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?
OBJECTIVES

• Increase understanding of TAY needs \(\rightarrow\) “resistance”

• Increase awareness/understanding of our own responses \(\rightarrow\) 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)
What are your challenges in engaging this population?
“RESISTANCE”

- Definitions going back to Freud
- Unwillingness to change or grow (conscious or unconscious)
- Reluctance or refusal to participate or engage
- Non-compliance
- Guardedness
TAY: FACTORS AFFECTING ENGAGEMENT

- Stage of development

- Why are they involved with us in the first place?
  - Trauma history (and possible system involvement)?
  - Mental/behavioral health challenges?
  - Substance use?
TAY: STAGE OF DEVELOPMENT

- Developmental tasks of adolescence
- Developmental tasks of transition to adulthood
- Brain development
Lots of changes!

physical
emotional
cognitive
social
Adolescent brain development takes place in the frontal lobes

- Reasoning,
- Planning,
- Emotions,
- Problem-solving
Prefrontal cortex = executive functions

- Planning and Prioritizing: organizing behavior toward goals
- Risk Assessment: thinking ahead to consequences of actions
- Self-control: managing emotions, inhibiting impulses
- Reasoning, Judgment, Problem-Solving, Decisions
THE ADOLESCENT BRAIN

The prefrontal cortex often is called the ‘executive brain.’ But it is not at peak performance until young adulthood. In the meantime, the ventral striatum region makes teenagers extra sensitive to rewards while the less-active amygdala region leaves them less sensitive to punishment and emotional consequence.
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**
- Begin to learn **DECISION-MAKING, PROBLEM-SOLVING, CONFLICT RESOLUTION** and other skills needed for adult living
DEVELOPMENTAL TASKS OF TRANSITION TO ADULTHOOD

- Continue experimenting/developing sense of **IDENTITY** → solidifying sense of self, values
- Continue to learn **SKILLS** → make autonomous **DECISIONS**

- Move into adult **RESPONSIBILITIES** and **ROLES**
  financial, work/career, education, interests
  changing relationships with “caregivers”
  intimate partnerships/commitments
  parenthood? community?
"RESISTANCE" MAKES SENSE FOR TAY

In light of **Stage of Development**:

Transition Age Youth are *supposed to*

Challenge authority
Assert autonomy
Find own opinions
“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
“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
Half of all lifetime mental health conditions begin by age 14!

75% of serious mental health conditions develop in people before age 24.
“RESISTANCE” MAKES SENSE FOR TAY WITH MENTAL HEALTH CONDITIONS

- Impact on sense of **IDENTITY**
- Impact on social status, peer relationships: **STIGMA**
- Impact on brain development: mental health affects executive functioning
- Symptoms (Paranoia? Mania? Depression? Anxiety?) → confusion about who to trust, less ability to “comply”
- Lack of information about mental health condition – don’t know how to manage yet
“RESISTANCE” MAKES SENSE FOR TAY WHO ARE USING SUBSTANCES

- Affects executive functioning
- “Denial”
- “problem” vs “solution”
- Peer group
- Other?
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
HOW DO WE FEEL ON THE OTHER END?

- Rejected
- Disrespected
- Angry
- Unappreciated
- Incompetent
- Scared
- Drained
- Frustrated
- Hopeless
- Helpless
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)
INTERACTIONS ➔ RESISTANCE

- Lack of awareness of our own feelings/biases
- We react with impatience, rejection, defensiveness, etc.
- Power struggle
- Lack of awareness of TAY needs/feelings/desires
- TAY reacts with anger, refusal, non-compliance
“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
HOW WE TALK ABOUT “RESISTANCE”

- "Roll with the resistance" (Motivational Interviewing)
  = RESISTANCE as understandable attempted SOLUTION...............but still need to get past it!
  (Empathic reflective listening
  Develop discrepancy (don’t argue!)
  Change talk)

- RESISTANCE as indicator: where the work is
WHAT IF WE SEE “RESISTANCE” IN TAY AS:

- To be expected!
- Developmentally appropriate!
  - Development of autonomy
  - Learning about voice and choice
- To be celebrated as step in emotional growth!!
How we think of “Resistance”

What we attribute it to

What interventions we use
EMOTIONAL COMPETENCE

YIKES!

How to manage our own feelings???
EMOTIONAL COMPETENCE

Recognizing our responses:

- Know own triggers
- Recognize body response
- Examine own cultural lens – know own biases
- Identify automatic/habitual thought patterns
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??
ENGAGEMENT TOOLS AND STRATEGIES

- One-on-one interactions
- Structure of programs
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”
INDIVIDUAL ENGAGEMENT STRATEGIES

Limitations of basic engagement skills:

- **“Simple engagement” (gently create trust/side-step mistrust):**
  - Learning about clients’ interests
  - Engage in non-threatening activities
  - Offer something desirable: “I have something you want”
    (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

**NECESSARY BUT NOT SUFFICIENT!** Why?
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
  ❖ Curiosity about experience and decision-making process – no need to argue or make a case
  ❖ “It makes perfect sense!”
  ❖ 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?)
Motivational Interviewing – stance is often refreshing and surprising to young people

“What do you like about…..” (substance, behavior)

Recognizing/honoring/celebrating attempts at asserting autonomy, making independent decisions, trying to protect self. Support pride in these efforts!

Use opportunity to support development of decision-making skills – curiosity about how they are doing it. “How will you know if you do need help with this?”
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!
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
PROGRAMMATIC

- “Simple engagement”
  - Have funds available for food, rides, activities (budget for it!)
  - 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
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)
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.
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)
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)
Questions and Thoughts
Thresholds Youth & Young Adult Services
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THE END