Recovery in Transition Age Youth (TAY)

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Mr. R

Mr. R. is a male in his late teens who was referred to outpatient treatment service following a recent hospitalization. Prior to his hospitalization, Mr. R had been exhibiting aggressive and bizarre behavior and expressed beliefs that he was Jesus and that he had impregnated thousands of women. He also believed that he had telepathic powers and could control what other people were thinking. Upon enrollment with outpatient services, he expressed that nothing was wrong with him and that he did not need treatment. Attempts to explore symptoms often ended in Mr. R shutting down or storming out. It was revealed that Mr. R enjoyed video games and playing yoga. Attempts to explore this with Mr. R often went nowhere.

Adolescents and Young Adults

Developmental growth

- Cognitive, emotional, and physical development
  - Changes in reasoning skills, hormonal changes, more intense emotions
- Identity development
  - Exploring the boundaries of their identities
  - Engage in more risk-taking behaviors
  - May also explore boundaries of parental rules
- Shift from family to peers
  - Heavily influenced by immediate and peripheral peers (e.g., social media)
- Externalization (others are the problem) and/or internalization (I'm the problem) of stressors

Treatment Challenges

Common experiences:

- Belief that their problems or symptoms are too personal to share or that they should be able to solve them independently
- May also believe that no one can help
- May feel most comfortable talking to friends or informal supports
- Feel uncomfortable talking with unfamiliar adults e.g., counselors
- Risk taking in adolescence is an important way that adolescents shape their identities

What do we mean by “recovery?”

Recovery Defined

SAMHSA defines recovery from mental disorders and/or substance use as:

- A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Key Components of Recovery

Self-agency/empowerment:

- overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional wellbeing

Purpose:

- meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

Connection:

- relationships and social networks that provide support, friendship, love, and hope

Recovery in T.A.Y.

What do you think recovery might mean to someone who has only recently started experiencing mental health symptoms?

Recovery Strategies for T.A.Y.

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Recovery Strategies for T.A.Y.

Key recovery strategies:

1. Engagement
2. Person-centered Care
3. Identity and supports

Engagement

Strategies for Engagement

What are some successful engagement strategies you've tried with transition-age youth?

Strategies for Engagement

Focus on connection, "breaking through the fog"

- Identify and tap into interests, hobbies
- When possible, start sessions exploring interests (less on problems, symptoms, obstacles)
- "Rapport-building" is not the same as engagement

Engagement can also be a therapeutic strategy

- Make the individual the "expert" in the room
- Cool off negative core beliefs

Strategies for Engagement

Avoid being the expert in the room

- Explore what they see is their biggest obstacle or the thing that they would like to work on
- Use their words; avoid clinical jargon

Identify goals and the meanings underlying the goals

- Ex: “what would be good about getting a job?”
- Identify what they value

Explore past experiences with treatment

- Positive/negative experiences
- What topics are off-limits?

Be flexible, open, and available

- Open to talking virtually, over phone, via text, etc.
- Meet in community, where individual feels comfortable

Strategies for Engagement

Stages of treatment:

- Engagement- connection, explore interests and goals; get to know them
- Exploration- explore obstacles that get in the way of goals; identify patterns; remain curious (keep an asking stance)
  - Develop treatment strategy
- Behavioral change- actively using interventions to deal with distress from obstacles; help individual develop healthier behaviors

If person is having difficulty with behavioral change, go back to other two stages

- Likely that you are missing more nuanced obstacles

Challenges to Engagement

When the individual does not believe anything is wrong or says they do not need treatment.

- Ask how they understood recent events (i.e. leading up to hospitalization, trouble with routine activities)
- Ask what changes they have noticed within themselves (i.e. changes in relationships/work/school activities)
- **Avoid focusing on "insight"**
- Focus on personal goals and motivators
  - The obstacles will come up along the way

Challenges to Engagement

When there are different perspectives about treatment.

- Ask about what's important to client (e.g. going back to school, being able to enjoy hobbies as before, staying out of the hospital)
- Provide real examples from previous clients and how the team was able to help them (connect to the challenges patient has identified)
- If onset was acute, and client does not believe it will happen again: validate this!
- Take a wellness perspective (i.e. explore *with the client* how we can work together to reduce potential triggers, and help them maintain daily activities)

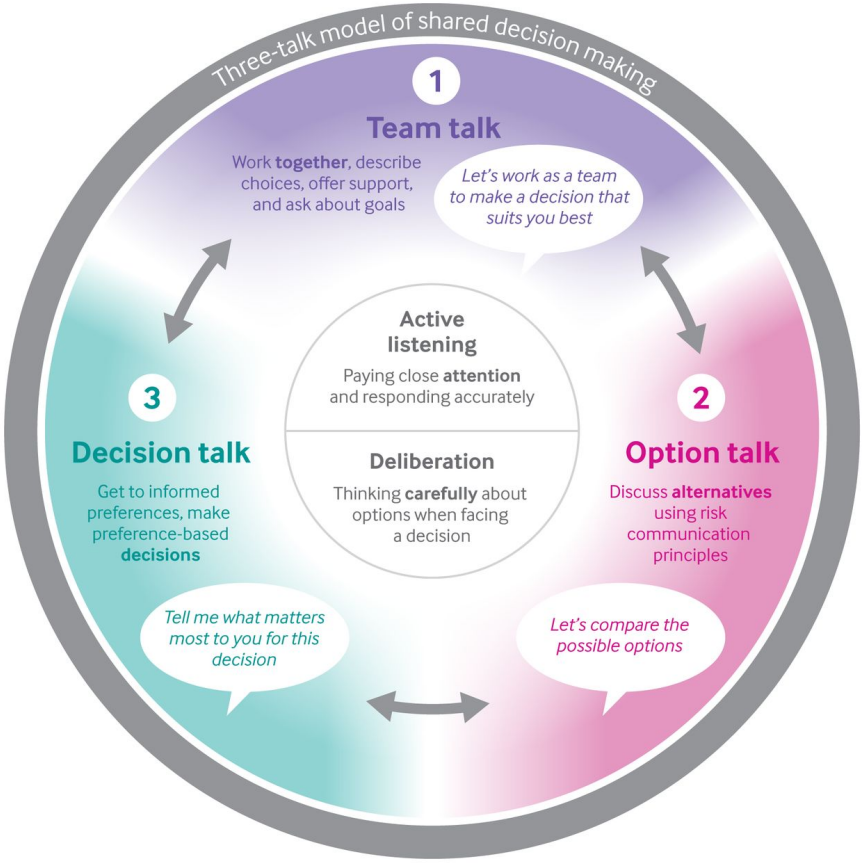
Person-centered Care

Strategies for Person-centered Care

Shared Decision-making Approach (SDM)

- "The process of interacting with patients who wish to be involved in arriving at informed, values-based choices when 2 or more medically reasonable treatment options have features that patients value differently."
- "…a mechanism to decrease the informational and power asymmetry between doctors and patients by increasing patients' information, sense of autonomy, and/or control over treatment decisions that affect their well-being."

Strategies for Person-centered Care



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Strategies for Person-centered Care

Key Characteristics of SDM

- Clear decision to be made
- Decision making preference evaluated
- Information presented with various alternative paths/outcomes
- Discussion about decisions, weighing risks/benefits
- Decision that is at least clear, if not agreed upon by all parties

Challenges to Person-centered Care

When the individual does not wan to take meds.

- Balance the "**Duty to Care**" with the "**Dignity of Risk**"
- Consider the "neglect" vs. "overprotect" poles in finding that balance
- The presence of "non-negotiables" (e.g., in involuntary treatment) does not negate the imperative to find the balance

Strategies for Person-centered Care

Person-centered Treatment Plans

- Always ask, “who’s goal is it?
- Focus on clients goals, not teams goals
  - Ex: Go to the gym (client’s goal) vs. take meds (teams’ goal)

Goals should reflect the three components of recovery:

- Self-agency/empowerment- developing skills to manage mental health concerns
- Connection- helping them connect/re-connect with others
- Purpose- breaking down goals into active, immediate steps

Person-centered Perspective- Pat Deegan

Person-centered care (or treatment) is care or treatment that is based on the goals of the individual being supported, as opposed to the goals of the system or as defined by a doctor or other professional

Me	Psychiatrist
I feel sedated	You are not psychotic
I'm still hearing distressing voices	You are not shouting at your voices anymore
I can't think clearly on this medicine.	You are not thought disordered
I feel like the meds are controlling me	You are more in control
I'm not myself when I'm on this medicine	You have returned to baseline

Strategies for Person-centered Care

"Normalizing" as a technique

- Normalize their experiences- give data, share stories of others who have experienced similar challenges
- Validate emotions resulting from their mental health experiences

Understand and normalize core beliefs underlying experiences

- All symptoms stem from negative core beliefs
- Give experiences that challenge the beliefs (less "talking" and more "doing")

Mr. R

Strategies for Person-centered Care

Additional best practices:

- Take a strengths-based approach- focus on accomplishments and resilience
- Use practical and pragmatic interventions
- When possible, do interventions outside of therapy office (in-vivo practice)
- Include others in interventions to help generalize take home messages
- Help them make decisions (e.g., when/where to meet, where to sit, duration of sessions, etc.)
- Avoid “why” statements/questions
- Avoid judgmental language (e.g., “manipulating,” “attention-seeking,” “self-destructive”)
- Be transparent (e.g., treatment decisions, share team’s concerns, include in documentation)

Challenges Person-centered Care

When the individual is guarded, avoidant, or shuts down during session.

- Ambivalence and avoidance is normal
  - Its protective
  - Reduces distress (experienced or anticipated)
- What to do:
  - Explore benefits/costs of avoidance (short-term benefits, but long-term costs)
  - Explore experience of talking with counselors about problems
  - Explore specific thoughts, feelings occurring before person shuts down
  - Go back to engagement strategies

Identity and Supports

Strategies for Exploring Identity

Exploring identity

- Discuss how the young person wants to be identified
  - Pronouns, nicknames, racial/ethnic identity
  - Don’t assume!

Explore what its like working with you (therapist) and your own identity

- Ex: what is it like working with a white female therapist

Strategies for Exploring Identity

Cultural Formulation Interview (CFI)

- 16-item assessment of the role of culture/identity
- Provides opportunity for everyone to put things together
- Can be done with individual and family

Goals of CFI:

- To understand what came before the illness and how the family contextualizes the illness (e.g., how does your culture describe what is going on?)
- To facilitate understanding of what will come after (e.g., how the client and family will relate to treatment, their goals/expectations, and what choices they will make)

Strategies for Exploring Identity

Understanding the role of social media

- Access to instant mass communication
- Ability to remain anonymous
- Receive supportive “likes” following personal disclosures
- A place to present their realities and their personas with less hesitancy in person

Strategies for Exploring Identity

Explore how they use social media how often

- Any patterns models
- How they respond to messages from others

Suggest viewing their social media together

- If it's something they want to share (while respecting privacy)

Strategies for Incorporating Supports

Use a broad definition of "supports"

- Can include immediate family, blended family, friends
- Also include teachers, providers, community members, neighbors, etc.

Early outreach and engagement with family is key

Explore individual's preferences re: family involvement

- Joint meetings, phone contact, frequency etc.

Strategies for Incorporating Supports

When the individual does not want family involved or is ambivalent.

- Choose one person rather than the whole family
- Is there another support person that can be included (not necessarily nuclear family)?
- Are there any ways that they would be willing to have family involved; discuss different levels of family involvement
- Revisit the option at a later date

Challenges to Incorporating Supports

When family members are not aware of illness/or have different views of the problem:

- Ex: “My son is just lazy”–
  - Provide psychoeducation about the effects of negative symptoms
- Ex: “Is this happening because of drugs?”–
  - Provide some context of biological and environmental factors (be mindful of not saying anything definitively about substance use)
- Ex: “Maybe she should just go to a state hospital/residential facility”
  - Explore parents’ concerns for client returning home; validate concerns, and offer real examples of how the team can help

Questions?