

Tough Kids, Cool Counseling

Cognitive, Emotional, and Constructive Change Strategies with Youth

Presented on Behalf of CSKT
Tribal Health Behavioral Wellness and Recovery Division
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Workshop Overview

Thanks to Chanona and Dr. Fox

This workshop is rated “R”

It’s a blend of theory, clinical experience, and evidence-based material (relational and technical)

Caveats and excuses

Working with youth is not a perfectly linear process
– and neither is this workshop

Participation Guidelines



Input is welcome, not mandatory (TIMING)



Try to make connections with your work



Be open to new and old ideas



Communicate respectfully



It's okay to critique what you see



Have as much fun as we can while learning

Learner Objectives



Describe four key principles of effective work with youth



Implement evidence informed engagement techniques



Discuss contemporary sociocultural issues and challenges



Apply cognitive-emotional-constructive change strategies



Stimulate YOUR ideas for working with youth

Working with Adolescents

- 1990 – Discovery – My input not appreciated
- 1997 – Clever Title: Tough Kids, Cool Counseling [we'll come back to this]
- But **who are** these “Tough Kids”

The Tough Kids?



Take yourself back in time



To a situation with you seeking counseling



Think about: What makes **so-called** tough kids tough?



What would have helped YOU be open and engaged?



30 Minutes of Profanity

No More Tough Kids

- The *first* guideline for success: Never use or think of using the phrase “Tough Kids” or “Challenging Youth” to describe youth
 - Only *so-called* tough kids
 - Only kids *in* tough situations
 - And *being in counseling* is one more tough situation

Five Evidence-Based Principles

1. Use radical acceptance, radical respect, and radical interest (reframe tough kids)
2. Be transparent (genuine), non-threatening, and engage with techniques!
3. Use counter-conditioning mojo (stimuli)
4. Offer collaboration
5. Generate positive affect

Principle One

Use Radical Acceptance, Respect, and Interest

- **Being judgmental will interfere** with therapeutic process and outcomes
- **Bracket unhelpful ideas** like “tough kids” or insulting thoughts about neurological immaturity
- Feel: There’s **no other place I’d rather be** in this moment

Principle Two

If you want cooperation, be transparent (genuine) and **non-threatening**

Substantial evidence base on this – especially in school settings

Principle Three

Find your counter-conditioning mojo

- Do you recall Mary Cover Jones? Look around.
- One **BIG** obstacle is **ANXIETY** [we may need to go sideways; Ty story]
- How do we use counterconditioning with reluctant clients, students, parents, and teachers?

Principle Four

Offer Collaboration

- Collaboration comes from **a place of not knowing** too much, from not being an expert
- We know more than youth; how do we do this? [Partnership is required]
- Later, we'll discuss a relational technique called "Invitation for collaboration"

Principle Five

Generate Positive Affect

- Positive emotion makes everything more possible
 - Problem-solving
 - Relationships
 - Creativity
 - Helpfulness

Time for Techniques

The 5 principles
are woven into
the techniques

The **WHOLE**
point of using
techniques is to

- Build relationship (and teach)

The **WHOLE**
point of building
relationship is to

- Have a positive influence (and teach)

Engagement, Assessment, and Interventions

- Now . . .
- We review many engagement, assessment, and intervention techniques based on empirical research and clinical wisdom
- Each technical strategy has a **relational and therapeutic purpose** and likely outcome
- But **YOU are the judge** on whether to use or modify these ideas

Engagement Techniques

[see handout supplement on johnsommersflanagan.com]

These first techniques primarily focus on **role induction**, goals, goal-setting, acceptance, and relational connection. We will watch several openings, each with a different feel and process.

1. **Acknowledging Reality** [AKA: Display congruence and be **transparent**]

Engagement Techniques II

2. Sharing Referral Information

Principle: Young clients **need to know** what you know about them

Clinician Behavioral Examples:

- Share referral information
- Educate referral sources
- Describe other realities?

Opening 1: Claire

- 0:28 – 8:00
- Introducing confidentiality, while acknowledging parental rights
- **Wishes and goals**
- Watch for:
 - Me being explicit about confidentiality
 - What Claire's wishes might mean

Claire – 0:28-8:00

Claire Debrief

- Your reactions to Claire and her wishes?
- Your thoughts on the process; how do you approach first sessions with youth?
- What might be **useful counseling goals** for Claire?
- How do we make these collaborative goals?

Engagement Techniques III

3. The Authenticity or Authentic Purpose Statement

Principle: Young people need to hear your authentic reasons for being in the room. Make this statement brief and clear; tweak for each client

Clinician Behavioral Examples:

- “My goals are your goals. . .” from Meagan video
- “I’d love to. . .” from TJ video
- “I want to help you get along with your parents”
- Think about and practice what YOU want to say

Opening 2: TJ

**TJ: Referred
for anger
issues**

Watch for:

**Maybe:
SFBT?**

- What you think of the opening question?
- **Authentic purpose statement**
- Questions about anger/aggression and psychoeducation

Reflections

- Turn to your neighbor and share your thoughts on:
 - Opening question
 - Authentic purpose statement
 - Focus on anger

Engagement (cont.)

4. Wishes and Goals

Principle: Collaborative goal-setting has strong empirical support. But goal-setting with youth can be tricky. We may need to be **less direct** with goals.

Clinician Behavioral Examples:

- Three wishes
- Goal-setting (and limiting) with parents/caregivers
- SFBT opening: If we have a great session . . .
- Miracle question
- Jobes's "one thing"

Engagement

5. The Affect Bridge and Early Memories

Principle: You can follow affect like a river to the past to learn more about emotional triggers (Adlerian; Hypnoanalytic, Watkins, 1971; CBT application)

Clinician Behavioral Examples:

- Earliest recollections
- Take me to a memory of when you felt anger like that
- Hypnotic induction or not
- How about bridging to positive emotions?

Opening 3: Meagan

- She says she's got a terrible temper
- Watch for:
 - Your reaction to her as a client
 - **Authentic purpose statement**
 - Specific opening techniques
 - The affect bridge and emotional discussion



Reflections

- Turn to your neighbor:
 - What you saw/heard, liked/disliked
 - Did you notice the “affect bridge?”
 - How do you get young clients to focus on goals?
 - Your reactions to Meagan
 - What happens with a positive affect bridge?

Engagement

6. Reflection of Emotions and Emotional Education

Principle: We all need help **understanding our emotions**

Clinician Behavioral Examples:

- Reflection of feeling: “You felt embarrassed, then mad, then embarrassed again”
- Interpretive reflection of feeling: “You looked sad when you said that”
- Feeling validation: “That’s a perfectly natural emotion”
- Three-step emotional change trick (later)

Practice Time

- Pick One
 - Sharing referral information
 - Authentic purpose statement
 - Wishes and goals
 - Affect bridge (positive)

Engagement+

7. Coping with Countertransference

8. Exploring Attributions

Principle: We all develop internal EXPLANATIONS for our life experiences. We should help clients/students explore their own personal explanations (attributions) and then move toward **more constructive explanations and beliefs** about themselves.

Opening Clip 4: Larry

- Note: Rita spent about 20 minutes “chatting” with Larry before asking her *opening therapeutic question*
- Watch for
 - Your countertransference impulses
 - How Rita avoids acting on her impulses
 - Rita’s exploration and questioning of Larry’s internal beliefs or narrative



Larry Debrief

- What feelings do you have when working with young clients?
- Do you feel anger toward parents, caretakers, teachers, probation officers??
- How do you handle it when you have strong emotional reactions in response to what your clients' say (or do)?
- Rita created some emotional distance and did an attribution activity

Engagement Techniques

9. Radical Acceptance as Attitude (**from DBT**)

“I completely accept you as you are and am fully committed to helping you change for the better”

- We use this attitude especially when young people (or caregivers) say something provocative

Practicing Radical Acceptance

- Step One: Thank you or “I appreciate”
- Step Two: Reflect the message
- Step Three: Validate/universalize
- All steps: Show empathy
- Optional: Concede to the underlying truth of the message (or identify a common underlying goal)
- You can confront/interpret/limit-set later
- **You must believe** in what you’re saying.

Practicing Radical Acceptance

- Group participation
- Student Example: **“I’m not talking and you can’t make me”**
- Thank you . . . concede, validate, universalize

Radical Acceptance – Again 😊

- **Practice Dealing with Initial Provocations:** Adolescents are known for pushing emotional buttons. For example:

Counselor: Welcome to counseling. I hope we can work together in ways you find helpful.

Client: You talk just like a shrink. I punched my last counselor (client glares and awaits a response). (From Sommers-Flanagan and Bequette, 2013)

Radical Acceptance as Skill

Dealing with Initial Provocations:

- **Sample Response:** “Thanks for telling me that. I would never want to be the sort of counselor who would say something that makes you want to punch me. How about if I ever do say anything that makes you mad, you tell me, and then I’ll try my best not to do it again?”

What are your examples of provocative statements?

Assessment and Intervention

10. What's Good About You? [Not an Opening]

Principle: Reflecting on strengths, although difficult, can be emotionally soothing and reduce attachment anxiety—it also provides informal assessment data

Choices – Watch video example or **practice with each other?**

Optional Video Clip: Kristen

- ▶ Refers to self as a “Bitch”
- ▶ Reports self-esteem and mood management problems
- ▶ Watch for:
 - Content and process
 - Her reaction to positive feedback



Kristen Group Debrief

- What felt good?
- What felt less good?
- How do you work with youth on self-esteem and emotional regulation?

Intervention

11. Asset Flooding

Principle: Addressing **attachment insecurity** requires support, not criticism; criticism can cause dysregulation (Narrative/SFBT; Adlerian; Attachment, Hughes, 2006; CBT application)

Clinician Behavioral Examples

- Use several psychologists/counselors/educators
- Check in and debrief: “How does it feel to focus on your strengths?”
- Get to work when you can!

Intervention

12. Generating Behavioral Alternatives

Principle: Problem-solving can help adolescents reduce their cognitive rigidity and emotional agitation while increasing mental flexibility (Nezu et al., 2013/2024). Generating behavioral alternatives is the brainstorming stage of problem-solving.

Clinician Behavioral Examples

- Okay. Let's just make a list of your options.

Video Clip: Pete [Vintage 1995]

- Pete is angry at a boy who tried to rape his girlfriend
- Watch for:
 - How brainstorming proceeds
 - Pete's affective changes
 - John's risky suggestion

Reflections

- Your thoughts on:
 - John staying neutral (or trying to)
 - Pete's emotional reactions
 - Pete's reaction to hearing the list
 - "That's a good one"
 - Duty to warn?
 - Let's talk about social media
 - Online bullying
 - Phone/screen time

Intervention

13. Three-Step Emotional Change Trick

Principle: It's better for students to learn to be the captain of **their own emotional ship**.

Clinician Behavioral Examples

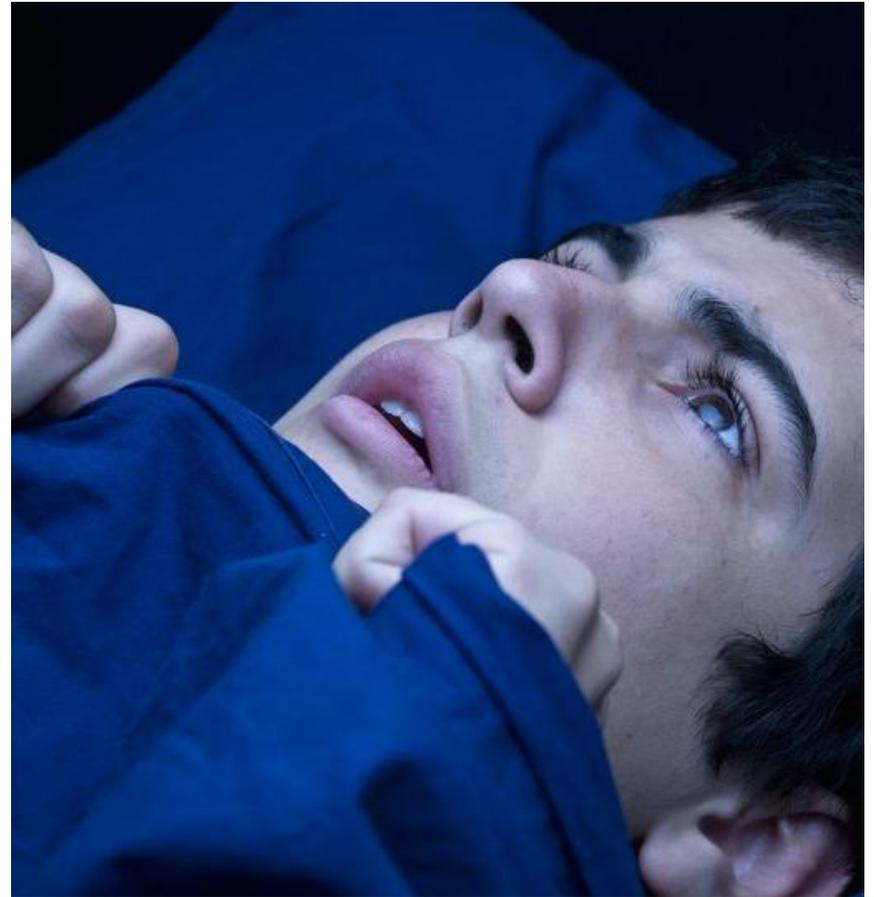
- Have you ever been in a bad mood?
- For a video with Claire, go to:
<https://www.youtube.com/watch?v=ITWhMYANC5c>

14. Imagery Rehearsal Therapy

⌄ Chronic nightmares affect 5-8% of general population

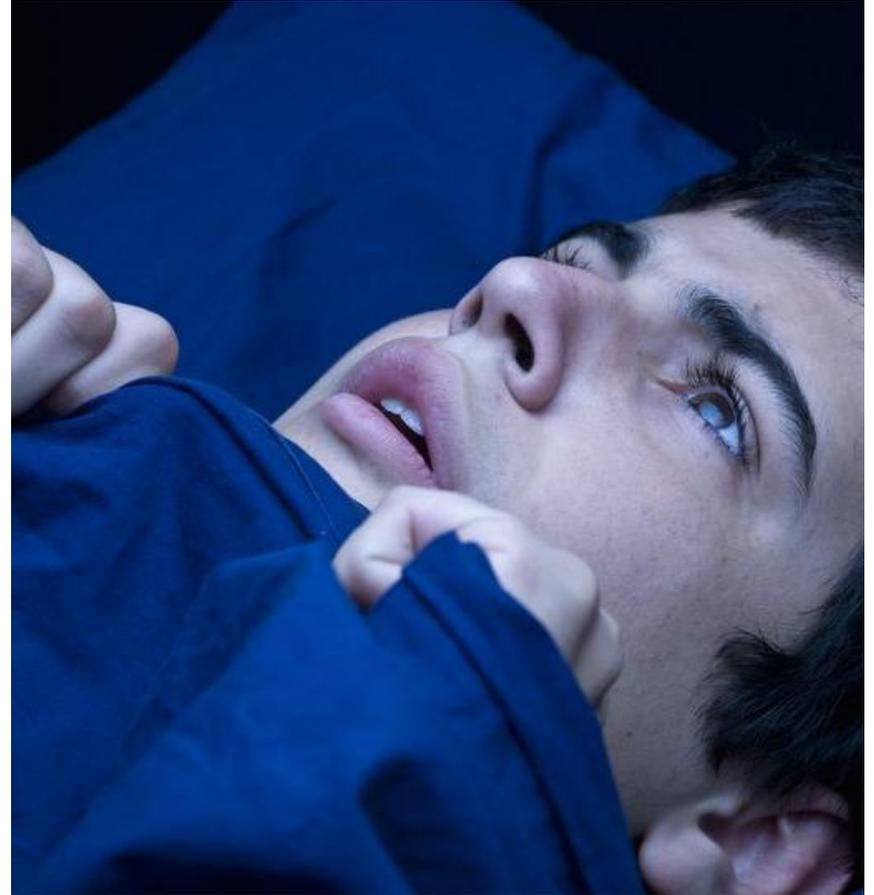
⌄ Most people don't know how to deal with nightmares

⌄ Meet IRT



IRT and Culture

- © Culture affects how individuals view their dreams
- © What are your cultural beliefs about dreams and nightmares?





WHAT IS IRT?

- ❑ **Imagery rehearsal therapy (IRT)** is a cognitive-behavioral treatment for reducing number and intensity of nightmares
- ❑ Empirically supported treatment – Be thinking about cultural adaptations for using IRT
- ❑ Commonly used in persons with PTSD who experience chronic nightmares
- ❑ Relatively simple and short-term
- ❑ Does not require clients to relive the traumatic event

FOUR Step Approach

1

RECALL narrative or central elements of the nightmare.

2

REWRITE the nightmare. “Change it anyway you wish.”

3

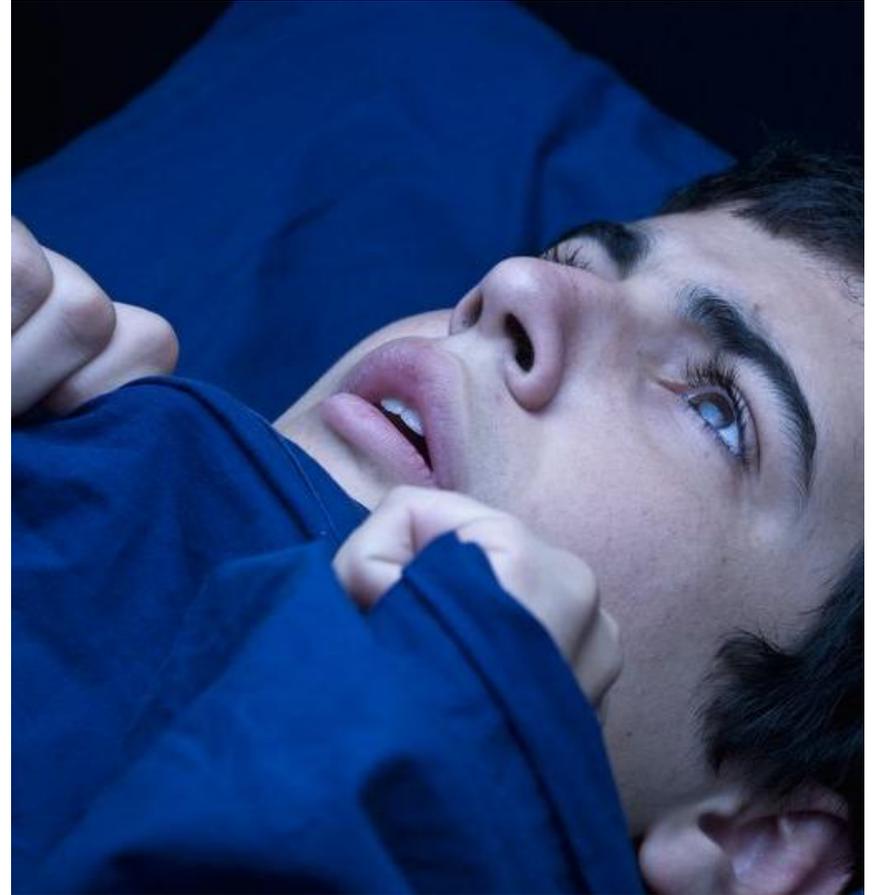
REHEARSE the new dream for at least 5-20 minutes each day at time of client choosing and before falling asleep invoke intention.

4

REPEAT and continue to practice with 1 to 2 new dreams a week.

IRT Demonstration?

© Volunteer?



Engagement and Intervention

15. Using Riddles and Games

Principle: Play and playful interaction is a part of many different evidence-based treatments. We need to engage young people when making therapeutic points

- Volunteer demonstrations – Hand-pushing; Tic Tac Toe; soda bottles; riddles; dollar

Engagement and Intervention

16. Food and Mood

Principle: Look around. Use COUNTERCONDITIONING (Jones, 1924)! **Never do counseling with hungry children**

- Case example
- Healthy snacks
- Hot drinks
- Sharing
- What do you use?

Engagement and Intervention

17. Addressing (Broaching) Culture

What do you recommend for cultural broaching?

18. Rupture and Repair

Principles: We can broach and explore culture with youth, but should try to let the exploration feel natural, relevant, and be humble in the process;

Repair: We need to acknowledge and take back our inaccuracies

Clip: Michael

- Referred for PTSD symptoms and gang affiliation behavior
- Watch for:
 - Your reaction/response to Michael
 - Michael's response to paraphrases
 - Your reaction to counselor spontaneity and self-disclosure



Michael – Group Discussion

- I'm not getting it
- Making a recipe??
- Incorrect gang affiliation
- What do you think of the spontaneous disclosure?

Intervention

19. Four Forms of Relaxation

Principle: Relaxation is evidence-based, but it can be tough selling it to adolescents. Let's call it **self-control**.

Clinician Behavioral Examples

- Demonstrations
- Let's talk about how LeBron relaxes

Engagement and Intervention

20. Cognitive Storytelling

Principle: Students need a rationale to understand cognitive therapy; **stories** are memorable and can help (Friedberg & Wilt, 2010).

Clinician Behavioral Examples

- My Stories – Gardner’s Mutual Storytelling
- Your Stories
- Their Stories

Intervention

21. Empowered Storytelling

- **Principle:** Students need to tell their stories. Expressive methods helps them gain distance (e.g., narrative externalization), deconstruct the problem, and re-construct more adaptive meaning.

Clinician Behavioral Examples

- How about we write a story about this?
- Case example

The Case of Latisha

- As we read Latisha's stories together, consider the creative process and **what the stories mean to her.**
- Think about your clients/students and stories you might co-create with them.

LATISHA'S BOOK OF RULES ABOUT CRYING

[BONUS SECTION]

By Latisha and MB

Crying is stupid.

**You can only cry
when someone dies.**

If you do cry,

**you can't cry
in front of
anyone!**

**You must cry
alone.**

...IF you cry.

Top three things NOT to cry about:

1. A stupid boy.

**2. Getting your feelings
hurt.**

3. Feeling alone.

**Crying makes
you think. . .**

**which you
might not
wanna do.**

**Babies can
cry.**

Widows can cry.

Crybabies can cry.

Crying hurts.

**It gives you a
headache.**

**Crying makes
you tired.**

The end.

A BOOK ABOUT CRYING FOR BABY M (LATISHA'S NEICE)

By Latisha and MB

**It's ok for you to cry
when you squish your
fingers. . .**

Or when you're scared. . .



**Or when you
fall over.**

**It's ok for you to
cry when you don't
feel good. . .**



**Or when you
have a bad
dream. . .**

**Or when you're
around strangers and
it makes you scared.**

If you cry,

I will hold you.

If you cry,

**I will try to make
you happy.**

If you cry,

**I will give you a
bottle. . .**

**Or feed
you...**

**Or talk to
you...**



**Or rock
you.**

If you cry,

**I think something is
wrong, and I want
to make you happy.**

**When you
are happy,**

I feel happy.



**I love you,
even when
you cry.**



**If someone tells
you to stop
crying,**

**I will tell them to
shut up and go
away.**

I will say,

“It’s oooooookkkk!”

Even when you cry,

don't worry.

**You will be happy
again.**



The end.



Termination

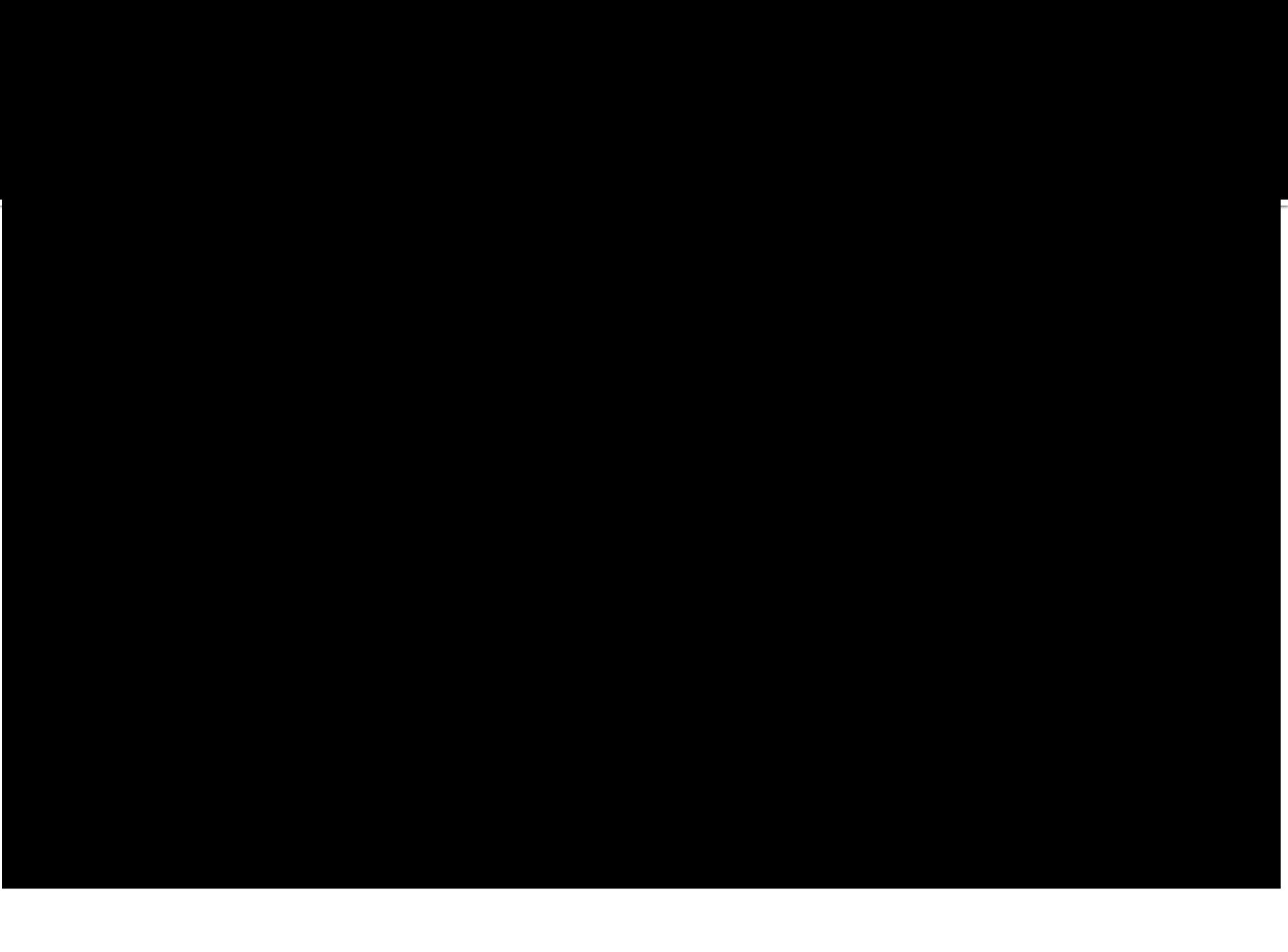
Termination with youth may be sudden, unpredictable, or repeated.

Termination Tasks

- Identify goals
- Reflect on progress
- Reminisce as appropriate
- Ask for feedback
- Write a note – give a final consolidation gift?
- Hope for the future
- Adjust the door

Video Clip: Claire and Closing

- 0:22-2:40: Be sure to ask what your client/student will remember or **wants to remember**
- You can offer homework, but not call it homework [Even Judith Beck stopped calling it homework😊]



Review: Principles and Techniques

- What are the four principles?
 - Radical acceptance, respect, and interest
 - Counterconditioning
 - Be transparent and nonthreatening
 - Collaborate
- What engagement, assessment, and intervention techniques do you want to remember and try out?

Conclusions

1. Questions
 2. The WHOLE purpose of techniques
 3. Engage and have interest
 4. Closing comments: Pete story – **The Conclusion**
- For free stuff:
<https://johnsommersflanagan.com/>

The Badly Titled Book+

