. Therefore, children's ability to concentrate and attend to novel stimuli increases with age and brain development. Because of these important development differences, the school-based practitioner needs to be aware that younger children may need shorter sessions and more "think time" to respond than an adolescent.

As noted, children also experience relatively rapid growth in their bodies. By the time a girl reaches 12, she will likely have entered a period of rapid physical development, including the onset of menarche (Schaffer, 1999). Boys lag slightly behind and begin their developmental changes around the age of 13. The timing of puberty can be a great source of stress for young adolescents particularly if it is significantly before or after that of their peers. For example, early maturing girls are more likely to report a variety of internalizing and externalizing symptoms than their same-age, same-gender peers who experienced average pubertal maturation (Ge, Conger, & Elder, 2001). Regardless of the timing of puberty, it can be a difficult time in which young adolescents feel anxious, self-conscious, and awkward (Vernon, 2009).

When working with adolescents, a common thought experienced by professional helpers is, "What were they thinking?" We must remember that the nerve cells that connect adolescents' frontal lobes with the rest of their brains are still developing. This means that this part of the brain, which manages such complex skills as planning, impulse control, and reasoning, can be accessed but not always quickly.

Cognitive Development

Overall, children's thinking develops in a predictable pattern, but the unique interpretations that children apply to their worlds along this path can be surprising. Indeed, children and adolescents have their own way of structuring

information that is sometimes highly distinct from adults. Additionally, the development of cognitive abilities is idiosyncratic and inconsistent; therefore it is impossible to make sweeping generalizations (Schaffer, 1999).

Both Piaget (1970) and Vygotsky (1978) have contributed much to our understanding of how children develop and build on their cognitive skills up to the highest levels of reasoning. McDevitt and Ormrod (2010) asserted that both theories considered together provide a more complete picture of cognitive development than either theory alone. From this perspective, they have organized the theories of Piaget and Vygotsky according to common themes.

One of the first common components for both theorists is the idea that children *construct their own knowledge* rather than absorb it (McDevitt & Ormrod, 2010). While Piaget described distinct stages through which children pass as they organize their thinking, Vygotsky asserted that children had their own unique ways of internalizing information based on their social contexts. For the school-based professional, this may mean that part of your role is helping student clients to develop their understanding of and the ability to internalize concepts that are unfamiliar to them. You may find yourself teaching as well as counseling. At the youngest ages, it is important that we talk to children about their experiences and the meanings that they apply to them. If children don't understand the relationship between two items or events, they are just as likely to make up an explanation without considering whether it is plausible or not (Dehart, Sroufe, & Cooper, 2000).

As students progress through the grades, you can provide different levels of learning supports to assist their understanding. For example, in the early elementary grades you may need to use pictures, games, or puppets to teach new ideas and concepts. In the intermediate grades, you may discuss more abstract ideas (e.g., jealousy, empathy) but will likely need to supplement these concepts with concrete examples. By adolescence, students are

generally able to use flexible, abstract thinking but may be inconsistent in their application of logical reasoning. For example, many adolescents are better at applying cause-and-effect reasoning to others' situations than to their own (Vernon & Clemente, 2005). Thus, school-based helpers can help adolescents apply cause-and-effect reasoning to their own lives

A second common theme in children's cognitive development is that of *readiness* (McDevitt &

Regardless of the student's age, it is important to explore the meaning that he or she assigns to an event or situation. Take time to understand the student's perspective and help correct any misconceptions.

Ormrod, 2010). Both Piaget and Vygotsky recognized that there were certain limitations to children's cognitive abilities that did not allow them to engage in more advanced cognitive processes until they had reached a point where they were "ready." In Piaget's description of *accommodation*, children were able to comprehend new concepts by assimilating this information into existing cognitive schema. Vygotsky (1978) saw this process as more flexible and introduced the *zone of proximal development*. From this perspective, children were continually adding new skills and abilities to their repertoires and were able to access more advanced knowledge with adult support and guidance, as long as the new information was within this "zone."

There are many different areas where the professional helper can assist student clients in obtaining higher levels of thinking. For example, young children sometimes have difficulty understanding that a person or event can be viewed in different ways (e.g., as having both positive and negative aspects). By introducing other perspectives, the school-based helper can guide the child toward a better understanding of an abstract issue (e.g., divorce, a tragic event). Students may need visuals or hands-on activities to help them "see" different aspects of a concept. Many times when asked what they're feeling, children will respond with a single word, such as "mad," "sad," or "happy." When attempting to help children understand that they can experience more than one feeling at a time, it may be helpful to provide an outline of a human figure on which they can use colored markers to depict different feelings. These types of visual aids can assist children to grasp complicated concepts (e.g., "When friends do not invite me to play, I feel both angry and sad at the same time").

Another area in which students may need support from an adult helper is in predicting what would happen under hypothetical conditions. In fact, certain theoretical approaches (i.e., solution-focused counseling) require that a student engage in "What if . . ." thinking. Generally, young children are able to engage in this hypothetical reasoning but are better at understanding how to avoid a negative situation rather than to attain a positive outcome (German, 1999). For example, a child may be able to brainstorm other alternatives to fighting with a peer by simply saying, "I wouldn't hit him" or "I'd walk away." In these instances, it is difficult to know if a student client really views this as a possible solution or if he or she is simply repeating a strategy that has been taught.

A professional working with younger children may have to establish with a child that a current situation is not satisfactory before the child is able to engage in hypothetical reasoning about alternative outcomes. As an illustration, consider the case of a young student who routinely engages in fist fights with his peers whenever he perceives that he has been slighted or treated unfairly. It might seem

Ask student clients to think about the positive steps that could be taken to resolve a situation (e.g., "What might be some things you could do in order to get along with Mason?" or "What would it look like if you and Cassidy were friends?"). Use these strategies as a starting point for teaching and practicing new skills.

evident to the helper that if this child is removed from the classroom or receives an in-school suspension (negative consequence), the student's continued use of fighting is not a good solution. However, the student client might not share this perspective and instead view fighting as a way to show his peers that he did not like their actions. It is only through a deeper exploration of other potential negative outcomes (e.g., missing time with favored peers, getting in trouble at home, and recognizing that the problem is not solved) that the student client may be able to acknowledge that his solution (i.e., fighting) is not achieving the desired outcome.

The third common theme shared by Piaget and Vygotsky is that of *challenge* (McDevitt & Ormrod, 2010). When children are challenged to think just beyond their level of understanding, they are able to obtain deeper levels of comprehension (Rommel & Flavell, 2004). Students live in complex worlds where they are regularly expected to learn and adapt to new situations. Counseling dialogue also can serve as a form of stimulation that assists children and adolescents in thinking differently about their current situation, their own behaviors, or their future goals. Both interactions with peers and adults can challenge youth to engage in more complex levels of thinking (McDevitt & Ormrod, 2010). For example, peers can help other students adopt new perspectives on social relationships and other views on the world through peer mentoring programs, while an adult may be best suited to teach students new skills (Gauvin, 2001).

The fourth common theme in the development of children's cognitive development is the *importance of social interaction* (McDevitt & Ormrod, 2010). It is through our daily interactions with others that we come to understand that others think differently about the world than we do. From a very early age (i.e., three–four years old), children begin to make the distinction between thinking and doing as well as their own thoughts versus those of another (Wellman & Lagattuta, 2000). This growing awareness of an internal mental life is referred to as *theory of mind*. It is a relatively new area of research but explains a great deal about how children think about their own and other's thoughts. A child's ability to understand that individuals might engage in behavior according to their own false beliefs increases between the ages of four and six. This knowledge is a good predictor of later social skill development (Jenkins & Astington, 2000). Theory of mind is developed through language, make-believe play, and social

interaction (Berk, 2008). This construct is important to the work of a school-based professional because in your various roles as guidance teacher, group facilitator, and individual counselor, you will be assisting students in the process of learning from and working with one another.

One of the key areas where students may need assistance is in changing their maladaptive beliefs. Students are not likely to make these revisions independently, especially if there is any evidence that seems to lend support for their erroneous assumptions. As young people apply their reasoning skills, they can show a bias toward positive rather than negative testing of their beliefs (Remmel & Flavell, 2004). That is, “If this piece of information is true, then my hypothesis is correct” rather than, “If this piece of information is true, my belief is incorrect.” Although this trend is also seen in adults, it is especially true for children and adolescents (Remmel & Flavell, 2004). For example, Jaime believes himself to be unpopular and unworthy of friendships. As a result, he tends to see any occurrence of other students failing to greet him or inviting him to join them as “evidence” of his basic unworthiness. A school-based professional can assist Jaime in understanding how “evidence” that seems to support these beliefs may also have alternative explanations. As an alternative hypothesis, a helper might introduce the idea that other students don’t ask Jaime to join them because they do not know him very well. The student client can then be challenged to “test out” these alternative explanations through small, supported steps (e.g., introducing himself to a peer whom he views as friendly, offering to share his materials with a student seated next to him).

Although there are a few clear areas where Vygotsky and Piaget differed in their conceptualization of cognitive development, one of the most important was in the area of the role of culture. Whereas Piaget viewed his stages of cognitive development as universal across cultures, Vygotsky (1978) placed great importance on a child’s culture and saw it as paramount to the emergence of reasoning skills. Children from different cultures demonstrate differences in the timing of certain abilities, and in some cultures, formal operational reasoning may not appear at all because it has little bearing on everyday functioning (Miller, 1997; Norenzayan, Choi, & Peng, 2007).

Language Development

By the time children reach the age of six, they will have a vocabulary of about 10,000 words (Bloom, 1998). The mechanisms by which young children learn words so quickly and to use them in meaningful sentences is not fully

understood (Berk, 2008). Nevertheless, most children will enter kindergarten with the ability to carry on a conversation by taking turns, keeping on topic, and using meaningful sentences—the pragmatics of language. They will have learned most of these skills through their exposure to and involvement in conversations (Berk, 2008).

Younger children assign concrete meanings to words, and it is not until they are in middle school that they will begin to understand the double meanings of words. For this reason, the school-based helper must be careful not to use certain types of humor that may be misunderstood, such as irony or sarcasm. As children develop, they become better able to organize their stories, to provide more detail, and to be expressive in their delivery (Berk, 2008). By adolescence, students are able to use and understand irony and sarcasm in responding to others. All aspects of their language skills continue to develop including vocabulary and grammar. One of the greatest language developments in adolescence is the degree to which students learn to vary their language depending on the situation. An adolescent male may use informal slang with his peers, a slightly more formal tone with his teachers or the principal (e.g., use of titles and last names, appropriate grammar), and a polite, friendly form of communication at his job as a fast-food cashier.

Moral Development

As children's cognitions become more complex and they are able to see the world from another's point of view, their moral reasoning advances. At the earliest stages, Kohlberg (1981) proposed that children are in a *preconventional* stage in which they react to questions of right or wrong based on whether they are rewarded or punished by adults. At the next level, *conventional*, children begin to incorporate a broader, more abstract perspective into their moral reasoning and seek to maintain the social order. At this level, it is important to children to be seen as "good" and to seek favor of those in authority. The final stage described by Kohlberg was the *postconventional* stage in which individuals are able to consider the perspectives of others in their moral decision making. Rather than investing in being "good," individuals make judgments based on broad, moral principles. Historically, it was believed that important gender differences existed with females demonstrating more of a care (i.e., relationship-oriented) focus and males presenting with more of a justice (i.e., fairness and equity) focus (Gilligan & Attanucci, 1988). However, a comprehensive meta-analysis conducted by Jaffee and Hyde (2000) indicated that these gender differences were quite small and that it

was more likely that males and females used a blend of both care and justice in moral reasoning.

The stage of moral development must be considered when working with student clients because their level of moral reasoning guides their decision making. That is, a young child may place the greatest importance on whether or not a behavior will result in a negative consequence. Students may be reluctant to tell you about feelings or behaviors because they are afraid that they might be punished. Further, it may be difficult for them to understand the bigger implications of their actions. Your role as the professional helper is to recognize children's developmental level and to encourage them to entertain more advanced levels of moral reasoning. For example, the helper might say, "You're right, if you hit Colton every time he teased you, you would probably get in trouble. So, although that is one idea about how to handle his teasing, I wonder what might be some other things you could try."

Social-Emotional Development

Many different aspects of our personalities, biological makeup, and personal experiences determine how we respond to difficult situations in our lives. For children, temperament is one of the key components that predict their responses. Although we all have traits or characteristics that are considered to be a part of our "personality," children have certain temperaments that, to some degree, determine their reactions to and interactions with others and the environment. There are nine dimensions or categories of temperament: (a) activity level, (b) adaptability (quick vs. gradual), (c) first reaction (bold vs. cautious), (d) predominant mood (pleasant vs. serious), (e) strength of response (mild vs. intense), (f) distractability, (g) persistence, (h) daily biological rhythm (rhythmic/arrhythmic), and (i) sensory threshold (sensitive vs. nonsensitive; Kristal, 2005). Younger children may be more susceptible to responding based on their temperament, and their level of functioning is governed in part by the "goodness of fit" between their temperament and the expectations of their environment (Kristal, 2005). As children develop cognitively, other aspects of functioning moderate these more basic reactions.

Theorists have proposed different methods for organizing a child's social-emotional development including a stage model (Erikson, 1958/1963) and developmental tasks (Havighurst, 1972). Although these stages are helpful in considering broad transitions in a child's social functioning, some of the more recent findings related to social cognition may play a more significant role in

guiding one's counseling interactions. Two of the most important aspects of social cognition include self-concept and perspective taking.

Sense of Self. There are a number of ways to describe how individuals think and feel about themselves. *Sense of self* serves as an umbrella term for these differing constructs (e.g., self-esteem, self-concept; McDevitt & Ormrod, 2010). *Self-concept* is related to both cognitive and social-emotional development and refers to one's understanding of oneself as an independent person with unique and consistent attributes (Harter, 2006). During the preoperational stage of cognitive development, behaviors and observable attributes define the self ("I can run fast"). As children age, these global, positive descriptions become more differentiated (McDevitt & Ormrod, 2010). Children can talk about themselves as being different across situations and domains ("I am smart in math," "I am good at sports"). A related idea is that of *self-worth* or *self-esteem* in which students make a value statement about different aspects of their traits or about themselves as individuals (e.g., "I am embarrassed by the way I look," "I am proud of what a good athlete I am"). As you might expect, those students who see themselves in a favorable light in an area that is important to them tend to report higher self-esteem (McDevitt & Ormrod, 2010). That is, if Chelsea views herself as a good student and achievement is important to her, it is likely that she will feel good about herself. Conversely, if Chelsea believes popularity to be more important than achievement, she may not feel as good about herself if she has only a small circle of friends.

Generally speaking, children and adolescents tend to focus on the things they do well more so than those areas where they are weaker (Harter, 2006). As a result, children tend to feel pretty good about themselves. Further, children and adolescents tend to behave in ways that reflect their perceptions of themselves (Valentine, DuBois, & Cooper, 2004). If a pupil sees himself as a good student, he is likely to attend class, pay attention, put forth effort, and take on challenges in the classroom. Unfortunately, children's competence beliefs tend to decline as they grow older (e.g., Jacobs, Lanza, Osgood, Eccles, & Wigfield, 2002). Another clear pattern is that students tend to engage in behaviors to avoid perceived weaker areas. In some instances, students may actually engage in behaviors that hinder their performance in an effort to protect their sense of self-worth. McDevitt and Ormrod (2010) referred to this behavior as *self-handicapping* and described it as those behaviors students engage in that provide them with an excuse for failing (e.g., "I'll probably blow this test today because I didn't even read the chapter").

Children tend to base their self-perceptions on their own past performance as well as external evaluations (e.g., adult and peer interactions, group membership; Dweck, 2002; Guay, Marsh, & Boivin, 2003; Harter, 2006). As children get older, they tend to rely more heavily on their peers than their family for their sense of self-worth (Harter, 2006; McDevitt & Ormrod, 2010). Another developmental component of sense of self is that individuals begin to internalize others' criteria for success (Harter, 2006).

For example, a young student might want to get an "A" on a test because it will please her parents. As she reaches adolescence, it becomes more likely that she will want to do well on the test because it is important to her and fits with her self-perception that she is a good student. Despite this trend, some adolescents continue to rely heavily on what others think of them, which can contribute to the "storm and stress" often ascribed to adolescent emotions and behavior (McDevitt & Ormrod, 2010). Adolescents also form subcultures that are defined as small groups of students who have similar interests and shared beliefs. Adolescence is a time of seeking identity. Students at this developmental level try new looks, listen to different music, and generally explore other representations of themselves. For the professional helper, it is important to find a balance in recognizing when students are exploring their identities and when they are involved in a dangerous subculture (e.g., cutting, multiple piercings, sexual experimentation).

The emergence of abstraction allows pre- or early adolescents to integrate differing trait labels into a single abstract concept (e.g., "I'm smart in math and dumb in reading. Overall, I'm about average"). Students may see themselves as a bundle of contradictions ("I am this type of person and a seemingly incompatible type of person at the same time") and may be confused about such contradictions. As youth enter young adulthood, they are able to integrate these different conceptions of themselves into a higher-order abstraction so the self is no longer viewed as contradictory and fragmented (Harter, 2006). For example, the individual views his or her values, behaviors, and attitudes as well as participation in particular religious or social or political activities as reflecting a tendency toward a particular belief system. Overall, these progressive stages involve global attributions that reflect a movement toward a more integrated and fully developed sense of self (Harter, 2006; McDevitt & Ormrod, 2010). For the school-based helper, it can be difficult to keep pace with

Self-handicapping behaviors might include lack of effort, cheating, procrastinating, taking on too much, setting unrealistic goals, and even using drugs and alcohol (McDevitt & Ormrod, 2010).

adolescents who are engaged in this self-exploration as their ideas, values, and goals may seem to change on a daily basis.

Some children view their abilities as traits over which they have little control, whereas others attribute their skills to practice and effort (Dweck, 2002). Children who hold the latter perspective tend to take on more challenges and display more resiliency than children who see ability as innate and fixed. From about middle childhood onward, self-esteem becomes fairly established. As a result, children who have a positive sense of self tend to continue to see themselves in a positive light (Robins & Trzesniewski, 2005). Unfortunately, the opposite is true as well. The professional should remain alert to the development of these negative self-cognitions and help youth differentiate their ideas about themselves, create opportunities for them to challenge negative self-perceptions, and introduce situational factors as alternative explanations for performance.

Just as children attribute certain characteristics to themselves, they also assign attributions to others. Of particular concern are those students who have a hostile attributional bias, meaning that they are more likely to attribute a hostile or aggressive intention to ambiguous behavior (Dodge et al., 2003). For example, if John is walking down the hall during the passing period and is jostled by another student, he is more likely to assume that the student meant to harm him and to react aggressively. A professional working with John should target his attributions and encourage him to explore alternative explanations for the perceived insult. Interventions geared toward reducing aggression and enhancing personal responsibility have been shown to be effective in decreasing aggressive behavior (Hudley, Graham, & Taylor, 2007).

Social Perspective Taking. An important aspect of learning to get along with others is the ability to understand and consider that others may perceive information differently from oneself (Remmel & Flavell, 2004). The foundations for perspective taking begin as early as preschool and continue to develop into childhood and adolescence. One of the first steps in this process is understanding one's own perspective, which occurs by age five. At age six or seven, children come to understand that different people can perceive the exact same thing yet form different interpretations of what they have seen (Selman, 2003).

By middle childhood, children's perspective taking becomes more complex, and they can understand that others not only have distinct views, but those views include an understanding of another child's perspective. That is, not only does Jeannie believe it is unfair that Amanda is the leader of the reading group two weeks in a row, she is able to understand that Amanda believes it to be fair because she missed her week earlier in the year (i.e., perceives the same

event differently). Further, Jeannie and Amanda understand that the other has a different point of view (reciprocal understanding). As children enter adolescence and adulthood their ability to understand broader perspectives across multiple levels increases (Selman, 2003). Despite this understanding, aspects of egocentrism continue into adolescence and even adulthood. For example, adolescents often overestimate the amount of attention that other people pay to them, a concept known as “imaginary audience” (Alberts, Elkind, & Ginsberg, 2007). For the professional working with Angelina, a young adolescent with cognitive delays who is struggling to make friends, the focus of the intervention may be on improving perspective-taking ability to facilitate improved interactions with others.

As with other areas of development, culture plays an important role in one’s sense of self (Morelli & Rothbaum, 2007). For example, in Western societies, particularly North America, the orientation tends to be more *individualistic*, and children are encouraged to focus on their own goals, motivations, and needs (Markus & Hamedani, 2007). Children are reinforced for being confident and having a strong sense of self-worth based on their own accomplishments (McDevitt & Ormrod, 2010). Other societies place a greater emphasis on families and communities and are considered to be more *collectivist* in orientation (e.g., East Asia). In these societies, an individual’s sense of self is considered part of a strong social network that includes their families and communities (Wang & Li, 2003). This distinction may be too simplistic and overlook important differences across culture and domain. Wang and Li (2003) described a more complex structure where a relational orientation remained relatively stable over time, but individualistic goals related to learning and achievement increased as Chinese children progressed in school. It has also been suggested that children who are from collectivist societies may have less need for positive self-regard (Heine, Lehman, Markus, & Kitayama, 1999) in relation to American society and are more able to admit self-limitations (Brophy, 2004).

This brief review of development highlights some of the various ways that children’s developmental level can impact their participation in the counseling relationship. In Table 3.1 we have summarized some of the key aspects of development across different domains and provide potential implications for the practice of school-based professional helpers. It is important that we do not talk down to children, but at the same time, we cannot ask them multipart questions, use abstract language, and expect them to respond. We must be careful to break ideas into smaller parts, to use examples and visuals when possible, to pace ourselves, and to be aware of our level of language.

Table 3.1 Developmental Stages and Implications for School-Based Professionals

Child's Developmental Level	Possible Implications for School-Based Professional Helpers
Cognitive	
<ul style="list-style-type: none"> • Preoperational: Children (ages 3–6*) have difficulty handling more than one concept at a time. 	<ul style="list-style-type: none"> • The professional is careful to introduce only one new idea at a time into a session. • Use concrete examples and manipulatives (e.g., puppets, games) to assist the child's understanding.
<ul style="list-style-type: none"> • Concrete operational: Children (ages 7–12) are able to apply logic to classify objects (or understand relationships between objects and ideas from more than one dimension). 	<ul style="list-style-type: none"> • Hands-on strategies should be incorporated to help the child understand connections between ideas. • Sand play activities can be incorporated to allow child opportunities to sort, arrange, and group objects (Carmichael, 2006).
<ul style="list-style-type: none"> • Formal operational: Adolescents (13–adult) begin to use more abstract thinking and are able to formulate and test hypotheses using logical thought and deductive reasoning. 	<ul style="list-style-type: none"> • Children and young adolescents tend to seek information that confirms their beliefs and are less likely to attend to information that would be disconfirming. The professional may need to introduce and reinforce alternative explanations for interpreting events.
Physical	
<ul style="list-style-type: none"> • As the brain develops, children have an increasing ability to attend, remember, and process new information. 	<ul style="list-style-type: none"> • At younger ages, counseling sessions will likely be shorter (~30 minutes), concepts will need to be repeated, and the helper will need to incorporate “wait time” (that is, give the child time to respond through the use of silence) into the session.
<ul style="list-style-type: none"> • Timing of puberty 	<ul style="list-style-type: none"> • Helpers will want to be sensitive to students who are significantly different from their peers and provide education and support.
Moral	
<ul style="list-style-type: none"> • Preconventional stage 	<ul style="list-style-type: none"> • Children may have difficulty judging for themselves the usefulness of their behavior in meeting goals as their judgments will be based on whether the behavior was rewarded or punished.

Child's Developmental Level	Possible Implications for School-Based Professional Helpers
<ul style="list-style-type: none"> • Conventional stage 	<ul style="list-style-type: none"> • Children may be hesitant to share information with you as an adult and may fear being perceived as “bad.” • Professionals must be especially careful not to lead children with questions or suggestions as young children are particularly eager to be seen as “good” (e.g., compliant with adults).
<ul style="list-style-type: none"> • Postconventional stage 	<ul style="list-style-type: none"> • Adolescents may want to explore aspects of morality from different perspectives and will likely want to know the professional's opinion on controversial topics (e.g., sex before marriage, abortion).
<p>Social/Emotional</p>	
<ul style="list-style-type: none"> • Temperament 	<ul style="list-style-type: none"> • The professional may consider the “goodness of fit” (Kristal, 2005) for young children who are experiencing behavioral challenges.
<ul style="list-style-type: none"> • Self-concept 	<ul style="list-style-type: none"> • The professional may need to help children differentiate aspects of themselves versus adopting an “all good” or “all bad” perspective. • Children may seek out reinforcement for negative aspects of themselves, and the professional can help them to identify and change this pattern of behavior.
<ul style="list-style-type: none"> • Social Perspective Taking 	<ul style="list-style-type: none"> • Young children may not understand that others see situations differently from themselves. • The professional can facilitate reciprocal social perspective-taking when conflict occurs.

*Age ranges presented in this table represent approximations and vary for every child based on his or her own unique pattern of development.

WORKING WITH STUDENTS WITH SPECIAL NEEDS

Students with learning disabilities account for the majority of the school population who receive special education services. *Learning disability* refers to a broad range of difficulties that may affect reading, writing, math, reasoning, and expressive/receptive language. Students who have learning disabilities most often have average levels of cognitive ability but are achieving at a rate much lower than expected. Although the causes of learning disabilities are quite varied and often unknown, they are thought to arise from a cognitive processing problem (Learning Disabilities Association of America, n.d.). As might be expected, learning difficulties affect students across social as well as academic settings. Students with learning disabilities often struggle with poor self-concept and social skills deficits (Raines, 2006).

Counseling programs that address social, personal, and career needs are important to helping students with learning disabilities to achieve their goals (Reis & Colbert, 2004). In their study of elementary-aged children with learning disabilities, Shechtman and Pastor (2005) found that group counseling either on its own or when combined with academic interventions resulted in more positive outcomes for these students than receiving academic intervention only. When counseling students with learning disabilities, it is important to keep in mind that their style and pace of learning may differ from those of their non-disabled peers. As a result, you may need to modify your curriculum, your method of presentation, your pace, and possibly your vocabulary to ensure that your students understand the material. The school-based professional will want to incorporate activities and examples that are meaningful to the student client and ensure that the interactions are both focused and fun.

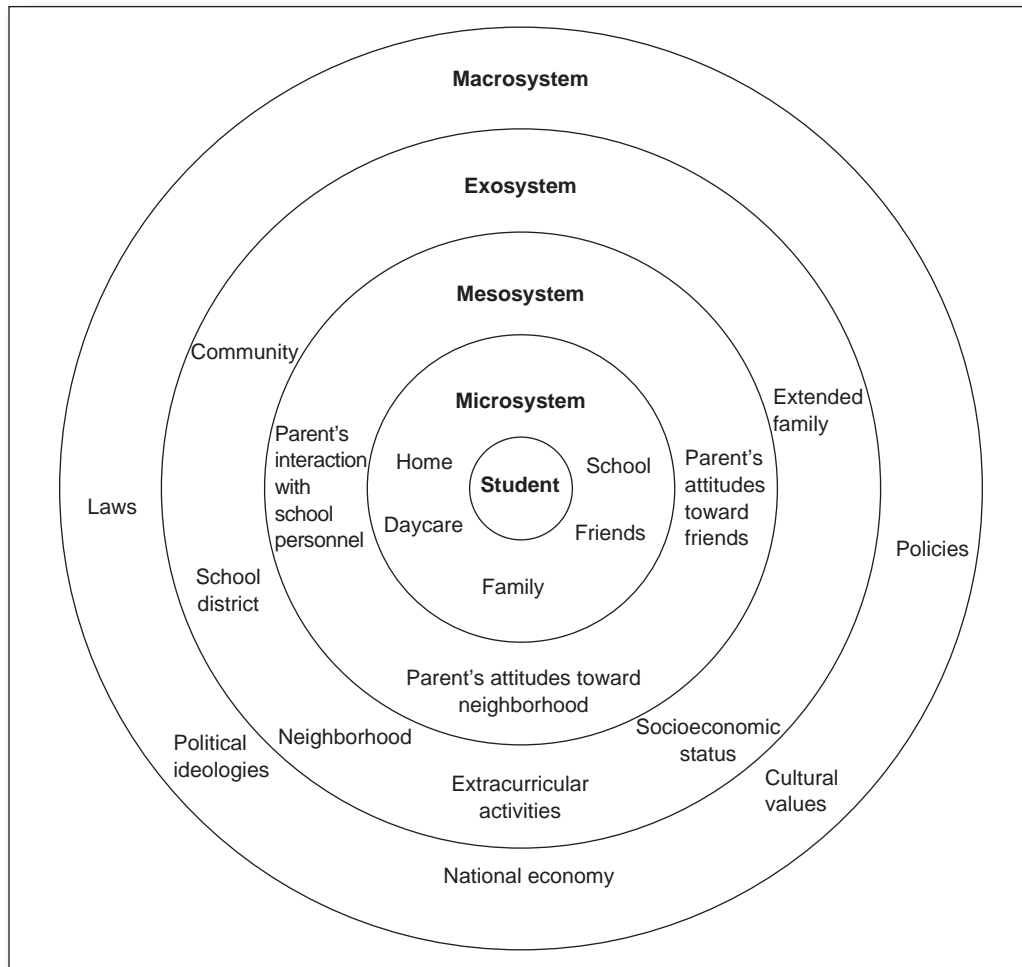
Children with intellectual disabilities can also benefit from services directed to their specific needs. There are many different levels of ability among children who are intellectually disabled and levels of support needed (intermittent, limited, extensive or pervasive; Wicks-Nelson & Israel, 2003). Students with mild cognitive delays are most likely to be included in the regular classroom milieu and to face social and academic pressures. Some of the most common areas for support include developing adaptive skills, interpersonal relationships, language skills, and coping with emotional concerns (Hardman, Drew, Egan, & Wolf, 1993). Additionally, school-based professionals may want to facilitate specialized skill-building groups such as those that focus on self-advocacy. The school-based professional will want to use clear communication, break instructions down into manageable bits, review information frequently, and be encouraging and respectful of students (Parette & Hourcade, 1995).

At the other end of the ability spectrum are children who are gifted, who also sometimes experience social and emotional difficulties at school. For some gifted students, academic pressures and feeling different from peers contribute to these problems (Peterson, 2003). Many gifted students experience developmental unevenness where specific developmental levels are more advanced or lag behind others (e.g., cognitive versus emotional; Reis & Renzulli, 2004). Several different types of programs may be helpful for students who are gifted as well as those who are twice exceptional (gifted/learning disabled) including individual counseling, strategies for enhancing coping skills, and consultation with teachers regarding the unique needs of specific students (Reis & Colbert, 2004). Further, group counseling with gifted students may help them to realize that there are other students who having experiences similar to their own, and together the group can work toward expressing feelings appropriately, developing coping strategies, and building a supportive network (Reis & Colbert, 2004).

CHILDREN WITHIN AN ECOLOGICAL PERSPECTIVE

Child development occurs within the contexts of their family, school, peer group, and community. Children, especially the youngest, are “extraordinarily dependent on their psychosocial context to achieve adaptive functioning and mental health” (Steiner, 2004, p. 17). They are greatly impacted by their environments, and the contexts of their lives must be considered in developing an understanding of their needs as well as in intervention planning. For example, many changes have occurred in families over the last several decades including high rates of divorce, single parents, same-gendered parents, and children raised by grandparents. It is important to appreciate and respect these new family configurations but also not to be afraid to make suggestions on ways to improve family functioning to help children achieve in school.

An ecological theoretical framework can be useful for understanding these different settings and the relationships between contexts. Bronfenbrenner (1979) examined the social environment in a comprehensive manner and described the multiple spheres of influence that impact children. As shown in Figure 3.1, the influences of family, peers, school, and community are embedded within this ecological model. For example, when we consider risk, it is not just characteristics of the individual that place him or her at risk but the interactions between the individual and the environment (Gordon & Yowell, 1999). A social-ecological model framework such as Bronfenbrenner’s (1979) ecological model can also be used to conceptualize service delivery at different levels.

Figure 3.1 Ecological Model

Because of all the complex links between the health of an individual and that of a system, an intervention directed solely at changing the individual is less likely to be successful than one that addresses the needs of the broader system (Weisz et al., 2005).

The ecological model has four contextual environments that impact the individual: the microsystem, mesosystem, exosystem, and macrosystem. The *microsystem* includes environments in which the child interacts on a daily basis, such as the home and classroom milieus. The relationships between contexts (e.g., the parent's *interactions* with the school) are addressed in the

mesosystem. The *exosystem* might comprise the family's socioeconomic status, the neighborhood, and the larger school system. Finally, the *macrosystem* includes the larger institutions and culture that directly or indirectly impact the individual such as legislation, government programs, and the entire educational system. When considering a child's circumstances, it is important to consider variables at each of these levels and determine the degree of fit between the individual and the environment. As an illustration, consider the case of Ashley, a sixth-grade student in your middle school in a small, rural community.

Ashley is a vibrant, friendly young adolescent who is falling behind her peers academically. A review of her records indicates that she is also starting to miss a great deal of school. Her teachers have not expressed concern, but you have overheard them complaining about the various excuses that her parents have made for her late homework or missed days of school. You decide to meet with Ashley and quickly develop a good rapport. Ashley describes a complicated custody arrangement where she spends a few nights with her father, a few nights with her mother, and weekends with her grandmother. Occasionally, she stays with her aunt because she wants to play with her cousins. Although she does not seem bothered by these arrangements, it becomes clear that she has found ways to take advantage of the situation so that she is able to miss school without her parents' full awareness (e.g., missing one day while staying at her father's house and another while she is with her aunt). Ashley indicates that she has friends, and it is the social aspect of school that she enjoys the most. When you ask her about her interests and her future goals, she does not express any definite career goals and instead seems pretty disengaged from academics and learning. She cannot identify a favorite subject and states that all of her classes are hard.

In your conversation with the principal, you find that she is considering referring the family to the district's truancy officer and that there may be a recommendation for truancy court. The district has a strict policy on attendance, and even though Ashley's missed days of school are excused by a family member, it seems clear that these absences are not necessarily related to illness or appointments.

There are many ways to conceptualize Ashley's situation. She is demonstrating risk of dropping out as she misses many days of school, is academically behind, and does not seem to be engaged in learning. You might envision goals for her that would include improving her attendance, increasing her grades, and possibly developing a greater level of motivation toward school. An ecological perspective provides a framework for organizing all of the important aspects of

her context that may play a role in her current situation. For example, at the microsystemic level, you would look at the three contexts of family, school, and friends as these are parts of Ashley's daily life that impact her directly. Ashley has an extended family with whom she is very close. However, because of inconsistent communication patterns between family members, Ashley is sometimes not monitored closely and is able to miss days of school. Additionally, the multiple switches during the week contribute to a lack of organization where a needed book is at her father's house and her backpack is accidentally left in her mother's car. She has good peer relationships and notes that her friendships are an important part of her school attendance.

At the mesosystemic level, you would consider the relationship between the three contexts of family, friends, and school. Little is known about how Ashley's parents feel about her friends, but communication with the school is spotty at best. Therefore, this lack of connection between her family and school may be contributing to some of the problems. As noted, her friends are an important aspect to her school attendance. At a broader level, the exosystem, you consider aspects of her neighborhood, extended activities in the community, and policies and practices in the school district. Ashley does not engage in any afterschool activities, and there are limited opportunities outside of the school setting because of the small size of the community. She does not express any real interests beyond spending time with her family and caring for her younger cousins. As noted, your district has very strict attendance policies, and the principal has been considering referring Ashley's family to truancy court for her poor attendance. Finally, at the broadest level, is a consideration of the laws, policies, and culture that might have an indirect effect on the current situation. Remember, Ashley's family lives in a small, rural community where many individuals do not pursue higher education and instead tend to stay in the community and find work in various service and agricultural positions.

Based on this ecological framework, you decide that rather than just working with Ashley, it might be important to meet with all of the adults in Ashley's life to address some of the attendance and organization issues, as well as to establish better communication. Additionally, although you are concerned with Ashley's lack of investment in school, you wonder about referring her to the child care training program that will be offered as part of your school's 4-H program. It might be a starting point to help establish for Ashley that learning can help her achieve her goals and make her better at something that she likes to do. You also recognize that her friends are a strength and decide to spend some time thinking about ways to build them into a support plan for Ashley.

Although you will certainly talk to Ashley and help her to establish her own goals, you also realize that you now have many more potential interventions.

SPECIAL CONSIDERATIONS IN COUNSELING CHILDREN AND ADOLESCENTS

Children and adolescents present with many distinctive qualities that create both a joy *and* a challenge in counseling relationships. From a practical perspective, it's important to keep in mind that children and even young adolescents do not typically self-refer; they are usually referred by an adult who sees the child as having a particular problem to resolve (Prout, 2007). When this is the case, children may not see that there is a "problem," or the adult's goals for counseling may not match those of the youth. The young person may feel punished by the referral and, as a result, be resistant to working with the professional helper. Additionally, the child may not have a clear view of what is supposed to happen in counseling. If the youth is older, she may have preconceived ideas drawn from media portrayals. In the schools, there may be the stigma of "having to go to the counselor's office." When this is the case, one of the critical aspects of counseling is to build a relationship and come to agreement that some type of change is necessary.

Working With Children

Although we have described several developmental aspects that are key for working with children, it is important to emphasize a young child's limited linguistic development. In many ways, one of the toughest challenges is learning to perform the microskills of counseling while matching the verbal level of a younger child. The degree to which children utilize a concrete interpretation of words can sometimes surprise new helpers. For example, after listening to Shannon relate how she had improved her behavior and academics compared to last year, the helper responded, "You're proud of how much you have grown since last year." The child smiled and responded, "Yes, two whole inches."

It is also important to consider that younger children may lack clarity about time, amount, and frequency. Thus, events that happened some time ago may be presented as recent occurrences, and it may be difficult to draw conclusions around the frequency of behaviors. For a school-based helper, this means that younger students may struggle with the sequence of events or

remembering when events happened. They may describe a trip that happened three years ago as having happened the day before. When a child describes going to a place where there were palm trees as having happened over the last weekend, it is often a struggle for the new practitioner to tease out whether the child is remembering a past event, lying, or relating experiences from a weekend trip to the beach.

Finally, the course of counseling may be more unpredictable with children because they are often more reactive to their environments, and their personalities are less established (Prout, 2007). An issue that was of great importance one time may no longer be relevant by the next time you see the child. To accommodate some of these developmental challenges, helpers can use concrete examples, hands-on activities, clear interpretations of rules, and careful explanation of consequences.

When working with children in the schools, you will need to set limits related to noise levels, behaviors, and materials. Although the counseling room should be a place where student clients can be open and explore their feelings, they cannot be allowed to deviate too far from established rules, disturb surrounding classes, or destroy school property. Establishing clear boundaries helps children know the expectations for acceptable behavior, allows them to learn interpersonal responsibility, and keeps them safe (Landreth, 2002; O'Connor, 2000). (See Chapter 9 for an expanded presentation of limit setting.)

Working With Adolescents

Although adolescents are more linguistically similar to adults, aspects of their social, emotional, and cognitive stages present unique challenges to the professional. As with children, there is more unpredictability in the therapeutic relationship with an adolescent, and the professional should be prepared to use a wide range of therapeutic approaches. The professional will want to work quickly to build a strong therapeutic relationship in order to keep the adoles-

It is important that you do not try to sound "hip" by using terms that are not part of your regular vocabulary, unless you are quoting the client.

cent engaged (Weiner, 1992). One strategy for building rapport includes helping the adolescent feel at ease by explaining what to expect and clarifying any misperceptions. We do not recommend long periods of silence to formulate a response or to allow the adolescent time for reflection during earlier sessions. Be sensitive to nonverbal behaviors that help you identify the underlying

affective state (e.g., eye rolling, setting back, crossing arms, tensing body). Some knowledge of current fads, trends, and lingo may also be helpful in the early stages of building a relationship.

We also do not recommend the use of a lot of probing about deep personal feelings or challenging the adolescent to explain misbehavior as this type of interaction may increase a student's resistance. You will want to avoid the use of "why" questions as individuals typically cannot explain their behaviors and this type of question can create defensiveness. Instead, explain your thoughts explicitly, phrase questions concretely, and in general, use a genuine, direct approach. Your therapeutic approach will "look" more spontaneous and conversational. This type of approach also communicates that you like and accept the adolescent (Prout, 2007).

In your work with adolescents, Prout (2007) recommended that you find a balance between dependence and independence. That is, adolescents should not be treated like children, nor should it be communicated that they are free to make all of their own decisions. Also recognize that the adolescent client will likely be curious about you and your attitudes and opinions. Be willing to share, but cautiously (e.g., only if directly asked or using it to explore or open a new area). In this example, the school counselor shares a little bit about her experiences as an adolescent as she believes it will help her student client tell her own story.

Lydia: I don't like it at this school. All the kids here are mean to me.
School

Counselor: The change to this school has been tough, and the students here don't seem very friendly to you.

Lydia: They aren't. I try to ignore them, but I feel so left out. I've even started hanging out with the kids who smoke just because they'll talk to me.

SC: [attentive and nodding]

Lydia: Yeah, I mean, I know it's stupid. Have you ever smoked?

SC: Hmm, well, yes, I did try it a couple of times, but I didn't like it. I'm wondering if that is something you have been thinking about so you can fit in with the other kids who smoke.

Lydia: Actually, I have started smoking, and I know it's dumb.

The school-based professional was brief in her response and immediately returned the focus back to Lydia. In other situations, the professional helper may decide not to disclose information to the student as in the case that follows.

David (a ninth-grade student):

I know why you've called me down here. My grades are in the toilet, and my mom probably called you.

School Psychologist:

It sounds like you have a pretty good idea about why you are here, and you're not too happy about it.

David:

Well, it's so stupid. My mom and dad stopped me when I came home the other night, and they got all mad because they said I smelled like beer. I mean, what's the big deal? Everyone drinks beer. They grounded me for two weeks.

SP:

You're angry with your parents for grounding you and don't believe it is fair because it seems like other kids drink beer as well.

David:

Yeah, I mean, didn't you drink beer when you were my age?

SP:

You're wondering whether that's something I did as well. I'm guessing that if I said I had, you'd feel even more certain that your parents were wrong.

David:

Maybe. I guess I know that they're not wrong, but I just feel like they treat me like such a baby.

Through your interactions, try to determine the motivation behind the question. Sometimes students ask questions because they want to know whether their own experiences are "normal." In other instances, as in the case with David, the student may not really want to know the answer to a question. It is simply a way to deflect attention from a difficult conversation. It is also important to remember that although you are legally obligated to keep information confidential, your student client is not. Do not disclose information that would be harmful to you as a professional if it were to be shared publicly. We provide additional guidelines on using self-disclosure in Tour 3 of the *Practice and Application Guide*.

The dynamic nature of development in children and adolescent populations can create a unique challenge for school-based professionals. With minor modifications, counseling skills can be used effectively with students of all abilities and grade levels. School-based professionals will want to take time to understand the ways in which children interpret their world in order to effectively communicate, build strong relationships, and enlist environmental supports.

Activities

1. Practice introducing the role of the counselor to a 6-year-old, a 10-year-old, and an adolescent. How does your vocabulary change?
 - a. How would you define counseling for a very young child?
 - b. How might you address an adolescent's challenge that you are someone who will side with the school or with his or her parents?
2. Using information from the vignette, describe the contextual influences affecting the child's current functioning.

Caleb is an active, sensitive six-year-old who has just moved with his mother to a small apartment near his new school. After years of loud, intense arguing, his mother and father recently divorced, and he is now living with his mother who has taken two jobs to make ends meet. The family had lived in a stable, middle class neighborhood, but Caleb and his mother are now living in an impoverished area of town where he is not allowed to play outside. Caleb also has limited contact with his father who has moved to a new state. Because of his mother's jobs, Caleb spends the majority of his days in the care of others. He attends school during the day and then is at the day care provider into the evening hours as well as all day Saturday. Caleb's behavior at home and school has become progressively more difficult. He is aggressive toward his peers, and when reprimanded, he begins to cry. At home, he is defiant and angry toward his mother. His mother has not been able to attend any meetings with the teacher and has asked the school not to call her at work because she is afraid of losing her job.

3. Role-play strategies for how you might address difficult personal questions. Examples might include the easier ones often asked by children ("Do you have children?" "Are you married?") or the more difficult questions

posed by adolescents (“Have you ever tried _____?” “Did you have sex before you were married?” “Are you gay?”).

Journal Reflections

Reflection #1

Think about your own development. What do you remember as the most difficult time and why?

Reflection #2

Students will come to you with many ethical and moral dilemmas such as whether to share something with you that a friend told them in confidence or whether they should talk to their parents about birth control. How do you make your own decisions when faced with morally challenging issues?

Reflection #3

Consider the developmental age of the student clients with whom you will work. What will be some of the specific challenges for you and why?

Electronic Resources

Child Development Institute: <http://childdevelopmentinfo.com/index.shtml>

A Family Guide to Keeping Youth Mentally Healthy and Drug Free: <http://family.samhsa.gov/main/about.aspx>

National Institute for Child Health and Human Development: <http://www.nichd.nih.gov/>

National Institute for Mental Health: <http://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/index.shtml>

Print Resources

Doll, B., & Cummings, J. (2008). *Transforming school mental health services: Population-based approaches to promoting the competency and wellness of children*. Thousand Oaks, CA: Corwin Press in cooperation with the National Association of School Psychologists.

Doll, B., Zucker, S., & Brehm, K. (2004). *Resilient classrooms: Creating health environments for learning*. New York: Guilford Press.