

Counseling psychologists working with children: A nonunique but important role

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Borders, L. D. (1994). Counseling psychologists working with children: A nonunique but important role. *The Counseling Psychologist*, 22(3), 462-465.

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Abstract:

It is difficult to argue with the main thesis of this special issue, that counseling psychologists can and should work with children, and there is little reason to argue with it. Where this argument breaks down, however, at least in its presentation here, is in the primary reason given for expanding counseling psychologists' work with children.

Keywords: counseling | child psychologists | research

Article:

It is difficult to argue with the main thesis of this special issue, that counseling psychologists can and should work with children, and there is little reason to argue with it. Where this argument breaks down, however, at least in its presentation here, is in the primary reason given for expanding counseling psychologists' work with children.

In each article the authors emphasize the developmental orientation of counseling psychology, and its interests in the "normal" aspects of daily living and the healthy individual. The field, then, they quote, tends "to focus more on potential development of the individual rather than on deficits that must be overcome" (Gelso & Fretz, 1992, p. 30). As a result, the authors indicate, counseling psychologists' work with children would include educational or developmental interventions along with preventive and remedial interventions.

Yet despite this repetitive message, the various articles are focused almost exclusively on preventive and remedial services for children with problems. A discussion of contemporary needs of children includes reference to "prevalence rates for various diagnosable childhood disorders" (Wagner, 1994 [this issue], p. 382). Potential counselor roles are presented in terms of working with children suffering from various childhood stressors (Stem & Newland, 1994 [this issue]). Suggested course work includes only two courses that seem developmentally based, with a majority of the academic work focused on what can go wrong as children face the various developmental tasks rather than helping them be successful along the way.

My reading indicated that only one of the articles (i.e., Stem & Newland, 1994) included an example of a true developmental intervention, one that is designed to promote children's development or enhance their growth. The suggested service involves providing skill training to the various adults who interact with children. In short, then, there really is less of a true developmental nature here than the authors would have us believe.

I certainly am not arguing that counseling psychologists should only provide developmental interventions or that large numbers of children do not need preventive and/or remedial services. The contradiction between the rationale and the application, however, is important not only for philosophical reasons (i.e., the logic is faulty as presented), but also because developmental programs and services currently are being offered by a number of other professionals in a variety of settings.

The school counseling profession, for example, is firmly rooted in human development theories, and the school counseling program "vigorously stimulates and actively facilitates the total development" (ASCA, 1984, p. 1) of students, including personal, social, educational, and career development (Borders & Drury, 1992). Effective counseling programs are proactive in "helping students acquire the knowledge, skills, self-awareness, and attitudes necessary for successful mastery of normal developmental tasks" (p. 488). Similar to the roles and functions proposed for counseling psychologists, school counselors provide direct services to students in the form of individual and group counseling; serve as consultants to parents, teachers, and other school administrators through individual interactions and skill-training workshops; help teachers infuse developmental skills into the traditional curriculum; and advocate for children through their efforts to affect the overall school climate (Borders & Drury, 1992). Based on a comprehensive review of empirical studies of such programs, Borders and Drury concluded that developmentally oriented school counseling interventions have had a substantial impact on students' educational and personal development. Similarly, child development specialists and family life educators offer program descriptions and empirical studies concerning developmental, preventive, and remedial work with children (see the journal, *Family Relations*, for example). It seems clear that these large bodies of literature would be informative for counseling psychologists who have similar goals in their work with children.

Based on the above perspectives, then, it is difficult to identify and articulate the supposedly unique aspects of the proposed child-related roles for counseling psychologists, because other professionals already are offering the very services and conducting the research proposed for counseling psychologists. In fact, according to survey reports in one of the special issue articles (Kaczmarek & Wagner, 1994 [this issue]), a number of counseling psychologists themselves are already involved in working with children in the capacities recommended and are receiving at least some training for that work. It may be that "We can do it, too" is the message we are to hear. If so, the response is obvious: Okay. Our children need and deserve all the help they can get, so let us get to work.

A few comments specific to Powell and Vacha-Hasse's (1994 [this issue]) piece on research issues: Ethical (and legal) issues in conducting research with children are quite complex and rather formidable, as the authors note. Their discussion of informed consent versus assent, in particular, highlights the difficult issues that a conscientious researcher must face. In addition,

the almost impossibility of gaining access to children in their school classrooms needs to be underscored, particularly if the researcher wants to investigate "hot topics." In the last few months, for example, a doctoral student studying risky behaviors of young adolescents was allowed to conduct her study in a school system only if she deleted all questions about sexual behaviors; school administrators suggested she substitute these with questions about bicycle safety. (The student participants, of course, noticed and pointed out the obvious risky behavior topic that was not included in their questionnaires.)

Methodological issues for researchers are equally demanding, however, and little attention is given to these. Powell and Vacha-Haase (1994) do mention that self-report measures are problematic, that children (of what age?) seem to provide better reports of "their internal states than their externalizing behaviors" (p. 451), and that child and parent reports often provide different views of the same variable. They wisely suggest that researchers use multiple sources of data, but do not provide guidelines for choosing from among those sources. Because all reports are biased, or at least limited to some degree, when are parents' reports preferred over teachers' reports, and how can the researcher determine the validity of those reports? Similarly, various data collection methods (e.g., questionnaires, interviews, observations) are available and require informed choices in their selection. In addition, there is some information available concerning the veracity of children's reports (e.g., Lanyon, 1993), which may help the researcher make informed choices. Finally, because researchers often may only have indirect information about children's thoughts, feelings, and behaviors, the impact of their own perspectives when interpreting the data must be given particular attention. These topics, then, need to be given serious consideration in addition to the ethical issues outlined by Powell and Vacha-Haase (1994).

It seems that the primary purpose of this series of articles is to encourage more counseling psychologists to work with children. If that is the desired effect, I can only hope that some success is achieved—for the sake of our children.

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