Changing Compliance into Collaboration ...

....engaging adolescents/young adults in client-directed, accountable treatment....

By David Mee-Lee, MD

Introduction

Think about all the adolescent and young adult clients you have ever encountered. How many of them woke up and spontaneously said to themselves: "I think I better go to a mental health therapist or addiction treatment counselor because I am appalled at the way I talk to my family, use drugs, miss school, and defy authority with my friends." Actually, not many adult clients fully take responsibility for their thoughts and actions before reaching out for help either. But it is almost universal that youth are mandated—formally or informally—for assessment and treatment.

A treatment plan that includes family therapy, addiction education and abstinence, school attendance, and giving up old friends may seem like it addresses all of the correct clinical issues. But is the client actually interested in making those significant life changes? To require a client to comply with such a plan is an exercise in futility, one designed to create many opportunities to label the client "resistant, unmotivated, oppositional, conduct disordered and antisocial."

Resistant behavior and hostility are expected parts of many clients' presentation. This is a challenge to our engagement skills. Clinicians vary widely in their motivational techniques to deal with difficult-to-engage youth. Some advocate intensive treatment to "break through" denial. Others emphasize compliance with court orders and focus more on behavior control and consequences than collaborative methods. Yet others employ passive styles of psychotherapy to explore psychodynamics and internal conflicts.

Whenever you feel you are doing more work than the client—are more invested than they are in their wellness and recovery, their impulse control and anger management, or their medication compliance—something has gone wrong engaging this person in collaborative care. Helping people change involves engaging them as a "customer." Every client is motivated if you work on what they really want (Mee-Lee, 2001).

What Does the Client Want?

Initial engagement and collaborative treatment begins with a genuinely interested dialogue about what is most important to the adolescent or young adult. What did they want that made them agree to keep an appointment they didn't even make? Someone else—a parent or guardian, most likely—scheduled it (Mee-Lee, 2007).

Therapist: "Thank-you for choosing to work with me. How may I serve you? What is the one most important thing that you want me to help you with?

Youth: "I didn't choose you, they made me come."

Therapist: "I didn't see anyone drag you in. What would happen if you hadn't come today?"

Youth: "My parents are getting fed up and might send me away to a boarding school. My friends are all here and I want to stay at home."

The focus is on what the young person really wants (avoid boarding school and stay home), not just on what others have said he or she needs (treatment for substance use problems or angry outbursts and poor school attendance). While the problem may be obvious to us, the youth will need "discovery" work, not "recovery" work. Why has the young person come now? What is

his highest priority? Can we help him discover the link between his drinking and anger that affects his family relationships and school performance?

Therapist: "So you want to get your parents off your back, right? You want to stay home and not go to a boarding school. But why did you come now and not last week or last month?"

Youth: "I came now because my parents said last week that they are fed up. If I don't get some help they are seriously looking into a boarding school. Actually, they already visited one in another state."

Therapist: "Oh, so what you want most importantly is to not get sent away?"

Youth: "Well yeah, but I don't have a drug problem or any problem with my temper. They're just overreacting. It's not as bad as they say."

Therapist: "Okay, I am willing to work on helping you stay home if that's what is most important to you and the reason you came now. Do you know what you're doing that makes them think you have a drug or anger problem?

Youth: "All I did was break my curfew a couple of times and get into a little argument with a teacher and my father once or twice."

Therapist: "If we are going to help you not get sent away to boarding school, we could spend our time talking about how unfair your parents are and how they are misjudging you. Or, we could work to show them that they have you all wrong and that you are a good student and son who does not have a drug or anger problem. Let's think together how we could gather the data that would prove you don't have a drug problem. If all that data is squeaky clean then I can tell your parents that all is well and that they may just be overreacting. If, however, in the course of our work together we discover you do indeed have a problem, I can still tell them that all is well. But we'll have to work hard on your drug use and anger to get these under control. This will show them that you're taking care of the problems interfering with your school performance and family relationships, and that there's no need to send you away."

Youth are often difficult to engage because there is no agreed upon treatment contract for which you can hold them accountable. The goal in collaborative treatment is to develop a "treatment contract" that fully aligns with the young person's goals. This requires clinicians to resist the urge to move quickly into the clinical assessment and to then prescribe what should be worked on and how. More time, especially when building an alliance with the client in the first fifteen minutes, has to be spent exploring what the young person wants and their ideas on how, when, and where they feel they can achieve what is most important to them.

From Compliance to Collaboration

In an attempt to engage a young person who feels "they just made me come" or "I have to be here," it is easy to also feed into their "victim" stance. The counselor inadvertently says, "I know you don't want to be here, but you have to be, so you might as well try to get something out of it." This immediately reinforces the idea that they had no choice and that "doing their time" in treatment is an acceptable alternative to actually committing themselves to exploring their behavior and taking responsibility for their substance use or anger problems.

While it may seem they have no choice in the matter, the young person did in fact choose to be there, even if all they wanted was to avoid being sent away. Webster's Dictionary defines "comply" as "to act in accordance with another's wishes, or with rules and regulations." It defines "adhere" as "to cling, cleave (to be steadfast, hold fast), stick fast." If we really are going to join with the client and help them remain in their homes, the last thing we want is compliance–just going through the motions in accordance with rules and regulations.

When compliance is the focus, there is a high likelihood that, once out of the clutches of a treatment setting, their behavior will resume. They had no personal investment in examining their behavior and were allowed to maintain a "victim" mentality that resulted only in treatment compliance to complete a program. What we really want is collaboration in order to prove to the parents or school that there is no drug or anger problem. If the young person does indeed discover through motivational strategies that such problems do exist, then adherence will be necessary. Without steadfastness, stick-to-itiveness, and perseverance, change is difficult.

Motivated, but Motivated for What?

All clients are motivated at the Action stage of change (Prochaska, DiClemente & Norcross, 1992). What they are motivated for, however (not being sent away, getting off probation, keeping a job), may not be the same motivations you would like them to have (sobriety, anger management, new friends). All clients are at Action for something, if only to get people off their backs. Otherwise they would not be seeing you in treatment.

When youth are motivated for "incorrect" reasons, we blame the client. Engaging and attracting them into recovery starts with paying attention to what they are interested in achieving. Labeling them as resistant and unmotivated or oppositional and non-compliant serves no clinical purpose and decreases the chances for collaboration and accountability. The young person does not truly believe they have a mental health and/or substance abuse problem. It is up to them to work with you to gather the data that proves they are right and that they have a plan for getting what they want. This is the kind of treatment contract that transforms compliance into collaboration, and that has the best chance to engage the adolescent or young adult in an individualized change process which is both accountable and achievable.▼

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