

# TIPS FOR BUILDING RAPPORT WITH YOUTH

When youth walk through the door at a Youth Wellness Hubs Ontario (YWHO) site, they may be very open, able, and willing to complete forms on the iPad or on paper, they may be very hesitant, unwilling, or have challenges in this regard, or anywhere in between. How can we best assess youth’s comfort levels and do our best to build rapport with them to ensure they feel safe and comfortable at YWHO?






## What is rapport?






- Rapport is a connection or relationship with someone else - a state of harmonious understanding with another person. Building rapport is the process of developing that connection with someone else, that often then promotes a positive therapeutic alliance.
- Therapeutic alliance - which is different than rapport - refers to the affective bond that develops between a service provider and a youth, and their agreement to collaborate on goals and tasks in therapy.
- Rapport building starts as soon as youth walk through the door. Ideally, hub network staff want to be responsive to youth coming in, in a way that makes them feel acknowledged and welcomed, given that rapport is considered a significant part of successful therapeutic interventions and outcomes.




## How can we establish rapport when youth walk through YWHO doors for the first time?

- Sometimes rapport happens naturally (you “hit it off” with someone without really having to try), but it can also be built consciously by being attentive to the factors below:

<p><b>Eye contact</b></p>	<p>If appropriate, make eye contact with youth as they walk through the door. (This may not always be appropriate; please consider cultural factors).</p> <p>Take the youth’s lead on eye contact (mirroring body language helps support rapport-building).</p>
<p><b>Facial expression</b></p>	<p>Genuinely smile at youth. (Youth who have experienced rejection or have trust difficulties may be sensitive to facial reactions).</p> <p>Be mindful of your reactions, as sometimes youth will say something off the cuff to get a reaction (e.g., try not to overreact, or be appalled/shocked. Rather, be accepting).</p>

 <p><b>Body language</b></p>	<p>Stand up to greet youth away from a desk (no barrier).</p> <p>Keep in mind cultural factors regarding interpersonal space.</p> <p>Use posture of leaning forward/toward them to demonstrate interest and caring.</p> <p>Shaking hands may not be advised during Covid-19.</p>
 <p><b>Be empathic</b></p>	<p>Try to compassionately listen and understand what youth is going through and help them explore next steps at YWHO.</p> <p>Ask youth to “help you understand” - try not to make assumptions, but rather let them share their experiences.</p>
 <p><b>Be respectful</b></p>	<p>It goes without saying, but treat everyone who comes into YWHO with respect and your full attention - they are important people!</p>
 <p><b>Be yourself!</b></p>	<p>Be genuine and authentic. (Youth tend to have a large “faking it” internal alarm).</p> <p>Be human, and normalize youth’s feelings. Ask yourself internally, “What message am I sending?”</p>
 <p><b>Verbally welcome youth (and any family member(s)) and introduce yourself</b></p>	<p>“Hi! Welcome to the hub! Really happy you decided to come by - thanks so much. Is this your first time here? My name is ____ and I [describe job there]. Do you feel comfortable sharing your name/pronoun?”</p> <p>Engage in stress-free/non-threatening small talk - “Did you walk here today, get a ride? It’s pretty cold out there.”</p> <p>Try to find common ground. Is anything relatable? Notice labels, styles, items on the youth (e.g., do they have earphones with them and could you ask them about music?) Be aware of what you are wearing: Some images, symbols, or brands could be deemed offensive in youth culture.</p> <p>You can ask if youth prefer speaking in a different language and locate another hub staff who can speak in their preferred language if feasible, or call for interpreter.</p>

 <p><b>Active listening</b></p>	<p>Focus on youth, and actively show verbal signs of listening (e.g., remembering some points, asking relevant questions, clarification, paraphrasing back to show comprehension, summarizing) and non-verbal signs of listening (e.g., leaning in, not looking around at others).</p>
 <p><b>Be understanding of youth behaviours</b></p>	<p>YWHO is a youth-centred service. Be mindful that sometimes it may be more comfortable for youth to scroll on their phones or listen to music while they are speaking or completing questionnaires.</p> <p>Try to provide fidget objects in the room, and even model using them.</p> <p>Be mindful that youth may be taking medications, or alcohol/drugs, that may be impacting their presentation, behaviours, or cognitive abilities (e.g., sleepiness, difficulty focusing).</p>
 <p><b>Remember something about youth/family for return visits</b></p>	<p>We want to continue to make youth feel welcome and remembered when they return to YWHO for subsequent visits.</p> <p>Try to remember their name, pronoun, something non-clinical they told you during small talk etc to acknowledge them when they come in next.</p>
 <p><b>Provide hub information (verbally, pamphlet, on the wall)</b></p>	<p>E.g., “Would you like me to tell you some services our hub offers?”      “We serve youth ages 12-25 years, it’s a new, transformational way of providing service to youth - a one stop shop model, it’s walk-in/not referral-based, really collaborative and youth-centred, we aim to match services to your needs.”</p> <p>(Please refer to the <i>Initial Script for Youth Navigators/Front Desk Staff</i> document).</p> <p>Pictures of hub staff on the wall/board with names and a fun fact can also go a long way, as can pictures or virtual tours of the hub on the YWHO website.</p>
 <p><b>Provide hub tour</b></p>	<p>“Would you like me to show you around the space?”</p> <p>If possible, offer food and water/juice to assist in making the space more comfortable/informal. (Some youth might not get basic needs met at home and it may be special for them to have a ‘treat’ at the hub).</p>

 <p><b>Ask if youth (or any family member) has any questions</b></p>	<p>“Do you have any questions about what you’ve seen so far, or is there anything you’d like to learn more about?”</p> <p>(May want to move to different, more private location to discuss.)</p>
 <p><b>Inquire about visit type</b></p>	<p>“Can you share what specifically brings you in today?” (May want to ask this in a less public area, as some youth may not want to share this in front of others; If seeking any service except wellness activities, iPad/paper form process further below applies).</p> <p>Avoid jargon/acronyms.</p>
 <p><b>Keep a trauma-informed lens</b></p>	<p>Recognize that youth’s life experiences impact their presentation, engagement, behaviour, treatment adherence and outcomes.</p> <p>Create a trusting, non-threatening environment while interacting with youth to help promote feelings of safety and acceptance, foster positive relationships, and increase the probability that they will return to YWHO for service.</p> <p>A trauma-informed approach requires constant attention, caring awareness, and sensitivity.</p>

## How can we engage with young people from diverse backgrounds?

YWHO staff deliver services to meet the needs of diverse youth in an equitable manner (including youth who are often excluded and marginalized), and staff respect and respond to youth’s health beliefs, practices, and cultural and linguistic needs.

There is no ‘one size fits all’ rapport method that will work with all youth. Like older adults, young people are individuals and come from a variety of backgrounds and histories, and may respond differently to various rapport methods. It can be beneficial to involve any family members who are with the youth, or already-existing service providers, when building rapport. When introducing youth to the hub, ask questions, and acknowledge any sensitivities or barriers the youth share.

## How can we build rapport with any family members, in addition to youth? (see Tips for Building Rapport With Families document)

- Youth may come in to the hub - willingly or begrudgingly - with family members. It is important to build rapport with these collateral contacts.
- The rapport-building factors in the table above apply to family members as well.
- Let youth and family members know that the hub is a youth-focused space, and they are welcome to bring in anyone they want for support, as we want to work together to ensure best outcomes for youth.
- Pay attention to verbal and non-verbal cues about youth's relationship with family members.
- If youth consents, YWHO staff can meet with family members to help support youth goals, or provide further details regarding any family-support program.
- When working with youth, asking them who is in their corner/who are the people they go to when things get bad, can provide a good idea who the true supports are for youth.
- Let youth and family members know that, at YWHO, families are included as active decision-makers and equal partners in treatment/service delivery at the individual, organizational and system levels. The aims are to maximize service quality for youth and families by ensuring that the design of services and policies reflect youth's and families' needs and preferences.

## What are some developmental considerations in rapport-building with youth ages 12-25 years?

---

### AGE AND LANGUAGE:

- Youth's chronological age may not be representative of their developmental stage. When speaking with young people, begin with simple language and modify as you determine how the youth is responding. Starting with complex or jargon-like language, and then simplifying, can feel demeaning to youth.

### REASONING AND COGNITION:

- Younger youth may use more concrete reasoning (e.g., work with literal information that's right in front of them) whereas older youth may use more abstract reasoning (e.g., use information and apply it to new situations, analyze information, detect patterns).
- As youth develop, they increase their ability for complex thought, and are better able to express their feelings through talking and give reasons for their choices.
- Cognitive abilities attained during adolescence may give rise to feelings of egocentrism, where adolescents believe that they can do anything and know better than anyone else. Try to avoid power struggles. Instead, try saying, "help me understand," or use some playful, non-sarcastic banter.

### PREFRONTAL CORTEX AND BEHAVIOUR:

- The prefrontal cortex, responsible for planning, organizing, understanding risks and consequences of actions, is typically only fully developed in the age range of mid-20s/early 30s. Thus adolescents and young adults may act impulsively, rather than thoughtfully, and engage in risky behaviours.

- As youth develop, they become better able to delay gratification and tend to show more concern about the future.
- Previously enjoyable activities may lose their appeal over time as youth age.

#### PRESSURES:

- Adolescents may feel more pressure to respond in a certain way, and more suspicious of others. As youth develop, they may feel more confident in their responses.

#### DECISION MAKING:

- Older youth typically have increased decision-making abilities versus younger youth.
- As youth develop, they tend to make their own plans, set more long-term goals, and become better able to weigh a variety of considerations prior to making decisions.

#### EMOTIONAL AND SOCIAL REASONING:

- Young adolescents start to express more interest in, and are increasingly influenced by, peers versus family. Moodiness and short-tempered behaviour may manifest.
- As youth develop, they show more independence from parents, and have a deeper capacity for sharing and developing intimate relationships.
- Mental health and/or substance use issues tend to develop during this time.
- Youth focus is typically on the self, and exploring identities.

#### HUMOUR:

- Use and understanding of different types of humour varies with age/maturity.
- Be mindful of sarcasm - it can potentially hurt feelings or lead to conflict.

#### PRAISE:

- For all ages of young people, ensure praise is genuine, age-appropriate, and not extreme.
- Certain types of praise can be positive and motivating for many youth (e.g., "Wow!" "I liked the way you tried doing that.")
- Keep in mind that some youth do not respond well to praise (e.g., do not like the attention, feel embarrassed, feel praise is insincere).
- Apply any praise sincerely (otherwise it can appear manipulative, or that you are feeling sorry for youth).
- Across age/developmental stages, praise youth for factors they can control (e.g., strategies and effort, versus natural abilities).

#### PHYSICAL SPACE:

- Younger youth may benefit from a quiet, distraction-free, comfortable meeting environment (to reduce anxiety or inattention). This can apply to older youth as well. In general, when individuals

feel safe and comfortable, they will be more likely to communicate preferences/perspectives etc.

- Do not underestimate the power of white noise, or background music, for some youth. Silence can feel painful to some youth, especially when they are holding in emotions.

## How can we speak with youth about completing forms on the iPad (or in hard copy form) while maintaining rapport? (Please refer to the *Initial Script for Youth Navigators/Front Desk Staff* document)

---

- Try to be upbeat, warm, and engaging when presenting the iPad and describing the rationale for collecting information - if you enthusiastically demonstrate your belief in YWHO's use of measurement based care, youth will be more likely to want to complete the questionnaires.
- Assume that youth will want to complete the questionnaires. They have typically come in voluntarily for assistance. Remember that sometimes youth answer more easily and honestly when no one is looking at them or they don't feel judged, and they can just check off their responses on an iPad. (Some youth may benefit from more support).
- Please keep in mind that sociodemographic and clinical screening questionnaires are being completed prior to a therapeutic relationship forming with a service provider, so rapport with the first people youth see is important!
- Consider any accommodations that may be needed for youth with disabilities (e.g., cannot hold iPad), low levels of literacy, English or French not their first language...etc.
  - May need an adjustment of physical setting, more privacy, oral administration, interpreter, adult support, fidget tool/stress ball, background noise etc.
  - Please do not assume youth literacy level or ways of processing information. Have multiple formats available including iPad and paper copies of the forms, or can offer to go into a more private area and read the questions to the youth and input their answers.
- Ensure a safe and comfortable environment to complete the questionnaires with minimal distractions.
- Consider where you might sit in relation to youth. Sitting directly across a table, interrogation-style, may be perceived as threatening and can create a barrier. Instead, sit beside or kitty-corner to youth if warranted, or sit a short distance away and let youth know you will be nearby should there be questions.

### Some things you can say:

- "To provide you with the best service we can, it's good for us to learn a bit about you. We use a super convenient iPad to collect some information from you, about you, and you just get to check off responses. (If you prefer responding on paper, we can do that instead). Basically, the answers you give:
  - Help us to get to know you better
  - Help us to know what services might best meet your needs
  - Help us to track your progress, together
  - Help us to monitor your goals, together"
- "It's a chance for you to bring up issues that are important to you, so we're not making assumptions about you."



- “It takes approximately 30 minutes to complete the forms, but it may take less or more time.” (If youth indicates that they have completed forms so many times before, or have been let down by others etc, you can let them know that these are meant to be quick screening tools, not a long assessment, with the aim of trying to get them to see someone as quickly as possible, hopefully within 72 hours).
- “Each question has a purpose - which is to understand what’s most important to you and how we can best help you out! The questionnaires have all been used with many youth and have been shown to provide accurate information - that’s why we chose them.”
- “These questionnaires are really a baseline before you meet with, and get to know, a service provider here, who will go through all of this with you. Then you can work together with your service provider to find the more effective things to do to address your goals.”
- “Would you be okay to use the iPad right here?” (wherever that may be in your hub)
  - If you notice discomfort with this option, or if they say no, can ask if they prefer a different hub space and show options.
- “The questions are all in English (or French). Would you want some assistance completing them, or for me to read them to you? I am also available right over there if you have any questions at all - please feel free to ask.”
- “Would you like me to check in with you in a few minutes to see how it’s going?”
- "Do you have any questions at all right now before you get started? I’m happy to try to answer them.”

## What can we pay attention to in youth during this process?

### Body language:

- It may take longer to build rapport with some youth than others. Some youth will not verbalize their discomfort, but their body language will tell you they are not ready to share too much.
- If you notice youth showing signs of disinterest/nervousness before/with the iPad (or paper forms), you can try to:
  - Acknowledge their behaviour/possible feelings (try to avoid assumptions):
    - “I notice you are” (e.g., looking down/away, fidgeting, sighing, shaking head...etc) or
    - “Are you feeling...” (e.g., a bit reluctant to fill out the questionnaires, nervous, upset, sad, irritated...).
    - “How might I help? Do you have any questions for me that I can answer?”
- Can mirror back/reflect their concerns to make sure you and youth are on same page (“It sounds like you’re concerned that...”).
- Remind youth that information they share is confidential (but for the limits of confidentiality).

### Verbal cues:

If youth say they do not want to complete sociodemographic data and/or clinical screeners:

- Acknowledge the struggle of coming in (with/without family member) and engaging in screening.
- “It’s okay if you need a few minutes, there’s no rush.” Brainstorm with the youth what will help to complete the questionnaires (different space, someone sitting with them, can chat about a topic of interest first, listen to music while completing, respond verbally or on paper).
- “Sounds like you are not interested in answering all of these questions. I hear you. What’s the main thing getting in the way for you?”
- Ambivalence/resistance is normal - try to roll with it, reflect back to youth, try to avoid a disagreement. Be supportive.
  - “So what I hear you saying is that...”
  - “You have filled out a lot of questionnaires in the past and now you may be questioning how these might be helpful...”
- Express empathy so youth feel understood, safe, accepted (they are not penalized for not completing questionnaires).
- Acknowledge to youth that some of the content in the clinical screeners may feel quite personal but obtaining the information is really the best way to assist them.
- “I just want to make sure I understand what’s not sitting well with you about the iPad questionnaires...” (reflect back what their concerns are). “Does that capture it?” “Ok let’s talk about what the next steps can be...”

If youth *still* refuses to complete questionnaires:

- “That’s okay, maybe we can try another time.” Care/service/an appointment is still provided and youth can be offered the opportunity at another session to complete the questionnaires (Ideally, we want questionnaires completed at intake, but there are exceptions to the rule. Questionnaire incompleteness is not a barrier to service).
- Service provider can further explore resistance during the session, and explain benefits of screeners.
- ALL youth receive service - even if they do not complete questionnaires.

YWHO staff already have the knowledge and skills to build rapport with youth coming in to the hub networks. The above are just some points to keep in mind. We want to ensure that youth feel comfortable at the hub and want to return!



## References:

Horvath A.O., & Symonds, D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counselling Psychology*, 38:139–149.

Sadock B., Sadock V., Ruiz P., & Kaplan H. (2009). *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*. Philadelphia: Wolters Kluwer Health and Lippincott Williams and Wilkins.

Sandhu, D.S., Reeves, T.G. & Portes, P.R (1993). Cross-cultural counselling and neurolinguistic mirroring with Native American adolescents. *Journal of Multicultural Counselling & Development*, 21 (2), 106-118.

<https://www.skillsyouneed.com/ips/rapport.html>

<https://opentextbc.ca/introductiontopsychology/chapter/6-3-adolescence-developing-independence-and-identity/>

<https://www.counseling.org/docs/default-source/vistas/encouraging-teenagers.pdf>

<http://www.amchp.org/programsandtopics/AdolescentHealth/projects/Documents/SAHRC%20AYADevelopment%20LateAdolescentYoungAdulthood.pdf>

[https://www.americanbar.org/groups/public\\_interest/child\\_law/resources/child\\_law\\_practiceonline/child\\_law\\_practice/vol30/june\\_2011/counseling\\_childrenandyouthintimesofcrisisunderstandingchilddeve/](https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol30/june_2011/counseling_childrenandyouthintimesofcrisisunderstandingchilddeve/)

<https://pubmed.ncbi.nlm.nih.gov/31314293/>

<https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/adolescence.html>

[https://www.canr.msu.edu/news/18\\_to\\_19\\_year\\_olds\\_ages\\_and\\_stages\\_of\\_youth\\_development](https://www.canr.msu.edu/news/18_to_19_year_olds_ages_and_stages_of_youth_development)

<https://www.cymh.ca/Modules/ResourceHub/?id=9213D5E9-64D7-451B-B6C4-901100411447>

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/childrens\\_mental\\_health/atc-whitepaper-040616.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf)