BUILDING RAPPORT WITH ADOLESCENTS

A HANDBOOK FOR THERAPISTS

A graduate project submitted in partial fulfillment of the requirements
For the degree of Master of Science in Counseling,
Marriage and Family Therapy

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ABSTRACT

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Many therapists express a dislike to working with children, specifically adolescents and teenagers, in a formal therapy setting. Such comments as “You couldn’t pay me enough to work with kids” or “I can barely deal with my own kids, much less someone else’s!” serve as an indication of this aversion. The purpose of this project is to provide a handbook for therapists who wish to work with adolescents and teenagers. To this end, a review was done on relevant literature focusing on “resilient adolescents” and “natural mentors” in an effort to ascertain concrete methods through which a therapist may build a strong, positive therapeutic relationship with a teenage or adolescent client. Much of the information contained herein is sourced from studies focusing on the effect of non-parent adult mentors (“natural mentors”) have in positively changing the life of a resilient adolescent. Personal author experience with children, combined with the literature, provided the foundation to establish a set of suggestive guidelines that a therapist could turn to when working with adolescents and teenagers. The aim of these suggestions is focused primarily on therapists who have not worked with or have specifically avoided this demographic. This handbook can also be used by therapists who are experienced in working with adolescents and are interested in expanding their skills.
Chapter I

Introduction

*It takes a village to raise a child* - African proverb

Over the course of psychological history, a great deal of attention has been paid to the role of the nuclear family in the development of children. While the nuclear family is of utmost importance to a child, there is an increasing interest in the role that non-family individuals have in affecting the life of a child. With the growing number of dysfunctional or broken families, the increasing need for both parents to be working outside the home, and the resulting decrease in the amount of time and support that parents are able to give their children, researchers (Armstrong, 2009) have begun to focus on persons outside of the home who can have a positive effect on the development and growth of a child.

One factor that has received much attention is the concept of mentoring, specifically the role of non-parent adult mentors, who are often called “natural” mentors (Zimmerman, M. A., Bingenheimer, J., 2002). Such individuals can help support and guide a child toward his or her potential. While teachers or coaches might take on a mentoring role, they need to support large numbers of children and often have limited as well as temporary one-on-one contact with individual children. Natural mentors are those who can focus on a given child to help guide and support over an extended period of time. However, while there is often no shortage of people who wish to be a mentor in this capacity, there is often a large disconnect between what potential mentors believe they will be doing as a mentor, and what is actually successful (Armstrong, 2009). Many of the approaches used by these well-meaning mentors often result in a negative experience for both mentor and child, and this is most poignant during the turbulent times of adolescence. Members of the helping professions are not immune to this, as many teachers and
mental health care professionals will openly state that they dislike working with and sometimes actively avoid adolescents.

A number of studies, detailed in the following Literature Review, have been conducted in an attempt to identify and concretize the attribute known as “resilience” and, specifically, what factors promote resilience, particularly in adolescents. While many factors have been studied over the course of the past three decades, one factor has emerged as a common thread among all the studies. Namely, the positive effects of a non-parent adult mentor. As noted above, there is often a misunderstanding among mentors regarding what they believe they will be doing as a mentor, and what is actually successful (Armstrong, 2009). Hence, I propose a program designed to provide a foundation for rapport-building skills, utilizing evidence from a number of studies detailing what resilience is and how non-parent adult mentors can help foster this resilience through their interactions with adolescents.

As mentioned previously, there is often a conflict of expectation between what potential mentors believe the mentoring relationship will be like, and what the reality is. Given the depth and breadth of psychological and physiological change that occurs during adolescence, individuals going through such changes can often derive great benefit from having some kind of outside perspective to help give context to what they are experiencing (Armstrong, 2009 p. 2, 7). Unfortunately due to the nature of modern day societies, objective adults outside the family unit are often placed in a role of authority. Often this means that the interaction that occurs is often provided in a “one-up, one-down” capacity, with the adult talking down to the adolescent, who they perceive as “just a kid.” As Armstrong notes, “despite their helpful intents, most adults frustratingly find themselves bewildered and at odds with adolescents...if not unintentionally
contributing to their experience of turmoil” (Armstrong, 2009, p. 19). The rebellious nature that often serves as a hallmark of adolescence can complicate the situation, further eroding any kind of meaningful connection between the two individuals. However, the body of research (Garmezy, 1971; Rutter, 1979; Masten 2007; Rutter, 2007; Werner, 2005; Werner & Smith 1982; Armstrong, 2009) regarding the positive effects of natural mentors strongly suggests that, if a positive relationship can be created and maintained, then the benefits to the child can be immense. In today’s world, with an ever increasing population, larger class sizes in school, the advent of social networking technology, and a troubled economy, great pressures are placed upon the already tumultuous life of an adolescent. One need look no further than the existence of cyber-bullying, as well as the increase in drug use, dropout rates, risk of suicide and other issues facing teens to see the kinds of stressors with which adolescents today must contend.

Purpose

The purpose of this project is to design a program which will provide a foundation for rapport-building skills that can be used by mentors in creating a positive relationship with the adolescents with whom they are working. The program will focus on therapists who wish to learn how to work with adolescents, often in need of a role models and guides to help them reach their potential, especially those adolescents who are considered “at-risk” due to life factors, such as abuse in the household or familial displacement. Through the years, much has been done in an attempt to identify what, exactly, natural mentors do that has such a profoundly positive effect on the life of a child. Armstrong (2009), of the University of Alberta, compiled a great deal of research in order to flesh out more precise definitions of the attributes that successful natural mentors possess. Ultimately, he described six concepts of relating: Partnership, Strategizing, Motivation-Building, Availability, Respect, and Safety-Building. These six concepts form the
core of this project; that is, to build a workshop with the intent of teaching basic skills and mannerisms that will facilitate rapport building between an adolescent and an adult in the mental health care professions. Hence, the most significant factor of this workshop will be to provide potential mentors with the skills needed to act as a positive, protective force, providing support and serving as a foundation of safety in a world that can often be very difficult.

_Terminology_

It is important to define the terms that will be used throughout this paper, in order to better understand their use within the context of this paper:

**Adolescent** - For the purpose of this project, “adolescent” and “adolescence” refers to the 12-17 year-old age group.

**Clusters** - This term will be used to refer to the six over-arching attributes that successful mentors possess; Partnership, Strategizing, Motivation-Building, Availability, Respect, and Safety-Building.

**Availability** - Interactions between an adolescent and an adult that indicate to the adolescent that he or she is a valued individual worth the time of the adult. Also indicates that the adult takes an active interest in maintaining contact with the adolescent.

**Motivation-building** - Interactions between an adolescent and an adult that are focused on helping adolescents build a sense of motivation for their actions, both internal (succeeding in school out of a sense of personal accomplishment) and external (getting a job after school to save up money to buy a car).
Partnership - Interactions between an adolescent and an adult that build a feeling of two equal partners working towards a common goal.

Respect - Actions taken by the adult towards the adolescent that indicate feelings of equality between the two, such as respecting differences in opinion, or understanding when to give the adolescent space to deal with something on his or her own.

Safety-building - Actions taken by the adult that show the adolescent that the relationship between the two is a safe, stable, and consistent one, and that the adult is a person that can be relied upon if need be.

Strategizing - Interactions between an adolescent and an adult that are designed to cooperatively address and solve problems.

Natural mentor, mentor, or non-parent mentor - A non-parent adult mentor who exhibits positive interaction with, and helps engender positive change in an adolescent’s life. The mentor must not a. be the adolescent’s parent or legal guardian, b. be the adolescents primary caregiver, c. be an immediate family member, or age 21 years or older. (Armstrong, 2009, p. 52-53).

Resilience - A characteristic attributed to a person (in this case, an adolescent) who has undergone “exceptional adversity” (defined as events in the life of an adolescents that place stress on them above and beyond the normal stressors associated with adolescence), but is still performing at or above expectations for a given developmental age. In this instance, “at or above expectations” refers to four aspects of life: adherence to social rules, positive peer relationships, academic success, and adherence to social norms and customs. Therefore, adolescents who have undergone “exceptional adversity” in their lives but also manage to meet
or exceed average expectations for their age in terms of building and maintaining positive peer relationships, adhering to rules and laws laid out by society, adhering to social and cultural norms and the maintenance of at least average academic achievement are considered to possess the attribute of “resilience.”

Overview

In order to better understand the difficulties surrounding the mentor/mentee relationship, it is imperative to look at the history of the concept of resilience, which is central to the definitions described above and the skills associated with those definitions, as well as covering research and studies on mentoring, which will be surveyed in the following chapter.

The mentor-mentee relationship has a long and storied history in every culture on Earth. It is common for elder members of a society, be they parents, siblings, extended family, or members of the community, to instruct adolescents in a variety of subjects as they advance in age from childhood into adulthood. Some of this instruction is formal, such as in a middle school or high school academic environment. Other forms of instruction are more informal, steeped in custom and often implied via modeling and example rather than explicitly taught. But both share the common thread of having a more experienced human acting in a guiding role for a less experienced human. The proposed program uses the six clusters as the basis for imparting rapport-building skills to counselors and therapists who are interested in learning how to interact positively with adolescents: Partnership, Strategizing, Motivation-Building, Availability, Respect and Safety-Building. All six of these clusters, as well as the eighty-six unique phrases divided among the clusters, are used as tools to help individuals build stronger, more positive relationships with adolescents.
Chapter II, the literature review, will focus on examining the history of adolescent resilience and how Armstrong (2009) identified and developed his six clusters and eighty-six phrases as a way to help mental health professionals become effective mentors. The literature review will be utilized as a part of the project to present a foundation on which the rest of the project framework will be built.

Chapter III addresses the issues I considered while developing this program, as well as provides a synopsis of the program as a whole.

Chapter IV presents a detailed outline of the program.

Chapter V summarizes as well as discusses and concludes the project, with a statement of future goals and applications for the project. Practical recommendations for implementing the project also will be provided.
Chapter II

Literature Review

Resilience - the genesis of mentor research

The study of natural mentors began as an offshoot of resilience literature: it is imperative to understand the background regarding resilience study in order to truly understand the importance of natural mentors. In the 1980s, 1990s, and 2000s Emmy Werner wrote a series of groundbreaking articles regarding 689 underprivileged and disadvantaged children from the Hawaiian island of Kaua’i (Werner, 1989, 1992, 2004, 2005; Werner & Smith, 1982, 1992) who to overcome immense odds and not only continued to survive, but in many cases, thrive. The reasons cited for this were threefold, and consisted of “(1) dispositional attributes of the individual, (2) affectional (sic) ties within the family that provide emotional support in times of stress, and (3) external support systems.” This, along with a host of other related literature, some dating back as early as 1974, ultimately forced many in the psychological field to ask the question “How did things go right?” (Armstrong, 2009, p. 1). Essentially, despite numerous negative factors facing these children, they were able to show competence and positive adaptation in all areas associated with “normal” adolescent growth and function.

Following additional research, Armstrong stumbled across the concept of “resilience” and it seemed to fit with what he was trying to understand, but in his words:

...the primary investigator [Armstrong] hit the books trying to find an answer. At first there was hope: researchers were found who studied ‘adolescent resilience,’ and, excitingly, they had established that nonparent adults did in fact help such youths to
handle adversity to [sic] well. However, anticlimactically, they seemed to have no better understanding concerning this area of resilience than the caring nonparent adults in the front lines of the residential treatment centers or high school hallways. Ultimately, very little guidance was found for these teachers in the doorway regarding the specific [sic] that they could take to support these adolescents who somehow were doing okay despite the odds.” (Armstrong, 2009, preface)

In short, what Armstrong sought was a practical means by which “front line” professionals (listed specifically in the previous passage as the teachers and residential treatment counselors) could offer effective support to adolescents undergoing extreme adversity. Unfortunately, as Armstrong also noted, while definitions of resilience existed, the application of techniques to help foster it were completely unknown. Thus, before Armstrong could apply scientific methodology to the understanding of how resilience can be fostered in adolescents undergoing adversity, he had to canvas the existing research to determine an appropriate definition from which to work from.

So before resilience could begin to be understood, it had to be defined first through surveying the literature compiled on the subject. Related terms: positive adaptation and competence also had to be understood and defined.

The journey towards a definition of resilience was a long and rather convoluted one, with a number of different, yet related, definitions posited over the years. (Armstrong, 2009, p. 42) Thanks to the work of Masten and several colleagues in various fields, a generally accepted definition of resilience was created. Simply put, resilience was posited to be “positive adaptation within a context of significant adversity” (Armstrong, 2009, p. 35).
Much work has been performed over the years to synthesize an accepted definition of resilience, and the core of this definition revolves around two parts: first, that significant adversity or threat to adaptation or development has occurred, and second, that functioning or development is okay (Riley & Masten, 2005; Masten & Powell, 2003). Of note is that the criteria of “okay” in this instance refers to the concept of psychosocial competence, a widely accepted indicator of “positive adaptation” (Masten, 2004; Masten et al., 1999). This of course begs the question; what then, is positive adaptation?

Positive adaptation was initially described by Masten and Coatsworth (1995) as a broader concept that “has been defined from many perspectives, ranging from propagation of a species by successful, successive reproduction in evolutionary biology to ‘self-actualization’ in humanistic psychology” (Masten & Coastworth p. 715). In other words, positive adaptation is a term used to describe not just the survival of an organism, but the ability for that organism to thrive, despite the challenges that may be present in the environment. Adapted to the nature of this project, the focus for positive adaptation becomes directed towards how adolescents affected by adversity were able to adapt and overcome such challenges, and as Armstrong notes, “Within the literature on resilience, however, positive adaptation has been considered primarily within a developmental context” (Armstrong, 2009, p. 37). Thus, positive adaptation is defined as “an individual’s successful resolution of the developmental issues most salient for his or her developmental period” (Cichetti & Schneider-Rosen, 1986; Masten & Coatsworth, 1995; Sroufe, 1979), and serves as a general indicator showing that an individual has met or exceeded expected levels of competence for a given age. In the case of adolescent resilience, Armstrong distills competence into three primary categories: academic achievement, competent conduct, and social competence.
According to Armstrong, *academic achievement* is generally defined using an adolescents “performance in the core academic subjects (e.g. Language Arts, Social Studies, Math and Science)” and is most often evaluated by “using existing school records to ascertain the adolescent’s grade-point average” (Armstrong, 2009, p. 40) or by speaking with an adult informant regarding the youth’s academic capabilities (Armstrong, 2009, p.41). It is important to note that “academic achievement” (and indeed, all measures discussed hereafter) in this context refers not just to any great academic accomplishment on the part of the adolescent, but to the ability to function academically, or have what is termed as “effective performance” (Heller et al. 1999; Luthar et al. 2000; Masten, 2001). That is to say, for an adolescent going through great adversity, scoring average on any kind of “competency” test would be considered an achievement, given the level of life difficulty that is being faced.

*Competent conduct* refers to an adolescent’s way of interacting with society at large. Specifically, it involves two core concepts focusing on the behavior of the adolescent in relation to society: How does the adolescent act with respect to the rules and social norms for behavior? How does the adolescent act with respect to the established laws of the society? Generally, an adolescent is considered to be conduct competent when there is an “absence of persistent patterns of delinquent behavior that violate the basic rights of others and major age-appropriate societal norms and rules” (Armstrong, 2009, p. 41). Put simply, competent conduct is “playing nice” when it comes to the interaction between the adolescent and the greater society at large.

Finally, there is social competence. Broadly, this refers to an adolescent’s ability to elicit positive responses from others (Krovetz, 1999). More specifically, social competence is defined
via three metrics: possession of a “close and reciprocal relationship with a peer, an active social life, and peer acceptance or positive interaction with peers” (Armstrong, 2009, p. 42). Again, it is important to note the differences between a normal adolescent, and an adolescent who is undergoing great adversity in his or her life. As such, an adolescent who is having a difficult time in life may be judged as having social, conduct, or academic competence that, for other adolescents, may be perceived as “merely” normal, but again, given the negative conditions implied for an adolescent undergoing adversity, maintaining “normal” development is an achievement in and of itself. Ultimately, these three components comprise final definition of “okay” as originally put forth by Masten.

This idea of competence (being “okay”) is key to the concept of resilience, because only by showing competence can an adolescent suffering from adversity be said to be resilient. It was through the following study of resilience that the importance of non-parent adult mentors first began to form. Werner and her colleagues were the first to note that resilient youths “tend to establish a close bond with at least one competent and emotionally stable individual who is attuned to his or her needs” (Werner & Smith, 1992, p. 83; Werner, 1995, 2005). Werner also observed that these individuals tended to be members of the community outside of the immediate family system of the adolescent. Such community members may have been teachers, neighbors, or family friends, but all shared a number of traits, among them unconditional acceptance of the adolescent, as well as the willingness and capability to listen, challenge, and support the adolescent (Werner, 1994). Ultimately, Werner concluded that non-parent adult support played a very large role in the ability of these disadvantaged adolescents to overcome adversity (Werner 1994, 1995, 2005).
Over time, numerous other researchers conducted studies regarding this phenomenon of adolescent resiliency in the face of seemingly insurmountable odds. Much like in the earlier research conducted by Werner, a common thread present in these studies was a relationship between a caring, competent, emotionally stable non-parent adult and an adolescent undergoing adversity; “according to numerous resilience researchers, one of the most crucial protective factors for adolescent resilience is a relationship with one close, caring adult who is outside of the adolescent’s immediate family” (Armstrong, 2009, p. 20). However, it was not until several years after the early Werner studies that headway was made into discovering what forces were at work in the mentor-adolescent relationship that so inured the adolescent against the stressors he or she had faced.

Initially, effort was focused primarily on the personal qualities of resilient children that were associated with the emergence of positive outcomes (Masten et al., 1999; Rutter, 1993), or what Werner termed as the “dispositional attributes” of the individuals. However, as resilience study evolved, researchers found that protective forces, later called protective factors, could also originate from external influences. This concept of resilience coming from an external source had amazing potential; if such external factors could be identified, then there was a chance that some or all of these factors could be cultivated and generalized in such a way to help other adolescents undergoing adversity. If they could be taught, then the mental health community would gain access to a powerful tool for helping to prevent many of “the deleterious effects of adversity” (Armstrong, 2009; Tolan, 1996). More recent resilience research has focused less on
identifying the protective factors and more on understanding how the underlying processes work in a protective capacity (Luthar & Brown, 2007; Masten, 2007; Rutter 2007; Werner 2005).

Over the next several years, the focus of resilience literature was concentrated on the composition of the protective factors (Armstrong, 2009; Laursen & Bingham 2003; Southwick, Morgan & Charney, 2006). The methods used for teasing out these factors originated primarily from outcome studies (Armstrong, 2009, p. 3). This has been effective in confirming the link between adolescent resiliency and non-parent adult support, but the exact “why” of how this link could be established was still left unanswered (Armstrong, 2009, p. 3). In short, there was now a great deal of evidence showing that non-parent adult support was positively and strongly correlated with adolescent resiliency, but when presented with the question of “How?” nobody could provide an answer. It was this answer that Christopher Armstrong set out to find, and his method for doing so involved using what he termed the “true experts” on adolescent resiliency; the resilient adolescents themselves (Armstrong, 2009, preface). To this end, Armstrong found a total of twenty-one high school-age adolescents between the ages of fifteen and eighteen from four different school districts in the Edmonton, Alberta area of Canada. Utilizing a criterion sampling procedure, Armstrong contacted the staff of 21 nearby schools and asked the faculty there to nominate adolescents for his study that matched the criteria he had detailed. Specifically:

…(a) the maintenance of close-to-average grades in core subjects; (b) the maintenance of positive relationships with peers (i.e. one close, reciprocal friendship with a peer); (c) the absence of a pattern of serious delinquent behavior; and all despite (d) the concurrent experience of significant adversity during the past year. It was also stipulated that participants would be between 15 and 18 years of age, and more importantly, that
they had experienced the support of an adult over 25 years of age who was not a primary
caregiver, guardian, or a member of their immediate family. (Armstrong, 2009, pg. 56)

This sampling procedure resulted in 21 unique individuals being selected for participation
in Armstrong’s study: specifically, to take part in a “concept mapping” procedure. Over the
course of the mapping procedure, a number of interviews were conducted, up to ten total, before
Armstrong felt that “saturation” had occurred. Which is to say “before they [the participants]
started largely repeating the information that had been provided by earlier participants
(Armstrong, 2009, pg. 57).” Ultimately, the interview process produced “87 statements or acts
of nonparent adult support” that were then used to by the participants for the second phase of the
study. Following this interview process, the participants of the study (which at this time had
atrophied from 21 to 19 due to scheduling and availability issues) were then asked to group the
87 statements/acts from the first phase into similar “piles” and then rate each statement on its
importance relative to the other acts in its “pile.” From this sorting process, Armstrong
generated a concept map focused on the six primary categories (Partnership, Strategizing,
Motivation-Building, Availability, Respect, and Safety-Building) generated by the adolescent
subjects he interviewed (Armstrong, 2009). He then used the information acquired during the
first state interview/brainstorm stage to refine, with feedback from the participants (Armstrong,
2009, p. 58) the specific phrases that would become the components of each individual
category. For example, under Partnership there were twelve individual phrases that comprised
the category, such as “Sharing stories about how she/he [the mentor] has handled a similar
situation” and “Backing-off after first offering support and then letting me decide if I want
his/her [the mentor’s] help” (Armstrong, 2009, p. 129, Table 5, Cluster 1). Each category
consists of the same composition, broken down into phrases that represented a specific cluster.
These 87 phrases serve as the core of the proposed project. Each phrase is a way of interacting that engenders a positive connection with an adolescent, and each phrase originates from the brainstorming sessions that Armstrong performed with each adolescent subject, all of whom fit Armstrong’s criteria for an adolescent undergoing adversity while also “doing okay” in the meantime. The clusters themselves are also quite useful in the context of this project, as each cluster has a “theme” to it. While the phrases used to define the clusters proscribe a more narrow method of behavior, the clusters emphasize a more general way of being in relation to the adolescent (Armstrong, 2009).

As such, this project would focus on these two aspects, the macro themes of the clusters, and the specified actions of the phrases, to teach the positive mannerisms and ways of interacting with adolescents to interested marriage and family therapists.

Summary

Ultimately, it was my personal experience working as a therapist that lead me to the study of resilience in adolescents. As the history shows, a robust definition of resilience has been synthesized from decades of research, but the key element; how to evoke positive change in a resilience adolescent; was largely missing from the equation. This was addressed by Armstrong in his dissertation, wherein he codified the terms and phrases that best impart a sense of caring unto a resilient adolescent, which in turn builds a strong rapport between adolescent and adult. Thus, these terms and phrases form the bedrock of my rapport-building handbook, with necessary modifications given the different set of ethical guidelines a therapist has to work under.
Chapter III
Explanation and Definitions

What works for the kids?

The purpose of this chapter will be to list and define the 87 different phrases and 6 different clusters that Armstrong developed in the course of his research, as well as provide information regarding some of the challenges presented in adapting these statements to this handbook. These definitions will serve as the basis for this project and its implementation as a handbook for use by interested therapists. It is important to note that the listed phrases are taken directly from Armstrong’s research and represent the perspective of the adolescent referring to the nonparent adult mentor. As such, the numbering order is purely descriptive and not indicative of importance or order.

Cluster 1 - Partnership

The first cluster, Partnership, presents a general theme of collaboration between the nonparent adult mentor and the adolescent. The core concept of Partnership is the idea of the nonparent adult mentor and the adolescent working together towards a common goal as equals.

Phrases

1. Sharing stories about how he/she handled a similar situation.

85. Being objective and not taking sides.

33. Helping me to sort out my feelings about my situation.

73. Offering support with a very casual, general question.

60. Using questions to help me find the best plan (versus telling me what to do).

51. Backing-off after first offering support and then letting me decide if I want his/her help.

37. Questioning my expectations about relationships with significant others.
59. Being flexible with consequences if I’m bogged-down by my situation.

18. Standing up for me in situations where I don’t have much of a voice.

52. Making it tough for me to blame others for my situation.

20. Taking charge when I’m in a crisis.

81. Reminding me that it’s normal to feel defeated at times when overcoming serious hardship.

*Cluster 2 - Strategizing*

The second cluster, Strategizing, focuses on dealing with problems and challenges that arise. Whereas Partnership focuses on the concept of treating the adolescent/non-parent adult mentor relationship as a more equal one than a typical adolescent/adult dyad, the concept underlying Strategizing focuses on helping the adolescent to solve problems in a way that is effective for them while also maintaining their well-being, in addition to also building the skills necessary to solve problems without (or with minimal) outside help.

**Phrases**

55. Helping me to set priorities if my situation gets complicated.

2. Sharing stories about *how others* have handled a similar situation.

25. Helping me to get a new understanding of my situation or problems.

34. Creating plans by bouncing ideas off of each other and building on the best one.

71. Constructively discussing setbacks or failures with me (versus lecturing me or just focusing on the negatives).

72. Breaking-down a problem so that it seems more manageable.

66. Letting me try to handle my problem first before trying to jump in and help.
23. Giving me pointers about life skills.
65. Connecting me with experiences that are related to my interests.
45. Giving me responsibilities.
46. Using suggestions to help me find the best plan (versus telling me what to do).
79. Following through with consequences.
50. Helping me consider the “pros” and “cons” of choices before I act on them.
47. Leaving it up to me to choose the next step for handling my issues.
87. Helping me with *anything* that might be a step towards bringing in money.
22. Showing me special techniques for dealing with certain problems.
76. Sharing stories with a helpful lesson or message.
57. Connecting me with helpful resources.

*Cluster 3 - Motivation-Building*

Closely related to strategizing is motivation-building. While strategizing focuses on what Armstrong calls “adversity management” (Armstrong, 2009, p. 134) via discussion of problem solving-related concepts, motivation-building focuses less on specific problems and more on the adolescent as an individual. True to its name, motivation-building contains statements that “describe specific acts of nonparent adults that may be seen as highly motivational in nature” (Armstrong, 2009, p.134).

*Phrases*

86. Keeping high expectations of me.
56. Encouraging me to take on challenges that are a little frightening.
27. Getting me to imagine a future that I’d like to move towards.
16. Encouraging me to stand up for my rights.
31. Reminding me that I can change my life with my choices.
67. Helping me to manage the stress of my situation so that it doesn’t wear me out.
28. Encouraging me to set goals that are difficult to reach but also doable.
64. Helping me stay on top of my everyday jobs.
62. Helping me with anything that is school-related (including getting into college).
17. Strongly encouraging me to visit as needed.
77. Giving me inspirational sayings.
54. Encouraging me to focus less on the past and more towards the future.
42. Encouraging me to help others.
41. Encouraging me to develop a helpful view of failure.
69. Encouraging me to “follow my heart.”
63. Encouraging me to work out my own solution to a problem before offering ideas.
14. Encouraging me to focus more on meeting my needs (versus the needs of others).
26. Encouraging me to accept my feelings.
80. Encouraging me to take part in my culture’s customs or traditions.

Cluster 4 - Availability

The availability cluster focuses on both physical and emotional availability in regards to the nonparent adult mentor towards the adolescent. According to Armstrong, “...these statements concern acts of support that clearly reflect emotional and physical availability on the part of the nonparent adult” (Armstrong, 2009, p. 136). For a therapist, this sort of thing comes naturally with the territory. In practical terms, it means engendering an attitude of acceptance that shows the adolescent that you are both present and attentive both inside and outside the therapeutic
relationship. This can be difficult to maintain while still holding a traditional therapeutic relationship. Means of accommodating this will be discussed in Chapter 4.

**Phrases**

9. Chatting with me about regular stuff that isn’t related to my problems.
11. Always being available or easy to reach when I need him/her.
3. Using humour a lot and joking around with me.
24. Checking with me regularly to see how things are going.
84. Being discreet or careful not to embarrass me when offering support.
5. Making me the center of his/her attention when I need to talk.
7. Really listening to me when I talk.
58. Being familiar with my issues (e.g. emotional abuse).
38. Calming me when I’m feeling overwhelmed.
75. Letting me know if he/she is concerned that I’m heading towards a pitfall.
6. Taking my problems seriously.
15. Giving me opportunities to vent about my issues.
44. Questioning my feelings when they don’t make sense to him/her.

*Cluster 5 - Respect*

The respect cluster shares much in common with the availability and partnership clusters, “...in that they all share egalitarian themes....of discreetness, monitoring, and valuing the adolescent....” (Armstrong, 2009, p. 137). However, a key difference in the respect cluster is that the focus of the cluster revolves around “...statements that reflect a deeper emotional investment
on the part of the adult through describing facets of respect: the showing of deferential regard, 
consideration and appreciation.” (Armstrong, 2009, p. 137). Many of the statements in the 
respect cluster echo the core Rogerian concept of “unconditional positive regard,” emphasizing 
that the adolescent is a valued, important person, with important contributions to make.

**Phrases**

39. Checking with me if he/she notices a sign that I might be struggling.

53. Being forgiving and giving me lots of second chances.

36. Helping me to keep my problem in perspective.

30. Treating me like I’m important or valuable.

61. Apologizing when he/she makes a mistake.

13. Speaking to me like I’m his/her equal.

35. Being emotional if he/she is moved by my story.

40. Respecting my knowledge.

70. Being careful about not sharing details about our discussions with others.

12. Accepting me no matter what I say or do.

4. Getting me to join him/her in leisure activities that I find enjoyable.

**Cluster 6 - Safety-Building**

The core concepts of the safety-building cluster are closely related to those of availability, 
and focus on “providing adolescents with freedom from risk or danger, doubt, anxiety, and fear.” 
(Armstrong, 2009, p. 138). Many of the statements under the safety-building cluster are 
extensions of typical positive therapeutic practice, but as with availability, the execution of some 
of these statements can sometimes be at odds with a traditional therapeutic relationship. As with
availability, means of accommodating this will be discussed further in chapter 4.

Phrases

78. Moving at my pace.

82. Being dependable - never leaving me high and dry when I need help.

10. Being honest or “real.”

48. Understanding if I sometimes need to keep my distance.

68. Helping me to escape from an abusive home.

74. Letting me control how much information I share about my personal issues when we talk.

49. Keeping me focused on upcoming positive events.

8. Being approachable or friendly.

21. Giving me affection (even just a pat on the shoulder).

43. Letting me know when he/she thinks that I’m handling things well or making good choices.

32. Giving me encouragement and having faith in me.

29. Noticing my strengths or abilities.

83. Noticing when I’m making progress.
A brief perusal of this list to any student of counseling psychology should evoke a feeling of familiarity. Many of the statements used in Armstrong’s work reflect a strong humanistic influence, with an emphasis on respecting the individual adolescent as an “adult-in-training.” Influences from Erikson’s theory about stages of psychosocial development also feature prominently, both the adolescent stage of “identity versus role confusion” as well as on occasion resolving earlier conflicts from other roles. Therefore, the goals of a therapist utilizing this handbook should seem fairly obvious. The issues that arise come mostly from inherent differences between what Armstrong reports as qualities that nonparent adult mentors have and what the expectations of a professional therapist are. For example, it is stated in the California Association of Marriage and Family Therapists (CAMFT) ethical guidelines under section 1.2:

“Marriage and family therapists are aware of their influential position with respect to patients, and they avoid exploiting the trust and dependency of such persons. Marriage and family therapists therefore avoid dual relationships with patients that are reasonably likely to impair professional judgment or lead to exploitation. A dual relationship occurs when a therapist and his/her patient engage in a separate and distinct relationship either simultaneously with the therapeutic relationship, or during a reasonable period of time following the termination of the therapeutic relationship. Not all dual relationships are unethical, and some dual relationships cannot be avoided. When a concurrent or subsequent dual relationship occurs,
marriage and family therapists take appropriate professional precautions to ensure that judgment is not impaired and that no exploitation occurs.” CAMFT standards, section 1.2

This guideline, along with others, are at odds with some of the statements mentioned above, particularly those found in availability and safety-making. For instance, statement 11. under availability, “Always being available or easy to reach when I need him/her” is more applicable to a nonparent adult mentor within a school setting than a typical once-per-week therapist. Accommodations can be made to address this within the realm of the therapeutic relationship, but the core ethical values that govern MFT’s must always be respected. Much of what can be applied from this handbook should be viewed through the lens of context and clinical judgement, something that is best honed through experience and familiarity with professional ethical guidelines. However, a number of steps can be taken by therapists using this handbook to help ensure that they are maintaining both the ethical guidelines and boundaries of a positive therapeutic relationship while also reaching out to make a positive connection with adolescents.

**Partnership**

The phrases in Partnership focus on building a connection with the adolescent as an equal. The aforementioned “adult-in-training” aspect of adolescence can be difficult to accommodate, even for a trained professional. Combined with oft-found rebelliousness of this age group, establishing any kind of equally reciprocal is as much a task of the therapist as it is the adolescent. Many would-be mentors, both therapists and otherwise, take the position that age confers wisdom, and thus they approach the relationship from a one-up/one-down perspective, where the adult is placed in the one-up position, and thus is an “expert” shepherding the
adolescent through the challenges they face. (Armstrong, 2009, p. 182). Or, in Armstrong’s own words:

“Several adolescents clearly expressed a wariness surrounding forming relationships with such nonparent adults who intended support, but ultimately, who worsened their situation by reducing their control of the circumstance and by making ill-informed choices on their behalf after not incorporating them (or their expertise regarding their circumstance) in the decision making process. Moreover, after having ably managed their adversity often for an extended time at this point of potential connection, and often without assistance, the last thing these adolescents expressed wanting to experience was the aversiveness of an adult "speaking down to them," inferring that they were more capable, or implying that they were more familiar with the circumstances. Hence, altogether, the nonparent adults' assuming an egalitarian stance may have importantly served to facilitate the initiation of support.” (Armstrong, 2009, p. 182)

This one-up/one-down attitude ignores a core tenet of Carl Rogers’ Humanistic modality; specifically, that the patient is their own expert, and the role of the therapist is as much a guide for the patient as they are a partner on a journey of self-discovery. Thus, practical application of phrases from the Partnership cluster require a great deal of personal knowledge on the part of the therapist, as well as a healthy dose of humility. Many a would-be mentoring relationship has been sabotaged from the get-go by the attitude a mentor presents to the potential mentee.

For example, phrase 1:

Sharing stories about how he/she handled a similar situation.
This is a very common rapport building tool, used across all cultures and all age groups throughout human history. The very fabric of culture is based around the passing on of stories about how people throughout human history have dealt with a variety of challenges. Be they the morals found in Aesop’s Fables, or the contrived dramas of modern day soap operas, the telling and retelling of stories, both personal and otherwise, helps to bring people close together. But the important part for the would-be therapist-mentor, is to understand how to tell the story. Avoiding a one-up position when utilizing this (and many other phrases in Partnership) becomes a matter of delivery and presentation. The oft-quoted “Why, in my day, we had to walk to school uphill both ways in the snow!” is a prime example of how not to approach sharing a similar experience with an adolescent. Let us assume, for the sake of a more specific example, that the adolescent in question has been dealing with being bullied at school recently, and the therapist wishes to build rapport with the adolescent by recounting stories of his/her youth in which the therapist coped successfully with bullies. Important aspects of effective rapport building via Partnership include showing an understanding of the patient’s specific situation, validating the patient’s feelings, and showing genuine concern for the well-being of the patient. As noted above, much of this is very congruent with traditional humanistic thinking.

Therapist: I remember being bullied [indicating an understanding of the adolescent’s situation]. What you’re telling me sounds a lot like how I felt at the time [indicating a similarity to what the adolescent experienced while also acknowledging that the two experiences as distinct and different]. It seemed unfair to me that they should treat me like that, and from what I hear from you it sounds like you think it’s unfair to you too. Does that sound right to you? How is your experience different from mine? [initiates rapport building by disclosing a feeling that the therapist had in a similar situation, and then shows respect for the adolescent by checking in
with him/her regarding the content of the feeling, thus allowing the adolescent a chance to ensure they are understood. Also provides a follow-up question to give the adolescent a chance to fill in any necessary information]

From this example we can derive a few key points that must be addressed in order to effectively build a positive relationship:

1. The independence of the adolescent must be respected. This is shown by attending to the adolescent’s individual experiences, and acknowledging that said experiences may differ from those of the therapist.

2. Care must be taken when relating a story to ensure that a feeling of mutual sharing is espoused, as opposed to a feeling of “lecturing.” Much of this revolves around the therapist’s personal presentation to the client. A relaxed, open posture helps with this, as well as removing typical indicators of authority, such as removing one’s dress jacket (if applicable) and ensuring that there are no obstacles (such as office desks) between the adolescent and the therapist.

3. The therapist must be comfortable with self-disclosure. This goes counter to a lot of therapeutic modalities, wherein self-disclosure is seen as something to be used sparingly and with great care. While much of that holds true here, part of having an equal relationship with someone involves the trading of experiences, and this will require more self-disclosure on the part of the therapist. However, it is still a good idea to keep the level of self-disclosure to more general terms, and let any further exploration be guided by A.) how helpful such exploration will be for the adolescent, B.) whether or not the therapist is comfortable with such detail and C.) the curiosity and needs of the adolescent. The best advice here is, as the Greek god Apollo says, to “know thyself,” and thus, what one’s own limits of self-disclosure are.
Much of this exchange should be familiar to anyone who has studied humanistic psychology. The important differentiation comes with the approach; the feeling evoked in the example above is one of two equals sharing life experiences. This is in stark contrast to many adult/adolescent relationships that an adolescent is typically a part of. Adolescents often are placed in a one-down position as a consequence of being adolescents; they are very often reliant on their parents or guardians for support, and spend most days of the week at school, being told what to do and how to do it by adult authority figures. Experiencing a positive, equal relationship with an adult provides the adolescent with an effective model to utilize when developing other relationships outside of the therapeutic relationship. This, ultimately, is one of the most prominent goals of any effective therapy.

All of the Partnership phrases should be approached in a similar manner. The therapist needs to maintain an attitude of equality when attempting to build rapport with an adolescent, while also attending to the unique experiences and circumstances of each individual. This same stance can (and should) be applied with all the phrases and clusters, but is particularly important for those phrases focused around Partnership and Respect.

**Strategizing**

The application of phrases from the Strategizing cluster has a more collaborative focus, and fits very well with a number of therapeutic modalities. The old fable describing how if a person is given a fish, they are fed for a day, but if a person is taught how to fish, they are fed for the rest of their life, applies very keenly to the Strategizing cluster. As such, therapeutic rapport is built via providing a foundation for the adolescent to start from in terms of giving access to help and support if needed, but also while maintaining enough distance to allow the adolescent to
learn their own way to solve problems. In essence, the therapist and adolescent are practicing problem-solving skills that will help the adolescent later on in life.

Many of the phrases in Strategizing focus on a variety of problem-solving approaches. Trust also plays a large part of Strategizing, and some of the best trust building exercises can be encouraged by applying key Strategizing phrases. For example, the following two phrases espouse both the problem-solving aspects of Strategizing, as well as the trust-building side:

34. Creating plans by bouncing ideas off of each other and building on the best one.
66. Letting me try to handle my problem first before trying to jump in and help.

In phrase 34, aspects of Respect, Partnership and Strategizing all come into play. The therapist is engaging the adolescent as an equal. They are two individuals working towards a common goal, discussing possible methods of attaining that goal, and ultimately trusting each other enough to take action towards the goal. Most importantly, this mutual trust between therapist and patient is key, as the adolescent must trust that the therapist has his or her best interests in mind, while the therapist must trust that the adolescent is engaging in a good faith effort to address the problems he or she may be having.

Phrase 66 is a strong example of trust, while also emphasizing adolescent independence and personal ability to problem-solve. The therapist may be under pressure, personal or otherwise, to help the adolescent avoid a bad situation, and thus the therapist may step in with a more traditional adult role in an effort to aid the adolescent. While this is unavoidable in some cases (such as harm to self or others, or mandated reporting exceptions), practice and close
attention to ethical and legal guidelines will help guide a therapist in knowing when to sit back and when to jump in.

The practical application of these phrases can best be summed up with the words “tentative” and “critical-thinking.” The key aspect of Strategizing; that of working with the adolescent to solve problems together, requires a very distinct balance between directive and non-directive approaches. A boundary must be held by the therapist for the adolescent. Specifically, the boundary of “This is a problem and it needs to be addressed.” But the actual mechanism of how it is addressed is left wide open. The task of a therapist working towards building rapport via Strategizing is thus seen best as something of a tour guide. The therapist utilizes the experience and expertise gained through their training and life experience to shine light on points of interest that the adolescent may not have seen, or may not understand. Pointing out possible pitfalls and consequences of actions, keeping the adolescent focused on the task at hand, while also understanding when to back off of the problem, as will be discussed later, in addition to encouraging the adolescent to think carefully and critically of their actions by asking necessary questions and carefully challenging the adolescent’s assumptions, are all parts of a whole that will ultimately greatly increase the connection between therapist and adolescent.

**Motivation-Building**

The cluster of Motivation-Building can best be summarized in the word “encouragement.” Motivation-Building focuses largely on the self-esteem of the adolescent, and effectively can be thought of as “cheerleading” in a way. Other aspects include setting high, but realistic expectations, while also providing support for the adolescent as they attempt to reach
goals that they set. As with Partnership and Strategizing, undertones of humanistic psychology are apparent in Motivation-Building, but there is also an element of Gestalt therapy. Specifically, what is referred to as the “paradoxical theory of change” as described by Dr. Arnold Beisser (Beisser, 1970).

_Change occurs when one becomes what he is, not when he tries to become what he is not._

As noted above, a great deal of work involving the Motivation-Building cluster focuses on encouragement. But what is the goal of this encouragement? Helping an adolescent achieve a strong sense of self-esteem and identity is important, but the practical application of doing so is difficult to concretize. The work of Frederick “Fritz” Perls, combined with a humanistic approach, provides for satisfaction of the key elements necessary for proper cultivation of the Motivation-Building cluster.

Firstly, all the aforementioned humanistic approaches apply. A non-judgmental attitude, reflective listening, honest, genuine interactions, and practical, constructive feedback are all key parts in helping an adolescent develop a sense of motivation for themselves. Incorporation of Gestalt techniques, in accordance with the paradoxical theory of change, helps to resolve the developmental crisis that, according to Erikson, all adolescents go through. Specifically, utilization of Gestalt techniques such as mindfulness, body and mind awareness, and establishment of a working “I/thou” relationship can further help clarify the crisis of Identity versus Role Confusion. Properly utilized, the ultimate goal of Motivation-Building is to identify interests that the adolescent may possess, and nurture those interests while providing both tools to further these interests as well as support to the adolescent throughout the trials and tribulations.
associated with discovering one’s own identity. The question then becomes, how does a therapist apply this practically?

The following consists of parts of a session that occurred between a client and the author some time ago, that provides an example of how to utilize both humanistic and Gestalt techniques with the goal of fostering senses of direction, identity, and motivation. There are also aspects of other, non-Motivation-Building clusters found in this exchange, but for purposes of brevity they will only be identified by the cluster they represent.

Therapist: So this is our last session together! I won’t see you anymore after this. You’ll be off in high school, ready to take on the world. [Respect, Partnership]

Client: Yeah I know! I’m so excited. I can’t believe I did it.

T: Well, I can see why. Your father has every reason to be proud. And it’s good that you’re proud of yourself; you worked your butt off these past few months to get your grades up, and that isn’t an easy thing to do. [Motivation-Building, with a focus on the encouragement phrases]

C: Oh my god I know! I don’t think I’ve ever done so much homework or studying before in my life.

T: How does it feel knowing you have that in you? That ability to sit down and say “Hey, I’m going to get this done,” and then getting it done? [Motivation-Building, phrase 31]

C: It feels nice. Like I have control of myself, and I can get something I want if I put my mind to it.
T: So what was that about then? [Therapist noted a change in client body language and posture] That sudden change from happy to...it seemed almost nervous to me. Or maybe a little scared. [Respect, Partnership, Safety-Building]

C: I’m excited about high school....I just don’t know what I’ll do after that.

T: You mean, like college? [Motivation-Building, phrase 86]

C: Yeah. Like, I know I want to go to college I just....I don’t know what I would do. Like, how does someone figure out what they want to do? Like you! How did you figure out what you wanted to do?

T: It took some time, and a lot of trial and error [Respect, Partnership phrase 1]. But after a lot of soul searching I realized that psychology came easily to me, and I really liked the idea of being someone who helps others. Also I can’t stand the sight of blood, so being a doctor was a no go.

T: So a goal of yours would be to get into college, but you have no idea what you would do once you’re there? [Motivation-Building, phrase 27]

C: Yeah. Like, I love learning now. I realize that. I just don’t know what I’d do for the rest of my life. Without getting bored.

T: High school can help out with that. There are a lot of resources available once you start your freshman year, and I’m always available if you want another perspective, or someone to bounce ideas off of. [Motivation-building, phrases 31, 28 and a modified version of phrase 62]

From this exchange, we can see the interplay that occurs naturally between many of the clusters. There are limitations to some aspects of the Motivation-Building cluster. This particular exchange was occurring at the end of a school year, wherein the client was moving
from middle school to high school. The client had the contact information for the counseling center the therapist worked at, and the therapist reminded the client that she could always contact him, via professional channels, if she needed some extra support or another perspective. This approach finds a happy medium between the ethical boundaries that must be set as a therapist seeking to create a safe environment for a client, and the client’s need for outside support from a non-parent adult mentor that they trust.
Chapter V

*Putting it all together and getting it out there*

It’s easy to sit down and talk about how to utilize the various phrases and clusters identified by Armstrong, but actually sitting down and doing the work with an adolescent is something else entirely. Over the course of my counseling traineeship, I’ve had fellow counselors, trainees, interns, and licensed MFT’s, remark to me about how they voluntarily avoid working with anyone aged 10 to 21, due to the perceived difficulty of working with preteens and teenagers. Much of this feeling is founded on the basis of truth. The adolescent years are known for the rebellious nature and strong, often hormonally based mood swings. This can be likened to drug use in a sense, only the drug or drugs in use are naturally occurring hormones that are present in greater quantities than at any other time in a person’s life. It is a standard practice of therapy to require clients who seek counseling to forgo drug use for a period of time (typically varying from 24 to several days prior to therapy, depending on the focus and level of treatment) prior to engaging in therapy. The concept here is that a client in therapy who has recently used a drug creates a situation where the counselor or therapist is not actually addressing the client, but rather is speaking to (and working with) the client as they exist under the influence of a substance or substances, and these substances can be anything from illegal narcotics to hormonal supplements.

However, it is impossible for a therapist to mandate that an adolescent somehow keep themselves “hormone free” prior to therapy. This means that when working with adolescents comes with a requirement that the therapist be ready to work with an individual that is not only hamstrung by incomplete brain development (particularly related to the incompletely formed pre-frontal cortex), but also is under the influence of hormones that can greatly increase
impulsivity, aggressiveness and general emotional response. Thus, it is generally a good idea to address the neurobiological issues of adolescence in an appropriate manner with an adolescent client. Not all adolescents manifest the same reactions to the process of puberty, so this psychoeducation may not be necessary. As with a number of things, whether or not to utilize this approach depends on the discretion of the therapist and the needs of the client.

**Utilizing this manual**

The primary purpose of this manual is to take one of the more difficult aspects of counseling an adolescent and giving a set of basic guidelines to help ease counselors into a therapeutic alliance with adolescent clients. Building rapport with an adolescent is the single most important thing to do when attempting to serve in a therapeutic role. Utilization of this manual is best served by engaging any MFT expressing interest in working with children, and encouraging them to read it and reflect on their own experiences with children. Ideally, providing access at field sites, within a college library, or as a potential teaching aid in child or development-focused curricula would allow for exposure to students who wish to engage in the difficult-yet-rewarding experience of working with children.

Once exposed to this manual, it could serve both as a guide and a source of support to a counselor. The attached reference list provides an ample source of outside information that explores a number of topics covered in this manual with greater depth. The primary work cited in this manual, that of Dr. Armstrong, also exists as a wonderful resource that works well in conjunction with what is presented in this paper.

It should be noted that this guide is not the end-all be-all of working with adolescents. The focus of this guide is more to help a therapist “get on their feet” with regards to
working with adolescents. While it provides some insight should a therapist come to some sort of dead-end while working with a client, much of the work beyond the rapport-building stage involves maintaining all that has been built in the therapeutic relationship, particularly in terms of counselor self-reflection. Transference can occur in any relationship, therapeutic or otherwise, but is especially common when working with adolescent children (or, more appropriately, “kids” or sometimes “young adults”). When it occurs, it is imperative for a therapist to sit back after the session and really look at how this transference occurred, and what it meant to the therapist. With adolescents, transference usually occurs quickly and with great intensity, and is most often manifested as a “shutting down” of the client, but sometimes presents as an increasing attitude of rebelliousness and defiance. Usage of this manual, particularly involving the clusters of Respect and Partnership, can be a source of insight in regards to dealing with transference. I would go so far to say that the clusters of Respect and Partnership are of paramount importance when working with an adolescent. The other four are important of course, but the concepts of Respect and Partnership form the foundation of any good therapeutic relationship. Losing the respect or sense of partnership with an adolescent often spells doom for the therapeutic relationship as a whole, particularly when the relationship is still young.

_Beyond therapy_

While the focus of this manual is directed towards professionals in the counseling fields (specifically MFT’s), it can also serve in a role outside that of the therapeutic sphere. While working with an adolescent, it will become necessary for the therapist to engage with the parents or guardians of that adolescent, even if it’s merely to provide general updates or receive consent
for therapy. Often, when working with an adolescent, it will become necessary to involve the parents/guardians and teachers in the therapeutic process before more change can be achieved. While some parents and teachers are unresponsive or unconcerned, most tend to have an engaged interest in helping the adolescent, but often lack the skills and knowledge to approach them in a positive fashion. If (or more appropriately, when) a therapist encounters this stage of the therapeutic process, they can take aspects of this manual and use them as a supporting measure to help change the environment of the adolescent in a more positive direction. Many teachers and parents, often out of frustration, will default to a very authoritarian position, expecting obedience from the adolescent, and equating this obedience with respect, and more importantly, the lack of obedience as an intentional act of disrespect on the part of the adolescent towards the teacher or parent. As noted in the Respect and Partnership descriptions, viewing an adolescent as an “adult in training” necessitates a different approach to the relationship, namely avoiding the one-up one-down style of interaction that was often present during the younger, formative years of a person’s life.

I have often been told by parents that their children were little angels until they hit about ten or eleven years of age and/or entered middle school. This age is typically when a child finishes fifth grade (elementary school) and moves on to sixth grade (middle school). The change from elementary to middle school is often accompanied by a number of smaller changes that can often be overlooked. Most elementary schools tend to have children moving between three classrooms at most, and often have the children staying in one class the entire school day, whereas middle schools typically require the child to move between classes and teachers as many as seven times per day. There are also greater academic demands on a middle school student when compared to elementary school. This is further compounded by the greater emphasis
placed on social interactions, and, for many children, what amounts to a drastic shake-up of their social world due to pre-existing peer relationships from elementary school forcibly ending due to the way school attendance is determined by geographical location. In short, the transition from elementary to middle school provides ample opportunities for stressful situations to occur. Given that the typical onset of puberty is 12-13 years of age, most children will be encountering these changes at the same time that puberty, with all its hormonal and behavioral changes, hits the adolescent like a ton of bricks.

These changes, combined with the new psychological and social needs of the adolescent, often hit the parents almost as hard as they hit the adolescent. More often than not, this is the source of the “once was a little angel” problem cited by so many parents. Thus, one of the most effective means of addressing this issue is to psychoeducate the parents of the adolescent about the changes they are going through (and in some cases, may have already gone through). This manual can provide a great deal of insight to parents of adolescents who are having difficulties in dealing with this transition period. Many parents feel as if they are losing control, as their once-compliant little elementary school student begins to question orders instead of following them blindly, talks back when they feel they are being unfairly blamed or addressed, and demanding answers to questions that were once never even thought of. At the very least, it catches parents off-guard, particularly if this is the first child in the family to experience these changes. Appropriate use and explanation of relevant topics in this manual can ease a number of the issues that happen, but only if parental involvement is active and the material is presented in a respectful way. Cognitive re-framing of attitudes and concepts can help parents deal with the pride issues of having a “defiant” child while also providing them with a means of achieving the goals they seek (which typically revolve around compliance of the adolescent, but also often
include wanting to re-establish healthy modes of communication and spending more “quality time” with the adolescent). Of course, due to their role as caregivers and guardians, parental figures often have a different set of boundaries to maintain. A therapist has no obligation to be an authority figure, and in most cases of working with a client of any age, adopting the role of authority figure is detrimental to the therapeutic relationship. Parents often do not have the luxury of adopting an objective stance on issues that arise at home or in school. It’s hard not to be angry or upset about a failing grade or gross ignorance of established rules or conduct codes. But proper use of this manual can provide support to a family who finds themselves at an impasse, giving them alternative ways to not only address the adolescent, but also each other.

*Concluding remarks on working with adolescents*

In the therapy community, adolescents are seen as something akin to a volatile substance; a source of pain that is prone to explosion at the slightest touch. They can make a therapist question not only their worth as a therapist, but as a human being, calling into question long-held assumptions about one’s self and sowing seeds of doubt that undermine performance and self-confidence in a way that could almost be described as abusive. While this sounds extreme, some level of these feelings is to be expected, particularly when dealing with an individual who seems to have no compassion for how their words affect others. Often, this is a facade and a defense, protecting the adolescent from what they often perceive is just another adult telling them what to do. Getting past this facade requires a level of humility and acceptance that, in some cases, even Mother Theresa might have trouble showing. Immersion in Rogerian psychological theory is helpful for dealing with these feelings, as are practicing mindfulness and other present-oriented techniques such as deep breathing and progressive relaxation. Having worked for several years
with adolescents of varying ages, both normally developed and developmentally disabled in a variety of roles, I can say that with great difficulty comes great reward. There is no more rewarding an experience than knowing that you have an established, secure relationship with a child. To relate an anecdote, a colleague of mine from my supervisory group at my trainee site joined me in our school-based mental health program, where our agency would contract with local schools to provide free counseling for qualified MFTi’s and MFTt’s. I warned my colleague at the beginning of the school year to avoid worrying about any lack of progress in therapy for up to three months following the beginning of therapy. Shortly after starting the program, he voiced his concern that he definitely felt like much of what he was doing in session with his adolescent clients was “wasted time.” Playing games, sharing videos from YouTube, and listening to music, along with the sharing of an occasional story, occupied the first 2-3 months of therapy for my colleague. He quickly began to feel helpless, and came to me for encouragement when he began feeling down. I assured him that it looked like nothing was happening now, but what he was actually doing was laying a foundation of trust for the adolescent, essentially creating a safe space for the adolescent to voice concerns that affected them.

By the end of the school year, my client had processed four separate child abuse reports, all from information offered freely by his clients. In doing so, he forced positive change on families that were once very dysfunctional, and this change was reflected in his client’s. Grades improved, general demeanor and attitude at school became more positive, and the relationships between his client’s and their teachers warmed significantly. As the school year came to a close, he thanked me for encouraging him to stick with it, and aptly summed up his experience of
working with adolescents as “difficult, frustrating, mind-numbing at times...but very rewarding.” While not all of his client’s experienced the same success, he did get a genuine sense that he made a difference, even in the adolescents that showed no marked improvement. Even if no stated goals are acquired as a therapist working with an adolescent, approaching the relationship with the right mindset and behaviors will leave the adolescent not hating the concept of therapy. This keeps the door for further therapeutic experience open. Sure, your client may not have made any progress directly with their therapist, but they also had a positive experience of being exposed to someone who cared for them genuinely and without judgement. That alone is worth a great deal, particularly to any adolescent going through difficulty above and beyond the norm for the stage of life they are in.

If a reader of this manual takes nothing else away from what they’ve seen then please, take this; working with adolescents presents a mirror of what it is like to be a parent. Many parents have told me that parenting is the single most difficult, exhausting and stressful experience they have had, but also the most rewarding. As a therapist working with children, we exist in a sort of microcosm of the parent/child relationship. A therapist has a different set of rules and boundaries to abide by, but they often face the same challenges and desire the same goals as a parent would, and the resulting feelings often result in a therapist saying the same thing about their client’s; difficult, but rewarding. So to anyone who finds themselves banging their head against the therapeutic wall when working with an adolescent, take heart in knowing that you’re not alone, and even if it seems like you’re not making an real progress, you’re setting the foundation for further success down the road, be it with you or with another therapist.
Bibliography


