

XHORTATION

THE FIRST THREE WEEKS

A parent's guide to starting counseling with your
teenager

BEFORE YOU READ THIS

You are probably reading this because something at home is not working, and you have reached the point where handling it yourself is no longer enough. That is not a failure. Deciding to bring in help is one of the more difficult things a parent does, and most parents arrive at it later than they wish they had.

This guide covers what the first three weeks of counseling actually look like — not the version in a brochure, but the real sequence, including the parts that feel discouraging. Knowing what is normal will keep you from pulling the plug on something that is working.

WEEK ONE: THE PART THAT LOOKS LIKE NOTHING IS HAPPENING

Adolescent counseling has a quiet dropout problem. Reviews of youth outpatient mental health care put the share of treatments that end prematurely somewhere between 28 and 75 percent. A great deal of counseling never fails on the merits. It simply stops.

Part of the reason is that parents expect the first session to produce insight. What the first session actually produces is a decision, made privately by your teenager, about whether this adult is safe.

Nothing meaningful happens until that decision goes your way. The strength of that working relationship is the most consistent predictor of whether counseling helps, across every treatment approach that has been studied — which is precisely why a well-run first session can look like it is accomplishing nothing. A skilled counselor spends that hour earning trust, and from the outside it is unremarkable. There may be conversation about football, or a video game, or nothing of consequence at all.

What actually happens in session one

- Paperwork and consent, including who may access records and what happens with information
- An explanation, in your teenager's own language, of what counseling is and is not
- Early history gathering — school, sleep, friendships, family, losses, what changed and when
- A first pass at what your teenager wants to be different, in their words rather than yours

What you will probably hear afterward: “It was fine.” That is the standard adolescent report and it means almost nothing. Resist the urge to interrogate. “Fine” after week one is a normal result.

THE CONFIDENTIALITY CONVERSATION

This is the part parents find hardest, and it is worth understanding before it becomes a conflict.

An adolescent will not speak honestly to someone they believe reports everything to their parents. Counseling with teenagers therefore works best inside a protected space. At the same time, you are the parent, you are responsible for this child, and in Alabama you hold not only a legitimate need to know but a legal right of access.

That right deserves to be stated plainly rather than glossed over. Under Alabama Code § 22-8-12, effective October 1, 2025, a health care provider may not deny a parent or legal guardian access to their minor child's health information when the parent asks for it. The exceptions are narrow: a court order barring access, an investigation into a crime against the child in which law enforcement has asked that information be withheld, a case where the provider has reported the child as a known or suspected victim of abuse or neglect, and federal rules protecting substance use disorder treatment records.

So the protected space is not a limit on your rights. It is something you choose to extend, because it is what makes the work possible. A good counselor will ask you for it directly and explain why, rather than implying you were never entitled to it.

What the agreement should cover, out loud, in the first session or two:

1. **What ordinarily stays in the room.** The day-to-day content of sessions — what your teenager is thinking, struggling with, working through. You are agreeing not to ask for it routinely. You are not surrendering your right to it.
2. **What gets reported outside the room whether anyone wants it reported or not.** Counselors in Alabama are mandatory reporters. Under Alabama Code § 26-14-3, mental health professionals who suspect a child is being abused or neglected must report it to the authorities. In most families the counselor will tell you as well. But where a parent or guardian is the subject of the concern, the report goes to the Department of Human Resources or law enforcement, and § 22-8-12 then permits the provider to withhold records from that parent. No counselor can promise you otherwise. One who does is telling you something untrue.
3. **What is always brought to you.** Risk of serious harm to your child or to someone else, and any development that changes what the treatment needs to be. Your counselor should say so plainly and in advance.
4. **What you receive routinely.** Progress in general terms — whether goals are being met, whether attendance and engagement are adequate, what you can do at home.

Ask your counselor to state this framework explicitly, in front of your teenager. When all three people have heard the same agreement, the number of arguments about it drops to nearly zero.

THE JOURNAL AND THE DOOR HANGER

In the first week or two, students in the program receive a welcome kit. Two things in it come with a request to you, and those two requests matter more than anything else in the box. They are also printed on the parent card in the kit, but they are written out here in full so you still have them if the card goes missing.

THE JOURNAL

PLEASE DON'T READ IT.

Your teenager receives **FIRST DRAFT**, a twelve-week journal for the days between sessions. It only works if it is private. A teenager who thinks a parent might read it starts writing for that parent instead of for themselves, and the journal stops being useful — usually for the rest of the program.

- **The counselor doesn't collect it either.** The journal stays with your teenager. It is never handed in, never copied, and never becomes part of the clinical record. If your teenager wants to show a page, they bring the book to a session and take it home again.
- **This is a request, not a change to your rights.** Asking you not to read the journal does not affect your legal right to your child's health information described above. It is one more piece of protected space you choose to extend.
- **Tell your teenager out loud.** Saying "I won't read your journal" once, plainly, does more than any lock or hiding place.
- **If you are worried about their safety, don't go looking in the journal for answers.** Ask them directly, call the counselor, or follow the steps under "When to act immediately." And if you ever come across something that suggests your child is in danger, act on it right away. Safety comes before privacy, for you and for the counselor.

THE DOOR HANGER

IF IT'S OUT, GIVE IT TWENTY MINUTES, THEN KNOCK.

The kit includes a two-sided door hanger. One side reads "**Taking a breather.**" The other reads "**Come on in.**" It gives your teenager a way to step away and calm down without slamming a door, and a way to tell you when they are ready to talk again.

- **It is not a door slammed in your face.** The first time you see it, it may feel like being shut out. It is closer to the opposite: your teenager using a skill from counseling instead of escalating.

- **Twenty minutes is a pause, not an evening.** When the time is up, knock and check in briefly. If they need a few more minutes, it is reasonable to agree on a time. When the hanger is turned to “Come on in,” that is your cue that they are ready.
- **It doesn’t cancel the rest of the household.** The hanger does not override curfew, schoolwork, family plans, or house rules, and it is not a way to avoid a conversation indefinitely.
- **Safety overrides the hanger.** If you have a real safety concern, you do not wait twenty minutes. Knock, go in, and follow the steps under “When to act immediately.”
- **If it isn’t working, bring it to the counselor.** If the hanger is being used to avoid everything, or the twenty minutes is hard for you to honor, raise it in a family session rather than taking the hanger away.

WHO DECIDES, WHEN YOUR TEENAGER WILL NOT

Alabama changed this recently, and it is worth knowing before you sit down.

As of October 1, 2025, the age at which a young person can consent to their own medical, dental, or mental health care in Alabama rose from 14 to 16, under Alabama Code § 22-8-4. Below 16, you consent on your child’s behalf. The exceptions are narrow — a minor who has graduated high school, is pregnant, is emancipated, or is living apart from parents and not dependent on them for support, along with certain specific categories of care such as treatment for drug dependency or a sexually transmitted infection.

At 16 and above, two things are true at the same time. Your teenager can consent to counseling on their own. And under Alabama Code § 22-8-10, a parent or legal guardian of a minor at least 16 and under 19 may authorize mental health treatment even if the minor has expressly refused it, provided the parent and a mental health professional agree that clinical intervention is necessary and appropriate.

If you are reading this because your teenager has flatly refused to go, that provision is the answer to the question you are probably about to ask. It is not a tool to reach for casually. Treatment a young person is dragged into starts slower and works less well, and the first session still has to earn their trust. But a refusal is not the end of the conversation, and you are not required to wait for permission you may never be given.

WEEK TWO: THE SHAPE OF THE WORK APPEARS

By the second week the conversation usually moves from getting acquainted to identifying what is actually going on. This is where a structured program differs from open-ended talk.

You should expect goals — stated in plain, observable language. Not “improve self-esteem,” which cannot be measured, but something closer to “get through a disagreement with mom without leaving the house,” or “turn in assignments four days out of five.”

You should also expect to be given something to do. Counseling that happens only inside the weekly session and never touches the rest of the week produces slow results. Ask what your role is. A counselor working with an adolescent should be able to answer that question specifically.

WEEK THREE: THE WEEK PARENTS WANT TO QUIT

Here is the thing almost nobody tells parents in advance.

Somewhere in the first month there is usually a week that feels worse than the one before it. Not always week three, and not in every family. But it happens often enough that you should plan for it instead of being blindsided by it.

You may see more irritability, more withdrawal, more resistance to going to the next session, or something surfacing that you did not know about. Real counseling asks a young person to look at things they have been avoiding, and that is uncomfortable work.

A hard week is not proof that counseling is working. It is also not proof that it is failing. It is information, and what you do with it matters more than how you read it. Tell your counselor exactly what you are seeing and let them tell you whether it fits.

What a hard week is not, is a reason to stop. Deciding at the first difficult week means deciding on the least information you will ever have.

What to do in that week

- **Keep the appointment.** The week you most want to cancel is rarely the week worth cancelling.
- **Tell your counselor exactly what you are seeing at home.** You are the only source of that information.
- **Lower the pressure at home rather than raising it.** This is not the week to add consequences for the counseling itself — and it is a week to honor the door hanger, not to test it.
- **Distinguish discomfort from danger.** Discomfort is expected. Danger is not — see the section on when to act immediately.

FIVE THINGS THAT HELP

1. **Protect the schedule.** Treat sessions as non-negotiable, the way you would an orthodontist appointment. Erratic attendance is the most common cause of a stalled process.
2. **Stop asking what they talked about.** Ask instead, “Was it useful?” — a question that does not require them to hand over the contents of the room.
3. **Say out loud that this is not a punishment.** Many adolescents assume counseling is a consequence for being a problem. Say directly that it is support, not discipline.
4. **Work on your own part.** The families that see the largest change are the ones where the parents also adjust something. Ask your counselor what yours should be.
5. **Give it a fair hearing before you judge it.** A structured program has an arc, and evaluating it after two visits is like evaluating physical therapy after two visits. Fair hearing is not the same as unconditional commitment — see below.

THREE THINGS THAT BACKFIRE

1. **Using counseling as leverage.** “If you do not straighten up, I will tell your counselor” converts a safe space into a surveillance system, and the honest conversation stops immediately.
2. **Demanding session transcripts, or reading the journal.** Pressing for detail teaches your teenager to say less, in session and on the page. You will win the argument and lose the progress.
3. **Ending it because a hard week arrived.** Stopping in the middle for that reason means you paid the cost of starting and collected none of the benefit. That is a different decision from ending because the fit is wrong, which is legitimate at any point and covered in the next section.

HOW PROGRESS SHOULD BE MEASURED

Vague reassurance is not progress reporting. By the end of the first month you should be able to answer these questions:

- What are the specific goals, in observable terms?
- How are they being tracked, and how often?
- What has changed since intake — and what has not?
- What is the plan for the remainder of the program?
- What happens when the program ends?

If you cannot get straight answers to those five questions, that is useful information about the fit. Say so, and ask for a referral or a second opinion. Counselors are ethically obligated not to keep working with a client who is not benefiting, and a good one will raise it before you have to.

WHEN TO ACT IMMEDIATELY

Counseling is not a crisis service and no scheduled appointment substitutes for emergency help. If your child talks about ending their life, has a plan or the means to act, is harming themselves, or you believe they are in danger, act right away:

- **Call or text 988** — the Suicide and Crisis Lifeline, available at all hours
- **Call 911** or go to the nearest emergency department if there is immediate danger
- **Then tell your counselor**, so the treatment plan can be adjusted

Do not wait for the next appointment. Do not wait out the door hanger. Do not talk yourself out of overreacting.

QUESTIONS WORTH ASKING BEFORE YOU COMMIT

You are hiring a professional to work with your child. Ask like it.

1. **Are you licensed, and where can I verify it?** In Alabama, licenses can be checked yourself through the public license search maintained by the Alabama Board of Examiners in Counseling at abec.alabama.gov. Any competent professional will hand you their license number without hesitation.
2. **How much of your practice is adolescents?** Working with teenagers is a specialization, not a general skill.
3. **What is the structure, and how long is it?** Open-ended counseling with no defined arc is difficult to evaluate and easy to drift in.
4. **What will you tell me, and what will you not?** The answer should be specific and stated in front of your child.
5. **What is my role?** A counselor who has no assignment for you is treating your child as though they live alone.

6. **What are the costs and cancellation terms, in writing?** If you are paying without insurance, ask for a Good Faith Estimate. Under the federal No Surprises Act, providers must give uninsured and self-pay clients a written estimate of expected charges before care begins.
7. **What happens when we finish?**

ABOUT XHORTATION

XHORTATION is a structured three-month counseling program for middle and high school students ages 12 to 18 — individual, group, and family counseling built around each student rather than a fixed curriculum. Sessions are held in office in Headland, Alabama, or by telehealth for clients located anywhere in Alabama.

The program is delivered by John Preston Gunn, Licensed Professional Counselor (Alabama license #02770) and Licensed Professional Counselor — Supervisor (LPC-S certification #SC03158, issued by the Board and attached to that license). Licensure may be verified through the Alabama Board of Examiners in Counseling at abec.alabama.gov.

XHORTATION is a counseling program of Mentors LLC and is affiliated with 3 Fold Plus, LLC.

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WHERE THIS INFORMATION COMES FROM

- Alabama Code § 22-8-4, § 22-8-10, § 22-8-12, as amended by SB101, 2025 Regular Session, effective October 1, 2025 — alison.legislature.state.al.us
- Mandatory reporting, Alabama Code § 26-14-3 — childwelfare.gov and ctf.alabama.gov
- Licensing rules and public license search — abec.alabama.gov
- Good Faith Estimate rights for uninsured and self-pay clients — cms.gov/initiatives/no-surprise-billing
- Premature termination in youth mental health care, 28 to 75 percent: de Haan et al., Clinical Psychology Review, 2013. Working alliance as the most consistent predictor of outcome: Ardito and Rabellino, Frontiers in Psychology, 2011

This guide is general educational information about the counseling process. It is not clinical advice, it is not legal advice, and it is not a substitute for evaluation or treatment by a qualified professional. Reading it does not create a counselor-client relationship. The suggestions here are general and may not fit your family's circumstances. Statutes change, so verify anything you intend to rely on. Every young person is different, and the sequence described here is typical rather than universal. If you are concerned about your child's immediate safety, call or text 988 or call 911.

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