FIFTH EDITION

Counseling Children & Adolescents

Ann Vernon and Christine J. Schimmel

Counseling Children & Adolescents

Counseling Children & Adolescents

Fifth Edition

Ann Vernon and Christine J. Schimmel

cognella® | ACADEMIC PUBLISHING

Bassim Hamadeh, CEO and Publisher
Amy Smith, Project Editor
Abbey Hastings, Associate Production Editor
Jess Estrella, Senior Graphic Designer
Sarah Schennum, Licensing Associate
Jennifer Redding, Interior Designer
Natalie Piccotti, Senior Marketing Manager
Kassie Graves, Vice President of Editorial
Jamie Giganti, Director of Academic Publishing

Cover image source: https://commons.wikimedia.org/wiki/File:Ethel_Spowers._Swings,_1932._Linocut.jpg

Printed in the United States of America.

ISBN: 978-1-5165-3119-6 (pbk) / 978-1-5165-3120-2 (br) / 978-1-5165-9711-6 (al)

Dedication

This book is dedicated with love to my grandchildren, Elia and Niko Kavic Vernon, whose vibrant and unique personalities never cease to amaze me! They are creative, loving, and exceptionally perceptive. I look forward to watching them navigate their journey through life. —Nanna (Ann)

This book is dedicated to my son, Austin. Thank you for letting me help you navigate the challenges and trials that many children and adolescents face in our world today. It has been my greatest honor and my most rewarding achievement to watch you grow into the fine young man you are today. —Mom (Chris)

Brief Contents

Detailed Contents

Preface

Childhood has changed dramatically over the years, and for many children, it is no longer the carefree period of life where engaging in activities such as capturing fireflies in a jar, soaring high on a tire swing, or playing hide and seek are everyday experiences. These simple pleasures were inexpensive, creative, and healthy—in sharp contrast to what many of today's youth do for fun. While many children and adolescents continue to be enamored by DVDs or video games, the Internet is their go-to source of entertainment and is primarily accessed through mobile devices such as iPads, iPhones, and tablets for the purpose of gaming and watching YouTube videos. Social networking sites have replaced many of the play and social skill-building activities that are such an important part of a child's development.

For many youth, childhood used to be a time where they were nurtured and protected and were essentially free from responsibilities. But, to a large extent, that has changed, and in so many ways the world is more complex than ever before. When I (Ann) wrote the preface for the previous edition of this book, I noted that children and adolescents were faced with many challenges; that, in addition to normal growing-up problems, young people had to deal with the complexities of our contemporary society. The same holds true today—but to a much greater degree. Now, children seem to have lost their innocence and have to contend with issues far beyond their level of comprehension. They grow up too fast and too soon, and although they may be young chronologically, they are exposed to adult issues through the media and the Internet, as well as through day-to-day experiences that they are not developmentally equipped to deal with. Now, in addition to helping children and adolescents deal with serious issues such as addiction, eating disorders, abuse, and non-suicidal self-injury, counseling professionals struggle to help young people cope with cyberbullying that occurs long after the school day has ended, the possibility of coming in contact with sexual predators online, and even the reality of a child human trafficking epidemic. Even adults are frequently at a loss as to how to deal with the stressors that characterize this rapidly changing society, so it stands to reason that children experience even greater stress, which is oftentimes expressed behaviorally because they cannot articulate how they feel. Although we would like to think that children are immune to these stressors, the sad reality is that we cannot

protect them from poverty, violence, intolerance, and hate. Try as we might, we cannot always shield them from abuse and neglect or parents who are ill-equipped to nurture and provide for their children because they are dealing with their own issues such as addiction, incarceration, or some form of mental illness. While most parents want to do the best for their children, their circumstances might impact their ability to do so.

In addition, children and adolescents are now more fearful and feel more vulnerable as a result of the increasing violence in their schools and communities, as well as the threat of terrorism. Imagine being a student in a school when a gunman, possibly a fellow student, unleashes a string of bullets that kills his or her teacher and many of his or her classmates. Innocent young people shouldn't have to experience this kind of chaos, fear, and trauma that will not only impact their development, but also their lives for years to come. How do we adults help them deal with the significant ramifications of these terrifying events when we struggle make sense of them ourselves?

In reality, there are many barriers in today's society that impede children and adolescents' ability to grow up without giving up. Throughout the world, many children live in poverty, have no access to health care, or live in dysfunctional families where boundaries are blurred and children are forced to assume caretaker roles and adult responsibilities. Young people have no control over whether their parent or parents are deployed to fight for their country or whether they or their parents will be deported because they are illegal immigrants. In essence, they are vulnerable, and, for the most part, are dependent on the adults in their environment for support and guidance. If these adults cannot or do not assume this responsibility, children are at far greater risk and are susceptible to the numerous societal changes that affect their well-being.

Clearly, school and mental health professionals must assume an important role in helping young people deal with the challenges of growing up. We must find effective ways to teach them how to be resilient and equip them with tools to handle the typical developmental problems as well as the more serious problems that so many will encounter. By listening to their stories, employing effective interventions, advocating for them, and informing parents and other professionals about child and adolescent development and other important issues, we can help make their journey through life easier.

Children are our future—and in this world where values are changing and societal norms are rapidly fluctuating, helping professionals need to actively intervene with caregivers since the home environment is so central to a child's development. Despite the fact that family constellations are changing, what hasn't changed is the

importance of a stable home environment that can provide children with love, support, and adequate care. Although schools and communities also play a major role in assuring the healthy development of youth, it is in the home where children are socialized to their race, ethnicity, religion, gender roles, beliefs, and values. Without adequate adult guidance and healthy role models, we can expect to see an increase in social-emotional and behavioral problems, as well as learning difficulties. In order to protect our future in this global society, we, as counseling practitioners, must take a leadership role to implement strategies that promote the well-being of children, adolescents, and their families and caregivers.

ABOUT THIS EDITION

The fifth edition of this book has been revised in several significant ways. First, most of the authors and all the co-authors are new. Second, each chapter begins with a case-study vignette, which will also be referred to at the end of the chapter, where the authors share what they learned from working with a young client or family and what techniques they used that they considered most effective. In addition to the vignette at the beginning of the chapter, there are case studies, numerous interventions, counselor-client dialogues, and examples of group/classroom activities interspersed throughout each chapter to illustrate application of key principles. In this edition, there are also sidebars that include several distinctive features:

a. *Dialogue Box.* This sidebar is a verbatim short exchange between a client and a counselor to illustrate how to deal with a specific problem or initiate an interaction with a young client, relative to the content of the chapter.
b. *Voices from the Field—Professional.* In this sidebar, a counseling practitioner shares a piece of advice or an opinion or something he or she has applied with clients related to the chapter content.
c. *Now Try This!* This sidebar describes a short exercise or intervention that readers can try to help them apply what they have read in the chapter.
d. *Voices from the Field—Child or Adolescent.* In this sidebar, a young client shares his or her perspective or experience in individual or small group counseling.
e. *Personal Reflection.* This sidebar directs readers to personally reflect on one or more specific questions relative to the chapter content.
f. *Add This to Your Toolbox!* This sidebar describes a specific technique relative to the chapter content that the authors have found to be especially effective.

This revised edition highlights the importance of taking young clients' level of development and culture into account throughout the counseling process. These two factors are discussed in stand-alone chapters and are emphasized throughout the book. In addition, there are chapters on reality therapy, rational-emotive behavior therapy, play therapy, and solution-focused brief counseling, which are considered the most effective approaches to use with young clients. Other chapters present relevant information about the counseling process as it specifically applies to young clients, creative counseling interventions, counseling children with exceptionalities, working with families, and counseling young clients in small groups. In addition, given the increased challenges today's youth are experiencing, we included a chapter on at-risk youth and another on working with children and adolescents from a growth mind-set perspective, which describes how to help children and adolescents develop resiliency.

Readers of previous editions have told us time and time again how much they love the practicality of this text and the numerous engaging examples that enhance the content of the book. The importance of keeping with this tradition was stressed to the authors as they wrote their chapters. These authors are all well-respected authorities in their field and have provided pertinent, practical, and up-to-date information that will increase readers' knowledge about effective counseling strategies for children and adolescents in an ever-changing and challenging global society. We hope that this fifth edition will be a valuable resource that students and counseling practitioners will use to help make a difference for today's children and families.

—Ann Vernon and Christine Schimmel

About the Editors

ANN VERNON, PH.D., is professor emerita at the University of Northern Iowa where she coordinated the school and mental health counseling programs for many years. In addition, she had a large private practice, specializing in counseling children, adolescents, and their parents. Dr. Vernon has written over 25 books, as well as many invited book chapters and refereed journal articles. These publications, including *What Works When with Children and Adolescents* and the *Thinking, Feeling, Behaving* emotional education curriculums, focus on practical interventions that help enhance young people's social/emotional development. Dr. Vernon has held various leadership positions in professional counseling organizations, founded the ACES women's retreats, is an ACA fellow, and was the second person to be awarded diplomate status through the Albert Ellis Institute. Dr. Vernon, a former school counselor, conducts workshops and in-depth trainings on topics related to her areas of expertise: parenting, developmental considerations in counseling children and adolescents, interventions for internalizing disorders, creative counseling techniques, and counseling couples. Currently, she trains counseling practitioners in various parts of the world to apply rational-emotive behavior therapy with children and adolescents, as well as with adults. She is the president of the Albert Ellis Institute and is considered the leading international expert in applications of REBT with children and adolescents.

CHRISTINE J. SCHIMMEL, ED.D., LPC, is an associate professor in the Department of Counseling, Rehabilitation Counseling, and Counseling Psychology at West Virginia University. Dr. Schimmel coordinates the school counseling program and specifically focuses on working with and training school counselors. Prior to becoming a counselor educator, she was a school counselor. Dr. Schimmel has devoted over 20 years to providing staff development and workshops on topics relevant to both clinical mental health and school counselors. She has presented on topics such as impact therapy, creative counseling techniques, counseling theory, dealing with challenging students, and group counseling. Dr. Schimmel has published more than 10 articles, book chapters, and monographs on these subjects as well. Along with her colleague, Dr. Ed Jacobs, they have published one of the most widely used group counseling textbooks on the market, *Group Counseling: Strategies and Skills*, which is now in its eighth edition.

About the Contributors

ESTHER N. BENOIT, PH.D., LPC, received her M.Ed. degree in marriage and family counseling and her Ph.D. in counselor education from the College of William and Mary in Williamsburg, Virginia. Dr. Benoit currently serves as a faculty member in the clinical mental health program at Southern New Hampshire University and is actively involved in identifying and supporting the needs of families and individuals in the greater Hampton Roads community. Prior to taking the position in New Hampshire, she worked as a family, couples, and individual counselor in Virginia, where she continues to work with at-risk youth and their parents through a grant-based prevention program in both group and family counseling settings.

PAMELIA E. BROTT, PH.D., LPC, has over 20 years of experience as a counselor educator and 14 years of experience as a school counselor. Currently, she is an associate professor and coordinator of the school counseling program at the University of Tennessee, Knoxville. She is the author of 38 publications and 39 international and national conference presentations that span the fields of school counseling and career counseling. She is co-author of the book *What School Counselors Need to Know about Special Education and Students with Disabilities*. Her areas of interest in school counseling are accountability, practical action research, career development, and professional school counselor identity development.

PEI-CHUN (OLIVIA) CHEN, PH.D, is an assistant professor of counseling at the University of Northern Iowa. She received her doctorate degree from the University of Florida. Her primary research interests center on multicultural counseling and supervision. She is currently developing a multicultural counseling self-efficacy scale for counselors working in Confucian and collective cultures. Dr. Chen's teaching includes courses in intervention and prevention through the developmental lifespan, family counseling, counseling skills, and developing comprehensive school counseling programs.

DARCIE DAVIS-GAGE, PH.D., is the division chair and program coordinator of counseling, clinical coordinator of mental health counseling, and CACREP liaison at the University of Northern Iowa where she has been a faculty member since 2005.

Her teaching interests are in the areas of group process, multicultural counseling, career counseling, and mental health specialty courses. She brings 20 years of various counseling experiences to the classroom. Dr. Davis-Gage has worked as a counselor in a variety of mental health agencies, which include a partial hospitalization program, a women's mental health agency, a college counseling and advising center, and private practice.

REBECCA DICKINSON is a social work Ph.D. candidate at the University of Iowa. She is currently completing her dissertation on the topic of using Adlerian play therapy with children who have experienced trauma. She is employed in the community as a play therapist, working primarily with foster/adoptive children, as well as providing therapy services in local elementary schools. In addition to play therapy-related topics, she has presented and published on a variety of social work topics, including best practices in social work field education, ethical issues in taking social work students abroad in immersion programs, and social justice issues related to children with disabilities.

ED JACOBS, PH.D., LPC, is the coordinator of the master's program in counseling at West Virginia University and the founder of impact therapy. He is a well-known presenter at the national and international level (over 400 workshops) and the author of six books, including three on group counseling. Dr. Jacobs's areas of expertise include creative counseling, group counseling, counseling techniques, and counseling theory. Dr. Jacobs's presentations are extremely popular due the practical nature of his approach. His co-authored book, *Group Counseling: Strategies and Skills,* is now in its eighth edition. Dr. Jacobs is an ASGW (Association for Specialists in Group Work) fellow.

TERRY KOTTMAN, PH.D., NCC, RPT-S, LMHC, founded the Encouragement Zone, where she provides play therapy training and supervision, life coaching, counseling, and "playshops" for women. Dr. Kottman developed Adlerian play therapy, an approach to working with children, families, and adults that combines the ideas and techniques of individual psychology and play therapy. Dr. Kottman is the author of many publications, including *Play Therapy: Basics and Beyond*, and is the co-author (with Dr. Kristin Meany-Walen) of *Partners in Play: An Adlerian Approach to Play Therapy* (3rd ed.). She is the recipient of the Lifetime Achievement award from the Association for Play Therapy and the Lifetime Achievement award from the Iowa Association for Play Therapy.

MONICA LEPPMA, PH.D., LMHC, is an associate professor of counseling (clinical mental health and school counseling emphasis) at West Virginia University. She earned her doctorate in counselor education from the University of Central Florida. Dr. Leppma is a licensed mental health counselor experienced in working with children, adolescents, and adults in a variety of clinical settings. Her research focuses on counselor development and protective factors for children and adults. Dr. Leppma has authored or co-authored a number of peer-reviewed articles in these areas.

LAUREN MOSS, PH.D., LPC, is an assistant professor at Kutztown University in the department of counselor education where she serves as the co-coordinator of the school counseling program. Dr. Moss has extensive experience in the public school setting at the middle school level, both as a professional school counselor and special educator. Her professional experiences working with diverse populations have led her to research interests in group work, bullying prevention, social justice, and advocacy. Dr. Moss prides herself in working as a change agent, particularly in the school setting, to support and advocate for/with all clients. She has published many journal articles and book chapters on these topics.

JEAN SUNDE PETERSON, PH.D., professor emerita at Purdue University, directed the school counseling program, which was the NBCC Program Professional Identity awardee in 2011. Dr. Peterson continues to work clinically in retirement. Her extensive publication record includes books, refereed journal articles, and invited chapters that focus on the social and emotional development of high-ability youth and the bridge between gifted education and counseling fields. Her most recent book is *Counseling Gifted Students: A Guide for School Counselors* (with Dr. Susannah Wood). She is the recipient of 10 national awards and 12 from Purdue University for research, teaching, or service. Her first career was in K–12 education.

JENNIFER E. RANDALL REYES, PH.D., LPC, is currently an associate professor in the Department of Psychology, Human Development, and Counseling at Prescott College. Her dissertation, *The Lived Experience of Mental Health Providers in Adventure Therapy Programs* received the SEER award for valuable research contributions to the field. Her consultation and research efforts are geared toward creating effective systems of care for the most vulnerable of populations. For the past 15 years, Dr. Randall's primary area of clinical focus has been working with at-risk youth and their families. Her work has spanned the foster care system, juvenile justice, private and public residential out-of-home placements, and now private practice.

RUSSELL A. SABELLA, PH.D., is currently a professor in the Department of Counseling in the College of Health Professions and Social Work at Florida Gulf Coast University, and he is president of Sabella & Associates. Dr. Sabella is the author of numerous articles and the co-author of three books. He is also the author of the popular *SchoolCounselor.com: A Friendly and Practical Guide to the World Wide Web* and *GuardingKids.com: A Practical Guide to Keeping Kids out of High-Tech Trouble*. Dr. Sabella is well-known for his "Technology and Data Boot Camp for Counselor" workshops conducted throughout the country. He is past president of the American School Counselor Association and the Florida School Counselor Association.

SARAH I. SPRINGER, PH.D., LPC, is currently an assistant professor in the Clinical Mental Health Counseling program at Monmouth University. She is a licensed professional counselor in private practice and an educational consultant in the New Jersey public schools. Formally, Dr. Springer practiced as a school counselor and was trained as a music educator, working with students across the K–12 grade levels. Dr. Springer has published on group counseling, supervision, and topics specific to the work of school counselors. She, along with several colleagues, recently published *A School Counselor's Guide to Small Groups: Coordination, Leadership, and Assessment.*

TORI STONE, PH.D., LPC, is an assistant professor of education in the Counseling and Development program at George Mason University in Fairfax, Virginia. Prior to becoming a full-time counselor educator, Dr. Stone worked as a school counselor in Virginia for 17 years. Dr. Stone's interests include creative counseling and providing professional development in best practices for school counseling site supervisors. She is passionate about counseling children and adolescents and training future counselors.

KATHERINE M. HERMANN-TURNER, PH.D., is an assistant professor in the Department of Counselor Education at the University of Louisiana at Lafayette. She received her doctoral degree in counselor education and supervision with a specialization in marriage and family counseling from the College of William & Mary. Dr. Hermann-Turner holds an endowed professorship in education at the University of Louisiana at Lafayette. She is an active counselor educator engaging in scholarship and service at the university and national level. Dr. Hermann-Turner currently holds leadership roles with the Association for Adult Development and Aging (AADA) and service roles on several editorial boards.

ROBERT E. WUBBOLDING, ED.D., LPCC, BCC, is a psychologist, counselor, and director of the Center for Reality Therapy in Cincinnati, Ohio, and is professor emeritus at Xavier University. Dr. Wubbolding served as the director of training for the William Glasser Institute from 1988–2011. He has authored 17 books on reality therapy, as well as 150 articles and essays and 37 book chapters. His book *Reality Therapy and Self Evaluation: The Key for Client Change* is the most comprehensive book on the theory and practice of reality therapy. Bob has taught reality therapy in Europe, Asia, the Middle East, North Africa, and North America.

CHAPTER 1

Working with Children, Adolescents, and Their Parents

Practical Applications of Developmental Theory

Ann Vernon and Pei-Chun Chen

LEARNING OBJECTIVES

1. To understand how development impacts the way children and adolescents respond to typical developmental problems as well as to more serious situational issues
2. To describe specific developmental characteristics for early and middle childhood and early and mid-adolescence
3. To identify examples of developmentally appropriate interventions for early and middle childhood and early and mid-adolescence, as described through case studies

(Ann) received a phone call from Mrs. Jacobs who requested an appointment with me to discuss concerns about her 18-year-old daughter Megan, a senior in high school. She shared that Megan had always been a good student and had been very involved in several leadership and extracurricular school activities throughout high school. However, this year she had decided not to participate in marching band or cheerleading, which she had loved, and she had also withdrawn from many of her friends. According to Mrs. Jacobs, there were other changes as well, which made her suspect that her daughter might be depressed, although Megan denied it and said she did not need counseling. Nevertheless, Mrs. Jacobs expressed a desire to meet with me to discuss her observations in greater detail.

During the first meeting, Mrs. Jacobs shared that Megan, an only child, had always been a "good girl" and had been open with both parents. However, during the past several months, both she and her husband noticed that Megan was not as forthcoming. Another change that Mrs. Jacobs had noticed was that her daughter was buying clothes from a secondhand store and she was embarrassed about her daughter's appearance, especially when they were together in public. And, although she still had a good grade-point average, Megan wasn't studying as much as she used to.

I shared a list of symptoms of depression with Mrs. Jacobs, asking her to identify those that she had observed with Megan. Other than being more withdrawn at home and not as active in school activities as in previous years, she didn't think the other symptoms applied to Megan. She couldn't pinpoint it exactly, but said that Megan just appeared to be changing. I reassured her that she had done the right thing by making this appointment and asked her to see if Megan would be willing to attend a session so that I could better understand the situation.

Given that Megan had told her mother that she didn't need counseling, I was surprised that she agreed to come in. I was expecting her to be resistant, but she was actually very open and engaged throughout the session. With her mother's permission, I shared the parents' concerns and asked Megan for her reaction. She said that she was not depressed and thought her mother was using that as an explanation for the fact that she no longer had any interest in the school activities that her mother wanted her to be involved in. Megan also shared that her subjects weren't all that challenging and she was ready to be finished with high school and get away from the superficial and immature people with whom she had very little in common. Because her birthday was in November, she was older than many of her high school peers, and she said it was more meaningful to associate with several students who had graduated the previous year and were attending a local community college. She knew that her parents, especially her mother, would not approve of these new friends who didn't wear "preppy" clothes to impress, which is what her mother wanted her to do. She expressed frustration that her mother wanted to bend and shape her into what *she* wanted Megan to be like, when in fact Megan was searching for herself and wanted to be her own person.

After listening to Megan, it seemed clear that she was probably more mature than most of her peers and was pondering and philosophizing about issues, as well as questioning her values. I explained to Megan that this was very normal, part of the "search for self" that occurs during this stage of development. Although I saw no

outward signs of depression, I did give her a depression inventory, which confirmed what I had suspected—this was not about depression, but rather, it was about growing up, achieving independence, and developing her own identity.

As this vignette illustrates, knowledge about developmental characteristics is essential in assessment and intervention with children, adolescents, and their parents. Without this perspective, problems can easily be misconstrued. As was the case in this vignette, parents may assume that the symptoms they see are more pervasive if they fail to take into account what is normal for each stage of development.

The purpose of this chapter is to describe applications in counseling and consulting for early childhood, middle childhood, early adolescence, and mid-adolescence. Typical characteristics are described for these children, ages 4 to 18, in five areas of development: self, social, emotional, cognitive, and physical. Case studies will illustrate typical developmental problems, assessments, and interventions.

A DEVELOPMENTAL MODEL

It is important to understand how children's level of development influences how they respond to their attainment of basic needs, as well as to normal developmental issues and more significant situational problems. The model in Figure 1.1 illustrates this more specifically. In the center of the triangle are basic needs that, according to Maslow (1968), all humans have: physiological needs (food and shelter), safety needs (personal and psychological), love and belonging (feeling accepted), self-esteem (feeling good about self), and self-actualization (fulfilling potential). When these basic needs are not met, children respond to the deficits depending on their developmental level in one or more of the areas listed in the next level: self, emotional, social, cognitive, and physical.

Thus, young children in the preoperational stage of cognitive development will respond very differently to a basic need for safety than will adolescents who have begun to develop abstract thinking skills. Young children do not have the ability to clearly identify or express their feelings, nor do they understand all the ramifications of the situation or have the ability to generate effective coping strategies. For example, young children might experience fear but not know what to do about it if someone breaks into their home, whereas an adolescent might be better able to assess the threat and figure out a safety plan. The implication, therefore, is that the experience itself is mediated by the level of development and impacts children accordingly.

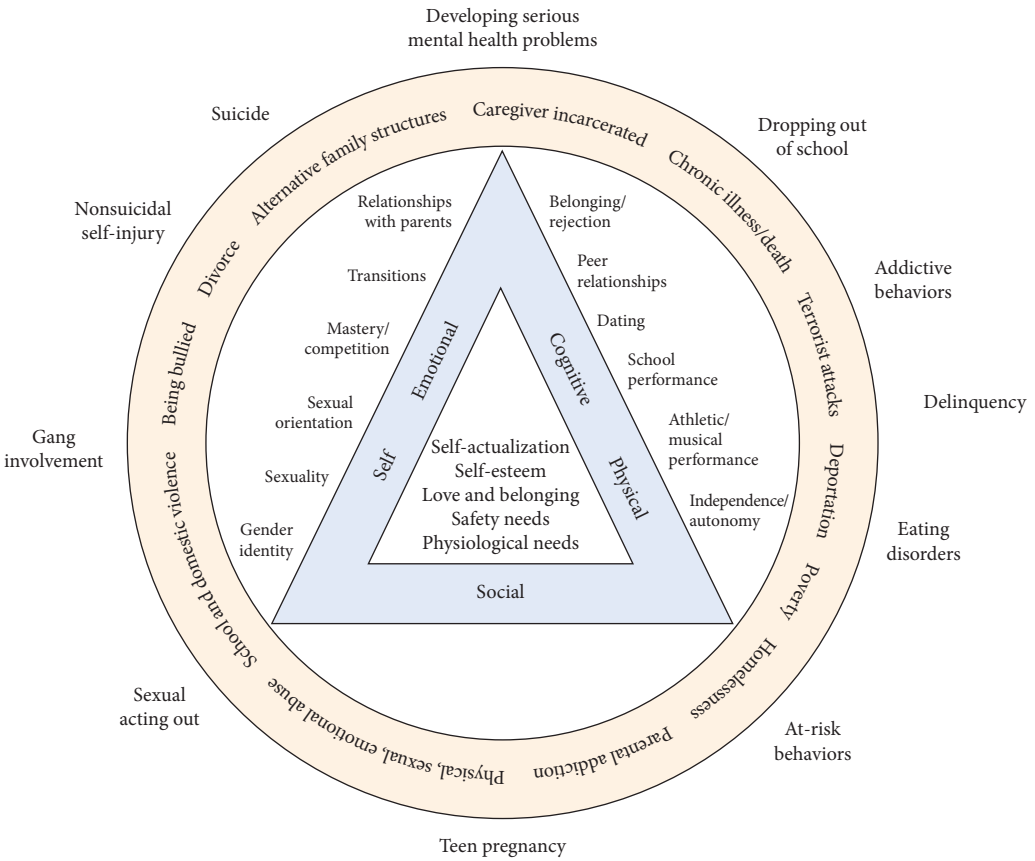

FIGURE 1.1 Developmental model.

The level of development also influences how children respond to the normal developmental problems that most children and adolescents throughout the world experience in some degree of another and are listed in the first circle of the model: relationships with peers and parents, school performance, belonging and rejection, transitions such as graduating, and so forth. Once again, how they respond to these typical issues depends on their level of development. The "Dialogue Box" sidebar illustrates how self-conscious teens, whose abstract thinking skills are limited, lack the ability to generate good solutions to problems.

The same applies to how children respond to the more serious situational problems listed in the next circle: being the victim of abuse, experiencing school and/or domestic violence, living with a chronic illness or experiencing the death of a close

DIALOGUE BOX

COUNSELOR: "Jason, I understand that you and some of your friends have been skipping some classes. Your teachers are concerned. Would you be willing to tell me more about this?"

CLIENT: "Well, we hate speech class. It's so embarrassing to get up in front of other kids and have to give a speech."

COUNSELOR: "I get it. You're afraid you'll make some mistakes and everyone will notice, right?"

CLIENT: "Yeah … and they might laugh."

COUNSELOR: "And maybe they'd notice if you had a pimple or if your hair didn't look just right?"

CLIENT: "Yeah … ."

COUNSELOR: "You may not know this, but it's pretty typical for kids your age to feel embarrassed like this, and I bet you are also skipping physical education because you don't want to undress in front of others. But do you think that skipping these classes is really the answer since it has gotten you in trouble? Can you think of any other ways to handle this problem?"

family member, being deported, living with divorced or alcoholic parents, and so forth. Fortunately, these are problems that not *all* children experience, although increasingly these situational problems are becoming more prevalent. How young clients respond to these issues also depends, again, on their developmental level. For example, a 7-year-old whose mother abandoned the family will have difficulty understanding how her mother could do this if she loves her daughter. The 7-year-old's thinking is concrete and dichotomous: Her mother loves her and stays with the family or she doesn't love her and she leaves. A 17-year-old whose cognitive skills are more advanced would be able to recognize other relevant factors and issues that influenced her mother's decision and would not automatically assume that because her mother left the family she doesn't love her daughter.

Finally, how children interpret and respond to basic needs, as well as to typical and situational problems, can result in various self-defeating behaviors, as listed around the outside edges of the circles: becoming pregnant, dropping out of school, developing problems with eating disorders or drugs/alcohol, or engaging in other at-risk behaviors. These problems are much more difficult to treat and have significant negative consequences that can impact the lives of children and adolescents for years to come. The following vignette illustrates this concept:

Sophia was 10 when her dad lost his job. Although money was tight, they managed to live on what her mother made as a house cleaner until she fell and broke her arm and was not able to work for several months. Since there wasn't enough money to pay the rent, the family was homeless for several months. There were many nights that Sophia could not sleep because she was cold, hungry, and frightened. Even though her parents usually made sure she went to school, she was embarrassed to go because she was often dirty and disheveled and feared being teased and taunted by her peers, which happened repeatedly. Sophia kept her feelings to herself, but as the humiliation increased, her self-worth plummeted; she believed she was as ugly and worthless as her classmates claimed.

Eventually Sophia's father was able to secure a new job, and once again they were able to move into an apartment. Although she was no longer cold and hungry, Sophia's situation at school did not change. She lacked both the confidence and social skills that she needed to be accepted by peers. She began to develop physically and suddenly became the center of attention because boys were very attracted to her. For the first time, she felt like she belonged. Before long, she became sexually active, which was her way to feel loved and respected. Unfortunately, her physical maturity was not accompanied by maturity in other areas of development. She illogically attributed her popularity with boys as the way to feel worthwhile, lacked the social skills to assertively deal with the pressure to have sex, and didn't think about the consequences of being sexually active. Consequently, by the time she was 15 she was pregnant and had dropped out of school.

As this vignette illustrates, the way children process experiences, as depicted in Figure 1.1, is influenced by their developmental maturity. Helping professionals need to recognize this reality and take an active role in helping their clients develop the emotional, social, cognitive, and self-development skills they need to handle the normal, as well as the situational, challenges of growing up so that they don't resort to self-defeating ways to deal with problems that result in more major issues. Also, it is extremely important to consider developmental, as well as cultural, factors in

problem conceptualization, in designing or selecting age-appropriate assessment instruments, and in developing interventions.

DEVELOPMENTAL CHARACTERISTICS OF EARLY CHILDHOOD

Although early childhood is from ages 2 to 5, it is beyond the scope of this chapter to deal with this entire age range. Thus, the focus will be on 4- and 5-year-olds. Because traditional talk therapy is generally not effective for this age group (Leggett, Roaten, & Ybanez-Llorente, 2016), counselors must use a variety of concrete approaches such as various forms of play media that include games and puppets, as well as art and music activities, and other interventions, which are described in chapter 3. Keeping in mind that young children's ability to respond to counseling interventions depends on their developmental level, the following information on developmental characteristics of young children is provided.

SELF-DEVELOPMENT

Preschoolers are egocentric—assuming that everyone thinks and feels as they do. They have difficulty seeing things from another's perspective. This egocentrism is reflected in their excessive use of "my" and "mine." They have relatively high self-esteem and unrealistically positive self-views. Because they are just beginning to form a more balanced self-evaluation that also incorporates external feedback and social comparisons (Robins & Trzesniewski, 2005), they think that they are competent in everything (Orth & Robins, 2014). This belief is advantageous at this stage when they have so many new tasks to master. With each mastery, their sense of competence increases, and when they enter preschool, they demonstrate more initiative as they face more challenges and assume new responsibilities.

Another self-development issue relates to preschoolers' self-control, which increases during this period. They are better at modifying and controlling their impulses and are not as frustrated and intolerant if their needs are not met immediately (Duckworth & Steinberg, 2015).

SOCIAL DEVELOPMENT

Play serves an extremely important function for children at this age. Most of the play for 4-year-olds is associative; they interact and share, and although they are engaging in a common activity, they do not assign roles nor cooperate easily

(Broderick & Blewitt, 2014). By age 5 they begin to engage in more cooperative play: taking turns, creating games, sharing, dealing with conflict, and attaining a common goal (Coplan & Arbeau, 2009). They also engage in more structured games that are based on reality, according to Lillard, Pinkham, and Smith (2011).

Children at this age do not understand give and take, and due to their egocentricity, they are typically unable to see another child's point of view. Because they also have difficulty understanding intentionality, they may misinterpret others' behavior and respond inappropriately. After 4 years of age, their increased ability in perspective taking promotes the formation of friendships (Slentz & Krogh, 2017).

Gender differences are quite apparent at this stage. As early as the age of 3, children prefer same-gender playmates (Newman & Newman, 2017), and the preference appears to be culturally universal, according to Munroe and Romney (2006). They also demonstrate gender-based preferences in choice of toys and types of play, as boys more readily engage in rough, noisy, competitive and aggressive play, whereas girls are more nurturing and cooperative (Hanish & Fabes, 2014; Slentz & Krogh, 2017).

EMOTIONAL DEVELOPMENT

Although their vocabularies are expanding and they are beginning to understand which emotions are appropriate to specific situations, preschoolers still have a rather limited vocabulary for expressing how they feel (Berk, 2017). As a result, they often express their feelings behaviorally. According to Berk (2017), children at this age have difficulty understanding that they can experience different emotions about a situation simultaneously, although they can understand the concept of experiencing different emotions at different times. They are still quite literal and cannot clearly differentiate between what someone is expressing overtly with what they may be feeling (Broderick & Blewitt, 2014).

Toward the end of the preschool period, children have a better understanding of why others are upset, and they begin to respond verbally or physically to others' emotions. Their understanding of other people's emotions is limited, however, by their perception, and they tend to perceive only the most obvious aspects of an emotional situation, such as being mad, happy, or sad (Broderick & Blewitt, 2014). Gender differences in emotional expression are quite apparent at this age. Girls express more internalizing emotions, such as sadness, whereas boys show greater externalizing emotional expressions, such as anger (Chaplin & Aldao, 2013).

COGNITIVE DEVELOPMENT

To 4- and 5-year-old preschoolers, the world is a fascinating place. With their imaginations and vivid fantasies, anything is possible. Ordinary playrooms become transformed into museums, and imaginary friends are frequent dinner-table guests. Typical preschoolers are curious, energetic, eager, and fascinating to be around.

The cognitive development of preschoolers is characterized by preoperational thinking (Fernandez, 2014). Although preschoolers are beginning to reason more logically if they are asked to think about familiar things in a familiar context, they still rely heavily on solving a problem based on what they hear or see rather than by logical reasoning. According to Gopnik (2012), preschoolers can think more scientifically than Piaget suggested, such as inferring abstract physical causal laws (Schulz, Goodman, Tenenbaum, & Jenkins, 2008) or making appropriate inferences when they listen to a story. They have difficulty with abstract concepts such as death and divorce (Berk, 2017).

Also characteristic of their cognitive style is the tendency to center on their perceptions or on one aspect of the situation, rather than on a broader view (Case, 2013). This style of thinking interferes with their ability to understand cause and effect and to see that the same object or situation can have two identities. For example, they may be unable to grasp the concept that their teacher could also be a parent. They are also quite literal. For example, I remember when my (Ann's) son was in preschool and announced one day that the family friend who walked him from school to day care couldn't do it anymore because she was a stranger. Even though she wasn't technically a stranger, he hadn't known her for long and misinterpreted what the fireman meant during a discussion about strangers and dangers.

Two additional characteristics of preschoolers' thinking are *animism* and *artificialism* (Rathus, 2004). Animism refers to the attribution of lifelike qualities to inanimate objects, such as comforting a doll when it falls. Artificialism is the belief that people cause natural phenomena, such as thinking that rain occurs because fire fighters are spraying water from the sky. Both these characteristics contribute to their ability to engage in make-believe play.

Another important facet of cognitive development during this period is language. By age 5, they can understand most things explained to them in daily life if the examples are specific (Slentz & Krogh, 2017). Although they can understand relationships between the past and the future (Lillard et al., 2011), they still struggle with time and space, as characterized by the frequent question, "Are we there yet?"

PHYSICAL DEVELOPMENT

Young children seem to be in perpetual motion as they explore their world and focus their energy on a variety of things. Although physical growth is slower during the preschool years than in earlier years, gross motor skills, such as locomotion, object control, and stability, improve dramatically during this period (Broderick, 2010).

Fine motor skills develop more slowly, but also improve significantly during early childhood. Drawing, writing, and using scissors are more difficult to master because they involve small body movements, but nevertheless, 4-year-olds can cut with scissors, copy simple shapes and reproduce letters, and by age 5 children can tie their shoes and zip their coats (Slentz & Krogh, 2017). Although their muscles have increased in size and strength, children at this level still have immature functioning compared to children in middle childhood.

Case Study—Early Childhood

Lydia 's parents sought counseling for their 5-year-old daughter shortly after the birth of her baby brother. Prior to his birth, Lydia was very excited about having a new sibling, but after he was born and Lydia realized that she was no longer the center of attention, she began expressing her feelings by throwing tantrums, atypical behavior for her, and being very defiant. Both parents said that they had tried to spend quality time with their daughter, but the baby had colic and only slept for short periods of time, so things were very stressful at home. While they understood that this was a major adjustment for Lydia, they were sleep-deprived and would lose their temper with her, which only compounded the problem.

At the first visit, I (Ann) engaged Lydia in a short get-acquainted activity, "Button, Button" (Vernon, 2009), to put her more at ease since this was her first experience with a counselor. We took turns guessing in which hand a button was hidden, and when we made a correct guess we drew a card from a pile and completed an unfinished sentence, such as "something I wish I could do," "something I get mad about," "something I don't like." This short intervention was helpful because Lydia's responses reflected her thoughts and feelings about the changes in her family.

I followed the get-acquainted activity by reading *I'm a Big Sister* (Cole, 2010) and we discussed the similarities between the characters in the story and her situation with her baby brother. I then asked her to show me with the play family dolls how things had changed in her house since her brother had been born. Based on what the parents had shared, Lydia's portrayal of the situation appeared to be very accurate.

During the next session, I engaged Lydia in a role play, where I was the mother who was trying to quiet a crying baby and Lydia was trying to get her mother's attention because she wanted something to eat. Lydia threw a little tantrum and yelled at me, saying she wanted to run away because I never paid any attention to her. After the role play, I asked Lydia to raise her hand if either her mom or dad had done any of the following with her this past week: helped her take a bath and brush her teeth, fixed her lunch, read her a story, or tucked her into bed. I pointed out that since she had raised her hand every time, could she actually say that her mom and dad *never* did anything for her or *never* paid attention to her? She understood my point and we generated a list of other ways that her parents show her that they care about her. I gave her the list and she suggested that she draw pictures to represent what was on the list and look at it when she started to think that her parents didn't pay attention to her or take care of her.

During this session, we also focused on her feelings by playing a feeling game. She identified that she felt jealous, mad, sad, and scared. After discussing these feelings more in depth, I suggested that during the next session we make a book expressing how she felt about having to share her parents with her brother, and, if she wished, she could read the story to her parents.

After we finished the book at the beginning of the next session, with her dictating the dialogue to me and then illustrating it, we moved to another intervention. I had asked her parents to bring a scrapbook of Lydia as a baby, so we looked through it, noting the similarities between how her parents treated her as a baby and how they were treating her baby brother. This review seemed to help her understand that her parents had given her the same amount of attention when she was a newborn, but she said she still felt bad when her brother got so much attention now and said it was hard to remember that her parents loved her, too.

I asked Lydia if she would do a little experiment before the next session, which was to pretend that she was a detective who was looking for clues that her parents loved her and cared for her. I suggested that she put a smiley sticker on a chart that I had prepared for her each time her parents told her that they loved her or showed that they cared about her. When she brought the chart in to the next session, she was smiling and showed me that she had lots of stickers. I then engaged her in a reverse role play where I pretended to be her, thinking that my parents didn't love me because they paid so much attention to my brother, and she was to pretend to be the counselor and "help me" with my problem. This proved to be very effective and she was able to convince me that my parents did love me, but that my brother was just a helpless little baby who needed them more than she did because she could do lots of things by herself! On this note, we terminated counseling.

DEVELOPMENTAL CHARACTERISTICS OF MIDDLE CHILDHOOD

During middle childhood, generally considered to be between the ages of 6 and 11, there are many significant changes and developmental milestones. During this span of several years, there are many "firsts," primarily associated with school and friends. Understanding what is characteristic at this stage of development is essential for helping professionals who must consider how this impacts problem assessment and intervention.

SELF-DEVELOPMENT

During middle childhood, children's self-understanding expands. Instead of describing themselves superficially, they have a multidimensional view of themselves (Broderick & Blewitt, 2014), and, consequently, they are able to describe themselves in terms of several characteristics at once: "I am a fast runner, a good reader, and have dark brown hair." Furthermore, they can provide justification for their attributes: "I'm smart because I got a good grade on a test." During middle childhood, they begin to see themselves as having more complex personalities, and they are beginning to develop a more internal locus of control (Berk, 2017).

As they enter school and begin to compare themselves to others, they become self-critical, feel inferior, and may develop lower self-esteem (Broderick & Blewitt, 2014). They may be more inhibited to try new things, and they are sensitive to feedback from peers. As they become aware of their specific areas of competence and more aware of their personal strengths and weaknesses, they may experience either self-confidence or self-doubt (Berk, 2017). Parents, teachers, and other adult role models are an important influence in helping children develop positive self-worth.

According to Harter (2012), children develop a concept of their overall worth at around age 8. At this time, their self-esteem begins to solidify, and they behave according to their preconceived ideas of themselves. Robins and Trzesniewski (2005) note that both genders report similar levels of self-esteem during middle childhood.

SOCIAL DEVELOPMENT

During the primary school years, socialization with peers is a major issue. Being accepted in a peer group and having a "best friend" contribute to children's sense of competence. As they learn to deal with peer pressure, rejection, approval, and conformity, they begin to formulate values, beliefs, and behaviors that facilitate their social development, according to Feldman (2016). Associating with peers, especially

those who are different from them with regard to abilities, religion, ethnicity, and personality, enhances their perspective-taking skills. In addition, they learn to develop a broader view of the world, experiment with ideas and roles, and develop other interaction skills. As they participate in activities, they learn to cooperate and compromise, to make and break rules, to assume roles as leaders and followers, and to understand others' points of view (Feldman, 2016).

By age 7, children begin to outgrow their egocentrism and adopt more prosocial behaviors. As they continue to mature and develop the ability to see things from another's perspective, they become more adept at interpreting social cues and evaluating input (Berk, 2017). Consequently, they become better able to resolve conflicts and solve social problems.

Gender differences become even more distinct at this age. Between ages 6 and 11, gender segregation between groups of boys and girls and gender-based preferences in types of play reach a peak. Girls generally engage in more indirect, relational aggression and boys engage in more direct, physical aggression (Björkqvist, 2017). Gender differences in the form of aggression appear to be cross-cultural (Archer, 2004).

EMOTIONAL DEVELOPMENT

During middle childhood, children's ability to recognize emotions in themselves and others increases dramatically. They are also much better able to control their own emotions and communicate about them both verbally and expressively (Glowiak & Mayfield, 2016). They are also more sensitive and empathic and begin to experience more complex emotions such as guilt, shame, and pride. Their fears are related to real-life, not imaginary, issues.

Children at this age are also increasingly aware that people are capable of having more than one emotion at once and that there may be a mismatch between how affect is expressed and the underlying emotion (Glowiak & Mayfield, 2016). They are beginning to learn that emotional expression depends on the goals and context of any given situation (Berk, 2017). Consequently, their emotional messages become more complex and include more blended signals. Moreover, gender differences in emotional expression are more pronounced with increasing age, with girls showing more positive emotions than boys, and boys demonstrating more externalizing emotions than girls (Chaplin & Aldao, 2013).

Children in middle childhood have, for the most part, developed the ability to regulate their emotions (Glowiak & Mayfield, 2016). Children's emotional development further predicts the likelihood of school success (Blankson et al., 2017).

COGNITIVE DEVELOPMENT

According to Piaget (1967), children undergo a transitional period between preoperational and concrete operational thought between the ages of 5 and 7. By age 8, they have become more concrete operational thinkers. As a result, they are able to understand reversibility, conservation, reciprocity, identity, and classification and begin to apply these principles in a variety of contexts such as friendships, rules in games, and team play, as well as in academic contests (Erford, 2018).

Cognitive progress takes place in many areas during this period. Children become more capable of suppressing undesirable behavior, maintaining attention, and making and following through on plans (Best, Miller, & Jones, 2009). Their level of moral reasoning also grows gradually with age, as they are better able to consider multiple perspectives (Jambon & Smetana, 2014). Although their thinking becomes more logical and their problem-solving abilities are enhanced, Siegler, DeLoache, and Eisenberg colleagues (2014) cautioned that their problem-solving abilities are somewhat limited because they don't consider other possible solutions. They also cannot reason abstractly, and they make assumptions and jump to conclusions, which influences the way they approach situations. For example, if their best friend does not sit beside them, they assume they did something to make their friend angry, rather than consider a variety of other possibilities.

In middle childhood, language development continues; they begin to understand more abstract concepts and use vocabulary in more sophisticated ways (Wray-Lake & Syvertsen, 2011). Although their vocabularies will expand to more than 40,000 words during middle childhood (Berk, 2017), they still rely on intonation more than context to help them understand another person's intentions (Keitel, Prinz, Friederici, von Hofsten, & Daum, 2013). By the end of middle childhood, they are more skilled at using language in practical ways such as gossiping, storytelling, and arguing (Del Giudice, 2018).

PHYSICAL DEVELOPMENT

During middle childhood, skeletal growth decelerates and muscle mass increases (Payne & Isaacs, 2017). Because of this slow rate of growth, children experience a high degree of self-control over their bodies. Movement becomes more coordinated and complex, and children at this level are able to master most motor skills and become much more agile and adept at running, skipping, jumping, riding a bike, and skating. By the end of this developmental period, there is a major improvement in their fine motor proficiency as well (Payne & Isaacs, 2017).

Because children's bodies mature at different rates, some 10- and 11-year-olds are entering puberty (Del Giudice, 2018). Height and weight growth spurts, which begin at different times for different children, can contribute to self-consciousness and embarrassment. Sex differences in body composition and muscularity become more pronounced (Del Giudice, Angeleri, & Manera, 2009).

Before reading further, refer to the "Voices from the Field" sidebar to see how a professional school counselor informed parents about developmental stages.

VOICES FROM THE FIELD—PROFESSIONAL

Last year as a K–12 school counselor, I published a monthly newsletter and often included some basic points about what to expect at each stage of development. Several parents called with specific questions or concerns about their son or daughter's development, so I decided to hold a series of parenting programs to help parents better understand what to expect as their children mature. I also included age-appropriate communication and discipline strategies and examples of typical problems they might expect at each age level. Based on positive feedback from parents, I offered the sessions again this year. I have found this to be an excellent way to connect with parents, and those attending seem to have benefitted from the information and sharing.

—Marty, K–12 school counselor

Case Study—Middle Childhood

Carlos, a third-grader, visited the school counselor because he said kids were picking on him and wouldn't let him play with them. To get a more accurate picture of the problem, the counselor asked Carlos to act out with small action figures what happened when others picked on him. When he acted out the situation, the counselor noted that of the 10 action figures involved in the game, only a few seemed to be actively involved in picking on Carlos—calling him names and trying to prevent him from participating in the soccer game. When questioned about this, Carlos agreed that not everyone picked on him, but said that he still hated going out for recess.

The counselor then asked Carlos to tell him more specifically how these kids picked on him. Carlos discussed, in detail, some of the things they did to him. He said that what bothered him the most was when they called him a pig and said he was fat and ugly. The counselor listened carefully to this young client, then took

out a mirror and handed it to him. "Carlos," he said, "look into this mirror and tell me what you see." Carlos looked in the mirror and said that he saw himself. "Do you see a fat, ugly kid?" "No," he responded. The counselor then asked, "Do you see something with pink ears and a snout in the mirror?" "Of course not," Carlos laughed. "Then if you aren't what they say you are, what is there to be upset about?"

Carlos replied that the kids shouldn't call him names, and the counselor agreed that it wasn't nice to call others names but stressed that we usually can't control what others do, so does it really help to get so upset about it? He explained to Carlos that they might be able to come up with some ideas so that he didn't get so upset when others behaved badly toward him.

Together, they brainstormed some things that might help, including pretending that he had earplugs in his ears and couldn't hear a thing others said. The counselor also suggested that he might make up a silly song or a limerick that he could say to himself to make him laugh instead of feeling bad when others called him names that he knew weren't true. Carlos liked the idea of the song and, with a little help from the counselor, he wrote the following (to the tune of *Row, Row, Row Your Boat):*

> You can call me names if that's what you like to do,
> But I don't have to listen to you or think that they are true.
> So think about what good it does to make such fun of me.
> Maybe it would make more sense to just be nice to me.

After developing the song, the counselor suggested that Carlos sing it aloud several times until he had memorized it. They agreed that Carlos would sing this to himself the next time his classmates teased him so he could laugh instead of getting so upset. The counselor also wanted to help Carlos with the problem of not being included in the soccer game. He asked him to engage in a role play to show him what happened when the others told him he couldn't play. Based on his response in the role play, it appeared that when one or two boys said he couldn't play that he just walked away. The counselor asked Carlos if he had any other options: Did he have to walk away or could he do something else? Carlos said he couldn't think of what else he could do, so the counselor suggested that they do another role play, and this time the counselor would pretend to be Carlos and Carlos could be the mean boy. When he, as the mean boy, told the counselor he couldn't play, the counselor told him that he was a really good player and could help his team if he would let him play so he could prove it. When the role play ended, the counselor asked Carlos what he thought about that response—what did he think might happen? He said maybe they would let him play, but maybe not. The counselor agreed, but asked him what he had to lose by trying it; it might work out! But if it didn't, did he have any other options? After thinking about it,

he said that maybe he could ask a few other kids who were friendly to him if they wanted to play their own game.

Before sending him back to the classroom, the counselor asked Carlos what he had learned during their session. He said he knew he didn't have to be so upset if others teased him about things that weren't true and that he maybe it wasn't such a good idea to just walk away if they told him he couldn't play because then they were getting their way.

DEVELOPMENTAL CHARACTERISTICS OF EARLY ADOLESCENCE

Early adolescence, generally considered to be ages 11–14, is a period of tremendous change. Puberty is the catalyst for adolescence, and young adolescents are impacted in numerous ways. It is a confusing time for most because they have to contend with many significant issues unique to this age level. Helping professionals play a key role in helping young adolescents navigate this period of development, which Siegel (2014) describes as the culmination of four primary themes: "novelty seeking, social engagement, increased emotional instability, and creative exploration" (pp. 7–9).

SELF-DEVELOPMENT

The task of identity formation and integration begins in early adolescence (Klimstra & van Doeselaar, 2017). This is the time when young adolescents explore various possible options and commit to the choices they make. They also develop a sense of consistency across the identity domains that are personally meaningful or socially salient to them (Syed & McLean, 2016). For minority youth, ethnicity can play a critical role in identity development, and ethnicity identity development may moderate the impact of discrimination and prejudice on their self-esteem (Romero, Edwards, Fryberg, & Orduña, 2014). In fact, Ponterotto and Pederso (as cited in Holcomb-McCoy, 2005) stress that "ethnic identity development is as fundamental to the establishment of an adult's healthy self-concept and positive intercultural attitudes as are more researched areas such as occupational identity and political identity" (p. 120).

As young adolescents engage in their search for self, they de-idealize their parents and push for autonomy (Berk, 2017; Keijsers & Poulin, 2013). However, their increasing individualization comes with a price. The state of frame worklessness poses many problems, such as a sense of insecurity, for young adolescents (Broderick & Blewitt, 2014). They are also still immature and lack life experience (Koffman,

2015). These contrasts, coupled with their cognitive, physical, and pubertal changes, leave them vulnerable. As a result, they may show increased dependency, which can be confusing to them and to the adults in their lives.

In some ways, young adolescents contradict themselves. They want to be unique, yet they want to look like everyone else. Young adolescents' brain development influences the unique aspect of behaviors that emerge in young adolescence—self-consciousness and egocentrism (Somerville et al., 2013). They assume that everyone is looking at them for thinking about them and are preoccupied with social evaluation. Elkind (1998) termed this belief that others are as concerned with them as they are about themselves as the *imaginary audience.* As a result of this type of thinking, young adolescents fantasize about how others will react to them and become overly sensitive about their performance and appearance.

At the same time, young adolescents assume that because they are unique, they are invulnerable. Elkind (1998) labeled this the *personal fable*, the belief that bad things can happen to others but not to them because they are special. The personal fable accounts for self-depreciating, self-aggrandizing, and risk-taking behaviors (Alberts, Elkind, & Ginsberg, 2007).

Cross-culturally, following the transition to middle school, young adolescents' self-esteem declines as they are undergoing drastic physiological and environmental changes (Shoshani & Slone, 2013). The drop is more pronounced in young females than males (Bleidorn et al., 2016).

SOCIAL DEVELOPMENT

Peers play an increasingly significant role in young adolescents' lives and are an important part of their socialization. This is the period when cliques and distinct groups emerge, with specific "rules" about how to dress and behave. Because young adolescents look to peers as a source of support (Cicognani, 2011), they are sensitive and vulnerable to humiliation by peers (Dishion & Tipsord, 2011). Thus, while peer relationships can be a source of pleasure, they also can be negative, and dealing with rejection is a major stressor at this age. Furthermore, bullying increases during middle school, and peer victimization is linked to many negative mental health, social, and academic outcomes (Hymel & Swearer, 2015).

Because they have a strong need to belong and to be accepted, young adolescents have to learn to contend with peer pressure and decisions about which group to associate with (Tillfors, Persson, Willen, & Burk, 2016). Research shows that the presence of peers affects how likely adolescents are to take risks (Gardner &

Steinberg, 2005), but Broderick and Blewitt (2014) also note that high levels of parental monitoring can protect young adolescents, especially minority teens, from high-risk behaviors.

Young adolescents also struggle with popularity. Fitting into a group seems to be based on figuring out what the group is doing, and the better able they are to do this, the more popular they will be. However, recent studies also show that proactive adolescent aggression that is planned and goal oriented can be associated with high status among peers and socially competent behaviors (Stoltz, Cillessen, van den Berg, & Gommans, 2016). During early adolescence, females who use more relational aggression may be perceived as more popular (Gangel, Keane, Calkins, Shanahan, & O'Brien, 2017).

EMOTIONAL DEVELOPMENT

Many young adolescents ride an emotional roller-coaster. They are more emotionally volatile and moody, and emotional outbursts are common (Broderick & Blewitt, 2014). Troublesome emotions such as anxiety, shame, depression, guilt, and anger occur more frequently than at other age (Avenevoli, Swendsen, He, Burstein, & Merikangas, 2015; Chaby, Cavigelli**,** Hirrlinger, Caruso, & Braithwaite, 2015). These negative emotions can be overwhelming and cause adolescents to feel vulnerable, so they often mask their feelings of fear and vulnerability with anger. This response typically distances people and often results in increased conflict with adults, who all too often react with anger and fail to recognize the underlying feelings. Read about an adolescent's perspective on anger in the sidebar on this page.

VOICES FROM THE FIELD—ADOLESCENT

When I turned 14, I thought I was going crazy. I would get angry over the slightest thing and then yell at my friends or my parents. I was getting in trouble home and at school, so my parents made me go to see the school counselor. I thought he'd lecture me or send me to the principal, but after he listened to me talk about my anger he explained that it is pretty typical at this age. He gave me a checklist and a short book to read. I started seeing him weekly and it helped a lot.

—Ryan, age 14

Adults who interact with young adolescents must recognize their emotional vulnerability and not exacerbate the problem by reacting insensitively. Educating them about what they are experiencing is also essential because it if far too easy for them to feel overwhelmed by their negative emotions and deal with them in unconstructive ways. Furthermore, it is important to help parents and teachers understand what these youth are going through and for schools to be developmentally sensitive.

COGNITIVE DEVELOPMENT

Cognitive development during early adolescence is primarily due to the gradual growth of the brain. At around age 11 or 12, the gradual shift from concrete to formal operational thinking begins, and this shift is extremely significant. As they move into more formal operational thinking, they start to think more abstractly, develop the ability to hypothesize, identify variables that might impact an outcome, and deduce logical, testable inferences (Arnett, 2014). Also, brain changes in areas that are related to high-order functions such as planning, self-control, emotional regulation, and consciousness are occurring (Fuhrmann, Knoll, & Blakemore, 2015). Because most adolescents do not reach formal operational thinking until mid to late adolescence, it is easy to assume that they are capable of more mature cognitive development than they are, so living and working with them can be confusing (Berk, 2017).

During early adolescence, there is considerable individual variability in the extent to which formal operational thinking not only is attained, but is consistently applied (Erford, 2018). Furthermore, young adolescents often do not apply these skills to themselves. For example, they may apply their skill in logic to mathematics problems but not logically assume that if they stay out past their curfew there might be consequences. Young adolescents are also unable to link events, feelings, and situations. As a result, they may fail to connect failing a test with not studying for it, or not associate being grounded with coming in late.

As noted, the transition from concrete to formal operations occurs gradually and concurrently with brain development (Scott & Saginak, 2016). Also, there is now growing evidence that there are cross-cultural differences in development (Kuwabara & Smith, 2012), so counselors must not only consider the cognitive stage, but also the cultural factors.

PHYSICAL DEVELOPMENT

During early adolescence, dramatic physical changes occur more rapidly than at any other time in the lifespan, with the exception of infancy (Broderick &

Blewitt, 2014). Puberty signals the beginning of the adolescent growth spurt, characterized by a rapid gain in height and weight, accompanied by changes in body proportions (Berk, 2017). The increased production of the sex hormones and the changes associated with puberty begin at about age 8 or 9, although this varies considerably (Berk, 2017). Following the onset of puberty, maturation of the reproductive system and the appearance of secondary sex characteristics appear. On average, puberty occurs around age 12 1/2 for girls and around age 13 1/2 for boys in North America (Berk, 2017). However, the timing of puberty is affected by genetic factors and varies from individual to individual (Wohlfahrt-Veje et al., 2016).

Although young adolescents' rates of maturity vary tremendously, self-consciousness and anxiety are common. Males and females alike may become clumsy and uncoordinated for a time because the size of their hands and feet may be disproportionate to other body parts. The impact of puberty on the brain makes adolescents particularly susceptible and hypersensitive to their social environment and peer comparisons. For girls, early sexual maturation is associated with greater stress. Early-maturing girls are more prone to depression and other adjustment issues because they feel different from their peers. By contrast, early maturing boys report more confidence and are more likely to be leaders than those maturing on time or late (Broderick & Blewitt, 2014).

The physical and hormonal changes characteristic of early adolescence can cause young adolescents to become confused. They are curious about sex; sexual thoughts and feelings abound, often accompanied by feelings of shame and guilt. These feelings are even more pronounced for those who are questioning their sexual identity. Straightforward information about sex and sexual preference is extremely important prior to and during early adolescence.

As you have read, this can be a confusing period of development. Refer to the "Now Try This!" sidebar and practice explaining puberty to young adolescents.

NOW TRY THIS!

If you are working with adolescent clients, try explaining some of what you read to help them understand more about what happens when they go through puberty. If you aren't working with anyone, ask teenage relatives or neighbors if they would be willing to meet with you. Ask them for their reaction—was it helpful to have this information? Why or why not?

Case Study—Early Adolescence

Amanda, age 14, was referred to me (Ann) by her parents who were concerned because she was very moody and also seemed quite depressed. They also noted that she became very upset with herself when she didn't get perfect grades.

Amanda was very amenable to therapy and during the first session shared that she was so confused by her moods—one minute she could be laughing and having a good time, and the next minute she could be "down in the dumps." She said that she had been feeling like this for several months. Amanda was quite capable of articulating how she experienced her mood swings but at the same time seemed to think she was the only one who felt like this, which resulted in her feeling "different." As a first step, I explained to Amanda that moodiness and depression were quite common at this age as a result of the hormonal changes associated with puberty, going into some detail about why the mood swings occurred. I also shared a story with her, written anonymously by another one of my clients, "Like a Yo-Yo" (Vernon, 1998), which described another girl's mood swings. Amanda identified with the content of the story and expressed relief that she wasn't the only one who had these up-and-down mood swings. After talking more about her mood swings, and depression in particular, I asked her to complete a depression checklist (Vernon, 2009) and a mood chart as a homework assignment for the next session (Vernon, 2002).

When I met again with Amanda, we reviewed the mood chart and checklist, which clearly depicted numerous characteristics of depression, as well as both mood swings and significant depressive episodes. We discussed whether there were any triggers for her depression, and she said that usually her feelings came out of nowhere, but at other times they were related to rejection by friends or receiving a bad grade. I helped her identify her beliefs about each of these events. Based on her responses, I explained to her how overgeneralizing, catastrophizing, and self-downing contributed more to her depression. Then I asked her to draw around her hand and write these irrational beliefs about being rejected or getting a bad grade on the fingers of the hand. We worked on ways to dispute these thoughts, and I asked her to write specific disputes in between the fingers. This served as a visual reminder of how to challenge beliefs that contributed to her depression. Once again I asked her to complete a mood chart throughout the week.

After reviewing her mood chart during the next session, I asked Amanda to give me a specific example of something that had depressed her that week. She described getting into a fight with her best friend. I helped her distinguish between facts and assumptions, which proved to be very important because when she assumed that her friend didn't like her, she felt depressed—but since she didn't have any facts to back up her assumption, she agreed that it wasn't helpful to her to think in this way. We continued to work on other factors con-

tributing to her depression, identifying irrational beliefs and how to dispute them.

At the next session Amanda shared that it was so difficult to fight this depression that she felt like giving up. I asked her to think about good things in her life—reasons she had to live, and as she identified these reasons, I wrote them down for her. I suggested that she make a depression "tool box," (Vernon, 2009), explaining that she could put artifacts inside the box—something to represent each thing on her list. She could also add uplifting music, rational coping statements, inspirational quotes, or other things that would help her remember positive aspects of her life and ways to cope with her depression. She later reported that this was very helpful.

I continued to work with Amanda and used other strategies to help her deal with her depression, such as writing the lyrics to sad songs she typically listened to when she was depressed and making them "better" by rewriting the lyrics. She continued to keep the mood chart, and I also focused on helping her identify and dispute irrational beliefs that contributed to her depression. Over the course of several months Amanda was finally much less depressed.

As this case illustrates, young adolescents are frequently overwhelmed by their mood swings and depression, so counseling practitioners need to identify very specific ways to help them address these issues. Helping them "get better" is the goal.

DEVELOPMENTAL CHARACTERISTICS OF MID-ADOLESCENCE

Counseling the mid-adolescent is easier than working with younger adolescents, but a lot depends on the extent to which the adolescent has attained formal operational thinking. In general, there is less emotional turbulence, but adolescents at this stage are dealing with more complex relationships and decisions about their future. Mid-adolescence serves as a stepping stone to the young adult world with its even greater challenges and new opportunities.

SELF-DEVELOPMENT

Adolescents at this stage are preoccupied with achieving independence and discovering who they are and are not (Erford, 2018). Finding themselves involves establishing a vocational, political, social, sexual, moral, ethnic, and religious identity. They do this by trying on various roles and responsibilities; engaging in thought-provoking discussions; observing adults and peers; speculating about possibilities; dreaming about the future; and doing a lot of in-depth self-questioning, experimenting, and exploring. During this period of development, they may

spend more time alone, contemplating ideas and trying to clarify their values, beliefs, and direction in life.

Adolescents at this stage of development are generally more self-confident than they were previously and do not feel the need to look like carbon copies of their peers. Actually, they may strive to do the opposite, such as wearing quirky clothes from secondhand stores to "make a statement." Their self-assertion extends to other areas as well. They are more capable of resisting peer pressure because they are more self-confident and less egocentric (Erford, 2018), and they also have the ability to look beyond the immediate present and speculate about long-term consequences of succumbing to peer pressure.

Whether the genders differ in the process of identity formation has been the topic of considerable discussion. Research indicates that, overall, girls are more advanced in the development of identity formation in early adolescence, but boys catch up with them by late adolescence (Klimstra, Hale, Raaijmakers, Branje, & Meeus, 2010). Cultural values also contribute to identity development, as our sense of self reflects an awareness of how others see us. Umaña-Taylor and colleagues (2014) note that ethnic and racial identity is central to the development of youth of color. They assert that changes in social environmental context (e.g., more exposure to diversity) can lead to an increase in relevance of ethnic identity.

SOCIAL DEVELOPMENT

Peer relationships continue to be important during mid-adolescence, but adolescents at this stage grow less susceptible to peer pressure. However, they do spend more time with peers, and this serves several important functions of trying out various roles (Broderick & Blewitt, 2014; Erford, 2018), learning to tolerate individual differences, and preparing themselves for adult interactions as they form more intimate relationships (Berk, 2017).

If they have attained formal operational thinking, adolescents at this stage approach relationships with more wisdom and maturity. With their higher level of self-confidence, they do not depend so much on friends for emotional support, and they begin to select friendships based on compatibility, common interests, shared experiences, and what they can contribute to the relationship (Broderick & Blewitt, 2014). Between 14 and 18 years of age, across sex, ethnicity, and socioeconomic status, resistance to peer influence rises linearly (Steinberg & Monahan, 2007). Meanwhile, problem behaviors, such as risk taking and risky decision making, decrease with age, according to Dishion and Tipsord (2011).

During this time, intimate friendships increase, which helps adolescents become more socially sensitive. Females perceive more social support from peers than males do, their friendships are more intense, and their development of intimacy is more advanced than it is for males (Bokhorst, Sumter, & Westenberg, 2010). Also, females are more advanced in the development of perspective taking and empathy (Van der Graaf et al., 2014). As they become less egocentric, they are better able to recognize and deal with the shortcomings that are inevitable in relationships. As a result, friendship patterns become more stable and less exclusive (Broderick & Blewitt, 2014). Dating and sexual experimentation generally increase during this period, and teenagers are more likely to be sexually active now than before (Erford, 2018).

EMOTIONAL DEVELOPMENT

As they gradually attain formal operational thinking, adolescents have fewer rapid mood fluctuations and, therefore, are not as overwhelmed by their emotions. They tend to be less defensive and are more capable of expressing their feelings rather than acting them out behaviorally (Allen & Miga, 2010). The increased emotional complexity that occurs during this period enables adolescents to identify, understand, and express their emotions more effectively, as well as be more empathic (Van der Graaff et al., 2014).

A compounding factor in adolescents' emotional development is depression, which, according to Newman and Newman (2017), 35% of adolescents experience to some degree. Toward the end of this developmental stage, many adolescents are lonely and ambivalent. As their needs and interests change, they may be gradually growing apart from their friends. As high school graduation approaches, they might be apprehensive about the future and experience self-doubt and insecurity if they compare themselves to peers or when they explore the skills and abilities they need to qualify for a certain job or for postsecondary education.

Once they have achieved formal operational thinking skills, adolescents are better able to deal with emotionally charged issues. They are not as impulsive or as likely to behave irrationally or erratically in response to emotional upset. How adolescents at this stage of development manage their emotions varies depending on their level of cognitive maturation.

COGNITIVE DEVELOPMENT

Formal operational thinking and inhibitory control continue to develop during mid-adolescence, and their new cognitive capabilities allow 15- to 18-year-olds to think and behave in significantly different ways than before. For example, as they develop the ability to think more abstractly and flexibly, they can hypothesize, can explain the logical rules on which their reasoning is based, and are less likely to conceptualize everything in either-or terms (Newman & Newman, 2017). Formal operational thinking moves adolescents into the realm of possibility, so their thinking is more multidimensional and relativistic (Osherson, 2017). During mid-adolescence, they are capable of pondering and philosophizing about moral, social, and political issues and are better able to distinguish the real and concrete from the abstract and possible (Broderick & Blewitt, 2014; Osherson, 2017).

Although their cognitive abilities have improved considerably since early adolescence, adolescents between the ages of 15 and 18 are still likely to be inconsistent in their thinking and behaving. They still possess self-focused thoughts that hinder them from engaging in objective and logical self-evaluation and problem solving (Broderick & Blewitt, 2014).

PHYSICAL DEVELOPMENT

Typically, by about age 15 for females and 17 for males, the growth spurt ends. Depending on when they enter puberty, the 15- to 18-year-olds' physical development might continue rather rapidly or slow down gradually. Because males typically lag females in the rate of physical development in early adolescence, females tend to tower over males until this trend is reversed in mid-adolescence (Broderick & Blewitt, 2014). By mid-adolescence, females usually have achieved full breast growth, are menstruating, and have pubic hair. Males experience a lowering of their voice, and facial hair appears approximately by age 15 (Berk, 2017).

Sexual urges are strong during mid-adolescence, which can evoke anxiety in adolescents and their parents. Becoming sexually active is often unplanned and most adolescents have knowledge about the risks of sexually transmitted diseases and pregnancy. Still, unprotected sex is common because they often do not think they need to use contraception or are influenced by alcohol or peer pressure (Brown & Guthrie, 2010). Although most teenagers aren't having intercourse on a regular basis, sex education is imperative (Martinez, Abma, & Copen, 2010).

Now that you know more about adolescent development, refer to the "Add This to Your Toolbox" sidebar for an intervention that educates students about development.

ADD THIS TO YOUR TOOLBOX

A good way to introduce a discussion about developmental characteristics to a class of adolescents is to divide students into groups of six and give each group a bag of objects that they have to incorporate into a skit. The objects should represent their developmental stage. For example, for this age group, objects could include car keys, school books, yearbooks, beer cans, cigarettes, and so forth. After they have performed the skits, debrief by discussing the content and then share information about adolescent development.

Case Study—Mid Adolescence

Kai's father, a single parent, referred him to my (Ann's) mental health practice because Kai was a senior in high school and had no idea what he wanted to do after graduation. The father also noted that his son wasn't spending as much time with his friends and hadn't committed to going out for track, a sport in which he excelled. When he asked Kai what was going on, Kai refused to talk about it and seemed anxious if others asked about his plans for the future.

During the first session, Kai was reluctant to talk, so the first thing I did was to reassure him I often worked with high school seniors who were ambivalent or confused about the future. I invited Kai to read several short journal entries written anonymously by another client with similar concerns, thinking that this would help normalize his feelings. After he finished reading, I gave him paper and pencil and invited him to jot down any reactions, specifying that he didn't need to share these if that was his desire.

After he finished writing, I told him that I had a sorting activity that might help him with his future plans. I handed him a "What's Next?" sorting board divided into three columns, very likely, somewhat likely, not very likely, and a packet of cards that contained various after-high-school options such as full-time job in the community, trade or technical school, two-year college, four-year college, and so forth (Vernon, 2002). I invited Kai to read the cards and place them in the categories according to his priorities. This intervention, which required no verbalization on Kai's part, seemed to interest him and he appeared to take it quite seriously.

By the end of the first session, I could see that Kai was more relaxed and had gained some insights from these interventions. I asked Kai if he would be willing to come back again to work more on his future plans, and he said yes. During the second meeting, I explained that in any transition, such as graduation, roles, relationships, routines, and responsibilities change. I handed him a sheet of paper divided into four squares with one of these words listed in each square. I invited Kai to write whatever came to mind relative to the changes in each of these four areas and any feelings he had about graduating. He was willing to share this, and based on what he wrote, the main issue was losing connections with his friends when they went their separate ways.

At the third session, I reviewed some of the things we had discussed during previous sessions and suggested that we do a loss graph. I explained that the purpose of this intervention was to help him get more in touch with his memories about middle school and high school. I asked Kai to draw a line across a sheet of paper and divide it into years, eighth grade, ninth, and so forth, and write down things he remembered about each year, placing the positive memories above the line and the negative ones below. I also encouraged him to look back through photos as a way to help him remember these years. Kai spent a considerable amount of time on this activity and was willing to share some of his memories with me. We discussed some ways by which Kai could reach closure with friends who were moving away from the community. As a homework assignment, I suggested that he visit with the school counselor to review the interest inventories he had completed during his junior year.

During the next session, Kai shared the information relative to the interest inventories and we talked more directly about his options. We reviewed the sorting board intervention that he had completed during the first session and asked if he would make any changes. He said he wasn't sure, so I took several sheets of paper and wrote one option on each sheet in one column. I labeled the next column "advantages" and the next column "disadvantages." Together, we identified and discussed the advantages and disadvantages of each option, and, based on these responses, I asked if there were any options he could eliminate. He was able to do this, and then we discussed the other options while also referring to the information from the career interest inventories. After a few more sessions, Kai seemed less anxious and ready to move on. He had decided to go to college and try out for track and was busy filling out scholarship applications.

As you have probably surmised, growing up can be challenging. What was it like for you? Refer to the "Personal Reflections" sidebar and think back.

PERSONAL REFLECTION

Think back to your childhood and adolescence. Which stages in particular stand out for you? Which stage was most troublesome and how did you deal with the challenges? In what ways do you think growing up today is like or unlike what you experienced?

TAKE-AWAYS FROM CHAPTER 1

As we conclude this chapter, we would like to refer to the vignette at the beginning of the chapter and share what I (Ann) learned from working with this client, as well as a technique I used that I think was effective. Perhaps the most important thing that was reinforced for me is that symptoms of depression are very similar to developmental characteristics during adolescence, so it is difficult to distinguish between the two. This is why it is so critical to be informed about development, and when armed with this information, counselors can make more accurate assessments. As was the case with Mrs. Jacobs, without this developmental "barometer," parents and professionals can easily misconstrue or misdiagnose problems; with it, they have a general sense of what's "normal."

I think the most effective thing I did with Mrs. Jacobs was to share information about what is "normal" at this stage of development. I also think it was important to support Megan in her "search for self," which is a critical task at this stage of development.

After reading this chapter, you should now be more knowledgeable about these key points:

- The importance of taking developmental and cultural factors into consideration regarding assessment and treatment with children and adolescents
- How levels of development impact how children and adolescents respond to typical developmental problems as well as more specific situational issues
- Specific developmental characteristics during early and middle childhood and early and mid-adolescence
- Examples of developmentally appropriate interventions as illustrated through case studies

- The importance of sharing information about developmental characteristics with parents and teachers, as well as with child and adolescent clients
- How exciting, but also how challenging, growing up can be!

HELPFUL WEBSITES

Society for Research on Adolescence
http://www.s-r-a.org

Developing Adolescents
A reference for professionals: http://www.apa.org/pi/families/resources/develop.pdf

Child Trends
http://www.childtrends.org

Cleveland Clinic
http://www.my.clevelandclinic.org/health/articles/7060-adolescent-development

PRACTICAL RESOURCES

DeFrates-Densch, N. (2007). *Case studies in child and adolescent development for teachers*. New York, NY: McGraw-Hill.

Munsch, R. (1986). *Love you forever*. Ontario, Canada: Firefly Books.

Schaefer, C. E., & DiGeronimo, T. F. (2000). *Ages and stages: A parent guide to normal child development*. Hoboken, NJ: Wiley.

Vernon, A., & Barry, K. L. (2013). *Counseling outside the lines: Creative arts interventions for children and adolescents—Individual, small group, and classroom applications*. Champaign, IL: Research Press.

REFERENCES

Alberts, A., Elkind, D., & Ginsberg, S. (2007). The personal fable and risk-taking in early adolescence. *Journal of Youth and Adolescence, 36*(1), 71–76. doi:10.1007/s10964-006-9144-4

Allen, J. P., & Miga, E. M. (2010). Attachment in adolescence: A move to the level of emotion regulation. *Journal of Social and Personal Relationships, 27*(2), 181–190. doi:10.1177/0265407509360898

Arnett, J. J. (2014). *Adolescence and emerging adulthood*. Boston, MA: Pearson.

Archer, J. (2004). Sex differences in aggression in real-world settings: A meta-analytic review. *Review of General Psychology, 8*(4), 291–322.

Avenevoli, S., Swendsen, J., He, J. P., Burstein, M., & Merikangas, K. R. (2015). Major depression in the National Comorbidity Survey–Adolescent Supplement: Prevalence, correlates, and treatment. *Journal of the American Academy of Child & Adolescent Psychiatry, 54*(1), 37–44. doi:10.1016/j.jaac.2014.10.010

Berk, L. (2017). *Development through the lifespan* (7th ed.). Upper Saddle River, NJ: Pearson.

Best, J. R., Miller, P. H., & Jones, L. L. (2009). Executive functions after age 5: Changes and correlates. *Developmental Review, 29*(3), 180–200. doi:10.1016/j.dr.2009.05.002

Björkqvist, K. (2017). Gender differences in aggression. *Current Opinion in Psychology, 19,* 39–42. doi:10.1016/j.copsyc.2017.03.030

Blankson, A. N., Weaver, J. M., Leerkes, E. M., O'Brien, M., Calkins, S. D., & Marcovitch, S. (2017). Cognitive and emotional processes as predictors of a successful transition into school. *Early Education and Development, 28*(1), 1–20. doi:10.1080/10409289.2016.1183434

Bleidorn, W., Arslan, R. C., Denissen, J. J., Rentfrow, P. J., Gebauer, J. E., Potter, J., & Gosling, S. D. (2016). Age and gender differences in self-esteem—A cross-cultural window. *Journal of Personality and Social Psychology, 111*(3), 396–410. doi:10.1037/pspp0000078

Bokhorst, C. L., Sumter, S. R., & Westenberg, P. M. (2010). Social support from parents, friends, classmates, and teachers in children and adolescents aged 9 to 18 years: Who is perceived as most supportive? *Social Development, 19*(2), 417–426.

Broderick, P. C. (2010). *The lifespan: Human development for helping professionals* (3rd ed.). Upper Saddle River, NJ: Pearson.

Broderick, P. C., & Blewitt, P. (2014). *The life span: Human development for helping professionals* (4th ed.). Upper Saddle River, NJ: Pearson.

Brown, S., & Guthrie, K. (2010). Why don't teenagers use contraception? A qualitative interview study. *European Journal of Contraception & Reproductive Health Care, 15*(3), 197–204. doi:10.3109/13625181003763456

Case, R. (2013). *The mind's staircase: Exploring the conceptual underpinnings of children's thought and knowledge*. Hillsdale, NJ: Psychology Press.

Chaby, L. E., Cavigelli, S. A., Hirrlinger, A. M., Caruso, M. J., & Braithwaite, V. A. (2015). Chronic unpredictable stress during adolescence causes long-term anxiety. *Behavioural Brain Research, 278,* 492–495. doi:10.1016/j.bbr.2014.09.003

Chaplin, T. M., & Aldao, A. (2013). Gender differences in emotion expression in children: A meta-analytic review. *Psychological Bulletin, 139*(4), 735–765. doi:10.1037/a0030737