Developmental Counseling and Therapy: An Effective Approach to Understanding and Counseling Children

By: Jane E. Myers, PhD; Marie F. Shoffner, PhD; and Michele Kielty Briggs, PhD

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Article:

The roles and functions of school counselors are notably complex and multifaceted (Bruns & Kopala, 1993; Gysbers & Henderson, 2000; Skovholt & Ronnestad, 1992). Sink and MacDonald (1998) noted that these roles have changed over time, and that both internal and external demands on school counselors have increased significantly. Further, they noted that school counselors have primarily become "crisis-oriented, reactive, focused on remediation over prevention, and overburdened with nonguidance-related clerical and administrative tasks" (p. 88). Recent efforts at renewal of the profession focus on the implementation of comprehensive developmental counseling and guidance programs (Gysbers & Henderson, 2001; Myrick, '1997; Paisley, 2001; Paisley & Hubbard, 1994, Paisley & Peace, 1995). Although the goal of these programs is often preventive in nature (American School Counselor Association, 1999; Wittmer, 1993), the reality of life for many children includes events and circumstances—ranging from parental divorce to person and substance abuse to the challenges of blended families—that place them at risk and require remediation as well (Vernon, 1999; Wang & Reynolds, 1995). Clearly, school counselors need a repertoire of interventions to address the myriad of challenges present in the schools.

A review of articles in *Elementary School Guidance and Counseling* for a 20-year period revealed that only one in four articles had treatment issues or interventions as a primary focus (Schmidt, Lanier, & Cope, 1999). Among these articles, the most frequent interventions were group guidance and group counseling, followed by parent education, individual counseling, and teacher consultation. Strategies for counseling young people simply are "not well known in the field" (Ivey & Ivey, 1988 p. 5). If school counselors are to be effective in meeting the needs of the broadest array of students in the school setting, interventions that are structured, creative, and brief, and that allow counselors to understand and conceptualize the client's view of reality must be promoted, One such strategy, which incorporates a model for assessment as well as intervention, is Developmental Counseling and Therapy (DCT; Ivey, 1993, 1999; Ivey St Ivey 1988).

In this article, the cognitive development of children is reviewed, with a focus on Piagetian theory as a framework for understanding DCT. Both the assessment process and intervention planning with this model are described, and specific applications to counseling children in school settings are provided. A case study is used to illustrate the implementation of DCT with an elementary school student referred to the counselor as a result of her poor social skills and continuing conflicts with peers.

Cognitive Development of Children

Piaget (1952) proposed a theory of cognitive development to explain the mariner in which children construct knowledge and how this process changes over time. He believed that children "naturally try to make sense of their world" (Kail & Cavanaugh, 2000, p. 26), including physical as well as social phenomena. Children consistently create and test theories to explain the world they observe. At critical points in their development, new ways of thinking or constricting knowledge emerge. These new ways of thinking are described in terms of four qualitatively different ways of making meaning or of knowing the world around them: sensorimotor, pre-operational, concrete, and formal operational.

The sensorimotor stage spans the period from birth to 18 months. Thought begins in activity, and this is when the earliest form of thinking and problem solving emerges. While engaged in the sensorimotor stage, children's cognitive structures develop as a result of their interactions with the environment through organization and adaptation of information. The intellectual activity based on sensorimotor experiences during this stage provides a basis for all future intellectual development (Hughes & Hoppe, 1990).

Children experience pre-operational thought from one and one-half to about 6 years of age. During this stage, children recognize that a mental image can represent a physical object without the object being present (Bjorklund, 1995; Hughes & Noppe, 1990). Pre-school children are capable of this type of thought, but have no systems for categorizing and organizing objects in their environment. Thoughts in the pre-operational stage tend to be inflexible and irreversible, and children engaged at this intellectual level are often egocentric as they only view the world from their point of view (Hughes & Noppe, 1990).

The transition to concrete operations occurs about the time children enter school, and this stage of thinking continues until adolescence. Concrete operational children are able to reason logically about situations and events. In the later parts of this stage, linear thought processes result in the experience of if /then thinking, or causal reasoning (Ivey, 1993). At this point, earlier life events that lacked consistency and order become parts of the whole operating system for the child. In addition, cognitive conceit, which occurs when children have too much faith in their reasoning ability, can be present (Hughes & Noppe, 1990).

Piaget (1952) proposed that the stage of formal operations, reached during adolescence, continues throughout adulthood. This new type of thinking is abstract in nature, and allows for testing of hypotheses Lind examining alternates prior to taking action. As is true of earlier stages, the transition to formal operational thinking can extend over many years; thus, during the middle school years in particular, children may be expected to evidence both concrete and formal operational thought processes seemingly simultaneously. Further, with only 75% of all persons reaching fully formal operational thinking (Ivey, 1993, 1999), the thought processes experienced by children, especially concrete operations, will likely be seen in adults as well. In fact, Ivey (1993) proposed that the types of thinking identified by Piaget repeat themselves in both children and adults. This cyclical process and the stages that comprise the cycles provide a foundation for understanding DCT.

Developmental Counseling and Therapy

Ivey (1986, 1999) developed Developmental Counseling and Therapy based on a metaphorical use of Piaget's theory and cognitive stages. DCT incorporates concepts from individual developmental theories such as those proposed by Kohlberg (1984), Gilligan (1982), Kegan (1982), and Erikson (1963); family theories such as those of Duvall (1977) and Haley (1980.); and multicultural theories including racial and sexual identity development (Ivey, 1993). Similar to other constructivists, Ivey (1993, 1999) proposed that developmental theory and counseling can be integrated (Crespi & Generali 1995). He carried this theory further to develop a systematic model that incorporates understanding the meaning of a client's cognitive developmental functioning, assessing the nature of that functioning, and selecting interventions in an intentional manner to address specific needs of clients in relation to identified and co-constructed issues (Ivey & Goncalves,1987, 1988).

Similar to Piagetian theory, DCT identifies four modalities of cognitive-emotional development that people fluctuate and flow between throughout the life process (Ivey, 1993). These modalities of development are cyclical and not mutually exclusive, such that it is possible to function in more than one simultaneously. Moreover, the preferred modality is situation specific. A person can prefer one modality in one set of circumstances and another modality in other circumstances. An inability to process an issue from the perspective of one or more modalities constitutes a developmental block, and counseling becomes a process of removal of such blocks (Ivey, 1999; Myers, 1998).

The four developmental orientations in DCT include sensorimotor, concrete, formal operations, and dialectic/ systemic (Ivey, 1993). Sensorimotor refers to the experiencing of feelings, with particular emphasis on the idea that feelings are physically embedded and represent an in-body type of experience. In the concrete modality,

people can relate linear, sequential details of life experiences, and in the later aspects of this stage, can engage in causal reasoning (i.e., if / then thinking). The formal operational modality is one in which people are able to see their patterns of behavior, thought, and feeling and to reflect on the meaning of those patterns. The dialectic modality is reflected in the ability to take multiple perspectives and see multiple aspects of people and situations. In addition, persons who think dialectically are able to view themselves in systems and understand the impact of systems and multiple interacting systems (e.g., gender, culture, family) on their behavior and functioning.

Developmental blocks, defined as the inability to experience a particular event or circumstance in one of the four modalities, may he experienced at one or several levels with regard to specific situations or issues (Myers, 1998). For example, an individual whose father died when she was 7 years old may, as a teenager or adult, experience a sensorimotor block as she has difficulty expressing emotion around the event. This may happen because of her difficulty at age 7 to process grief in a helpful manner. However, she may be able to recount the details of his illness and the family response (concrete), explain her pattern of dealing with loss (formal operational), and explain the way that she responds ill relation to how other members of the family respond (dialectic), Or, this same individual may, as an adult, be unable to "let go" of relationships, and fail to understand how earlier models of loss and grief influence how she reacts as an adult. Ivey (1999) would describe her as operating under a powerful system of "rules" for responding to situations, rules that were learned in her family.

Again, since not all individuals achieve fully formal operational functioning, many adults may seem to have developmental blocks in formal and dialectic modalities. The process of DCT, as an intervention, helps these adults overcome their blocks. On the other hand, because children are unlikely to think dialectically, a lack of dialectic thinking is not necessarily a developmental block. Children in the elementary grades may be expected to be primarily concrete, but may be helped to think in an early formal operational mode and sometimes in the dialectic modality as well.

The assessed cognitive-developmental level plays an important role in designing an intervention plan for the client (Ivey 1993). Ivey (1993) and Ivey and Ivey (1988) noted that counselors can identify the primary cognitive-developmental level of clients after the client speaks 50 to 100 words in the initial interview. Or a structured assessment (which is also an intervention) may be employed to help the counselor identify preferences for modalities and developmental blocks and help the client examine his or her assumptions and develop new ways of thinking about problem. situations. Counselors may choose to match a client's preferred cognitive orientation to establish rapport or to mismatch that preference in order to promote developmental change to new on and new ways of constructing meaning.

Following an assessment of the client's preferred modalities and possible developmental blocks, the DCT model provides a useful paradigm for planning and implementing appropriate in interventions to facilitate change. Ivey (1991, 1999) linked preferred theories and interventions with each of the four modalities, noting that the selection of an appropriate intervention will most likely result in successful outcomes. For example, a client functioning in the sensorimotor modality, or a client with a block in this modality may benefit from interventions that involve the body and senses such as relaxation, music therapy, or Gestalt interventions, which help clients experience emotions in the present. Clients who are primal sly concrete respond most quickly to problem-solving methods, including reality therapy and behavioral interventions. Formal operational clients may best be helped using interventions such as client-centered approaches, while dialectic clients may find systemic approaches, racial or feminist identity development, and networking strategies to be most effective. The selection of interventions is based on a developmental assessment which may be structured or unstructured and which works equally well with adults and with children.

Using DCT with Children
Although children, especially in elementary school, are primarily sensorimotor and concrete in their thought processes, they are capable of both formal and dialectic thinking (Ivey & Ivey, 1988). Thus, it is possible to

design in using DCT with even very young children that help them develop new ways of constructing knowledge and making sense of the world around them. Some specific strategies and interventions that can be effective in assessing the preferred cognitive modalities of children, designing treatment plans, and both identifying and removing developmental blocks are discussed next.

Sensorimotor Modality

While operating in this modality, primary Functioning is based on sensory experiences, in seeing, hearing, and feeling (Ivey, 1996, 1999). Attention span often is short (even in adults) and frequent physical movement is common (Ivey & Ivey,1988). To work with student or to remove developmental blocks to functioning in this modality, here-and-now experiences and interventions such as play therapy are needed (Ivey, 1993). The goal is to connect the child with physical experiences that are motivating or causing behavior but which remain at a preconscious or blocked developmental level.

Children who are sensorimotor typically express their concerns in a random or hyperactive manner, change the topic often, and sometimes exhibit irrational or magical thinking patterns that may be combined with egocentric thinking. In addition, a child's behavior might reflect a short attention span and continual body movement. An example of a sensorimotor student is a first-grader who shows his sadness about his parents' divorce by talking about his desire to just get them to come to his baseball game together so they can see how much fun it is to be together again (egocentric thinking). H goes on to say that then they would take him and his sister to Disneyland for a week and everyone would have fun (magical thinking). Alternately, a student who is coping with parental divorce by pulling pieces of her hair out is reflecting the experiencing of strong emotions through body actions.

Concrete Modality

This modality is evident when the student offers detailed descriptions of people, places, and events. Emotions are likely to be described in the past tense instead of felt in the present. At the later stages of concrete functioning, the child can engage in if/then thinking, which connotes causality, whereas he or she cannot in the early stages (Ivey, 1993). Concrete clients understand their own point of view, but have a difficult time seeing situations from another person's perspective. Thus, students functioning in this mode of operation can explain events in great detail, but may have trouble explaining why these events occur. They may be stuck on linear descriptions, providing an endless array of details about other things, and have difficulty with if/ then thinking; consequently, controlling their own environment seems impossible to them (Myers, 1998). Usually, they are unable to understand the place of emotions in their lives.

In general, most children until about the age of 9 construct meaning in very concrete terms (Vernon, 1999). Children in the early concrete stage typically respond with few words when asked questions, and children in the middle concrete stage often generously expand on the details of several components of the experience they are describing. During the later stages of concrete thinking, children are able to engage in causal (if/then) thinking.

An illustration of A primarily concrete student would be a third-grader who can describe in detail an argument she had over throwing a ball at someone who made fun of her. However, she cannot identify her role in contributing to the need for a subsequent visit to the principal's office (lack of if/then thinking), nor does she understand the inevitable consequences associated with throwing an object at someone who she believes has instigated the conflict.

Formal Operational Modality

As children reflect on their concrete descriptions of events, circumstances, people, and their actions and reactions, they often can identify patterns and repeating patterns in the way they feel and think (Ivey, 1993; Myers, 1998). Once patterns are identified, children may be presented with d choice either to continue their pattern or to change (Sweeney, 1998.) Ivey and Ivey (1988) cautioned that children are often underestimated by adults, who consider formal thought not possible for them. What seems to be true is that, left alone, children May not think in formal ways, but they can do so when helped by school counselors who are patient and creative.

While engaged in this developmental orientation, students are able to describe their own feelings and sometimes describe their patterns of feelings. As they begin to recognize patterns in repeated behaviors and thoughts, they are engaging in formal thinking. Although formal operational thought can appear as early as the third grade, it typically is not evident until middle school (i.e., fifth or sixth grade).

An example of a formal thinker would be a fifth grader who can describe how his pattern of negative behavior in the classroom affects the other students and the teacher. He is able to describe the phenomenon that when he gets bored, he starts to talk to or annoy the other students in the class. He can describe how the other children see him as annoying and how his teacher perceives him as disobedient and rude. He can also describe his feelings of boredom and inferiority.

Dialectic/Systemic Modality
This DCT perspective requires that individuals abandon an egocentric outlook on life and recognize themselves as a part of multiple and interactive system[s] (Ivey, 1993), Younger children may not become fully dialectic in their thinking, but they can he encouraged to both imagine and consider the feelings, thoughts, and perspectives of others (Ivey Ivey, 1988). Individuals who think dialectically are aware of how the environment affects them, and others around them, and they can challenge their own way of operating in and in these systems (Ivey, 1993). They can recognize others' views as distinct and apart from their own (Myers, 1998).

In general, younger children do not examine life from this perspective. Adolescents may begin to think dialectically; however, egocentric thought patterns (the opposite of dialectic) tend to remain at least sporadically through most of the adolescent years. As dialectic/systemic thinkers, children taking this orientation see themselves as a part of systems and are able to learn how they are affected by and also affect these systems. Two of the most predominant systems affecting children include families and schools (Ivey, 1993). An example of a dialectic/systemic thinking student would he one who understands how his father's substance abuse affects the differing behaviors he chooses at home and at school. Dialectic thought can be encouraged through application of DCT principles and in particular through use of Ivey and Ivey's (1991) structured developmental assessment interview.

Developmental Assessment Interview
The developmental assessment interview is a structured clinical assessment that helps a student discuss present issues from the perspective of each of the four developmental modalities (Ivey 1993). Counselors conducting the interview are able to determine the child's primary or most comfortable modality, assess developmental blocks, and use the in questions as a means of intervention relative to the problems expressed (Ivey & Goncalves, 1988; Kenney & Law, 1991).

The interview usually begins by asking the child to talk about what happens when he or she focuses on a particular issue such as a recent fight at home or school or their parents' impending divorce. By listening to the response, the counselor can identify the student's preferred cognitive modality and begin to assess the presence of developmental blocks. The sequence of questions guides the student through the four developmental modalities (Ivey, 1991). According to Ivey (1986, 1991, 1999), clients present at different modalities, depending on the particular problem or situation. Knowing this, counselors are able to match or mismatch the particular modality as part of the intervention plan hi order to help the client heal and see the situation from other perspectives.

The interview questions progress beginning with questions regarding the clients' sensorimotor functioning and ending with the client's dialectic/ systemic development. Open-ended questions, paraphrasing, summarizing, and other techniques are used to expand responses within each of the four modalities. Ivey (1991) presented questions specific to each modality. These questions are appropriate for children as well as adults.

To promote sensorimotor experiencing, school counselors may ask the student to "Pretend this (problem situation) is happening right now can you image that? Tell me what you are seeing as this is happening." The goal is to help the student describe the experience as if it were happening in the present and to tell what he or she is seeing, hearing, and feeling. Because feelings are physically embedded (Ivey 1993, 1999), it is important to ask the student it he or she can tell you where in their body they are feeling a sensation and to describe that sensation.

To help a student explore a problem in the concrete modality, counselors may ask for an example of another time the child felt the same feeling that was talked to in the sensorimotor discussion. By asking questions (such as: "Who was there?' "What happened?" "What happened just before that?" and "What happened next?"), the counselor can help the child provide a detailed, linear description of an event. In the late concrete phase of the interview, the student can be asked to explain how the sequence of events is linked by being prompted to explain whether this type of circumstance happens a lot, and if so, is it common that "If this happens, then that outcome follows." To promote formal operational thinking, it is important to ask questions such as "Has this ever happened to you before?" "Does this happen for you a lot?" and "Is this a pattern?' Students are often able to identify their repeating patterns when asked questions such as these.

Although not all children will be able to think in a dialectic manner, a variety of questions may be asked in an effort to help them do so. For example, the school counselor could ask: "How do you make sense of all of this?" "Does this happen a lot in your family?" "What does that mean to you?" and "How might someone else describe what is happening?"

In summary, the developmental assessment interview allows the school counselor to understand how the student constructs meaning in relation to life events. Once that understanding has been achieved, interventions may be structured to help the student change. Both the interview and intervention processes are co-constructed and tailored to the developmental capabilities of the child. The following five-stage process may work best with younger children:

- Start with a focus on establishing rapport

- Define the problem (with special emphasis on recognizing strengths)

- Outline goals

- Generate alternatives

- Follow up with the child (Ivey &z Ivey, 1988)

A Case Example

To help illustrate the application of IT with children, the following case is taken from the practice of one of the authors who was at the time an elementary school counselor. Following a discussion of the student and her presenting issues is a partial transcript of the developmental assessment interview. How the information obtained from the interview was used to develop a successful plan for intervention is described, and the outcome of the intervention is presented.

Presenting Issue

Carrie was an 8-year-old third-grader who was having trouble making and keeping friends. Her teacher referred Carrie to the school counselor because the situation between Carrie and the other girls in the class had become disruptive. The teacher eras concerned about Carries obvious lack of social skills and her inability to understand the nuances of friendship. The teacher believed that Carrie would greatly benefit from being a member of a social skills counseling group, but also felt that individual counseling might be warranted.

Carrie is the oldest of three children. Her siblings include a sister in the first grade and a baby sister who was several months old. Her parents both worked, and Carrie's father had a second job. As a consequence, he often arrived home when Carrie was already in bed. Carrie spent her time after school with her grandmother until her mother came home from work at about 7:00 p.m. Carrie loved her grandmother very much and felt that her grandmother was her only "real" friend. Carrie did not get along with her 6-year-old sister, because "she always acts like a baby." She was very protective of her youngest sibling, but seemed to resent the time her grandmother now spent with the new baby.

Carrie's problems with the other girls in her class appeared to stein from her inability to understand the effect of her words and actions upon others. She tried very hard to be liked, became angry and acted out when others appeared not to like her, and was very jealous of those she wanted to befriend. When she felt the other girls were not being kind or attentive to her, Carrie would say unkind things to them, calling them names and spreading rumors about them. When Carrie was able to be friends with someone in the class, she would exclude others and expect her friend to interact with Carrie only.

Developmental Assessment Interview with Carrie

Although it was clear from her presenting issues that Carrie would benefit from a social skills group, the extent of her alienation from the other girls made an individual as an appropriate place to start, If Carrie could be helped to understand something about her problem, then she would more likely cooperate with the members of the group and be motivated to learn how better to relate to others. As a consequence, the school counselor met with her individually, spent a little time asking her to talk about her reasons for coming to the counseling office, then began to focus her on a specific situation in order to complete the structured developmental assessment interview (Ivey, 1991; Ivey & Ivey, 1988).

Carrie stated that her teacher had asked her if she wanted to talk to the school counselor about getting along with her classmates. She added that she was very angry with her friends for treating her the way they did. The school counselor asked Carrie to talk about one specific time she got mad at a friend. She talked about several times she got mad, providing a lot of details, consistent with the presentation of a concrete client.

Counselor: Carrie, you talked about several times when you get angry with the girls in your class. Can you pick one of these times and let's talk about it for a little while, okay?

Carrie: Okay.

Counselor: Which time would you like to talk about?

Carrie: Well, what happened yesterday ... during tag.

Counselor: Okay, imagine you are on the playground right now. You can close your eyes if that helps you. Imagine the other girls in front of you. (pause). Can you tell me what you are seeing?

Carrie: Mary told the other girls not to play with me.

Counselor: Okay. Can you imagine yourself being there with Mary and the other girls and tell me what you are seeing?

Carrie: Well, Mary goes up to Janika and whispers something. I was having so much fun playing tag and running around. It was even my turn to try and get the other girls.

Counselor: As you are seeing Mary go up and talk to Janika, can you tell me what you are hearing?

Carrie: Janika and Mary are laughing, and I know Mary told Janika not to play with me. They are just so mean to me. I don't have any friends. Sometimes I just want to stay home with Gramma. Gramma is nice to me. Mary hates me. All of the girls hate me. (At this point, Carrie opened her eyes and appeared to be agitated and to have difficulty staying in one place. She paced around the office, picking things up and putting them down without looking at them.)

Counselor: Carrie, can you tell me what you are feeling right now?

Carrie: Mad. (Long pause: Carrie stops pacing and fidgeting.) Sad.

Counselor: Where in your body is that feeling?

Carrie: In my heart. (Carried pointed to her chest dramatically.)

Counselor: (Counselor points to own heart to mimic Carrie's body language.) Tell me how it feels.

Carrie: It hurts real bad. Real bad. (Carrie looks down.)

Counselor: So you are seeing Mary whisper to Janika and you think Mary is telling the other girls not to play with you. You are feeling mad and sad. You have this feeling in your heart. It hurts real bad. (Counselor points to own heart to mimic Carrie's body language.)

Carrie: Uh-huh.

Counselor: As you are feeling this hurt feeling in your heart, can you think of another time you felt the same way? (This is the transition to the concrete portion of the assessment interview.)

Carrie: Yeah. Lots of times.

Counselor: Tell me about one of those times.

Carrie: It always happens. They don't like me. They're always mean to me.

Counselor: Carrie, tell me one time this happened.

Carrie: Okay, it was a couple of days ago. We were all on the playground. All of the girls were laughing at me.

Counselor: What happened before that? Before they started laughing.

Carrie: We were all playing tag and I was it. Mary went up to Janika and she told her not to play with me.

Counselor: What happened next? Carrie: They were all mean to me. I hate being with them.

Counselor: Did you do anything?

Carrie: No. They are mean to me. Mary ran off.

(Note: Behavioral observations indicate that Carrie's pattern when mad is to call the other girls names and sometimes to hit them. She does not include this behavior in her description of what happens between the time the other girls whisper and when they make fun of her, evidence of a lack of if/ then, causal reasoning.)

Counselor: What did you say right before Mary ran off?

Carrie: I didn't say anything.

Counselor: What did you do?

Carrie: Well, I started playing crazy.

Counselor: And then, Janika yelled, "Unfair."

Carrie: Yeah.

Counselor: Carrie, when the other girls laughed, did you yell at them or try to hit them?

Carrie: Well, they made me do it!

Counselor: Okay, Carrie. You talked about two times with the girls on the playground. In the first example, Mary whispered to Janika not to play with you, and you felt mad and sad. You felt this feeling in your heart (counselor points to heart just like Carrie did earlier, mirroring both her body language and her words and affect). You gave a second example of when you were on the playground playing with the other girls. Mary whispered to Janika, the girls laughed and you felt mad and sad again. Is that right?

Carrie: Yes. That is it. They were all laughing at me.

Counselor: (At this point in the interview, the movement is from concrete to late concrete /early formal operations. The goal is to get the client to show if reasoning and look for a pattern in the events /behaviors/ feelings.) Can you tell me how these two examples are alike?

Carrie: They laughed at me.

Counselor: Is there anything else that was the same both times?

Carrie: I felt bad?

Counselor: Anything else?

Carrie: Well, both times Mary whispered to Janika.

Counselor: Okay, so when Mary whispers to Janika, and then the girls laugh, you think they are laughing at you and it makes you mad.

Carrie: They are laughing at me. It makes me mad!

Counselor: (Carrie has identified two examples in which she thinks the other girls are talking about her, though she cannot hear them, and it makes her mad. She does not have good if/then thinking in that she does not really know what they are saying, but she was able to identify a pattern. She has limited understanding of the pattern. At this point a move to dialectic thinking is made to determine how well Carrie is able to see their points of view.) Carrie, when this happens, what are you saying to yourself?

Carrie: What do you mean?

Counselor: When you see the other girls whisper and laugh, what words go through your head?

Carrie: I know they are talking about me? It makes me mad.

Counselor: And then you are mean to them too?

Carrie: Yes. It is all their fault.

Counselor: How might Mary describe what is happening?

Carrie: Mary? I dunno.

Counselor: How would Janika describe what is happening?

Carrie: (Pause.) I dunno. Once when Janika and I were real good friends., we were giggling and laughing together. That felt good.

Counselor: So, when you are laughing with the other girls it feels good?

Carrie: Yeah, I guess so.

Counselor: You said when they laugh at you, it feels bad. Would you like to find a way to laugh more with the other girls, and not have them laugh at you?

Carrie: Yes!

At this point in the interview, the client expressed a desire to work on her problem and the process of intervention began.

Intervention Plan
From this brief transcript of the assessment interview, it became dear that Carrie was operating in the sensorimotor and early concrete modalities. She could describe events from her perspective and describe a physical feeling associated with the events. She was able to briefly describe her own part in the conflict with her peers, but did not engage in causal reasoning. She was unable to explain that "if I call the other girls names or hit them, then they will not want to play with me." She did not see her part in the conflicts; in other words, she could not reason formally or identify her pattern. She was unable to think dialectically in that she could not understand what was happening from any other person's point of view.

To establish rapport with Carrie most quickly from a DCT perspective, it would be necessary to match her at her preferred modality - concrete or sensorimotor- then either expand horizontally by continuing to work within that modality or move vertically to another of the four modalities. Because Carrie's problems were presented in a play scenario, the school counselor chose play therapy, specifically using role plays and puppets, to help her structure similar events with a few puppets representing her and her friends.

The counselor created several role-play situations (concrete sequences) in which the dolls played together cooperatively and other scenarios in which there was conflict. Over time Carrie was able to identify the doll that was creating the conflict and eventually to "own" her personal role in creating conflict with her friends. At that point, she was able to join the social skills group and begin to work on developing better relationships with her peers.

Discussion and Implications for School Counselors
In the case presented above, it was clear that Carrie was struggling, that she had few friends, and that she was unable to determine how shy could change and improve her situation. By helping her to identify her hurt feelings in situations with her friends and to see that there was a pattern to how these feelings developed, the counselor assisted her in making a decision to try to change. In general, the termination of the DCT assessment

sequence ends in a commitment to change or not to change and, hence, leads into a decision about which types of interventions might be most useful.

After asking questions in all four modalities, the school counselor is able to assess both preferred modalities and developmental blocks. By selecting interventions matched to the student's preferred modalities, in fills case concrete and sensorimotor, it was possible to quickly engage the child in interventions targeted at the problem behavior. Over time, through continued use of the DCT model, additional interventions could be added. In particular, the questions specific to each modality could be used to help Carrie begin to conceptualize her problem in new ways, including formal (understanding her patterns of behavior and thinking) and dialectic (understanding and appreciating the points of view of others).

In summary, DCT has proven to be an effective strategy for use with a variety of clients to help assess developmental functioning and developmental blocks and to then select appropriate interventions targeted to the needs of the client. The model is comprehensive and allows for the selection of new interventions as the client's needs and problems change. Based on our experiences in addition to the existing literature, it is an effective model for use with students in that school counselors can use the structured developmental assessment sequence both to understand the presenting issues of children and to help them develop new insights and awareness. For school counselors with typical student case loads in the hundreds, it is imperative that assessment and intervention strategies are brief and focused on outcomes. Designing interventions using this model offers the potential for successful outcomes in brief periods of time through a model in which interventions are matched to the assessed developmental level of the child.

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