

"I only come here because they make me!"

Working with kids who don't like therapy! - Eliana Gil, Ph.D.

Not that I know much about this, because all my clients have LOVED coming to therapy, asked to come more often, and hated leaving the play therapy office....NOT!!

I kid because sometimes we all imagine that children and teens love seeing other therapists, and that we are the only ones whose clients protest coming to see us, thus making us feel incompetent or disliked. I purposely chose to title this, "working with kids who don't like *therapy*," because I think it's human nature to interpret children's protestations as a sign that they don't like us, personally. And sometimes that can be true: There can be a "bad fit" between youth and therapist and that is something that occurs from time to time in our professional lives. But for the most part, I think that children and teens can resent the process if they are being forced to attend therapy, and may find it hard to tolerate the "messenger."

Sometimes, unfortunately, the messenger bears the brunt of extreme, unpleasant, or aggressive pronouncements from irritated child clients. I'm not sure which I prefer: A youth who uses his words well and verbally communicates in colorful and precise language, or a youth who utilizes nonverbal communication (such as missed appointments, lateness, etc.) or sits arms-crossed, in hushed defiance.

Long ago I made an effort to use the words "hesitation," and "ambivalence," instead of resistance, because the word implies opposition, conflict, and struggle. In many cases, it is best to consider resistant behavior as action language—one of the many resources children and youth have at their disposal to communicate their displeasure within the confines of a therapy relationship. The best we can do from a clinical perspective is to *welcome* their ambivalence or hesitation, instead of working against it, or establishing a power struggle that we are bound to lose anyway. Depersonalizing children's "resistance" is always a good idea, of course, but sometimes it's very difficult to accomplish.

I know that welcoming the feared or unwanted behavior, rather than trying to change it, is exquisitely tough to implement, especially when our feelings come into the equation. The reality is that we therapists are acutely sensitive and we work very hard to do the right thing, provide the best service possible, and stay attuned to our client's needs. What happens when it appears that no matter what we do, the client continues to dig in and fight the process, even threatening to quit therapy? Here are some ideas:

1. Welcoming the hesitation. I think it's important to make sure that the client feels heard and validated for his/her feelings. For example, to say (in a matter of fact way), "I hate it when I feel someone is making me do something," or "I know what it's like to dislike someone or something that you do." This can be followed by, "I hear that you're not wanting to come here. Let's figure out what we can do about that." You can ask for more information, "What specifically don't you like about coming here?" Sometimes it's something simple, like time of day or day of week. Sometimes kids will tell you that it's your voice, your hair, the clothes you wear, and they personalize their responses. Again, it's good to share your experience with that, "That's happened to me too, I've met people that just turned me off for one reason or another, sometimes it was someone I was going to have to work with or spend time with." You can also try to build in some adaptive response, like "so I tried to understand what I was feeling and come up with a way to manage things so I felt better."

You might also share a situation in which you realized that the person turned you off because they looked just like your mother when she was angry or your father when he used a disapproving look, or they sounded just like a teacher you didn't like. You want to make anything the child says acceptable, even if they are really trying to push your buttons by talking about your weight, your clothes, your smell, etc. etc. Whenever I get one of those personal comments, I always respond, "thanks for noticing, yes, it's something I'm aware of, and I'm working on." If your clothes get selected for ridicule, you might ask for suggestions and simply state that you've never had a good fashion sense, even when you were in school.

Another useful sub-conversation might be about what you say or do that doesn't rub the child the wrong way. You can tell the child that s/he is very clear about what they *don't* like about you and you're wondering if

there is anything that's not so hard to put up with, something that they either like or feel neutral about. This can include something about what you say or something about the things you do together.

You can also have a conversation about other people (like you) that they have no use for, who are they? Where do they interact with them? How do they manage their feelings towards them, or avoid them? None of this may elicit useful conversation but some of it can result in surprisingly frank and refreshing dialogue.

2. Returning some control. Another response in this situation may be to talk to children and teens about the fact that they are required to come to therapy because of a particular problem and you can strike some deals with them: Perhaps you can change date/time of appointment; perhaps you can decrease the number of monthly appointments (if not counterindicated); perhaps you can meet with their parents half the time; perhaps they can do some homework instead of coming to therapy or do some therapy while they share time with you. For example, there are some wonderful books that children or teens can read while they sit with you. Maybe they can cut their sessions short by 10 minutes if they write a synopsis of it. Sometimes, I've negotiated with kids to help me write a book for a younger population on the subject we are discussing. So I might tell kids that there are a lot of books on anxiety written for their age group but not for their younger counterparts and we can go through the books together and "rewrite" them for a younger age group. Every now and then I've also created a fictional client that I say I need help with. Sometimes kids really like to help you with a problem you have (and it takes the focus off of them). For example, I might say, "Hi, sorry I'm running late, I met a new kid today, he's a few months younger than you, and whew, it was really, really tough. I'm not sure what to make of it, I've never met someone like him." When the client's curiosity is peaked, you proceed to give this fictional client exactly the same problem that plagues the client in your room. Finally, you ask for help, you say your hands are tied, that you don't know what to do, that you feel completely useless to this new child client. That might get their interest, and it might not. I've had some interesting and productive results by using this strategy.

I've also worked with kids in time increments where I tell them we will spend 20 minutes on the problem behavior and the rest of the time doing whatever they want. All these techniques are designed to give the child

more power and control than they currently feel and sometimes, it loosens them up and relaxes them a little so they are more receptive and interactive. Sometimes they don't have any impact whatsoever.

3. Working with trauma. Trauma work is usually painful and can be disorganizing for children. Teens may understand a little better the benefits of working through "old stuff" that haunts or revisits them in some way, but younger children may not really understand the benefits of trauma work. I once had a seven-year-old say to me, "I'm not talking about that. When I talk about it, it makes me feel bad, and it makes me remember more stuff that makes me feel bad." Clearly, that is the outcome of some trauma work, it sometimes feels worse before it gets better and kids (and/or adults) are not always consistently motivated to do the work of remembering and processing.

Some kids associate therapy with discomfort and pain. They may simply not want to come because it hurts them to be focused on traumatic experiences, it might make them feel intense, uncomfortable feelings. And yet, without focusing on these experiences and feelings, things can go unabated and difficult in lots of ways. Those of us working in a clinical way that integrates expressive therapies and other alternative approaches that show positive effects (yoga, equine therapy, music therapy, etc.) are more fortunate than those of us who rely solely on verbal communication because children and teens use a broader vocabulary and are able to show you (versus tell you) what might be on their minds. One of the most effective additions in my vocabulary, adjusted decades ago, was to say to kids, "you can tell me about that, or show me in whatever way you wish" what you're thinking or feeling. So sometimes giving children alternative experiences in therapy can feel better to them. They might like drawing, making sand trays, using miniatures to show their thoughts and feelings. At the same time, some expressive work may actually be extremely evocative and some children may feel more intense feelings as they engage in sand therapy or miniature work. I've had some children not want to make sand trays for a long while after a particularly meaningful or revealing tray. There is a wide variability in the ways that children may feel exposed or vulnerable and those can create a true hesitation to do more.

Sometimes, trauma work can be postponed until other work is addressed first. Maybe children and teens need some work on general coping strategies, the identification of resources, or methods for self-soothing prior

to continuing the work. And sometimes, children and teens will need to be referred to someone new. My experience has been that as soon as that option is available to kids, they relent and say they don't want to talk to someone new and tell their stories all over again. They then tolerate you in a different way, knowing that you have taken them seriously enough to try to make a positive change for them.

Finding ways to make time pass while having some therapeutic benefit is a constant struggle. Sometimes watching videos together can be helpful, or asking kids to bring in the music that has some meaning for them. I usually love it when kids bring in the most provocative music they can find and are shocked that you don't react as expected (or even know the artist!!). And sometimes reading a book together and having kids highlight the parts they get, or don't get, can be useful as well.

4. Be neutral. The children and youth I've been describing are visibly struggling with being in therapy and trusting the therapist. They are not motivated to be there, they did not seek out therapy, and they may be boycotting therapy because one of their parents is bringing them to you. They may see you and their parents as ganging up on them. These youths may ignore or reject you, provoke and push your buttons, or utilize verbal or nonverbal communication to loudly resist cooperating with therapy and therapist. One of the side-effects of working with these children is that you can find yourself working over-time to find the one thing that will change his or her mind. You may be overly-compliant and solicitous, nervous, or too sweet in voice, posture, and gesture. If you find yourself over-working, over-planning, and simply exhausting yourself to make the client more receptive, you may inadvertently cause the client to dig in deeper and fight back more persistently. It's possible clients will trust you less if you are pushing back with too much of your attention or patience. At times, it may work better to simply stay neutral, not too understanding or forgiving, but somewhere in the middle so the child doesn't feel the need to push back so intensely. If you stop trying so hard, there might be less tension, and the youth might not need to take such a rigid stance.

In summary, we all encounter child and teen clients who are dead set against therapy and find the whole concept stupid! Sometimes, they recognize that participating in therapy elicits strong emotions and they can experience emotional pain. It's very hard to self-motivate to attend therapy if you view it as a painful process.

Sometimes kids aren't able to get past the pain to experience relief, clarity or some kind of resolution, so they don't understand the necessity of exploring painful memories. They also may feel conflicted about trusting what you say about the process of recovery and trusting may feel like a threatening surrender that they are not able to make easily. There are lots of clinical reasons that can underlie behavioral resistance.

In addition, children and youth usually have very few rights in the world and resist the idea of doing something just because someone is making them do it. This is totally understandable from my point of view and I think it merits discussion and exploration to see if there is a way that it can become more palatable to kids. Even having teens watch a movie like the one written by Matt Damon and Ben Affleck (Good Will Hunting) can be an interesting thing to do.

We are not all perfectly suited to work with every single child that walks in the door. Sometimes they don't like being forced to come to us, and sometimes they don't like us period. That's really okay. I haven't liked EVERY child that I've worked with, but I've learned to work with them, and in the process learned a lot about myself. I now know that "know it all" preschoolers push my buttons. I remember welcoming them to my office as an opportunity to learn more about myself and them and what seemed like their interesting sense of entitlement. Whenever I dreaded seeing a child or teen, I would welcome them into my heart, settle in with the discomfort that they brought to me, and learned more about myself and about them.

I hope the kids who don't like you are few and far between but welcome them with an open heart, especially at the point that you feel the most rejected. These are the moments of potential growth for therapist and client and if the client sticks around long enough, the rewards can be plentiful. I know, I stuck around a therapist I hated when I was a teen, and eventually valued not only the fun interventions (we played a lot of board games), but his patience and consistency with me. I remember him as one of the first people who was truly interested in what I had to say and remembered each word I muttered (or so it seemed).