



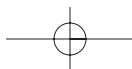
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Nontraditional Approaches to Working with Adolescents

Until now this text has discussed clinical work with adolescents from a relatively traditional perspective; in other words, formalized fifty-minute-hour psychotherapy. In actuality, a large portion of practitioners who see adolescents utilize a variety of forms of what might be characterized as nontraditional practice. This type of work may take the form of physical activity outside of the consulting room such as playing basketball, going for a walk, driving to McDonald's for a burger, or visiting the mall. These types of activities not only can be a wonderful addition to so-called traditional psychotherapeutic work with teenagers but in some circumstances hold greater promise and provide more emotional healing than sitting in an office and trying to discuss the adolescent's life. This chapter will address the theoretical underpinnings of what has always been an intuitive inclination for many practitioners working with adolescents in a variety of settings. There has been virtually nothing in the clinical literature to help explain the intuitive draw toward utilizing nontraditional methods with adolescents. Yet it has been an integral part of much of the highly successful work with teenagers. This chapter especially has been long overdue in the clinical and theoretical literature on practice with adolescents.

CLINICAL RATIONALE FOR NONTRADITIONAL WORK WITH ADOLESCENTS

What is the rationale for modifying one's clinical approach in working with any population, modality, or theoretical orientation? Because it isn't working. Many of the greatest clinicians and theorists developed their ideas out of the tremendous frustration they encountered in trying to fit their clients into a prescribed type of approach. Heinz Kohut, Salvador Minuchin, Steven de Shazer, and even Sigmund Freud himself made severe modifications in their approaches based upon the clinical roadblocks that they encountered with their various clients. When something consistently isn't working, one must change one's approach. This is also true for work with adolescents (Hubble, Duncan, & Miller, 1999; Krill, 1990).



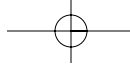


The nontraditional approach to working with teenagers seems to have had its origins in the youth work movement of the 1960s. As mentioned earlier, most adolescents who come for therapy are not self-referred. As a result, many of them are extremely difficult to engage in a trusting therapeutic relationship. Forcing a teenager to sit in a consulting room and talk about his thoughts and feelings is a daunting task. Many adolescents aren't quite sure what to talk about or even know what they are feeling. Resistance is frequently a part of many adolescents' approach to counseling. Creative practitioners learned very quickly that engaging teenagers in discussions and activities that were emotionally nonthreatening yielded much greater results than forcing them to talk about things they either didn't want to discuss or didn't know how to discuss. These practitioners learned that when they used what might be understood as play and recreational activities, the so-called resistant or stuck adolescents were able not only to open up in practice but actually to get better.

This has always been a very exciting and interesting part of my work with adolescents. Long before I became an academic, I did extensive nontraditional work with teenagers in a variety of contexts. In the 1970s I was hired as an outreach worker in the northwest suburbs of Chicago. It was my job to form relationships with teenagers in informal settings so that they could become aware of the services of our agency. It was also my job to form therapeutic relationships with these teenagers to help them discuss problems and issues in their lives. Of course it was also my responsibility to make appropriate referrals to my agency's counselors should the situation warrant it. The problem, we at the agency soon realized, was that the adolescents seen in an outreach setting did not feel comfortable making the transition to seeing a counselor in the office. They much preferred to share their concerns in an environment of trust and safety on their own turf. This type of clinical work is certainly nontraditional, but it is also certainly as viable as any that might be done in a traditional counseling office. Fortunately, my agency at the time was very open-minded and accepting of this type of nontraditional approach and intuitively recognized the therapeutic value of it.

CASE EXAMPLE

Let me give an example of how I approached relationship building as an outreach worker in the mid-1970s. At the time I had extremely long hair that went well past my shoulders. I dressed in wide bellbottom pants and usually wore colorful gauze shirts. I would hang out in the local parks in the summertime. I drove our brightly decorated agency van to these locations and attempted to initiate conversations with teenagers through a variety of direct and indirect means. Teenagers knew I was from the agency because the van was marked with the agency logo and services. Many times I would get out of the van, sit at a nearby picnic bench, take out my tarot cards, and begin to



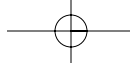
do my own reading. I was really not an expert on tarot, but I knew enough about it to recognize that it was a wonderful vehicle to help anyone project his own thoughts and feelings. Teenagers would often times approach me and ask who I was and what I was doing. I always told them I was an outreach worker (informed consent) and explained that I was playing with tarot cards. They usually became fascinated with the game and wanted me to do readings for them. These readings invariably led to discussions about family, friends, school, and so on. In the process, these teenagers also learned about the agency, its services, and me. This turned out to be a highly successful way to engage adolescents.

It's important to remember the historical context in which I was working. Back in the 1970s, there were smoking areas in community high schools. Students with parental permission were allowed to go to these areas and smoke cigarettes freely on school grounds. Such smoking areas were a great place to meet and build relationships with teenagers. I would probably be arrested if I attempted anything like that today. However, back in the mid-1970s this was perfectly normal. What is important to recognize is the informal manner in which conversation, trust, and clinical process can develop in a nontraditional setting.

As I have grown in my professional education and experience, I have never forgotten or given up the important aspects of nontraditional work with teenagers. Although I no longer use tarot cards in my clinical work with adolescents, I might play Yu-Gi-Oh cards with them. I certainly would never smoke a cigarette with any teenager. I am obviously bound by present-day laws and ethical mandates in any type of therapeutic work with adolescents. The particular game, activity, or medium is not as important as the way in which it helps the clinician engage, build trust, and enable the teenager to communicate his concerns.

THEORIES OF NONTRADITIONAL WORK WITH ADOLESCENTS: PLAY AND EXPERIENTIAL LEARNING

Play in infancy and childhood has long been recognized as a pivotal part of emotional development. Perhaps the most influential theorist in this area was D. W. Winnicott. Winnicott came from what is now known as the British object relations school along with several other key figures including Melanie Klein, Ronald Fairbairn, Harry Guntrip, and others. Object relations theory's monumental contribution was in detailing how the internalization of aspects of the other in infancy helps to form the basis of the self. The end result of this emotional process is *object constancy*: the young child's ability to self-soothe and feel relatively safe and secure when alone. In his article "Transitional Objects and Transitional Phenomena" (1953), Winnicott details how the ability to play in a safe and secure good-enough holding environment enables the infant to create a transitional object that serves the purpose of



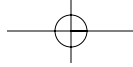
temporarily soothing it in times of stress and anxiety. A transitional object can be anything (teddy bear, blanket, pacifier, toy) that is created or found by the infant to serve the purpose of stress reduction and soothing when a caretaker is unavailable. Play becomes the process through which all children can create transitional objects and gain emotional mastery over their world.

In childhood and even adolescence, human beings are learning how to manage their emotions, understand themselves, and find a way in which to communicate the thoughts and feelings surrounding the developmental process to others. Young children are not as able as adults to understand their cognitive and emotional issues and communicate them verbally. Language acquisition is a developmental process. It begins with early attuned attachment and develops through a complex cognitive, emotional, and experiential process inherent in the child's secure relationships with others (Greenspan & Shankar, 2006). The young child learns how to manage his emotional, cognitive, and experiential selves through play. Play becomes the essential vehicle through which children gain a sense of mastery in their world, even before they acquire language. It is this process that is utilized in play therapy with children and nontraditional work with many adolescents (Applegate, 1984).

When children play, they are acting out different types of roles or scenarios in life in order to experience the thoughts, emotions, and activity essential to master them. Children's play is often an unconscious metaphor of real-life challenges or conflicts. A small child may not be able to articulate the anger she feels about her parents' divorce, but she certainly can demonstrate it symbolically through play. An eight-year-old girl might not be able to verbally discuss the frustration, anger, and confusion she feels when mommy and daddy leave her home, but she can certainly play that conflict out symbolically in her use of a dollhouse. The small child may have no clue that she is symbolically enacting her family's conflict through play, but the intensity of emotion she demonstrates in her play not only is diagnostically important but serves the purpose of helping her release some of the emotions she is struggling to manage in her world. The play therapist in this scenario does not have to interpret the meaning of this play to the child; she feels better just being able to act it out experientially. This process is also the essence of nontraditional work with adolescents.

DAVID KOLB'S THEORY OF EXPERIENTIAL LEARNING

David Kolb (1984) proposed a four-stage theory of experiential learning that is also an important element in understanding nontraditional work with adolescents. (1) The experiential learner has a specific experience. (2) This experience gives the learner the opportunity for reflection. (3) The insight that comes from those reflections forms the basis for further action (4) and



examination. Experiential learning is an essential part of the learning process and takes place not only in childhood play but also in any form of recreational activity.

Although adolescents in general do not play the way young children play, they still use experiential activities to work out many of the cognitive and emotional challenges of life. The hobbies, sports, and academic and recreational activities that teenagers choose to become involved in reflect their emotional and cognitive makeup. Engaging in some of those activities with adolescents will allow us to learn more about them, just as young children let us know about them through their symbolic play. When adolescent clients are either unwilling or unable to verbalize their thoughts and emotions in a traditional clinical process, engaging in activities with them can be an important alternative or even adjunctive part of the therapeutic endeavor. Practitioners from many disciplines and professional settings are drawn to these types of interventions with adolescents because they intuitively recognize their therapeutic value and symbolic importance—just like play therapy with children.

COMPREHENSIVE CASE EXAMPLE

A case example will help to illuminate this discussion. Many years ago in my agency work experience I encountered a trying young man named Bill. Bill was about thirteen years old when I first met him. At the time, I was trying to develop an activity group for junior high school students through my agency. The purpose of the group was to help junior high students who were having emotional difficulty in school. The group was to serve as a non-threatening environment in which to meet and discuss thoughts and feelings about their lives in a safe recreational setting. I interviewed all prospective candidates individually in order to make sure they would be appropriate for the group. Bill was referred by his school counselor, but he was very interested in the group. He seemed pleasant enough in my screening interview and I decided to accept him as a member. I soon learned to regret that decision.

Our colorful van picked up the six group members (boys and girls) at their homes after school and brought them to the youth agency, where they met in our agency drop-in activity room for group sessions. The group usually met for about an hour and spent the time playing games such as pool, foosball, and video games and discussing general issues in the group members' lives. All of the members seemed to benefit from the group except Bill. Virtually every week Bill caused some type of problem in the group. If it wasn't teasing the female members of the group on our drive to the agency, it was harassing group members as they tried to play games in the center. Bill seemed obsessed with interfering in the group members' lives. He also seemed to be unable to keep himself from doing so. After many attempts to



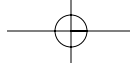
work with Bill both in and outside the group, my co-leader and I decided to remove Bill from the group. Bill could not function in the group without causing continual conflict.

I did not see Bill for several months after kicking him out of the activity group. However, he eventually contacted me once again for services. Bill had been arrested for vandalism of community property (blowing up a lamp-post) and was mandated to come for weekly individual therapy. Bill wanted to see me for counseling since he knew me, and I decided hesitantly to take him on as a counseling case. Bill lived some distance from our agency, and both of his parents worked, so I agreed to pick him up at his home for our weekly counseling sessions.

Bill was what one might call a resistant client. He had a difficult time verbalizing his thoughts and feelings in sessions and beyond that didn't quite seem to know what to talk about. I tried in vain to help him verbalize these things in session, but Bill squirmed awkwardly in the counseling room and clearly had tremendous difficulty communicating in any sort of traditional manner. Out of desperation and my own frustration, I decided to try a different approach with him.

I knew that Bill enjoyed video games. I also knew that there was a video arcade just a few short miles from his home. I decided that we would spend our weekly time at the arcade. Bill was obviously much more comfortable playing video games during our sessions, but an interesting thing happened as we entered into this new arrangement. On our way to and from the video arcade each week, Bill began to open up in his discussions about many different aspects of his life. He would talk about school, family, peers, hobbies and interests, and so on. As long as we didn't have to face each other one on one in a counseling office, Bill was open and forthcoming in talking about many different areas of his life. Even though the majority of our weekly session time was spent in the video arcade playing games, the real work seemed to happen in the fifteen or twenty minutes that we traveled to and from the arcade.

As I got to know Bill's world through our weekly travels, I learned a great deal about him and his background. When I would pick Bill up at his home, he would often invite me in for a soda. I got a chance to see his home environment and get a sense of the emotional feel of it. Every time I entered Bill's home, no one was home, and all of the shades were drawn. His house seemed very disorganized, dirty, and depressing. When we did talk about his family, Bill didn't seem to have much of a relationship with either of his parents. He was the youngest child in the family, and his two older sibs had long since moved out of the home. Bill was truly alone and isolated. I began to realize that he was a child who truly needed to feel connected to others and appreciated by them. I wondered whether his delinquent behavior was perhaps a reaching out for some type of structure or concern from someone in his life.



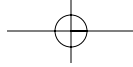
Because Bill was mandated to come for counseling, he was a captive audience for me in our nontraditional counseling arrangement. As time progressed, Bill began to use our relationship to introduce difficult dilemmas for my advice or consideration. It seemed almost every week Bill would casually mention some type of crime he was contemplating. These crimes would range from minor theft to vandalism or major robbery. At first I was alarmed that Bill would soon be arrested again and perhaps be sent to detention. I soon discovered, however, that Bill was testing me with his plans.

Each week that Bill would mention a potential crime he had planned, I would explore the nature of the plan, why he wanted to do it, who was involved, and what he wanted to get out of it. Bill would always reassure me that his crime was foolproof and that there was no way he would be caught. Silently I was very nervous for Bill, but outwardly I didn't show it. Instead, I intuitively responded by encouraging him to really think about the consequences of his actions and what might happen if he did get caught or arrested. In addition, I also told him that I really cared about him and did not want to see him go to jail. Bill's response to my concerns was always to minimize the risks and assure me that he would be fine.

Between the sessions I would wait anxiously to see if Bill had been arrested. I initially anticipated that I would get a phone call from either his probation officer or his family informing me that Bill indeed was now in jail. Interestingly, that never happened. When I would pick Bill up each week and casually ask him about his plans from the week before, Bill would inform me that something had fallen through and he decided not to rob, steal, or vandalize. I began to realize that Bill was using our sessions to test my concern for him. Did I care about his safety, his life, his future? Of course I genuinely did, and Bill used our time together to continually test and validate that fact.

Another piece of important information about this case was crucial to its outcome. Bill of course knew about our agency's drop-in center, "The Room" (my creative title). The Room was open several nights a week to any junior high or high school student. The drop-in center contained a pool table, foosball table, video games, and a TV, as well as a stereo music system. It was staffed by professionals and trained volunteers. Adolescents coming to The Room could do pretty much whatever they wanted as long as they didn't break the main rules of the center. Teenagers could not smoke in The Room; they had to go outside. They needed to sign up for activities, and they also had to use respectful language with staff and others. There was also no violence allowed. Bill really took a liking to The Room.

He came to the drop-in center almost every night it was open. He really enjoyed the opportunities to play all of the games in the center. Unfortunately, he was a major troublemaker. Bill continually broke all of the rules and was constantly being kicked out of The Room. When a teenager was kicked out of the drop-in center, he had to meet with professional staff to talk about what happened and what needed to be different in order to be



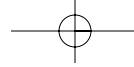
allowed back in the center. Bill was always having these types of talks. It seemed as if both staff and teenagers really didn't like Bill very much. That didn't stop him from coming to the center, however. He seemed to thrive on the constant attention from staff and enjoyed being so important.

Our agency also provided many teenagers with recreational activities that focused on outdoor experiences. These usually consisted of camping trips or wilderness activities in upper Michigan or Wisconsin. Professional staff was trained in what were called outdoor adventure experiences. The purpose was to expose adolescents to experiential activities that would challenge them to grow emotionally through therapeutic recreational means. Groups of teenagers supervised by trained therapists would test their ability to face unfamiliar surroundings and work together as a group in order to learn self-discipline and cooperation. These groups were highly successful and of course very nontraditional from a clinical standpoint. These types of experiences were also designed for adolescents who were having difficult times in their lives. Bill signed up for almost every one of these activities, much to the dismay of the professional staff leading them.

Virtually every camping trip or outdoor experience that Bill went on became a crisis for the entire group. Bill was uncooperative, teased people, talked back to staff, and so on. This was a difficult issue to manage in the middle of nowhere with a group of eight to ten adolescents. Bill often spent the majority of time on these trips confined to his tent for some type of major rules violation. For example, one night around the campfire Bill pulled out a small pocket knife (obviously not allowed) and asked staff, "What are you going to do about it?" Staff continually wondered why Bill wanted to come on these trips if he was going to cause so much trouble. He certainly didn't appear to be getting anything out of them. Besides, the other teenagers seemed to hate him.

A wonderful part of this agency was the fact that all staff—traditional clinical counselors, drop-in center workers, as well as outdoor adventure staff—always consulted together about the teenagers involved in the agency. Weekly staff meetings were partially organized around the therapeutic staffing of many of our problem kids. Bill was discussed continuously. From those discussions came the realization that Bill was working through something in his behavior on all levels—with me in therapy, with the drop-in staff, and on the outdoor trips. We worked as a staff to provide Bill with a comprehensive nontraditional approach geared toward providing structure, building his self-esteem, managing his impulses, and helping him feel a sense of purpose and identity. This took quite a long time, probably several frustrating years, but Bill did improve.

Gradually, Bill began to become civil not only to staff, but also to the other adolescents whom he interacted with in many different settings. As he adopted more positive behaviors, he was rewarded with positive accolades and privileges from staff. Bill actually became somewhat of a model drop-in



kid over time. In therapy with me, he learned that I really cared about him and was worried about his future. He began to abandon his weekly plans of crime and instead started developing and talking about other, more constructive interests in life. These initially came from his outdoor experiences at the agency. Over time and after going on many trips in which he had to be reprimanded over and over again, Bill became one of the strongest youth leaders in the outdoor adventure program. He learned to develop a more positive self-image by working through his conflictual relationships with professional staff and fellow adolescents on all levels in the agency. His improvement was a collaborative agency effort. It wasn't just his therapy with me, or his time in the drop-in center, or his involvement in outdoor adventure programming; Bill needed all of those pieces in order to help him work through his anger and sense of isolation to ultimate acceptance by others. This type of case is an excellent example of the advantages of nontraditional therapeutic work with adolescents.

What is Bill doing now? That's a very interesting part of his story. Bill graduated from high school after I left the agency. I had taken a position as executive director at a nearby suburban youth and family agency very similar to the one I had just left. This agency was much smaller than the one I had come from, and my role as director included doing clinical work, supervision, fund-raising, and community work, as well as shoveling the driveway in the winter and many other odds and ends. Bill had joined the Navy and came back to my old agency to visit me. When he heard I no longer worked there, he traveled some distance to pay me a visit at my new place of employment.

I was trying to fix a broken screen door when Bill drove up in his car. He watched me struggle with the repairs for a while and finally offered to help. I told him I could handle it, but Bill insisted on doing the work. As we talked (again over an activity), Bill told me how well his life was going. He loved the Navy and had done quite well in his time there. Bill informed me he had become a Navy Seal. Bill's specialty was demolitions. He was now being paid by the government to destroy things. Bill loved this new work. He had sublimated his previously destructive behavior into a reputable career. Sublimation is considered one of the highest and most mature forms of emotional functioning one can attain. After all of his difficulties in adolescence, Bill had finally found purpose and comfort in life.

CASE DISCUSSION

Although this complex case example dates back some years, the basic principles are still highly relevant in present-day therapeutic work with adolescents. Contemporary practice settings such as schools, mental health settings, residential and group facilities, and even private practice environments may not allow for open-ended and unstructured approaches to nontraditional therapeutic work with adolescents. Fear of litigation and



other contemporary legal concerns may have restricted the freedom practitioners used to have in implementing more creative recreational approaches with adolescents. However, even within the bounds of most contemporary ethical and legal constraints, most creative practitioners can still utilize a variety of forms of “nontraditional” interventions and activities. For instance, although it may be against agency/school policy to transport a teenager in your car to a fast-food restaurant for more nonthreatening conversation, one might still be able to engage with an adolescent around a game of Uno in session. If a clinician has access to a computer, she may be able to play computer games that challenge the teenager to problem-solve or examine the meaning of a conflict. Appropriate use of the Internet to surf the Web with a teenager can be a useful educational tool as well as enable the practitioner to enter into the teenager’s world and learn about his friends and interests. Listening to music can be a valuable addition and adjunctive piece of the therapeutic relationship with teenagers. There are countless other examples of these less controversial therapeutic techniques. The reader is encouraged to seek them out through the bibliography of this text (Schaefer & Cangelosi, 1993).

BASIS OF PRACTICE

The basis for nontraditional approaches to working with adolescents has remained primarily at the theoretical level (Bratton & Ray, 2000; Kolb & Fry, 1975). Practitioners working with adolescent clients, whether individually or in groups, continue to utilize many of the approaches and techniques discussed in this chapter. The case study approach presented in this chapter demonstrates the intuitive, practice wisdom, and theoretical rationale for incorporating recreational, play, and other nontraditional interventions with adolescent clients like Bill. Although admittedly this case is anecdotal, the method involved was thoughtful, rigorous, and based upon theory, practice wisdom, and intuitive knowledge of the situation. The outcome was obviously successful. Further research in the area of play therapy techniques and recreational approaches to adolescents may yield promising results at the validated knowledge stage.

SUMMARY

This chapter has discussed the importance of nontraditional work with adolescent clients. The theoretical underpinnings of play therapy and experiential learning help the practitioner understand the necessity of utilizing a variety of creative approaches in forming trusting therapeutic relationships with those teenagers who are not able to benefit from more traditional psychotherapeutic approaches to practice. Activity, metaphor, and symbolism combined with carefully devised experiential exercises help to form the basis



for a strong therapeutic approach to adolescent practice. The case of Bill helps to illustrate the essential interplay of these crucial elements in comprehensive collaborative clinical treatment. This type of creative and intuitive therapeutic work with adolescents is one of the most essential and effective tools of any clinician working with this population.

RECOMMENDED RESOURCES

Readings

Jeffrey Applegate, "Transitional Phenomena in Adolescence: Tools for Negotiating the Second Individuation," *Clinical Social Work Journal* 12, no. 3 (1984): 233–243.

This is a wonderful article emphasizing the way adolescents revisit the transitional object phenomena from childhood in adolescence.

S. Bratton & D. Ray, "What Research Shows about Play Therapy," *International Journal of Play Therapy* 9, no. 1 (2000): 47–88. This is a good empirical article on the value of play therapy.

Monit Cheung, *Therapeutic Games and Guided Imagery* (Chicago: Lyceum Books, 2006). This book covers some of the techniques of play and games that can be used from a therapeutic perspective.

D. A. Kolb & R. Fry, "Toward an Applied Theory of Experiential Learning," in C. Cooper, ed., *Theories of Group Process* (London: John Wiley, 1975). This is a good source on the theory of experiential learning.

Charles E. Schaefer & Donna M. Cangelosi, *Play Therapy Techniques* (Northvale, NJ: Jason Aronson, 1993). This book is a solid reference for play therapy techniques that can be applied to work with adolescents.

D. W. Winnicott, *Playing and Reality* (New York: Routledge, 1971). This is a classic collection of Winnicott's essays on the importance of play as a developmental accomplishment.

Film/Television/Media

The Karate Kid (1984). This film demonstrates the power of sublimation and nontraditional approaches to healing.

Internet

<http://www.infed.org/biblio/b-explrn.htm> This is a good site for content on experiential learning.