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HISTORICAL AND CONTEXTUAL TRENDS IN COUNSELING CHILDREN AND ADOLESCENTS

Guiding Frameworks

Catherine Tucker

Knowing that we can be loved exactly as we are gives us all the best opportunity for growing into the healthiest of people.

—Fred Rogers

If you don't know history, then you don't know anything. You are a leaf that doesn't know it is part of a tree.

—Michael Crichton

INTRODUCTION

Readers of the second edition of this text are entering the helping professions in a time of great social and geologic upheaval. Events during the past few years, such as COVID-19; the Syrian, Central American, African, and Myanmar refugee crises; abrupt changes in the social safety net in the United States, the United Kingdom, and elsewhere; and unpredictable and often violent changes in weather patterns have both created and uncovered mental health needs on a scale no one imagined even a decade ago. Counselors working with children and families today are on the front lines of a struggle facing the majority of the global human population to locate a new sense of normality and security, even as structural and systemic inequities are exposed and demand to be addressed.

The U.S. Centers for Disease Control and Prevention's publication, *Morbidity and Mortality Weekly*, recently published an article on the alarming state of decline in the mental health of the nation's youth. According to the authors of the introductory article in the special edition, over 20% of US residents under the age of 18 report significant symptoms of mental health concerns, while fewer than one in ten children in need of services receive them. Numbers are even lower among marginalized groups (Shim et al., 2022). The situation is so dire that the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association recently issued a joint declaration of a national emergency in child and adolescent mental health (American Academy of Pediatrics, 2021). The soaring rate of youth suicide,

paired with growing recognition of the harms done by continuing and worsening systemic racism, poverty, and trauma, prompted these organizations to advocate to the federal and state governments for vastly increased funding for mental health prevention and therapy services.

Counselors are facing large and growing caseloads comprised of parents who are struggling to explain societal and environmental changes to their children, and children and adolescents who are struggling to understand these new circumstances, and often, how all of it will impact their own futures.

All of this upheaval comes on the heels of a science-informed sea change in our understanding of how trauma impacts human growth and development. In the years 2000–2015 or so, contributions by researchers and clinicians such as Bruce Perry, Stephen Porges, Bessel van der Kolk, Ed Tronick, Dan Siegel, and many others drastically altered our understanding of brain development and functioning. Discoveries regarding the role of early attachments in the development of identity, the individual and environmental mechanisms that mitigate or aggravate early traumatic experiences, the process of change in the adolescent brain, and other crucial discoveries involving interpersonal relationships and the development of the brain and nervous system have shifted the paradigm for helping professionals perceive, diagnose, and treat mental health challenges.

This new paradigm in the world of counseling signals the need for a change in how we think about and help people solve problems. For example, we now know that the brain can and does grow and change over the life span, not just during the first few years of life. We know that the brain changes structurally and functionally when confronted by stress and trauma (Milani et al., 2017) and again when the effect of traumatic experiences is resolved through counseling and other empathetic relationships (van der Kolk, 2014).

This text is written with the intention of weaving together the most recent findings from neurobiology with established developmental theories, theories of counseling, and social-historical context to provide the reader with a comprehensive foundation from which to build a solid practice in counseling young people in schools and clinical settings during a difficult period in world history. The theories of counseling or development may be familiar to some readers, but the inclusion of that material against the backdrop of the current geopolitical climate, new scientific discoveries, and a broad view of multicultural applications is, we believe, a unique contribution to the literature at this point in time.

In this introductory chapter, we introduce some of the ideas and philosophies underpinning this book and focus on some of the major social and historical problems young people have faced in the United States since its founding. We do acknowledge that myriad global issues affect children and families and are extremely important for counselors to understand. Though we will address issues of working with children of various backgrounds who live in the United States, we do not have enough space in one book to adequately cover all issues for counselors in all parts of the world. If you are a counseling student who lives in another country, or has recently come from another place, we hope you will do your own research to find out about these key issues and histories there. We also hope that our readers in the United States will take opportunities to learn more about systems of mental health care, education, labor practices, and child protection in other countries, especially when working with people who are immigrants

to the United States. Throughout the text, we hope to provide meaningful resources related to multicultural counseling with youth and opportunities for personal reflection on your multicultural competencies.

The final section of this chapter concerns our ideas on what issues are emerging in the United States that may impact your career as a counselor working with young people. Again, this section could easily be a book on its own, and we hope some of the ideas we present will inspire you to continue learning about the topics after you finish reading this book. Our hope for you, as a counseling student, is that you find in this text the inspiration you need to relate confidently to young people as well as to gain the knowledge and the tools to help them succeed.

After reading this chapter, you will be able to

- explain why an understanding of social, cultural, and historical context is crucial for professional counselors;
- describe to colleagues how the key issues of child labor, education, and child protection have changed over the past 200 years in the United States;
- tell others why a strong understanding of both developmental theory and neurobiology is crucial to effective work with young people in counseling;
- point out current issues impacting counselors working with young people; and
- reflect on current trends in youth mental health that may impact your future as a counselor

COUNSELING YOUTH: A DEVELOPMENTAL AND MULTICULTURAL PERSPECTIVE

Counseling children and adolescents is an important specialization area for counselors. The perspective we take in this text is that children and adolescents constitute a distinct, heterogeneous group deserving of separate study. The counseling needs of children and adolescents are unique relative to adults (Vannucci et al., 2019). In our experience as clinical supervisors and counselor educators, many counseling students graduate without enough preparation in counseling this distinct population, even though most counselors work either directly or indirectly with young people during the course of their careers. A quick search of the national directory of Council for Accreditation of Counseling & Related Educational Programs (CACREP) accredited master's level programs in counseling shows that most (nine out of 10 randomly chosen clinical mental health counseling programs and six out of 10 randomly chosen school counseling programs) do not require specific coursework in counseling children and adolescents. All programs do require some coursework in human development and in counseling diverse populations, but it is not clear how many of these courses directly address theoretical and practical issues of working with young people (CACREP, retrieved August 27, 2014 from <http://www.cacrep.org/directory>). A repeated search of programs

with eight-year CACREP accreditation in April 2020 revealed almost identical results. Programs do not have to offer a specific course in child and adolescent counseling (<https://www.cacrep.org/accreditation/>) and none of the clinical mental health programs reviewed listed such a course as a requirement.

Case Illustration 1.1 helps to illustrate why counseling children and adolescents is a unique specialty area. In this real-life example, note how the children manifest emotional difficulties in ways that differ greatly from adults.

CASE ILLUSTRATION 1.1

The purpose of this case illustration is to give the reader a real-life example of one way in which children manifest emotional difficulties in ways that differ greatly from adults. Being able to apply what you know about human development is critical in working with children and adolescents. Using what you know about developmental theories, explain the different reactions to grief expressed by each boy.

Stephon, 14, and his brother, Marcus, 5, have both recently experienced the death of their grandfather. Both boys were very close to their grandfather and are very sad and angry about his death. Consider the differences in how each boy, due to developmental stages, grieves for this loss.

Immediately after Grandpa's funeral, Stephon becomes withdrawn. His parents rarely see him except at meal times, when he picks at his food. At other times, he stays in his bedroom, playing online video games or reading. He has not asked to go out with friends much lately and appears to be tired and irritable when he's interacting with the family. When his mom asks if he's ok, he often replies, "I'm fine, leave me alone. You don't get it." Meanwhile, Marcus has become much more anxious and clingy. His parents report that he is now "Always right under us," which is a change from his previous outgoing nature. Unlike his older brother, Marcus is often emotionally more expressive than usual, with frequent bouts of tears and a recurrence of toddler-like tantrums over minor frustrations. His teacher reports that Marcus often "daydreams" and gets into a lot of arguments with school friends.

Regardless of the setting they are in, counselors' use of specific counseling techniques and interventions, that are appropriate and established for use with widely different groups of children and adolescents, are important to learn about and practice. One of the foundational research studies that lead us to this conclusion is the landmark Adverse Childhood Experiences (ACEs) studies. The ACEs examined data from 17,000 adults from a wide variety of backgrounds across the United States. Participants were asked questions about their current health status and about various experiences in earlier life. To the great surprise of the researchers, a very strong correlation was discovered between negative early life experiences such as having a parent in prison, being hurt by a caregiver, or spending time in foster care and experiencing a wide range of negative mental and physical health outcomes as adults (Felitti et al., 1998). Dozens of follow-up studies have been done with these data, all of them finding more links between a high number of ACEs and negative life outcomes. The ACEs research clearly shows that when children are subjected to trauma, there are very often serious negative outcomes for them as

adults, making childhood trauma one of the largest public health threats we face. Fortunately, the ACEs research also shows that prevention of or effective early intervention for trauma can reduce the risk of negative outcomes in adulthood (CDC, 2020). This evidence makes clear the need for counselors to be educated about intervening with families and children with high ACEs scores to prevent or mitigate the ongoing negative impact of those experiences on the well-being of the public.

In addition to understanding brain development and developmental theories, counselors are expected to understand how to work across the life span and to be able to work with a wide variety of types of clients from diverse backgrounds and presenting problems (ACA, 2014). It is important to add here a caveat that established developmental theories can have limited applicability to minoritized youth. Therefore, counselors may unintentionally pathologize or problematize behaviors that can be better understood from a cultural lens (Coll et al., 1996). Understanding child development from a cultural lens includes examining power and oppression within the context of intersecting social systems or intersectionalities (Collins, 2019). To be effective helpers to youth across diverse backgrounds, counselors should consider how race, class, and gender impact youth's experiences and development. Counselors must also be open to exploring their own identities and life experiences in a way that helps them build cultural humility, empathy, and to develop cultural competencies in their work with clients across the life span and cultures (ACA, 2014). In Chapter 3, a critical lens for examining child development is covered in much more detail, and these culturally responsive concepts are revisited throughout the remainder of this text.

In order to comply with ethical standards, counselors are expected to know and employ evidence-based practices. In a general sense, this implies that counselors should use strategies that have been thoroughly researched and tested for effectiveness across diverse groups (Marquis et al., 2011). The shift away from using techniques created on the spot for individual clients, or using techniques the counselor likes, and toward the use of evidence-based and culturally responsive practices requires that counselors continue reading professional journals, attending continuing education events, and continually updating their skills as new evidence emerges (Chorpita et al., 2014). Although it is possible to integrate evidence-based approaches with emerging or creative practices, this should be done intentionally, with an eye toward building evidence that these practices are also effective (Chorpita et al., 2014) and inclusive (Marquis et al., 2011).

The implementation of evidence-based practices remains uneven across states and agencies in the United States in 2020. Factors include support from administration, availability of training and research journals, and how much their graduate education emphasized the need to use interventions guided by research (Becker-Haimes et al., 2019). Recent changes in the structure and functioning of federal programs, such as the elimination in 2017 of the National Registry of Evidence Based Programs and Practices (NREPP), may also play a role in the lack of implementation in some systems of care (Green-Hennessy, 2018).

Although children may differ greatly from each other, they also differ greatly from adults within their own cultural groups developmentally and in terms of relative power in society (Axline, 1969). Children and adolescents process information, express ideas, and behave

differently from adults. Thinking of children and adolescents as a specific subset of a population assists clinicians in viewing their young clients different from themselves in critical ways, triggering the clinician to conceptualize the counseling relationship as occurring between members of different groups, even if the counselor and client share racial, ethnic, gender, and social class identities. It is our belief that considering children and adolescents in this way will help counselors, especially those new to the field, to keep these key differences in mind.

In Guided Exercise 1.1, you are asked to explore how human development impacts common daily chores and activities.

GUIDED EXERCISE 1.1

As children grow and develop, they are normally granted more freedom and power. Consider the following activities and at what age you remember first doing them. Do you think you were ready developmentally for the task? Would you allow a child of that age to do the activity? Why, or why not (using developmental theory to back up your answer)? Discuss your answers with classmates, noting cultural differences that may arise.

1. Use a gas-powered lawn mower without supervision
2. Stay at home alone for an hour
3. Walk alone to a friend's house in the same neighborhood
4. Use the stove unsupervised
5. Babysit a younger child

We also believe that in order to best understand how to work with any given population of people, counselors need to know at least the basic sociohistorical context from which that population is emerging. Without studying the past, we are less able to understand the present.

SOCIOHISTORICAL CONTEXT OF CHILDHOOD AND CHILDREN'S MENTAL HEALTH CARE IN THE UNITED STATES

Though parents throughout our history have cared for, loved, and done their best to raise their children according to the best wisdom of their times, the treatment of children within the context of the legal and social welfare systems has been inconsistent at best (Brenner, 1970). The primary legal responsibility for the care of minors has generally rested with the adults in their immediate families. However, society and its legal institutions have long played a role in protecting children considered to be dependent on the state, either because the family was too impoverished to care for them, parents died, or there was caregiver abuse or neglect (Myers, 2004).

The following four issues are central to the understanding of the social and historical context of childhood in United States. Education, child labor, child abuse and neglect, and

children's mental health care are all critical components of a modern society that hopes to raise children who are capable, emotionally stable adults later in their lives.

Education

In the early years of the colonial United States, most education was driven by colonists' interest in ensuring that their children could read the Bible for themselves, an important goal for reformed Protestant believers (Cook & Klay, 2014). Many of the early colonists favored basic education, at least for boys, but were not always successful in providing it to all children due to lack of teachers, books, and space. The first colony to legally require every town to educate its children was Massachusetts, which passed a law in 1647 mandating that every town of more than 50 people have a functioning school (Brackemyre, 2015). This law was not always implemented and was not adopted in all colonies.

After the Revolutionary War, both George Washington and Thomas Jefferson lobbied Congress to pass laws requiring all children to be educated (Reisner & Butts, 1936). Both Washington and Jefferson, among other founders, believed strongly that a democracy's success rested on having a voting public, comprised of free White landowning men, who appeared to be able to read and reason well enough to make informed decisions at the polls (Cook & Klay, 2014). However, multiple attempts at passing a federal education law failed in the years following independence due to lawmakers' insistence on local control of education statutes. As a result, some states, such as Massachusetts, passed strong educational laws, while other states deferred to private educational enterprises (Reisner & Butts, 1936). Jefferson's Act to Establish Public Schools finally passed Congress in 1796 in a highly edited form (Brackemyre, 2015) but did not have a strong mandate to force states to comply. As a result, many states continued to consider education to be a private enterprise and did not establish public schools until well into the next century (Reisner & Butts, 1936). Churches, charities, and home-based schools educated the majority of U.S. students until the mid-1800s (Mintz, 2012). By the 1840s, education was more accessible, at least for White families (Mintz, 2012). Parents who wanted their children to attend school had to enroll them and pay tuition. Families whose children were in school all day also lost the labor the children might have provided, often making schooling impractical for struggling families (Walters & James, 1992). Even families who could afford schools often had limited options for their daughters, as many schools did not accept girls (Graham, 1974). There were some excellent private schools for girls, but they were often expensive and difficult for many families to access (Graham, 1974). Children of slaves were specifically barred from schooling, as educating slaves was illegal in most southern states prior to the Civil War (Anderson, 1988). Only in 1918 were all states required to provide free compulsory elementary education for all nondisabled children, even though all states had public elementary schools by 1870 (Graham, 1974). Children with disabilities were not always afforded equitable opportunities in education until Congress passed the Individuals with Disabilities Education Act (IDEA) in 1975 (Walters & James, 1992). This means that until 1918, children in some states were not required by law to attend school, and that until 1974, not all children with disabilities were guaranteed a free and appropriate public education.

Schools varied greatly in quality of instruction and in the racial and gender makeup of the students they served (Herbst, 1996). Some public schools remained segregated by gender and/or race until the 1950s or even later (Graham, 1974). Secondary education evolved somewhat later in the United States. In 1940, only half of U.S. 18-year-olds had a high school diploma (Herbst, 1996). Today, 90% of U.S. citizens are high school graduates (U.S. Census Bureau, 2017).

However, today achievement opportunity gaps still exist for students in inner cities, who come from low-income families, males, and students of color as compared to their wealthier and White peers (de Brey et al., 2019). Until the underlying issues of structural racism and income inequality are openly approached on a national level, it is likely that large gaps in reading and math achievement scores will continue to exist between race and income groups in the United States. Some states and districts have made notable strides in closing these gaps, but nationally, little has changed since 2000 (de Brey et al., 2019).

What has changed dramatically is that children in 188 countries, or 90% of all learners globally, are not attending school as usual due to the COVID-19 pandemic (Lee, 2020). The impact of this large-scale suspension of in-person education will likely unfold over years, but we do know that according to “a survey by the mental health charity YoungMinds, which included 2111 participants up to age 25 years with a mental illness history in the UK, 83% said the pandemic had made their conditions worse. 26% said they were unable to access mental health support; peer support groups and face-to-face services have been cancelled, and support by phone or online can be challenging for some young people” (Lee, 2020). School is often a key place of safety, nutrition, and social support for students in addition to being a site of learning. Counselors need to be attuned to changes in the mental health of youth due to the removal of this important support in the months and years following the pandemic.

Current Issues

Schooling is an important part of young peoples’ lives. In the following section, we explore in greater detail a selection of a few of the important current policy issues in education. Please consider that policy issues can change quite a bit very quickly, so it is important to follow multiple credible news sources to stay current.

An Opportunity Gap in Academic Achievement

According to the National Education Association, “The term ‘achievement gap’ is often defined as the differences between the test scores of children from minority groups and/or low income students and the test scores of their White and Asian peers. But achievement gaps in test scores affect many different groups, and reflect gaps in opportunity. Some groups may trail at particular points, for example, boys in the early years and girls in high school math and science. Differences between the scores of students with different backgrounds (ethnic, racial, gender, disability, and income) are evident on large-scale standardized tests. Test score gaps often lead to longer-term gaps, including high school and college completion and the kinds of jobs students secure as adults” (NEA, n.d.).

Counselors, in both school and clinical settings, can be important agents of change in the national effort to reduce these gaps in opportunity. However, school counselors are in an

advantaged position to do so. School counselors can use student data to inform how to best use their time for interventions to help close these gaps. For example, a high school counselor can sort the student database to find honor roll students who are on free or reduced lunch and offer those students additional guidance on applying for college and completing financial aid applications. An elementary school counselor might look at state achievement test data to find out how well or poorly students in first-year teachers' classrooms are scoring and offer additional support to the teachers the following year, as needed. School counselors should be on all school leadership teams that make decisions about grouping children, assigning teachers, and allocating assets because counselors often know critical "behind-the-scenes" information about individual or group student and teacher strengths and weakness, and they are trained to use data to inform decision-making. The National Education Association offers many articles on its website to assist counselors in developing strategies to reduce gaps between groups (NEA, 2020).

Education for Children Whose Families Have Immigrated

Immigration policy has been a contentious issue in the United States over the past several years. As the United States has enacted more and more restrictive immigration policies, armed conflicts in Central America, the Middle East, Africa, and Southeast Asia have created a global crisis of displacement for millions of people. According to the United Nations High Commission on Refugees (UNHCR, 2020) in June 2019 there were 70.8 million forcibly displaced people. The majority of these, about 41.3 million people, remain in their home countries in refugee camps or resettlement programs. 25.9 million are refugees fleeing their home countries, and about half of these are children under the age of 18. This is the largest recorded number of displaced people in human history. Most of the displaced people are from Syria, Afghanistan, or South Sudan, and the countries receiving the most refugees are Germany, Pakistan, and Turkey.

Compared to the overall global picture, the United States receives relatively few refugees (UNHCR, 2020). Most immigrants to the United States are fleeing armed conflict and violence in Central and South America, with a sharp uptick in children coming into the country without adult accompaniment (UNHCR, 2020). Many states, including most of the states that border Mexico, have attempted to limit the flow of immigrants into the United States by means of building walls, adding more border patrol agents, and separating children from their families at the border. Inhumane conditions during the journey to the US border and inhumane care by US immigration enforcement agencies can be equally traumatizing, with an overall impact of children entering school in the United States feeling very overwhelmed, frightened, and unwelcome (Tello et al., 2017). Schools and school counselors can play a key role in helping newly arrived children and families to feel safe and to develop a sense of belonging in the United States by offering outreach services in more than one language, hosting new student groups, and linking families to social services in the community.

In 1996, the federal government passed a law barring undocumented immigrants from receiving in-state college tuition (Chen, 2011). Some states have amended their laws to widen immigrants' access to higher education, mostly by making it possible for them to register as in-state students if they meet certain requirements, such as having lived in the state for a certain number of years (Chen, 2011; Hooker et al., 2014). Other states, like Georgia, have allocated

resources to support educational achievement of children who have immigrated, regardless of their legal status, in the K-12 public schools. The argument for this approach is that the children of illegal immigrants are not to blame for their parents' choices, and if allowed to do so, can become tax-paying adults (Hooker et al., 2014). In a historic ruling, in July 2020, the U.S. Supreme Court stated that the Department of Homeland Security's case against the Deferred Action for Childhood Arrivals Act (DACA) was not proven, thereby extending the program (U.S. Supreme Court, 2020). This ruling means that children of illegal immigrants cannot be deported as long as they are enrolled in the program. Counselors should be aware of the laws in the states where they practice regarding health and educational resources for undocumented immigrants.

Special Education Issues—Race and Class

Closely related to the social justice issues and the opportunity gaps previously outlined, disproportionality of children who are receiving special education services by gender, race, and family income is a topic of much debate. The United States Department of Education and the Office of Civil Rights conducted a national investigation of school district practices related to discipline and special education placement by race, gender, and family income from 2011 to 2012 and from 2013 to 2014. The agencies had previously conducted limited studies of a sample of schools, but in 2011, they were given the power to require all schools in the United States to provide data (Office of Civil Rights, 2015). The study found startling discrepancies in the severity of punishment and the likelihood of special education placement for African-American, Hispanic, and multiracial males from poor families in many districts (Office of Civil Rights, 2015). Differential, and harsher, treatment of minority males begins in preschool and is consistently employed throughout the educational process. In Guided Exercise 1.2, you will take a closer look at the gaps in achievement levels in your own state, county, or city by referencing the Office of Civil Rights website: <http://www2.ed.gov/about/offices/list/ocr/data.html?src=rt>.

GUIDED EXERCISE 1.2

Use the Office of Civil Rights' website to look up data on your local school district. Are all children achieving equally where you live? If not, what role might you play in reducing the discrepancy? <https://ocrdata.ed.gov/DistrictSchoolSearch>

Trauma-Informed Education

In response to high levels of trauma in young people, groups of parents, teachers, and mental health professionals have worked to find practical methods for more effectively helping these students in the K-12 schools in recent years. Several professional organizations, such as Trauma Sensitive Schools, the Attachment and Trauma Network's Trauma-Sensitive Schools Initiative, and Trauma Aware Schools, now exist to provide support and training to educators. Multiple books, blogs, podcasts, and articles have been written to assist educators and mental health professionals in meeting the needs of students who have experienced trauma. Additionally, large national organizations such as the National Education

Associate and the American School Counselor Association (ASCA) offer resources on their websites to guide school staff members in creating more trauma-sensitive environments.

Although each of the organizations and individuals working in the area of trauma-informed schools has a slightly different take on the issue, they all generally agree on the following points:

1. Schools should actively work toward creating physically and emotionally safe environments for learning.
2. Trauma can make significant changes to the brain and nervous system that result in students having difficulty paying attention, attending class, and/or behaving in a compliant manner.
3. Students should be held responsible for their actions, but should not be punished for reacting to trauma.
4. Disciplinary strategies should promote prosocial learning rather than isolating or shaming the student.
5. Educators need to understand how trauma impacts the brain and nervous system. They should also be taught how to promote a felt sense of safety in their classrooms.
6. Multiple strategies to overcome the impact of adverse childhood experiences and support resiliency should be used. Some of the more popular approaches are mindfulness training, yoga, increased physical activity, and direct education about how trauma impacts the body and mind.

Child Labor Practices

No federal legislation regulated child labor in the United States until 1938, when Congress passed the Fair Labor Standards Act (FLSA) (Rauscher et al., 2008). The FLSA created limits on the numbers of hours per week minors could work and the types of work they could do. The FLSA has been amended many times since 1938 and now restricts minors to less than 40 hours of work per week during the school year and bans the employment of children under age 14, except in family businesses or on family farms, where child labor remains less regulated (Kruse & Mahony, 2000). Until 1938, many children worked 12 or more hours a day, 6 or 7 days a week, often in dangerous conditions for little pay.

Currently, federal and state laws are in place to protect minors from hazardous work, long hours, and abusive employment practices. Illegal work among some groups of minors has been dramatically reduced in the past century but does still occur, particularly in immigrant and minoritized populations living in financial distress. In 2018, 853 cases of illegal child labor were prosecuted in the United States (Bureau of Labor Statistics, 2018). It is a certainty that these numbers do not reflect accurately the number of children working in hazardous condition in the United States, especially undocumented immigrant children working on farms and in domestic service (Martinez, 2016; Servin et al., 2015). Children who are immigrant and undocumented and native-born runaways are also extremely vulnerable to enslavement in sex work or domestic service (Servin et al., 2015). LGBTQ youth, especially those leaving the foster care system without a permanent family care network, are also easy prey for traffickers (Erney & Weber, 2018).

Kruse and Mahony's (2000) research suggests that approximately 310,000 minors are in violation of labor laws either due to working excessive hours, in hazardous jobs, or under age each year in the United States. Children who have parents with less than a high school education appear to be much more likely than children whose parents graduated from college to report working too many hours or in hazardous occupations (Rauscher et al., 2008). The same study found significantly more African-American youth were working beyond allowed hours than were their White peers, meaning that although progress has been made in regulating child labor, it is certainly not a problem of the past, nor is it a problem that impacts all ethnic and social strata equally. More research needs to be done in order to verify the cause and effect between these demographic variables, over work, and negative academic and criminal justice outcomes, but it does seem that a conclusion may be drawn that counselors need to be extra vigilant in monitoring the work practices of at-risk youth in their care. One of the more interesting and interactive photographic archives will help you see the deeper issues of child labor in Guided Exercise 1.3.

GUIDED EXERCISE 1.3

1. The PBS news show *Frontline* produced a documentary on modern child labor trafficking in the United States in April of 2018. After watching *Trafficked in America*, consider the following questions: How is the Fair Labor Standards Act invoked with regard to children working? If you could amend the law and/or its enforcement, what three changes would you make?
2. How could policy makers balance the need for border security and the human rights of immigrant children in the labor market?
3. If you were a rural school counselor, what could you do to reduce the impact of human trafficking in your area? How would this be different if you worked in an urban center or suburb?

Child Abuse and Neglect

The rate of child abuse and neglect has always been difficult to estimate and was especially so prior to 1962 in the United States (Levine & Levine, 1992). During the colonial period, local systems of justice sporadically adjudicated cases regarding the mistreatment of children, but child abuse was generally considered to be a family matter and was dealt with inside the family or local community (this was also true for spousal abuse). Prior to the 20th century, most cases of abuse and neglect were never investigated by police or adjudicated in court, since no laws were violated. One exception was *Pletcher v. People*, 1869 (cited in Myers, 2004).

In 1869, an Illinois father was prosecuted for confining his blind son in a cold cellar in the middle of winter. The father's attorney argued that parents have the right to raise their children as they see fit, but the Illinois Supreme Court disagreed, writing that parental "authority must be exercised within the bounds of reason and humanity. If the parent commits wanton and needless cruelty upon his child, either by imprisonment of

this character or by inhuman beating, the law will punish him.” Even though most cases of child abuse were never prosecuted, signal cases such as *Pletcher* built important legal foundations for future trials. This case laid the groundwork for the legal punishment of abusive and neglectful care taking of minors in the United States for years to come. Though many mores and laws have changed, to a large extent, this strong sense of parental domain still exists in the US culture.

The *Pletcher* case and other well-publicized child abuse cases during the latter years of the 19th century eventually led to laws against child abuse and neglect. In 1912, the Federal Children’s Bureau was created to monitor and enhance child welfare on a national level, and by 1918 all but three states had juvenile courts, which were able to handle cases of abuse and neglect (Myers, 2004). During the late 19th and early 20th century, the responsibility for the identification and care of abused and neglected children fell largely to private charitable organizations, such as the New York Society for the Prevention of Cruelty to Children (NYSPCC; Levine & Levine, 1992). Interestingly, the NYSPCC grew out of an earlier society that protected animals from abuse (Myers, 2004). Although these organizations did enormous amounts of work on the behalf of maltreated children, they were not authorized to punish perpetrators of abuse or neglect.

It was not until the publication in 1962 of the article, “The Battered-Child Syndrome” (Kempe et al., 1962) in the prestigious *Journal of the American Medical Association* and its subsequent widespread media coverage that average people in the United States recognized the extent and seriousness of the problems of child abuse and neglect. Public outrage following the release of “The Battered Child Syndrome” led to legislation that both created government-run child protection agencies and pushed states to craft laws making child abuse and neglect criminal offenses (Myers, 2004). By 1967, all 50 states had laws that required medical doctors to report suspected abuse and neglect to child protective services (Myers, 2004).

Today, mandatory reporters include teachers, doctors, nurses, day-care workers, mental healthcare providers, and other professionals who work with children (Child Welfare Information Gateway, 2014). The creation of child protection agencies and laws to punish perpetrators of abuse and neglect has likely saved the lives of thousands, if not millions, of children over the past half century. Laws vary considerably between states, but all fifty do have child protection laws. Many agencies are severely underfunded, and turnover in social workers working with the most vulnerable families is problematic in most parts of the country. It is very likely that the quarantines and related economic problems that result from COVID-19 will spark more and more severe family violence. Counselors coming into the profession in 2020 and beyond will need to be well prepared to assist families with managing higher than usual levels of distress and trauma, especially following periods of stay-at-home orders due to COVID-19, which are important in quelling the spread of disease, but are also likely to increase the amount of interpersonal violence in distressed families. In Case Illustration 1.2, we examine a possible case of child neglect through the eyes of a clinical mental health counselor working at a community agency.

CASE ILLUSTRATION 1.2

Veronica is a licensed professional counselor at the local family services agency. One of her young clients, Mason, who is 6, often comes to his sessions looking tired. He always has dark circles under his eyes and sometimes rests his head on the table as they play or talk. Lately, he has been wearing shorts and t-shirts with shoes that appear to be too big, none of which will keep him from being chilly in the autumn weather of the Midwest. Veronica knows that Mason's mother is a young single woman who works two jobs to support herself and Mason. Veronica also knows that Mason's mom has a history of alcohol abuse and unhealthy romantic relationships. Veronica is concerned about Mason's well-being. What steps should she take next? Consult with your peers and professors to create an ethically appropriate answer.

Children's Mental Health Care

Although children in the United States are better educated and more protected than in past centuries, children's mental health services remain underfunded, understaffed, and underused (SAMHSA, 2012). Prior to the 20th century, children's mental health care was not addressed on a federal level in the United States (Jenkins, 2011). Children were not considered capable of having mental health needs until at least the early 20th century (Salmon, 2006). Mental health care for children in the United States was brought to national attention in 1982 with the publication of Dr. Jane Knitzer's report "Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services." This report highlighted the enormous unmet mental health needs of children in the nation (Community Action Network, 2010).

Even though the 1974 Federal Community Mental Health Centers Act earmarked \$20 million in federal spending for expansion of services for young people, Knitzer found that by the early 1980s, over two-thirds of children with mental health needs were not receiving appropriate services (Children's Mental Health Network, n.d.). One response to Knitzer's exposé of the crisis was the creation in 1984 of the Child and Adolescent Service System Program (CASSP) by the National Institute of Mental Health (Community Action Network, 2010). CASSP was given the task of both integrating children's services into existing mental healthcare frameworks and creating new services where none currently existed (Community Action Network, 2010). In spite of these efforts, unmet mental health needs remain in 2016, especially among low-income and minority children.

In the 2012 report "Behavioral Health in the U.S.," the federal Substance Abuse and Mental Health Administration estimates that 64% of children and adolescents who report symptoms of serious mental health problems receive treatment each year. This rate is lowest for adolescents who report problems with substance abuse, with only 12% reporting that they received treatment for the problem in the past year, while adolescents who report having attention deficit hyperactivity disorder (ADHD) report that about 60% have received treatment in the past year (SAMHSA, 2012). Although this is clearly a vast improvement over the treatment use patterns cited by Jane Knitzer in 1982, of the children and adolescents who reported receiving mental health services for any problem in the past year, most report six or fewer visits with any health professional, and the majority reported only receiving prescriptions for medication

with no concurrent counseling (SAMHSA, 2012). Having access to mental health care also differs across groups. For example, children from minority cultures, including sexual minorities, children in juvenile justice settings, and children in foster care generally experience more problems related to anxiety, depression, and trauma than children in other population segments (SAMHSA, 2012). However, these children are also perhaps the most underserved of all population segments in the United States in terms of counseling programs (SAMHSA, 2012).

CURRENT PERSPECTIVES ON CHILDREN'S MENTAL HEALTH CARE

The early part of the 21st century has seen a continuation of many long-time problems in children's mental health, including depression, anxiety, academic problems, developmental delays, substance abuse, and residual issues related to trauma. Although the mental health professions have made some progress in identifying and treating these disorders, the majority of children suffering from them are still not adequately treated (SAMHSA, 2012). Additionally, dramatic increases in the diagnoses of autism, bipolar disorder, and obesity (which is not in itself a mental health problem but which is certainly a public health concern and has been linked to increased incidents of depression, anxiety, and poor academic outcomes) bring new challenges to counselors working with young people in the second decade of the 21st century. Growing diversity in the U.S. population overall also adds new layers of nuance to the training needs of mental health professionals, a goal prominently stated in the 2002 New Freedom Commission on Mental Health report (U.S. Department of Health & Human Services, 2003).

Advances in what we know about the structure and functions of the developing brain have also led to dramatic increases in our knowledge of the mechanisms of mental health problems (Perry, 2005; Schore, 2012), but problems with access to services cause long delays between the onset of problems and the initiation of treatment (SAMHSA, 2012). One of the greatest challenges, therefore, to the mental health of children and adolescents in the United States in the 21st century may be related to efficient and equitable delivery of services as well as knowing how to intervene. In Guided Exercise 1.4, you are directed to locate resources you may need in your career as a counselor.

GUIDED EXERCISE 1.4

Make a community resource guide for your local area. List all relevant human services agencies you might refer clients or students to, including counseling services for people without health insurance, domestic violence shelters, alcohol and drug addiction facilities, hospitals, child abuse and neglect hotlines, and other important resources. When you complete the list, consider how easy or difficult it might be for a family with a low-income in your area to obtain services, especially if they do not have their own transportation. What barriers do you see?

FUTURE TRENDS

Counseling Youth and Other Counseling Specialties

One of the most active research areas in child and adolescent counseling focuses on tailoring intervention for young people. In keeping with trends in counseling, it is important to be aware of increasingly new and effective approaches to the counseling experience for this unique population. Children and adolescents are extremely active participants in determining what they learn and how they understand their environment. Play therapy has become a powerful approach used by counselors to bring about changes in child behavior. A large and growing research base suggests that play therapy is effective with children from a wide variety of cultural backgrounds and with a wide variety of problems (Ray, 2015). Play therapy establishes an interpersonal process where counselors use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development (Association for Play Therapy, n.d.; Blanco et al., 2012; Lin & Bratton, 2015). The Association for Play Therapy added a statement of evidence-based practice outlining the research conducted on the use of play in various forms. You can access the statement on the APT website at <http://www.a4pt.org/?page=evidencebased>. In the fall of 2015, a group of play therapy researchers applied to the National Registry of Evidence-Based Programs and Practices (NREPP) for inclusion on the registry. Although NREPP was eliminated in January of 2016, child-centered play therapy's inclusion on the registry was an important milestone in the evolution of the approach.

The creative experience is a crucial component of any child's education, fundamental for healthy development (Glassman & Prasad, 2013). Perhaps it is not surprising, then, that counseling youth requires a substantially different approach compared to counseling adults. Another example of innovative development in the area of counseling specialties is the expanding use of art therapy. Art therapy can be effective in improving child self-esteem, self-direction, and prosocial behaviors. Studies show that the use of expressive arts significantly impacts children's engagement and response level during the counseling relationship, ultimately producing more effective and successful sessions (Howie et al., 2013), both vital for counselors to be aware of as the profession begins to face great changes in functionality within a new healthcare system.

Changes in Access to Mental Healthcare

The Affordable Care Act (ACA) included provisions for reforming how medicine, especially for Medicare/Medicaid patients, is accessed. In the wake of these changes to federal healthcare law, mental health services were covered along with nine other essential provisions for all policies sold on the federal exchanges (Mechanic, 2012). As a result, there is a push toward counselors working in integrated health practices alongside family physicians and nurses as this model is encouraged by increased federal funding (Mechanic, 2012). School counselors may notice that more of their students are able to access health care and health insurance, allowing more of them to use the counselor's referral to outside care. Older adolescents and transition-age youth also benefit from the rule outlawing insurance companies to deny coverage to people with preexisting

conditions and the rule allowing children to remain on their parent's employer-based insurance plans up to age 26 (Mechanic, 2012). Although this set of laws continues to be challenged at the federal and state level, changes have been made in how counselors and other mental health professionals handle the financial and documentation aspects of their jobs. The public conversation regarding access to health care is ongoing, and will continue to impact access to mental health care for children and families in the foreseeable future.

Impact of Systemic Inequalities

The impact of systemic inequalities for minoritized groups in the United States (and internationally) was brought into sharp focus during the same time as the world was dealing with the COVID-19 pandemic. Structural racism and other inequities have been documented for decades across many social systems, including education, housing, healthcare, and the justice system (Aspen Institute, 2005). However, the COVID-19 pandemic starkly revealed health disparities among minoritized communities (CDC, 2021). Concurrently, recent media attention related to violence against people of color, most prominently among Black Americans such as George Floyd, Breonna Taylor, and Ahmaud Arbery to name only a few, and a surge of violence against Asian people, has highlighted the historical and ongoing racial trauma faced by many people in our society. With heightened societal awareness related to systemic inequities and racial trauma specifically, the mental health community is on notice to consider its impacts on youth and families (American Psychological Association [APA], 2021; Kelly et al., 2020; Singh et al., 2020). With the collective traumatic experiences related to COVID-19 pandemic and its effect on children's well-being and academic outcomes, and increased awareness racial and other systemic inequalities within the public's view, there seems to be a trend toward improving the scope and quality of mental health services in schools (APA, 2021). Further, in the wake of the pandemic lockdowns and sudden shift to online mental health service delivery, new challenges emerged for creating effective digital and telehealth resources for youth that are equitable (APA, 2020; Jeffrey et al., 2020).

Looking forward, counseling professionals will be expected to advocate for minoritized groups who face systemic inequalities and to actively promote antiracist strategies for youth in schools and clinical settings. Increasingly, counselors and other mental health providers will be called upon to actively work against structural racism in the institutions and communities in which they work, to examine their own biases, and to be part of a call to action to empower young people and their support systems who face inequities. For counselors working with children and adolescents, advocacy efforts include conceptualizing how racial trauma affects people and systems, and helping families when their children face unjust treatment at school and within the community (Kelly et al., 2020). Chapter 8 addresses levels of advocacy for families more specifically.

Counselors can act to address systemic inequalities in many ways (Stone, 2020). Though these actions are proposed for school counselors, they have relevance for counselors in all settings.

1. Help young people understand the concept of social justice and mutually respect each other.
2. Be a voice to inspire passion for systemic change in schools and in the community.
3. Educate school children with antiracist curricula to bring about needed change.
4. Facilitate dialogue on the topics of race, justice, and equity.
5. Make connections with community members and create space for groups to vent frustration with race relations.
6. Build allies among others who feel the urgency for change, but do not ignore those who resist change.
7. Provide culturally sensitive ways for parents to engage in creating a safe school and community.
8. Be BOLD in putting social justice in action for our children's future.

More Discoveries From Neuroscience

New and increasingly effective treatments for trauma and other problems are likely to emerge from ongoing research. Methods for educating students who come to school with traumatic life histories or other problems that may lead to behavioral issues at school have already started to emerge from recent findings, making brain research highly relevant for school counselors (Báez et al., 2019).

The U.S. federal government began a new, large-scale push to fund more research on the human brain in 2013. The ultimate goal of this project is to create a map of the human brain similar to that of the human genome (National Institutes of Health, 2014). Many scientists from diverse agencies such as the U.S. Food and Drug Administration, Defense Advanced Projects Research Agency, and National Science Foundation are working with the National Institutes of Health to grant funding to promising projects in neuroscience labs across the United States. Then, in 2015, the National Institutes for Mental Health (NIMH) set four overarching focus areas to guide the next five years of its research and outreach work. These areas are: Goal 1: Define the brain mechanisms underlying complex behaviors, Goal 2: Examine mental illness trajectories across the lifespan, Goal 3: Strive for prevention and cures, and Goal 4: Strengthen the public health impact of NIMH-supported research. Updates on progress in these areas can be found on the website of the NIMH: <https://www.nimh.nih.gov/about/strategic-planning-reports/index.shtml>

In Guided Exercise 1.5, share your own vision for future trends in counseling children and adolescents.

GUIDED EXERCISE 1.5

Discuss future trends in counseling children and adolescents with your peers and professors. What are ways in which you see mental health care for youth evolving over the next 5 years? Over the next 10 years?

Share your “why.” Why do you want to join the helping professions? What are some ways you see yourself working with youth and creating change in their lives? What do you see as the promise and pitfalls of doing this work? As a future mental health professional, how will you prepare yourself for these challenges? How will you work to create change for diverse youth and their families?

COUNSELING KEYSTONES

- The concepts of childhood and adolescence as special, separate, and protected is new relative to many ideas about the progression of the stages of human life.
- Young people in the United States have only recently been protected by the government from abusive labor practices, substandard caregivers, poor or nonexistent educational opportunities, and other threats to their health and well-being.
- We still have a long way to go to reach the ideals of safe and healthy childhood and adolescence for all children in the United States.
- Appreciating differences in development and social power can help counselor better relate to young people, especially when the counselor and client are from different backgrounds.
- Children and adolescents are not small adults. Counselors working with these populations need special skills, especially strong backgrounds in developmental theories.
- Counselors in all settings can be powerful advocates for change in the lives of young people.
- The COVID-19 pandemic is likely impacting young people in ways we may not fully understand for years. Counselors must stay current with research on the long-term impacts of these events.

ADDITIONAL RESOURCES

Online

American Counseling Association Anti-Racism Toolkit: <https://www.counseling.org/docs/default-source/resources-for-counselors/anti-racism-toolkit.pdf>

Association for Play Therapy: <http://a4pt.org>

Centers for Disease Control and Prevention: ACE study: <https://www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/index.html>

Center for School Mental Health: <http://csmh.umaryland.edu>

History of childhood in the United States. Primary sources from George Mason University: [http://chnm.gmu.edu/cyh/primary-sources/browse/?tags=North+United States](http://chnm.gmu.edu/cyh/primary-sources/browse/?tags=North+United+States)

American School Counselor Association: <http://schoolcounselor.org>

Association for Child and Adolescent Counseling: <http://acachild.org/>

The conscious kid: <https://www.theconsciouskid.org>

Additional Resources on Children of Minority Groups in the United States Through History

Bronski, D. (2011). *A queer history of the United States*. Beacon.

Frisk, L., Nilsson, S., & Akerback, P. (2018). *Children in minority religions: Growing up in controversial religious groups*. Equinox.

Heumann, J., & Joiner, K. (2020). *Being Heumann: An unrepentant memoir of a disability rights activist*. Beacon Press.

Hungrywolf, A. (2008). *Tribal childhood: Growing up in traditional Native United States*. Native Voices.

Illick, J. (2011). *United States childhoods*. University of Pennsylvania Press.

Jorae, W. (2009). *The children of Chinatown: Growing up Chinese American in San Francisco, 1850–1920*. UNC Press.

Markowitz, G., & Rosner, D. (2013). *Children, race, and power: Kenneth and Mamie Clark's Northside Center*. Routledge.

Nazario, S. (2007). *Enrique's journey*. Random House.

Sanders, C. (2016). *A chance for change: Head Start and Mississippi's black freedom struggle (The John Hope Franklin Series in African American History and Culture)*. UNC Press.