counseling children
a core issues approach

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This book is dedicated to all children past and present.
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For all children, life is a challenging endeavor. Many are constantly experiencing who they are; testing alternative ways to live their lives; and exploring opportunities for love, safety, and joy. Some children are forced to cope with overwhelming experiences, resulting in the loss of all of the best aspects of childhood. It is the counselor’s role, of course, to assist children who may be experiencing a whole host of difficulties through no fault of their own. The purpose of this book is to enhance counselors’ abilities to attend more completely to the core elements of problems children present.

Among the many complex factors involved in the counseling process, two are crucial: accurately conceptualizing the underlying nature of a child’s struggle and designing an appropriate counseling plan to adequately address the problematic issues at hand. Often, counseling is made all the more difficult because of any number of limitations associated with early stages of physical, cognitive, and emotional development. Counselors who work with children will find this book to be a valuable tool for both expanding basic concepts of problem assessment and designing effective treatment modalities.

At their most basic level, children who present problems can be roughly grouped into two different categories (Halstead, 2007). In the first category are those who present problems resulting from some unexpected event or isolated situation. In these cases, the child usually presents with no remarkable problematic history. In the second category are those children who arrive with difficulties that are more complex in nature. Their issues reflect a larger set of significant patterns of problematic emotions and behaviors that have been in place for some longer period of time. Typically, a child in this second category presents problems that have a historical context and that therefore can be traced back to earlier points of that child’s life and often to the nature of the relational environment in which the child lives. Thinking about these two broad categories can help a counselor establish a framework for understanding a bit better the nature of a child’s presenting problem. It does little, however, to help the
counselor design effective interventions. Even if the counselor can differentiate the type of presenting problem, without a means of framing what lies at the core of the problem he or she can become stuck and counseling interventions can meet with mixed results. With no framework for understanding the deeper nature of the child’s problem—what we refer to in this book as the child’s core issues—a counselor can often miss the bigger picture of the child’s deeper struggle and the counseling process can falter and stall. The important goal of helping a child either adjust to a one-time situational event (the first category) or change repetitive problematic life patterns (the second category) is achieved more often by happenstance than by design. More important, the larger core issue(s) with which clients struggle but are unable to voice often remain unaddressed and thus are left unresolved, only to become the source of more serious problems in the future.

So we pose the following question: When a parent and child present for counseling, how does the counselor assess the nature of what is really happening at the core of the child’s struggle? Although the answer will vary to some degree among counselors, it quickly becomes clear that well-schooled and talented counselors do not have a framework for understanding the core issues with which children struggle every day.

Limitations of the Widely Accepted Diagnostic Model:

The Diagnostic and Statistical Manual of Mental Disorders

The problem of identifying and working effectively with core issues is not limited to less experienced clinicians. We have come to believe that the problem is more systemic in nature. As clinicians, we have on more than a few occasions been privy to information pertaining to children who have been hospitalized for inpatient treatment. These admissions are usually meant to assist the child through a severe crisis. It was after one such hospital case conference that the first author (Halstead) began to wonder about the power of models used for conceptualizing how a client presents. A constructivist would hold that conceptual models strongly influence what clinicians look for and, as a result, see in a child’s presentation. In hospital settings, symptom classification according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM–IV–TR; American Psychiatric Association, 2000) is where client assessment and treatment planning starts and, all too often, ends. The American Psychiatric Association is currently working on the production of the DSM–5, which is due to be released in 2013. Given that the work committees have provided little advance information on the structure of this forthcoming work, it is unknown whether the DSM–5 will move to a relational diagnostic focus. However, we are thinking that such a radical shift is highly unlikely.

The first DSM was published by the American Psychiatric Association in 1952. One might wonder how the mental health field might be different today if the counseling profession had spent the past 58 years engaged
in an effort to develop a classification system for understanding the core nature of client problems. If such a system had been developed, would today’s counselors focus their attention and interventions on qualitatively different aspects of a child’s reported difficulties? Would there be greater support for relational or human growth and development–based models of diagnosis and intervention in the field of counseling? What if the counseling profession had developed a complete companion manual to the *DSM–IV–TR* (American Psychiatric Association, 2000) that focused on something other than sets of psychiatric symptoms as a means of conceptualizing the problems of childhood? What impact would a system that focused on relationally based core problematic issues have on a counselor’s work? Imagine if, instead of only determining categories of disorders, the counseling profession offered clinicians a means of assessing the nature of children’s core issues. Would having a framework that organized the basic thematic aspects of the relationally based difficulties children face help form better understandings of children’s responses to difficult struggles in life? We propose that the answer to this question is an unqualified yes!

At this point it must be made clear that counselors should not ignore the fact that some individuals benefit greatly from medical model–based interventions. Furthermore, counselors must respect the fact that symptoms associated with current classifications of psychiatric disorders are synonymous with human suffering and, thus, they need to attend to intervention strategies that enhance the likelihood of symptom reduction. We are not suggesting that there is no place for medically based assessment and treatment as a primary or ancillary intervention in one’s overall counseling practice. What we are suggesting is that, like any model, conceptualizations of client problems based on the *DSM–IV–TR* (American Psychiatric Association, 2000) have their limitations. We also argue that the counselor can move beyond these limitations by using alternative models for conceptualizing client problems.

One of the many major contributions that the multicultural counseling movement has made to the counseling profession involves advancing the notion that a wide variety of valid perspectives can be used for constructing a view of the world (Pedersen, 2001). Each variation carries with it a contextual basis for establishing an understanding of the nature of self, the social and relational roles of others, and a personal framing of the world’s natural order. The result, from a social and cultural perspective, is the construction of qualitatively different belief systems that serve to inform lives. Each culture individually can only be understood from within its own unique and relativistic perspectives. It is through these ideas that members of the counseling profession have become sensitized to the idea that holding singularly absolute views of the world can limit and marginalize the validity of others. Culturally sensitive counselors have broader meaning-making frameworks for understanding that differences are often based in the unique dynamics of cultural social systems that orient an individual’s worldview. This
framing of culture and culturally based perspectives suggests that when the counselor has more than one model for understanding the nature of the world, it is possible to see and understand aspects of life that previously were invisible or incomprehensible. We contend that the very same principles apply to the diagnostic conceptualization and understanding of children’s problems. Having only one formalized framework for diagnosing the nature of client problems is tantamount to imposing a culture of pathology on every child who is seen for counseling service. We are suggesting that this form of clinical encapsulation serves neither the child nor the counseling profession well.

**A Different Conceptual Model**

There is great merit in a problem classification framework that allows counselors to better understand the core elements of a child’s struggle as opposed to limiting assessment to sets of observable symptoms. Having such a framework would not only enable counselors to better understand a child’s presenting problems but also assist him or her in expressing these concerns. With such a framework, counselors would be able to address the core elements that serve to generate problematic responses and help the client discover and more effectively cope with the thematic threads that run through various problematic situations. These thematic threads could then come to serve as working reference points from which new and perhaps more adaptive personal perspectives could be generated. The motivation for advancing such an approach rests fully on the desire to bring resolution to the child’s presenting concern and at the same time offer a means for helping the client create lasting change.

Having a framework that categorizes the nature of a client’s core issues can enhance a counselor’s work in four major ways. First, such a framework allows the counselor not only to conduct an accurate assessment of the client’s stated concern but also to draw some preliminary hypotheses about the core elements that may underlie the child’s struggle. Second, once identified, the child’s core issue becomes a focal point for designing an effective counseling plan and choosing appropriate intervention modalities. Third, the counselor is better able to systematically monitor the client’s progress in making transformational change over the course of the counseling process. Fourth, by committing a portion of the clinical focus to the client’s core issue, the counselor helps facilitate the type of change that decreases the likelihood of relapse (Young, Beck, & Weinberger, 1994).

The underlying question associated with this position is, of course, what core issues are responsible for establishing and maintaining problematic thoughts, feelings, behavior, and associated meanings in a child’s life? This book advances the notion that a nomenclature based on core issues is clinically richer and more useful than the classification of symptoms associated with psychiatric disorders. It is our contention that a different problem nomenclature can be used as a basis for forming a clearer understanding of the core nature or essence of a client’s problem-based
struggles as well as the accompanying symptoms. Using this different, more expansive understanding of diagnostic assessment, counselors can design intervention strategies to assist a child in making core changes that are more adaptive over the long term. One might think of the ideas presented in this book as important and valuable adjuncts to the use of the DSM–IV–TR (American Psychiatric Association, 2000). Put simply, we wrote this book to help the counselor formulate an understanding of the child client that is qualitatively different from that offered by the traditional psychiatric diagnosis and to demonstrate our model’s applicability across treatment modalities. Our hope is that the utilization of this nomenclature will help the counselor understand the core elements of the child’s presenting problem and use appropriate core issue–based interventions to help create lasting change.

This book draws heavily on the creative ingenuity of members of the counseling profession who have advanced theoretical perspectives in cognitive, play, art, and narrative therapies, all for the purpose of helping children live better quality lives. Most notably, we have drawn on the work of Jeffery Young, PhD, who built on earlier theoretical concepts to propose a cognitively oriented and relationally based diagnostic framework. Although these ideas are not fully ours, we believe that the real contribution of this book is in offering a unique integration and synthesis of theoretical perspectives that can enhance a counselor’s work with children. Thus, we have made every effort to present the ideas and concepts in a concise manner that lends itself well to clear clinical application for the practicing counselor as well as the counseling student.

### Overview of Book

The chapters in this book have been grouped into two parts. Part I contains four chapters that provide a basic orientation as to how counselors might think about the nature of clients’ presenting problems. Chapter 1 sets the stage for considering alternatives to assessing a client’s presenting problem(s) and the client’s responses to his or her struggles. Chapter 2 offers a theoretical overview of the proposed diagnostic framework. This chapter briefly traces the conceptual framework of the core issues model and the validity of the construct. It also explains the 18 core issues that might be at work in a child’s life and discusses the specific origin of each core issue. Chapter 3 provides a detailed framing of the thematic nature of core issues and how they are expressed as a living story detailed in a client’s relational history and current stage of life. Chapter 4 extends the use of the child’s living story as a narrative and acts as a conceptual bridge from the core issues assessment to effective intervention modalities. It also traces the counseling process through the use of a case study.

Part II addresses the elements involved in applying the core issues concept across widely accepted treatment modalities for working with children. Chapter 5 addresses the critical elements involved in establishing strong counseling relationships with children, the required sensitivities
that pertain to certain developmental stages, and the nuance of entering into a child’s world. Chapter 6 illustrates how, when cores issues themes emerge as narratives, the counselor can assist the child in giving voice to pain and struggle through a coconstructed story and how, through the reshaping of that story, the child can find a new way of being in the world. Chapter 7 discusses how counselors can address a core issue problem through the use of child-centered counseling and play therapy. Chapter 8 addresses sand work in counseling children and how this can be an effective modality for connecting with children’s core issue themes and working through an identified problem. Chapter 9 provides an overview of the creative art approach to counseling and uses a case study to illustrate this form of intervention. Chapter 10 points out the important role that the counselor plays in helping to shape the efforts of parents, teachers, and other professionals in meeting a child’s needs. This chapter makes it clear that helping a group of concerned adults to move in the same direction presents some formidable challenges. Each of these challenges is clearly delineated, and suggestions are offered as to how the counselor can work toward overcoming them.
We would like to emphasize that this work has resulted from drawing on the creative works of many scholars, past and present, who have developed better methods for helping others and who have made the effort to publish their theoretical perspectives and research findings.

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