

# Engagement Strategies

- Go in “believing” the adolescent (accepting perceptions). Helps build respect and trust.
- Separate your feelings about behavior from child or adolescent – Keeps interactions positive when the client knows you accept him or her as a person.
- Understand that in spite of client “attitude” this is a child or adolescent who is struggling with emotional injury. As caseworkers, we cannot possibly know all this person has experienced in his/her young life or how that experience has been perceived.
- Keep in mind the “truth” of this child or adolescent’s life is somewhere in between what everyone is telling you.
- Recognize “success” can have many layers. Many times caseworkers cannot stop the high-risk behaviors in which clients are engaged. But we can work on being helpful as they move through their journey. We can be an adult whom they think fondly of, who feels “safe,” who speaks the truth kindly, who teaches them about boundaries, responsibility, integrity through modeling and through having clear and healthy expectations of the child or adolescent.
- Best way to stay “cool” in this field: don’t expect kids to always be polite. **DO** expect respect to define all of **your** interactions. Before each meeting ask yourself, “What needs to come out of this meeting? Will this be hard on this child/adolescent? If so, why?” That mindset helps you approach interactions gently.
- Validate child’s/adolescent’s anger at treatment. But stay clear that anger is not about YOU. It may be about what you are doing, but it’s not personal.
- Be creative in your communication with children/adolescents if needed. Use music, art, or whatever else will help the child/adolescent express him/herself.
- Use phrases that create “buy in” for the child/adolescent such as “I’ll help you use the resources of the system”, “If you want me out of your life what needs to happen”, or “what do you learn from your behaviors?”
- If a meeting does not go well, and you **DO** feel like you’ve caused a problem, check that out with the child or adolescent. “I feel worried about our conversation yesterday. I know you are mad about the treatment goal, but I wanted to make sure I hadn’t hurt you.” Even if the child says, “yeah, you hurt me! I don’t want to go to drug and alcohol treatment. It’s your fault I’m going away!!” you say, “Yeah, I understand that you are mad. But I just wanted you to know I care about you.” That can help take some of the oppositional stance out of the child or adolescent.
- Let them know they have power and control over how they act and behave.

## Engagement Strategies (continued)

- **Active listening** – listen attentively. Be curious about their experiences, their feelings and thoughts. Allow for silence. If the child or adolescent does not want to or cannot answer a question, it is okay.
  - **Body language** – recognize there are many ways to express to a child or adolescent interest and disinterest. Direct words are sometimes just right. But many times body language can do much more. Example: if a child or adolescent is talking appropriately you will probably be sitting up, giving eye contact and acknowledging what is being shared. If a child or adolescent becomes inappropriate, do the opposite. Calmly break eye contact, look through paperwork or jot notes. When the child/adolescent stops inappropriate behavior, re-engage active communication.
  - **Use of humor** – Appropriate humor on the part of the adults can help build resiliency in a child or adolescent. Humor can help defuse situations that may be difficult for the child or adolescent.
  - **Insight** – Encouraging the child or adolescent to figure out what makes him/her “tick” is a valuable skill. Think about how you learned to be insightful in your life and share some of those skills in your sessions with children and adolescents with whom you work.
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- **Depression assessment** - Consider having the child/adolescent assessed for depression and treatment if necessary.
  - **Student Assistance Program** - Get involved with the school’s Student Assistance Program (SAP) for help in dealing with the child/adolescent’s behaviors in school.