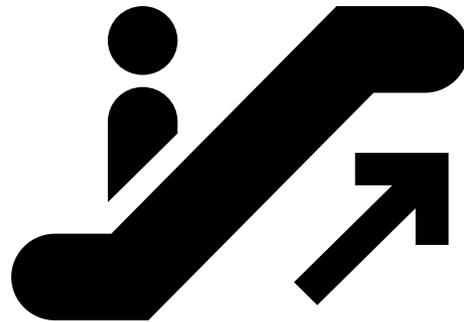


Engaging Challenging Teens



Things are Changing – How can we adapt?

- Exercise – Think about a tough adolescent... Consider:
 - Attitude
 - Difficult circumstances
 - Limited resources, obstacles, barriers etc.
 - **COVID 19**
 - Now
 - Future? What will happen with kids?



A Shifting Paradigm



PARADIGM SHIFT

Mind ■ Heart ■ Spirit

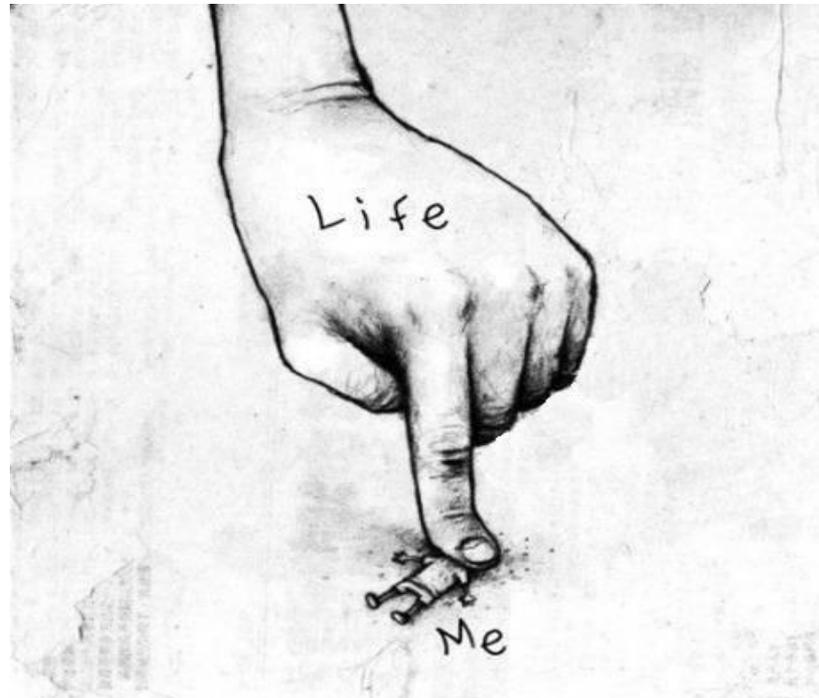
Easy answers harder to come by....



Obstacles

- **Multiple issues**

- Now, there is often so much more that can be going on: COMPLEXITY



Obstacles

- **Multiple issues**

- Now, there is often so much more that can be going on:

- **Family Dysfunction**
 - **Gangs & “Wannabe’s”**
 - **Increased availability of substances**
 - **Confusion – Where is the world headed? - Anxiety**
 - **Economic concerns resulting in hopelessness**
 - **“Spirituality” – What is my purpose? My place in the world? Where do I belong?**
 - **Co-Occurring Disorders**
 - **TRAUMA**
 - “Traumaspotting”



Complexity - Attitudes have changed:

- Changing views on authority
- Decrease in fear of consequences –
 - Jails Institutions or death... so what?
- Changing views on drugs and addiction
 - Some positive some not so positive
- Risk issues more prevalent – Suicidality, IV drug use
 - *How much time do you spend on risk management?*
 - **Heroin/Opioids definitely a “Game Changer”**



Support: Sometimes we have to do more with less

- **In many areas, “the system” is overwhelmed**
- **Family support may be harder to come by than in the past**

Support: Sometimes we have to do more with less

- **Challenges getting people into treatment or rehab in timely manner**

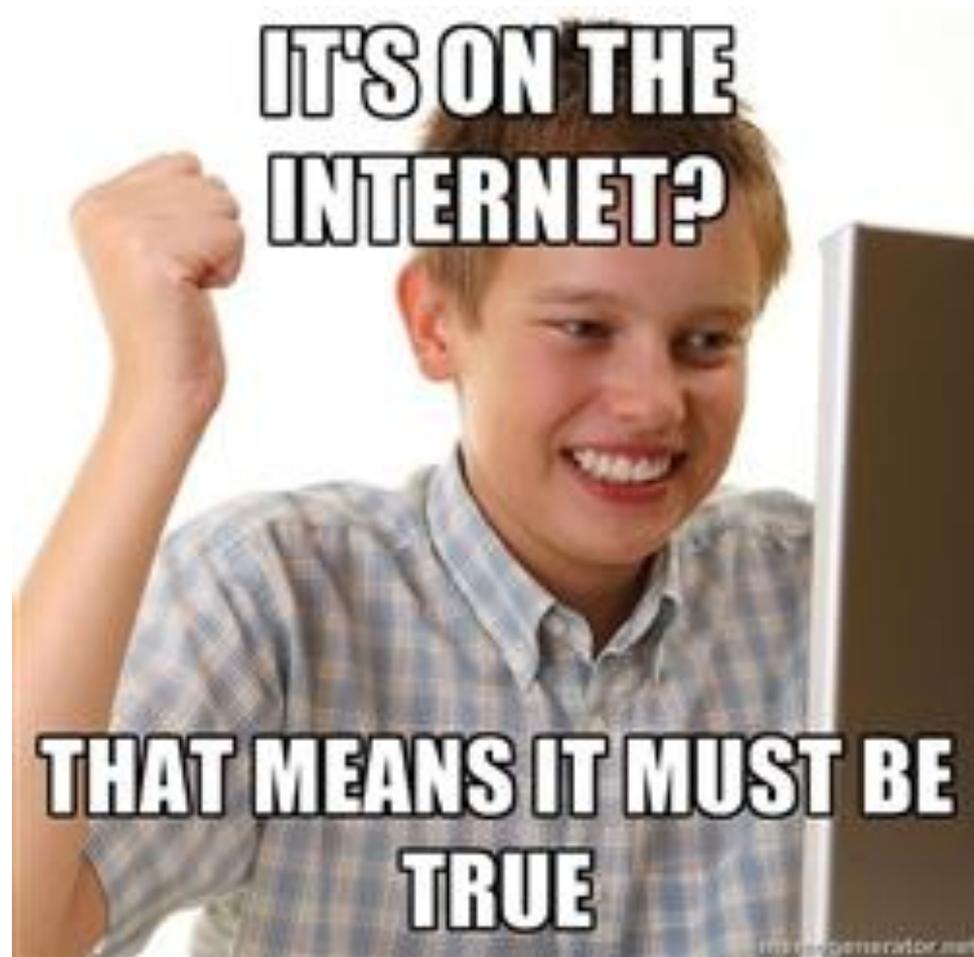
Support: Sometimes we have to do more with less

- **We may find a treatment program with an opening and child refusing to attend and/or parents refusing too**

- *The internet and social media has changed the way people interact, learn, gather information and communicate*

A Shifting Paradigm

- **Internet/technology –**
 - More information available so clients less likely to view you as authority
 - Inaccurate information
 - Poor communication skills/emotion expression – less engaged
 - Less fear – people have seen it all



Attitude



Complexity -the results

- **Client issues at times more complex resulting in:**
 - **More case management** – Time consuming, results in more paperwork and time on the phone/computer, but expectations for treatment the same
 - **More work, less time to get it done** – Sometimes fewer resources. More people fighting for same existing resources.
 - **More training** needed for clinicians, case managers
 - Sometimes we are faced with **not enough resources** or staff

**The pessimist complains about the wind;
the optimist expects it to change;
the realist adjusts the sails. W.A. Ward**



What this is about

- Taking a new perspective
- Adapting to changes in the world and in our clientele
- Building upon what we already know works
- Modifying what may not be working
- **Shifting our paradigm**

What is needed?

- **Person-centered approach**
- The “Expert” Approach does not work with many kids
- Starting where the person is then;
engage, inspire and motivate
- Attention to COD's
 - Mental health, trauma,
 - Wide variety of coping skills needed

How important is engagement

- Engagement is everything
- Again, what qualities needed?:



We walk a tightrope:

- Flexible _____ Firm, stick to rules
- Fun, relaxed _____ Formal, educational
- Educational _____ Entertaining, Not Boring
- Funny/amusing _____ Serious, Safe (Comfortable)
- Tell it like it is _____ Tactful
- Spontaneous _____ Planning, predictable
- Empathetic, caring _____ Consistent, consequences
- Non-judgmental _____ Discerning, Alert, Not naive

Defining engagement:

- **Engage** – verb -
to occupy the attention or efforts of (a person or persons):
- Synonyms:
 - Absorb
 - Engross
 - Interest
 - Involve

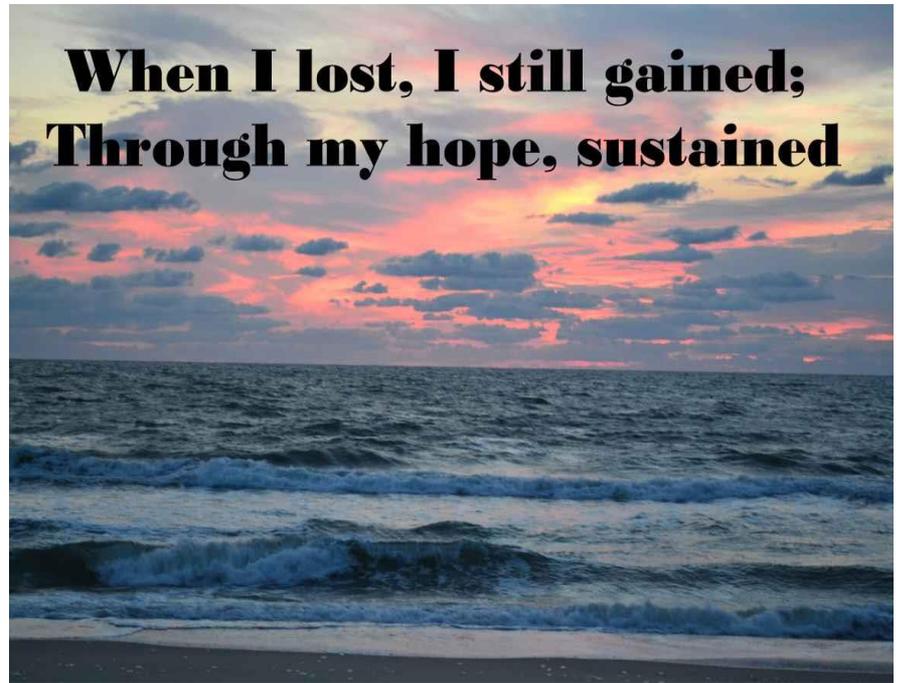
Engagement: Attitude Adjustment

- Staying positive, encouraging, empathetic even when faced with negative situations, attitudes and circumstances
 - Again: Its not personal...Check your negativity at the door



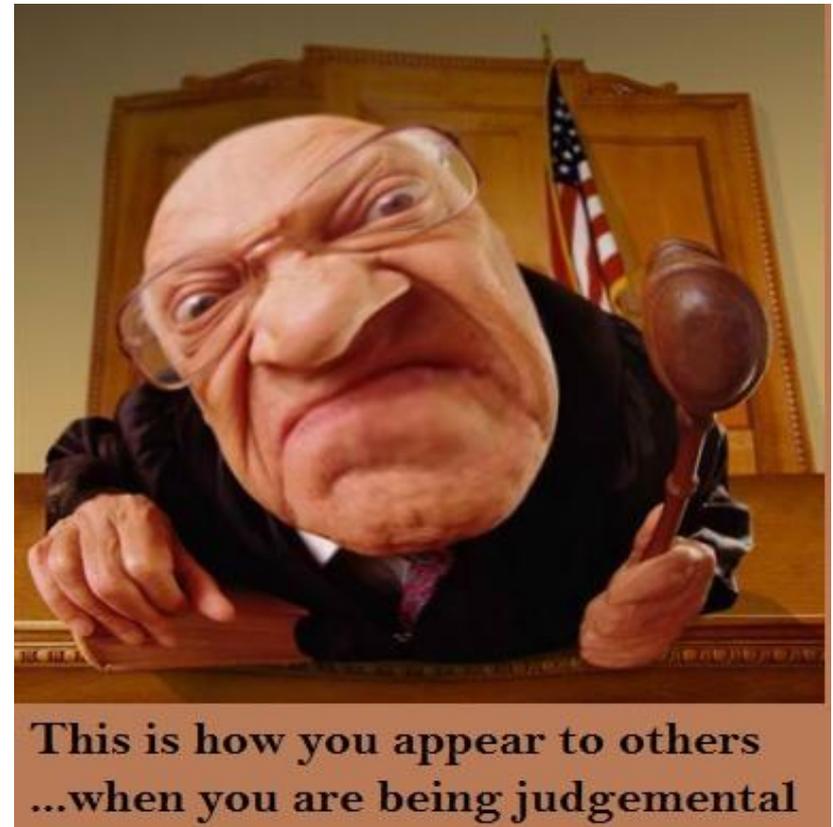
Engagement: Attitude Adjustment

- Staying positive, encouraging, empathetic even when faced with negative situations, attitudes and circumstances
 - Be a constant source of HOPE



Engagement: Attitude Adjustment

- Staying positive, encouraging, empathetic even when faced with negative situations, attitudes and circumstances
 - Learn to be non-judgmental even when you feel judgmental. (Empathy)



Video

- **Rita Pierson – “Every Kid Needs a Champion”**
- <https://youtu.be/SFnMTHhKdkw>
- https://www.ted.com/talks/rita_pierson_every_kid_needs_a_champion

What can we learn from this video?

- Attitude and Engagement
- You won't like them all but that shouldn't affect your approach
- Thinking outside the box
- The power of encouragement

Engagement:

- Let go of your ego
 - Avoiding power struggles
 - People are going to “get over”
 - Learning not to be the FBI
 - It’s not personal
 - Avoiding “Calling out”
 - Personality Disorders – Handle with care



Additional Considerations

- Preparation
 - The key role of being “over-prepared” when working with difficult clients – The “bomb factor”
- FAMILY
 - Be prepared to engage and involve families



What is the Optimism Bias?

- The optimism bias is the tendency for an individual to believe that he or she is at less risk of experiencing a negative event than others.
- “It Wont Happen to Me”
- Why do we all experience denial?

The Art of Insight Building

- The Critical role of empathy – a counselor’s greatest tool
 - **What is Empathy without agreement?** – Teaching your clients empathy even when they do not agree
- Using values to build insight – Heighten your values radar
 - Connect with their passion
- Point of view adjustment – **Time travel exercise**
- The Power of Illustrations

Insight Building (continued)

- Devil's advocate approach
- ***BELIEF DOES NOT EQUAL TRUTH***
- Getting clients to look at objectively at evidence –
 - **3 Paths example**
- Change experiment/Change analysis
 - **Actual – Ideal – Real**
- **THE POWER OF VALUES**

**Kids who move from alcohol and marijuana to
opioid addiction years later...**



The Benzo Bridge

Marijuana and Alcohol



**Prescription Opiates
and HEROIN**

Reality

Although heroin and opioid misuse often results in eventual physical deterioration of appearance:

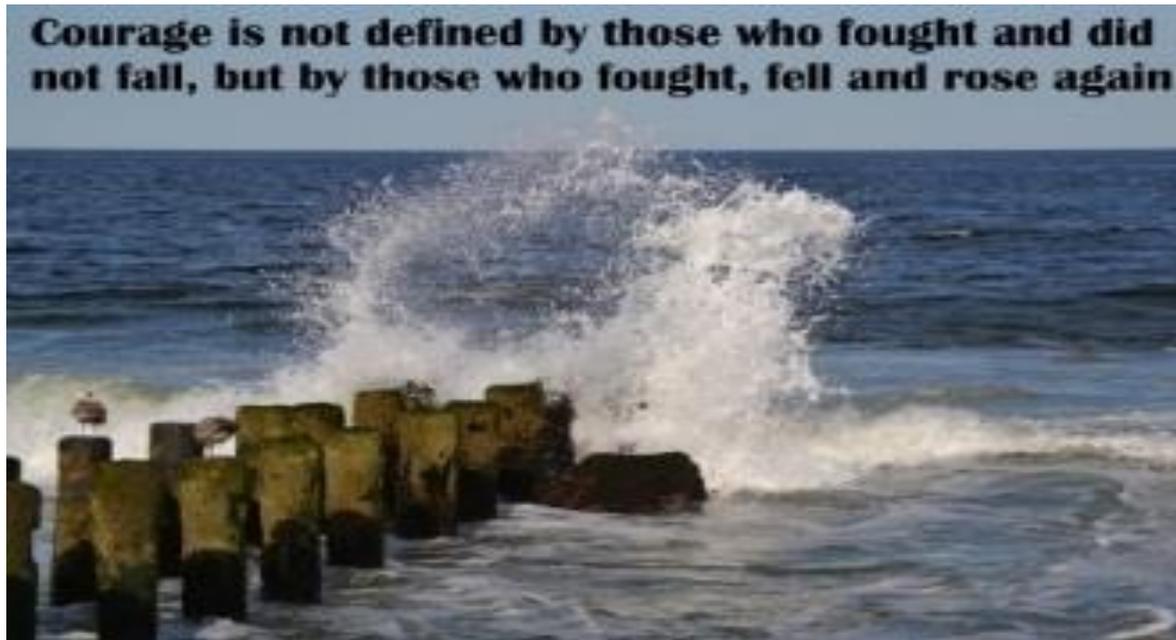
- Many people with opioid use disorders work, go to school, and live among the rest of us in day to day society
- The parents of many young opioid users do not even recognize there is a problem until it is too late because “they didn’t see it”
- Opioid use disorder is not just an “inner city” or “poor” or “minority” issue.

Internal Motivation Building

- What are “Flammable Areas”?
 - VALUES AGAIN
- Dissecting the Heart – **Their values not yours**
 - Again – Involve Family
 - Consider MH and Trauma
- Moving from guilt and shame to **hope**

Internal Motivation Building (cont.)

- Discouragement to **encouragement**.
- Remain a constant source of HOPE



Taking Another Look at Addiction, Recovery, and Sobriety

- **Shifting our view of the Problem - A Different Look at Alcoholism, Addiction and Dependency**
- **addiction -**
habitual psychological and physiological dependence on a substance or practice beyond ones voluntary control

Addiction as a Disease:

Both Addiction and Cancer:

- **Have Diagnosable Symptoms**
- **Are Progressive if not treated**
- **Are Chronic (long lasting)**
- **Are influenced by Genetic Predisposition**
- **Recovery is a process requiring lifestyle change**
- **Relapse can be a major factor**

The “Cold” Analogy

“sniffles” ←-----→ Pneumonia

What to Do if You Have Suspicion or Concern

- **#1 Rule – Speak up, Ask, Communicate**

Discuss: **What would be the right way to do this?**

- ❖ **Show concern, but tactful and respectful
(Respectfully suspicious)**

What to Do if You Have Suspicion or Concern

- **#1 Rule – Speak up, Ask, Communicate**

Discuss: **What would be the right way to do this?**

- ❖ **Show concern, but tactful and respectful
(Respectfully suspicious)**
- ❖ **When possible talk to family members**

What to Do if You Have Suspicion or Concern

- **#1 Rule – Speak up, Ask, Communicate**

Discuss: **What would be the right way to do this?**

- ❖ **Show concern, but tactful and respectful (Respectfully suspicious)**
- ❖ **When possible talk to family members**
- ❖ **Involve your TEAM (supervisor, doctor, colleagues)**

What to Do if You Have Suspicion or Concern

- **#1 Rule – Speak up, Ask, Communicate**

Discuss: **What would be the right way to do this?**

- ❖ **Show concern, but tactful and respectful
(Respectfully suspicious)**
- ❖ **When possible talk to family members**
- ❖ **Involve your TEAM**
- ❖ **Get a UDS**

What to Do if You Have Suspicion or Concern

- **#1 Rule – Speak up, Ask, Communicate**

Discuss: **What would be the right way to do this?**

❖ **Seek consultation with treatment provider**

Key Points

- Client Centered approach – Starting where the person is then; engage, inspire and motivate
- Accepting incremental change – Accepting “Baby Steps” in treatment
- Stay alert to COD’s and how they change the way we look at things

www.takingtheescalator.com

