

CULTIVATING RAPPORT

Presented by David Flack, MA, LMHC, SUDP

CASE STUDY: BEN

Ben is a 16-year-old high school sophomore. He completed a mental health assessment about four months ago, following a referral from his school due to behavioral concerns, poor attendance, and “possible issues with marijuana or other substances.” He previously attended school-based mental health counseling in seventh grade and has been meeting periodically with a school counselor for about a year.

At the time of assessment, Ben was diagnosed with Major Depressive Disorder, Moderate. He also completed screening questionnaires for trauma, anxiety, and various other issues – with scores well below clinical levels on all of them. Despite the school’s concerns regarding substances, a formal drug assessment was not completed.

Todd and Julie, Ben’s parents, have been divorced since he was three years old. He lived with his mother until about a year ago. Todd now has full custody, but frequently travels for work. Both parents have been fairly disengaged in the counseling process. In fact, Doris, Ben’s fraternal grandmother, was the only family member to attend the assessment.

At the assessment, Doris appeared overly enmeshed with both Ben and Todd. She also reported that Julie “has bipolar, but won’t take any meds” and “drinks too much, at least if you ask me.” Doris also stated Ben “probably was abused” by Julie’s ex-boyfriend, but refused to provide further details. “I don’t think I should have said anything.”

Following the assessment, Ben entered services reluctantly, meeting with his original counselor for almost two months. He was then referred to me because the original counselor decided, “I just can’t work with such a resistant kid” – citing poor attendance, an unwillingness to engage when present, not completing treatment homework, and “showing up high at least a few times.”

During our first meeting, Ben reported, “All that other therapist did was keep saying how her office was a safe space to talk about feelings and crap like that. You know, the bullshit therapists always say. The bullshit I bet you’ll say, too.”

Based on the information provided, how would you define Ben’s attachment style?

If you were Ben’s counselor, in what ways might *your* attachment style create challenges? What could you do to minimize these challenges?

With Ben’s attachment style in mind, how would you proceed?

TRUST MARBLES

Brené Brown (2010) stated, “Trust is built one marble at a time.” In clinical settings, we can label these marbles *authenticity, consistency, non-judgment, usefulness, and transparency*.

Which of these marbles are commonly present in your interactions with participants? How?

For you, what are potential obstacles to using these trust marbles?

What are some ways you could be more intentional in using the trust marbles?

SELF-DISCLOSURE

What are your thoughts regarding self-disclosure?

Thinking back to our case study, what challenges might your current self-disclosure level present when meeting with a teen like Ben?

What, if anything, do you want to change regarding self-disclosure?

RECOMMENDED READING

- **Attachment in Psychology**, by David Wallin
- **Becoming Attached**, by Robert Karen
- **Being a Brain-Wise Therapist**, by Bonnie Badenoch
- **Elusive Alliance**, edited by David Castro-Blanco and Marc Karver
- **The Mindful Therapist**, by Daniel Siegel
- **Relationships in Counseling**, by Jeffrey Kottler and Richard Balkin
- **Trauma and the Avoidant Client**, by Robert Muller

I invite you to read my article, *Engaging Avoidant Teens* from the May 2020 issue of **Counseling Today**. Find it at <https://ct.counseling.org/2020/05/engaging-avoidant-teens>

DAVID FLACK, MA, LMHC, SUDP

Counseling for Teens & Emerging Adults • Workshops for Therapists & Other Helpers

Child Mental Health Specialist
Sexual Minority Mental Health Specialist
Approved Clinical Supervisor

Phone: (206) 327-4478 • Email: david@davidflack.com • Web: www.davidflack.com