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**WHO AM I?**

Candy Malina, LCSW  
 Senior Clinical Director  
 Youth & Young Adult Services  
 Thresholds  
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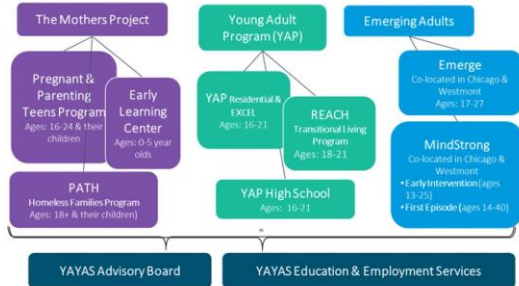
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**Thresholds YAYAS (Youth & Young Adult Services)**



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**MORE ABOUT ME!**

- > 35 years working with youth & young adults
- Residential treatment; intensive family-based work in homes; outpatient, other day treatment settings
- Child welfare, juvenile justice, mental health
- Therapist, Supervisor, Director, Trainer
- Young people with significant trauma, risk to self and others, serious mental health challenges – largely involuntary



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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 or decrease 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
- ❖ Why are they involved with us in the first place?
  - ❖ Trauma history (and possible system involvement)?
  - ❖ Mental/behavioral health challenges?
  - ❖ Substance use?

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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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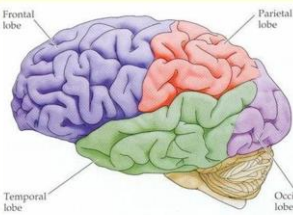
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Adolescent brain development takes place in the frontal lobes

- Reasoning,
- Planning,
- Emotions,
- Problem-solving



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### BRAIN DEVELOPMENT

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

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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**
- ❖ Begin to 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
- ❖ 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?



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**“RESISTANCE” MAKES SENSE FOR TAY**

In light of Stage of Development:



Transition Age Youth are supposed to



Clipart Of - 1209556

- ❖ Challenge authority
- ❖ Assert autonomy
- ❖ Find own opinions



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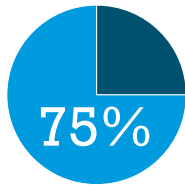
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of serious mental health conditions develop in people before age 24.

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

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**“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**

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**“RESISTANCE” MAKES SENSE FOR TAY WHO ARE USING SUBSTANCES**

- ❖ Affects **executive functioning**
- ❖ **“Denial”**
- ❖ “problem” vs “**solution**”
- ❖ **Peer** group
- ❖ Other?

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**THRES|OLDS**

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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



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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




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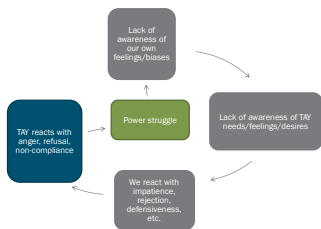
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### INTERACTIONS → RESISTANCE



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### "RESISTANCE" IS THE DOORWAY TO ENGAGEMENT



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**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"**

- ❖ "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 

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**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!!

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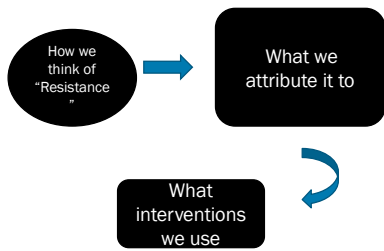
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**EMOTIONAL COMPETENCE**

**YIKES!**

How to manage our own feelings???



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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



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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

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?**



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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
  - ❖ 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?)



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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/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?"



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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 (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



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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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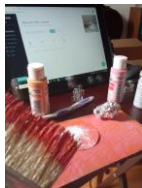
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**WHAT ARE WE DOING DURING COVID??**

- ❖ Use of technology
  - ❖Get to see into YP's lives (show objects, teach about hobby)
  - ❖Parallel activities (wash dishes, walk, Yoga, art)
  - ❖Online games
  - ❖"Covid-Free Hour" with peers



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**WHAT ARE WE DOING DURING COVID??**



- ❖ Use of technology
  - ❖They also get to see in our lives! (pets, change in appearance)
  - ❖Photos of neighborhood, objects of interest

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**WHAT ARE WE DOING DURING COVID??**

- ❖ Socially distant visits
  - ❖ Hanging out with snacks
  - ❖ Neighborhood walks
  - ❖ Parallel art projects
  - ❖ Fishing.....




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**Questions and Thoughts**

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