Developing Cross Cultural Competence:

Applying Development and Prevention Ideals to Counseling Young Children

Jeff Wolfgang

University of Florida

Kimberly Frazier

Clemson University

Cirecie West-Olatunji

Joe Barrett

University of Florida

Abstract

As counselors turn their attention to child-based counseling, there is a need to apply the core tenets of the discipline of counseling to young children and incorporate cross-cultural issues into clinical competence. Using Multicultural Counseling Theory (MCT), the authors discuss conventional approaches to providing clinical interventions for young children (ages 0-5yrs) and offer pedagogical suggestions for advancing the profession of counseling with this population. The authors articulate new roles for counselors and provide a framework for foundational counseling research in this area.

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Historically, it has been asserted that the developmental and preventative tenets of counseling are defining characteristics of the profession and help to differentiate counseling from other helping professions (Ginter, 1991; Hershenson & Strein, 1991; Kiselica & Look, 1993; Matthews & Skowron, 2004). Over the past three decades, counseling scholars have applied these ideals in research studies to focus on various client issues, such as suicide (Roswarski & Dunn, 2009), eating disorders (Choate & Schwitzer, 2009), and high risk families (Hogue, Johnson-Leckrone, & Liddle. 1999). A search for empirical studies in counselor education journals (i.e., those produced by divisions and special interest groups within the American Counseling Association) over the past twenty years, yielded fewer than ten articles with a focus on direct clinical intervention and prevention with young children (ages 0-5 years), particularly those from culturally diverse families. The purpose of this paper is to propose a rationale for the application of counseling principles to conceptualize, prevent, and intervene when posed with obstacles to young children's healthy development in the first years of life. Recommendations for counseling practice are provided.

Review of the Literature

The need to provide direct clinical services for children has increasingly become an important concern among health and mental health service providers (Bagnato, 2006; Blanco & Ray, 2011). As counselors turn their attention to child-based counseling, the need for cross-cultural competence may be warranted. Scholars have suggested that current approaches to counseling young children reflect a monoculturally conceptualized set of milestones, timeframes,

and attachment styles which predominate in the primary school years (Barnett et al., 2006; Best, 2008; Hughes, 2004; Nadeem, Maslak, Chacko, & Hoagwood, 2010). These views ignore children in their life contexts and conceptualize young children's lives according to a universal norm (Imamoğlu & Imamoğlu, 2010). Professional counselors working with children often employ adult theories applied in play therapies using toys and expressive media (Landreth, 2002). However, such tools are more appropriate for school-age children to express emotions and experiences (Blanco & Ray, 2011). Thus, counselors need to apply an understanding of the intersection of various developmental issues when working with and investigating the needs of young children (Finkelhor, Ormrod, & Turner, 2009).

Childhood Developmental Issues and Mental Health

Normal child development is often conceptualized using the personal-social relationships between young children and their caregivers, as healthy development is largely dependent on one's social environment (Nuru-Jeter, Sarsour, Jutte, & Thomas Boyce, 2010). When young children experience developmental obstacles, such as events that are negative, sudden, and/or out of control (Goodman & West-Olatunji, 2008), they can experience developmental challenges. These experiences are often complex and difficult to assess in those affected (Follette, Palm, & Pearson, 2006) as the effects are often multidimensional and impact numerous domains of life (Follette & Vijay, 2009).

Nuru-Jeter et al. (2010) explored social stressors during early childhood and basal cortisol levels (stress hormones); the results of their investigation showed a significant inverse relationship between these two variables. Additionally, chronic stress (pervasive stress over time) can interrupt higher cognitive functions, such as planning, working memory, and mental flexibility, interrupting children's sense of sequence, context, and story around an event or

experience (Johanson, 2006; Wilkerson, Johnson, & Johnson, 2008). When the children cannot make sense of the sensory information due to chronic stress, they often exhibit acting out behaviors and distress (Johnson, 1997). In the long-term, chronic stress or trauma can confuse understanding and make transitions in peer relationships difficult (Johnson, 1997). Children's attempts to cope may present as increased aggression, enuresis, sleep disturbances, nightmares, extreme fear of the dark and of enclosed spaces, and intense hypervigilance in anticipation of another traumatic event (Lipovsky, n.d.; Macy, Johnson Macy, Gross, & Brighton, 2003). It can lead to trouble regulating anger and the making of connections with others in the second and third years (Gaensbauer & Siegel, 1995). Caregivers of traumatized infants and young children are challenged by the child's intensified need for security, regressive behavioral and physiological functioning, and increased levels of worry or anxiety (Gaensbauer & Siegel, 1995).

Traumatic experiences often result in symptoms that appear at times unrelated to the trauma or stressor (Johnson, 1997). During extreme stress the result can be faulty memory encoding and retrieval and over- or under-responsiveness to stress. The emotional responses acquired this way become highly resistant to extinction; possibly explaining the ineffectiveness of language-based interventions in eliminating such acquired fears (Suomi & Levine, 1998).

Cross-Cultural Development, Attachment, and Counseling Young Children

It is important to consider infants and young children in the context of cultural norms, intensity of expression, flexibility to environment, and the way the behaviors are organized (Banaschewski, 2010). Child development includes many interpersonal variables, such as encouragement, sensitivity, consistency, security, and responsive social-emotional interactions that can be protective against disturbances and traumatic experiences (Andreassen & West, 2007; Lounds, Borkowski, Whitman, Maxwell, & Weed, 2005). The course of cross-cultural

development, therefore, is dynamic and non-linear, with variation being reflective of transitions through stages rather than deficiency (Walker & Archibald, 2006).

Early experiences are heavily influenced by attachment behaviors; from the 3rd year on, children begin to see that others have different goals than their own (Delius, Bovenschen, & Spangler, 2008). They begin to learn the culturally appropriate attachment and self-orientations that allow them to navigate the many relationships they encounter (Delius, Bovenschen, & Spangler, 2008; Imamoğlu & Imamoğlu, 2010; Sümer & Kağitçibaşi, 2010). These socio-cultural structures support natural development through genetic influence and environmental experiences (Siegal, 2003). In particular, these experiences include: (a) the structure of the community, (b) what skills and behaviors are in focus, and (c) how they provide warmth and support. All of these experiences aid children in acquiring the beliefs, values, practices, skills, attitudes, behaviors, ways of thinking, and motives of their culture. This value set collectively assists children in becoming capable and contributing members of their reference group and ultimately society (Adolph, Karasik, & Tamis-Lemonoda, 2010; Cole & Cagigas, 2010; Gauvian & Parke, 2010; Lieven & Stoll, 2010; Shi, 2010; Tomlinson, Murray, & Cooper, 2010).

Multicultural Counseling Theory

In their code of ethics, the American Counseling Association (ACA, 2005) states that it, "…is an educational, scientific, and professional organization whose members… recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" (p. 3). In failing to acknowledge and enrich those elements of a client that have been passed down through their personal journey of maturation and socialization, counseling professionals can unwittingly engage in cultural oppression (Sue & Sue 2008). In defining multicultural counseling competence, the Association

for Multicultural Counseling and Development (AMCD), established the Multicultural

Counseling Competencies (MCC) suggesting that counselors need to: (a) be aware of their own

assumptions, values, and biases, (b) understand the worldview of clients from varying

backgrounds, and (c) develop culturally appropriate intervention techniques (Arredondo et al.,

1996).

<div align="center">**Application of Counseling Principles to Young Children**</div>

The Role of Counselors

For pre-school children, specifically, the point of entry for mental health service delivery

is typically the pediatrician or another health care professional. Physicians often lack the training

to adroitly identify emotional or psychological concerns associated with physical health concerns

(Horwitz et al., 2007; Weitzman & Levanthal, 2006). Thus, it may take several months or even

years before a mental health problem can be identified. A second point of entry for service

provision to young children is the juvenile justice system wherein child protective services, law

enforcement, and/or the legal system will be involved (Kataoka, Zhang, & Wells, 2002). Further,

culturally and socially marginalized children, such as Latino American, African American, and

uninsured children from impoverished families across ethno-cultural backgrounds are

disproportionately identified with mental health concerns. Finally, once young children have

been identified as having a mental health-related problem or crisis, direct service provision to

them is not the norm. Instead, most mental health service providers focus on parents and care

giving interventions that are expected to filter down to the child(Sweet & Applebaum, 2004).

Counselors are uniquely trained to meet the needs of young children because of their: (a) training

that emphasizes clients' developmental needs (Gintner, 1991); and (b), their focus on prevention.

As stated previously, clients' developmental needs are a core element of counselor training.

Having knowledge of human development and the associated challenges at each developmental stage is a salient component of counselor efficacy when conceptualizing client problems and needs. While counselor training has not focused on the developmental characteristics of young children, extending understanding of clients' developmental characteristics to the pre-school population would increase counselors' access to this client population.

Prevention is another hallmark of counseling and has been recognized as a cost savings to organizations, institutions, and society (Cottrell & Sutton, 1979). While prevention is something that counselors talk about more than do (Romano & Hage, 2000), the profession has a rich history and strong conviction for this ideal as central to the practice of counseling. For young children, prevention can be of great import. Specifically, by focusing on the needs of young children, counselors can serve to minimize behavioral, emotional, and psychological problems in later years; lessen the impact of any existing problems; enhance physical, emotional, and psychological wellbeing; and advocate for children's families and communities.

Future Research

Because additional counseling research is warranted to advance our understanding of counseling young children, we recommend the use of a Delphi study. The purpose of the Delphi method is to use a systematic approach to elicit perceptions or judgments held by experts who are knowledgeable in a specialized area. The opinions are then refined through subsequent reviews, with the eventual outcome being a converging consensus about a given subject (Solmonson, Roaten, & Cheryl, 2010; Vázquez-Ramos, Leahy, & Estrada Hernández, 2007). Delphi studies commonly have three to five rounds of research (Mellin & Pertuit, 2009). This is a flexible and time efficient way to come to consensus and predict future ideas in the field (Fish & Busby, 2005). This method of research would be ideal in moving forward with this area of counseling. It would provide valid, reliable feedback from current experts on how to address the

issue of pediatric counseling and clarify it against the backdrop of other contemporary practices utilized today.

In conclusion, counseling young children has the potential to impact the scope and depth of counselor efficacy especially when working with culturally diverse young clients. Through a multicultural, preventive, and developmental lens, counselor practice can be enriched by better understanding environmental components of both their clients and their presenting problems. Further research in conceptualizing and treating young children's developmental concerns is therefore central to advancing the profession.

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