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## President's Message

Hello ACAC members,

I hope this message finds you well and safe.

Life continues to be hectic and we have all been slower to action because of COVID-19. Working in a hospital, I am considered essential and life is busy. Many of you are having similar experiences. Who knew everything could change so fast? Who knew I would be doing child and family therapy and group therapy via Zoom with my dog on my bed and my son at home with no school?!?

It is a scary and unsettling time for many of us...and many of our clients!

The ACAC board wants to support you as much as we can. We will be announcing our Research Grants and Awards soon! Our wonderful journal continues to post relevant research on Child and Adolescent Counseling. As you know from previous ACA Connect posts, the ACAC Board has started a SLACK group ([https://join.slack.com/t/associationfo-qpg6831/shared\\_invite/zt-cvw3k39w-bEaeZPDi18O3SsTPN4QEpg](https://join.slack.com/t/associationfo-qpg6831/shared_invite/zt-cvw3k39w-bEaeZPDi18O3SsTPN4QEpg)) to help us connect and share resources.

We are continuing to post on our Facebook and Twitter social media groups.

And, **we are hosting two chats on May 4<sup>th</sup> and 6<sup>th</sup>** so that we can connect and support one another as a community. Look for more details in the newsletter on page 2.

Please let us know what else your ACAC Board can do for you during this overwhelming and uncertain time.

Stay safe and take care,  
Evette, President of ACAC Board

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## ACAC Position Statements

Check out the Resources page to read the ACAC statements on immigration, LGBTQQIAA, and more. These are all items that are relevant to our work as child and adolescent counselors.

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The infographic titled "Our Mission" features a central text block and three circular icons. The central text reads: "The mission of ACAC is to promote a greater awareness, advocacy, and understanding of children and adolescents, as defined as the ages from birth to adolescence, among members of the counseling profession and related helping fields." The three icons are: 1) A hand with rays emanating from it, labeled "Prevention & Intervention" with the subtext "Advance developmentally appropriate prevention and intervention strategies for counseling children and adolescents." 2) A leafy branch, labeled "Professional Development" with the subtext "Provide professional development activities to improve education and training of counselors who work with children and adolescents." 3) A ribbon award, labeled "Raising Standards" with the subtext "Disseminate educational and professional materials with the purpose of raising the standards of practice for children and adolescents in counseling, psychotherapy, and mental health."

### Our Mission

The mission of ACAC is to promote a greater awareness, advocacy, and understanding of children and adolescents, as defined as the ages from birth to adolescence, among members of the counseling profession and related helping fields.



#### Prevention & Intervention

Advance developmentally appropriate prevention and intervention strategies for counseling children and adolescents.



#### Professional Development

Provide professional development activities to improve education and training of counselors who work with children and adolescents.



#### Raising Standards

Disseminate educational and professional materials with the purpose of raising the standards of practice for children and adolescents in counseling, psychotherapy, and mental health.

## ACAC Video Chats

In this time of COVID-19, we know that counselors are working harder than ever to serve their communities. In turn, we want to offer you, our members, **counselors working with children, and adolescents** space to check-in and share how you are taking care of yourselves and navigating this uncertain time.

We are offering an **informal, group video chat online** (e.g. zoom) on two dates:

- May 4, from 12 pm-1 pm EST
- May 6, from 8 pm-9 pm EST

This chat is for **preservice and practicing counselors who serve children and adolescents**, including:

- **clinical mental health counselors**
- **school counselors**
- **counseling graduate students**
- **leaders in counseling**
- **counselor educators**

Feel free to **attend one or both group video chats**. Please note, these chats will be informal, and will not be a consultation, supervision, etc. If you are interested in participating, **please sign-up below 24 hours before the video chat**, and **we will email you a link to the online meeting**.

**Sign-Up:** [https://odu.co1.qualtrics.com/jfe/form/SV\\_86MgbOrHfL31hxr](https://odu.co1.qualtrics.com/jfe/form/SV_86MgbOrHfL31hxr)

Thank you and be well!  
The ACAC Board

## Language Brokering: Purpose, Impact, and Interventions for K-12 Students

Leonissa Johnson  
Clark Atlanta University

Malti Tuttle  
Auburn University

Language Brokering in schools is the act of bilingual or multilingual students interpreting and translating between parents/guardians and school personnel (McQuillian & Tse, 1995). Children and adolescents are generally asked to language broker because they understand both school and community culture and have English speaking ability (Buriel, Perez, De Ment, Chavez, & Moran, 1998). Typical school based language brokering practices include interpreting for parent-teacher conferences, interpreting between teachers and non-English speaking students, email/phone call communication, and communication with non-English speaking students (Morales & Hanson, 2005; Roche, Lambert, Ghazarian, & Little, 2015).

Language brokering is a complex communication process that is influenced by the social dynamics between participants and contextual factors such as school setting or meeting circumstances (Kam & Lazarevic, 2014a). Researchers have identified both positive and negative outcomes of language brokering on youth engaged in this practice. Some researchers found that language brokers experienced improved academic performance such as increased first and second language acquisition skills, better comprehension of adult texts, and improved standardized test scores (Dorner, Orellana & Li-Grining, 2007; McQuillian & Tse, 1995). Researchers also argued that many immigrant families rely on language brokering to navigate society and the practice can lead to better family functioning and respect for parent experiences and roles (Chao, 2006; Dorner, Orellana & Jiménez, 2008; McQuillian & Tse, 1995; Orellana, 2003).

Despite the benefits of language brokering, researchers have also described its potential costs. Kam and Lazarevic (2014a) explained that language brokering may result in undue stress for youth. Language brokers may take on adult responsibilities like making decisions for siblings, writing letters to school or filling out school related forms (Cline, Crafter & Prokopiou, 2014; McQuillian & Tse, 1995). These activities may lead to role reversal and negatively impact parent child relationships (Love & Buriel, 2007). Additionally, pressure to meet adult expectations during brokering or limited understanding of the content required for an interaction may cause anxiety, withdrawal or decreased self-esteem (Chao, 2006; Kam & Lazarevic, 2014a). These factors can lead to risky behaviors by language brokers such as increased alcohol use or skipping school (Kam & Lazarevic, 2014b).

School counselors can take steps to prevent inappropriate language brokering practices in schools. Counselors can advocate for the use of trained interpreters for formal meetings and complex or sensitive school communications (Paone, Malott & Maddux, 2010). Additionally, if a school or system does not have access to trained interpreters, school counselors could partner with community groups or agencies to develop alternative interpretation and translation services (Bryan & Griffin, 2010). School counselors can also educate administrators, teachers and staff about the impact of language brokering on students. Using this information, school counselors could collaborate with colleagues to identify instances when language brokering occurs and develop protocols for best interpretation practices in their school. Each of these actions can protect students from inappropriate language brokering activities and provide families with the communication support needed in school.



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### Authors

Leonissa Johnson, Assistant Professor & Director, HBCU Center for Excellence in Behavioral Health/ HBCU C.A.R.E.S., Department of Counselor Education, Clark Atlanta University, [ljohnson@cau.edu](mailto:ljohnson@cau.edu)

Malti Tuttle, Assistant Professor, Special Education, Rehabilitation, and Counseling, Auburn University, [mst0022@auburn.edu](mailto:mst0022@auburn.edu)

# Substance Abuse in Adolescence: The Role of School Counselors

**Odunola Oyeniya**  
University of Central Arkansas

There is an increase in substance abuse among students which thus causes disruptions towards their academic, personal/social life, career, physical and emotional health. In 2018, the proportions of 8th, 10th, and 12th graders who reported that they had used an illicit drug in the prior 12 months were 13.4%, 37%, and 35%, respectively, according to National Institute on Drug Abuse (NIH). This fact is a big challenge for school counselors in helping to keep students out of harm's way. School counselors are typically part of the prevention program by presenting guidance curriculum lessons about peer pressure and character development. School counselors are also assigned to offer additional prevention services for students who are at risk.

Research shows that students who are living in low social economic status (SES) may use illegal drugs to cope with the stress caused by their environment (Hamilton et al., 2009). Lower parental education and lower income are linked with higher substance abuse (Falck et al., 2012). Other factors associated with increased substance abuse in adolescents are family history of addiction, mental health disorder, neighborhood atmosphere, disorganized families, peer pressure, anxiety, and lack of family involvement (Fisher & Harrison, 2009; Young et al., 2007). School counselors are in a unique position to detect, identify, and prevent adolescent substance abuse. Therefore, it is important for school counselors to know the danger associated with adolescent substance abuse in schools.

## Consequences of Substance Abuse on Adolescence

Adolescents who persistently abuse substances often experience an array of problems. The effects of substance use on adolescents can vary, and all effects are negative to their development. Additionally, there are negative impacts of substance abuse for family members, the community and the society at large. Consequences of substance abuse on adolescents include the following:

- Cognitive and behavioral problems experienced by substance use may lead to bad grades, absenteeism from school and drop out (Burrow-Sanchez, & Lopez, 2009).
- Substance-abusing youth may experience mental health problems, including suicidal thoughts, conduct disorder, depression, personality disorders, and suicide (Falck et al., 2012).
- Abuse of alcohol and other drugs by adolescents may result in many crises and jeopardize other aspects of family life, sometimes resulting in family dysfunction (Fisher & Harrison, 2009).

## Future Considerations for School Counselors

Adolescence is a period of life with specific health and developmental needs and rights. It is also a time to develop knowledge and skills. American School Counselors Association (ASCA) encourages school counselors to provide intentional support to students who are at risk. This is because these students need attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles. Suggestions to consider for effective school counseling for adolescents at risk include the following:

- Working with youth agencies such as the YMCA, community art centers and local camps for youth to provide assistance (Shubin et al., 2016).

- Collaborating with parent groups, such as the PTA, to help students achieve their future goals (Young et al., 2007).
- Discussing the availability of education, jobs, transportation, therapy, and recreation in the student's community (Falck, Nahhas et al., 2012).
- Training teachers and staff in identifying warning signs and symptoms in the classroom and school environment (Burrow-Sanchez, & Lopez, 2009).
- Communicating messages of prevention effectively and often with community, homes, and social media assistance (Young et al., 2007).
- Motivating students to get involved with prosocial activities in the community or at school (Sharma, 2015)
- Maintaining current local treatment agency referrals for students that need assistance (Hamilton et al., 2009).
- Incorporating role playing, group counseling, modeling, shaping and other cognitive and behavioral counseling sessions with students at risk (Falck et al., 2012).

### Conclusion

School counselors play a vital role in helping students navigate potentially significant mental health issues due to the way they positively interact with and influence these students. However, students' development and general success are being affected by using substances. When school counselors are educated in substance abuse issues, they can act as agents of change. By learning to recognize the warning signs that make students more vulnerable to substance abuse, counselors can learn positive ways to intervene and create positive programs. Providing students with substance abuse education, intervention, and prevention services keeps students informed, builds a drug-free culture, and provides them with support when needed.

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### Author

Oyunola Oyeniya, Assistant Professor, School Counseling, University of Central Arkansas,  
[ooyeniya@uca.edu](mailto:ooyeniya@uca.edu)

# Mindfulness in School Counseling

Sarah Kirk

## The Why

Schools are becoming increasingly aware of the traumas that their students carry. The 2015 National Survey of Children's Exposure to Trauma (NatSECV II), found that approximately two out of three children under the age of 17 report exposure to different forms of violence, crime, and abuse (Finkelhor, Turner, Shattuck, & Hamby, 2015). We often think of traumas as significant, one-time events however, more pervasive is the chronic traumatic events that can infiltrate a home or a community (Meyers, 2014). Combined with significant exposure to trauma, our students are also impacted by suicide at higher rates than ever before. The CDC confirmed that from 2007 to 2017, suicide rates among persons aged 10 to 24 raised 76 percent (Curtin & Heron, 2019). The staggering numbers of school-aged children experiencing significant traumas indicates a strong need for school-wide interventions that work.

## The What

Utilizing the response-to-intervention (RTI) approach, interventions can be seen as tier one being preventative supports for all students, tier two being more intensive supports for some students and tier three being the most intensive supports for the smallest number of students at the tip of the triangle. Schools across the country are beginning to look towards mindfulness as a tier one intervention school-wide preventative intervention and as a tier two or tier three tool to combat past traumas and mental health difficulties. Often known as the master of mindfulness, Jon Kabat Zinn defines mindfulness as "the awareness that arises from paying attention, on purpose, in the present moment and non-judgmentally" (Kabat-Zinn, in Purser, 2015). The benefits of mindfulness for students includes improvements in attention and focus, cognitive development, behavior in school, empathy & perspective taking, social-skills, emotional regulation, reduced anxiety and stress, post-traumatic symptoms and depression (Mindful Schools, 2019). Specifically, when social emotional learning programs include a mindfulness component, students have enhanced emotion regulation skills (Schonert-Reichl, Oberle, Lawlor, Abbott, Thomson, Oberlander, & Diamond, 2015). While the initial research looks promising, the research needed to support mindfulness in schools is just beginning to surface. However, with a growing emphasis on trauma-informed schools and social emotional learning (SEL), mindfulness programs could be the answer to educators' on-going question, "we now know our students are experiencing trauma but what can we do about it?"

## The How

With studies beginning to show that mindfulness works in schools, the question becomes "how can mindfulness be cultivated in schools?" A simple Google search on "mindfulness in schools" will garner significant results. While this can be overwhelming, it also indicates a significant number of resources available. Programs such as MindUP, Mindful Schools, Inner Resilience, and Learning to Breathe are just a few of the empirically based programs available. Ideally, these programs are implemented consistently in the classroom and with fidelity throughout the school (Mindful, 2019). Because many schools are implementing social emotional learning (SEL) competencies and some states now require SEL in schools, integrating mindfulness practices has the ability to align easily and effectively.

While transforming an entire school culture may be an overwhelming task, inserting mindful moments into everyday activities is not. On the next page you can find the first A-M of my ABCs of mindfulness in the classroom. These ideas make mindfulness with children simple yet effective. By implementing mindfulness with children, you just might find that it is beneficial for you too!

## Author

Sarah Kirk, MS, School Counselor, Monroe ES and PhD Student, Capella University, Twitter: [@Counselor\\_Kirk](#), [School Counseling Website](#)

## ABC's of Mindfulness

**Apps:** There are so many mindfulness apps available that have kid versions: Breathe2Relax, Calm, DreamyKid, Happify, Headspace, and Stop, Breathe, and Think.

**Breathing techniques:** Balloon breath, bear breath, belly breath, candle breath, count to three breath, dragon breath, hot chocolate breath, volcano breath-- you name it, there is a breathing technique for it.

**Calming corners:** A calming corner is never forced or seen as punitive. Instead, it is a place that includes calm down bottles, manipulatives, soft blankets or pillows, noise-canceling headphones and anything else that can be a safe spot for students to calm.

**Daily check in:** This can be done as a body scan to check in and see how the body is feeling, it could be a brief "how are you feeling today?" or anything that allows the child a moment to check in and think about how they are feeling.

**Energizers:** Sometimes waking up our body is the best way we can gain control of it. Desk yoga, simple stretches, balancing and coordination activities are great ways to energize.

**Five, four, three, two one:** Have the student name five things they can see, four things they can touch, three things they can hear, two things they can smell and one thing they can taste. This is a great grounding technique and can be beneficial for anxiety.

**Gratitude:** Practicing gratitude is simple and can be done by writing, drawing, talking or just thinking about what makes us grateful.

**Healthy brain and body:** Teaching children about the importance of keeping their brain and body healthy is a great way to increase understanding. Siegel (2020) created a hand model of the brain for a great visual.

**Imagination station:** Using imagination is a great way to introduce children to visualizations. Having children close their eyes or focus on something in the room (never force young people to close their eyes, it can be traumatizing) and imagine their happiest place, a trip to the beach, clouds, etc. The options are as endless as your imagination!

**Journaling:** Mindful writing can be any writing that allows the student to be present in the moment. This could be journaling about your surroundings or your feelings, brain dumps, or positive self-talk writing.

**Kindness:** Kindness towards yourself and others is at the heart of mindfulness. The loving kindness meditation is very popular with adults and perfect for children too. There are many scripts, videos and ideas out there. One of my favorites can be found at [MakeTodayAwesome.org](https://www.maketodayawesome.org).

**Listening, really really listening:** Children can close their eyes or focus on something in the room and listen to all the sounds. By encouraging the children to really, really listen, they will hear things that they have never heard before. Try this exercise outside too!

**Mindful movement:** On a rainbow walk, children look for things on their walk that are all the colors of the rainbow. On a five senses walk, children identify what they see, hear, smell, taste, and feel.

## Mindfulness, cont'd

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Leah Hennessy

As counselors, we have the rewarding and enriching experience of helping young people overcome a variety of different obstacles. Providing a judgment-free and accepting space for students to inquire and process their feelings is paramount as they go through these tumultuous points in their lives. While it appears that students have no problem going to the counseling office for questions regarding college or career guidance, students seem to be much more hesitant to see a counselor for support through their mental health. The stigma against mental health is a widespread phenomenon that has persisted in our society for decades. The idea that those who seek counseling for mental health support are weak has unfortunately been engrained within our cultural norms. The stigma against mental health is a global concern that perpetually prevents those with mental illnesses from getting the help they need, which causes symptoms to persist throughout their lifetime (Gronholm, Nye, & Michelson, 2018). Although it has certainly mitigated recently, we as counselors owe it to our students and school community to break down the stigma even further, until each student will not have to think twice about going to talk to a counselor with the fear of being judged by their peers, parents, and society as a whole.

Common misconceptions negate the idea that mental illness begins in childhood, when in fact half of lifetime cases of psychological illnesses begin before the age of 14 (Kaushik, Kostaki, & Kyriakopoulos, 2016). In other words, half of those with mental illness will begin to feel symptoms before settling in to the adolescent developmental stage. Research shows that less than half of adolescents with mental illnesses receive treatment from counselors (Villatoro et al., 2018). Experiencing symptoms of psychological disorders is a daunting process that could cause one to feel isolated, especially if they lack the proper support and education to help cope with their feelings. Thus, the stigma against mental illness has prevented individuals from truly acknowledging and working towards improving their lifestyles through counseling services.

In terms of what stigma looks like for one with mental illness, exploring the definition of stigma itself is helpful. Stigma is defined as an attribute that places one in a lower social standing (Kaushik et al., 2018). Vertilio and Gibson (2014) describe that society tends to portray the idea that those with mental illnesses are either dangerous or that they are responsible for acquiring their disorder. Young people in particular have an innate desire to be liked, and so for a student to be feared for having a mental illness could certainly be detrimental to their self-esteems and perceived social standing. Individuals naturally also have inclinations to feel that they are in control of their life. Research has shown that in our culture disorders that are uncontrollable appear to be more pitied by others (Ahmedani, 2011). Even though mental illnesses is genetically triggered, our society tells us that it is something that one chooses for themselves, which makes it appear as unrealistic, or unimportant, placing it far beneath other disorders that are also out of one's control (Ahmedani, 2011).

The social stigma surrounding mental health would make those with a mental illness feel as if they are not within the norms of our society, inciting the notion that they are an outcast (Ahmedani, 2011). It is very common for young people with mental illnesses to feel a sense of self-rejection through the belief that they are significantly different from their peers (Silke, Swords, & Heary, 2016). Self-stigma is another type of barrier that inhibits one from seeking mental health assistance. Due to the harsh reputation of mental health, one with a mental illness may feel inadequate, as they are unable to control what they are feeling inside. When one is not aware that a mental illness could actually be controlled or even fully eliminated through counseling, beliefs of low self-worth may arise. To avoid feeling rejection from others, students may hide their behaviors or concerns because of fears of discrimination (Bharadwaj, Pai, & Suziedelyte, 2017).

So the big question here is how as counselors can we try to eliminate this negative widespread notion of mental health? As suggested by Auger, Abel, and Oliver (2019), it is essential that we are visible and approachable figures within the school. Our profession can be very ambiguous and unfamiliar to many students in the school. Some students see us as disciplinarians, or as figures to see only in times of crisis. Many times it is difficult to build rapport with each of our students. High caseloads, multiple duties, and hectic schedules prevent us from creating relationships. Going into classrooms at the beginning of each school year to talk about our roles as social, emotional, career, and academic counselors is one strategy in conveying our exact position in the school to students. It is important to emphasize that everything discussed in the counseling office is completely confidential, as long as it does not involve harm, is also critical because many students are not aware of this major component to counseling (Auger et al., 2019). This will be reassuring for those with mental illnesses who fear that their peers or family members will find out about how they are feeling. Another way to help students with mental illnesses find the willingness to approach counselors is to let appointments with all students, as opposed to having them make appointments themselves. By implementing this strategy into our schedule, we will be helping build rapport and make connections with our students, so we will not be viewed as strangers within the school (Auger et al., 2019).

To specifically negate the mental illness stigma within our schools, we can promote the importance of focusing on mental health in a variety of ways. Making mental health a known topic that is openly talked about in the school is a helpful way to decrease stigma, and encourage students who struggle with psychological disorders to seek assistance. Our society tends to completely ignore mental illness, which causes a lack of awareness about any mental health condition to our youth (O'Reilly et al., 2018). We can celebrate the

importance of mental health by creating bulletin boards, teaching classroom lessons, and running groups that inform students about the truths of mental illnesses such as their causes, the symptoms, and courses for treatment. It is crucial to acknowledge that the stigma affects not only our students, but also people of all ages in the community. Spreading this information to teachers, administrators, and parents is an effective method in eliminating the stigma towards the school community as a whole.

Lastly, we can advocate for mental health support in our schools by pushing for mental health screenings for all students. Goodman and Donohue (2019) explain that screenings are already used in schools through academics as we place interventions for students through reading and math, as well as through physical needs, as students are tested for vision and Scoliosis as children. A similar system can also be placed within our schools for mental health initiatives. Although it may be time consuming and take a lot of persuading on our ends, it will help our students who struggle internally with mental illness receive the support they need. Our profession is centered on advocating and supporting our school communities, so let us break down the inhibiting barriers against mental illness, and ensure that our students with these struggles feel open to receiving the help that they could truly benefit from.

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#### Author

Leah Henessy, Graduate Student, Temple University, [leah.hennessy@temple.edu](mailto:leah.hennessy@temple.edu)

### State Affiliate Spotlight: ACAC-NC

ACAC-NC is growing and the division is currently involved in various capacities. The North Carolina Counseling Association Conference 2020 was a recent success, being the largest in its history; there were also numerous presentations related to child and adolescent counseling (many play therapy presentations offered APT CE's....thanks to UNC Charlotte for this sponsorship!). ACACNC is committed to continuing to promote child and adolescent topics at the NCCA annual conferences. The division also had a table set up at the conference with multiple giveaways, including ACACNC totes, notepads, pens, and three giveaway baskets. Flyers were handed out at the conference with intentions of promoting membership in the division. The division is working in other ways, including creating presentations in the form of webinars related to child and adolescent counseling topics to disseminate to members; the board is working on these and we are also partnering with doctoral students to get these completed. The Winter ACACNC Newsletter was recently sent out, with the featured article by Dr. Terri Kottman, founder of Adlerian Play Therapy (AdPT). We are excited about all the current projects as we continue to work to advocate for the profession!

Courtney Evans, PhD, LCMHC, NCC, ACS, RPT, President, ACAC-NC, [cevans75@liberty.edu](mailto:cevans75@liberty.edu)

# Promoting Resiliency in School Counselors Through Boundaries

Tamra Kelly

Professional school counselors (PSCs) hold unique roles in which they serve students and parents, teachers, administrators, and members of the community. Through their multifaceted roles, PSCs devote copious time and attention to aide, support, and guide individuals through challenges and issues in order to support and promote overall mental health and wellbeing of their constituents. However, this abundance of care for others often leads to neglect of their own wellness. Disregarding their personal feelings and challenges leads to other issues such as burnout, poor self-care, and could ultimately compromise the professional relationship between a counselor and the individuals they serve. In a study conducted by Kim & Lambie (2018), self-reports of burnout reveal that job responsibilities and work environment are the two primary factors associated with PSC's and their levels of burnout. In this article the researchers state, "school counselors specifically are at risk for experiencing feelings of burnout because of their multiple job demands and other factors such as role ambiguity and limited occupational support" (Kim & Lambie, 2018, p. 277). As evidenced by both anecdotal information and research, there are increasing concerns related to school counselor burnout and poor self-care practices. Additionally, it is evident that PCSs' multiple and sometimes conflicting roles contribute to their burnout and anxiety. Therefore, it is imperative that PSC's address these issues. One way to substantively address these issues is for all PSC's to examine and establish personal and professional boundaries to promote resiliency.

## Establishing Boundaries

The American Counseling Association Code of Ethics preamble (2014) outlines the six principals that form the foundation for ethical behavior and decision-making in counseling. The principal of nonmaleficence ensures that no harm is done by any mental health professional as they practice counseling. In order to preserve the professional roles of counselors and maintain nonmaleficence, personal and professional boundaries must be established and maintained by all counselors in all settings. Gerald Corey underscores this concept as he wrote, "effective boundaries protect the professional relationships and help us integrate our personal and professional selves" (2018, p. 129).

## Work Life Balance

Professional school counselors who practice healthy boundaries are able to compartmentalize work and home obligations and, in return, more successfully carry out those obligations at appropriate times while preserving their own core values. Additionally, as counselors establish their boundaries as a means to promote work-life balance, they find it easier to do self-examination of their well-being thereby making it easier to detect when they begin to feel overloaded and overwhelmed; in essence, losing hope and believing that finding a work-life balance is unrealistic (Corey, 2018). A way to combat this destructive progression of thought is for PSC's to know when they can or should say "no" to some of the many requests they receive, some of which are beyond their scope of practice and outside their job descriptions. Thus, prior to agreeing to take on a new responsibility or participate in an event, PSC's must consider the additional work that will accompany their agreement to participate in another activity. Therefore, a question arises. Namely, how should PSCs determine whether or not they agree to tasks? In order to determine when to turn down additional work, PSC's should be familiar with their counseling role and responsibilities assigned on their campus. This information will provide a framework to prioritize their duties and roles they must fulfill before committing to other duties in which impacts their mental health and wellbeing and possibly cause harm to those they serve (Friedman, 2017).

## Boundaries Within Relationships

The counseling-client relationship is paramount in the role of a PSCs. Each PSC-client relationship is established and founded on trust, mutual respect, and providing a place of safety. Notably, it can be difficult at times for PSC's to maintain healthy boundaries with clients, especially in rural schools where the likelihood of encountering dual relationships and conflicts between students and parents are increased. Understanding the difference between boundary crossing and boundary violation is vital for PSCs. Furthermore, PSC's must exercise caution and seek consultation if they begin to feel "pushed" into questionable professional boundary behaviors. The Association for

Child and Adolescent Counseling has leadership who would provide many opportunities for consultation in these areas. Indeed, this is a primary reason to belong to the professional association. Furthermore, the leaders and members of this association provide ongoing training and practical knowledge of how to navigate multiple relationships. Research supports the need for PSCs to have this knowledge. Specifically, it is imperative that counselors be aware of boundaries issues that are unavoidable by establishing healthy boundaries which thereby decrease the likelihood of an ethical violation (Kottler & Balkin, 2017).

### Summary

Boundaries, although often believed to be black and white (Corey, 2018), are actually fluid and complex. Boundaries for PSCs must be evaluated on an individual basis by each counselor who examines their own core values and basic principles while also taking into account legal and ethical requirements applicable to PSCs. Furthermore, establishing boundaries, both personally and professionally, promotes self-care in PSCs and decreases the likelihood of burnout. Furthermore, boundaries allow PSCs to maintain nonmaleficence in order to protect the counselor-client relationship and ultimately safeguard the counseling profession.

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### Author

Tamra Kelly, MA, Angelo State University, [tamra.kelly@angelo.edu](mailto:tamra.kelly@angelo.edu)

## Special Topic: ADVOCACY

### School Counselor Advocacy and Interventions to Support English Learners

**Malti Tuttle**  
**Auburn University**

English Learners (ELs) in K-12 schools are students whose primary language is not English, receive language instructional services, and may not be proficient in the English language (Cook, 2015; Kim & Garcia, 2014; USDOE, 2016). The number of English Learners in public schools is steadily increasing (NCES, 2019). While this increase enriches the diversity and multicultural awareness of students and school personnel, some schools are not prepared and may struggle to support ELs (Johnson et al., 2018). School counselors are trained, equipped, and called on to be social justice advocates and culturally competent (ASCA, 2019; Schulz et al., 2014). Therefore they are at the forefront to advocate and support ELs through direct and indirect services as a form of systemic change (Johnson et al., 2016). School counselors may have limited resources or training in working with ELs and might be uncertain how to support students, families, and school personnel. Therefore, recommendations for school counselors are provided to assist in advocating and implementing interventions to support ELs and their families.

### Elementary School Advocacy and Interventions

Elementary school is a time where children form friendships, begin their academic career, and develop social relationships. However for ELs and their families learning to navigate a new and different educational system, culture, and language from their own background is an additional layer of acclimation (Auslander, 2018). Protacio and Edwards (2015) underscore the value parents of ELs place on education. School counselors can support and advocate for ELs include collaboration with ESOL teachers to identify specific strategies (Johnson et al. 2018) and meet with students individually or in groups to build rapport and connections.

### Middle School Advocacy and Interventions

During the middle school years, students at this age often have difficulty regulating emotions and balancing academic requirements (Carney et al., 2018). This can be especially overwhelming for ELs who have the added stress of learning English. School counselors can support ELs by advocating for peer groups within the traditional classroom setting, which will increase their academic success (Baker, 2017). Further, incorporating small groups for ELs can improve social skills and relationships with peers, and in turn support academic growth (Steen et al., 2018). Additionally, ELs have been identified as having an achievement gap in comparison to their peers, often resulting in less rigorous coursework and limited college access (Auslander, 2018). Therefore, middle school counselors can advocate to both teachers and parents for ELs to enroll in appropriate but challenging coursework in preparation for high school academic choices.

### High School Advocacy and Interventions

ELs in high school may have received language services in elementary or middle school, or they may be stepping into a US school for the first time as a secondary student, therefore, language skills and understanding are at many different levels in one classroom. As students transition from middle school to high school, they face anxiety and fear revolving around getting lost in a new building, large homework loads, and navigating social dynamics (Akos & Galassi, 2004). To ease this transition, high school counselors may advocate to facilitate programs and activities for students which may include school tours or open-house events. Counselors are able to offer information regarding matriculation and graduation information through websites or digital platforms.

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### Author

Malti Tuttle, Assistant Professor, Auburn University, [mst0022@auburn.edu](mailto:mst0022@auburn.edu)

## **Raising School Counselors' Awareness of the Bicultural Experience of Latino/a Students**

**David Moran**

Since 2003 the Latino/a community has constituted the largest minority group in the United States ([U.S.], U.S. Census Bureau, 2019). In contrast though, not until 2014 did Latino/a school-aged children make up the largest minority group within traditional public and public charter schools nationwide (Korgstad, 2019). The percentage of Latino/a students in grades Kindergarten through 12 increased from 16 to 26% between 2000 and 2015 (National Center for Education Statistics, 2019). While noting such consistent growth in Latino/a student enrollment within the United States, it is imperative to recognize that these students often face significant social, economic, and academic obstacles that lead to negatively impacting their mental health and well-being (Allen et al., 2012). Latino/a students are often the target of blatant ethnic slurs and microaggressions from their peers of different race and/or ethnicity, while also experiencing negative differential treatment from some teachers that leads to poor academic performance (Balagna et al., 2013). What is often overlooked in consideration of these obstacles is the underlying theme tied to how Latino/a students experience cross-cultural spaces. This article will briefly define bicultural identity development while providing context of how this occurs for Latino/a students. In addition, a discussion of practical applications will be shared for school counselors to better understand Latino/a students' bicultural experiences as a means to facilitate student success.

### **Bicultural Identity Development**

Bicultural identity development, also referred to as biculturalism, is partially an acculturative process whereby individuals endorse and/or hold identities across two or more heritage cultures (Schwartz & Unger, 2010; Meca et al., 2019). Biculturalism as it relates to Latino/a students often manifests in language use between English and Spanish, choice of friends from different cultural backgrounds, and engagement with media (e.g., television programs, social media applications) in English or Spanish between both U.S. and country of origin cultural contexts (Schwartz & Unger, 2010). The bicultural experiences of Latino/a students are present whether they themselves have emigrated from a country in Central or South America, or they were born in the United States and their parents are first generation immigrants. The bicultural process for Latino/a students serves as the backdrop for their experience of mainstream culture, primarily in school, while conversely engaging with their native culture at home. Biculturalism is a continuous process of integrating U.S. cultural identity as the receiving culture while simultaneously maintaining the heritage cultural identity (Meca et al, 2019). School counselors should become aware of how Latino/a students navigate stressors related to learning a new language, U.S. cultural practices, values, and identities as they account for the foundation of social and academic challenges.

### **Applications for School Counselors**

While counselor education programs provide school counselors with modest training in multicultural competencies, it is important to note that for school counselors to best support Latino/a students' success engaging with ongoing professional development to further multicultural competencies of their student populations is, likewise, imperative (Dickson et al., 2011). Previous literature has found that Latino/a students are not satisfied with the services provided by their school counselor, and they feel as if their school counselors treat them differently than their peers (see Parker & Ray, 2017; Vela-Gude et al., 2009). The following lists suggestions for school counselors to engage in further developing their awareness of the bicultural experience for Latino/a students: watching films or documentaries (e.g., *A Better Life*; *La Misa Luna*; *Selena*); frequenting local grocery stores or bodegas known to serve the surrounding Latino/a community; attending events through the chamber of commerce for the Hispanic/Latino community; and reading books that highlight Latino/a bicultural experiences (e.g., *Drown*; *When I was Puerto Rican*). School counselors' developing their awareness of bicultural experiences of Latino/a students is an ongoing personal process with professional implications. The following lists suggestions for how school counselors can support Latino/a students despite social and academic challenges brought on by biculturalism: host a short term 'lunch bunch' with Latino/a

students to get to know them better; post information on the school counseling website in both English and Spanish, this also applies to any communications sent home; provide in-service trainings with administrators and teachers about Latino/a culture and values; and finally, consider providing workshops to parents about gifted and talented programs and higher education options using bilingual documents.

### Conclusion

Given the rapid increase in the number of Latino/a students attending public schools, it is imperative for school counselors to consider the root cause of potential and current challenges facing these students. This article highlighted the undercurrent of such challenges by defining and contextualizing bicultural identity development. School counselors are positioned to address challenges faced by students from marginalized groups, and suggestions to alleviate such challenges were discussed. Although some of the suggestions may seem idealistic, at a minimum, they can serve as starting points for school counselors to increase their awareness of how Latino/a students navigate and experience public school settings, while also advocating for Latino/a students to have every opportunity for success.

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### Author

David Moran, PhD Student, Old Dominion University, [moran11@my.canisius.edu](mailto:moran11@my.canisius.edu)



## Devyn Savitsky

Eating disorders can be described as mental and physical illnesses involving a preoccupation with body weight and food, as well as severe disturbances in eating behaviors, thoughts, and emotions (American Psychiatric Association, 2013; Parekh, 2017). Considering that eating disorders most commonly develop during adolescence while the brain is still maturing (Frank, et al., 2018), school counselors ought to be conscious of how to approach this issue. When working with children and adolescents, it is crucial to be able to define different types of eating disorders, recognize risk factors, and promote positive relationships with our bodies (usually, leading by example). The following common eating disorder definitions are provided by the National Eating Disorders Association (NEDA; 2018):

**Anorexia Nervosa (AN):** An eating disorder characterized by weight loss (or lack of appropriate weight gain in growing children); difficulties maintaining an appropriate body weight for height, age, and stature; and, in many individuals, distorted body image.

**Bulimia Nervosa (BN):** Characterized by a cycle of binge eating and compensatory behaviors such as self-induced vomiting designed to undo or compensate for the effects of binge eating.

**Binge Eating Disorder (BED):** The most common eating disorder in the United States; characterized by recurrent episodes of eating large quantities of food; a feeling of a loss of control during the binge; experiencing shame, distress or guilt afterwards; and not regularly using unhealthy compensatory measures to counter the binge eating.

**Orthorexia:** An obsession with proper or 'healthful' eating.

**Other Specified Feeding or Eating Disorder (OSFED):** Developed to encompass individuals who do not meet strict criteria for previously mentioned eating disorders but still have a significant eating disorder.

For additional reading and diagnostic criteria for the aforementioned eating disorders as well as eating disorders that were not listed, see *the Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013) or NEDA's website.

### Risk Factors

Considering that eating disorders and negative body image have severe consequences on physiological and psychological health, it is vital that counselors be able to detect and monitor risk factors. Eating disorders and negative body image are present in individuals from all backgrounds with all body types, so school counselors *must* look further than physical attributes to determine etiology (Berg, Peterson, and Frazier, 2012). Some common risk factors for eating disorder development and maintenance include:

- Negative body image or body dissatisfaction (Salafia et al., 2015)
- Dieting (Stice and Desjardins, 2018) Perfectionism (Costa et al., 2016)
- Bullying (Copeland et al., 2015).
- Sexual, physical, and/or emotional abuse (as cited by Salafia et al., 2015)
- Familial promotion/encouragement of dieting, weight teasing, and dissatisfaction of family members with their *own* bodies (Neumark-Sztainer et al., 2010).
- Familial role reversal/boundary concerns that involve childhood parentification, psychological control, intrusiveness, and family enmeshment (Ketisch et al., 2014).

### Body Positivity in Schools

Those dissatisfied with their weight as adults are more likely to recall adults in their lives, particularly their parents, making comments about their weight as young children and to report poor parental modeling of positive body image (Wansink, Latimer, and Pope, 2017). As school counselors, it is of vital importance to promote positive relationships with our bodies within the school system to inspire students to follow suit.

According to Gallivan (2014), over 80% of 10 year olds are "afraid of being fat" (pp. 3-4.) Additionally, the non-profit organization Common Sense Media (2015) completed a study exploring the impact of media on body image in children and teens and determined that 1 in 4 children has engaged in some type of dieting behavior by age 7, 80% of 10-year-old American girls have been on a diet, and more than 50% of girls and approximately one-third of boys age 6 to 8 express that their ideal bodies are thinner than their current bodies. As counselors, these statistics can be disheartening, but there are outlets for promoting body positivity and being leaders in this movement. As stated by Eating Disorders Victoria (n.d.), schools can begin by promoting media literacy, joyful movement, and offering education workshops for students, faculty, and parents regarding self-acceptance, reducing a culture of perfectionism/pressure to achieve, and include body image components in school nutrition, physical activity and harassment policies. Changing the prevalence of eating disorders in the United States must begin with school-wide initiatives to promote awareness and education opportunities for every person involved with the school to ensure that our children are receiving the guidance and help that they need.

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## Author

Devin Savitsky, MS, PhD Candidate, Ohio University, [ds292216@ohio.edu](mailto:ds292216@ohio.edu), @DevynSavitsky

## State Affiliate Spotlight: ACACI

### Greetings from Illinois!

We are so proud to be a state affiliate of ACAC and excited to share some of what we have been up to this year. Feel free to learn more about us at our website: <https://www.acacillinois.com/>. Association for Child and Adolescent Counseling in Illinois (ACACI) publishes a [quarterly newsletter](#), has [networking events](#), and a variety of [other activities](#). We have a strong presence at the Illinois Counseling Association annual conference in November, running a membership table, handing out [awards](#) and running our annual meeting. Recently we sent out an email blast to members with some [covid-19](#) resources, and another about the state telehealth

executive order. These are times when counselors are much needed, and from all of us to our colleagues at ACAC, thank you for the support you provide to youth.

Warmly,

The Association for Child and Adolescent Counseling in Illinois

ACACI November 2019 Board Meeting



## Parenting and Technology: How the Collaboration of Parenting Style and Mediation Effects Adolescents

Jennifer L. Owen

Today's adolescents are living in a world unlike previous generations due to the emerging advances in technology. With rapidly growing advancements in technology, it is evident that using technology for everyday use is no longer the exception but the rule. With this in mind, parents of adolescents must help their teens to navigate the world of technology while maintaining appropriate boundaries. To help parents manage their adolescent's technology use, counselors must understand the effects of parenting style and mediation practices on adolescents' technology use.

### Parenting Style and Mediation Practices

Parenting styles stand as a significant factor in contributing to both positive and negative media use in adolescents (Meeus et al., 2018). Although there are different terms for various types of parenting styles in the literature, the parenting styles identified include autonomy-supportive, controlling, and inconsistent. The autonomy-supportive parenting style is characterized by openness and non-judgement on behalf of the parent by promoting autonomy, self-regulation, and problem-solving skills within their adolescent child (Valkenburg et al., 2013; Meeus et al., 2018). The controlling parenting style is characterized by parents disrespectfully forcing their opinions upon the child (Grolnick et al., 2007; Gurland & Grolnick, 2005). The inconsistent parent is irregular and unpredictable (Meeus et al., 2018). This type of parent regulates their adolescent's behaviors at one point in time and then does not regulate behaviors at a different point in time, which can be very confusing for the adolescent.

In an effort to regulate their adolescent's technology and social media use, parents can implement up to three different mediation practices: active mediation, restrictive mediation, and co-viewing mediation. Active mediation involves dialogue between the parent and child about their technology use and the content that they are being exposed to (Nathanson, 1999; Valkenburg et al., 1999; Beyens & Beullens, 2017; Clark, 2011). Parents using restrictive mediation will set rules and limitations regarding media use and implement consequences for breaking those rules (Nathanson, 1999; Valkenburg et al., 1999; Beyens & Beullens, 2017; Clark, 2011). Finally, co-viewing mediation is using the technology and social media alongside their teen yet without dialogue (Clark, 2011). Each parental mediation can be utilized in an effort to regulate adolescent technology and social media use, each varying in weight of effectiveness.

### The Need for Appropriate Technology Mediation

The effects of applied mediation practices change significantly depending on whether the parents convey these expectations in an autonomy-supportive, controlling, or inconsistent manner. The encouragement and implementation of autonomy tends to reap more productive results in adolescent media use (Meeus et al., 2018). Meeus et al. found that autonomy-supportive, restrictive mediation increased positive media use while also decreasing negative media use (2018). Autonomy-supportive, active mediation also showed an increased in positive media use; however, it did not decrease negative media use in adolescents (Meeus et al., 2018). It is because of this finding that restrictive mediation combined with an autonomy-supportive parenting style is recommended for producing the most effective results. This allows for autonomy enhancement in the adolescent, increased parent-child connectedness, and appropriate boundary setting to prevent unwanted media usage from the adolescent.

According to the literature, there are practical actions that counselors can teach parents in becoming more autonomy-supportive in their parent-child mediation techniques; thus, increasing the positive effects of technology and media use and decreasing negative effects. First, counselors can encourage parents to be aware of what is going on in the media world that their teens are involved in and provide knowledge regarding that world (Baldry et al., 2019). Counselors can teach parents how to initiate meaningful conversations with their adolescent regarding media use and listen with respect, warmth, and understanding (Patchin & Hinduja 2012; Fousiani et al., 2016). When it comes time to setting rules, counselors can emphasize to parents the importance of sharing their concerns with their teens, sharing ideas for addressing potential problems, and respectfully listening to the adolescent's perspective (Baldry et al., 2019; Meeus et al., 2018). Counselors are encouraged to coach parents on how to communicate clear and rational

explanations for set rules (Meeus et al., 2018; Baldry et al., 2019). It is also beneficial for parents to increase their adolescent's exposure to positive media content and make suggestions of appropriate media that they can use (Meeus et al., 2018; Patchin & Hinduja 2012; Fousiani et al., 2016). By implementing these strategies, counselors can help parents be well on their way towards developing a stronger connection with their child and promoting healthy technology and media use in their teen's lives.

### Conclusion

Managing the world of technology and media can be difficult, especially when trying to help adolescents learn to manage it as well. The world of technology often gets a bad reputation; however, when used correctly technology and media use can be used as an advantage point. Parents must be able to see the harmfulness of their current controlling and inconsistent approaches and see the benefits of promoting their adolescent's autonomy. Counselors promoting the combination of autonomy-supportive parenting style and the restrictive mediation technique provide parents with ample ways to approach their adolescent's technology use in a way that is productive for both the parent and the adolescent.

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### Author

Jennifer L. Owen, MA, PhD Student, Liberty University, jennleighowen@gmail.com

### From the Newsletter Editor

We appreciate your patience as the newsletter is late to press. My day job has been keeping me busy and I know that most of you can relate. In this edition, we are focusing primarily on school counseling articles, highlighting state affiliates, opportunities to connect and serve, and graduate research...Enjoy

For the Fall Edition of the Newsletter, we would like to focus on the impact of COVID-19, the rising use of telehealth in our work, and the creative ways we have persevered. Whether it is as a student, school counselor, community counselor or educator, we all have experience to share and messages of resilience. Please consider submitting an article for the Fall Newsletter. The deadline is Oct 15<sup>th</sup>.

Currently, I am a one-person operation and would like to offer 1-2 graduate/doc students an opportunity to assist with the fall and spring submissions. Please let me know if you might be interested.

Newsletter submissions should be 1-3 pages in length, APA style, supported with scholarly references, and in a Word document. Send submissions to [tkascsakphd@icloud.com](mailto:tkascsakphd@icloud.com) with ACAC Newsletter in the Subject Line.

*Theresa* 😊

Theresa M Kascsak, PhD, LCMHCS, NCC, RPT-S, LSC(NC) ~ [tkascsakphd@icloud.com](mailto:tkascsakphd@icloud.com)

### Interested in Membership?

Visit our [website](http://www.acac.org) at [acac.org](http://www.acac.org) for more information about how to join!!

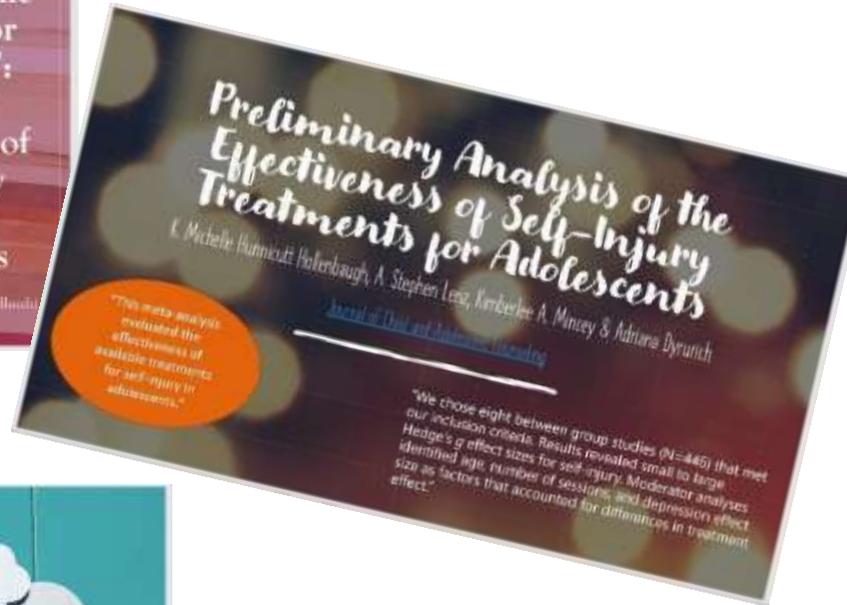
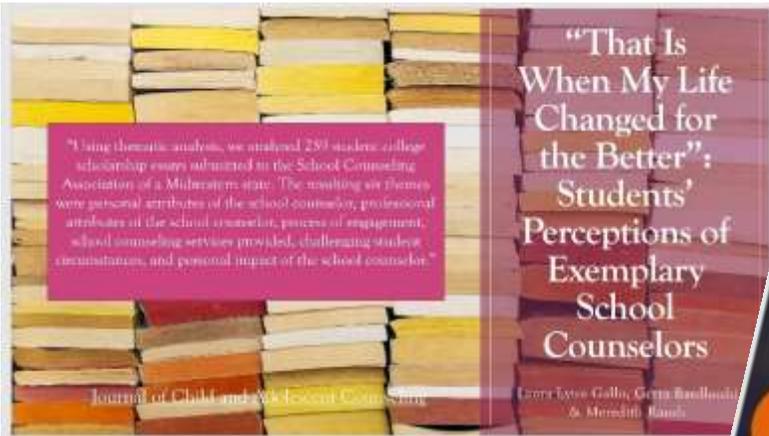
**Who joins ACAC?** Counselors who benefit from membership in ACAC include:

- Mental Health Clinicians
- School Counselors
- Play Therapists
- Counselor Educators
- Any counselor working with children and/or adolescents

**Benefits of Joining ACAC** - In addition to benefits of ACA membership, ACAC provides members with

- ACAC electronic newsletter providing current information and support to members.
- ACAC website to provide networking opportunities and up-to-date activities of the organization and members.
- ACAC Member Blog providing the unique opportunity to consult with other members regarding challenges in practice.
- ACAC's Journal of Child & Adolescent Counseling biannual journal.
- The ability to apply for ACAC sponsored research grants and ACA featured presentations

**Interested in Joining?** ACAC is a division of the American Counseling Association (ACA). Therefore, you must be an ACA member to join. Please visit the ACA Website to become a member and add ACAC as your division!



Check out the most recent edition of the [Journal of Child and Adolescent Counseling](#), Volume 6, Issue 1

