International journal of child development and mental health
ISSN: 2286 - 7481; E-ISSN: 2586-887X
Vol. 13 No. 1 Januray – June 2025 (11-21)

The Experiences of Adolescent Mental Health Counselors: A Qualitative Exploration

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How to Cite: Bradford Chow, A. (2025). The Experiences of Adolescent Mental Health Counselors: A Qualitative Exploration. *International Journal of Child Development and Mental Health, 13*(1), 11-21.

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Article Info:
Received: 11 November 2024
1st Revision: 25 February 2025
Accepted: 07 May 2025

Keywords:
Adolescents, Counseling, Mental health, School-aged.

Abstract

This qualitative study examines the lived experience of clinical mental health counselors in the United States who work with adolescents. Participants included pre-licensed (associate) or licensed counselors who predominately work with and have a strong preference for working with adolescents. Data was collected through individual in-depth interviews and analyzed with a descriptive -interpretative approach. Ten domains were identified as part of data analysis: (a) Understanding Adolescent Culture and Building a Therapeutic Alliance, (b) The Intersection of Counselor and Adolescent Emotions, (c) Transference and Countertransference, (d) Clinical Challenges and Barriers, (e) The Multifaceted Role of Parents, (f) Nuances of Confidentiality, (g) Adolescent Development and Strengths, (h) Reasons Why Counselors Work with Adolescents, (i) Counseling Recommendations and Techniques Utilized with Adolescents, and (j) Counselor Sustainability. Implications for the counseling profession are included.

Introduction

There are 1.3 billion adolescents worldwide (United Nations Children's Fund [UNICEF], 2023), 16% of the world's population. The United Nations defines adolescents as people ages 10–19 years old (UNICEF, 2023); however, some define adolescence as a developmental stage that lasts well into a person's early twenties. Over the span of approximately 15 years, adolescents experience puberty, which now starts earlier and lasts longer (Natterson & Bennett, 2023); undergo significant brain development; and experience social/emotional interactions that significantly shape their identities (Crone & Dahl, 2012). Counseling adolescents is a specialty that deserves specific attention due to the unique qualities of this developmental period. Adolescent counselors must engage in the multifaceted lives of adolescents who are gaining independence but are not yet autonomous (Pfeiffer & In-Albon, 2022). This study aims to assess the deeper, nuanced experiences of adolescent counselors to address the increase in mental health needs among adolescents and why there is a shortage of counselors who are working with them. The objective is to understand the lived experiences of adolescent mental health counselors to address the mental health needs of adolescents and why there is a shortage of counselors who work with them. One significant magnitude problem to consider with this research question is the sheer scale and diversity of the adolescent population in the United States. The U.S. is a vast country with a highly varied demographic. Therefore, collaboration with healthcare providers, leveraging interview questions, and relying on previous research is imperative to better describe the lived experiences of counselors who work with adolescents.

Theoretical or Conceptual Framework

Erikson (1950) introduced a theory of psychosocial lifespan development. He focused much of his career on the fifth stage of identity development that takes place in adolescents (Paul, 2023). During this

developmental phase, adolescents explore various aspects of their identity to arrive at a sense of healthy fidelity (Erikson & Coles, 2000). Erikson understood that identity was formed within a cultural and social context before it was widely considered necessary (Paul, 2023; Seligman & Shanok, 1995). For Erikson, a mature identity relies not only on an individual's family but also on a generative community. Counseling is a setting where adolescents can imagine multiple possibilities for themselves, reflect on past experiences for further integration, and explore who they may want to be (Eaton, 2011). This shaping of identity through integration is what Erikson suggested leads to a sense of identity (Erikson & Coles, 2000).

Significance of Study

The significance of this study is threefold: (a) research shows that adolescents need access to mental health care (National Alliance on Mental Illness, 2023; Pfeiffer & In-Albon, 2022); (b) adolescents desire mental health care (Grace et al., 2019); and (c) adolescence is a unique period of extreme growth requiring specific skills from clinical mental health counselors (Benson & Bundick, 2020; Natterson & Bennett, 2023). The need for mental healthcare for adolescents, the desire expressed by adolescents for help with mental health care, and the unique skills required to address adolescent mental health have been established in previous literature. The experiences of clinicians working with adolescents, and what differentiates this work from engaging with other populations, have been less studied. There is a noticeable shortage of mental health counselors willing to work with adolescents (Babatunde et al., 2020; Maddox & Barreto, 2022). Moreover, working with adolescents introduces specific challenges, such as collaborating with other providers, families, schools, and technology (Grace et al., 2019; Leech, 2021; Metzger et al., 2023). Expanding the current literature by examining the experiences of mental health counselors who work with adolescents can help us understand what makes working with this population unique and how these counselors can be better supported in their roles

Highlights

• Factors influencing adolescent mental health services suggest there is a specific need for adolescent mental health counselors.
• Adolescents worldwide report a desire for access to mental health counselors.
• Results highlight the important roles of adolescent mental health counselors in supporting adolescent mental health.
• Results reinforce the clinical importance of assessing unique factors of counseling adolescents.
• Exploring the experiences of adolescent mental health counselors may assist in addressing the gap between the desire for mental health care among adolescents and the lack of counselors who work with adolescents.

Objectives

The purpose of this study is to examine the lived experience of clinical mental health counselors working with adolescents through the theoretical lens of psychosocial development. The research question was what are the experiences of clinical mental health counselors working with adolescents?

Methods

A qualitative method—and specifically, descriptive -interpretative qualitative research (Elliott & Timulak, 2021)—is ideal for examining the experiences of counselors working with adolescents. Descriptive -interpretive qualitative research (D-IQR) allows the researcher to be immersed in the experience of the participants by utilizing in-depth interviews, much like a counselor working with a person in psychotherapy. D-IQR also allows the researcher to adopt a set of strategies that fits their analytic style, the topic they are researching, and how they are working with the data being collected (Elliott & Timulak, 2021). Despite its generic nature, D-IQR has a defined method of inquiry. First, the research question was clearly designed to focus on understanding the participant's experiences. Then a diverse sample was recruited based on meeting specific criteria (Elliott & Timulak, 2021). In-depth interviews were conducted using open-ended questions that elicited open-ended verbal responses were collected non-numerically (Elliott & Timulak, 2021). The data was analyzed by systematically coding and categorizing the data to identify themes and patterns. This involved multiple rounds of coding to refine the data into meaningful

categories. Bracketing was conducted throughout the process by the researcher. Integrity checks were performed by two external researchers. Finally, a coherent descriptive narrative model emerged using the participant's own words to illustrate key insights (Elliott & Timulak, 2021).

Participants

For this study, clinical mental health counselors are described as having current or past experience in clinical practice. A sample of convenience was used to recruit 10 pre-licensed (associate) or licensed clinical mental health counselors over the age of 18 who predominately work with and have a preference for working with adolescents (adolescence is defined as the developmental period from age 10 to 25 years old). Exclusion criteria included psychologists, psychiatrists, social workers, and marriage and family therapists. No inducements were provided for participation.

Data Collection

Data was collected after receiving IRB approval from Antioch University. In addition, the study was designed to be consistent with the American Counseling Association Code of Ethics (American Counseling Association (ACA), 2014). Recruitment materials included a link that directed people to SurveyMonkey for informed consent. Upon giving consent electronically, participants completed demographic questions and then indicated their availability for a one-hour interview. Using their email, an interview time was scheduled. Interviews were conducted via Zoom using a semi-structured interview protocol. Interviews were audio recorded, and the transcription feature was used to assist with the transcription process. Data collection was piloted with the first two to three participants, and the interview protocol was adjusted when necessary. The researcher sought to demonstrate an alliance to be consistent with the descriptive interpretive approach (Elliott & Timulak, 2021).

Data Sources

Demographic questions were designed to gather the following information about participants: gender, age, ethnicity, the region of the US they resided in, and how long individuals have had their licenses. Information was also gathered concerning the type of work they did, their location, referrals, how long they have worked with adolescents, the percentage of their work involving adolescents, collaboration, and communication with caregivers. Interviews were conducted via Zoom in a semi-structured approach. Interview questions included the following:

- How did you come to work with the adolescent population?
- What emotional states get evoked in you most often with adolescents?
- How do you work with those emotions in yourself?
- Briefly describe your adolescence.
- What is unique about working with adolescents from other age groups?
- What don't you like about working with adolescents?
- What is the biggest hurdle to offering care?
- What are the ways mental health counselors can advocate for adolescent care?

Data Analysis

Demographic questions were evaluated with descriptive statistics. Bracketing occurred before and throughout the analysis process so the researcher could articulate their personal and theoretical preunderstandings (Elliott & Timulak, 2021). Pre -analysis activities included organizing data into domains of investigation and data collection as continuous analysis. Additionally, data was prepared and transcribed (or Zoom transcriptions were reviewed and de-identified). Next, there was a judgment of relevance and delineation of meaning units. There is a recognition that meaning units can have multiple meanings, and meaning units have ID tags. From there, meaning unit summaries were provided with an explanation of implicit meaning and interpretation of nonconscious meaning; a process description was also included. Categories were identified and integrity checks were performed by two external researchers for the purpose of theoretical triangulation to increase reliability (Elliott & Timulak, 2021).

Results

Demographic Information

Demographic data included participant descriptions, geographic data, and clinical practice data. Ten participants were interviewed as part of the data collection.

Participant Description

Diversity was represented in the sample in some ways and not in others. The age range of participants, which ranged from 25 to 64, was evenly distributed. Of the sample (N = 10), 30% were 25 to 34 years old (n = 3), 40% were 35 to 44 years old (n = 4), and 30% were 55 to 64 years old (n = 3). Ethnicity was not diversely represented, with 80% of the sample being White or European American (for example—English, Irish, Canadian, Italian). One participant identified as White and Native American or Alaska Native (for example—Blackfoot Tribe, Mayan, Navajo Nation, Nome Eskimo Community), and one participant identified as Hispanic or Latinx/é (for example—Colombian, Cuban, Dominican, Mexican, or Mexican American, Puerto Rican, Salvadorian). The reported gender of the sample included six women, one gender non-conforming person, and three men.

Participant Geographic Data

The region where participants reported practicing was evenly distributed between rural, suburban, and urban areas: 40% reported working in a rural area, 30% reported working in a suburban area, and 30% reported working in an urban area. However, 80% of participants indicated they lived in the American West (Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming), and 20% indicated they worked in the American Midwest (Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, North Dakota, South Dakota, Wisconsin).

Participant Clinical Practice Data

In the sample, 50% of participants reported working solely in private practice, and 40% indicated they worked in both private practice and at least one other setting. One participant reported working in a community mental health setting or clinic, and one participant reported working in four different settings, including private practice, group practice, community mental health agency or clinic, and an educational setting such as a school or a college. The sample had a high level of counseling experience: 60% of participants had more than 10 years of experience in counseling, 20% had practiced between 6 and 10 years, and 20% had practiced for less than 5 years. Finally, years of counseling experience correlated with the number of years participants had worked with adolescents, meaning many participants had worked with adolescents throughout their careers.

Qualitative Findings

Ten domains were identified as part of the data analysis: (a) Understanding Adolescent Culture and Building a Therapeutic Alliance; (b) the Intersection of Counselor and Adolescent Emotions; (c) Transference and Countertransference; (d) Clinical Challenges and Barriers; (e) the Multifaceted Role of Parents; (f) Nuances of Confidentiality; (g) Adolescent Development and Strengths; (h) Reasons Why Counselors Work with Adolescents; (i) Counseling Recommendations and Techniques Utilized with Adolescents; and (j) Counselor Sustainability.

Domain One: Understanding Adolescent Culture and Building a Therapeutic Alliance

Participants found they had to adapt to adolescent communication in vernacular, style, and format because traditional counseling was not always an avenue for creating a therapeutic alliance. Counselors had to be open to using lingo, expressive techniques, and technology in their work with adolescents to achieve trust and rapport. As one participant reported, "70% percent is kind of this relationship-building." One important area where understanding adolescent culture was essential was in the area of gender and sexuality. This topic emerged in all ten interviews. A participant remarked on how youth today have language for gender and sexuality due to its cultural ubiquity. There was a consensus among participants that this kind of identity exploration was appropriate for this stage of development and was important for counselors to understand to build trust.

Domain Two: The Intersection of Counselor and Adolescent Emotions

Within the second domain, there were two categories: (a) the range of counselor emotions; and (b) the range of emotions counselors experience in adolescents. Participants reported feeling unsure and experiencing insecurity in the adolescents they work with.

Domain Three: Countertransference and Projection

There were two categories - countertransference and projection - within the third domain.Countertrans ference and projection are various types of transferences, or unspoken but felt communications. One participant noted this when they were trying

to understand a phenomenon occurring during counseling. As they noted, "Is this coming from me? Is this coming from them?"

Domain Four: Clinical Challenges and Barriers

Clinical challenges and barriers were a domain with six subsequent categories: (a) enduring silence; (b) over-identifying with adolescents; (c) caregivers; (d) scheduling; (e) not enough providers; (f) complex systems and multiple stakeholders. Participants reported clinical difficulties like working with adolescents who did not want to take up talk therapy, or feelings that arose in the counselor to overly "side" with the adolescent when it came to problems in their lives. Barriers to treatment were common due to the dependence of adolescents on their parents, their schedules, or the multiple stakeholders who were involved in their lives. The final barrier in this category was that there were often not enough providers who wanted to work with adolescents. As one participant noted, "I was one of the few clinicians initially at the group practice who would see adolescents."

Domain Five: The Multifaceted Role of Parents

Parents continued to come up throughout the data, which warranted a domain to explore the varied influence they had on counseling adolescents. Participants reported their interactions with parents represented a range of dynamics, from feeling empathy for the parents, to helping parents gain insight, to recommending the parents engage in their own counseling. Participants also reported that they felt they needed to communicate the value of counseling to parents due to their vital role in the successful treatment of the adolescent. As one participant noted, "Their parents have problems, as we all do as parents, it's why we come to therapy."

Domain Six: Nuances of Confidentiality

Navigating the nuances of confidentiality for the adolescent population emerged with its own challenges for counselors. Participants reported various settings and relationships where confidentiality posed a challenge. Each participant reported navigating confidentiality with parents differently, but they all agreed it was "tricky." Counselors who worked in schools reported particular challenges related to confidentiality. Participants reported two ways they coped with the nuances of confidentiality: having clear expectations with stakeholders about confidential information and maintaining high record-keeping standards. One participant got at the nuances of confidentiality by talking about the difference between protecting the adolescent and keeping secrets: "It helps me know what I shouldn't and should document. Not from a secret-keeping perspective because we don't want to keep secrets but, also, it's protective."

Domain Seven: Adolescent Development and Strengths

Participants were aware of the complexities of psychological and physical development involved in adolescence. Participants indicated that they could tell if development was going well—for instance, if adolescents were moving toward a coherent "embodied" identity. Participants also discussed the strengths they experienced in adolescents, reporting that adolescents have an emerging perspective and an emerging identity and that they take on adult responsibilities. As one participant noted: "I love the perspective of adolescents. I love the ideas. I love where they are cognitively. They are just thinking through things and coming to these new ideas and sort of have a fresh perspective on things that I think we get a bit jaded in."

Domain Eight: Reasons Why Counselors Work with Adolescents

One reason counselors choose to work with adolescents was related to their own experiences as adolescents. Counselors also reported that they work with adolescents due to the influence of a mentor. Some participants reported that they unintentionally began working with adolescents; as one participant said, "And then my internship turned out to be primarily teenagers, and I really enjoyed that in a lot of ways." Some participants reported that once they began working with adolescents, they found they had certain strengths, skills, or a specific interest in working with the population: "[I like] working with adolescents because it's forced me to even expand what I think therapy is."

Domain Nine: Counseling Recommendations and Techniques Utilized with Adolescents

Participants voiced a myriad of recommendations and techniques they found useful with adolescents. Access was an important category, and participants felt it was important for adolescents to be able to get the mental health treatment they wanted. They also had ideas

about how to make mental health more accessible, such as having mental health counselors available on school campuses. Another recommendation was to create or allow space for adolescents. As one participant noted, "My office was kind of a sanctuary. They didn't explain that at the time, but it was a place they could come in and be safe." Other participants indicated that it was not sufficient enough to provide space, recommending that counselors also need to help adolescents with their experiences as well. A number of participants felt there were limits to their influence on adolescent behavior, so they would also employ harm-reduction strategies. Much of the therapeutic process is fluid and intangible, but at times, participants felt compelled to do something that was action-oriented, such as using psychoeducation to help adolescents and their parents. Participants also indicated that they used foresight as a technique when adolescents were psychically bound by their current circumstances. Additionally, participants reported tailoring their expectations to create sustainable goals and advocated for working with the systems the adolescent is a part of. As one participant noted: "That's one of the most important things, to help the youth, is having their system work to be supportive."

Domain Ten: Counselor Sustainability

Finally, counselor sustainability was a domain that emerged from the data. Participants felt that for work with adolescents to be sustainable, clinicians needed their own therapy or reflective process. Rituals were another technique counselors reported using to sustain their work. Participants reported that having boundaries helped them. As one noted, "It's so easy for people to cross into providing more care than what is within our role because you see adolescents not getting this love and the life that you would like to see them get from the people they're supposed to provide it." Participants also reported that having a mentor, supervisor, and consultation were important ways they sustain their work with adolescents. They felt this kind of support was "essential" to have a sustainable career working with adolescents.

Discussion

This inquiry described a wide range of experiences reported by adolescent mental health counselors. The following section links the data of this study with existing literature and Erikson's (1968) psychosocial developmental model to understand what makes counseling adolescents unique compared to other populations. Additionally, it highlights the data that signals toward reasons for the shortage of counselors willing to work with this demographic.

Understanding Adolescent Culture and Building a Therapeutic Alliance

The counselors interviewed supported the literature on the importance of a therapeutic alliance (Balleys et al., 2020; Murphy & Hutton, 2018; Wepener et al., 2021). This was a unique aspect of working with adolescents. All the participants stated that it was important to find ways to connect with adolescents. One participant noted that relationship building was, "70%" of the work. Participants said meeting the adolescent on their terms by learning and using their terminology or communicating in ways that worked for the adolescent.

According to the literature, issues of gender and sexuality are under-addressed (Salk et al., 2020); however, each participant mentioned an instance of working with gender and sexuality while counseling adolescents. One participant stated that adolescents are, "having a different experience talking about gender." In Erikson's model, healthy adolescent development includes exploring various aspects of the self in relation to the self, others, and culture at large (Erikson & Coles, 2000). Participants described how often they encounter adolescents working with their gender and sexual identity, and participants validated the appropriateness of exploring gender and sexuality as a normal part of identity development, stating, "This is an appropriate time to explore." Participants also indicated that the frequency with which gender and sexuality comes up is a newer aspect of their work that requires adapting.

Countertransference and Projection

Countertransference and projection are both types of transference, a term that refers to the unspoken communication that takes place in a therapeutic setting. Countertransference occurs when the counselor uses the feelings they feel from the person, they are working with to inform them of the way they think or react. Projection occurs when a strong, unwanted emotion is given to the counselor to feel

because it is too strong or unbearable for the adolescent to feel it themselves (Tanzilli et al., 2020). Because countertransference and projection are abstract concepts based on feeling, they can be difficult to study empirically; however, some studies have examined how countertransference and projection are helpful therapeutic tools when working with adolescents (Foster, 2020; Tanzilli et al., 2020). The counselor can utilize unspoken feelings by articulating what the adolescent cannot (Foster, 2020), thereby helping the adolescents understand what an intense and insecure time adolescence can be. The participants in this study used countertransference and projection to gain a close understanding of what the adolescent was feeling then utilizing their experience to help the adolescent know what they were experiencing. Transferences occur in many counseling settings, not only with adolescents. Erikson (1968) favors this use of transference with adolescents, as he asserted that both the adolescent and therapist are working to resolve identity resistance that were left unresolved or have not yet been resolved by the adolescent. In this sense, identity resistances that are being resolved in the transference with adolescents are specific to this developmental stage. Additionally, using Erikson's (1968) model working out unresolved factors that occur in adolescents may cause discomfort for the therapist due to conscious and unconscious reckoning with their own adolescents. This emotional discomfort could deter counselors from working with this age group.

Clinical Challenges and Barriers

There is an abundance of literature that speaks to the challenges and barriers of counseling young people (Babatunde et al., 2020; Grace et al., 2019; Metzger et al., 2023). While much of the literature focuses on external barriers, such as systems, families, and schools (Gajaria et al., 2024; Pfeiffer & In-Albon, 2022), some research focuses on internal challenges such as the feelings of the adolescent or the counselor (Maddox & Barreto, 2022).

The participants in this study talked about the internal barrier of enduring silence from the adolescent in session. They noted that adolescents are often more silent in session than the adults they work with, and that silence is a challenge for them. One participant said silence can be, "Difficult beyond difficult." Some studies posit that silence is a way of building rapport (Sharpley et al., 2005), and others view it as a form of resistance (Daniel et al., 2018). Participants in this study were less concerned with the quality of the silence and more aware that it adds a layer of difficulty to their work that they don't experience with adults.

In addition to internal barriers, external barriers emerged related to other stakeholders, such as caregivers, and complex systems, including schools and other providers (Metzger et al., 2023). One participant said, "Interacting with their whole system is a burden." Indicating that these barriers are unique to their work with adolescents. Another participant pointed out that counselors do not get monetarily compensated for the extra work of coordinating with schools or medical providers, adding to the reasons why counselors may choose not to work with this population. Another external barrier present in the literature was scheduling (Pfeiffer & In-Albon, 2022; Russ, 2019). One participant captured this struggle by noting, "If you want to work with teens you have to work at a different time of day." They were referring to adolescents' busy schedules, and dependence on caregivers for transportation and school requirements. All of which add to barriers to working with adolescents. There are always challenges and barriers to clinical work, but this study highlights some specific challenges and barriers to working with adolescents, illuminating why counselors may not want to work with this population.

Nuances of Confidentiality

Counseling cannot be successful if the adolescent does not feel they can relate information about their life to a therapist confidentially (American Counseling Association (ACA), 2014). However, it is difficult for the adolescent counselor to know the line between confidentiality and reporting to parents, schools, or authorities (Sivis-Cetinkaya, 2019). One participant said, "It is very complex sometimes to manage the experience of working with the parents and keeping a confidential private space for the adolescent." Not only is it difficult for counselors to know when to share information, but it also adds a stressful component to counseling adolescents (Lloyd-Hazlett et al., 2018). Both the literature and the data of this study demonstrate that having clear expectations of reporting, when possible, aids the counseling

process and reduces ambiguity for the counselor (American Counseling Association (ACA), 2014; Lloyd-Hazlett et al., 2018), thus, illuminating the nuanced experiences of maintaining confidentiality when counseling adolescents opposed to other populations, and the helpfulness of clear guidelines and expectations.

Adolescent Development and Strengths

The existing literature and Erikson's theory are consistent with some specific aspects of adolescent development that emerged in this study. For example, emerging perspectives, agency, and adult responsibilities are developmental factors. The fluctuation in ego strength that Erikson (1968) talked about during adolescent development offers a frame for viewing how the counselors in this study talked about the perspectives and ideas that adolescents show passion for, as well as their ability to assert their will in session and in their lives. For instance, one participant said, "They are just thinking through things and coming to these new ideas and sort of have a fresh perspective on things that I think we get a bit jaded in." A longitudinal study (ages 10–25) that looked at brain development and adolescents' self-concept concluded that adolescence was essential for developing a positive self-concept (van der Cruijsen et al., 2023). Another study found that adolescence was an especially important time to gain self-esteem (Umana-Taylor et al., 2008). Struggle, or "crisis" as Erikson (1968) describes it, is inherent in growing up. It is expected as a part of development (van der Cruijsen et al., 2023). This concept showed up in the data of this study through taking on adult responsibilities. Adult responsibilities can be a normal part of growing up when it is appropriate to the developmental task. Such as one participant noting, "they also have a lot of adult responsibility." However, participants also noted that at times those responsibilities felt out of bounds or inhibited the adolescent from being able to focus on other formative tasks, such as academics or extracurricular activities. The counselors interviewed reported that this was difficult to witness, stating that, "It is challenging that their reality is taking on adult responsibilities." This category further describes the ways counseling.

Counseling Recommendations and Techniques Used with Adolescents

The importance of allowing therapeutic space for adolescents and, therefore, being less directive was a theme that emerged. Additionally, participants felt that allowing space for adolescents allowed them to explore their experiences and find their own language or voice for their experiences. One participant said, "My office was a kind of sanctuary." This is consistent with the literature on psychodynamic therapy modalities that take a nonjudgmental stance and facilitate exploration through communication (Cerutti et al., 2022). However, some of the language in Erikson's writing would signal that he felt it was important for young people to master certain tasks to gain a sense of identity (Maree, 2021), whereas the participants in this study indicated less concern about mastery of tasks. This possibly highlights the difference between a therapeutic technique and a developmental task, where counseling aids the adolescent in adequately completing the task of forming an identity.

Harm reduction was an often-cited technique that participants used. They were not entirely pleased about the necessity of using harm-reduction strategies, but they reported they needed to employ them. Harmful adolescent behavior is alarming, so it makes sense that the literature in this area is substantial (Gunderson et al., 2020; Lloyd-Hazlett et al., 2018; Sivis-Cetinkaya, 2019). Sadness was interpreted in the participants' descriptions as they talked about the limits of their influence on risky adolescent behaviors. The counselor cannot stop an adolescent from engaging in risky behavior or causing themselves harm, but they can potentially help the adolescent develop a better psychological awareness of their risky behavior or provide strategies to care for themselves if they take behavioral risks. Erikson's (1968) thoughts on the crisis of adolescents are helpful here. He writes, "[Crisis] is now being accepted as designating a necessary turning point, a crucial moment, when development must move one way or another, marshaling resources of growth, recovery, and further differentiation." It seems that when an adolescent chooses to take a behavioral risk, they are experiencing a momentary crisis that can lead one way or another, depending on the adolescent's ability to marshal resources that ultimately solidify and identity. One must keep in mind that "crisis" and

"development" are neutral, normative terms, not to be interpreted positively or negatively; in this case, the terms simply describe a turning point (Erikson, 1968). The counselors in this study seemed to understand—even if they did not say directly that adolescents make choices, and they are not always the choices the counselors who work with them would want for them. That is difficult to bear, but the counselor is in a position that is different than the parent and may help the adolescent marshal resources to grow and differentiate that will allow them to arrive at a congruent synthesis of identity (Erikson, 1994).

Limitations and Recommendations

Qualitative research, while valuable for describing complex phenomena, has limitations. These constraints are important to explore because they shape the applicability of the findings. This research is limited by the multiple constraints created by its small sample size, the potential human bias of the researcher, and the lack of specificity inherent in descriptive-interpretive qualitative research. Unlike quantitative studies that gather large samples for statistical representativeness, this research aimed to describe the depth and context of the experiences of counselors who work with adolescents. What was gained in the depth of nuance, perspectives, and experiences was limited by its generalizability due to the small sample. This study, however, extended the research by focusing on the experience of the counselor, when so much of the literature focuses on adolescence. Due to the amount of reporting on parents from counselors who work with adolescents, future research could explore collaborative efforts between parties, investigating some of the themes that were described in this study, including trust, confidentiality, interventions, and how the counselor experiences those aspects of their work. Additionally, future research could expand sample sizes to include other geographic regions and various types of clinicians. This study had a diverse representation of counselors' work settings, such as private practice, schools, or agencies. Locations, such as urban, rural, and suburban, were also represented

Conclusions

One of the major conclusions of this study is that creating a relationship of trust and authenticity is critical to counseling adolescents. The relationship between the counselor and the adolescents was referenced in a myriad of ways, such as verbal and nonverbal communication, flexibility and adjustment to communication styles, and creating psychological space. It was said that once a relationship was established, it was clinically beneficial to help adolescents find a voice for their experiences—that reflection and insight were a possible by-product of helping adolescents find a way to describe their experiences. Arriving at these techniques required time and experience; counselors did not report that they came out of graduate school or internship knowing this about working with adolescents.

The participants reported that supervisors and mentors helped them with their own feelings when they first began counseling adolescents and that they still rely on supervisors or mentors to help sustain them now. This has implications for both counselor education and supervision. Counseling programs have an opportunity to prepare counselors to work with adolescents who are not children or adults, and supervisors have an opportunity to aid counselors in their growth throughout their careers. Advocacy for vulnerable populations is always important, and while adolescents do not always believe they are vulnerable, the participants in this study spoke about the insecurities and the vast amount of growth during this developmental period that requires special attention. For one, adolescents have busy schedules and multiple sources of pressure as they gain autonomy. Therefore, adolescent counselors must have appointment times that suit the adolescent schedule. It was suggested that adolescent counselors be available in schools, and some school districts in the United States are doing this. Alternatively, it was suggested that counselors have hours available outside of school hours, both in person and online.

Acknowledgments

I would like to express my sincere gratitude to Dr. Thorson-Olesen, my research supervisor, for their invaluable guidance, support, and encouragement throughout the course of this study. I also wish to

thank Antioch University Seattle for approving and supporting this research. Finally, I would like to acknowledge all the participants in this study, whose cooperation and contributions were vital for this research.

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