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REBT Assessment and Treatment with Adolescents

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Historical and clinical evidence is replete with innumerable instances in which adolescents have habitually, rather than merely occasionally or sporadically, acted in the most maladaptive and self-defeating ways imaginable (Ellis, 1971). Various explanations have been offered for this phenomenon, ranging from the hormonal changes of puberty to the psychosocial pressures of growing up. My observations, however, suggest that the self-defeating behavior so common to adolescence is primarily the result of the young person's evaluation and appraisal of his or her life experiences rather than being the result of any particular set of biological, social, or environmental circumstances. This conclusion flows from an ongoing exposure to the beliefs and value systems of countless teenagers, who consistently reveal thinking patterns grounded in ignorance, misconception, and, quite often, utter nonsense.

Let me point out that practically every adolescent client I have worked with has managed to distort, exaggerate, and misinterpret, reality and to suffer accordingly. Adolescents seem to find it incredibly easy to turn disappointments into disasters; desires into demands; wants into necessities; difficulties into impossibilities; and failure and criticism into proof that they are subhuman creatures. Although they do so unwittingly, adolescents *think* themselves into their social and emotional problems.

When faced with the teenager as a client, therefore, the counselor would ideally direct therapeutic endeavors at changing attitudes—persuading the young person to think in logical, sensible, and scientific ways. Unfortunately, this is not an easy task. Not only do adolescents possess the normal human inclination to resist change, but they are frequently rebellious and contrary, sometimes to the point of sabotaging their own best interests. Add these attitudes to what appears to be a universal distrust of adults and adult values, and the resulting situation is one that is hardly conducive to a therapeutic exchange.

In spite of their well-earned status as difficult clients, however, adolescents can be helped to overcome their emotional and behavioral conflicts through

psychotherapy. The approach I have found most effective is based on the theoretical principles of rational-emotive, behavior psychotherapy (REBT) (Bard, 1980; Ellis, 1962, 1974; Ellis and Harper, 1975; Walen et al., 1980; Wessler and Wessler, 1980). This approach structures the counseling process according to the following considerations:

- Relationship building
- Problem defining
- Problem intervention
- Problem solving

Although each area usually requires attention, one need not hold to this particular order, and it is understood that there is overlapping. For instance, one could be developing a relationship while defining a problem, and vice versa. The therapist might also want to concentrate more on one area than on another. Regardless of how it is managed, I have found reliance on this framework is productive in maintaining a therapeutic direction with the adolescent client.

Relationship Building

The purpose of relationship development in REBT is to create an atmosphere in which the client can feel free to talk about personal problems and difficulties. This usually involves the sharing of one's thoughts, fantasies, feelings, and the like. Unfortunately, the average adolescent is usually unaccustomed to discussing such private concerns with an adult. Because this kind of disclosure is essential to cognitive analysis and intervention and is best encouraged by the well-known virtues of empathy, warmth, nonjudgmental regard, and the like, relationship building is a primary consideration when attempting to counsel young people. I do emphasize, however, that the relationship is not the therapy. It is, rather, the means by which a problem-facing and problem-solving format can be established on behalf of the client. Some of the approaches I have found helpful in fostering a trusting and accepting alliance with the adolescent are the following:

1. *Allowing long periods of uninterrupted listening.* This is, perhaps, a departure from the more active, interventional approach usually employed in REBT. However, I have found that many adolescents have not had the opportunity to "tell their story" without some kind of admonishment or interruption. As a result, I tend sometimes to allow chatting or rapping in the interest of encouraging ease and comfort in the therapeutic situation.

I also try to avoid silences with teenagers. With the exception of a client who is pausing to collect his or her thoughts or to frame an answer to a question, every attempt is made to keep the conversation going without breaks. I find that most teenagers feel very uncomfortable and self-conscious when silences are deliberately allowed to last.

2. *Accepting the client's reality perspective regardless of how distorted or limited it may be.* If, for example, a young client decides that his parents are always on his back or that a probation officer is out to get him, I usually accept such convictions at face value, even though I may know that they are untrue. Often, this acceptance indicates that I am an ally rather than an opponent and accordingly decreases the client's defensiveness. This is an especially useful technique with adolescents considered delinquent or anti-establishment.
3. *Discussing openly my own opinions and attitudes.* I try to answer all personal questions casually and directly, including questions about my marriage, my political preferences, religious issues, and personal problems. I have found that I tend to be asked questions of a more personal nature by teenagers; this is understandable, because many of them are trying to find out what adulthood is really all about. They usually do not have such an opportunity to question other adults—parents or teachers, for example, who often hide in moral or idealistic roles.
4. *Allowing a companion to sit in on a session.* Quite often, permitting a young person to bring along a friend seems to ease the situation and pave the way for future progress. In fact, I sometimes use the companion to make a point or two. On more than one occasion, I have found that the companion has perceived a message quite clearly and has been able to repeat it to the primary client, thus facilitating the therapy. I have also used this approach with good results by allowing a pet to join us for a session or two. Encounters have been shared with dogs, hamsters, cats, mice, turtles, and birds, although I did turn down a pony.
5. *Giving the adolescent priority.* When a teenager is brought in by parents who are registering a complaint and asking for therapy, I very frequently see the teenager first. Thus, I can sometimes give the impression that I am willing to listen to her or him and to respect her or his point of view, and it can help lessen her or his concern that I am in collaboration with the parents.
6. *Extracting from the parents an initial concession.* I sometimes try to have especially strict or overprotective parents give in on some of their demands or restrictions. Increasing the amount of an allowance, extending a curfew, or reducing a yard-work commitment are good examples. This approach sometimes gives the teenager the idea that I have influence over the parents, a concept not previously considered, and it often paves the way to a more responsive relationship.

Problem Defining

The purpose of problem defining in REBT is to obtain a diagnostic assessment of the client's reality-based and psychologically induced complaints. Although this might seem an obvious step with any client, it deserves special

attention with the adolescent. It is not unusual for young people to be vague, general, and downright hostile when asked why they have come in for counseling. Furthermore, adolescents seem to wander into tangents easily, to get wrapped up in the details of their volatile life experiences, or to get lost in meaningless philosophy-of-life excursions. Sometimes, I permit such meanderings in the interest of relationship building, but usually, I make an effort to encourage the young person to be problem-focused. Some of the tactics I have used to introduce a problem-facing format are:

1. *Defining the problem for the adolescent.* In many cases, young people who come to my attention are initially referred by parents, schools, or police. Usually, I have some knowledge of their difficulties beforehand; a simple statement like “I understand you are here because you ran away from home” leads to a lively problem-focused discussion.

Sometimes, however, the client denies the problem suggested by the referral agent. For instance, a probation officer might see dropping out of school as the reason for counseling, whereas the client might see difficulties with a boy or girl friend as the problem area. Faced with this kind of dilemma, I usually offer help on the problem identified by the adolescent with the hope that I can get to other concerns later.

On other occasions, the client flatly denies problems. Often, this denial is best handled by suggesting that the referral agent is the problem. If, for example, a teenager is referred by her parents for school underachievement and the young person vehemently insists that neither this nor anything else is troubling her, I try to gain her cooperation by suggesting that I can help her deal with her parents who are trying to run her life. In other words, I suggest that she has problem parents who could be the subjects of counseling endeavors. This tactic is sometimes useful with teenagers who come to therapy against their wishes.

2. *Simplifying the definition of a problem.* Many times a young client is afraid to reveal a problem because he thinks he has to tell his innermost secrets or that anyone with a problem is crazy. In order to overcome this obstacle, I will sometimes oversimplify, describing a problem that deserves counseling as hurt feelings, hassles with others, or doubts about the future. A problem-facing discussion often ensues, because most adolescents usually admit to concerns in one of these areas.
3. *Using a representative example from the life of another young person.* By discussing another teenager’s problem, I am sometimes able to illustrate what I am looking for. This approach not only provides the client with a sense of “At least I’m not the only one with problems,” but it also offers a concrete example of the kind of subject matter discussed in counseling.
4. *Offering a problem example out of my own life.* This tactic is especially effective if it deals with criticism, rejection, and failure—all areas about which adolescents are frequently overly concerned. Not only do such

admissions humanize the therapist, but they also help the young person to discover that such problems are inherent in life, no matter what the person's age.

5. *Using visual aids.* I have found the most effective approach with the evasive or “problem-free” client is to use wall posters illustrating irrational ideas and their corollaries. I ask the young person to look at this list and see if she or he holds any of the ideas. This is a quick way to get a diagnostic impression of the client's thinking, and it can serve as a stepping-stone to identifying a specific problem area.
6. *Unraveling the problem from a rambling dialogue.* Some teenagers come in for counseling and admit that they have problems but remain unable to pinpoint an issue. With this group, I merely ask questions about school, family, friends, love life, and so on. Before long, I usually perceive a problem that could use counseling assistance. I then suggest this area to the client with a brief explanation of how I could help. For example, one teenager, referred by her mother, admitted that she wanted counseling but was unable to identify with any of the problem examples I suggested. I let her give me a rundown of her life experiences on a typical day. After a few minutes, it was evident that she was extremely upset with a younger sister who was always borrowing her clothes. I asked if she wanted to know how to feel less angry about the situation and perhaps learn how to stand up to her sister without getting in trouble with her mother. She agreed and we were in business.

Problem Intervention

Problem intervention in REBT is the place in which the so-called work of therapy occurs. Ideally, this involves helping clients learn to recognize, challenge, and correct the irrational attitudes that cause emotional distress and generate self-defeating behavior. Even when I have his or her undivided attention, this is often an arduous task with the average teenaged client. Perhaps, this difficulty might be explained by the likelihood that adolescents are only beginners when it comes to manipulating thought and understanding abstract concepts (Piaget and Inhelder, 1969). Most likely, too, they have had scant training in or encouragement of the capacity for logical or sensible thinking. I have therefore found it best to keep things *simple, visual, and brief*. The following suggestions follow this framework and have been generally effective in imparting rational insights to adolescent clients:

1. *Teaching or not teaching the relationship between thinking, feelings, and actions.* Usually, I make an initial effort to teach the role of cognitions in causing emotions and behavior. I rely on the ABC model, sometimes introducing it verbally and other times using cartoon drawings or some other kind of illustrations. I explain the ABCs to adolescents as a formula that

can be used for understanding their problems more clearly, and I rarely devote more than five minutes to the task.

Most of the time, however, I avoid teaching this principle as such. Experience has shown that many teenagers do not want to learn “psychology” or have too much difficulty fitting their problems into an ABC format to make this approach feasible. In most cases, I am lucky if they remember my name, so I figure it is unlikely that they are going to spend much time learning a process. With this group, probably the majority of my adolescent clients, I discuss problems in terms of their thinking, but I am not concerned with their understanding or with applying the theory behind what we are doing.

2. *Confronting and confuting “awfuls,” “terribles,” and “horribles.”* According to RET theory (Wessler and Wessler, 1980), irrational thinking is most often characterized by “catastrophizing”: mentally converting hassles into outright horrors. Once this ideational pattern is detected, every effort is expended to make the adolescent client aware that he or she is “awfulizing,” why such thinking is unrealistic, and what a more sensible outlook might be. This goal is usually achieved in the following way:

- a. Substituting the words *disaster*, *catastrophe*, or *tragedy* or *awful*, *terrible*, or *horrible*. The words *awful*, *terrible*, or *horrible* are so much a part of the average adolescent’s working vocabulary that I have found it difficult to convince the adolescent that the meaning behind such words is the cause of his or her suffering. The emotionally distressed adolescent who insists that his or her problem is awful is asked, “Was it a disaster?” or “Was it really a tragedy?” These words have a more precise meaning and can be subjected to question and reason more easily than *awful*.
- b. Using the phrase “end of the world” to show the client that he or she is awfulizing. Again, I find that asking, “Would it be the end of the world?” usually elicits an eye-rolling “Of course not” from most adolescents and permits the next question, “Then exactly what would it be?” The answer, almost always in the realm of realistic disadvantage, begins to persuade the client to correct his or her exaggerated evaluation of the problem.
- c. Using the phrase “a fate worse than death.” Once more the use of a familiar but obviously magnified term sometimes helps adolescents to begin to understand that their excessive, disturbing feelings come from exaggerated, unrealistic ideas in their minds.
- d. Asking, “Could it be any worse?” Often young clients exaggerate, considering a situation totally bad. Encouraging them to conjure something that could make their problem even worse sometimes enables them to see that it is highly unlikely that any disadvantage (especially their own) is 100 % bad. This tactic can sometimes be used in a humorous way by adding all kinds of ridiculous dimensions to the problem

situation. I find that this approach helps clients to realize that problems are not always as bad as they think they are; by viewing situations in less exaggerated and more realistic terms, they learn to feel much less distressed.

- e. Asking, "What's the worst that could actually happen?" I show anxiety-ridden teenagers they are catastrophizing their complaints by encouraging them to focus on the most realistic but worst outcome they can imagine. This forces them to stay away from possibilities and to concentrate on actualities. In essence, they are learning to deal with the hassle and not with the horror of their problem.
3. *Confronting and confuting "shoulds" "oughts," and "musts."* Another, equally significant aspect of irrational thinking is the tendency of clients to treat their wants and desires as if they were Jehovah's commandments. Adolescents typically believe that they must have their way simply because it is deserved, earned, right, fair, just, or whatever. A good many of my efforts, therefore, go to sensitizing teenagers to their personal imperatives and helping them to understand why absolutistic thinking usually results in emotional and social conflict. The most useful tactics for accomplishing this end include:
- a. Using *must* in place of *should*. Teenagers use the word *should* so frequently and indiscriminately that sometimes just getting them to change the word to *must* gets the imperative quality across. Once this is established, they can begin to learn how to live without absolutes.
 - b. Using *gotta* in place of *should*. "I should get an A" makes sense to a lot of teenagers, but "I gotta get an A" often encourages them to see the error of their ways.
 - c. Changing *should* to *no right*. Another method of getting across the absolutistic meaning of *should*, especially with angry teenagers, is to exchange "He shouldn't do that" for "He's got no right to do that." The irrationality of "He's got no right" is often easy for teenagers to understand.
 - d. Using the want-need concept. Another way of getting teenagers to recognize and challenge absolutes is to teach them the difference between wanting and needing. I have found that some of the most resistant and stubborn young people, especially those involved in behavioral excesses, are capable of understanding the critical distinction between desires and necessities and of using this insight productively.
 - e. Teaching *should* equals "unbreakable law." I sometimes get somewhere with young clients who have difficulty understanding the absolutistic meaning of *should's* and *must's* by suggesting that they are upset because their self-proclaimed laws have been broken. "Debbie's Commandments have been violated" or "It was Tom's turn to be God, and he got upset because someone broke one of His rules" are examples of this approach. Once the adolescents understand what it means to be

unrealistically demanding, I proceed to show them that they do not run the universe, so they had better expect things to go wrong.

4. *Challenging the “can’t stand” philosophy.* Probably the main source of teenagers’ low frustration tolerance is their persistent conviction that they can withstand no inconvenience or discomfort. This kind of irrational thinking, which seems endemic to this age group, generates a variety of neurotic behaviors, ranging from school underachievement to drug abuse. My experience shows that adolescents seem able to grasp the irrationality of “can’t stand” thinking more easily than other REBT concepts. If I do run into problems, though, I find the following usually get results:
 - a. Substituting “unbearable” for “can’t stand.” Often, I can help a young client realize how pernicious the “can’t stand” concept is by equating it with the term *unbearable*. Hearing things put this way, many teenagers conclude, “Well, it’s not *that* bad. I mean I can *bear* it.”
 - b. Explaining *difficult* versus *impossible*. Often, the “can’t stand” concept can be better understood by investigating whether a particular problem situation is impossible or is merely difficult to tolerate. Even some of the most resistant teenagers, grasping this point, can realize that just because something is a pain in the neck does not mean that it cannot be lived with.
 - c. Substituting *won’t* for *can’t*. Frequently, when I hear the word *can’t*, I quickly substitute *won’t*. This is an effective way of showing that the situation is governed by one’s attitude, which is under the individual’s control. It is the attitude, not the situation, that is overwhelming.
 - d. Suggesting to the client that he or she is tolerating the conflict in question. Despite complaints and protests, I remind the client, he or she is enduring the problem. This tactic is especially useful with clients experiencing long-running problems with parents, teachers, or siblings. For example, the teenager who threatens to quit school in his senior year because he claims he can no longer stomach the bullshit is advised that he is, in fact, stomaching things. He may be miserable, but he has nevertheless been putting up with school for twelve years, and this qualifies him as an outstanding stomacher of bullshit!
 - e. Explaining that a genuine “can’t stand” situation would either end the client’s life or render her unconscious. I frequently suggest that if her problem were truly impossible to bear, it would either cost her life or she would very likely pass out from the overwhelming agony involved. Up to that point, I suggest, the client is standing the adversity or discomfort; she may not like it, but she is standing it.
5. *Teaching the principle of self-acceptance.* When low self-esteem is responsible for adolescent distress, I make every effort to show the client how to avoid global ratings of oneself (or others). I find that self-acceptance is one of the most difficult REBT principles to get across to teenagers, perhaps because comprehension requires a sophisticated level of understanding;

what's more, teenagers are geared to judging their self-image solely on the basis of peer opinion. Usually, however, I get somewhere with the following maneuvers:

- a. Using a visual aid. I draw a circle and label it *self*. Next I draw a series of smaller circles inside the "self" circle. These represent the various traits, characteristics, and performances of the individual client. I try to demonstrate that rating one trait or feature as bad does not make all the other circles bad. In essence, I try to show adolescents that they are a collection of qualities, some good and some bad, none of which equal the whole self.
- b. Using an analogy. Although many examples can illustrate the illogicality of overgeneralizing from act to personhood, I have found that the flat tire example works best with teenagers. I ask if they would junk a whole car because it had a flat tire. The key word is *junk*. Once clients pick up on this word image, I use it thereafter when they overgeneralize about mistakes or criticism. There you go again, I tell them, junking yourself because you did such and such.
- c. Helping the client understand that although one is responsible for what one does, one is not the *same* as one does. This is sometimes tricky for adolescents to understand. They frequently argue that if they do something bad, they, too, are bad. I counter by suggesting, "If you went around mooing like a cow, would that make you a cow?" I usually receive a negative answer. Then I say, "But you are the one doing it. How come it doesn't turn you into a cow?" A few more examples like this one, and clients usually begin to separate what they do from who they are.
- d. Explaining the difference between a person-with-less and less-of-a-person. Young clients suffering from feelings of shame, embarrassment, or inferiority have usually fallen victim to downing or degrading themselves. To the client who gets criticized or makes mistakes, I point out that such problems only prove that he is a person with less of what he wants (success or approval), rather than being less of a person. Sometimes I illustrate this principle by taking something from him (a shoe, a watch, etc.) and then asking, "What are you now? Are you less of a person or just a person with less of what you want?"
- e. Showing that blaming oneself is like being punished twice for the same crime. With those adolescents who damn themselves and feel excessively guilty, I usually try to illustrate that mistakes and failings have built-in penalties. Whenever we err, I point out, we not only disappoint ourselves and fail to live up to our own standards, but we very likely endure some kind of adverse consequence. Through examples, I help clients to see that just living with the disappointments or consequences of their actions is punishment enough. Adding to these by damning oneself only adds insult to injury and makes matters worse than they need be.

6. *Correcting misperceptions of reality.* In addition to the disputation of irrational thinking, another area of cognitive intervention with teenagers involves reality misperception. Teenagers are especially prone to inaccurate descriptions and conclusions about their reality experiences, particularly those involving peer relationships. Such errors in thinking, identified and discussed in detail by Beck (1976) and Beck et al., (1979), sometimes lend themselves to more understandable analysis and effective remedy with adolescents than do the dialectics involved in correcting irrational thinking.

For example, a teenager reported feeling quite upset because a boyfriend had ignored her flirtations in history class that day. She had decided that he hated her and would never speak to her again, even though earlier in the day he had arranged a date with her for the weekend. Encouraged to offer proof of her conclusions, she eventually decided that the young man hadn't really rejected her and that it was highly unlikely that he hated her and would never speak to her again.

No attempt was made to get at the irrational ideas behind the client's upset, because she was able to correct her misperceptions and come to the conclusion that she really was not facing the loss of a boyfriend. If, however, her observations had actually been correct (or had she demonstrated a chronic overconcern about rejection), efforts would have been made to help her realize that her distress was the result not of poor reality testing but of a grossly distorted evaluation of that reality.

I will note that the correction of misperceptions and the disputation of irrational thinking in the problem intervention phase of counseling adolescents is not an either- or proposition; in actual practice, the two approaches are often used together. RET, however, places primary emphasis on the disputation of irrational beliefs because the highly evaluative, absolutistic quality of such thinking is considered the controlling dynamic in emotional and psychological disorders.

Problem Solving

Problem solving, the basic goal of REBT, is usually accomplished by persuading clients to put the knowledge gained in therapy into practice in concrete and specific life situations. This usually requires conscious effort and hard work, traits that unfortunately are not high on the list of adolescent virtues. Young people are notoriously reluctant to apply themselves to any task that does not promise immediate results.

It is important, therefore, not to harbor unrealistic expectations about counseling adolescents. Clinical experience has shown that teenagers usually do not undergo sweeping or dramatic personality changes, living happily ever after as a result of their therapy endeavors. Most come in for relatively few

interviews; if these clients are handled skillfully along the lines I have suggested, they generally make moderate improvement. The following tactics usually encourage rational problem-solving by helping teenagers understand what therapy is about, what to expect from their efforts, and how to put insight into action:

1. *Explaining psychological and emotional problems as habits.* Sometimes I can encourage effort by adolescents through labeling their problems as habits. This labeling often takes the mystery out of how psychotherapy is supposed to work and puts the clients' roles in the change process in a framework that they can understand and accept. What I usually do is ask in each session about progress. When a reported lack of improvement can be traced to a client's failure to put into practice what we have been discussing, I suggest that the client's problem, no matter how complicated or painful, is merely a habit. After some explaining and clarifying, I point out that the client can expect improvement if she or he puts in the necessary work to change that habit.
2. *Checking out the client's expectations about therapy.* Often adolescents have the wrong idea about what to expect from counseling. They usually believe that therapy will leave them either carefree and happy or uncaring and unemotional about their problems. Unless these misconceptions are corrected, clients will very likely lose faith in therapy because it will not give them what they want.

To those who expect to feel good all the time in spite of their problems, I point out that I follow the principles I am trying to teach them and that I have yet to enjoy disappointments. If I can't feel cheerful about disappointments, how do they expect to do so? I also note that those who smile or feel cheerful in the face of adversity or hardship are usually not termed well adjusted or normal. They are usually called crazy!

To those who believe that rational thinking will rob them of their emotions, I suggest that our goal is to make them feel unhappy instead of miserable. Sometimes, I use a continuum illustration to get the concept across, showing the client that he or she belongs somewhere in the middle of the continuum between "calm" and "upset." At other times, I suggest that rational thinking about disappointments will only help him or her to feel *less* upset—less angry, less anxious, less embarrassed, and so on. The point that I try to emphasize is that our efforts will not eliminate emotions; they will only lessen the intensity, frequency, and duration of their distress.

3. *Writing out an ABC homework for them.* Although I am frequently successful in helping adolescents to understand why their thinking is irrational, I find it difficult to get them to practice challenging and correcting their irrational ideas outside of therapy sessions. With this group, the hard work involved in changing cognitions begins and ends in the office. For this reason, I try to outline their problems on a blackboard or a sheet of paper,

using the ABC model. At each session, I try to take the client through the model, and I also suggest that she or he take my writing efforts home and look at them if the problem comes up during the week.

4. *Sticking to accepted insights.* Once a particular insight has been presented, understood, and accepted by a teenager, I strongly suggest that this information be repeated without significant change. In other words, stick to what seems to impress the client as the cognitive source of his or her distress and use the same words, analogies, visual examples, and the like to reinforce the message. Putting clarifications and interpretations into different words or using other but similar analogies may prove stimulating and creative to the therapist but confusing and bewildering to most adolescents. Although such repetition may be monotonous at times, it usually proves effective in helping young clients to understand and accept rational concepts.
5. *Telling the adolescent what to think.* I have found that, despite heroic efforts, some adolescents are not going to learn how to reason things out according to prescribed REBT dogma. In such cases, I simply give them the correct sentences to think. I am not concerned with whether they understand the logic behind the statements, just so they will repeat the ideas during a time of distress. This kind of approach is usually recommended for young children, but I have found that it works equally well with certain teenagers. For instance, I might tell a client, "Next time someone calls you an asshole, tell yourself, 'If they called me a finger, it wouldn't make me a finger, so why get so upset over being called an asshole?'"
6. *Arranging homework assignments.* I usually try to design some kind of appropriate homework assignment for the client between sessions. This is probably the most efficacious way to encourage the client to put therapeutic insights to the test. It is also the best way for the therapist to check on the client. For instance, I might help a shy adolescent understand the cognitive source of his shyness, but I also want to get him to do something assertive, such as going to a party, asking a girl out, or maybe saying no to someone he usually accommodates with a yes. I have found that young people are more likely to accept the ideas of rational thinking after they have tried them out in emotionally provoking situations.

For the most part, these homework tasks are activity-oriented as opposed to being reading or writing assignments. I have not been particularly successful in persuading adolescents to read the REBT literature or to write out ABC forms or their equivalent. No doubt, reading and writing chores are too closely associated with unpleasant school duties; although I sometimes suggest such assignments, I do not become concerned about lack of interest in these areas. I usually figure it's unlikely that adolescents will extend themselves much beyond appearing for their sessions. For this reason, I frequently put more effort into those sessions than I would with adult clients.

Other Methods

Finally, I would like to mention some problem-solving tactics that do not necessarily rely on direct cognitive intervention. Although I usually make a determined effort to help adolescent clients through philosophical methods, experience has shown that this approach is not always feasible. Sometimes, less elegant and more practical methods are better used. With some adolescents, it is advisable to take what we can get as long as it relieves suffering and does not create further difficulties. This approach can be put into practice in the following way:

1. *Telling clients what to do.* Some adolescents do not respond to direct efforts to change their thinking, no matter what method I use or how simple I make things. In cases like this, I concentrate on telling them how to do things in such a way as to still enjoy themselves and yet keep out of trouble. For instance, I advised a teenaged girl on parole to cry in front of her parole officer. She was the type who consistently broke the rules of parole and was on the verge of returning to a correctional school. Her parole officer did not like the girl, because she was defiant and did not respect his authority. The girl did cry, and although she continued to break the rules, she was not incarcerated because she had gained the good graces of her parole officer, who now thought he had “broken” her.
2. *Teaching verbal assertiveness techniques.* Many teenagers believe themselves to be trapped in oppressive relationships. Those viewed as holding them in bondage include parents, teachers, or other adults charged with their keeping. In some cases the adolescents’ complaints are valid, but often these clients have created oppressive situations through their own defiance or rebellion. Although I make an effort to get at the cognitive source of the problem (“I must have what I want” or “I can’t stand being deprived”), I usually find that adolescents in this category are best helped by teaching them verbal assertiveness behaviors such as fogging and negative assertion. Those teenagers who learn such methods usually report good results.
3. *Getting a reduction rather than an elimination.* Sometimes, I am able to modify the behavior of certain adolescents by getting them to cut down rather than cut out. In other words, I try to convince them to pass just one of four subjects they are failing or to smoke only outside their homes. Sometimes, such a minor alteration in behavior alleviates parental or school pressures. I emphasize that this tactic will not work with the abuse of drugs or alcohol.
4. *Making use of the relationship to encourage change.* I find that, at least initially, some young people change because they want to please me. This motivation may keep them working until they can experience the rewards of their own efforts, rewards that thereafter can replace the relationship as a motivating factor. As I mentioned earlier, relationship development with adolescents is an integral part of REBT and is often a significant factor

influencing positive outcome. Although I could list a number of ways to use “friendship power” to encourage problem solving, I am not above telling some clients, “Do it for me!” Others I sometimes advise, “My job depends on your changing.” I do this half kiddingly but still I try to get the message across that their lack of progress could have serious implications for me.

5. *Making use of parental involvement.* Often, adolescent problems are best resolved by including the parents in the counseling process. This inclusion could be in the form of family interviews or sessions with one or both parents. Sometimes, especially in those cases in which the adolescent refuses to participate in the counseling, the parents become the clients and are helped to cope more rationally with the situation. The same could be said for those occasions when the teenager is discovered to have fairly normal problems to which the parents are overreacting and thereby putting unnecessary pressure on the adolescent. On the other hand, there are times, as with issues involving subjects such as sex and drugs, when it is wise to leave parents out of the therapy. There are no hard-and-fast rules governing when to involve parents in counseling teenagers. It depends on the teenager, the problem, the parents, the laws governing the treatment of adolescents in one’s community, and the skill and judgment of the counselor.
6. *Referring to a more appropriate resource.* With some adolescents, the most effective tactic is referral to a more appropriate service. Some teenagers, in spite of what appears to be an obvious need for counseling, do not respond no matter how ingenious the approach. For example, a teacher referred a bright 14-year-old boy with extremely low self-esteem. The client was overcompensating for feelings of inferiority by acting out and casting himself in the role of class clown. He possessed a number of well-entrenched irrational ideas about self-worth and a need for the approval of others. Unfortunately, after a few sessions, it was apparent he would be unable to benefit from therapy no matter how I put things. I suggested to the school that he be referred to a Big Brother program. It was my hope that a friendship-oriented experience with an adult would bolster his self-image and reduce his attention-getting behavior in school. Although hardly an elegant solution, it was, under the circumstances, the only viable alternative if the young man was to receive any help at all.

Case Illustration

The following condensed and edited interview illustrates some of the techniques suggested in this chapter. Dave, a 17-year-old, was referred by his parents in a telephone conversation. Their main concern was school truancy, but they mentioned, rather casually, that Dave’s “horrible temper” had frequently got him into trouble. Dave showed up for his first interview alone, insulted the receptionist, and announced to the office staff that this was his first and last interview with a shrink.

THERAPIST (T): What brings you to see a counselor?

CLIENT (C) (*sarcastically*): My car!

T: Clever! You mean you have a car problem? If so, you're in the wrong place. You need a mechanic, not a head shrinker. I help people with mental and emotional problems.

C: (*even more sarcastically*): Then I don't belong here, because I'm not mental. I'm not crazy.

T: I agree. You certainly don't seem crazy to me. Who told you to come here for help?

C: My asshole parents!

T: What reason did they give you for sending you to a counselor?

C: I don't know. Why don't you ask them?

T: I can't. They're not here now. But I think I know what your problem is.

C: (*very defiantly*): What?

T: You've got problem parents. You've got parents that think they know everything. They plan your life for you, and if you don't like it, they figure there's something wrong with *you*, not them!

C: You're goddamned right! My parents are all f___ed up! They're all over my case.

T: Then you're in the right place.

C: What do you mean?

T: I specialize in problem parents. I can help you learn to manage your parents better.

C: I don't need your help!

T: Sure you do! You're getting nowhere doing things your way. In fact, that's what got you in here, isn't it? Do you like being here?

C: No!

T: I'll bet coming here isn't the only hassle you've had to endure because of your parents.

C: Yeah. They won't allow me to drive the car, and no one's allowed to come over to the house.

T: The more you fight them, the worse it gets. And you're telling me you don't need help with your parents.

C: What kind of help?

T: First, help in controlling your temper. I've talked to you just a little while, but it seems that your temper is a problem. Second, I can show you how to talk to your parents so you don't always end up in trouble.

C: Yeah, I got a temper. My friends are all afraid of me when I get mad. They think I'm crazy.

T: Okay, then, let's start with your temper. Give me an example of the last time you got really mad and lost your cool.

C: That's easy. An hour ago, when they told me I had to see you.

T: Okay, now let me ask this: What do you think made you so mad?

C: I told you: my parents' making me see you.

T: I'd like you to consider another possibility: maybe *you're* the one who made you feel angry.

C: Me? I didn't make myself come in here! *They* did!

T: No, no, Dave. I'm suggesting it's your attitude about your parents' making you come in that did the damage and got you so upset. Sure, they told you what to do, but it was your brain that turned a pain in the ass into a major crime! Here, let me show you what I mean. Take this. (*I hand him a rubber hammer.*) Now, suppose you were to hit yourself over the head with it. Whose fault would that be? Whom would you blame?

C: Me!

T: Even if I was the one who gave the hammer to you?

C: You just handed it to me. It would be my fault if I hit myself over the head with it.

T: Dave, it's the same with your parents' making you come in here. (*Dave looks inquisitive.*) They hand you the crap and you hit yourself over the head with it. They tell you what to do, and you make a big deal, a major crime out of it. (*Dave nods attentively.*) So, it's not what they do, but what you do in your mind that's probably causing your anger. You're blaming your parents for something you're doing to yourself. They keep handing you the hammer, and you keep hitting yourself over the head with it. You put all your energy into blaming them instead of working on a way to stop giving yourself a hard time.

C: You mean my parents have nothing to do with it? I make it all up?

T: That's a good question, Dave, because that's not what I mean. Your parents contribute—they dish it out. But it's the way you take it, the way you blow it up in your mind, that's the real cause of your anger. Your parents play a part—they're not innocent bystanders—but you're the one that's mentally making a big deal out of things. (*There's a pause of a few minutes while Dave considers what I've been saying.*)

C: It makes sense, I guess. I never thought about it that way.

T: Would you like to learn what kind of thinking makes you so angry? (*Dave shrugs his shoulders in resigned agreement.*) Okay, let's use an illustration. I'm not an artist, but maybe this cartoon will help you understand better. (*I draw a face that looks angry and put a thought bubble next to it. I leave the bubble blank.*) You notice I left the idea part blank, because I want you to help me fill it in. What went through your mind right after your parents told you that you had to come in and see me?

C: Oh, shit! Here we go again! I'm fed up with all this shit! Enough's enough! (*I write in the thought bubble, "I can't stand it anymore!"*)

T: Anything else?

C: Who do they think they are? Why can't they get off my back. They're f___ing up my life! (*I add to the thought bubble, "They've got no right telling me what to do!" and hold it up for Dave to see.*) Is this it? Is this what went through your mind when your parents told you that you had to see me?

C: (*showing surprise*): That's what I was trying to say. Especially that last one. I think that all the time.

T: These two ideas not only get *you* angry, but they probably would get anyone just as upset. In fact, these are two of the nuttiest ideas people think. Would you like to learn how to change these ideas, feel less angry, stop blaming your parents, and get a grip on your temper? Or maybe you want to keep having temper tantrums.

C: No, the anger gets me into trouble. I got kicked out of school one time because of a stupid fight.

T: Okay. Here's how we do it. First, we see if the ideas make any sense or if they're just bullshit. We'll tackle that "I can't stand it anymore" idea. Do you really believe that you can't stand it when your parents tell you what to do and try to run your life?

C: It seems as though I can't, as though it's too much. Sometimes it's . . .

T: It's what you make of it. "It" doesn't have any power over you at all. For example, is your parents' interference in your life difficult to handle or is it impossible to handle? Which is it? Difficult or impossible?

C: Well, difficult, I guess.

T: Why isn't it impossible? (*A blank look crosses Dave's face.*) If it were impossible to put up with your parents, you would've been killed off by now, but you're still alive. In other words, no matter how much of a pain in the ass your parents give you, you've survived, haven't you?

C: Yeah.

T: Suppose that the next time your parents tell you to do something stupid, such as coming in to see me, you tell yourself, "Here we go again. Sure, it's the same old bullshit, but it won't kill me. I can stand it, even though I don't like it." How do you think you'd feel?

C: If I could think like that? (*I nod.*) A lot less angry.

T: Okay, let's take a look at that other anger-producing idea. (I point to the cartoon and to "They've got no right telling me what to do!")

C: Well, they don't have a right. I've got my rights . . .

T: Okay, wait a minute. Let me agree with you on one thing. It's wrong for your parents to order you around and tell you what to do. Your parents are wrong, okay?

C: You're goddamned right!

T: Are your parents human? Be serious.

C: Yeah.

T: Do humans make mistakes?

C: Yeah.

T: Do your parents have a right to make mistakes, such as bossing you around?

C: Not when it comes to me. They ought to know . . .

T: Are your parents human? Do humans make mistakes? Isn't it human nature to do wrong things?

C: Yeah.

T: Do your parents have a right to be wrong? Even when they're bossing you around and trying to run your life?

C: Yeah, I guess so, when you put it that way.

T: Suppose the next time they tell you what to do, the next time they make you do something you don't like, you say to yourself, "It's wrong, but they have a right to be wrong. After all they're just f___ed-up humans like everyone else!" How angry do you think you'd feel if you thought things out like that?

C: If I could think that way, it wouldn't bother me so much.

In addition to cognitive intervention, I suggested some verbal assertiveness techniques that Dave could use when he felt pressured by his parents. Subsequent sessions revealed that Dave's anger with his friends was the result of low self-esteem; this issue was handled in much the same style. After the third session, I encouraged Dave to have his girlfriend join us. She exercised a profound influence over him, made sure he kept appointments, and assisted my efforts by repeating rational insights to Dave between sessions. He proved quite receptive to REBT philosophy, showed marked improvement, and was able to work on a number of issues in addition to his temper, including his school attendance.

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