Engaging and managing an unwilling or aggressive young person

ANDREW M. CHANEN MB BS, BMedSc, MPM, FRANZCP
LOUISE K. McCUTCHEON DPsych, MAPS

Specific strategies can be applied in consultations with young people who are difficult to assess and manage.

PHOTOLIBRARY

Most young people (10 to 24-year-olds)[1] do not deliberately try to be difficult to assess and manage.[2] However, collaboration can be difficult to achieve when a young person is unwilling or aggressive. Many difficulties encountered arise from the interaction between young people's common modes of coping and the differing needs and expectations of clinicians or family members. These modes of coping (e.g. blaming others and blocking out negative feelings) usually have clear short-term adaptive benefits for the young person, but when used repeatedly, excessively or inflexibly tend to perpetuate or exacerbate problems and undermine assistance from others.

Tips for fostering engagement with young people are listed below.

- Speak to the young person directly, as well as to the parent(s) or guardian.
- Treat the young person as being responsible and capable of contributing to decision-making.
- Take a curious, nonintrusive and respectful stance.
- Be open and honest as much as possible.
- Clarify what the young person wants from you.
- Establish agreed goals or explain clearly why you cannot help.
- Balance talking about what the young person wants with what you think might help.
- Be honestly interested in what the young person has to say.
- Be yourself, don't fake it.
- Use metaphor and humour (when appropriate) to build rapport.
- Use language that is clear and easily understood and avoid jargon; overuse of slang is probably worse than not using it at all.
- Check regularly that the young person has understood what you are saying.
- Provide information (see www.orygen.org.au).
- Warn the young person if you are going to ask questions about topics that may be distressing (e.g. sexual matters).
- Be flexible; tailor what you do and how you do it to the situation.
- Avoid being judgemental by showing empathy and tolerance while still expressing concern for the young person's safety or wellbeing.
- Avoid getting into a controlling, authoritarian position by explaining your concerns if and when they arise and the rationale behind your actions.
- Remember, engagement might wax and wane, and requires attention throughout the care of an individual.

Dr Chanen is Senior Lecturer at the ORYGEN Research Centre, Department of Psychiatry, The University of Melbourne, and Associate Medical Director at ORYGEN Youth Health, Northwestern Mental Health, Melbourne. Dr McCutcheon is a Senior Training Manager at ORYGEN Research Centre, Department of Psychiatry, The University of Melbourne, and a Clinical Co-ordinator at ORYGEN Youth Health, Northwestern Mental Health, Melbourne, Vic.

Coercion and family involvement

Others (usually parents or guardians) commonly bring young people to appointments and the young person often sees attendance as serving the needs of those people. Acknowledge this issue as real and try to find common ground with the young person by identifying his or her goals or needs. This might include 'getting others to stop controlling me'.

Parental involvement is important and desirable but evidence for any benefit from mandatory parental involvement is lacking.[3] The law recognises the rights of 'mature minors' to make decisions about their medical treatment and to receive confidential health care.[3] Clearly document your assessment of the young person's capacity to give informed consent. When parents are in contact with the practitioner but denied involvement by their child, clearly remind all concerned that the safety of the patient and others is paramount. Confidentiality in relation to young people and its application to mental health problems are comprehensively discussed elsewhere.[2-4]

Passive or resistant behaviour

Unless coerced, attending an appointment usually indicates some degree of

co-operation. Reluctance to speak on the young person's part might arise from fear, anger or a genuine inability to express him or herself, or from the presenting problem (e.g. auditory hallucinations commanding silence). Use gentle encouragement and tentative guesswork (checking with the patient as much as possible) or begin by asking about interests, achievements or strengths and then move on to more difficult topics. When the young person is unable or unwilling to provide information, use other sources. Explain to the young person your reasons for doing this and what you will say to others, and reiterate your commitment to confidentiality.

Risk assessment under these circumstances is difficult. Explain to the young person that, to ensure his or her safety and prepare appropriate supports, you need to explore the 'worst-case scenario'. Also, explain any assumptions or suppositions that you make, and seek the young person's opinion. As a clinician, you might have little choice but to act unilaterally.

Hostile, angry or threatening behaviour

Anger is a normal reaction to perceived threat or loss of control and is not always indicative of psychopathology. Check to see why your patient is angry and whether you might be contributing to this. Failure to acknowledge the patient's affect or to simply ask what it is that he or she wants are common pitfalls. Let the patient know your own needs and limits, paramount of which is the safety of all concerned.

If you believe that there is a risk of the young person becoming aggressive during an interview, take the following preventive steps.

- Have another person in the room with you. Explain why you are doing this.
- Sit closest to the exit, so that it cannot be blocked. The young person must also have access to the exit.
- Discuss your concerns in a non-judgemental way. For example, 'It is important that both you and I feel safe at all times, so if you start to feel angry, I am asking that you let me know so we can take a break. I might also ask for a break, if I think we need one. We can either talk again when you feel OK or we can make another time to continue. Do you think that you can agree to do that?'
- Acknowledge that everyone feels angry at different times. However, there are appropriate and inappropriate ways to manage angry feelings.
- Avoid getting into a polarised position with the young person as this will inevitably result in a heavy-handed response.
- If the young person becomes oppositional, avoid joining the battle. Find another way around the situation.
- Trust your intuition. If you feel in danger then you might well be.

If a young person becomes violent, threatening or intimidating during an interview, follow the basic management strategies listed below.

- Protect yourself and others from any harm. This might result in evacuating other people from a waiting area or leaving a door open.
- Speak calmly and avoid raising your voice.
- Try to ascertain what the young person really wants from you. This might be different from what is actually being said. Clarify your interpretation with the young person.
- Communicate clearly what you can and can't do.
- Communicate clearly what you want the young person to do. For example, 'I can't think clearly when you speak so loud. Can you please speak in a normal voice? I can then tell you what I can do to help.'
- Communicate clearly what your limits are and the consequences of the young person's behaviour. For example, 'It is not acceptable to damage my property. Please leave now or we will have to call the police.'

Actual or threatened deliberate self-harm

Deliberate self-harm (DSH; e.g. self-cutting, deliberate medication overdose) is common among young Australians,[5] is strongly associated with mental health problems[6] and, when associated with the intent to die, is the single most potent risk factor for completed youth suicide.[7] DSH might also serve other functions, such as the regulation of negative affect or communication of distress. Young people who self-harm, and especially those who do so repeatedly, are often described as attention seeking or manipulative. In fact, they are usually very ineffective manipulators and it is the crudeness and transparency of their actions that makes them so provocative and so poor at getting what they want and need. Most young people use such strategies because they have not yet learned more appropriate and effective ones.

The following points should be noted when managing a young patient who has deliberately self-harmed. (They apply generally to a person of any age who has self-harmed.)

- Always take DSH seriously and conduct a thorough risk assessment.
- Encourage disclosure of DSH without making the person feel judged.
- Ask about the precipitants for this episode. Specific reasons might not always be clear to the young person.
- Understand that young people who repeatedly self-harm do so because they experience it as helpful in some way, at least in the short term.
- Avoid feeling personally victimised or exploited by the patient.
- Focus on managing the young person's distress, his or her reasons for self-harm, any acute medical needs and risk assessment.

Chaotic or disorganised behaviour, and intoxication

Engaging and managing a young person with chaotic or disorganised behaviour or intoxication usually requires gathering information from other sources. Try to ascertain whether the problems are longstanding or of recent onset. Longstanding problems might reflect immaturity, cognitive deficits or behavioural problems. Recent onset problems might reflect intoxication or a recent onset mental disorder, such as psychosis, requiring specialist mental health referral.

Intoxication presents particular difficulties for patient participation and consent. Risk assessment is indicated but patient information is often unreliable. Aggressive behaviour should be managed as detailed above. For lower risk situations or for routine appointments where you know the patient, it is usually prudent to reschedule the appointment. All information given to the patient verbally should also be written down.

Conclusion

Collaboration between the doctor and the patient, whatever his or her age, forms the basis for effective assessment and management of problems. Collaboration can be difficult to achieve when a young person is reluctant, resistant, aggressive, self-harming or intoxicated. It is rare that these circumstances are a deliberate attempt to make the doctor's job difficult. Mostly, they reflect the underlying presenting problems. Specific strategies can be learnt to prevent or manage these situations. Speaking to a young person directly, treating him or her as being responsible and capable of contributing to decision-making, and taking a curious, nonintrusive and respectful stance will help to engage the young person. It is important to be clear about your own needs as a doctor, especially when these might conflict with the patient's needs. MT

Acknowledgements

The authors thank Dr Richard Fraser, Dr Lorelle Drew and Associate Professor Warrick Brewer for their contributions to the development of this work. The ORYGEN Research Centre is supported by an unrestricted grant from The Colonial Foundation, Melbourne, Vic.

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DECLARATION OF INTEREST: None.