

Article 3

Five Out of the Box Techniques for Encouraging Teenagers to Engage in Counseling

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Abstract

Counseling teenagers can be difficult when traditional talk therapy may serve as a barrier in communication. A great deal of resistance may exist when working with teens because of their internal and external developmental transition from child to adult. In order to combat this, counselors must equip themselves with a variety of creative techniques that promote both verbal and nonverbal expression in a way that is therapeutic rather than stigmatizing. This article provides five creative and developmentally appropriate techniques for assisting counselors in increasing engagement while also allowing teenage clients to communicate their thoughts, behaviors, and feelings in a non-traditional way.

Keywords: techniques, adolescent, engagement, encouragement, creativity

Communication serves as the basis for change in counseling. Counselors need to be able to understand and utilize a client's inner resources and strengths in order to help them move towards their treatment goals (Leggett, 2009). When working with teenagers, however, counselors may face a great deal of resistance that serves as a barrier to this crucial exchange. Beginning with the first session, engagement is one of the most significant tools that counselors can employ when working with teens who are reluctant about participating in counseling (Higham, Friedlander, Escudero, & Diamond, 2012). Engaging clients is the first step in forming a therapeutic alliance, because it allows clients' experience of therapy to be meaningful and to feel autonomous in their recovery (Eyrich-Garg, 2008; Higham et al., 2012). The ability of the counselor to develop therapeutic alliance with the client is highly predictive of outcome and is a key predictor of client retention in therapy (Eyrich-Garg, 2008; Higham et al., 2012). However, it should not be assumed that the process of alliance building with teens emulates that of working with adults.

Between dealing with the changes going on in one's own body and the social pressures put on adolescents by their classmates and society, the teenage years can be a difficult and confusing time of one's life. Teenagers are in the developmental stage of constant transformation—whether it be physical (growth, sexual development), cognitive (formal operations), moral (values and spirituality), or identity (self-image and self-esteem) development (Eyrich-Garg, 2008). As a result, teens often require a balance between both structure and freedom and independence and dependence in counseling (Veatch & Gladding, 2007). This struggle for autonomy affects the therapeutic alliance and the way in which teens communicate with counselors, making engagement even more difficult.

In order to combat these difficulties, the use of creativity in counseling with teens is encouraged. Creativity can provide venues for teen clients to fully develop and express their thoughts, behaviors, and feelings while becoming empowered (Leggett, 2009). Utley and Garza (2011) stated that because teens are in a state of transition between child and adult, creative approaches for engagement may serve as a vehicle for understanding more so than a traditional cognitive approach. Developmentally, expressive interventions are more appropriate, as this population has a new capacity for thinking and feeling abstractly. Facilitating verbal and nonverbal expressions of thoughts, feelings, and behaviors in young clients can be done through the use of therapeutic interventions that are a combination of both talk and "play." Veatch and Gladding (2007) defined creativity as one's capacity to create a product that is original or unexpected and useful to the task at hand. Creativity then can serve as a medium of expression that is often recognized as therapeutic rather than threatening and stigmatizing, because it provides a safe distance between client and counselor in comparison to traditional talk therapy (Slyter, 2012; Utley & Garza, 2011). The goal is to use creativity when working with teens to encourage freely associated and uncensored communication (Kelly, 1972). To do so, the counselor needs to be on top of the current and historic knowledge not only regarding adolescent development but also regarding current adolescent trends, interests, struggles, and venues for connection. To that end, the authors offer the following brief review.

Issues Pertinent to Counseling Teens and Scenarios of Disengagement

Over 20% of American teens experience mental illness that causes them severe impairment and/or distress (Merikangas et al., 2010). Data from the National Survey on Drug Use and Health (Center for Behavioral Health Statistics and Quality, 2015) suggested this rate of prevalence is slightly higher than that for adults with any mental illness (18.1%) and dramatically higher than adults with serious mental illness (4.1%). Several mental illnesses tend to have onset in adolescence (Kessler et al., 2007), and adolescents without diagnosed mental illnesses are still likely to encounter extra stress in this transitional period of their lives (Niwa et al., 2016). These psychological stressors are reflected in the U.S. suicide rate: suicide was the second leading cause of death among adolescents age 15–19 in 2014, second only to unintentional injury (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2016).

These statistics paint a picture of a period of turmoil, an understanding underscored by several developmental perspectives. Erikson (1964) posited that the key conflict at this stage of psychosocial development was *identity versus role confusion*; in this period, adolescents are facing the existential task of determining who they are and how they want to live. At this stage, teenagers often begin to push away from their parents and authoritative adult figures in an attempt to define their own independent identity (Santrock, 2015, p. 378). However, as grown-up as they may feel, adolescents are still in the process of development. The prefrontal cortex continues to grow well beyond this period (Giedd et al., 1999; Konrad, Firk, & Uhlhaas, 2013), so teenagers may still struggle to exercise executive functions such as forethought or emotional regulation. This not-yet-adult status can cause role confusion in session as well: a 2000 policy analysis found that 30 states lacked specific policy regarding minors' right to consent to outpatient mental health treatment (Boonstra & Nash, 2000). A counselor who encounters unengaged adolescent clients may benefit from keeping this turbulent developmental context in mind.

The counselor who is aware of developmental issues, common interests, and current trends benefits from also recognizing common reasons why adolescents might struggle to engage with the counselor and the counseling process. A few typical scenarios may provide a base for recognizing the opportunity to creatively engage the otherwise unengaged teen client.

The most typical position for a teen who needs counseling is not to attend at all. Though counseling can be a beneficial source of support for adolescents struggling with life's difficulties, many teens do not seek help and are part of the "personal service gap" (Raviv, Raviv, Vago-Gefen, & Fink, 2009, para. 4). Once a teen does come to counseling, a common struggle involves the teen believing that personal problems are too intimate to share or that the teen should solve issues independently. Alternatively, the client may think that no one would be able to help (Raviv et al., 2009). Raviv et al. (2009) explained that, generally, teens have been found to be more likely to speak to "informal sources" (para. 8), such as family or friends, as opposed to more authoritative figures (i.e., teachers, counselors, doctors). Furthermore, teens tend to be uncomfortable talking with unfamiliar adults (Helms, 2003). These two factors—authoritative figure and unfamiliar adult—are often in play for a teen entering counseling.

Another common occurrence involves the adolescent's desire for experiencing personal empowerment in meeting one's own emotional needs and the worry that a counselor might diminish that power by limiting the client's say in the treatment process (Jones, 1980; Oruche, Downs, Holloway, Draucker, & Aalsma, 2014). When an adolescent feels that being heard is unlikely, it is doubtful the teen will engage (Gensler, 2015). Furthermore, if a teen simply feels uninvolved and unimpressed with the course of treatment, that teen is likely to stop coming altogether (Oruche et al., 2014, p. 242).

There are also other less controllable factors that contribute to situations in which the teen client does not engage in counseling. One such factor is gender. Like adults, female adolescents are more likely than their male counterparts to open up about their feelings of depression or anxiety (Raviv et al., 2009). Sexual orientation is an additional variable that could interfere with the adolescent client's willingness to talk with a counselor. According to Fontaine and Hammond (1996), 40% of homosexual males who had participated in prior counseling did not disclose their sexual identity to their counselors. Another factor that may contribute to disengagement may be disparity between the client's and counselor's ethnicity. A meta-analysis of the literature indicated that while there is negligible difference in the outcome of disparate ethnicity client-counselor relationships over same-ethnicity client-counselor relationships, there is a moderately strong preference for a counselor of one's own ethnicity and a tendency to see a counselor of one's own ethnicity more positively. Of all ethnicities studied, African American clients demonstrated the highest preference, positive perception and positive outcome with same-ethnicity counselors (Cabral & Smith, 2011). Ethnicity may also contribute via cultural norms that inhibit engagement in seeking help from a counselor to begin (Cauce et al., 2002).

Not only do ethnicity and culture play a role, but specific family dynamics can contribute to the client's willingness to engage in counseling (Higham et al., 2012). In each of these cases, the counselor is presented with a client who has influences from the client's upbringing that conflict with the necessary ingredient of engagement in counseling.

Another factor may be that the client does not want to be in counseling but is required to due to legal mandates or familial pressures (Robbins, Alexander, Newell, & Turner, 1996). This further complicates the scenario if the counselor feels insecure with an incarcerated or mandated client, as the teen who senses the counselor's insecurity may respond with shutting down (Lee & Piercy, 1974). In addition, a teen client forced to attend by a parent may feel the sense of the parent looking over the therapist's and client's shoulders, thus making trust and comfort in engaging threatening to the teen's sense of autonomy and personal power, which could serve as a deterrent to engagement.

Lastly, a teen client may disengage due to the client's type of struggle and/or severity of mental illness. For example, clients who suffer from "treatment-resistant" depression or obsessive-compulsive disorder with certain foci may find that their symptoms keep them from engagement (Krebs et al., 2015; Price, 2010).

Theoretical Underpinnings for Creative Techniques for Counseling Disengaged Teens

Whatever the scenario that has the adolescent client disengaged, it is helpful for the counselor to keep some pertinent theoretical perspectives in mind. Such perspectives help shape the creation and application of techniques designed to engage teens in building a therapeutic relationship. Teens need three primary ingredients in order to successfully embrace the alliance: a sense of power, competence, and significance (Jones, 1980). Power is the notion that the teen sees him or herself as making a difference in the relationship or in the greater world. Competence is the teen's awareness of having talents, skills, or abilities that produce a product or promote goal achievement. Significance is the teen's sense of belonging and having been deemed an important member of the relationship.

Social penetration theory explains that individuals engage in building relationships through communication and patterns of self-disclosure or exchanges of information. Interpersonal exchange processes depend on situational factors, compatibility, and reward-cost characteristics that the counselor keeps in mind at all times (Taylor, 1968).

Relationship building with teens is also impacted by factors found in attachment theory. Murray, Kosty, and Hauser-McLean (2016) suggested that children develop attachment relationships based on their past attachment histories. Teen years are a time where clients have difficulties with emotion regulation and relational expectations regardless of other struggles. Keeping in mind the teen's attachment style can assist in understanding a teen's disengagement and what techniques might lead to engagement.

System-based theory views adolescents as part of a complex and integrated family system beyond their primary attachments. Given the constant presence of system influence, systems theory aims to review the relationship between the client and the client's ecological system that includes interdependence among family members, significant individuals, and the quality of many other relationships (Keller, 2005).

For special populations, such as ethnic and racial minority teens, ethnic and racial identity models help the counselor to develop techniques with an understanding of the client's identity development (Umaña-Taylor et al., 2014). Sensitivity to identity development can prevent faux pas that might isolate the teen or increase the resistance the teen may already have to either a counselor or the counseling process.

Cognitive behavioral therapy is an evidence-based therapy with techniques considered an industry standard for resistant teens (Stark, Rouse, & Livingston, 1991). Adapting adult programs to be fitting for teens may be effective. One such adaptation is the program Coping with Depression-Adolescent (Hamill-Skoch, Hicks, & Prieto-Hicks, 2012). This program comprises components of cognitive behavioral therapy such as mood monitoring, social skills, pleasant activities, relaxation training, constructive thinking, communication skills, negotiation skills, and problem solving. For adolescents, emphasis is placed on involving parents as active participants in the counseling program to enhance communication.

Getting out of the box, the following five techniques take into account the information above and are intended to assist the counselor in engaging the disengaged adolescent client in a creative and individualized manner. The "out of the box" idea is a

double entendre. First, the counselor using the following techniques will discover that each holds some measure of identified best practices, but each has a creative twist designed specifically for a teen population. Hence, these techniques are a little bit “out of the box.” Second, the authors encourage the counselor to literally keep a small and non-intrusive chest or box in the counseling office filled with the supplies needed to carry out the techniques listed below. In that way, each technique is taken “out of the box” of techniques designed to build rapport and assist the disengaged adolescent client in engaging.

Five Techniques

1. Breathing Room

While the traditional counseling office may be perfectly safe and inviting for many clients, its four walls, overstuffed chairs, and low lights may not be conducive to comfort and safety for some teens (Pressly & Heesacker, 2001). What’s more, warm greetings and typical skills used as invitations to clients to participate that are effective with most people may not be at all what a teenager needs to begin engaging with the counselor, and engagement that leads to healthy therapeutic alliance is one of the most critical ingredients for positive outcome (Hogue, Dauber, Stambaugh, Cecero, & Liddle, 2006). The technique of building “Breathing Room” is metaphorical and not about a room with enhanced oxygen. Rather, Breathing Room is about creating space in which a teenaged client can become more comfortable and can ease into the necessary opening of self to the process of growth and change.

Breathing Room requires creativity because the alternative mode for one adolescent client that brings the greatest counseling comfort may be a complete turn off to another teen. Consequently, the first basic tenet of Breathing Room has to fit the individual client, and the client has the say about what gives the client room to breathe. The second tenet is that the counselor must also be comfortable with the kind of space built for the client. A counselor who does not feel comfortable regarding the alternatives offered to the client will likely struggle to be genuine in that invitation, which can serve to further alienate the teen client. The third tenet is that the Breathing Room has to be conducive to the counselor and client connecting. Choosing an isolating space that does not build relationship has less likelihood of readying the client to get to the work of growth and change than does space that is conducive to building relationship (Shelef, Diamond, Diamond, & Liddle, 2005). With these tenets in mind and a creative spirit, the counselor can follow these steps in an attempt to engage the teenaged client.

Step 1: Acknowledge the struggle of engaging in counseling as a normal and acceptable position for the client.

Step 2: Propose that counseling does not have to happen in a box or in a rush. Normalize the need the client may have to take a moment in a different context to get ready to do the work of counseling.

Step 3: Offer to create a different space for the client to join the counselor in preparing to work together by giving examples of alternative ways of beginning the session aside from the traditional welcome, sit, and talk kind of start. Here is where the creativity comes into play. Note to the client that anything legal, safe, non-destructive, and connective will work great. Brainstorm with the client what the Breathing Space

might be. Be ready to offer three or four possibilities initially so that the client can see what possibilities may be. These authors have offered (and enjoyed with the client) to simply listen to the client's favorite song together at the beginning of each session without pushing an exchange of meaning or requiring the client use the breathing space as counseling work. (There are several music-related apps that can allow the client to bring up favorites if they are not readily available on a portable electronic device.) Breathing Room can be found by taking a short walk outside (remembering to abide by the safety tenet). Teen clients often take great delight in sharing their social media page, explaining who is who in the client's life with the counselor to take a breather before getting to work. This can give the counselor a bit of a head start in identifying key persons and activities in the client's life; however, the counselor should be certain not to violate any restrictions set by the parent regarding the use of said media. Sometimes clients have been grounded from it! Clients can also be encouraged to bring an item from home such as a favorite blanket, a stuffed animal, or a picture of a cherished vacation spot or loved relative that might make the client feel more secure in the counseling office. Again, encourage a brainstorm and be open to ideas that hold the tenets sacredly.

Step 4: Fully engage with the client in this Breathing Room activity so that it is conducive to relationship building and has the greatest likelihood of being a pathway into the work the client has come to counseling to do.

Step 5: Check in with the client about the effectiveness of the Breathing Room and be open to revising it to be more helpful and sufficient for use in the next session.

2. Talk Meter

Sometimes clients do not have words to explain how they are perceiving or feeling about being with the counselor and opening up via talking about who the client is, what the client hopes for, and the struggles the client is having. Clients sometimes become more engaged when they become aware that their current presentation as disengaged can be shifted via a less anxiety-provoking venue for talking (Dermer & Hutchings, 2000). Rather than jumping into the depths of personal struggles, the teen can explore removing the roadblocks they experience to becoming engaged with the counselor and the process of counseling. The technique, Talk Meter, can be a venue for beginning engagement and working one step removed from deeper levels of engagement.

Step 1: Create several meters. These could be done with images such as an old school outdoor thermometer that shows a bulb at the bottom and the tube running upward with lines denoting degrees of temperature and mercury filling the bottom. The lines of degrees can be labeled indicating the lowest line of "not at all ready to talk" and the top line of "can't wait to get to talk" and various points in between. Another meter might be a stop light where the red light has the statement, "not ready to talk," the yellow light states, "hesitant but a little willing to talk," and the green light reads, "Ready, willing and able to talk." Any creative meter you make may well be just right for a particular client. Laminating them makes them reusable with white-board markers as the medium for indicating the client's readiness to engage and talk. In this way, the client may appreciate the consistency of meters week to week. Have these meters available for your teen client to choose from as a means of indicating where that client is at any given time.

Step 2: Explain to the teen that it is normal to be unsure or to even feel not up to talking about deep and meaningful topics, whether they be struggles or positives, when

one comes to counseling. Let the client know that you are happy to move at the client's pace and to work together to help the client feel more and more ready to do the talking that the client truly needs to do to engage in the counseling process and get where the client really wants to be in life. Describe to the client the purpose of the meter and how it will be used as a way of reflecting on the client's own readiness to engage and fully participate in the session that day (or at all if the client is new).

Step 3: Show the client the various meters and ask them to choose the one that might most easily serve as a meter to measure the client's readiness. Note that the client is engaging with you as they consider the meter, which is a great start!

Step 4: Ask the client to self-assess and determine where the client is currently by denoting it on the meter (e.g., coloring in the thermometer to the spot that best represents the client's readiness; coloring the light that best determines their readiness).

Step 5: Ask the client to brainstorm with the counselor those things that might be barriers to engaging/talking. Brief minimal self-disclosure may be a starting point, which may be something like, "I sometimes have a hard time getting started in talking about myself because I am tired or hungry and I just want to get those needs met first," or "Sometimes what I know I need to talk about seems too deep or too hard to talk about, which makes me not want to get started." Encourage the client to brainstorm and remind them that they do not have to know for certain what the struggle is, but by talking about what it could be, they may find it gets easier to talk at all. The counselor can make suggestions of other common barriers and engage the teen in considering them as well. This can also provide a sense of normalcy for the teen which can ease anxiety and promote openness (Dermer & Hutchings, 2000).

Step 6: Praise the client for engaging with you in this process. Note to the client that the client has really taken big steps forward just by talking about talking and even more by brainstorming barriers.

Step 7: Encourage the client to brainstorm the kinds of things that the client might do or that you might do together that would make talking and engaging get easier and easier. Be sure to reinforce that it is normal to take some time and to build the relationship between you slowly and that you care enough to want to make it as easy and comfortable as you can.

Step 8: Have the client choose one or two things from that brainstorm that you will do to help.

Step 9: Do those things the client selected.

Step 10: Reflect on how that worked for the client while listening intently to their input.

Step 11: Revise the things you will try next time based on that input. This helps the client know that the client's ideas are important, as are their needs for comfort and encouragement.

3. Music

While not every human on the planet spends inordinate amounts of time listening to and relating to music, many teens in Western culture do. For over a decade, the authors have experienced countless meet-and-greets with teens sporting earphones connected to a palm-held electronic device with music loud enough to be at least faintly heard by those within a 10-foot radius of the teen client. The old adage, "If you can't beat 'em, join

‘em,’ is fitting as a modality to engage the disengaged teen who values and relates to music. Using music may be a useful technique in promoting emotional expression and peer support, as it provides a medium for peer socialization and bridges the gap between nonverbal and talking therapy (Slyter, 2012). Additionally, music can inspire, evoke images, and socially influence this demographic in their process of identity development (Veach & Gladding, 2007). Music can be a venue for meaning-making and can therefore provide an invaluable segue into exploring the adolescent’s meaning (Gardstrom, 2004). To be prepared for this technique, the counselor keeps in his or her creativity box a set or two of earphones, a splitter, and, if possible, a device that can operate a music application—there are many from which to choose that are free or very inexpensive. The counselor also keeps an open mind and a willing ear to listen to sounds and words that might not be particularly enjoyable to the counselor.

Step 1: Acknowledge how difficult and uncomfortable it can be to come to counseling at all and how much more uncomfortable to open up and talk about the parts of one’s life that are sacred and confusing. This gives the teen the sense that you recognize the normalcy of the discomfort and begins to open the door to connection.

Step 2: Acknowledge that the counselor has noticed the teen carries and listens to music. Talk about how important music can be as a means of feeling understood, of connecting with others, including bands that play the music or peers that share similar interests in music, of self-expression in a vicarious manner, and of emotional release that can be soothing or arousing.

Step 3: Ask the client what it might be like to share the client’s music with the counselor. The counselor is careful not to be pushy, judgmental, or invasive with the client but an open listener to the client’s view of sharing music together. Rather, the counselor warmly invites the sharing and is clear about the counselor’s respect for the client’s choices, thoughts, and feelings about the client’s chosen music.

Step 4: The counselor shares that the counselor has a splitter, earphones, or device to play music (fitting to the needs of the client) and would feel honored and would be very respectful of the client’s music.

Step 5: Assuming the client says, “No,” the counselor expresses respect for the client’s need to hold back just now, and asks what kind of music the teen likes and self-discloses current music the counselor has heard and appreciates. The counselor is wise to have a few current musicians in the counselor’s awareness so as to have the capacity to demonstrate appropriate self-disclosure that might be within the teens realm. It is the author’s experience that teens often ramp up their disclosures either by being pleasantly surprised that the counselor knows current music or by the disclosure itself, often with a certain kind of delight in the connection between them as in the energized comment, “You have an original Nirvana vinyl? No way!”

Step 6: The counselor shares the realization that not every song the teen may listen to is particularly meaningful, but usually one or two are very meaningful. The counselor opens the door again for the client to talk about what genre, bands, or particular songs are most meaningful to the client.

Step 7: The counselor asks if the client would listen to one of the client’s songs with the counselor or if the client would prefer that the counselor listened to one of the client’s favorites over the week and came back ready to hear about the client’s perspective of the song. Listening to client songs provides opportunity for further

engagement at the client's comfort level with an invitation to stretch outside of that comfort and into further engagement and at deeper levels than before.

Step 8: The counselor listens with intent to connect and to come to know the client better and be curious and open to the client's thoughts, feelings, and behaviors connected to the song that is shared. This understanding and curiosity is shared with the client with some evidence of delighting in being exposed to the client's inner world.

A note of caution is to be thoughtful regarding music that may be cacophonous to the counselor. The counselor must not demonstrate judgment or disdain for the client's shared music, as this could be markedly negative for the relationship (Hill, 2005). That said, the counselor who is prepared can note that the counselor's favorite music is different, but that all music has meaning and the client's meaning is very important and cherished by the counselor. If the counselor strives to hear and understand the client, the counselor is more likely to find a growing ability to see the client's position and value that position with the music as is.

4. The Paper Bag Story

The disengaged teen may find participation much easier if the modality seems less intense, invasive, or personally taxing and more pleasurable. One venue that many teens find more tolerable is to tell their story indirectly (Dermer & Hutchings, 2000). Children and preteens have had success in telling story via sand play, puppetry, and dolls with dollhouses. Teens have notoriously appreciated other means such as through arts and crafts. One such modality is storytelling through the use of collage. The use of collage allows for teens to attempt to explore feelings about one's self and bring awareness to their goals for change (Slyter, 2012). The Paper Bag exercise can fulfill the teen client's need to have a secondary route for engaging and telling the client's story. Storytelling encourages flexibility and openness to change, cognitive organization of otherwise unmanaged and overwhelming information, and it empowers the client (Kress, Adamson, & Yensel, 2010)

The supplies needed for this technique include the following: lunch sacks (brown paper bags, not too big or small), markers of various colors and sizes (make sure to have some that can write small), glue sticks, scissors (round-tipped for safety), many varieties of old magazines that can be cut up, and any other art supplies the counselor believes would be useful such as ribbons, buttons, glitter, cloth swatches, and paper.

Step 1: Make a bag to use as a sample bag following the guidelines below to give teens who struggle with ambiguity a bit of an idea as to how this might be done. The author has a couple of such samples each built around a male and female who are each struggling with different life stories and issues. The bags are obviously quite different from each other to show that there is no one way to present one's story through the activity.

Step 2: Provide instructions to the client about how the collage on the bag will tell the client's story. Explain that the two flat outside sides are for the client to draw, clip, and paste pictures or words from the magazines, write words, add any other items that tell about the client's life from birth to now. Note that the creases that can only be seen when the bag is completely unfolded are for the things that have occurred in the client's life that are painful or difficult, while the bottom outside is for those events that the client has the hardest time talking about. Instruct that the inside of the bag is for events or any item

the client thinks may be important, but the client is unsure about if or where they might belong on the bag or are so sacred to the client that the client just does not want them on the outside. Note that what is on the inside is the client's and will not be explored without the client choosing to do so.

Step 3: The counselor and client leaf through magazines while talking about who the client "is" through the story being placed on and in the bag. Both client and counselor look for items in the magazines and other supplies that might belong on or in the bag, but the client makes all decisions about what does go into the story. This stage can last for several stages if needed, and the client can find more pieces at home if desired. Events or other things the client needs to have in the client's story that cannot be found in the magazines or supplies can be drawn onto the bag or can be drawn on a separate piece of paper and placed into the bag as needed.

Step 4: When the bag is finished (though it can be adjusted as needed throughout the process of counseling), the client is invited to discuss the client's story by working through each item and talking about what the item represents, when the event occurred, how the client thought, felt, or behaved in relation to the event, and what the client felt was important about it. The counselor refrains from judgment and interpretation; instead, the counselor actively listens and assures the client is being understood by frequently checking in, summarizing what is said, and asking open-ended questions that invite the client to share more.

Step 5: After each discussion, the counselor reflects with the client on how the process of sharing the story went for the client. The counselor is open to adjusting the way the discussions happen in order to best fit the client's needs and characteristics.

Step 6: The counselor celebrates the client's efforts and growing ability to engage and create a working relationship, as well as a growing capacity to be known.

5. Social Media Profile

Many teens and preteens have unprecedented access to instant mass communication via social media. From texting to Twitter to Facebook, social media has provided a venue for communicating with others far more than basic identification. Teens share day-to-day happenings, opinions on a wide range of current and historical events, and hopes, dreams, and lifelong goals. Whether it is the anonymity or the supportive "likes" that follow personal disclosures in social media, many adolescents find this venue a place to present their realities and their personas with less hesitancy than they have when considering the same disclosure in person (Best, Manktelow, & Taylor, 2014).

A counselor working with a disengaged teen may find that the counselor can pattern early interventions utilizing social media models familiar to the adolescent. This technique does just that—provides a venue for the adolescent to engage with the counselor and share the adolescent's perceptions of self, fears about how others may see the adolescent, and dreams or hope about who the adolescent wants to be potentially without as much discomfort (Davis, 2013).

Step 1: The counselor notes to the client how uncomfortable it can be for clients to begin to share who the client is with the counselor and suggests it may be made more easily begun by using a medium the client is more accustomed to using to engage with the rest of the world. If the client has a social media account that can be viewed together, the counselor might let the client know that it would be an honor to get to see the client's

page and get to know the client initially through the site. A mindful counselor respects the client’s right to privacy regarding the client’s social media account; therefore, if the client is reticent to show it, a discussion may take place rather than a viewing of the page. If the client has no social media outlet used as a venue of connection or self expression, the counselor moves right to step 2.

Step 2: Once the client has shared as much as the client feels comfortable sharing from the client’s social media site, or straightaway if the client has no social media site to share, the counselor offers an exercise that is patterned after social media activities—an “as if” exercise where the client builds a mock social media page as if the client was the person the client would really like to be in the future. The figure below represents a potential model for such an exercise, but the counselor can creatively build a model that fits the population the counselor serves or the specific client as needed.

Name: _____

Cover Photo Draw in this space your life vision. What does your future look like to you?	
	Intro Describe how others see you: _____ _____ _____ _____ Describe how you see yourself: _____ _____ _____ _____
About Birthday: _____ Astrological Sign: _____ Hometown: _____ School: _____	A Year in Review This year I accomplished: _____ _____ _____ _____
Support Those who support me most are: 1. _____ 2. _____ 3. _____	

Step 3: The counselor encourages the client to review each section and talk about how many steps the client can identify between where the client is now and where the client wants to be. The counselor celebrates the client's awareness of any part of the path the client could take to become the person the client wants to be. The counselor might brainstorm with the client additional steps that could assist the client.

Step 4: The counselor could use this exercise to lead into goal setting or simply as a segue into more meaningful conversation regarding the client's history, current situation, and goals for counseling.

Step 5: The counselor can revisit the worksheet/social media page for engagement starters in future sessions as needed and engage the adolescent client in revisions as fitting.

Maintaining and Deepening Engagement

Once the client begins to be engaged, the counselor is not home-free. Engagement in counseling may be an ongoing struggle and task for each session. Still, there are things the counselor can do to help ensure the client remains engaged or increases the amount and depth of engagement (Knox, 2008). One of the most critical things a counselor can do to help the adolescent client continue to engage and at deeper levels is to provide support and encouragement when the client does engage at all. Higham et al. (2012) stated that acceptance, respect, and validation for the adolescent's perspective were important aspects in therapy and contribute to the therapeutic alliance. Samples of support and encouragement might be, "I value so much how you are pushing through the difficulties of being here. It is an honor to get to know you more," "I believe you that this has not been an easy thing to do to come here and talk with me; you are a brave and hard-working person who is striving to make life better," or "You are doing a great job here; way to do the hard stuff. Keep it up."

The counselor can also process the engagement with the client. By talking about what has happened and is happening in session itself, the counselor opens the door for the client to share what is working and what is not and to suggest what the counselor might continue to do or what the counselor might change to make the sessions more effective—including what the counselor does that makes it easier or more difficult to engage. By encouraging the client to take responsibility for their recovery and balancing this with a collaborative stance, they are more likely to respond by talking more rather than retreating (Higham et al., 2012). Such processing might begin with, "I have watched you work hard to connect with me and to open up here, which is a really big deal. What kinds of things did you find help you to do that, and what do you think I could change to make it easier for you to come here and talk?"

The counselor can also challenge the client to take their discussion and self-disclosure deeper. The challenge should not be done in a derogatory or punishing manner but should encourage the client and provide a goal to work toward that is rewarding to the client. Such a challenge might be, "You have really stepped up your work here and are opening up to the work of counseling. I see what you can do here, and I want to challenge and support you in taking our work to the next level of growth. To do that, we will need to keep working and maybe at an even deeper level. I believe in you and your ability to do it. How can I best support you as you go even deeper into your inner life with me?"

It may prove beneficial to identify significant others in the client's world who are safe, positive, attachment-like figures for the teen client to practice relating with outside of session. This may be a parent, older sibling, friend's parent, church leader, teacher, coach, or other trusted person who can behave in a bigger, stronger, wiser, kind manner (Powell, Cooper, Hoffman, & Marvin, 2013) Clients can be encouraged to try new skills in relating effectively with such significant others and in building relationships through which the client is better able to meet the client's needs outside of counseling. This transfer of connection into the client's everyday life may assist in both increasing capacity and willingness for engagement in session, as well as in building helpful supports outside of counseling.

Cautions and Conclusions

However effective a technique might be with one client, the counselor remembers that no one technique fits all clients. The counselor keeps a creative eye and ear turned to the client and is in a constant state of adjustment to fit the specific factors impacting the client at any given time. Processing is a crucial step to assuring that the creative technique is a fit and is productive in increasing the adolescent client's engagement with the counselor and the counseling process.

The teenage years consist of immense growth and development alongside confusion and pressures. Whether they are dealing with physical body changes, peer pressure in social settings, or academic performance in the classroom, individuals within this transition period are constantly in a balancing act between structure and freedom. Counseling teenagers may require great creativity and personalization when resistance results from these developmental issues. An effective counselor then must be equipped with techniques that promote both verbal and nonverbal communication. Techniques such as Breathing Room, Talk Meter, Music, the Paper Bag Story, and Social Media Profile are ways in which counselors can engage clients when there are barriers to traditional talk therapy.

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