USING RESISTANCE AS AN ENGAGEMENT TOOL

WITH TRANSITION AGE YOUTH

THRESHOLDS

HOME | HEALTH | HOPE

WHO ARE WE?

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WHO ARE YOU?

Settings?

Role?

Working with TAY?

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OBJECTIVES

- Increase understanding of TAY needs → "resistance"

- Increase awareness/understanding of our own responses → possible increase in "resistance"

- Increase ability to respond effectively (increase engagement)
  - ❑ Emotional Competence (managing our own feelings and behavior)
  - ❑ Engagement Tools (in individual interactions and programmatically)

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TRANSITION AGE YOUTH (TAY)

What are your challenges in engaging this population?

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"RESISTANCE"

❖ Definitions going back to Freud

❖ Unwillingness to change or grow (conscious or unconscious)

❖ Reluctance or refusal to participate or engage

❖ Non-compliance

❖ Guardedness

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TAY: FACTORS AFFECTING ENGAGEMENT

❖ Stage of development

❖ Path to MH/SU services
  - ❖ Recent onset of MI/substance use
  - ❖ Trauma history/system involvement
  - ❖ Earlier onset of mental health challenges/behavioral difficulties in childhood

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TAY: STAGE OF DEVELOPMENT

❖ Developmental tasks of adolescence

❖ Developmental tasks of transition to adulthood

❖ Brain development

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ADOLESCENCE → ADULTHOOD

Lots of changes!

physical

emotional

cognitive

social

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DEVELOPMENTAL TASKS OF ADOLESCENCE

❖ Develop independent IDENTITY

❖ Find place in social relationships outside of adult caregivers: PEERS

❖ Develop own VALUE system

❖ EXPERIMENT, take RISKS, find own LIMITS

❖ Learn DECISION-MAKING, PROBLEM-SOLVING CONFLICT RESOLUTION and other skills   needed for adult living

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DEVELOPMENTAL TASKS OF TRANSITION TO ADULTHOOD

❖ Continue experimenting/developing sense of IDENTITY
→ solidifying sense of self, values

❖ Move into adult RESPONSIBILITIES and ROLES
financial, work/career, education, interests
changing relationships with "caregivers"
intimate partnerships/commitments
parenthood?   community?

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BRAIN DEVELOPMENT

Prefrontal cortex = executive functions

❖Risk Assessment: thinking ahead to consequences of actions

❖Inhibition: managing emotions and impulses

❖Reasoning, Judgment, Problem-Solving, Decisions

❖Planning and Prioritizing: organizing behavior toward goals

❖Memory

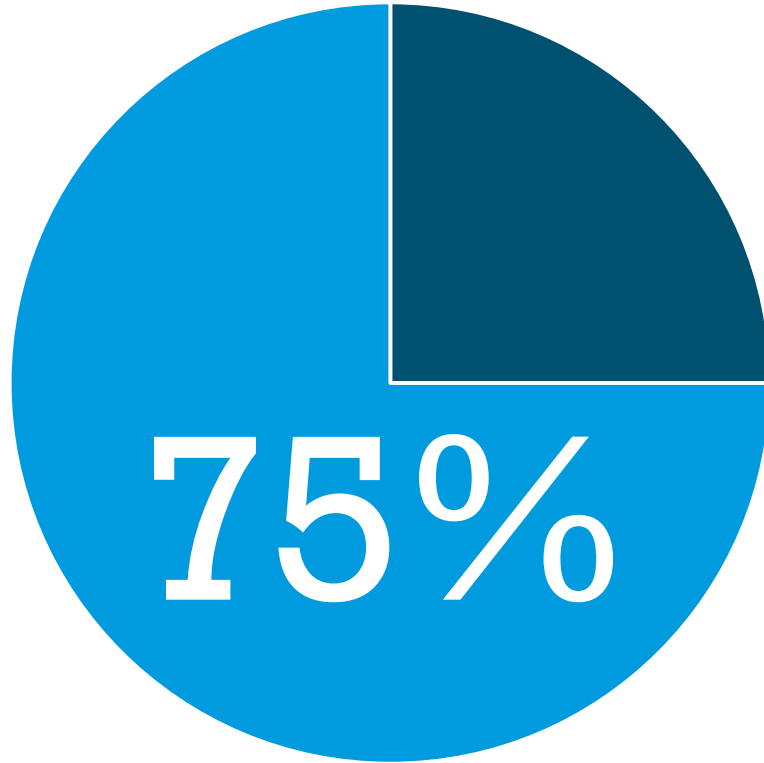❖Expression of "personality"

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"RESISTANCE" MAKES SENSE FOR TAY

In light of **Stage Development**:

Transition Age Youth are *suppose to*

Challenge authority
Assert autonomy
Find own opinions

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75% of serious mental health conditions develop in people before age **24**.

Including: Schizophrenia, Bipolar Disorder, & Major Depressive Disorder

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"RESISTANCE" MAKES SENSE FOR TAY WITH RECENT ONSET OF MENTAL HEALTH CONDITION

❖ Impact on sense of IDENTITY

❖ Impact on social status, peer relationships: STIGMA

❖ Impact on brain development: MI affects executive functioning

❖ Mental illness itself (Paranoia? Mania? Depression? Anxiety?) → confusion about who to trust, less ability to "comply"

❖ Lack of information about mental health condition – don't know yet

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RESISTANCE" MAKES SENSE FOR TAY WITH TRAUMA HISTORIES

Effects of trauma
- ❖ Physiological: fight, flight, freeze
- ❖ Emotional: volatile or numb
- ❖ Cognitive: confusion, beliefs about others/self
- ❖ Behavioral: impulsive, self-protective
- ❖ Relational: not trusting, overly trusting → feelings of betrayal

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"RESISTANCE" MAKES SENSE FOR TAY WITH TRAUMA HX → SYSTEM INVOLVEMENT

System Involvement/Out of Home Placement →

- ❖ Multiple and/or unexpected losses
- ❖ Lack of control, autonomy
- ❖ Confused loyalties
- ❖ Possible negative experiences with service providers
- ❖ Artificial environments: different developmental path
- ❖ Lack of experience with *voluntary* services

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"RESISTANCE" MAKES SENSE FOR TAY WITH "CHILDHOOD ONSET"

Half of all lifetime mental health conditions begin by age **14**

- ❖ Need to explore/challenge identity
- ❖ Need to assert AUTONOMY
- ❖ Already affected by STIGMA
- ❖ Many of same system experiences possible:
  - ❖ Negative experiences, feelings of betrayal
  - ❖ Different developmental path
  - ❖ Experiences of loss
  - ❖ Lack of experience with voluntary services

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"RESISTANCE" MAKES SENSE FOR TAY WHO ARE USING SUBSTANCES

❖ Affects executive functioning

❖ "Denial"

❖ Peer group

❖ "problem" vs "solution"

❖ Other?

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WHAT DOES "RESISTANCE" LOOK LIKE IN TAY?

- ❖ Not showing up
- ❖ Only showing up for $, concrete needs
- ❖ Not telling the truth
- ❖ Not working on "goals"
- ❖ Verbal aggression toward staff
- ❖ Saying you don't want services!
- ❖ Saying "your services are not good enough"
- ❖ Saying no to specific services (meds, etc.)
- ❖ Fluctuating between yes and no
- ❖ Irritability
- ❖ "Manipulating", "splitting"
- ❖ Constant crises

WHAT'S THE POINT?

Emily the Strange

I WANT YOU
to leave me alone

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HOW DO WE FEEL ON THE OTHER END?

- ❖ Rejected
- ❖ Disrespected
- ❖ Angry
- ❖ Unappreciated
- ❖ Incompetent
- ❖ Scared
- ❖ Drained
- ❖ Frustrated
- ❖ Hopeless
- ❖ Helpless

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HOW DO WE REACT TO THOSE FEELINGS?

❖ Reject client – look for reasons they don't fit our services

❖ Pathologize client – they are hopeless

❖ Become defensive

❖ Argue with client – respond to content

❖ Become non-responsive

❖ Intellectualize

❖ React emotionally – anger or fear

❖ Set up unreasonable expectations

❖ Have less patience

❖ Quicker movement to physical interventions in some settings

❖ Show irritation/contempt through body language (93% of communication is non-verbal)

INTERACTION DESIGN

FEEL?

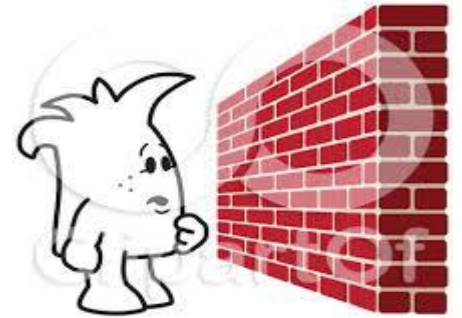KNOW?

...DO?

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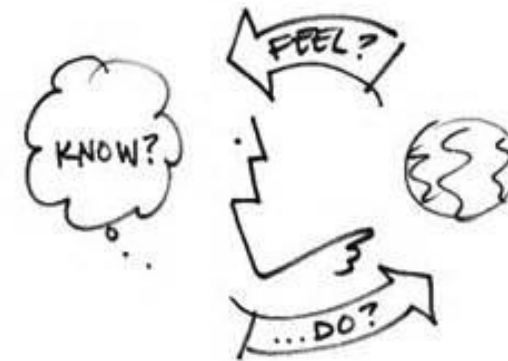
INTERACTIONS → RESISTANCE
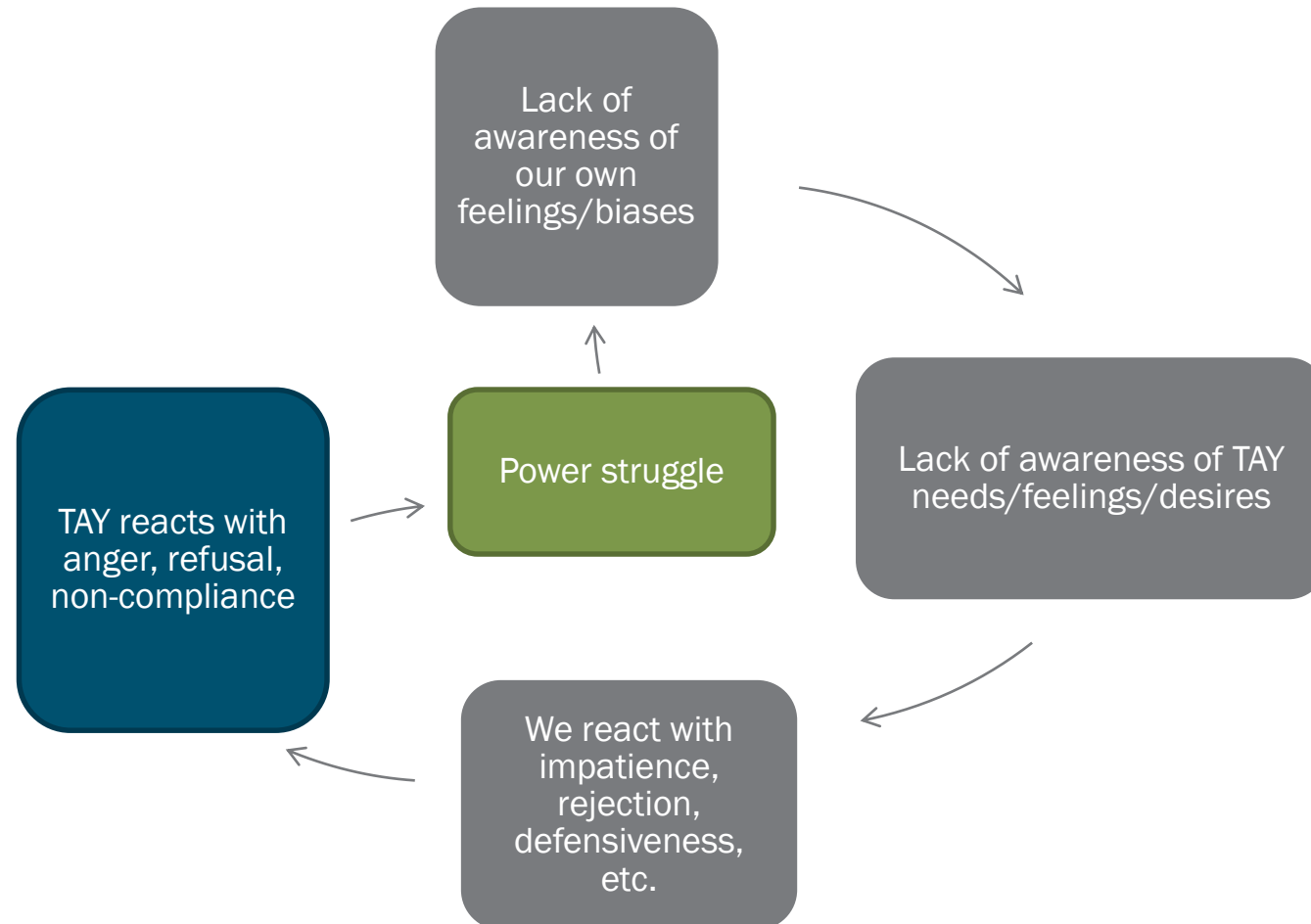
"RESISTANCE" IS THE DOORWAY TO ENGAGEMENT

HOW WE TALK ABOUT "RESISTANCE"

❖ "Breaking through/getting past resistance"

❖ "Don't work harder than your client"

    = RESISTANCE as OBSTACLE, located in client

❖ "There are no resistant clients, only resistant therapists"

    = RESISTANCE as OBSTACLE, located in helper

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HOW WE TALK ABOUT "RESISTANCE"

❖ "Learn to roll with the resistance"

= RESISTANCE as OBSTACLE, located INTERACTION

❖ Understanding/addressing reasons behind resistance

= RESISTANCE as understandable attempted SOLUTION, still need to get past

RESISTANCE as indicator: where the work is

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"RESISTANCE" IN TRANSITION AGE YOUTH

❖ To be expected

   - Stage of development

❖ Developmentally appropriate

   - Development of autonomy

   - Learning about voice and choice

❖ To be celebrated as step in emotional growth

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How we think of "Resistance" → What we attribute it to → What interventions we use

YIKES!

How to manage our own feelings???

illustrations of.com #433262

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EMOTIONAL COMPETENCE

Recognizing our responses:

- ❖ Know own triggers
- ❖ Recognize body response
- ❖ Examine own cultural lens – know own biases
- ❖ Identify automatic/habitual thought patterns

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EMOTIONAL COMPETENCE

Managing our responses:

❖ Grounding techniques

❖ Alternative thoughts – "It's not personal", "supposed to do this"

❖ Develop strong teams with mutual respect who can help each other, think thru together. Learn how to communicate…

❖ Role of supervision, modeling, on-going training

❖ Know some Individual Engagement Tools which (usually) work

❖ Create programmatic structure which supports this philosophy

❖ Other? What works for YOU??

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ENGAGEMENT TOOLS AND STRATEGIES

❖ **One-on-one interactions**

❖ **Structure of programs**

Interaction Design

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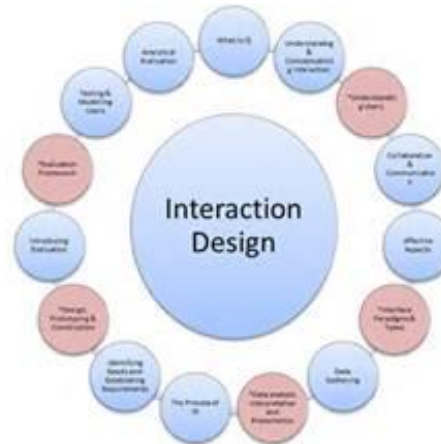
INDIVIDUAL ENGAGEMENT STRATEGIES

Stance, style important:

❖ Respectful interactions – talking to "grown ups".

❖ Authenticity (Don't talk like a "therapist" or a "parent"! But, own it if you do!)

❖ Listen more than talk – young people expect lectures, tune out!

❖ Curiosity

❖ Value TAY's opinions, concerns, ideas.

❖ At the same time, don't take everything literally or absolutely – create space for ambivalence and for mind-changing

❖ "Colombo"

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INDIVIDUAL ENGAGEMENT STRATEGIES

Levels of rapport-building (and their limitations)

❖ **"Simple engagement" (gently create trust/side-step mistrust) :**
   NECESSARY BUT NOT SUFFICIENT!
   ❖ Learning about clients' interests
   ❖ Engage in non-threatening activities
   ❖ Offer something desirable: "I have something you want"
   Use of incentives (i.e. food, car rides, bus rides, activities)

❖ **Demonstrate trustworthiness**
   ❖ Consistency, reliability, don't make promises you can't keep
   ❖ Be predictable, don't surprise them or be ambivalent

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INDIVIDUAL ENGAGEMENT STRATEGIES

❖ **Understand root of "resistance": develop rapport in the process**
- ❖ Reflecting "you are really not interested in talking to me"
- ❖ "I am sure there is a good reason"
- ❖ "Have you had bad experiences with therapists/helpers…."
- ❖ Open-ended questions don't always work! Multiple choice….or statements
- ❖ Once fear is identified – DON'T try to talk them out of it!
- ❖ Once have conveyed validation – "it makes perfect sense" – can offer more information (do you know we don't need to talk about exactly what happened to you in order for me to help you?)

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INDIVIDUAL ENGAGEMENT STRATEGIES

❖ Motivational Interviewing – stance is often refreshing and surprising to young people

  ❖ "What do you like about….." (substance, behavior)

  ❖ Recognizing pride "you are really good at…." (fighting, protecting yourself)

❖ Recognizing/honoring/celebrating attempts at asserting autonomy, making independent decisions, trying to protect self…Have in mind the stage of development
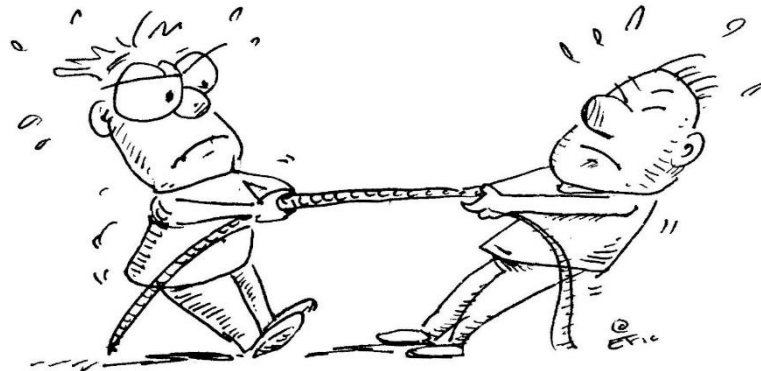
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INDIVIDUAL ENGAGEMENT STRATEGIES

❖ Dialectic:

Voluntary services: allow for "no", but don't give up too easily

❖Informed "voice and choice"

❖Give back both ends of the rope: It's their dilemma!

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PROGRAMMATIC

Programmatic stance, beliefs:

❖ Hire people who enjoy youth, young adults!

❖ Allow for flexibility in response to youth changing needs and desires   (appointment times and places, staff "matches", "doing for/doing with/cheering on")

❖ Sometimes we will work harder than client!

❖ Youth voice important in program development

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PROGRAMMATIC

❖ **"Simple engagement"**

- ❖ Have funds available for food, rides, activities
- ❖ Offer youth-friendly activities – fun! But also helpful in learning needed skills.
- ❖ Provide services TAY most say they want – e.g Employment services
- ❖ Side-by-side activities during sessions

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PROGRAMMATIC

❖ **Flexibility (to "meet where they are" and also, to empower youth to learn about autonomy, decision making, discernment, etc.)**
  - ❖ Ability to flex appointment times and places
  - ❖ Ability to adjust frequency, duration, type of services to TAY's current need/desire
  - ❖ Ability to bring services to them (e.g., therapist can go in-home or community setting)
  - ❖ Willingness to allow TAY to choose service providers (e.g., assigned team members vs. full team model)

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PROGRAMMATIC

❖ **Flexibility (continued)**

  ❖ Ability to keep cases open during periods of non-engagement, with programmatic/agency support (e.g., reduced productivity expectations)

  ❖ "Foot in door/door in face" strategies

  ❖ Ability to go extra mile to engage (visit in hospital/incarceration, "knock on doors", "tag team")

  ❖ Ability to easily reopen cases

  ❖ Allow – welcome! – TAY questioning us! Teach skills to help them do it more effectively; be willing to change ourselves in response.

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PROGRAMMATIC

❖ **Transition Age Youth friendly**
  ❖ Have dedicated staff who like/specialize in this population (e.g., we have dedicated Employment Specialist, psychiatrist)
  ❖ Different from Adult Services
    ❖ Willingness to "do for, do with" – "hold hands" (teach independent living skills, remember TAY may have missed important developmental experiences – don't assume they know how)
    ❖ Don't expect/require TAY to endorse identification with "mental illness" (may or may not be lifetime issue, TAY need to experiment with meds and learn own cycles)

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PROGRAMMATIC

❖ **TAY friendly (continued)**

  ❖ Different from Adolescent Services

    ❖ Willingness to "cheer on" – let go of reins, allow mistakes, take risks; assume growth will happen (e.g., might not need us as payee forever)

    ❖ Dismantle structures designed for younger youth (e.g. point-and-level systems in residential settings)

  ❖ Flow with frequent regressions and progressions – all part of development

  ❖ Accessibility at times TAY are in need, and via text/social media (while also holding boundaries)

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Questions and Thoughts

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THE END

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