

FIELD NOTES | FALL 2018

## The Highway

By Michael Enich

I fancy myself good with young people. After graduating from a school in rural Minnesota -- where I accumulated the pre-medical merit badges of research, shadowing, organic chemistry, staying up late, mild anxiety, and matter-of-fact self-loathing -- I decided to dive straight into the heart of the real world, a.k.a. a job in Newark, New Jersey I fancy myself good with young people. After graduating from a school in rural Minnesota -- where I accumulated the pre-medical merit badges of research, shadowing, organic chemistry, staying up late, mild anxiety, and matter-of-fact self-loathing -- I decided to dive straight into the heart of the real world, a.k.a. a job in Newark, New Jersey. I was halfway across the country from my Midwestern roots, far from the hill in a cornfield where I received my undergraduate education, and oh-so-ready to work at a shelter for young people experiencing homelessness.

To grossly simplify what I would learn from my year, homelessness came with and from a wide breadth of issues. When I started I felt ready to put my liberal arts education to work solving multifaceted problems out on the streets. Thank goodness I had taken those classes on American Culture! How else could I understand the American Dream narrative and the expectations it engendered on young men to provide for themselves without assistance? What if I hadn't taken those classes on interreligious dialogue around social justice—how could I have talked to a young person about how "effed up" the rules at our shelter were?

That year as a Jesuit Volunteer came with plenty of stories. After finishing, however, I moved back to the Midwest (not too far from that hill in a cornfield) to work in a psychiatry office and claim another merit badge (The "I lived to tell the tale of being in an intentional community across the country and learned to love a place that is so often misconstrued as solely violent" badge). My new job was pretty mundane, primarily consisting of writing notes and faxing papers for a community addiction psychiatrist. It was flexible, though, which I appreciated while I applied to medical school.

I have since come to call that job my "fellowship" in addiction and it came with its own set of badges. I gained an appreciation for the challenge of being the only mental health prescriber within a 100-mile radius of some of our patients. Day to day, however, was spent calling pharmacies to let them know we had electronically filled a script, something that felt comically unnecessary until my third year of medical school showed me how inefficient those systems can be if not checked on.

Imagine my excitement one day, then, when my phone calls were interrupted by a parent approaching our desk at clinic saying, "My teenage son just walked outside and is refusing to come back in for his appointment." Ready for action, I immediately determined I would use my vast toolbox accumulated over the course of my one-year-long career as a youth worker to get this young person into this provider's office.

After reassuring the mom -- "I worked at a shelter last year. I have some experience getting oppositionally-defiant young people to do things they don't want to do" -- I threw on

my peacoat and marched to the door. I sauntered out pretty self-assured-- don't worry, this future child and adolescent psychiatrist is on the way!

You can guess that my attitude only got me as far as the other side of the parking lot.

YP (Young Person) was in the low teens, a cisgender male, and had recently been psychiatrically hospitalized. He was leaning against his mom's car with his hood up, in shorts, socks and flip-flops -- despite the temperature -- and boring into the ground with his eyes. I had the first move.

"I'm Michael, and I hear you don't want to come into clinic."

There was no response. I had anticipated this.

"Any particular reason why?" I asked, deciding to mirror his leaning against the car.

"I'm tired and don't want to today," he responded.

"Got it," I replied. "Sounds like you're tired. I hear you want to just go home and play video games." I tried to start a conversation about Half Life 2, a game I had just started that was far past being popular, expecting my check-mate to come any second now.

"I'm not giving you anything," he said.

I should have trusted his words. YP knew what he was doing -- more importantly, what I was trying to do -- and neither of us was really getting anywhere. I had intentionally wandered into a power struggle in the parking lot. Since I had come to him, he was most definitely in control, and I had learned the year before that you do not take power from a person who is vulnerable.

Instead of heeding the warning signs, believing what he said as true, I stewed in anxious silence, searching for the perfect phrasing that would magically get him to give it up and come back inside. Was there a series of words that would unravel his complicated behavior that no one else had strung together yet? On top of setting unreasonable expectations of this vulnerable person in front of me, I had fabricated this scenario as a test for myself; It was another badge to add to the list, an encounter about me and not YP. I had convinced myself whatever I would say next would do it. This was it. The final ultimatum, as it were. My way or the highway.

I dove into my next attempt: The generic, cringeworthy plea of "Our providers really want to help people..." fell out of my mouth. Before it could even sink in YP defiantly denied my way. In fact, he chose the highway.

Literally.

We were not far from a country four-lane road, and with a decisive, "Fuck all of this!" YP kicked his flip flops into the tall grasses, marched down the hill, surpassed the noise-protecting shrubbery, and cemented himself on the double yellow lines.

Luckily, there were no cars. The only injuries were to my ego and to his chances of staying out of the hospital for another week. Even if they weren't tangible, however, at the time I thought of my action caused them. YP made the choice to put himself in harm's way because of the confrontation I initiated. His actions were my failure.

Later that day, I just so happened to have an appointment with my own therapist. "What convenient timing!" I said in the door of his office, still kneading out the interaction in my mind. I ruminated a lot about what I could have said or done differently. I scolded myself for foolhardily thinking I had some magic knowledge that no one else in our office or this boy's clinical experience had.

"In my years of working in mental health," my therapist told me, "I have learned the number one rule: never chase clients." He went on to tell a story that smelled similarly to mine

but happened in a different context, and I immediately recognized that my experience from that day would become my own "Never Chase Clients" fable.

I continue to knead out this story three years later on clerkships, having acquired the most important merit badges of "MS1," "MS2," and "Step 1." The bravado is gone, dampened by an awesome glance at the wealth of clinical knowledge I still have to accrue. It doesn't sit right to claim humility; I still find myself searching for perfect phrasing. I continue to place the unnecessary burden on myself, one member of this team of people, to convince this patient to go to CABG, convey to that patient to the importance of his HAART medication, or to get the other patient to go to rehab. Patients now may have no highway to run to, but I still find myself chasing down the gap between what we can do, what we would do, what we need to do and what the patient is willing to have done. In many ways I haven't stopped running yet.. I was halfway across the country from my Midwestern roots, far from the hill in a cornfield where I received my undergraduate education, and oh-so-ready to work at a shelter for young people experiencing homelessness.

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