How to Get on the Same Page:

Working with Adults and Teens who Present with Resistant Behaviors

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Objectives

By the end of the presentation you will be able to:

1. Identify what resistant behaviors are and how they affect treatment
2. Identify secondary gains that may be creating resistance to engagement
3. Identify contingency management and gain knowledge about its effectiveness
What is Resistance?

- According to Dictionary.com, resistance is defined as “opposition to an attempt to bring repressed thoughts or feelings into consciousness.” when referring to psychiatry.

- According to merriam-webster.com, 1 of the 6 definitions is the following: “a psychological defense mechanism wherein a patient rejects, denies, or otherwise opposes the therapeutic efforts of a psychotherapist.”
Looking through Another Lens

• Let’s take a moment and think of something that has been a large part of our lives. Something you enjoy or maybe even a habit that you may think about changing from time to time.
What Can We Do as Providers?

- Agenda, starting from the same place?
- What is their motivation?
- Making a safe place to have a conversation
- Are we playing tug of war or a dance with the client leading?
- If we are not in the same place, we may be addressing an area that is not on target
Children and Resistance

- Children are told what to do and how to do it
- Struggling to provide input in their lives
- Teens’ ideas of independence
- Fear that parents will find out what was said and implement consequences
What does Resistance look like in Adults - the Many Faces of Resistance

- Resistance can be observed in many ways
  - Arguments
  - Anger
  - Silence
  - Body language
  - Yeah but…
  - No shows or cancellations
Secondary Gains

According to R. Davidhizar’s article for the National Library of Medicine:

“Secondary gain is defined as the advantage that occurs secondary to stated or real illness. Transition into the sick role may have some incidental secondary gains for patients. Types of secondary gain include using illness for personal advantage, exaggerating symptoms, consciously using symptoms for gain, and unconsciously presenting symptoms with no physiological basis. These symptoms may contribute to the social breakdown syndrome and the patient's choice to remain in the sick role.”
What do They Have to Lose?

- Many people start using early in life
- Development of coping delayed
- Are there sober supports
- Teens and socialization
- How much is their identity linked with their use.
- Do they have few expectations and do they fear failure
- Avoiding memories, disappointments, guilt, shame
Moving Forward through Resistance

- Engagement
- Pros and cons
- Cost/benefit analysis
- Validation
- Open ended questions
- Reflection
Contingency Management

- What is contingency management?
  - Receiving tangible rewards to reinforce positive behaviors (drugabuse.gov)
  - Examples
    - Voucher Based Reinforcement: community-based for opioid use or stimulus use, using vouchers that have monetary value to exchange for items that are received for negative UDS
    - Prize Incentive: receive entries into drawing for prizes worth $1-$100 for negative UDS
Contingency Management Study

• Study of 800 individuals from 14 U.S. clinics “with stimulant misuse” randomly separated into a standard treatment group with twice weekly drops and a group that consisted of the services mentioned plus contingency management (entered into drawing to win a prize valued $1-$100)
  • Retention: 49 % w/cm vs. 35% w/o
  • Mean number of weeks abstinent 4.4 w/cm vs 2.6 w/o
  • Sustained stimulant abstinence 4x higher, 18.7% w/cm vs. 4.9%
In Conclusion
References

References (continued)