

Understanding the Therapeutic Landscape with Pre-Teens and Teens

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Let's be honest: finding ways to therapeutically support pre-teens and teens can at times leave us feeling completely awkward and at a loss for how to best help this age group.

It is common to feel confused and challenged when working with pre-teens and teens. Therapists often question whether or not they should talk, play, or ask questions, or they frequently wonder what intervention would be best.

This article attempts to shed some light on how to navigate the therapy landscape with clients who are no longer children, but also not quite yet adults.

As a therapist who works with both young children and teenagers, I have found that therapy with this age group isn't as mysterious as we might think. With a few guidelines, therapy can be incredibly creative, fun, and inspiring!

It is important to name, up front, one of the challenges of working with this population: there is no script. There isn't a "right" intervention. There are only possible interventions. For therapists who like things to be concrete, working with this population can seem incredibly frustrating. And even for therapists who generally can go with the flow, understanding how to best support their pre-teen or teen client can still be a bit elusive.

I highly recommend educating yourself about the wisdom of teenagers' changing brains and the importance of the teenage years. Understanding how to best support our teenage clients is incredibly challenging if we don't understand what is happening in their physiology have a solid grasp of what they are going through. Daniel Siegel's book *Brainstorm* is highly recommended as a resource to help deconstruct this mysterious stage.

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The teenage years are both challenging and beautiful as teens strive to figure out who they really are. Up until this point, they have spent years ingesting beliefs about who they should be, how they should act, and how they should be spending their time. Once the pre-teen years start, we see these young individuals begin the journey towards discovering their authentic selves.

In many ways, helping uncover the authentic self is the key to understanding how to work with teenagers in therapy. We are asked to throw our own ideas of how therapy is supposed to look out the window and truly show up to help our clients navigate these confusing waters. We are asked to sit in the unknown—and in the uncomfortable feelings—with them. We are asked to feel awkward with them as they work towards unraveling the confusion and myriad emotions that are inside of them.

There are many reasons why a teen may show up in our office. Maybe they are struggling in school. Maybe home life is challenging or making friends is hard. Maybe feelings of depression or anxiety permeate their lives, or they can't seem to get along with their parents. Whatever the reason, the underlying pain is that they can't quite figure out how to feel okay about who they are or the circumstances in their lives.

I emphasize this because if helping your teenage client figure out who they are isn't part of the therapy process then a core piece of the work is missing.

Discover What Is Most Important to Them

The number one thing that needs to be understood when working with this population is that it is essential to discover what means the most to them. The pathway into their minds and hearts is through their highest values—that which is *most important to them*.

Why is this so essential? Most of the symptoms that our teens (in fact, all humans) display in their lives are a result of their inability to be themselves in any given moment; they are having a fantasy that they should somehow be different or that life should be different. When a person is truly authentic and congruent, that individual does not have any symptoms. Instead, a feeling of inspiration and purposefulness fills their life. Pre-teens and teens are searching for a true sense of themselves, separate from all of the messages telling them who they should be.

When I met Julie, she was 15 years old. Her mother brought her to me because she was starting to cut and was also dressing in a Goth style that scared her mother immensely. Very quickly, it became apparent that Julie felt trapped and thought that it wasn't okay to be herself. She was not performing well in school, yet perceived a lot of pressure to be successful academically. The truth was that she had no interest in school, but she loved music, doing people's hair, and being creative with clothes. I helped Julie understand that she was expecting herself to be someone she wasn't, and as a result was feeling depressed and trapped. I also helped her appreciate and love herself for her creative genius. Within three weeks she stopped cutting, and within three months her mother let her transfer to a hairdressing school. Julie's behavior changed drastically once she learned how to embrace her authentic self.

One of the struggles I hear most often from therapists working with this population is their challenge with engaging their teenage client. When we perceive that people support that which is meaningful to us, we naturally want to open up to them and engage with them. When we perceive someone is challenging our highest values or priorities, we shut down and become resistant. If you are having trouble engaging your pre-teen or teenage client, chances are you haven't figured out yet what is most important to them and found a way to bring that into the therapy room. For more information on understanding human behavior as it relates to highest values and priorities, read Dr. John Demartini's *The Values Factor*.

If you have found a way to connect with your pre-teen or teen client around what is most important to them, you are more than halfway there. The next step is to understand what your client is trying to tell you in session. I have listed five concepts that I believe are instrumental in understanding how to work with this population. Once you understand these concepts, you can become as creative as you would like to be with both non-directive and directive approaches, whatever is most congruent for you as the therapist.

1. Their Stories Are Their Play

Do you know that the brain cannot tell the difference between real and imagined? What this means is that when a child is talking about something, their brain is firing as if they were actually experiencing the event. The same is true in play. As a child plays, their brain fires as if what they were playing were happening right there in the room.

As children get older and move from playing to talking, their form of play changes to the stories they share with us. When Matt starts telling you stories about how mean his friends are at school, he might as well be acting it out in front of you with puppets. What is happening in his brain is almost identical.

Understanding that stories are the pre-teen and teen version of play is key, as it helps us begin to see that play is always happening in the therapy room. Whether you then want to bring in a directive intervention such as art, games, or sand is entirely up to you and what you feel would be best for your client.

I encourage you to become well versed in creative interventions for this population so that you can creatively deepen and help transform the stories that your clients bring to your therapy office.

2. The Set Up

The child projects his inner world onto the toys and the therapist, setting them up to experience his perception of what it feels like to be him.—Synergetic Play Therapy Tenet

In Synergetic Play Therapy, we call this concept "The Set Up." It basically means that the child will set you and the toys up to feel how they feel.

For example, if your client is feeling anxious, you will also begin to feel anxious. If your client is feeling shut down and numb, you will also begin to feel these states inside of you. The more attuned you are as the therapist the more you will feel these resonant states. This is why we often feel awkward and second-guess ourselves when we work with this population—because this is what is going on inside of them. It is part of The Set Up.

3. Children Learn Best Through Observation

It is understood that children learn best through observation. Children are constantly looking to others for ideas about how best to regulate themselves and manage their impulses and emotions. They do this primarily by watching how others respond, react, and handle situations, and with the use of their mirror neuron system they begin to collect ideas regarding their own choices and ability to manage the sensations and emotions inside of them. This concept has exciting implications for therapists, as it reveals new understandings for our role in the playroom and new possibilities for helping our clients learn how to self-regulate. For more information on this topic, consider reading Chapter 4 of *Integrating Extremes: Aggression and Death in the Playroom* (Dion, 2016).

When your pre-teen or teen interacts with you, tells you stories, and plays with you, he or she is setting you up to feel their perception of what it is like to be him or her.

I remember when I first met Tony. He was 13 years old and highly anxious. When I noticed him in the waiting room, he was standing up with his hands in his pockets, shifting nervously back and forth. As we entered my therapy room, he looked at me and announced, with a lot of intensity, “Did you know that the world is going to end?”

Understanding that this was his form of play and the beginning of The Set Up, I replied with an authentic response. (Having a genuine authentic response to their initiated play and stories is extremely important, because they want you to feel it and get it.) “I didn’t know the world was going to end!” I said with fear in my voice. “I feel scared. I am not prepared. What else don’t I know?” I continued embodying a feeling of panic. And as I did this, I also modeled regulation by taking deep breaths.

Tony was trying to get me to understand just how scared he felt in his life. From his perspective the world was not safe. Tony could have come in and created a drawing where the theme was that the world was going to end, or even played out a scene with characters that were suddenly told that the world was going to end. Instead, he told a story, and because I understood the concept of The Set Up, I understood what he was trying to tell me.

Tony never played in the traditional sense. He used stories filled with anxiety, fear, and feelings of lack of safety to help me feel what it was like to be him. Each time he told me a story, I allowed myself to feel it and have a genuine response, as if it were really happening, while simultaneously modeling self-regulation. Tony’s anxiety transformed drastically over a few sessions.

4. Understanding Their Emotional Age

It is also important that we assess the teenager's emotional age, rather than just depend on their chronological age. When we don't understand the child's emotional age, we run the risk of providing interventions that are not as effective. For some teenagers who are emotionally young, you may find yourself needing to do play therapy, much like you would with a five-year-old. For others, you may oscillate between play and talking. Still others will use the stories they share with you as their way of helping you feel and understand their perceptions of themselves and their world. Understanding the teen's emotional age also helps shed light on whether or not we take a directive versus a non-directive approach.

As an example, when I first met Sarah (age 12) in the waiting room, she was curled up into the corner of the chair. She was staring at the floor, looking quite fragile in many ways. She had a hat on her head that covered her eyes. She didn't speak or make any eye contact. When she came back to my therapy room, she went straight to the couch and tried to curl up into the corner. If she could have disappeared into the crack between the cushion and the armrest, she would have. She stared down at the floor, barely moving. Sarah was emotionally very young. In fact, she was at the emotional age of an infant. Knowing that she was an infant, it was important that I go very slowly with her so as to not overwhelm her. Had I approached her with lots of questions and in a very directive way, asking her to engage in a directive activity, I might have flooded her. Instead, I worked with her as if she were a baby. Our first two sessions together were spent orienting her to the room. I pointed things out, naming my experience out loud as I sat with her, describing small movements that we both did. I played with her much like I did my own daughter when she was a few months old, when we would lie on the floor together staring at objects. This may not sound like therapy, but it was the level of intervention that Sarah needed for her emotional age. I didn't have an agenda or an expectation that it should be different.

During our work together, she began to grow up. Within a few sessions, she was making eye contact and saying a few words, and she started to play with the dolls. From there she moved to the sand tray, where I facilitated both directive and non-directive processes, depending on what was needed. As a reminder, there is no script with this population, just moment-to-moment attunement to let you know what is needed. By the time Sarah terminated, her sessions were filled with age-appropriate talk about her friends, school, and her cat that she loved.

5. Be Yourself

As a final thought, being yourself is such a gift to this population. As they are trying desperately to figure out how to be themselves, what they need is a role model for how to be authentically human in this world. Don't be afraid to be you. Give yourself permission to be genuinely authentic with your clients. They will watch you and

they will learn that it is okay to be themselves as they move along their journey towards discovering their authentic selves.

Resources

Badenoch, B. (2008). *Being a Brain-Wise Therapist: A Practical Guide to Interpersonal Neurobiology*. New York: W.W. Norton.

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About the Author

Lisa Dion, LPC, RPT-S, is an innovative and inspiring teacher and pioneer in play therapy. She is the founder and executive director of the Play Therapy Institute of Colorado and creator of "Synergetic Play Therapy," a model of play therapy bridging the gap between neuro-science and psychology. Lisa teaches and supervises globally, helping transform the lives of thousands of therapists and children. She is the only person in the world who is a Senior Certified Demartini Method Facilitator® and a Registered Play Therapy Supervisor.

Her training and understanding of how the mind and a person's biology drives human behavior allows her to offer her child and adult clients a unique perspective and understanding on how to maximize their potential and develop a greater appreciation for themselves and the people in their lives. Lisa is dedicated to advancing the play therapy field worldwide through her teachings, books, and research. Her first book, *Integrating Extremes: Aggression and Death in the Playroom*, is already being referred to as "groundbreaking." Lisa is the recipient of the Association for Play Therapy's 2015 Professional Education and Training Award. For more information go to: Synergeticplaytherapy.com.

