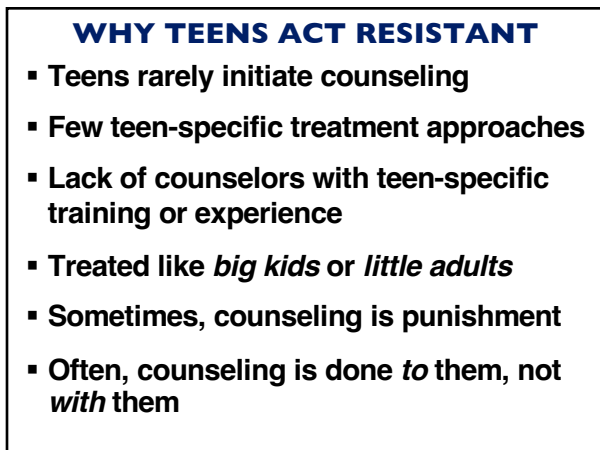




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NORMAL BUMPS

Ambivalence
Adolescence is a transitional state; nostalgic for the comforts of childhood, but wanting the privileges of adulthood; can lead to stuckness

Impulsivity
The teen brain is a work-in-progress; impulsivity & poor problem solving are common, especially when under stress

Reactance
Teens frequently feel distress, irritability, or anger due to loss or perceived loss of their tenuous autonomy or forming identity

Mental health issues, substance use
& trauma exacerbate these bumps

6



DEVELOPMENTAL DEBT

A cycle of falling behind on developmental tasks

MOST COMMON IN TEENS WITH...

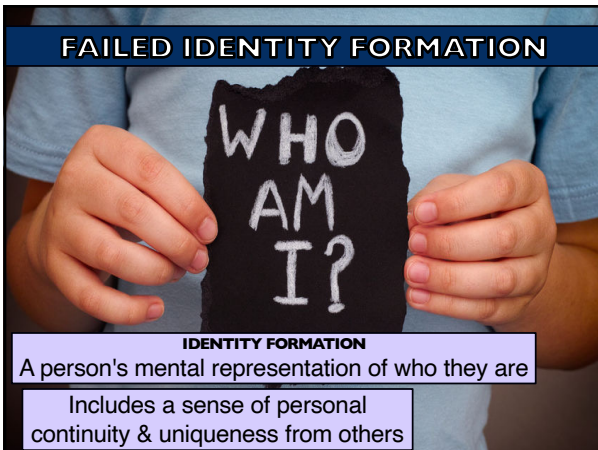
- Trauma exposure
- Substance related problems
- Attachment concerns

7

GETTING OUT OF DEBT

- Predictability & consistency—at home, at school & in therapy
- Play therapy, experiential learning & other fun, interactive approaches
- Developmentally appropriate, trauma informed mindfulness activities
- Use lots of metaphors, stories & illustrative examples

8



FAILED IDENTITY FORMATION

IDENTITY FORMATION

A person's mental representation of who they are

Includes a sense of personal continuity & uniqueness from others

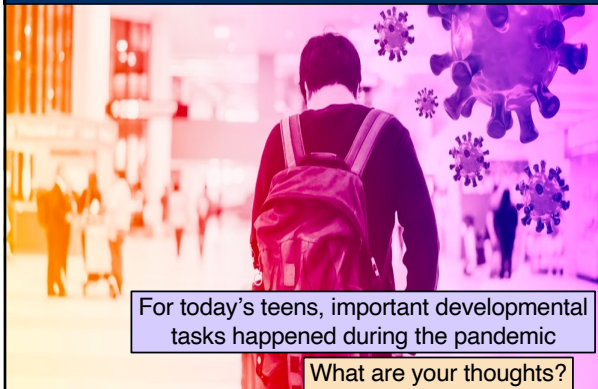
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MORE ON IDENTITY FORMATION

- Process starts around 11 or 12
- Teens typically “try on” various behaviors, presentations & roles
- If dealing with MH or SUD issues, that becomes a core part of their identity
- Change threatens fragile sense of self
- “If I stop _____, who am I?”

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WHAT ABOUT COVID?



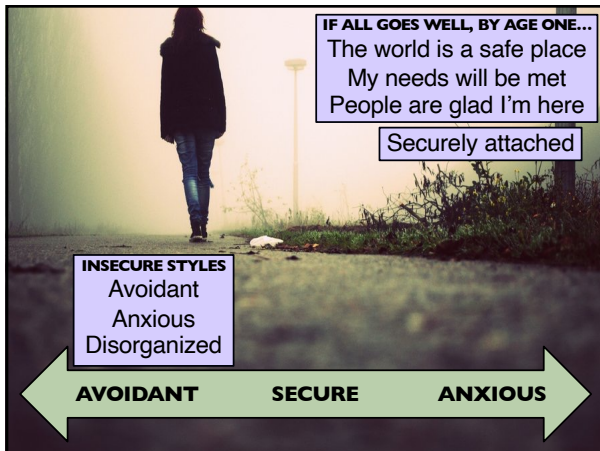
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An Attachment Based Reframe

12



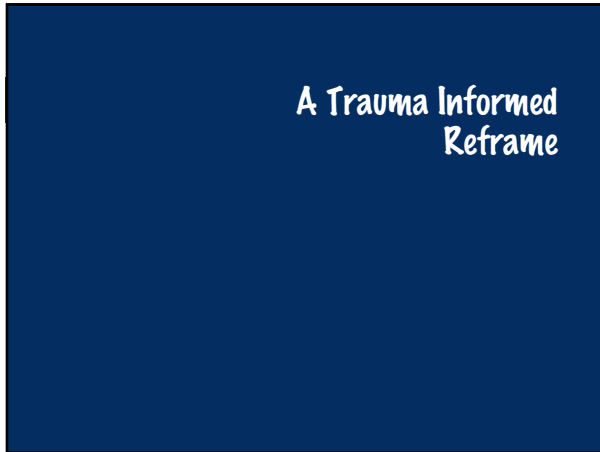
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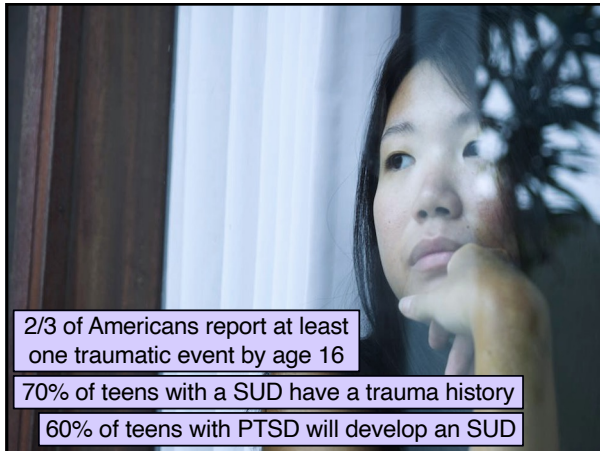
14

AVOIDANT TEENS	ANXIOUS TEENS	DISORGANIZED TEENS
<ul style="list-style-type: none"> • Often labelled resistant, oppositional, or non-compliant • Expect treatment interfering behaviors • Present as highly independent • Lack trust • Empathy can seem insincere or even threatening to them 	<ul style="list-style-type: none"> • May over-perform in counseling or strive to please you • Self-sabotaging behaviors are common • Often hyper-emotional & this could be performative • Very small comfort zones • High frequency of learned helplessness 	<ul style="list-style-type: none"> • May fear primary caregiver • Behavior may not make sense • Likely to struggle with empathy & trust • Often highly controlling • Desire to be attached conflicts with desire to be safe
<p>In what ways might these behaviors look like resistance?</p>		

15



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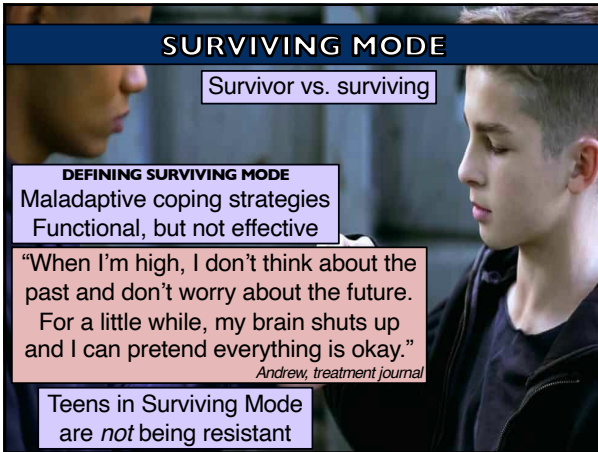
UNDERSTANDING TRAUMA

- Trauma leads to more trauma
- *Big T and Little T*
- Defined by the impacts, not the experience(s)

HYPERAROUSAL	INTRUSION	CONTRACTION
<ul style="list-style-type: none"> • Vigilance • Anxiety • Sleep problems • Trouble concentrating 	<ul style="list-style-type: none"> • Flashbacks • Nightmares • Triggers • Re-enactments 	<ul style="list-style-type: none"> • Attempts to avoid intrusion • Withdrawal from the world • Self-perpetuating

In what ways might these impacts look like resistance?

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SURVIVING MODE

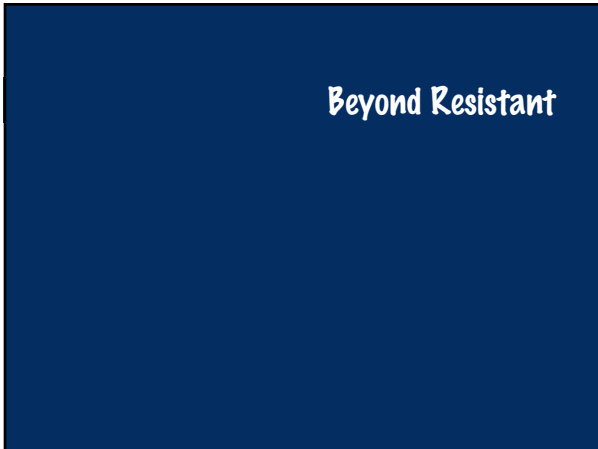
Survivor vs. surviving

DEFINING SURVIVING MODE
 Maladaptive coping strategies
 Functional, but not effective

"When I'm high, I don't think about the past and don't worry about the future. For a little while, my brain shuts up and I can pretend everything is okay."
Andrew, treatment journal

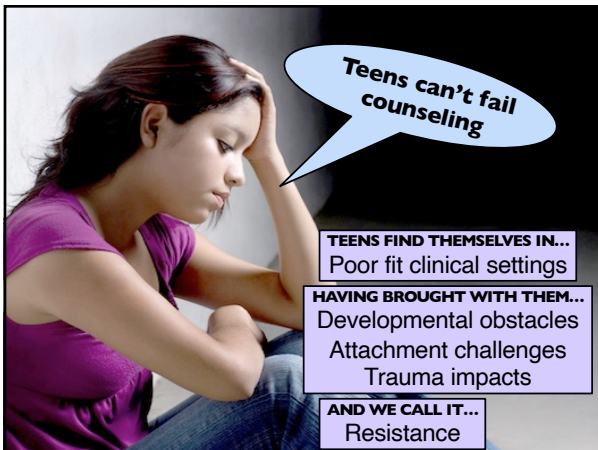
Teens in Surviving Mode are *not* being resistant

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Beyond Resistant

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Teens can't fail counseling

TEENS FIND THEMSELVES IN...
 Poor fit clinical settings

HAVING BROUGHT WITH THEM...
 Developmental obstacles
 Attachment challenges
 Trauma impacts

AND WE CALL IT...
 Resistance

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WHEN TEENS ACT RESISTANT

- Be clinically curious
- Focus on therapeutic alliance
- Expect normal developmental bumps
- Address debt & identity issues
- Think attachment – theirs & yours
- Integrate trauma informed approaches into everything you do
- Don't punish them for the reasons they came to counseling in the first place

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**Acting resistant
isn't the same as
being resistant**

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