CLINICAL GUIDE

Teen Therapy:

Common Mistakes to Avoid

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Teen Therapy: Common Mistakes to Avoid

BY JANET SASSON EDGETTE

Jean—a counseling intern about to meet 13-year-old Hannah for an initial appointment—asks, "How do I get her to talk about her feelings? I'm not sure what to say to her." Hannah will be the first client Jean has seen without a more experienced cotherapist at her side, and she's worried.

Oh boy, I wonder privately. *Are they still teaching that good therapy means getting kids to pour out their feelings?* I'm suddenly reminded of a teen client I'd seen years ago who, when I asked what hadn't worked in her prior therapy, began a mocking sing-song of her therapist: "So, Cindy, how does *that* make you feel? How *does* that make you feel? How does that make you *feel*? Ugh," she continued, "enough already with my fucking feelings. It made me feel like I just wanted her to shut up! That's how it made me feel!"

"Don't worry about getting her to talk about her feelings," I say to Jean. "If you're doing anything close to what Hannah needs you to do, you won't have to. She'll show you what her feelings are."

It hadn't been all that long ago that I, too, had thought a client's feelings were the Holy Grail of therapy. But I've realized in the years since that direct questions about feelings are actually a source of irritation to kids. They'll talk about them, alright, but not in a discussion isolated from the conversation at hand, with a spotlight turned on it. Besides, the question itself is now so predictable, parodied even by the people it's supposed to serve.

Most teens are only in therapy because their parents, their teachers, the juvenile court judge, and/or some adult in authority somewhere has told them they must see a therapist. Consequently, they often find most standard, shrink-wrapped attempts to "engage" them infuriating. For example, to the therapeutic bromide, "We're not here to talk about me. We're here to talk about you," their (usually unspoken) response can only be, "You may be here to talk about me, but I'm not—I never wanted to talk to you in the first place." In short, they don't talk, don't want to answer questions, don't want to be in our offices, and don't intend to make it any easier for us, so we often resort to our stale therapeutic clichés because we don't know what else to do. It's probably fair to say that most teens, being highly protective of their emerging selfhood, loathe therapy sight unseen, and that too many hate it even more once they've had a taste. At a time when adolescents and preteens need our help in navigating the multiple challenges of family, academic, and social life more than ever, the gap between clinical theory as taught in graduate school and real-life practice continues to widen, unfortunately.

Most of us were never trained to talk to adolescents. I was taught psychotherapy by psychoanalysts, who worked hard to instill in me an understanding of the importance of unconscious conflict, character structure, object relations, interpersonal dynamics, and transference. It was great training and has proved highly valuable, but it was a beginning, not an ending. This hit me right between the eyes when I took my first job as staff psychologist at a residential treatment center for socially and emotionally disturbed boys and girls who didn't give a crap about their unconscious conflicts or anything else having to do with therapy. I'd ask them, "What are your treatment goals?" and they'd look at me as if to say, "Lady, is there anything on my face that says I have a treatment goal?" I'd make an interpretation of their behavior—"I wonder if you yell at your mother when she asks you where you're going because it feels invasive" or whatever—hoping to spark a little insight, and they'd stare blankly at me for a moment before getting up and leaving the session.

When I began treating adolescents in earnest, I realized that if I wanted to keep one of them sitting in my office for more than half a session, I'd have to change how I spoke with them. We needed language that was more natural, shared, mutually revealing than the questioning, interpreting, ritualized clinical language I'd been taught. I did learn this new tongue, but not by myself—I was taught by these angry, unhappy kids. They became my first postgraduate instructors as they began to respond to our more transparent and unaffected encounters. They showed me that successful treatment with them wasn't a matter of how I thought therapy "should" go, but of what would make them want to come back a second and third time.

I began to realize that the point of talking to them was to get them a little curious about what we might wind up chatting, joking, or arguing about in the current or following session. Another point of our talks was to get them to be less afraid of hope. So many of these kids had been let down so often by different adults, institutions, and circumstances that they'd learned to protect themselves by refusing to allow themselves to want anything they thought they might not

get—lasting friendship, support from parents and teachers, good grades, a sense of self-worth, and certainly any real help from a therapist. So, I started to feel that if I could nudge them along to think that they might want to try just a little bit, with my help, to get something they wanted, it would be a great leap forward in treatment.

Over the years, I've developed an approach I call Natural Law Therapy, which simply means that I try to conduct therapy as much as possible according to the normal, natural way people talk to each other in different circumstances, without premeditated rules, protocols, or scripts. People who are perceived as not sounding natural or real or normal often are considered phony, duplicitous, and overbearing. Not surprisingly, they evoke in others a sense of distrust, anxiety, defensiveness, and anger. Of all clients, perhaps teenagers are the most protective of their vulnerable sense of dignity, and are particularly unforgiving of adults who seem to talk down to them, attempt to get some advantage over them, or assume a verbal one-up stance.

Some of my therapy principles have a counterintuitive element to them. For example, how can we demonstrate our trustworthiness to a teen who distrusts all adults? A standard rule for inducing trust in clients is promising confidentiality up front. But I've found that refraining from pointing out inconsistencies in their stories that they aren't yet ready to address is a better way to gain teens' trust than promising to keep their secrets. Rather than using the standard clinical technique of addressing these inconsistencies in the form of a mild confrontation, it's more respectful to protect their dignity by keeping mum. What makes a kid feel safe is knowing that if he says something he hasn't meant to say, or hasn't realized would invalidate his previous assertions, I'm not going embarrass him by pointing out his oversight.

For example, I once treated a 14-year-old girl who was adamant for the first three sessions that she had no problems at all. In the fourth session, I was commenting on her apparent lack of awareness of how her anger and irritability affected the rest of her family when she blurted out, "Why should I be worried about them when I'm the one with all the problems?!" To point out that she'd just contradicted what she'd been saying for weeks would have been unkind and unhelpful, demonstrating that I was far more eager to be right and make her see the truth as others saw it than to help her become more comfortable with saying what she really felt or thought.

I also began to rethink the meaning of the therapeutic alliance and establishing rapport. The usual process for connecting with clients is to spread empathy all over the place, to make careful, nonjudgmental responses to every word a client utters. But too-obvious attempts at therapeutic joining with teenagers before there's any real engagement just raises the "yuck" reaction in teen clients, and immediately compromises any relationship-building. Rapport isn't something that emerges directly from "rapport-building techniques"; it only grows organically from the mutual regard and respect that people develop for each other—something that requires genuine engagement over time. The idea that rapport leads to engagement is exactly backward. You engage and then, if you like what you see in the other person, you connect. Then you have rapport.

Furthermore, in the spirit of establishing rapport with the reluctant or resistant adolescent client, therapists will sometimes set the scale more heavily in favor of empathy and support than accountability, to avoid difficult topics and not alienate the young client. They might excuse behaviors like extreme rudeness, profanity, and direct insults or refrain from commenting on the client's inappropriate activities like getting stoned and having semi-anonymous sex or a propensity for shoplifting that scream out for a genuine response. This reticence can convey to the teen client not that these therapists genuinely care, but that they're willing to sacrifice a measure of self-respect in order to appease the client.

However, when we sacrifice our personal boundaries or pretend to not notice things taking place in session in order to keep the peace, we lose the credibility we need to be able to do our job. Balancing the demonstration of our understanding and compassion with our ability and willingness to hold everybody in the room accountable for their actions (including ourselves) is one of the most critical challenges therapists face with clients, particularly troubled teens.

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If there were a universal icon for adolescent therapy it would have to be the stony face of a silent teen sitting in front of an oh-so-gently probing therapist. The act of speaking becomes so loaded with meaning that it threatens to overshadow the therapy itself and slow it to a halt. Because we've allowed the act of speaking to matter more to us than to our clients, we've inadvertently played up the value of words as currency, giving our clients the power of the purse, so to speak, forcing us to beg for every cent. As a result, adolescent clients who resent being sent to therapy or who are simply self-conscious about talking to someone they hardly know can sit and watch the entertaining show of the tap-dancing we do to get a response from them.

As long as we approach the problem of helping teenagers by asking, "How do I get this kid to talk?" therapists will carry the burden of energizing the therapy—not a great clinical strategy. What follows are three case studies in which some of the principles I've discussed above, or their absence, played important roles. The three girls I've written about are different personalities, with differing degrees of interest in therapy. As a result, my approach and configuration of their respective therapies is different in each case. Other than a few minor modifications in tone or pacing, I'd approach boys with the same set principles with which I approached these girls.

The Gentle Art of Not Taking the Bait

Rachel, who was 15, was referred by her family physician

when her mother discovered she'd been cutting herself. She offered no resistance to therapy and came to her sessions eagerly. Dressed in gray and black, and often wearing a hoodie pulled down low to cover much of her face, she was funny, warm, kindhearted, likable—and brimming with self-contempt. Sophisticated and circumspect in my office, she was, I learned from what she told me, quite different among her friends. With boys, she flaunted her sexuality—wearing tight clothes and a good deal of makeup, flirting strenuously—to make up for what she believed to be her subpar looks and personality. Partly because she was by nature empathetic to other people's pain (being only too aware of her own) and partly to compensate for her own feelings of inferiority, she became the go-to person for all her friends who wanted to discuss their problems. She was content to absorb their pain in exchange for feeling valued and tended to say yes and agree to do things even when she really didn't want to. At the same time, she had a reputation for being someone her peers wouldn't want to cross, sometimes lashing out when frustrated or when she learned about some injustice suffered by a third party. Over all this lay an unmovable mass of depression and anxiety like a heavy cloud that she'd been under for years.

Rachel was also very reckless and self-destructive in a willful, intentional kind of way. In the beginning, she told me the kind of things she did—something guaranteed to raise a therapist's anxiety level. She burned her arm at night with a heated safety pin or cut herself with a knife in order to focus her thoughts away from her problems, so that she could fall asleep. Though she'd never engaged in sexual intercourse, she mused out loud about when she would, with whom she would, and how many partners she'd have should she start having sex. She frequently drank too much and had experimented with drugs. I think some of what she told me was a test. So many adults, from teachers to parents and school counselors, had reacted with such urgency and insistence to what she was doing—in itself kind of gratifying reaction—that she'd never had the chance to stop and consider whether she wanted to continue doing it. Would I respond as every other adult had? I began to understand that one key to working effectively with this girl was *not* reacting with obvious alarm, even though everything about the situation and her clear anguish seemed to clamor for it.

"She's much prettier than I am anyway," Rachel said to me one day, by way of summarizing why her boyfriend dumped her for another girl in their grade. "So I really can't blame him." She clearly meant it, and her sad, revealing comment simply hung in the air between us.

This is the kind of statement that would make many therapists want to give Rachel a pat little speech: being pretty isn't everything; if that's how her ex-boyfriend boy appraises girlfriends, then maybe he's not such good boyfriend material after all; you're pretty, too. Besides the fact that most teenage girls who've been dumped wouldn't believe these sentiments, had I given this kind of response it would have made the exchange all about me and what I wanted her to believe, instead of about what she thought and felt. I'd be showing her that I was less interested in understanding the values in her world than I was in trying to utilize her disclosure to "raise her consciousness" and make it align with values I thought were important.

Instead, I asked her, "Are there differences between boys who pick their girlfriends based on how pretty they are and those who base their decisions on a whole bunch of different things?" After we'd discussed her male friends' criteria for selecting girlfriends for a while, I asked, "Hey how come when you tell me about the boys in your school, it always sounds like they're in the driver's seat?" These questions, with their gentle counterpoints to Rachel's pliant manner around boys, served to nibble at the edges of her way of thinking about boys, girls, and their relationships with each other. They helped keep the conversation open and move it forward a little. I was seeding the idea that she could ask for more; that she deserved more. Because of Rachel's deliberate but reserved nature, my choice of tone in therapy was—decidedly—understatement.

There were other interventions I mulled over, looking for the right place to introduce them. For example, I wanted to affirm Rachel's essentially benevolent nature and generosity, but I had to do it in a way she wouldn't find patronizing or gratuitous. She'd always made it hard for others to compliment her, mainly because she was uncomfortable when evaluated more favorably than the self-image she held—as a kind of unattractive loser—which she consciously projected. I think praise made her uneasy, seeming to make her beholden to a standard that she felt pressured to keep up and afraid she couldn't. In other words, while her low self-image maintained her depression, it also felt safer than risking the failure and disappointment of not being able to live up to the good opinion and high expectations of others. Once she told me that she didn't at all mind the low points of her depressive cycles, because she knew that from there, it could only get better.

So, instead of openly pointing out to Rachel what I regarded as her instinctive kindness, I just said that I'd been moved by the stories she'd told me about caring tenderly for her two younger brothers when her mother was away and about getting two girls to stop teasing a third online. "You keep these two facets of your personality—your caring nature and high sense of justice—under such wraps though; nobody sees this part of you." I said this simply as an observation and opinion—not implied advice—indicating no requirement for her to respond. But she did, with a shrug. "It's no big deal," she said.

"Rachel," I responded. "Why is it so important for you to present yourself as less than you are?"

"Because I don't care," she replied. She then added, "Actually, I think I just really hate myself."

It would have been tempting to ask, in deeply concerned tones, "But why? You have no reason to hate yourself. You're such a lovely, kind, good person. You just aren't having a very

good day." Such a response—essentially denying that she feels what she feels—could only inspire the client to clam up or just get up and walk out. Instead, we sat together quietly and easily for the remaining few minutes of the session.

Soon after Rachel's comment about realizing she hated herself, I started noticing changes in her demeanor and in the stories she brought to therapy. She looked more carefree, and one day said she was aware of "smiling a lot." She hadn't mentioned school in months, dwelling more on issues with friends and family. Now, she began talking about school, telling me that she'd been writing poems about "conscience," and "putting down the knife." Rachel was offended when her mother suggested she was cutting herself because of a boy, and even more offended when her mother asked if it was because of her. "These are *my* scars!" Rachel pronounced to me in session. "I don't do this because of a boy. That would be kind of pathetic, don't you think? And my mother just thinks everything is all about her!" At some point in a conversation around this time, I found the right opportunity to say to Rachel, "You know, you have a 'no' in you now." She nodded.

Shortly thereafter, Rachel's mother called me to say that her daughter had indicated she wanted to come in to therapy less often since she didn't have all that much to talk about anymore. In the last few weeks of therapy, Rachel described her new interest: serial killers. With insight and compassion, she talked about how they were often dehumanized by the media and even by the people who were studying them and trying to understand them. Interestingly, she added, "If you dehumanize them, then you can't understand them or catch them. It turns them into monsters, but they're human, too." For some therapists, this new interest in serial killers might itself sound alarm bells. I took it as a reflection of how Rachel had managed to re-humanize herself in her own eyes—an important first step in allowing others to see her that way, as well.

The Paradox of Breaking Eggshells

Thirteen-year-old Danielle arrived in my office—courtesy of her mom—and was stinking mad about it. She didn't agree with anything her mom had to say: that Danielle had become more and more angry over the past few months, that she didn't seem to care about school anymore, that she was rude and disrespectful at home. All that was wrong in Danielle's world, according to Danielle, was that her mother wouldn't let her live with her dad.

That Danielle was going to be a challenge was obvious. She was dodgy (would totally ignore a question or comment), provocative, and outrageous. Early on she commented, "In school the other day, my friend and I yelled down the hallways, 'Babies in blenders! Babies in blenders!' It was so funny!" She wore the chainsaw earrings her father had given her for Christmas, as well as a perpetually insolent expression on her face, to make people a little nervous about whom they were dealing with. Danielle would have eaten alive a newbie therapist.

This was a kid who motored through (and over) her family, her friends, her day. She had attitude in spades, but self-reflection, an awareness of the needs of people around her, empathy? Not so much. With a kid as volatile as Danielle, I assumed that any session might be her last. Instead of thinking about the evolution of her therapy, I scouted for little windows of opportunity to present unfamiliar but potentially intriguing perspectives—not asking her to talk about them or consider them or even focus on them—just getting them on her screen for a moment.

On paper, treatment was about reducing her disrespect and defiance at home, resurrecting her interest in doing well in school, and reducing her idealization of dad. In the office, it was about getting her to stop shadowboxing long enough to hear what needed to be said to her, but which almost nobody dared say: that intimidating everybody around you is a hollow victory in the end, that finding entertainment in another's pain is never an attractive quality, and that beneath the tough-girl persona, she was someone worth getting to know.

But she was also the kind of teen who could see through any attempts to "make friends" prematurely by ignoring her bad behavior or pretending not to be dismayed and appalled by it. Any perceived loss of your own integrity is fatal to therapy with a client like this; if there's something you want to say, you'd better say it and own it. Your tentativeness only reinforces her confidence that she has the upper hand in any exchange with you.

Here she is talking to me about her mother, for whom she feels utter disdain and no shame in showing it. "I can't stand my mom's boyfriend," Danielle spits. "He's such a pussy. He actually gets nervous when he tries to talk to me. And he's, like, what, 50 years old or something? He keeps buying my brother and me all these things just so we'll like him, but it's such bullshit." She laughs an unkind laugh, expecting me to appease her with a grin of my own.

Instead I say, "I feel sorry for the guy." Danielle looks up at me, hard.

What? I ask her with my face.

"You *would* feel sorry for him," she says, with disgust. "Forget it." She reaches into her backpack and takes out some homework to do, presumably for the remainder of the session.

"How come I always have to have the answer you want me to have in order to keep the conversation going?" I ask.

Danielle looks up at me, and with her questioning sneer and slight shake of the head mumbles, "You're so lost."

I keep on. "Yes, I do feel sorry for the guy. I feel sorry for anyone who wants to get to know you because you make them feel stupid for having tried. And I feel sorry for your mom, too, because she seems to really like this guy, but also wants your approval so she can feel that she's doing the right thing. But you see them struggling with all this, and yet you don't help them out. Instead you laugh."

"Why would I want to help them?" Danielle looks genu-

inely puzzled.

"Wow," is all I manage to say, suddenly very still.

Danielle looks up, disarmed and unsettled by my response. She stares at me for a moment and then turns away.

And there was the therapy—in that brief collision of our two different phenomenological worlds. In hers, being cavalier and mean is OK and even cool, but in my world it isn't. For a few moments, Danielle felt what it was like to be herself in my world, where the rules are different, and it made her uncomfortable. I don't think she'd ever had reason to consider just how dependent she was on having an accommodating context to make her lifestyle work.

If I'd tried to connect with Danielle simply by being understanding or "neutral," the conversation might have gone something like this: When Danielle said, "I can't stand my mom's boyfriend. He keeps buying my brother and me all these things just so we'll like him, but it's such bullshit." I might have responded, "What would you rather him do?" But, by following Danielle's lead in this way, I would merely be condoning her dismissive position. By saying "I feel sorry for the guy," I was getting across the point that her statement wasn't as cool as she thought it was, without directly challenging her. If I'd suggested that she "cut him some slack," I'd basically have been telling her to "be different," which is exactly what all the other adults in her life have done—to noticeably little effect. By saying that I would feel sorry for her mother's boyfriend, however, I was sending a similar message, but in a way she couldn't really fight, since I was stating my own position.

When she said "You're so lost" to me with contempt, I might have responded, "What do you mean I'm so lost?" This suggests that, as her therapist, I was more interested in her criteria for how I should be than I was in what was happening between us. It also hints at my reticence to go down the path of opposing her attitude and behavior, with its potential for conflict.

So, what was the therapy, exactly, in that brief collision of worlds? Danielle is like the emperor whose lack of clothing nobody dares point out. In this exchange, without telling her she should change anything about the way she conducts her life, I was able to get the things I thought she needed to hear out into the room:

I don't agree with you.

I'm going to feel sorry for your mother's boyfriend, even if you don't.

Not everyone associates compassion with being a loser.

You control conversations by punishing people for responding in a way you don't like.

You're controlling with your mom, and she tolerates it because you mean so much to her and she's afraid of losing you.

That's not very nice.

Danielle kept coming back for her sessions week after week. They were always made up of a lively mix of storytelling, debate, humor, confrontation, rages on her part, and the two of us visually appraising each other. Sometimes I met with Danielle's mom, and tried to help her play a less ingratiating role to her daughter's imperial manner and stand her ground more often, even if it meant being "punished" over the next few days by Danielle's snarky comments and noncompliance around the house. Two months into the therapy, Danielle insisted that I join her in excoriating her mother for not being willing to pay a deposit on an apartment rental for her dad, who'd just been booted out of his current one for nonpayment of rent. I declined to do this and she decided to end therapy. "How come my not backing you on this means we don't meet anymore?" I asked her before the end of what, in fact, turned out to be the last session. She looked at me and said nothing. "It's OK," I said. "When you feel it's safe to make room in your world for people who don't always agree with you, come back and we'll pick up where we left off." Danielle turned her face away from mine so I wouldn't see her begin to cry. I never did see her again.

This was not an ideal end to therapy. That would have been that a chastened, more insightful Danielle saw the error of her ways and became a kinder, gentler, more compassionate young person, who started working harder and getting better grades in school. But, whatever we like to pretend, relatively few therapy cases actually end with complete resolution, grateful tears, and the launching of a happy new life. Particularly when dealing with spiky, touchy adolescents who are only in therapy because they've been dragged in, we're lucky to make any impression whatsoever. I like to think that the therapy left Danielle with a reference experience of having genuinely, if briefly and despite herself, connected with someone whose values are antithetical to her own. Maybe in my office, she was imbued with that glint of curiosity, of vagrant hope—a tiny light at the end of her tunnel vision—that would draw her back at some point in the future to be open to some kind of therapeutic experience again.

Meeting Clients Where They Are

Elise, who was 16, was having a difficult day at school. Depressed, picked on by classmates, and unable to get sufficient attention from her few friends, she'd gone down to talk with her guidance counselor, a supervisee of mine. Early in their conversation, Elise emphatically announced that she hated everybody. "And I mean everybody!"

"No, you don't hate everybody," her counselor responded. "You don't hate me. You don't hate your mom. You don't hate your therapist." That was the end of that. Elise got up and walked back to class. What's the point in expressing how you feel if someone's right there to tell you you're wrong?

I asked Elise's counselor what it was she didn't like about Elise's statement that she hated everybody. "It's just so negative," she replied. "I wanted her to realize that there were all these people trying to help her, and that she didn't really hate them."

Elise's counselor was trying for too much too soon. I also didn't think it was the right approach for Elise, whose aloof demeanor and critical manner made it hard for anyone to make much of an impression on her. Without the traction of a relationship in which the counselor or therapist mattered to her, Elise would have no interest in hearing about anything other than what she wanted to hear at that moment—words of comfort or a remark that she could morph into something that validated her jaded outlook.

What was the difference between Elise's counselor's efforts to champion an alternative perspective and my similar efforts with Danielle? It was their personalities and interpersonal relationship styles. Elise was impenetrable and remote. She considered little of what others said or did. By contrast, Danielle took in everything around her, and then would spit it out on the floor in front of you. But for all her pugnaciousness, Danielle engaged with the people in her world, and each moment of engagement held open the possibility for someone—a therapist, teacher, parent—to leave something of him- or herself behind.

Latent power struggles in therapy make their way to the surface whenever our clients begin to see us as a threat to a point of view or sense of injustice they're not yet ready to relinquish. Elise wasn't ready to give up her negativity, which helped her keep people at bay and control interactions with adults, who predictably tried to get her to abandon her negativity in favor of something more hopeful. The conversation was the same each time: "Everything sucks." "No it doesn't! C'mon, look on the bright side." Just as predictably, their response confirmed Elise in her negativity.

Kids will let go when they want to. The work of therapy is not getting them to do it, but helping them want to. More important, though, is to know that they don't have to let go in order for you to take the therapy forward. Elise could hate everybody and have a gigantic blind spot for the liabilities of being a lone wolf, while still being titillated by the notion, for instance, that letting others align with her could actually help her to feel bigger, not smaller.

I suggested to Elise's therapist that instead of trying to "do therapy" right out of the gate, she give her students more room just to make the comments they wanted to make at the beginning. In the case of Elise, I suggested she might respond with something like, "Yeah, I think I have days when I hate everybody, too" or "What was your day like that you ended up feeling like you hate everybody?" or "How long does your 'I hate everybody' mood usually last?" all asked sincerely, not somberly as if trying to ferret out an underlying pathology. These questions would assist the counselor in joining Elise by normalizing what she felt instead of turning it into something "bad" or abnormal. Moreover, such responses would prevent conversational shutdown by communicating, "Yes, I understand how you can feel that you hate everyone in the world, and maybe today—or every day—you do. But nothing about that keeps us from talking about ways to help you make it through the school day."

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Because teenage clients are legally underage, we tend to treat them as if they weren't fully capable of making their own decisions. But no matter what we want for them or can see in them, the choice of whether to accept our help is always theirs—just as it is for adult clients we treat. Unless we honor that choice, creating a therapeutic climate in which they feel respected and able to accept our help is impossible.

"The customer is always right" is increasingly the mantra for adults in therapy, but not yet for teenagers. If they don't talk enough or follow our recommendations, they're likely to be labeled "resistant," even "oppositional." The question of *why* they don't like therapy is rarely reviewed beyond the hermetic perspective of therapists. But paying attention to their complaints could benefit both us and them.

We already know some of the things teens don't respond well to in therapy—excessive questioning, standardized treatment protocols, enforced between-session homework—so let's stop using them. They *do* respond well to active, authentic, and respectful relating, direct feedback, and advice. If these were to become a standard part of clinical training and treatment, we'd be taking a great step toward providing services to teens that they'd be as interested in getting as we've been in offering.

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