

**Impart Volunteer Development #1**



# **Youths-facing-Adversity Landscape**

This booklet explores the different approaches that can be used to address the different profiles of youths.

# Youths-facing-Adversity Landscape

Youths experiencing neglect, youths participating in gangs, and youths dabbling with substances are all categories of Youths-facing-Adversity. How do you understand the varying risk levels and apply different approaches accordingly?

A greater understanding of trauma and other theoretical frameworks used by professional therapists can fundamentally alter our understanding of personal experience and the way we respond to others, developing our capacity to relate to and engage with higher-risk youths, ourselves, and the people around us.

## Youths-facing-Adversity Landscape

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# Youth Profiles



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## Youth-at-Risk

Conduct issues; peer or family relationship issues; bullying (bully or victim); social difficulties; anti-social attitudes or behaviours; dependence/addiction to cyber activities, drinking, high risk sexual activities, substances; incarceration of parents or significant care-giver; criminal conduct; poor response to school intervention; children of divorced families.

One of the most common terms used, a term that captures concerns from many different points of reference. Youths in this category do not only come from the lower socioeconomic class, but also from the middle and upper class, often due to the lack of an emotional connection with parents who may be busy working.

## Youth-in-Risk

These are youth offenders who are going through probation in the institutions/community. These youths need post-care support and stronger engagement.

Such youths have often either not been through/finished school, or infringed upon the law. Post-care support and stronger engagement with these youths will ensure that they don't return to crime.

## Youth-with-Needs

Financial difficulties - poverty; Mental health related needs like suicidal risk/self harm/depression/anxiety, special needs & disability; teen pregnancy crises; LGBT issues; NEETs.

Youth-with-Needs may not always be high-risk, but have more needs that need to be met. NEETs (no employment, education, training) are without structures of institutional support, and may be understood to be in a limbo of sorts.

## Hidden Youth

Hidden Youth is a Japanese term “Hikikomori” to refer to the phenomenon of reclusive adolescents or adults who withdraw from social life, often seeking extreme degrees of isolation and confinement.

## Mainstream Youth

Developmental needs; service-learning, leadership programme; greater exposure to niche programmes - talent development.

Mainstream youths have developmental needs that are met through participation in activities such as service-learning and/or leadership programmes.

# Perspectives

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## Solution-Focused Brief Therapy Lens (SFBT)

SFBT is a goal-oriented therapy that focuses on the person's present and future circumstances. The drawback of this approach is that the symptoms/history of the person is not usually addressed.

Here are **three profiles** one might encounter according to the SFBT lens:

### **Visitor:** *"I'm not the problem."*

SFBT is a goal-oriented therapy that focuses on the person's present and future circumstances. The drawback of this approach is that the symptoms/history of the person is not usually addressed.

### **Complainant:** *"There is a problem but someone else is responsible for fixing it."*

These youths recognise that help is needed and look to someone else or something else to change, but are reluctant to themselves do anything. They require aid to understand what is within their control, and to work towards resolving it.

### **Customer:** *"We need help. I want to do what needs to be done to fix these problems."*

These youths understand that there is a problem that needs to be fixed, and respond actively with the desire to do something about it.

Under this framework, it is ideal to bring them to a point where they can identify with the customer mindset. Questions such as: What are your goals? What (grades) do you want to achieve? What do you want to get out of this (session)? If you can identify their goals, you might be able to help the youths along with some of them. You might be able to come up with a study plan together, or figuring out what it is they need to do to attain their goals together. Mapping things out with them and revisiting this regularly will reinforce for them that this is a goal the both of you are invested in and working on achieving together.

## Choice Theory & Reality Therapy (CTRT)

CTRT is based on a belief that everyone behaves in response to 5 basic needs; we behave in a certain way to fulfil certain needs. This framework affords us the ability to think about what needs the youth needs fulfilled, and respond accordingly.

Sometimes, a behaviour may result from someone wanting to fulfil multiple needs. Here are some ways in which we can respond to the range of needs a youth may have:

1

### **Need to Survive:** *Daily needs, Safety*

*Eg: Contacting their caseworker to attain a bursary; disbursed over the course of the multiple sessions they turn up for.*

2

### **Need to feel Love & Belonging:** *To feel respected and accepted*

*Eg: Writing small encouragement cards for youth - "I am proud of the progress you've made!" etc. / Awarding them stars where appropriate that you keep in a jar.*

3

### **Need to feel Freedom:** *Having choices that are open to them in a fair and just way*

*Eg: Giving them choices within reasonable limits, such as deciding when to have breaks together / Allow youths to choose what content they would like to cover in a session and/or how they would like to allocate the time for each unit of content.*

4

### **Need to feel Power:** *Recognised by others, able to achieve goals*

*Eg: Creating goals with youth to achieve every session and applauding goals when achieved. Conveying these successes to caseworkers so that it can be recognised and celebrated.*

5

### **Need to have Fun:** *To have the space and time to play*

*Eg: Setting aside time during the session for fun activities / Not seeing sessions as solely to cover academic content while establishing boundaries when it comes to expectations for the time allocated to studying.*

## Trauma-Focused Lens / Adverse Childhood Experiences

Adverse childhood experiences are traumatic events that occur before the age of 18, where the behaviour of a child/youth is affected by their inability to cope with trauma events. This underscores the importance of preventing youths and children from experiencing trauma, and protecting those who have been traumatised.

Here are various types of traumas that could be experienced (non-exhaustive):

- **Abuse:** *Physical, emotional, sexual*
- **Neglect:** *Physical, emotional*
- **Household Dysfunction:** *Incarcerated family members, domestic violence, divorce, family members affected by substance abuse*

The trauma-focused lens points to symptoms that indicate adverse childhood experiences. Some of the behaviours that flag adverse childhood experiences include:

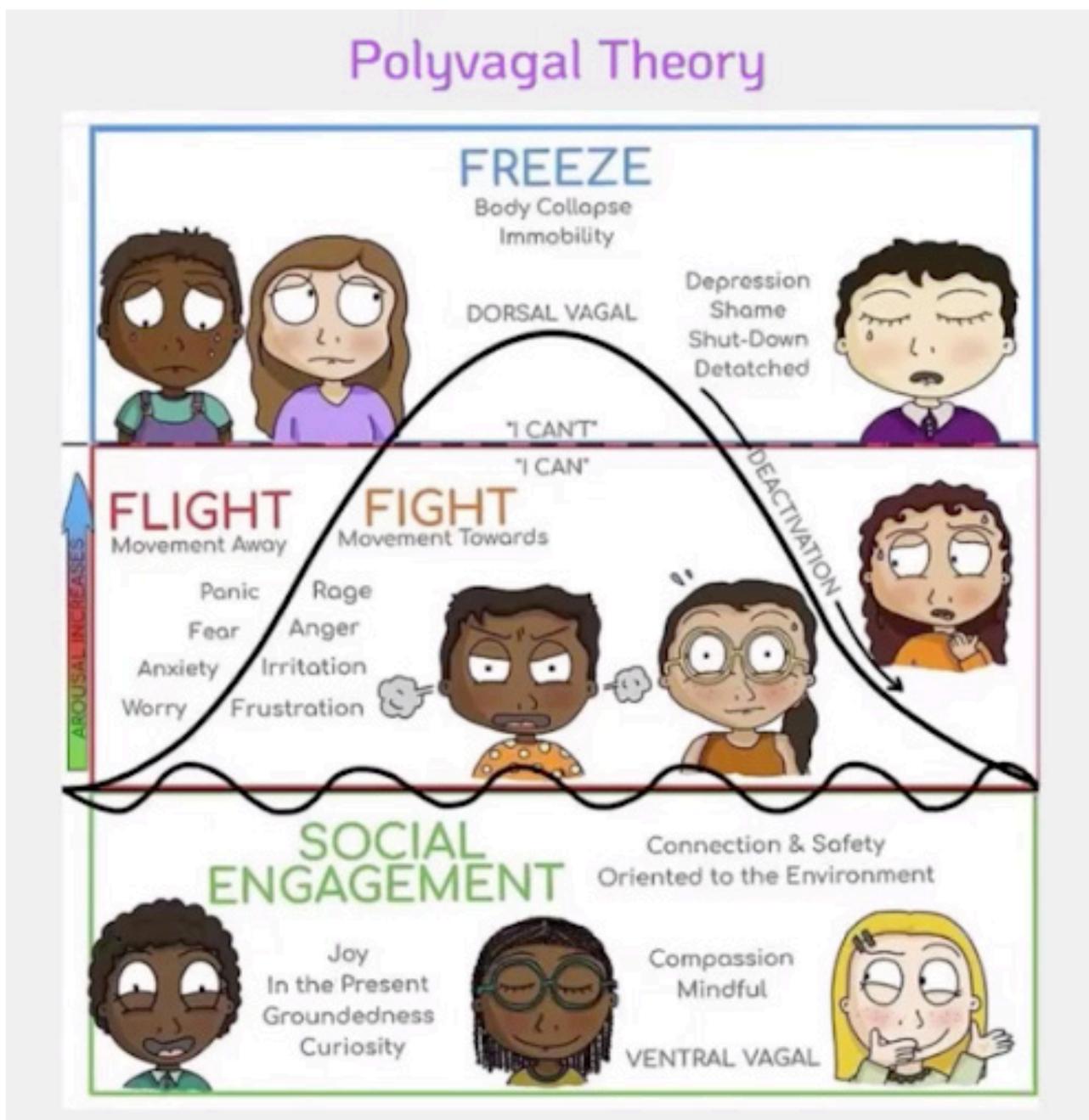
- **Lack of physical activity**
- **Smoking**
- **Alcoholism**
- **Drug use**
- **Missed work**

Some of the physical and mental health conditions that flag adverse childhood experiences include:

- **Severy obesity**
- **Diabetes**
- **Cancer**
- **Heart disease**
- **Stroke**
- **Chronic obstructive pulmonary disease (COPD)**
- **Sexually transmitted diseases (STDs)**
- **Depression**
- **Suicidal ideation / attempts**
- **Broken bones**

## Polyvagal Theory

Polyvagal theory came from an understanding of the different parts of our nervous systems, and how they respond to high-stress situations, allowing us to analyse why and how we react to high amounts of stress. Having experienced trauma, even when the threat is gone, the body may get stuck in the trauma response mode such that its defences are continually engaged. This chart below explains the different sorts of reactions that people could respond with when under stress.



## Social Engagement

For many of us, the social engagement mode is the best one to be in for things like learning and studying (at the bottom of the infographic), where one feels connected and safe, is oriented to the environment, is connected, mindful, has the capacity for compassion and joy, can stay in the present, is grounded and experiences curiosity.

## Fight or Flight

Many of the youths we work with may be in fight or flight mode, the former being a space in which one feels rage, anger, irritation, and/or frustration, and the latter being a space in which one feels panic, fear, anxiety, and/or worry.

## Freeze

In freeze mode, the youth experiences depression and/or shame, or shuts-down and appears tired and/or detached.

Using this framework to identify which mode the youth is in gives us insight to the way they're feeling. Under this framework, building rapport with the youths allows for them to interact with you in a social engagement space.

For example, if a youth is in a flight or freeze mode, it may be beneficial to ease off the studying and engage them in conversation instead. This may look like being curious about what is bothering them, or talking to them about their interests, or how their day has been. It may be beneficial to play a game with them, and ease them back into the social engagement mode. It might also help to validate their efforts and existence, and encourage them to keep going. Engaging the youth on their terms makes it possible for them to respond by engaging with you in a healthier way.