

WORKING WITH HIGH RISK ADOLESCENTS

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Most adolescents, including those who are at high risk, are resistant to interventions about their behaviors. This presentation addressed adolescent resistance and provided some techniques to deal with that resistance. Additionally, it addressed the issue of adolescents' self-defeating behaviors, and provided a model for eliminating such behavior.

RESISTANCE IN ADOLESCENTS

Common traits of resistant adolescents include poor internal controls, a bad attitude, not being comfortable with emotional expression, and peer relationships based on shared rebellion. Resistant adolescents are self-protective and fearful of their own vulnerability; they see themselves negatively and use bravado to cover that up. They do not believe they control their own destinies. They are easily ignited and susceptible to boredom, and can be immune to consequences with a decreased capacity to express guilt. These children minimize difficulties, resist intervention, and distort information. They often have a sense of entitlement.

There are three kinds of resistance with teenagers. We see active resistance, unintentional resistance, and passive resistance.

ACTIVE RESISTANCE

Active resistance includes the deliberate refusal to talk. These teenagers are very determined not to deal with the issues, and to prevent others from helping them. This includes the adolescent who debates absolutely every statement in order to prevent getting to the real issue. This can include aggressive and intimidating behavior. Some teenagers refuse to see that anything is wrong. For them many of their behaviors no longer have any shock value. Though adults might be shocked by their behavior, teenagers often feel that "everyone is doing it" and the behavior is not novel.

UNINTENTIONAL RESISTANCE

A second kind of resistance is unintentional resistance, one of the most difficult to break through. This is found in adolescents who might be genuinely silent or shy. These young people do not know how to express themselves. They are very withdrawn and quiet; they do not know how to ask for or to accept help. Unfortunately, they can use this inability to talk as a way to deal with a problem. When they are quiet, someone else in the group or their counselor might speak up for them. People are uncomfortable with silence.

When working in groups with kids, I usually use “go arounds.” No matter what the issue is, it goes to everyone in the group. Group members have the right to say “Pass” if they don’t want to talk about the issue. To encourage the participation of someone who is very quiet, withdrawn, and afraid to say anything, I usually sit in front of that young person, look at him or her, and say, “We have time.” If that does not encourage their participation, then say, “We’ll come back to you.” Now that person knows you will be coming back to her. She or he might not like it, but they might even think of something to say to become part of the group. If a quiet and withdrawn person does say something, simply treat that person exactly the same as someone else, and say “Thank you.”

PASSIVE RESISTANCE

The third type of resistance is very different. This is the child who is engaging in passive resistance. The passive resistant kid has absolutely no intention of complying no matter what. They don’t argue. They don’t give excuses. They just do nothing. A caregiver can say what he or she wants and the teenager will just look at him or her. They have no intention whatsoever of complying. They invented the word “whatever.” They express no indication of compliance or non-compliance, and they are non-argumentative. They just sit there and say “all right,” “okay,” “right,” and then they do what they want to do. If they are confronted again, they give the same response. Usually they have an agenda that the caregiver does not know about.

SOCIAL SKILLS NEEDED BY RESISTANT ADOLESCENTS

Our culture is close to an all time low on civility and social skills. There are very few boundaries of respect, and communication skills are lacking. These patterns are not developed in adolescence; instead they have been in place for a long time. Parents have not taught civility and

social skills. Helping teens to develop such skills requires that you be extremely literal.

Asking for help, apologizing, and accepting defeat are helpful social skills. Accepting decisions of authority, negotiating, and making a complaint are all skills adolescents' need. They have to know when to say "enough," and when it would be best to walk away or to do something different. They need to know how to choose appropriate friends.

Other social skills adolescents need include knowing how to compromise with others and how to deal with boredom. They need to learn about appropriate risk taking, and avoiding temptation.

SELF-CARE

Because adolescents at risk, especially if they are very resistant, can easily burn out caregivers, those who work with teens need to learn to provide some self-care. An example of providing self-care is shown by this story from when our oldest son was about 15.

One day I made a very routine request of him. I said, "Take out the garbage, please." He didn't reply. He just went over and did the adolescent shuffle. That night as I was getting ready to go to bed, I went around the house checking the lights and turning things off. I opened the door to the garage to check to make sure the garage doors were down. And when I opened the door, I saw the trash sitting on the top step. Now, it is three steps to the floor of the garage. At the bottom of the third step on the right hand side is the trashcan. It would have taken me only a couple of seconds to pick up the trash and put it in the garbage can, but I thought, "This is one of those times that I can use self-care. I should invest a little in myself instead of letting him get away with it." Even though it was a little after midnight, I thought, "Let us not deprive this youth of this learning experience that is about to occur." So I went up stairs and went to his room where he was sleeping. It was dark and I flipped on the overhead light. Right away my self-esteem started to improve immensely. I went over to him and he said, "What?" I said, "What did you do with the garbage?" He said, "I took it out." And I said, "Get out of bed, go downstairs, go open up the garage door, be careful not to trip, pick up the trash, walk down three steps and on your right-hand side there are two big green things that have been part of the family for years, take the lid off one, put the garbage in, put the lid back on, turn around, walk up the steps, turn out the garage light, close the garage door." "You mean, now?" "Yes, I'll wait."

Now, it might sound facetious, but I never had to tell him again where the garbage went.

TECHNIQUES THAT HELP

There are techniques that can help when working with adolescents. The first is to build a therapeutic alliance with kids. Try to build some type of rapport or some type of relationship. The success of almost all modalities of care and intervention with an adolescent depend on the same variable -- the relationship established with the adolescent. That is more critical than any other kind of intervention technique or skill.

Techniques for building a therapeutic alliance might be to say, "It must be hard for you to imagine your life being any different" instead of "Why are you doing this, and why are you in trouble?" The teenager may simply not see an alternative. They have many feelings inside themselves, and they will share many reasons why they don't think it can be different. The real trick is to be able to enter through the teenager's world and to bring them out through yours. But they will not enter your world on their own. You have to enter theirs to bring them out through yours.

It is important to understand the adolescent world. How many caregivers actually know what it is like to be an adolescent in the year 2000 in this country? For example, do we know what the top five CD's are? Do we know what the top video games are? Do we know if it's more acceptable to go with a date or without a date to the prom? Do we know what their opinions are about what is happening in high schools? Do we know which shoes are better to wear now? If we don't know those things, we don't know anything that is important to the adolescents, because those are the things important to them. And they sometimes say, "You don't really care about me. You never even took the time to find out anything about me." So, enter through their world and take them out through yours. If you say, "It must be difficult being you" to the kid who always acts like nothing bothers her, you get be surprised what you get back.

Meet with peers. If you are going to work with someone, learn who are their friends and who are their peers, and find out what they think about what is happening. When an adolescent does not want to be involved in the treatment process, tell them that important decisions are

going to be made about them in their absence. If they choose not to participate, let them know you will go ahead and make those decisions without them. Some will be angry enough to stick around.

Another approach might be to say, “You look ticked off. Who has been hassling you? How can I help you?” This is a way of asking what the teen really wants. “I want these people to get off my back. They’re always on my case.” Then say, “How can you get these people off your back? If that’s where you’re at, fine. Let’s talk about it.”

It is important to develop an interaction contract, especially if you work with groups. Using a board, write, “Contract” and say, “Look, we’re going to interact with each other. How are we going to treat each other?” As they contribute ideas, write it all down. Then say, “All right, that’s your interaction contract. Now we need another type of contract. What are you willing to give to get? The interaction contract tells what you want. What are you willing to give each other to get it?” They might say, “I’m willing to show up.” In addition, always put two things on the contract -- amendments, and a risk clause. A risk clause means that everyone in the group has the right to say, “I don’t want to risk that” and everyone will respect that. Everyone in the group signs the contract. Every week get the contract back out and, before starting group, say “Would anybody like to amend the contract?” And sometimes they will come up with something else they didn’t like in group and put it up there. This interaction contract helps the leader to figure out how to govern what happens in the group.

Develop a balance between authority and tolerance. The leader is in a position of authority, but on the other hand, the leader must decide how much to tolerate. For example, it is a good idea to decide ahead of time how to handle it if an adolescent gets up and starts going through the desk. If they start using the phone and ask, “What’s the outside line?” or “You got a long distance line here?” plan ahead to know what to do. Avoid jargon and sarcasm. And do not ask a lot of yes or no questions.

It is helpful to offer alternatives and options. The more opinionated a therapist is, the stronger the adolescent’s resistance. Often they are not sure what to do, and need some way to

save face. It can be helpful to ask an adolescent, “Are you strong enough to face the truth about what’s going on inside?” Do not dispute what they say, but be curious about it. They may say things just to see if they can shock. Ask them “What things have you gotten away with when you didn’t get caught? How did you do that?” as a way to encourage them to talk.

Wait until you have developed a therapeutic alliance before trying a confrontation. A confrontation should be about the behavior, not about their thought process. For example, say “I’ll bet you can’t think of any other explanation for why the principal might be on your case.” This is helpful in trying to get them to think a little differently.

SELF-DEFEATING BEHAVIOR

There is a helpful cognitive behavioral model for eliminating self-defeating behavior. It is particularly helpful because it may be shared with the adolescent and, instead of the adolescent wondering or guessing what is going to happen, he or she will know exactly what will happen during therapy. Self-defeating behavior, at the time it develops, seems to make a lot of sense. However, later, when the situation has passed, continued use of the same behavior may have negative outcomes.

In addition to self-defeating behaviors, there are self-defeating thought processes. How we think can be as important as what we think. The more self-defeating thought processes a person has, the higher the probability he will engage in self-defeating behaviors, and worse, the higher the probability he will justify his behavior because it fits with the way he thinks. Then it becomes a cycle. It would be a breakthrough for a person to think they could do something different, for example, if they could develop a life-enhancing behavior. But for them to be able to think they could do that, they have to think something they have never thought before -- they have to think they have a choice. Even after they believe that there is an alternative way, and that they do have a choice, they might still run into their fear. If they cannot get through their fears, they want to run from them. They will not run back to a choice; they run back to a conclusion. Most self-defeating behaviors start with a conclusion, but if it is a faulty conclusion, the same cycle is predictable.

Teenagers need to have both inner and outer techniques in order to put their self-defeating behaviors into action. Inner techniques are thought processes; outer techniques are observable behavior. For example, if a teen's self-defeating behavior is that he is always getting into fights, he knows that if he does get into a fight, then he will have to pay a price. It is going to cost him, and it usually costs physical consequences, emotional consequences, or worse, it costs lost opportunity. There is an equation, however, between the thought process and the behavior. When the teen starts to feel and think and believe that the prices that he is paying outweigh his fear, then he is willing to try an alternative. The counselor can help discover the prices. But if the teenager's fear is stronger than the prices, he will pay the prices.

Then, if the teen is going to stay with the self-defeating behavior, since he does not want to admit he paid a high price, he will figure out how to minimize the prices. Eventually, he will figure out how to disown the self-defeating behaviors. He blames them on social inequities or other things outside himself.

If this model is tried with teenagers, it is amazing what may be pointed out. A counselor must remember to use "how" questions. Reframe all questions with "how" because it makes that person accept responsibility for her or his behavior. "How" questions get past "why."

WORKING WITH CHILDREN AND ADOLESCENTS IN GROUPS

Research on kids in groups with a facilitator has found that teenagers say the least valuable thing they got from group was insight. In contrast, adults say the most valuable thing they got from group was insight. For a teenager, it is alternative approaches to their behaviors that help them the most. They will tell you the most valuable thing they got from group was the relationship with the facilitator. So it is the ideas, behaviors, approaches, alternatives, and relationships, not insight into their behavior, that brings quicker success.

The following table provides some strategies for problems experienced in groups.

Group Problems

Problem	Evidence	Examples of Strategies
Low cohesion	Drop in satisfaction, attendance/promptness rate; low ratio of critical statements to	Increase attraction of group: serve food at meeting, use audiovisual aids and role-playing,

	positive statements.	
One or two members dominate interaction	One or two members speak more than twice the average amount available to each member of the group	Prepare low-frequency members prior to meeting; prompt them in meetings; reinforce low participants
Member withdrawal from interaction	Usually goes together with above problem. Withdrawn members speak less than half of their allotted time.	Set limits on high participators. Play Five Minute Fame
Too much off-task behavior	Off-task behavior more than 10% of total observed interaction	Help group to define “off-task,” then have group set limits on off-task behavior.
Too little self-disclosure	Participants talk about self, own problems less than 10%	Discuss similarities to cases. Gradually increase demand for self-disclosure.
Low rate of assignment completion	Percentage of homework assignment completion less than 75%	Examine skills of members in carrying out assignment. If deficient in training skills, discuss with group. If pressure too much, reduce demand. Develop contingency reinforcement systems for assignment completion. Involve members in decision making as to what homework
Excessive sub-grouping	Members of one sub-group tease, fight with, or argue with others. Drop in average satisfaction of ½ point or more	Brainstorm, then role-play alternative ways of increasing pro-social behaviors with others. Set up contingency contracts for pro-social behavior with others.

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About the Presenter.

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As an author he has published numerous articles and research finding and is best know for writing the first book in the United States on children of alcoholics in 1978. Eleven books later, many television appearances, and countless speaking engagements he has become internationally know for his work with families and children of all ages. His books have been translated into several languages including Spanish, German, Finnish and Chinese.

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