

# The Professional Counselor

*Special Issue*  
Counseling  
Children with  
Special  
Needs and  
Circumstances

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# 5

## The School Counselor and Special Education: Aligning Training With Practice

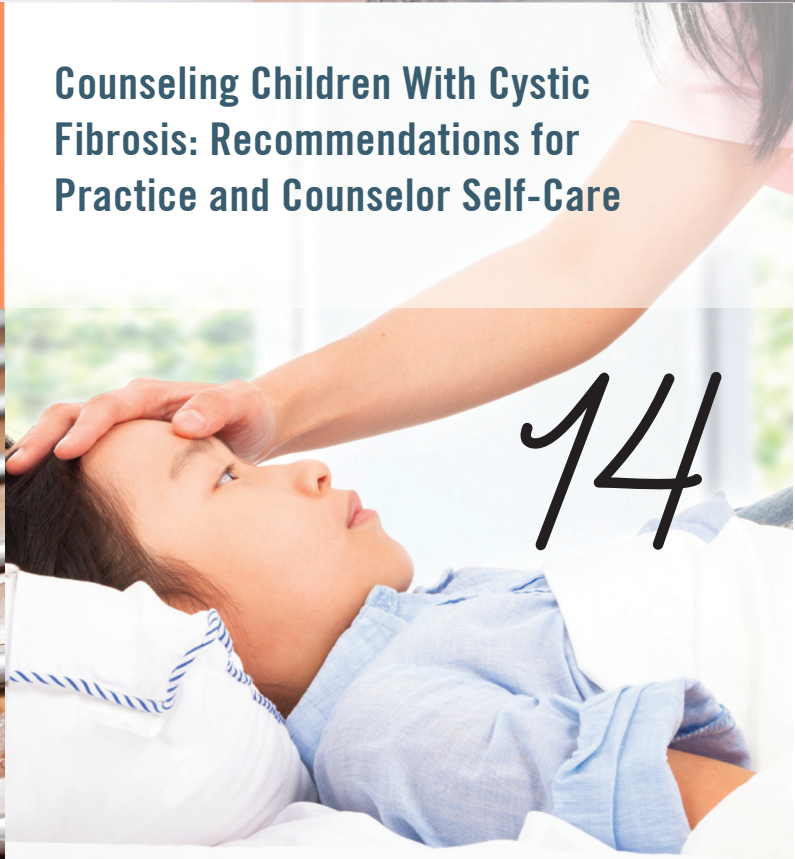


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The Professional Counselor *Digest*







# Children With Special Needs and Circumstances

## Conceptualization Through a Complex Trauma Lens

Edward F. Hudspeth

Over

the past 15 years, countless researchers have described the impact of chronic stress and adverse childhood experiences and the subsequent development of complex trauma. Complex trauma is defined by the National Child Traumatic Stress Network as a series of traumatic experiences that are usually interpersonal in nature and lead to numerous long-term adverse effects on health and well-being. The duration and intensity of traumatic experiences as well as the age of onset of these experiences can determine the outcome of both complex trauma and developmental trauma. Though the term *complex trauma* was originally used to represent repeated abuse or an accumulation of traumatic experiences, recent neuroscience research has extended this term to other conditions and experiences such as chronic illness, homelessness, bullying, poverty, etc.

In the first two articles of this special issue, school counseling is the focus. Havlik and Bryan explore homelessness as a special circumstance. They indicate that school counselors must first identify which students are experiencing homelessness in their school and then determine the students' specific needs. When analyzing school counselor training, Geddes Hall states that less than half of school counselor preparation programs include content related to special education in their training, and that often when the content is provided, it is done through existing courses rather than specific courses on special education.

The next three articles have a relationship focus. They include Buss, Warren, and Horton's in-depth coverage of the short- and long-term impact of trauma on the physical, mental, emotional and social development of traumatized children, which includes associated trajectories to adult mental and physical health conditions. Next, Liu and Hazler delineate differences noted among adoptees from various countries that may include behavioral, social and emotional characteristics as well as the adoptees' proclivity to form an attachment with a primary caregiver. Finally, Sheperis and colleagues acknowledge that counselors, whether working with children who have disruptive behavior or providing parenting training to families, should be knowledgeable of the application of various behavioral techniques in order to utilize them effectively and teach them to parents.

The remaining four articles examine specific special needs.

First, Leppma, Szente, and Brosch's article provides an overview of the current landscape of children's fears to help delineate a contemporary, adaptive and holistic approach to treatment. Next, Goodman-Scott and Lambert examine sensory processing disorder and report that counselors can provide individual, group and family counseling modalities using solution-focused and cognitive-behavioral techniques to address children's mental health needs and co-occurring disorders. Then, Storlie and Baltrinic's article illuminates the impact of a chronic disease on individuals, caregivers, and counselors working with the family, and offers suggestions for compassionate care as well as for avoiding compassion fatigue. Finally, in a personal account of rearing a child with spina bifida, Richmond-Frank expresses both the successes and shortcomings that she has experienced over nearly three decades.

From my point of view, issues that are prolonged, intense, cumulative, and vary over developmental periods should be conceptualized through lenses that address the complexity of intermingled systems. By failing to see this complexity and all of its aspects, we fail to fully address the complexity of children with special needs and circumstances.

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### Read full article and references:

Hudspeth, E. F. (2015). Children with special needs and circumstances: Conceptualization through a complex trauma lens. *The Professional Counselor*, 5, 195–199. doi:[10.15241/efh.5.2.195](https://doi.org/10.15241/efh.5.2.195)







# Addressing the Needs of Students Experiencing Homelessness

## School Counselor Preparation

Stacey Havlik  
Julia Bryan

The role of the school counselor is vital in addressing the needs of students experiencing homelessness. According to the American School Counselor Association, school counselors promote awareness and understanding of the McKinney-Vento Homeless Assistance Act (the federal legislation that addresses the rights of students experiencing homelessness in schools), advocate for appropriate academic placement and services for students, design programs for students and their families, and collaborate with important stakeholders to provide support where needed. However, despite the importance of these suggested roles, there is limited data on how school counselors actually are supporting the needs of students experiencing homelessness.

This study, therefore, provides clarity and fills the gaps in knowledge of how school counselors support students experiencing homelessness in schools. The authors' survey of 207 school counselors revealed significant relationships between sources of school counselors' training, number of students experiencing homelessness at counselors' schools, and counselors' perceived knowledge and provision of services regarding students experiencing homelessness. Using a national survey to assess counselors' perceived knowledge and provision of services for students experiencing homelessness, the study revealed relationships between training and number of students experiencing homelessness and counselors' perceived knowledge and provision of services. Additionally, urban school counselors reported higher numbers of students experiencing homelessness, and elementary school counselors reported more training than counselors in middle and high schools. Descriptive analyses suggested that school counselors may have low levels of knowledge of the McKinney-Vento Act. Further, in-service training and professional development, but not graduate training, were related to school counselors' knowledge of the McKinney-Vento Act and their advocacy and provision of services for students experiencing homelessness.

This study has implications for school counselor training and practice. The lack of training reported by the participants suggests that counselor preparation programs, as well as school districts, must increase professional development for school counselors on issues related to homelessness. Training school counselors

to understand the McKinney-Vento Act and the unique needs of students experiencing homelessness will help counselors to build stronger support systems and provide more meaningful interventions. Preparing counselors at the graduate level should include experiential learning in which students are provided real-world learning experiences for working with students experiencing homelessness. Training counselors also should include teaching them to build collaborative partnerships with those both inside and outside the school so that students will have a system of support. School counselors who are trained in such interventions may be more comfortable reaching outside the school and forming relationships with helping partners.

This exploratory study provides clear directions for future research. Future research should use a larger sample to explore school counselors' knowledge about and advocacy for students experiencing homelessness as well as examine additional variables that may influence school counselors' and other service providers' advocacy and service provision for students experiencing homelessness. Further, this study suggests a need for future research that examines the efficacy of current school counseling programs for students experiencing homelessness.

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Havlik, S., & Bryan, J. (2015). Addressing the needs of students experiencing homelessness: School counselor preparation. *The Professional Counselor, 5*, 200–216. doi:[10.15241/sh.5.2.200](https://doi.org/10.15241/sh.5.2.200)







# The School Counselor and Special Education

## Aligning Training With Practice

Jennifer Geddes Hall

*This* manuscript discusses the rising need for school counselors to be competent in addressing the needs of students with disabilities and the need for counselor training programs to adequately prepare school counselors to work with this population. Due to increased numbers of students with special needs and greater instances of inclusion (i.e., including students with disabilities within the school in the least restrictive environment), school counselors are having greater contact with students who have special needs. Additionally, increased legislation regarding inclusion and students with special needs mandates equal services for all students in public schools, including counseling and guidance services. Increased involvement with special education is a result of legal and ethical mandates and supported by the American School Counselor Association (ASCA), which has outlined standards for school counselors to follow while implementing comprehensive school counseling programs. These standards include a greater role in educational planning and identification of students with disabilities, as well as advocacy. Therefore, school counselors must be knowledgeable and adequately trained in special education laws and issues faced by students with special needs.

Unfortunately, school counselor training programs have not adequately trained future school counselors to handle their role in special education or to meet the unique needs of students with disabilities. It has been reported that fewer than 40% of school counselor preparation programs require students to take coursework that includes special education topics and subjects related to students with special needs. Furthermore, school counselor preparation programs across the country are inconsistent regarding coursework pertaining to special education. This lack of training and consistency has an impact on school counselor readiness and perceived competence. A review of literature indicated that practicing school counselors do not feel adequately trained in addressing the needs of students with disabilities. In particular, respondents indicated a lack of competence in development and review of IEPs, collaboration with special education and general education teachers, consultation

with outside agencies or professionals, techniques for working with students with special needs, knowledge of special education law, and awareness of medication side effects.

Research in the field supports the need for more training in special education for future school counselors and suggests that they complete coursework related to special education. Counselor preparation programs may address this need through the comprehensive infusion of special education material, activities and experiences throughout existing coursework. However, the type of content, its extent and the means of its infusion have not been revealed or regulated. This article seeks to provide a framework for infusing special education material into all program coursework, not just school counseling classes. Courses that lend themselves to infusion of special education activities and assignments include the following: learning and development, career, group, ethics, theories, multiculturalism, techniques, assessment, practicum, and internship, as well as courses specifically designed for school counselors like introduction to school counseling or a leadership and advocacy course. Infusing activities across the school counseling curriculum is discussed in greater depth in the full article. Suggestions and specific ideas for including special education material and experiential activities in school counseling coursework and syllabi are provided.

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### Read full article and references:

Geddes Hall, J. (2015). The school counselor and special education: Aligning training with practice. *The Professional Counselor*, 5, 217–224.  
doi:[10.15241/jgh.5.2.217](https://doi.org/10.15241/jgh.5.2.217)



# Trauma and Treatment in Early Childhood

## A Review of the Historical and Emerging Literature for Counselors

Kristen E. Buss  
Jeffrey M. Warren  
Evette Horton

*Young* children are at a high risk for experiencing traumatic events. Over 50% of young children are exposed to a severe stressor. Severe stressors can include child abuse, neglect, physical traumas, domestic violence and accidents. Because young children are in a phase of rapid development, they are especially vulnerable to the adverse effects of trauma. Despite a recent accumulation of research, professional counselors generally have limited knowledge of the impact of trauma during early childhood.

From a historical perspective, trauma exposure in early childhood has received little attention. Misconceptions about early childhood development and practitioners' general hesitation to diagnose trauma-related mental illness in children have hindered research and practice-based efforts. As a result, children exposed to trauma have received inadequate care. Today, researchers have a better understanding of the impact that trauma can have on young children. However, the development of psychometrically sound diagnostic tools for assessing trauma symptoms in children still lags behind.

Trauma reactions can present in a variety of ways. For example, children may reexperience the trauma or reenact themes from the event. Children may have nightmares, flashbacks or dissociative episodes. A host of other symptoms include but are not limited to temper tantrums, sleep disturbances and physical aggression. Traumatic events also can prevent children from reaching developmental milestones or contribute to children losing acquired developmental skills.

A variety of mental health issues can arise as consequences of early childhood trauma; anxiety disorders and substance abuse, for example, can emerge years after a traumatic event is experienced. Post-traumatic stress disorder frequently develops

following exposure to severe stressors. It is important that counselors are aware of the residual effects of traumatic events and the roles that these experiences play in the lives of their adult clients. Given the impact that trauma in early childhood can have across the lifespan, risks and protective factors should be considered.

Early intervention can reduce the social and emotional impact that trauma has on a child's life. A variety of evidence-based methods are available for counselors treating children exposed to traumatic events. Many of the treatment methods, including trauma-focused cognitive behavioral therapy and attachment and biobehavioral catch-up, utilize play to address the trauma symptoms in young children. There are several emerging approaches to treating trauma in early childhood as well. Ways of Seeing; Honoring Children, Mending the Circle; and Trauma Assessment Pathway offer additional treatment options for counselors working with families impacted by trauma. Professional counselors should aim to increase their awareness and knowledge of early childhood trauma and treatment.

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### Read full article and references:

Buss, K. E., Warren, J. M., & Horton, E. (2015). Trauma and treatment in early childhood: A review of the historical and emerging literature for counselors. *The Professional Counselor*, 5, 225–237. doi:[10.15241/keb.5.2.225](https://doi.org/10.15241/keb.5.2.225)











# All Foreign-Born Adoptees Are Not the Same

## What Counselors and Parents Need to Know

Yanhong Liu, Richard J. Hazler

U.S. families adopted 242,602 children from other countries between 1999 and 2012. Multiple challenges accompany the international adoption process that counselors increasingly face in their schools, communities and private practices. Professional counseling journals currently provide little help to their readers on international adoptees and the resources needed to work effectively with them. This article includes a literature review of important findings from related disciplines such as psychology, social work, children and youth services, sociology, and adoption to better support counselors in their work with these families. The article specifically draws important applications from the findings in order to meet the needs of professional counselors and prepare them to more effectively support the children and parents of this population.

Among all countries of origin, China accounted for over one fourth of the total international adoptions by U.S. families between 1999 and 2012. A comparison of Chinese adoptees to non-Chinese international adoptees shows that non-Chinese international adoptees generally exhibit more frequent behavioral and health concerns. Additional problems of international adoptees in attachment and social-emotional areas indicate that this group is an at-risk population deserving of special attention. Research shows that Chinese adoptees present with more positive post-adoption outcomes in personal-social development, academic achievement and attachment and behavioral adjustment, thus making them a particularly important group to examine in order to better understand their more positive results. The positive post-adoption adjustment in Chinese adoptees provides information related to factors that may be associated with the outcomes.

A closer look at Chinese adoption reveals that the adoption circumstances may be related to China's political and cultural characteristics. China's one-child policy, along with the rooted cultural emphasis on sons over daughters, causes the abandonment of many infant girls, particularly in rural areas of China. One situation created by the political and cultural

circumstances is that potential adoptees come from healthy parents in relatively pregnancy-friendly environments that produce healthier adoptees.

The article identifies risk factors that impact adoptees' later adjustment such as institutionalization experiences, behaviors at the time of adoption and family stress. The duration of institutionalization has a negative impact on adoptees' physical and mental health conditions. Children institutionalized for longer periods of time are found to present with more concerns. Behaviors presented by adoptees at the time of adoption are key variables associated with post-adoption adjustment and the stress level in adoptive families and need to be given consideration by parents and counselors working with the families. Quality post-adoption care and authoritative parenting provided by adoptive parents also are critical factors in counteracting these risk factors and promoting the supportive factors for positive child development. Literature-supported implications are drawn based on important pre- and post-adoption factors associated with adjustment outcomes. The implications provide for ways that professional counselors can help meet parental needs through the use of specific interventions, collaboration, consultation and prevention efforts.

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### Read full article and references:

Liu, Y., & Hazler, R. J. (2015). All foreign-born adoptees are not the same: What counselors and parents need to know. *The Professional Counselor*, 5, 238–247. doi:[10.15241/efh.5.2.238](https://doi.org/10.15241/efh.5.2.238)



# Parent–Child Interaction Therapy for Children With Special Needs

Carl Sheperis  
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Belinda Lopez

## Parent–Child

Interaction Therapy (PCIT) is an approach that counselors can use to provide a family-focused intervention that can both reduce disruptive behavior in children and improve prosocial behavior. PCIT is a form of behavioral parent training that can be used in a variety of settings. PCIT is a data-driven process. Counselors establish baseline data related to parent and child interactions and then train parents in appropriate parenting skills. Counselors start the training process by modeling appropriate interaction. After modeling appropriate behaviors, parents interact directly with their children under the guidance of the counselor. The counselor can use direct or covert feedback through an observation window/intercom combination or bug-in-the-ear device. Counselors continue the measurement process in each session and work toward incremental behavioral change. The goal is both increased prosocial behaviors and decreased problem behaviors over the course of the intervention.

We present a review of methods for conducting PCIT from the professional literature, an overview of instructions for conducting PCIT that are grounded in research, and a case scenario depicting the practice of PCIT. This manuscript is meant to be a primer for professional counselors and is not meant to be the only source of PCIT training. Counselors should seek additional training and read the 2010 PCIT text by McNeil and Hembree-Kigin.

The article provides an introduction to PCIT and then demonstrates the effectiveness of the approach through a review of the professional literature. Overall, the literature provides extensive evidence to support PCIT for working with children and parents. After demonstrating the effectiveness of PCIT, we then provide direct instructions for PCIT intervention. Please note that PCIT observation and coding strategies are quite complex. We review some of the basic elements of coding, but counselors are encouraged to seek additional training to become adept at the coding process. Finally, we examine PCIT in action by providing a case review that demonstrates each aspect of PCIT intervention. We demonstrate that appropriate behavioral intervention requires a solid foundation in behavioral theory. PCIT uses forms of reinforcement, redirection and behavioral function. These elements of behavioral training are often used incorrectly and thus require close attention when learning the process of PCIT. Overall, using PCIT requires training and practice to be successful.

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Sheperis, C., Sheperis, D., Monceaux, A., Davis, R. J., & Lopez, B. (2015). Parent–child interaction therapy for children with special needs. *The Professional Counselor*, 5, 248–260. doi:[10.15241/cs.5.2.248](https://doi.org/10.15241/cs.5.2.248)







# Advancements in Addressing Children's Fears

## A Review and Recommendations

Monica Leppma, Judit Szente, Matthew J. Brosch

### Fear

is a normal aspect of human development; however, the increase in adversities during the past decade such as terrorist attacks, war, hurricanes and school shootings, warrants a renewed focus in the counseling profession on children's fears and the promotion of resilience. The inability to cope with fear-related issues can have devastating effects on healthy childhood development, and a lack of effective coping skills in childhood is an identified precursor to adult psychopathology and mental illness. Knowledge about children's fears and coping mechanisms can help professional counselors meet children's health, educational and developmental needs.

Research supports cognitive behavioral therapy in the treatment of fear-related disorders in children, but it is effective for only 60–70% of children. It is believed that the missing link in helping the remaining 30–40% of children cope with their fears is affect regulation. Affect regulation is the intentional process that an individual employs to modify emotional states in order to achieve desirable social and individual goals. New research points to a relationship between the inability to regulate emotion and heightened levels of negative emotions such as fear or anxiety. Conversely, resilient people, those who successfully bounce back from adversity, seem to demonstrate greater positive emotionality. Resilient individuals possess a positive attitude toward life and are curious and open to new experiences.

The key to affect regulation is emotional awareness. Emotional awareness includes psychoeducation on positive (e.g., joy, gratitude, hope, serenity, interest and inspiration) as well as negative emotions (e.g., fear, worry and anxiety). Thus, fearful children must learn to become aware of their internal emotional states and then express or discuss their emotions effectively. Professional counselors can help accomplish these goals by using feelings charts, stories or vignettes to help children understand specific emotions; normalizing the experience of emotions; and modeling effective communication about emotions. Learning to correctly identify emotions helps children and adolescents gain a sense of control over their emotions and self-efficacy to change their emotional state. Greater understanding of the full range of emotions and affect regulation may serve as a buffer against mental health problems in children. Interventions should include teaching skills to generate positive emotions as a means of building internal and social resources. New research in the area of positive emotions and positive psychology provides a rich assortment of techniques for building strengths and resilience.

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### Read full article and references:

Leppma, M., Szente, J., & Brosch, M. J. (2015). Advancements in addressing children's fears: A review and recommendations. *The Professional Counselor*, 5, 261–272. doi:[10.15241/ml.5.2.261](https://doi.org/10.15241/ml.5.2.261)



# Professional Counseling for Children With Sensory Processing Disorder

Emily Goodman-Scott, Simone F. Lambert

*Children* experience the world through their senses—auditory (sound), olfactory (smell), tactile (touch), visual (sight) and gustatory (taste). Two lesser known senses are proprioception and the vestibular sense. Proprioception is a sense found in muscles, tendons and joints that deciphers bodily awareness and coordinated movements. The vestibular sense is located in the inner ear and provides sensory input regarding one's balance and gravity. Sensory processing is a complex and constant neurobiological process in which individuals' seven senses perceive information or stimuli from the environment, sending data to the brain to interpret and process. A typically developing child may easily and accurately perceive and process environmental stimuli. However, approximately 5–20% of the population has some degree of sensory processing disorder (SPD), a neurological disorder impacting children's daily functioning. According to theorists and researchers, the neurological cycle of receiving, sending and processing stimuli is different for individuals with SPD compared to their typically developing peers. As a result of poor sensory processing, individuals with SPD may overreact or underreact to typical environmental stimuli, such as a crowded, loud school bus. Unfortunately, SPD is a lifelong disorder. While typically developing children gain the ability to increasingly suppress stimuli with age, children with SPD often struggle throughout their lifetime, particularly if SPD is unidentified, misdiagnosed or inaccurately treated.

Professional counselors are called to accurately diagnose and treat clients' mental health and co-occurring disorders. However, SPD is widely unrecognized and misdiagnosed in the counseling field. Sensory disorders are identified in the *Diagnostic Manual for Infancy and Early Childhood* as well as the Zero to Three's *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised*. However, the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* does not recognize SPD, despite lobbying efforts from SPD experts. As a result, counseling students and practitioners may be unaware of SPD characteristics, screening and treatment.

This article provides readers with (a) background information on SPD in children; (b) general implications for all counselors and specific recommendations for mental health and school counselors working with children with SPD, including education,



advocacy, screening, treatment, stakeholder collaboration and research implications; and (c) a case study example. When counselors engage in professional education, accurate screening, effective counseling treatment strategies, stakeholder education and collaboration, as well as research, they advocate for children with SPD across settings, in efforts to dramatically improve the lives of children.

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## Read full article and references:

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# Counseling Children With Cystic Fibrosis

## Recommendations for Practice and Counselor Self-Care

Cassandra A. Storlie, Eric R. Baltrinic



*Counseling* children with special needs can be challenging for professional counselors, particularly when working with children with chronic illness. Professional counselors working with children with special needs should have a basic understanding of the specific chronic condition and how the progression of the illness affects the child's emotional state. Moreover, exposure to long-term therapeutic relationships with chronically ill children and witnessing failing treatment modalities can contribute to burnout, compassion fatigue and vicarious trauma in counselors, highlighting the need for targeted literature addressing holistic self-care strategies.

With a paucity of counseling literature on working with children with cystic fibrosis (CF), this manuscript provides a review of literature that can be used as a primer for counselors working with this special-needs population. To start, this manuscript centers on the unique physiological and psychosocial challenges that affect children with CF and their families. CF is a progressive, chronic and terminal disease that affects approximately 30,000 children and adults in the United States. Children with this diagnosis experience frequent hospitalizations, spend several hours per day on medical treatments to improve lung function, and often experience comorbid physical and psychological challenges that may impede childhood growth and development. Treatment during end-stage CF is palliative rather than curative, and without lung transplantation, CF remains a fatal disease.

Due to the progressive and deteriorating nature of the illness, long-term contact with clients, and discouraging prognosis, counselors are more prone to burnout, vicarious trauma and compassion fatigue. After reviewing pertinent physical and emotional challenges facing children with CF, we provide targeted strategies that counselors can use when working with this special

population. These strategies and suggestions are focused on empowering the child and working as an effective collaborator with the entire treatment team, family and parents. Specific ways in which professional counselors can alter counseling sessions to be sensitive to the medical traumas experienced by children with CF are provided.

Finally, this article provides self-care strategies for professional counselors working with children and families affected by CF. Due to compassion fatigue when working with children with chronic and terminal illnesses, professional counselors are called to utilize self-care strategies and be mindful of symptoms of impairment. We provide a multidimensional and holistic synopsis of self-care strategies that target the physiological, cognitive and spiritual areas of wellness in order to prevent burnout among counselors working with the CF population.

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### Read full article and references:

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# Because “Mama” Said So

## A Counselor–Parent Commentary on Counseling Children With Disabilities

Sherry Richmond-Frank

*The* author is a licensed professional counselor and marriage and family therapist, a board-certified coach, and a parent of an adult with spina bifida. This article offers a glimpse into the daily lives and activities of children with disabilities and their family life cycle, along with practical suggestions for both parents of children with disabilities and counselors working with these children. One goal of the article is to show that *ableism*, or prejudice against people with disabilities, brings deep emotional pain to children with disabilities and their families. Counselors should acknowledge the personhood of individuals with disabilities and help them grow and develop to their full potential. Counselors are encouraged to evaluate their own attitudes and assumptions about people with disabilities, and then work in session as well as in society to advocate against the limitations imposed by unchallenged ableism. Helping professionals should strive to overcome stereotypes and develop disability awareness prior to entering the counseling room with clients who have disabilities and their family members. Another important task for counselors is to discover the varying disability identities and orientations that have evolved within the disability culture and society in order to better understand how individuals conceptualize disabilities and their identity as people with disabilities. Finally, counselors can avoid accidental insults by following the recommendations in the *Publication Manual of the American Psychological Association* (6th ed.) for researching, counseling and writing about people with disabilities.

The article also discusses other areas in which counselors may be useful to children with disabilities and their families. These concepts, practical methods and interventions are intended to assist counselors and children with disabilities in their journey from birth to independent adulthood. The author invites counselors to apply their skills and knowledge to help children with disabilities and their families grow, develop, celebrate life and cope with a variety of challenges.

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### Read full article and references:

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## Digest

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**Counseling Children  
with Special Needs  
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