



TRANSITION AGED YOUTH PRE-CONFERENCE INSTITUTE – PROVIDING EFFECTIVE PSR SERVICES TO YOUNG ADULTS

41st Wellness and Recovery Summit
Psychiatric Rehabilitation Association
Denver, CO
June 2018



Acknowledgements

The Learning & Working Center at Transitions to Adulthood Center for Research is a national effort that aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions to successfully complete their schooling and training and move into rewarding work lives. We are located at the University of Massachusetts Medical School, Worcester, MA, Department of Psychiatry, Systems & Psychosocial Advances Research Center.

Visit us at:

<http://www.umassmed.edu/TransitionsACR>

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Welcome!

Introductions (in order of appearance)

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- **Vanessa Vorhies Klodnick, Ph.D., LCSW**

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- **Michelle G. Mullen, MS, CRC, CPRP**

Developer, Helping Youth on the Path to Employment (HYPE)
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- **Michelle Wiley, MA, CPRP**

Mental Health Center of Denver



Agenda for the Day

- 8:30- 10:00 Session 1: OMG! What's up with these young adults?
- 10:00- 10:15 Break
- 10:15- 11:45 Session 2: How to Design and Provide Intentional Services for Young Adults
- 11:45- 12:45 Lunch Break
- 1:00- 2:45 Session 3: How to Develop and Support Goals in Young Adulthood
- 2:45- 3:00 Break
- 3:00- 4:00 Session 4: Provider Experiences in Delivering Psychiatric Rehabilitation Services to Young Adults



Introductions

Where are you from?

What do you do?

Why did you choose to come to this pre-institute?

AND...

If you were a vegetable or fruit what would you be and why?



We have a full day together, so let's get to know each other...

- Think about your transition to adulthood (16-25 years old).
- Your goal is to get BINGO twice (2 rows/columns/diagonals). To do this, you need to talk to 10 people about their personal transition to adulthood! (and share your own experiences with 10 people!)
- **HAVE FUN!**
- At end: What are your reactions to this activity? What was most surprising? Who had the funniest response?
- Now we are in the mode of self reflection & are thinking about this in developmentally!



SESSION 1: OMG! WHAT'S UP WITH THESE YOUNG ADULTS? PROVIDING EFFECTIVE PSR SERVICES TO YOUNG ADULTS

Describe the developmental and maturation process.
List the implications of the interplay of mental health conditions and young adulthood.
Explain the role of the provider for this population.



Defining Young Adulthood

- Varying terminology: Emerging Adults, Transition Age Youth, Young Adults
- Broadly ages 14-30, most often 16-25
- “Emerging adulthood” is understood as the distinct period of life course characterized by change and exploration of life directions

COGNITIVE AND PSYCHOSOCIAL DEVELOPMENT IN TRANSITION TO ADULTHOOD

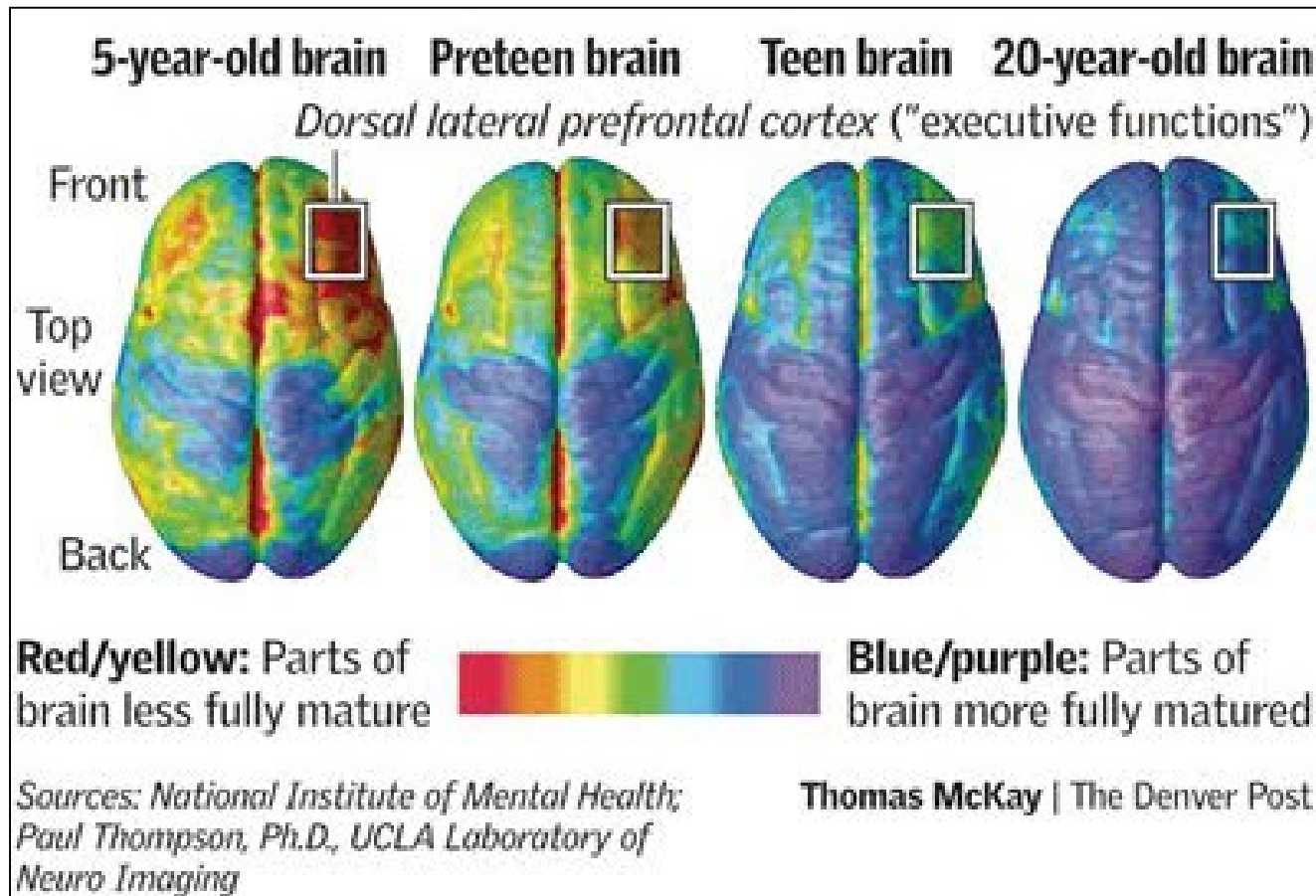
A graphic consisting of a blue circle containing four 3D text elements: 'Sexual' at the top left, 'Moral' at the top right, 'Identity Formation' in the center, and 'Social' at the bottom right. The text is white with a dark shadow, giving it a three-dimensional appearance.

Developmental changes on every front

“What the heck were you thinking?”

The Prefrontal Cortex

- Handles logic, empathy, creativity, self-regulation, self-awareness, predicting, planning, problem-solving, attention



RISK-TAKING: Impulsivity

- The teenage brain is less able to inhibit impulsive behaviours than the adult brain is. This means that in situations where an adult might stop themselves from acting out impulsively, a teenager might not.
- Luckily, as the brain matures, adolescents are more able to control their behaviour and are more able to voluntarily suppress impulsive behaviours.
- This is because as the brain matures, **more brain circuits are recruited** to help suppress impulsivity!
- The adult-like ability to inhibit behaviors matures gradually during childhood & adolescence. Efficient control of impulsive acts is not fully developed until mature adulthood.





Executive Functioning Delays

- Impact on school and job performance
- Motivation strongly related to perceived rewards
- Less self-awareness = less self-advocacy
- Improves over time (e.g. ability to think hypothetically, insight & foresight)



Typical Moral Development

REVERENDFUN.COM COPYRIGHT G4, INC.



01-19-2007

YOU'RE PLANNING ON BEING HERE A WHILE,
AREN'T YOU?

- Increased ownership of own set of rights and wrongs
- More gray areas (not clearly wrong or right)
- Increased empathy: ability to put oneself in someone else's shoes



Typical Social and Social-Sexual Development

- Peer relationships are of **paramount** importance
- More complex friendships
- New types of intimacy
- Sexual orientation explored
- Resolving gender identity
- Childbearing decisions





Typical Identity Development

Earlier psychological thinkers (e.g. Erikson) saw adolescence as critical time of identity formation and “roleless roles”. Now that is in YA

- Experimentation to identify “Who am I?”
- Boundary pushing, rejection of authority

© Original Artist / Search ID: jhan10



"Don't call me a teenager. From now on, I want to be referred to as a pre-adult."

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Developmental Changes Underlie Abilities to Function More Maturely



**Complete schooling
& training**



**Contribute to/head
household**



**Develop a
social network**



**Become financially
self-supporting**



**Obtain/maintain
rewarding work**



Be a good citizen



SOCIAL & CULTURAL CONSIDERATIONS

Young adults' biological development has probably not changed in many generations but **the world has changed in many ways**



“Extended” Young Adulthood

- Arnett (2000) argues that because social patterns in most industrialized countries have delayed the achievement of normative adulthood roles this exploration period is now occurring later in life.
- The “milestones” of adulthood are being pushed later and later
 - Marriage
 - Childbirth
 - Independent Living

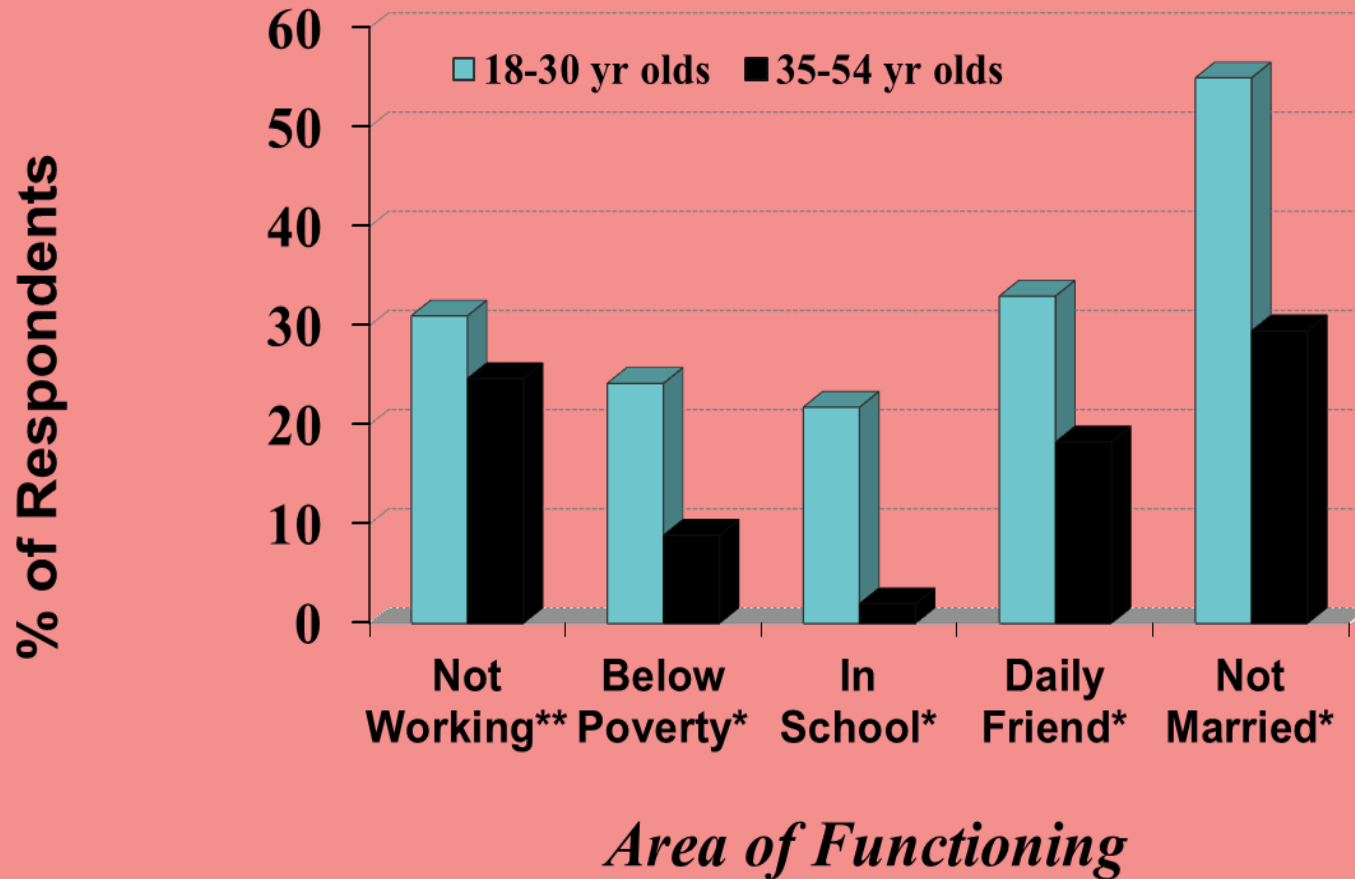
“Extended” young adulthood

- Median age of marriage (Arnett, 2006)
 - 1950: Men age 22, Women age 20
 - 2000: Men age 27, Women age 25
- Median age of first childbirth (Arroyo et al., 2013)
 - 1980: age 23
 - 2010: age 26
- Still living at home (Fry, 2003)
 - 1968: 32%
 - 2010: 36%





Role functioning compared to older adults



* χ^2 (df=1)=31.4-105.4, $p<.001$

** χ^2 (df=1)=5.5, $p<.02$



Changes in U.S. Economy

- Traditional manufacturing & blue-collar sectors ↓
- Information and service sectors ↑

Primary Labor Market

Secure and stable professional
and managerial jobs with
benefits

Secondary Labor Market

Insecure and unstable jobs with
low wages and few benefits

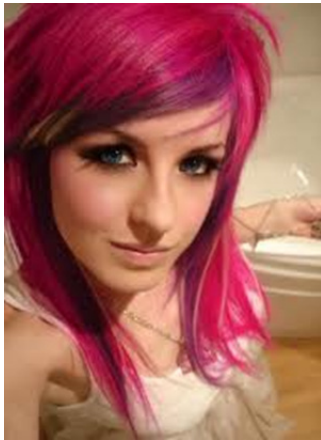


Education and the Economy

- “Rate of return” increasing: each additional year of education returned, on average, a 9% increase in earnings (Borjas, 2005).
- High school diploma no longer a ticket to the middle class (Goldin & Katz, 2008; Schneider, 2007)
- GED has decreasing societal value
- But post-secondary education costs are rising! Increased pressure to perform well in high school.



Youth sub-culture



"You just don't get it"

"Selfie"



twitter™

tumblr.





Youth sub-culture

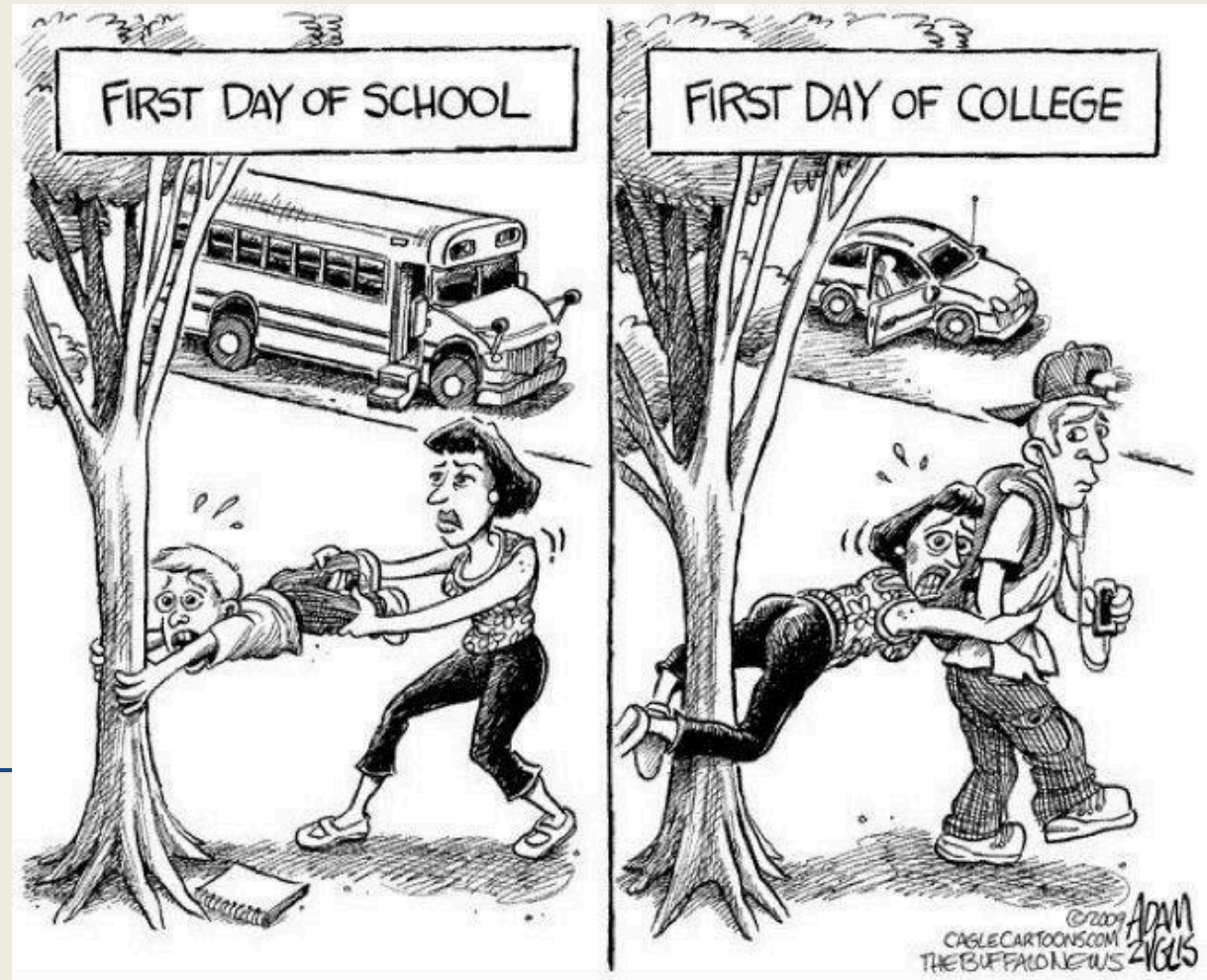
Communication:

- Technology use
- Social media
- Texting, sexting
- Instant gratification



Peer influence

- Acceptable forms of expression, status symbols (i.e. “now trending”)
- Drugs and alcohol
- Bullying more prevalent with the dawn of social media
- Increased competition re: school performance



PART III: FAMILY DYNAMICS



Family = another developmental aspect with dramatic changes

- A dance between the young adult and their parent/s requiring a delicate balance of individuation & connectedness, growing self-sufficiency/dependence
- Implications for identity formation: individuating from their parents while maintaining family connectedness
- Growing need for independence while remaining emotionally related; i.e. “in-betweenness”





Benefits of Family Support

- Allows for safety net as young adults strive to finish their education/training and enter work world
- Those with more family resources are *more* likely to complete higher education and successfully obtain employment
- Those with *less* family resources tend to have to work more while attending higher education and not complete higher education (while racking up debt)
- It's complicated! Sometimes a gap in what young adult wants versus what the parents want

REMEMBER: not all families are healthy, supportive, or beneficial. Legal independence can sometimes be a positive thing. Know the background & youth preference.

YOUNG ADULTS WITH SERIOUS MENTAL HEALTH CONDITIONS





Psychosocial Development Delayed

- ◆ Cognitive, moral, social, and identity formation development delayed in youth with SED
(Davis & Vander Stoep, 1997)
- ◆ Developmental tasks of transition are the same as for all young people
- ◆ Just as desirous as peers for adult freedoms



Education outcomes

- Special Education students with EBD have the highest rate of High School incompleteness; 44% vs. 14-29% (NLTS-2; http://www.nlts2.org/data_tables/tables/15/ntaDiplomafrm.html)
- Lowest school performance; attendance, grades, grade retention (NLTS2)
- Only about 8% of students with the most serious EBD receive special education services (Forness et al., 2012)
- Those with SMHC that do go on to college:
 - Have higher rates of part-time student status (Newman, 2011)
 - Higher dropout rates (~86%)
 - Lower graduation rates (Kessler, et al., 1995; Salzer, Wick, & Rogers, 2008)
 - Accrue student debt (Sabella et al., 2017)



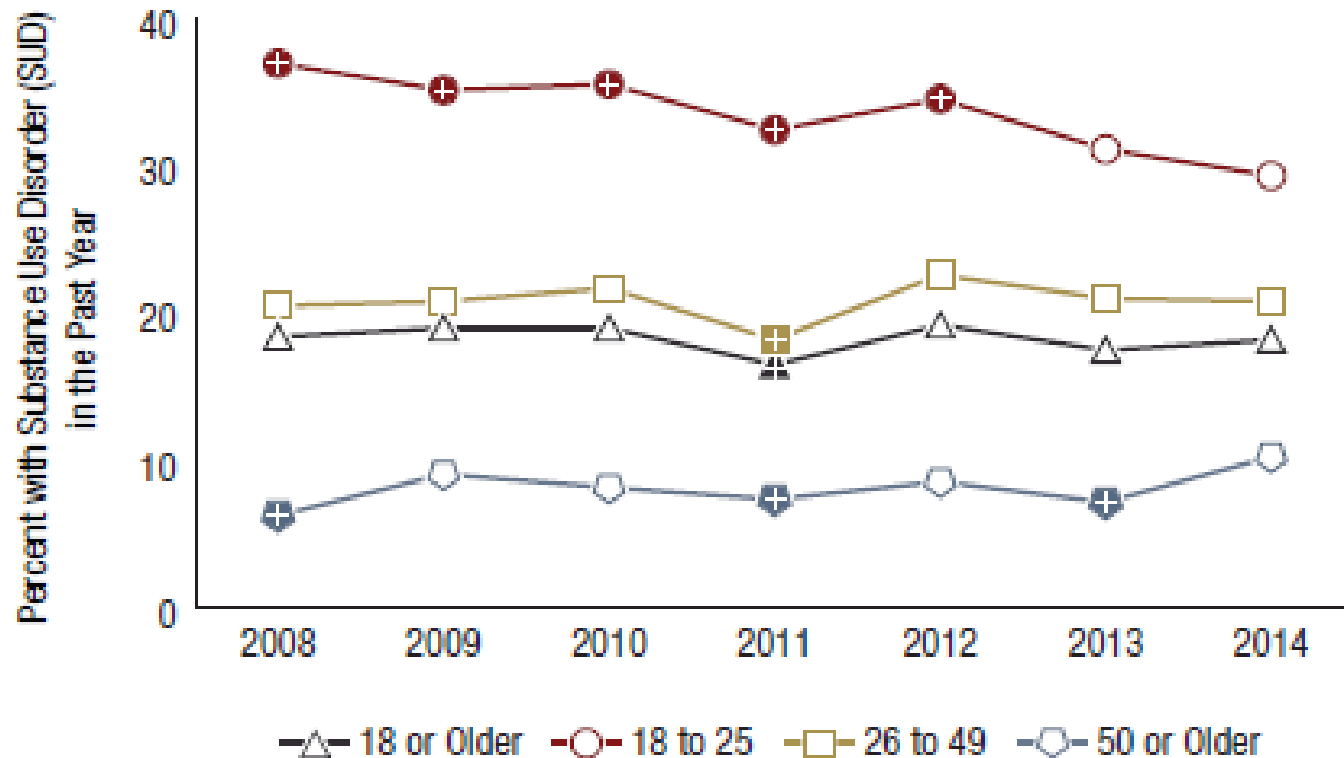
Employment Outcomes

- Young adults with psychiatric disabilities in adolescence have lower employment rates compared to same age peers in other disability groups or in the general population (Frank, 1991; Neel, 1988; Newman et al., 2011; Vander Stoep et al., 2000)
- Young adults with anxiety or depression less employed than mature adults (Waghorn, Chant, & Harris, 2009)
- When employed, typically short-term jobs in the service or retail industries with limited growth over time (Sabella et al, 2017)



Substance Use Disorders

Figure 49. Past Year Substance Use Disorder among Adults Aged 18 or Older with Any Mental Illness in the Past Year, by Age Group: Percentages, 2008-2014



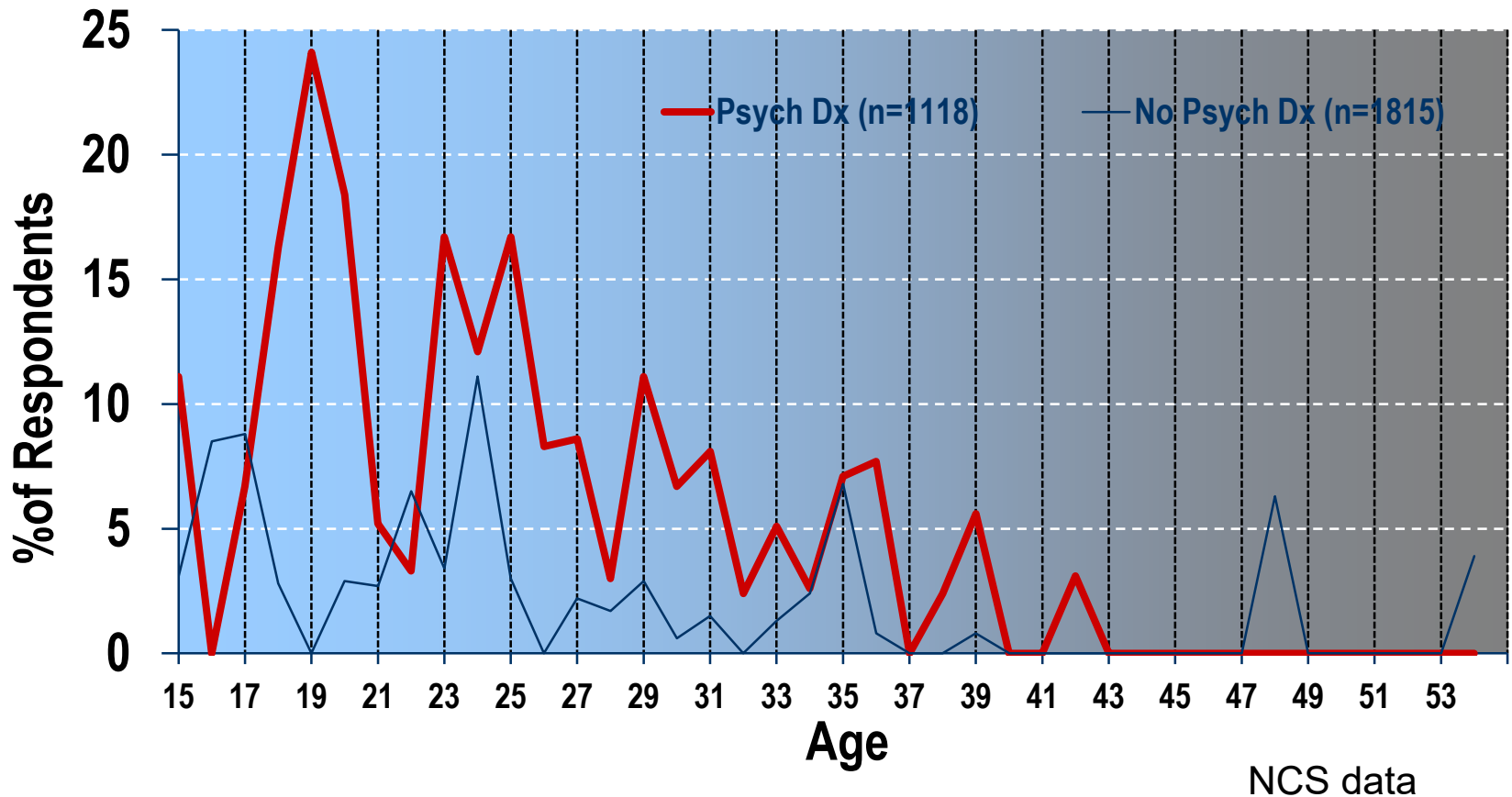
(SAMHSA 2014, pg. 32)

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.



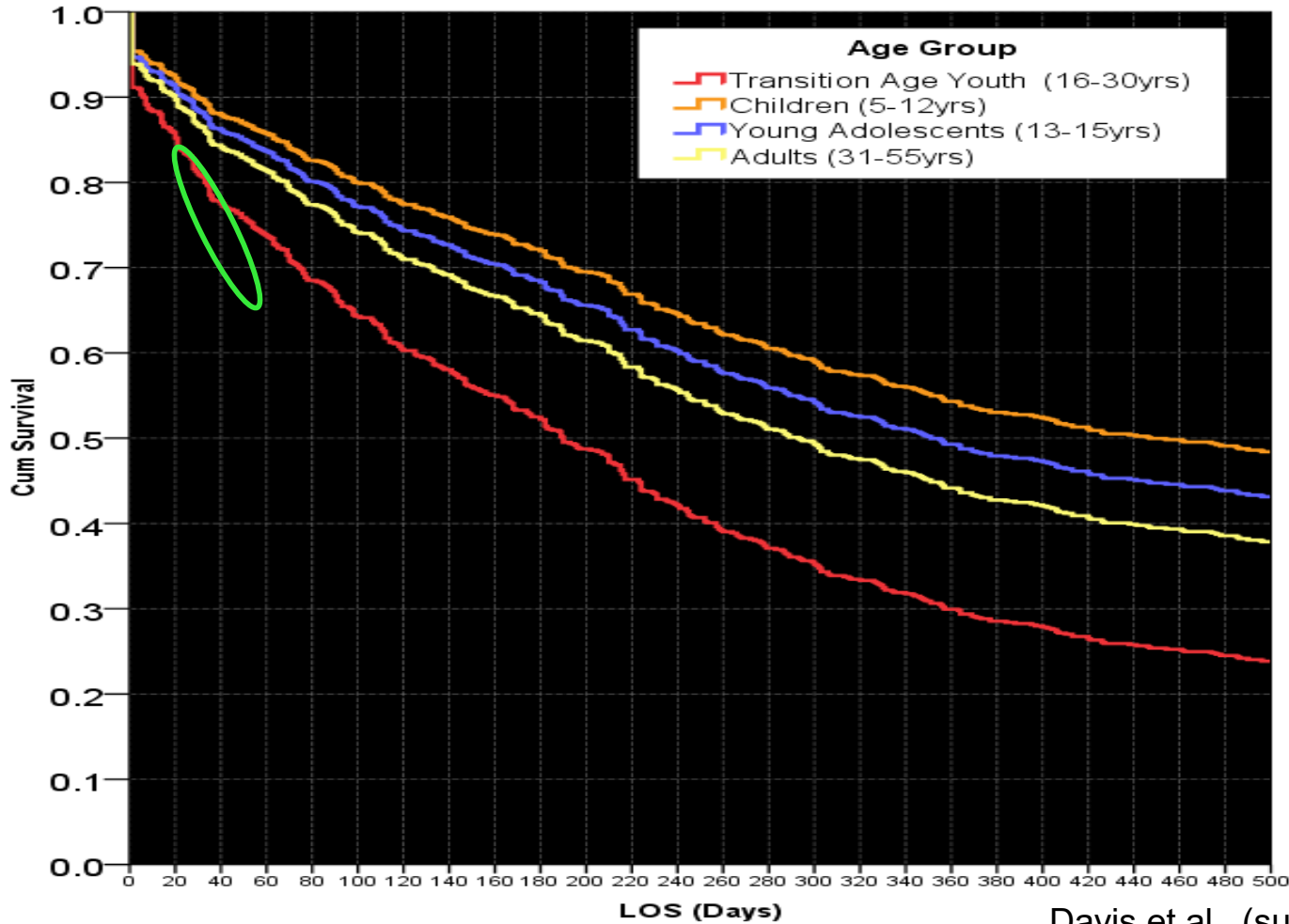
Other challenges

- Parenting at earlier ages
- Justice system involvement





Transition Age Youth Most Quickly Lost from Treatment



Davis et al., (submitted)



DISCUSSION

Let's talk about how things are different for transition age youth and young adults NOW than when we were young...

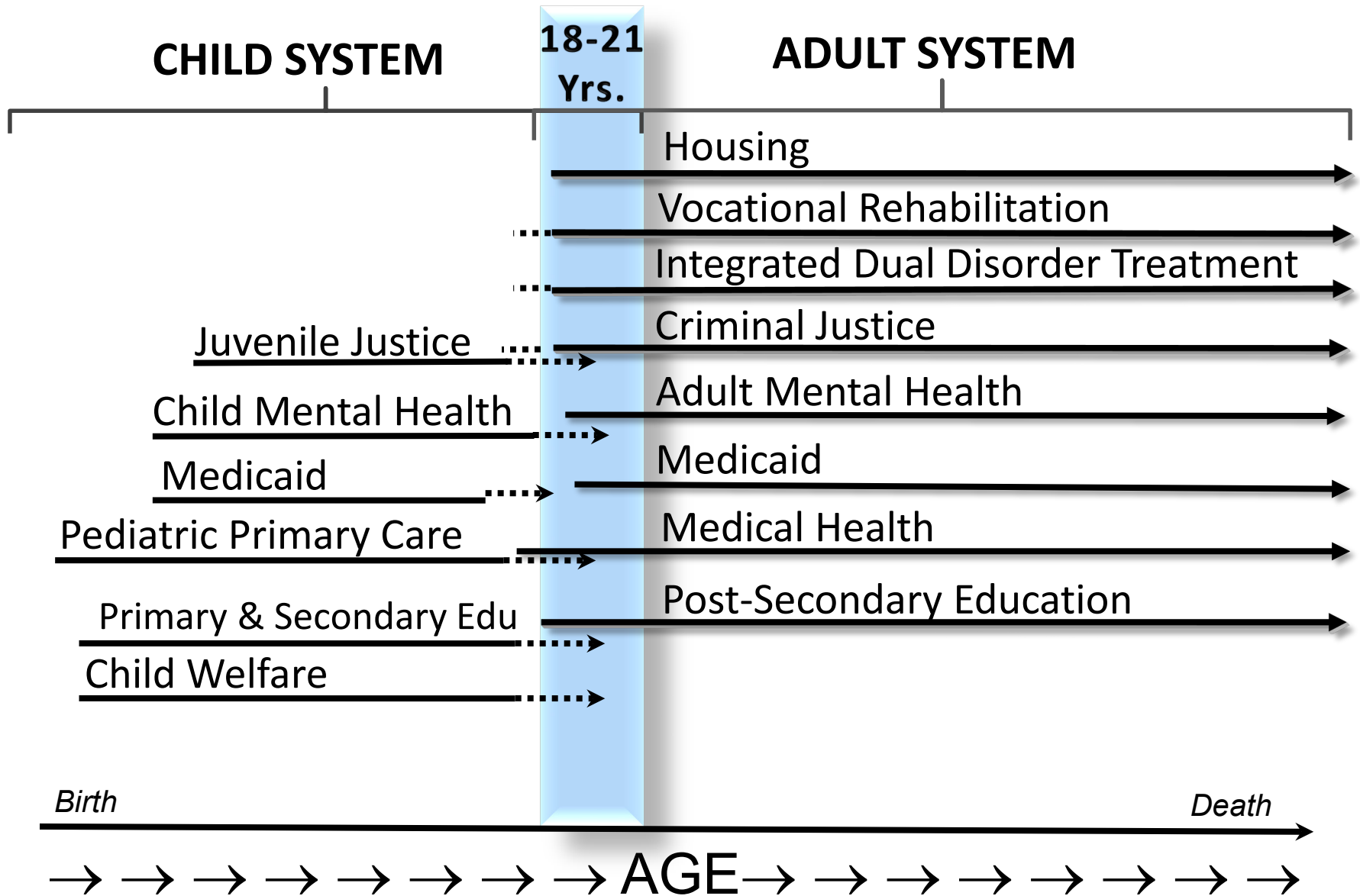
What do TAY face/navigate today that you didn't have to as a TAY?





VANESSA? IMPLICATIONS FOR SUPPORTS & SERVICES

A Review of Promising Practices





Child

- Resiliency focused
- Family-driven
- Wrap-around
- Systems of care
- Less focus on diagnosis & greater focus on functioning
- Multi-system involvement
- Mentoring

TAY

- PYD
- Avoid disability
- Individualized
- Lengthier engagement
- Vocational support integration
- Living with family
- Texting & social media
- Partner with young people & their self-identified family
- Mentoring

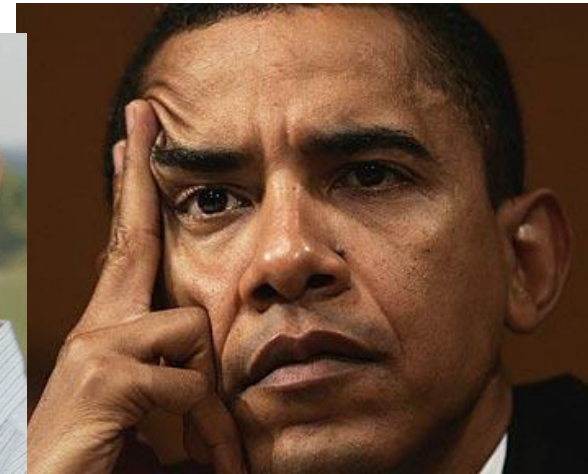
Adult

- “Priority population”
- Recovery-oriented
- Person-centered
- Focus on individual, family less involved
- Peer-provided services
- Integration of physical & mental health treatment



There are no evidence-based practices for transition-age youth diagnosed with serious mental health conditions...

But there are some evidence-informed & practices!



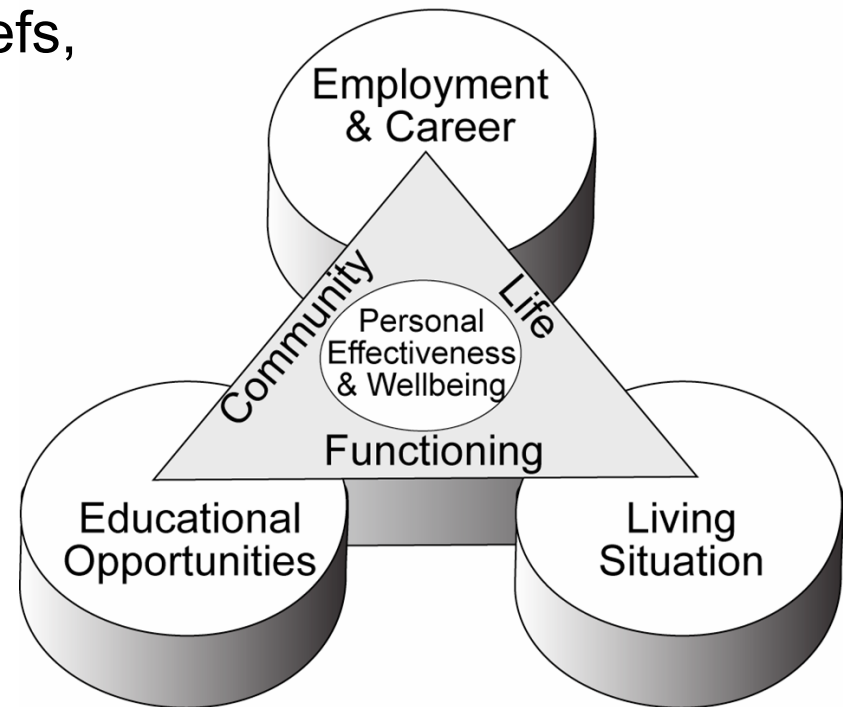
Positive Youth Development Approach

Effective youth engagement is NOT just about “fixing” mental health problems. It’s about fostering “beliefs, behaviors, knowledge, attributes & skills” that lead to a healthy & productive transition to adulthood.¹

5Cs of PYD¹:

- **Connection**
- **Character**
- **Competence**
- **Confidence**
- **Contribution**
- **Caring²**

Transition Domains³



¹ Pittman, K., Irby, M., Tolman, J., N. Yohalem, N., & Ferber, T. (2003). Preventing Problems, Promoting Development, Encouraging Engagement. Forum for Youth Investment.

² Learner, R.M. (2007). The Good Teen.

³ <http://www.tipstars.org/OverviewofTIPModel.aspx>



Approach must be Multi- Disciplinary





Models to Watch!

- Traditional wraparound services, with adaptations for TAY/YA (e.g., Peer Mentors, Transition Facilitators) are being tested in many areas (e.g. Oklahoma ON-IT)
- Multidisciplinary time-limited treatment in & out of office with Peer & Therapist: Centerstone Program (Munson, NYU)
- Coordinated Specialty Care for a recent onset of psychosis
- Emerge Model – Thresholds, which is being piloted in Texas
- Multi-Systemic Therapy for Transition-Age Youth (i.e., TAY Program)
 - For 17-21 year olds with Mental health conditions &/or Substance Abuse and Justice System Involvement
 - Randomized Control Trial in CT and Tennessee
 - Pilot data showed pre-post reductions in MI symptoms, substance use, recidivism



Integrate Young Person Voice & Peers

Continuum of Peer Integration:

- Leadership & practitioners with lived experience
- Peer Mentors & Therapeutic Mentors
- Service graduates who share their story/mentor (e.g., volunteer or stipend)
- Advocacy Boards & Leadership Committees
- Big Brother-Big Sister Mentoring
- Hosting regular social events/providing space for fostering natural support

Promising Programs:

- Young Adult Peer Mentors, Massachusetts DMH
- OnTrackNY CSC Peer Support Specialist, NY
- Vocational Peer Mentors, Thresholds, Chicago, IL
- Cornerstone Model (Munson, NYU)
- College Peer Mentors (Hutchinson, BU)



Career Development & Vocational Support Services

- Education & employment exploration is normative
- TAY navigate both simultaneously & go back & forth between them
- Exploration of strengths, interests, & career-related goals: ALL THE TIME!
- Need specialists who support exploration & concrete work/school tasks

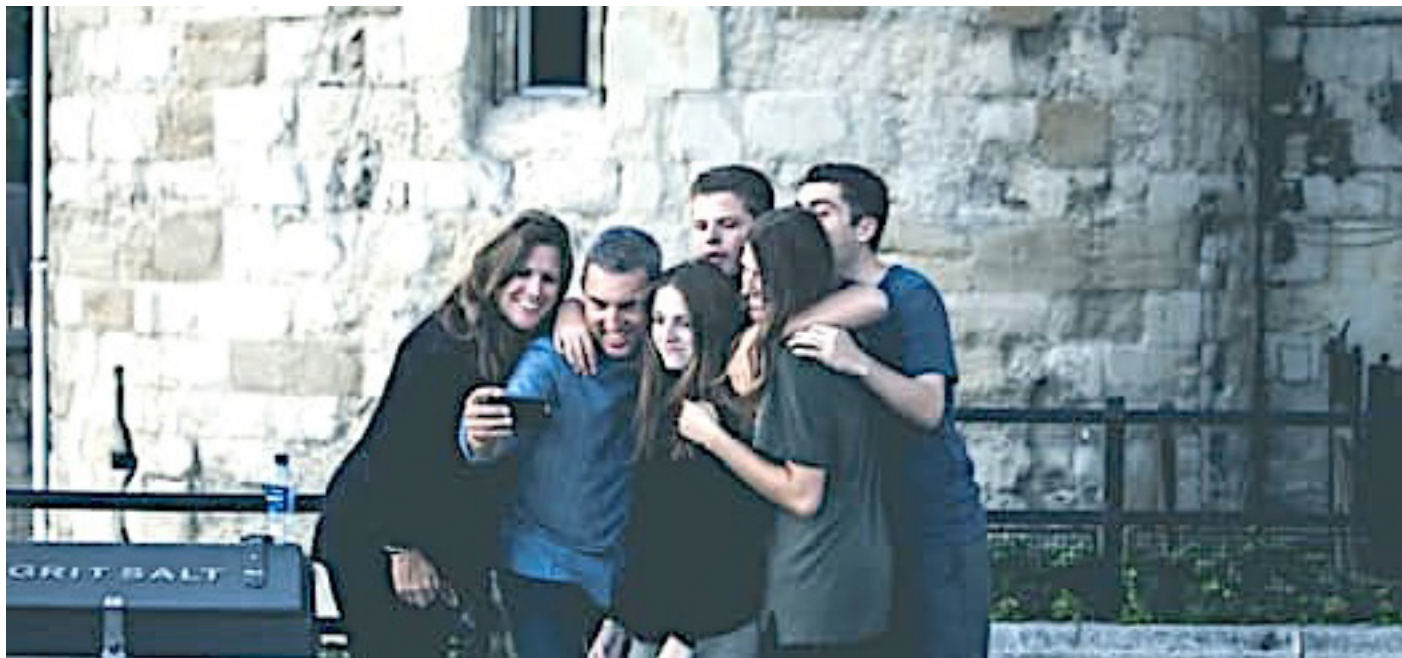
Promising Models:

- **Helping Youth on the Path to Employment (HYPE):** An approach to supporting career exploration in young adulthood (Rutgers & UMass)
- **Individualized Placement and Support (IPS) Supported Employment Adaptations** (UMass, Marsha Ellison)



Discussion

- Let's get into small groups & discuss:
- From your perspective, what makes it hard to engage TAY & young adults?





SESSION 2: HOW TO DESIGN AND PROVIDE INTENTIONAL SERVICES FOR YOUNG ADULTS

Articulate the importance of assessment and planning for young adult services. Explain the factors that are associated with changes in behavior and outcomes.

Describe practices to engage and involve young adults and their family in service planning.

So, you want to engage TAY...

- Commitment
- Structure/Space
- Philosophy & Culture
- Service Design
- Introduction of developmentally relevant practices
- Staff competencies
- Interpersonal practices

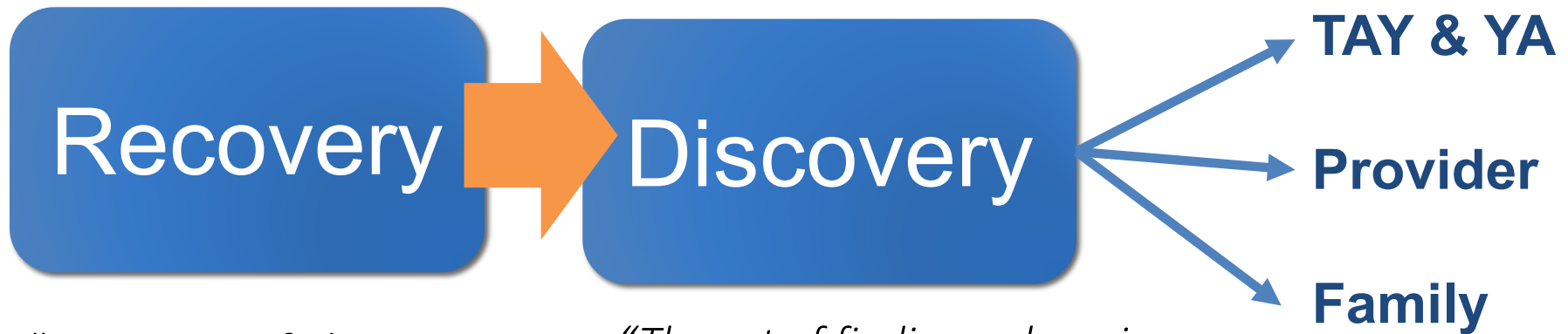


Your Organization or Team must to Commit to Engaging TAY

- This requires **cross-department collaboration & commitment** from clinical, vocational, recreational, peer, family sectors
- **Need a plan to engage TAY**; need to set benchmarks & examine challenges in meeting these benchmarks
- **Identify TAY in your community**, where they are & their needs
- **Train staff** in TAY & YA Development



Expand Practice Philosophy



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

- *“The act of finding or learning something for the first time: the act of discovering something.”*
Merriam Webster Dictionary
- *“TIP strengths discovery process: “learning about the young person’s likes, dislikes, competencies, talents, resources, and dreams.”* (Clark, 2004)



Identify Team Members who Enjoy Working with TAY & YA

- **LOVE** working with TAY
- **Important staff characteristics:**
 - Patience
 - Flexibility
 - Creativity
 - Able to communicate in a way that young people understand
- **You are going to do more for TAY!** more phone calls; more transportation; more reminders!
- Staff can't take TAY actions personally. Focus on youth experience; not your "failure."
- Staff need to **"go to"** rather than wait for a call
- Desire to work with family & who TAY identify as supportive

Engage in Targeted, Tailored & Persistent Outreach

- Find out **where** the young adult clients are at your agency & in community. **Just be around to connect** with young adult clients!
- **Connect** with TAY as soon as referral is made! Best practice is to meet with referral source for a **warm handoff**.
- **Do assertive outreach**. Do not give up until TAY tell you that they do NOT want to work with you. Then, go back in a month – and keep re-engaging! “No” is for right now.



Integrate Vocational Supports

- #1 reason why TAY/YA at Thresholds engage in our multidisciplinary services?
Desire to work or go to school!
- Vocational Supports **must be developmentally attuned** & use relevant engagement practices
- It's not enough to simply do Supported Employment & Supported Education



- Job & School Development = super important!



To engage TAY/YA, program structure must provide for:

- **Space must be inviting & not stigmatizing**
- **Extended early engagement** (just get to know; no goal formation; less formal assessment)
- **Individualized** goal development & support
- **Flexible service delivery:** where, when, who, how
- **Rapid response!**
- **Fun! Tailored social activities** with small & large groups!
- Involvement **TAY-identified family** & supports
- New communication (e.g., **texting**)
- **Vocational & Peer Support!**



Best TAY/YA Practice

- **TAY want to be understood**, so assessment must get at what they care about!
- Services must **meet TAY defined-needs!** (Typically developmentally related)
- **Explore motivators** early on instead of problems.
- **Suspend judgement & desire to protect;** support dignity of risk & self-determination.
- **Involve family** (slide on this later)
- **Needs must be met FAST!** Demonstrate & celebrate success quickly.
- Through **work on what matters to TAY** that then education & work around mental health can happen!

If you don't do these, they will either walk....or be coerced into services by a family member, which will only delay real engagement.



How to engage TAY/YA...

- Be Genuinely Curious. Explore. Always.
- It's all about identity – so all interactions with TAY/YAs should include reflection on what is learned about young person in the process.
- Balance talking with doing.
- Be real & transparent about the work we are doing! (& communication with family)
- Strategically share your own experiences!
- “Let’s figure it out together.”

If you think these are interesting, come to my talk on engagement on Sunday afternoon!



Family Involvement = Better Outcomes

- Involve **TAY/YA self-identified family!**
- No family involvement today doesn't mean no tomorrow.
- **Establish communication** plan
- **Educate** TAY/YA & family about transition to adulthood
- **Partner** with TAY/YA & family to determine how family can best support TAY/YA goals
- **Benefits counseling** with family & ensure they understand benefit of TAY/YA higher education & employment
- **Ensure** family's needs are met!

**revisit all again
systematically!**



Discussion

- What makes it hard to work with TAY/YA family?
- What have you experienced?
- What worked? What didn't work?



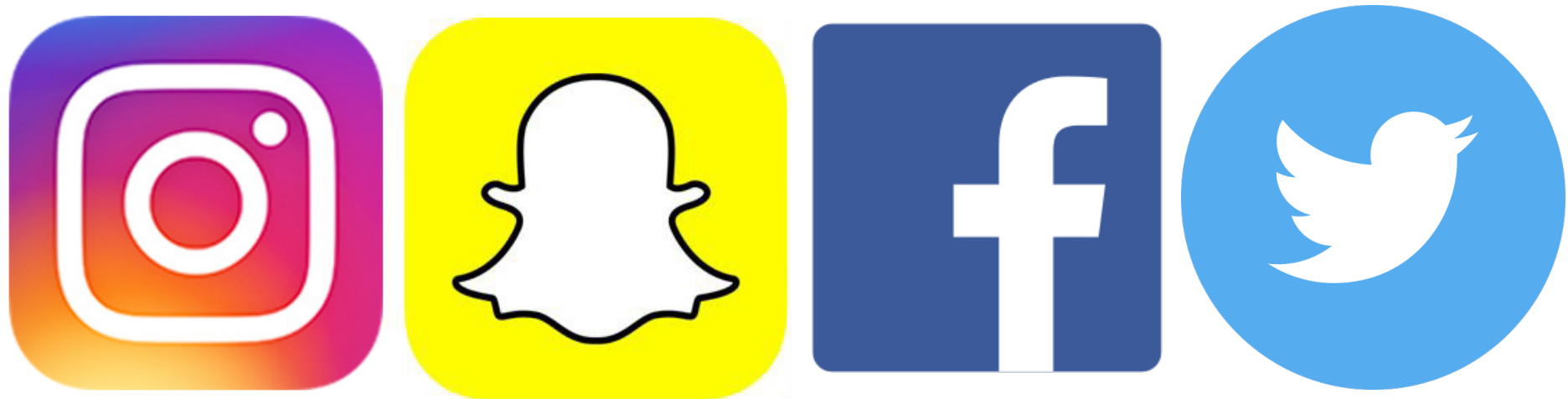


Communicate how TAY communicate

- **Get ready to text. They prefer & so do many adults.**
 - Texting & email consent forms
 - Practice for explaining use of texting & email
 - Protocol for addressing report of harm to self/others
 - **What's an emoji? Do you ever use them?**
- **Get familiar with social media: the good & the ugly**
 - Explore with young people: what is their fav app & why? What do they share & why?
 - For vocational support, consider what is public/private.
 - **How do you currently use social media in your work?**
- **Use smart phones to engage!!!**
 - Look at photos & videos together
 - Find common ground here: fav Instagram poster; fav meme generator



- Who knows what these are?
- Can you describe them? what they do? Features?; what they are used for?
- Which one do TAY like best? Least? Why?



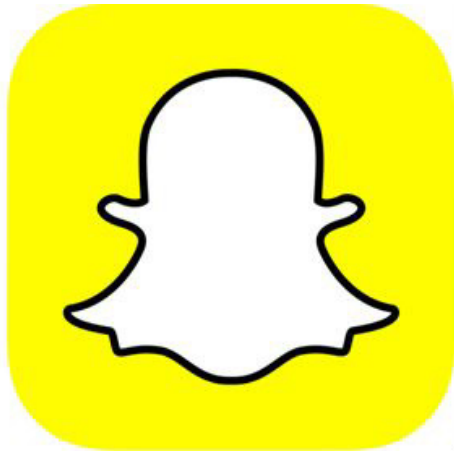


“You can visually see what people want to say but rather than words, people use pictures & videos.”

**83% use;
24% say it's their fav**

Broadcasting, Validation, & Inspiration

- Post & wait
- Permanent
- Popularity Barometer
- Can be a Bullying Space
- Aspirational self
- Not a great camera
- Stories!



“You can do so many things like see what people are doing constantly, message them, video chat & more.”

**88% use
56% say it's their fav**

Communication & Connection

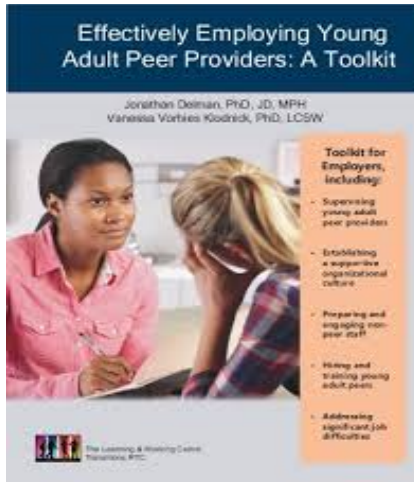
- Instant gratification
- Ephemeral
- Similar to messaging
- More playful
- Conversational
- Good camera
- Streaks!

What is the difference...& perhaps draw/benefit of...

- FB Messaging
- FB posts
- Insta posts
- Tweets
- Snaps
- Stories
- Streaks
- Memes



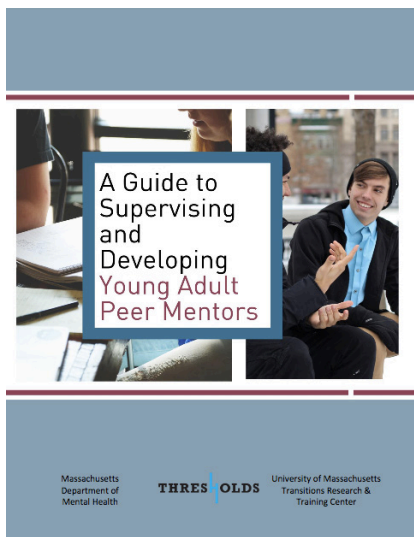
Integrate Young Adults in Peer Roles



Why:

- Boost TAY & YA engagement
- Ensure services culturally attuned

But, to do this, commitment to change necessary!



Toolkit on Effective YA Peer Integration

<https://www.umassmed.edu/TransitionsRTC/publication/effectively-employing-young-adult-peer-providers---a-toolkit/>

Supervisor Guidebook

<http://www.cbhknowledge.center/yapm-supervisor-toolkit>



More benefits of Near-Age Peers

- They know what's **TRENDING!**
- They can do **COMMUNITY DEVELOPMENT**
- **Co-engage** in community activities with TAY
- Their presence will inherently **DISRPUT**
- **EDUCATE** non-peer adults on what is going on
- **Engage difficult to engage populations** who are distrustful of providers & service systems
- Foster Sense of Belonging!
- Power near-age peers have on the thoughts, behavior & emotions of young people

How YA Peers Matter...

TAY/YA with SMHC

- Struggle with most domains
- Immense anxiety about everything
- “Why try” effect: “why I should try, I’ll just fail



Non-Peer MH Professional

- Well-intentioned
- Trained to treat mental health symptoms or increase independence

Adult Family:

Why can't they just figure their life out? They aren't doing anything. They are making risky decision.

Why near-age peers particularly powerful for TAY?

- Peer relations are never more salient than in adolescence!
- 60-70% of TAY decisions are made based on peer influence!
- Large literature on peer influence on risky decision making & engagement in *delinquent* behaviors in social science
- Adolescents much more likely than adults to take more risks & engage in riskier decision-making when with peers than when alone (Gardner & Steinberg, 2005)



SOCIAL...





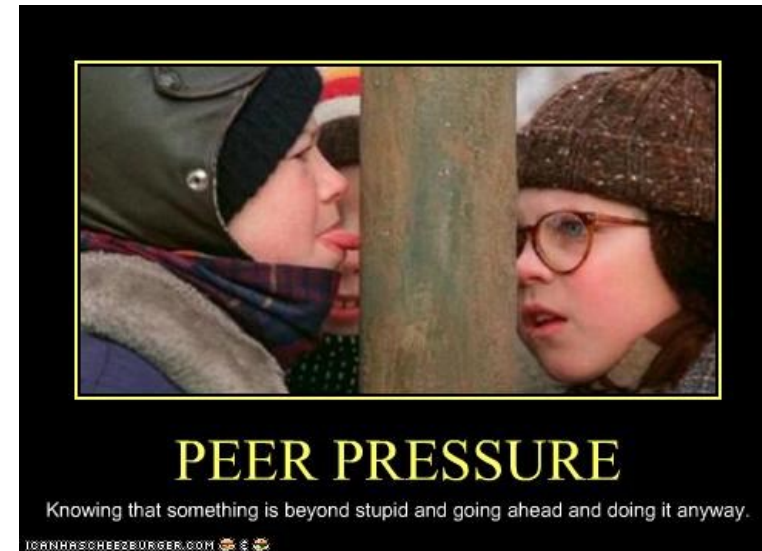
Brain Science? What?



- During the transition to adulthood, the brain develops the capacity to resist peer influence (through increased self-regulation & increased coordination of affect & cognition)¹
- Adolescents (more so than young adults or adults) have heightened brain activity in the incentive & socio-emotional processing when with peers (compared to when alone)²

Really, whoa?!?

- Compared to when alone, adolescents in presence of peers were more likely to:
 - (1) Prefer immediate rather than delayed rewards
 - (2) Discount the value of delayed rewards
 - (3) 18- to 20-year-olds may make immature decisions that resemble 14- to 15-year-olds when in presence of peers¹
- **What happens if we have peers who are slightly older & are trained to be positive influences, to encourage exploration, & to support healthy decision making?**



¹O'Brien et al., 2011; Steinberg et al., 2009



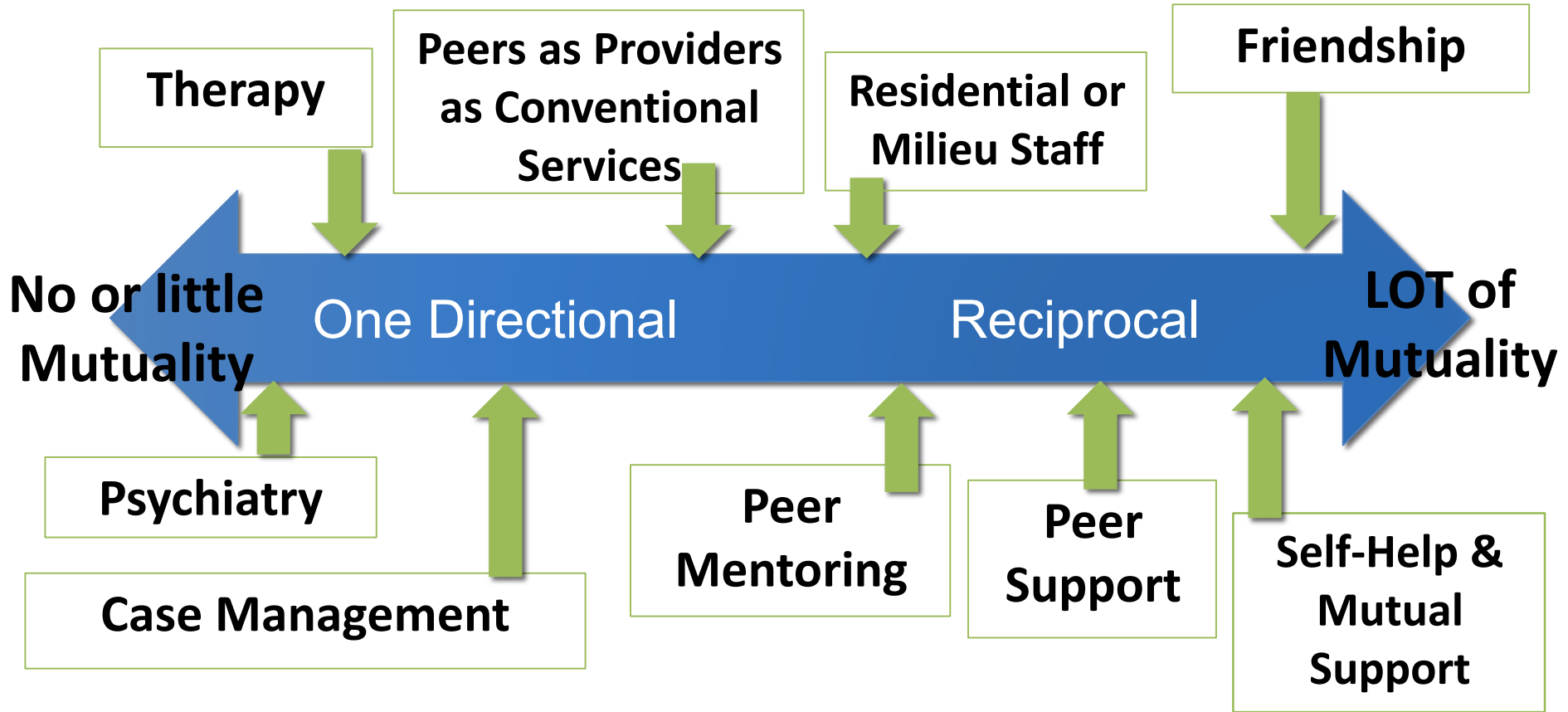
I like meeting with my peer mentor because...

“She understands where I am coming from and I understand where she is coming from.”

- *“[My peer mentor is]...trustworthy. I could talk to him about everything.”*
- *“She [peer mentor] **didn’t look at me differently**...she didn’t put on a phony act.”*
- *“**Someone who was one of us**... they can talk about their life, how they get through it and show us how to do it.”*

(Participants in IPS Adaptation Study at Thresholds)

Continuum of Helping Relationships



Mutuality is the most important part of “peer” support & maybe the most important thing about working with TAY.

Staff in any role can engage in mutuality.



What's a little different about YA Peers

- “Mentoring” & role modeling
- Very-part-time vs. Part-time vs. full-time
- Extent to which role is “professionalized”
- Length in role (only young adult for so long)
- Permanency of outing oneself on internet/social media
- “Shared affiliation” & “deep understanding”

**Lived experience
with serious
mental health
conditions &
treatment.**

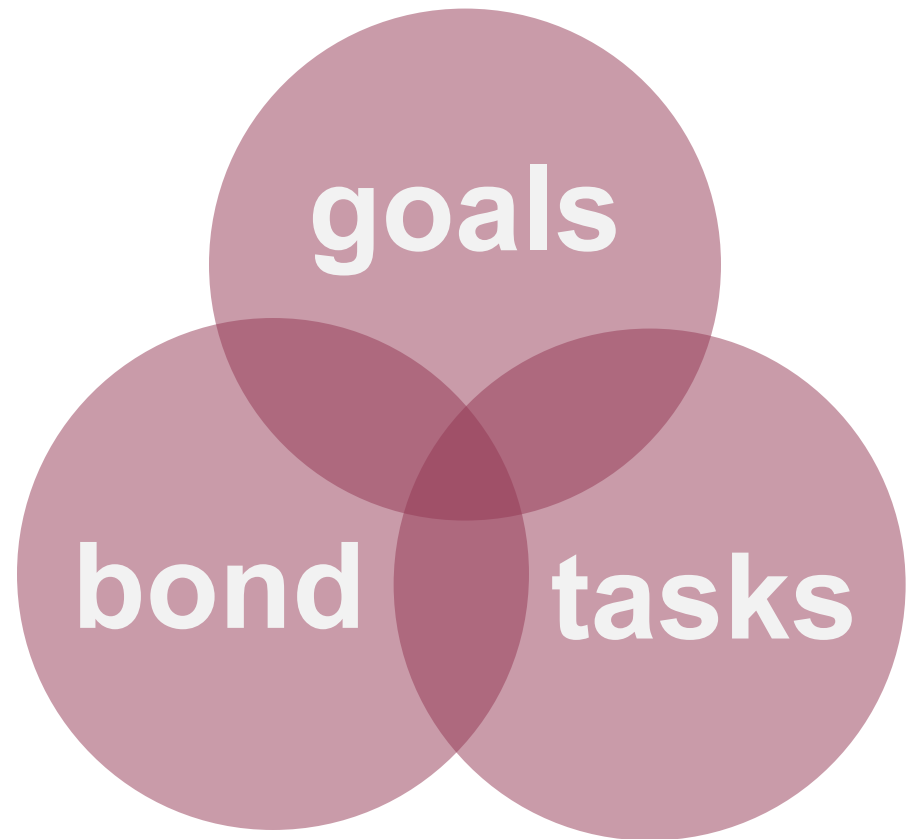


**Developmentally relevant
experiences:
relationships, work,
school, independent
living, culture, art, music,
change making, etc.**



Usefulness of the “Working Alliance”

- One of the big worries is that YA Peers will not be able to maintain healthy relational boundaries
- Instead of examining & maintaining “relational boundaries,” focus on: **to what extent do we have a strong working alliance?**



Reflect on Working Alliance Relational Processes

How well are collaborating?
To what extent do we both feel that it is a true collaboration?

Collaboration

How much do I experience trust in this alliance? Does the other person trust me? Why or why not?

Trust

How authentic am I able to be with this person? Can I be myself? What do I keep from this person? How authentic is the client during our interactions? Why?

Authenticity

Created by Márcio Duarte from Noun Project

To what extent are we companions? How close do I feel to this client? Would the client feel the same way? Why or why not?

Companionship

Empathy

How empathetic do I feel with/towards this person? When am I not empathetic? Does this person empathize with me? Does this person feel validated by me? Why or why not?





Who do you want to be on the job, in the classroom, with your family, friends, romantic partner?

- What do you want your _____* to notice about you? Why?
- What do you want your _____* to know about you? Why?
- How might they learn that about you?
 - What will you share or not share?
 - How will you act or not act?
- What do you NOT want _____* to know about you? Why?
 - How can you ensure that they don't know this?
 - What needs to change to share this?



Activity

What kinds of things have you done to work better with TAY?

Think along the lines of:

- Your 1:1 interactions with youth/families
- Program structures
- Organizational changes
- Community changes

Write 1 thing on your sticky note! Then, introduce yourself to your neighbor, swap stickies & introduce yourself to next person & swap stickies again!



SESSION 3: HOW TO DEVELOP AND SUPPORT GOALS IN YOUNG ADULTHOOD

Articulate how to explore young adult interests so as to identify goals.

Explain the iterative cultivation of and commitment to a goal.

Describe the elements of an effective goal plan.



The Perfect Day

Consider your perfect day...what what would you do?

- If you had no work?
- If you had no responsibilities?
- If you were able to choose every single action?
- If you were able to spend it with anyone you want?
- If you had no constraints?
- If there were no repercussions?
- If money wasn't an object?

What would you do???



Assessments

- All assessments do not need to be:
 - Formal,
 - Pencil and paper,
 - Clinical-heavy, or
 - Symptom focused.
- They need to be:
 - Relevant,
 - Information gathering,
 - Targeted, and
 - Used to inform planning & discussions



Role of Assessments in Young Adult Services

- Young adults are in a period of change
 - *Almost everything changes...and nearly everything could change rapidly and at the same time!!*
 - Except values- values are slower to change, so understand them
- Assessment is therefore a continuous process for young adults
 - **Be curious**, try to understand what and why things are changing
 - Often related to refining preferences and formation of identity(ies)
- Select your assessments based on what you need to know
 - Not just what you need to do



CONSIDER YOUR ROLE AS A PROVIDER...WHAT ARE YOU SUPPOSED TO DO?

What are the best outcomes you can ask for?

If it was your child, what outcomes would you want to see?



PURPOSEFUL ASSESSMENTS AND INTENTIONAL SERVICES PROPEL CHANGE

Let's look at the Developing Your Life Goals Worksheet



Developing Your Life Goals

What are your areas of dissatisfaction? What do you really want to change?

1. _____
2. _____
3. _____
4. _____

What do you love? What are you really happy with?

1. _____
2. _____
3. _____
4. _____

What do you want to achieve?

1. _____
2. _____
3. _____
4. _____

What gets in your way of achieving these things?

1. _____
2. _____
3. _____
4. _____

THINK ABOUT A PERSONAL GOAL...

How did you make progress?

Have you accomplished the goal?

Did you have a plan? Was it written?

Who helped you?



Factors Associated with Change



UNDERSTANDING CHANGE

Stages of Change: Prochaska & DiClemente

- Pre-contemplation: no thought of change
- Contemplation: thinking of change in 6m
- Preparation: have begun to ready themselves for change
- Action: overt changes in last 6m
- Maintenance: actively working to solidify change
- Lapse: ambivalence is present & growing





Real, sustained change happens when:

**YOUR DESIRE TO
CHANGE MUST BE
GREATER THAN
YOUR DESIRE TO
STAY THE SAME.**



Factors Associated with Change

Motivation to Change

- Willingness
- Urgency
- Satisfaction (dissatisfaction)

Commitment to Change

- Is it *POSSIBLE* and *POSITIVE*?
- Hopeful
- Follow-through
- Change needed
- Support

(modified from Farkas, Sullivan-Soydan, & Gagne, 2000; Rehabilitation Readiness)



Factors Associated with Change (cont.)

Self awareness: knowledge about self in relation to the desired role

- Interests
- Values
- Personal Preferences
- Strengths and Weaknesses

Environmental Awareness: knowledge about the chosen environment

- Opportunities
- Expectations
- Requirements

(modified from Farkas, Sullivan-Soydan, & Gagne, 2000; Rehabilitation Readiness)



The Therapeutic Alliance: an important factor associated with change

- Strengths-Based Approach
 - Existing resources & supports
- Focus on Hope & Possibilities
 - Practitioner expectations
- Use of motivational strategies
 - Focus on individual's goal
- Resist focus on “illness”
 - Identify what get's in the way of what individual wants
 - How can services help
 - Illness identity can be harmful

(Berry & Greenwood, 2015; Polvere, Macnaughton, & Piat, 2013)



Integrating Stages & Factors of Change

- Results in *intentional, strategic* services
- Matches interventions with the young person's current stage of change
- Cultivates ambivalence
- Maximizes opportunities to engage in change talk
 - Enhances intrinsic motivation and commitment to sustained change
- Builds “equity” in the relationship
- Develops goal plan that *actually work*



Developing Intentional Services

HYPE Feasibility Pilot

Educational Intervention Matrix



	STAGE OF CHANGE			
	Pre-Contemplation	Contemplation	Preparation Action Maintenance	Lapse
Low Levels of Academic Motivation	<input type="checkbox"/> Accept individuals where they are <input type="checkbox"/> Roll with resistance <input type="checkbox"/> Develop ambivalence <input type="checkbox"/> Consistent outreach <input type="checkbox"/> Provide hope <input type="checkbox"/> Create awareness about need	<input type="checkbox"/> Decisional balance <input type="checkbox"/> Look forward <input type="checkbox"/> Look backward <input type="checkbox"/> Elicit change talk <input type="checkbox"/> Explore the basis of ambivalence <input type="checkbox"/> ICR scale <input type="checkbox"/> Family/supported education/involvement <input type="checkbox"/> Peer role models <input type="checkbox"/> Instill confidence <input type="checkbox"/> Explore new roles <input type="checkbox"/> Clarify requirements of new roles <input type="checkbox"/> Engage in exploration process	NOT APPLICABLE	<input type="checkbox"/> Explore ambivalence <input type="checkbox"/> Payoff matrix/ICR scale to maintain commitment <input type="checkbox"/> Reduce barriers <input type="checkbox"/> Explore transportation <input type="checkbox"/> Develop career focus <input type="checkbox"/> Discuss academic skills, highlight strengths <input type="checkbox"/> Use O*NET <input type="checkbox"/> Goal planning

NOTE: Interventions in **BOLD** indicate Motivational Interviewing



When practitioners and programs are not intentional, people become stuck.

It is not the fault of the *person* if they do not have “goals”, it is the fault of the mental health system.



GOAL PLANNING

Everyone needs it...



SMART Goals

- Specific
 - Be sooo concrete that anyone can pick it up and do it
- Measurable
 - If you can't see it, it is not measurable
 - Be behavioral- what does someone *need to do*
- Achievable
 - Steps should be broken down so they can be accomplished
 - Long-term goals are a series of short term goals strung together
- Realistic
- Time-specific
 - Estimate deadlines
 - Nothing happens without a timeline



Lets Revisit “Your Life Goals”

- What is it that you want “to do”?
- What do you want to change?
- What would you like to achieve?
- What would drive the process of change for you?
- Think about the factors associated with change...

Let’s Put The Pen to Paper!!!

Look at the Practitioner Goal Planning Exercise



Goal Planning: Everyone needs it

Name: Petunia Picklebottom

Date: July 21, 2015

Program: Dabest

Overall Rehabilitation Goal: I will work as a licensed practical nurse at Smallville Hospital by January 10, 2018.

Short-term Goals	
1. <u>I will choose a nursing program in my commutable area by October 2015.</u>	Completed: 9/15/15
2. <u>I will apply to the practical nursing program at Smallville Community College by December 15, 2015.</u>	In progress
3. <u>I will earn a 3.0 GPA during the spring semester 2016 at SCC.</u>	
4. <u>I will get a job as a Certified Nurses Assistant at Smallville Nursing Home in June 2016.</u>	

From September 2015 to December 2015: I expect to work on the following short-term goals in order to achieve my long-term goal. *Initial PP*

Goal 2: I will apply in the practical nursing program at Smallville College in Spring 2015.

Objectives:	Person Responsible	Date Completed
a. I will study for 20 per week with my friend, Gloria, for the quantitative section of the SAT until October 29, 2015.	Petunia/Josh	
b. I will order my official transcripts by October 20, 2015.	Petunia	
c. I will talk with Dr. Patel at every appointment about how my medication is affecting my ability to pursue my education goal.	Petunia/Josh/Dr. Patel	
d. I will take my SAT on October 31, 2015.	Petunia	
e. I will develop, with Nancy's feedback, an outline for my personal statement by October 31, 2015.	Petunia/ Nancy	
f. I will complete "Processing <u>The</u> Illness" with Malik by November 13, 2015	Petunia/Malik	
g. I will complete my personal statement by November 12, 2015.	Petunia	
h. I will develop calendaring skills with Nancy to help manage my responsibilities by using my calendar every day.	Petunia/Nancy/Josh	
i. I will send my statement to Nancy for review by November 15, 2012.	Petunia/ Nancy	
j. I will attend a weekly family meeting with my mom and brother through December.	Petunia/Malik	
k. I will complete my FAFSA worksheet by December 10, 2015.	Petunia/Josh/Mom	



Goal Development & Refinement

- Backbone to services
- Requires a significant amount of attention
 - Understanding the value of the goal to the person
 - Articulating what the goal *actually is*...
 - Breaking down the steps to achieve it (who does what and when)
 - Constant re-evaluation & massaging
- Process of discovery
- Identification of strengths & limitations
- Map of Services
- Evaluative measure...using the goal plan to also assess practitioner progress

A Goal Without a Plan is a Hope!



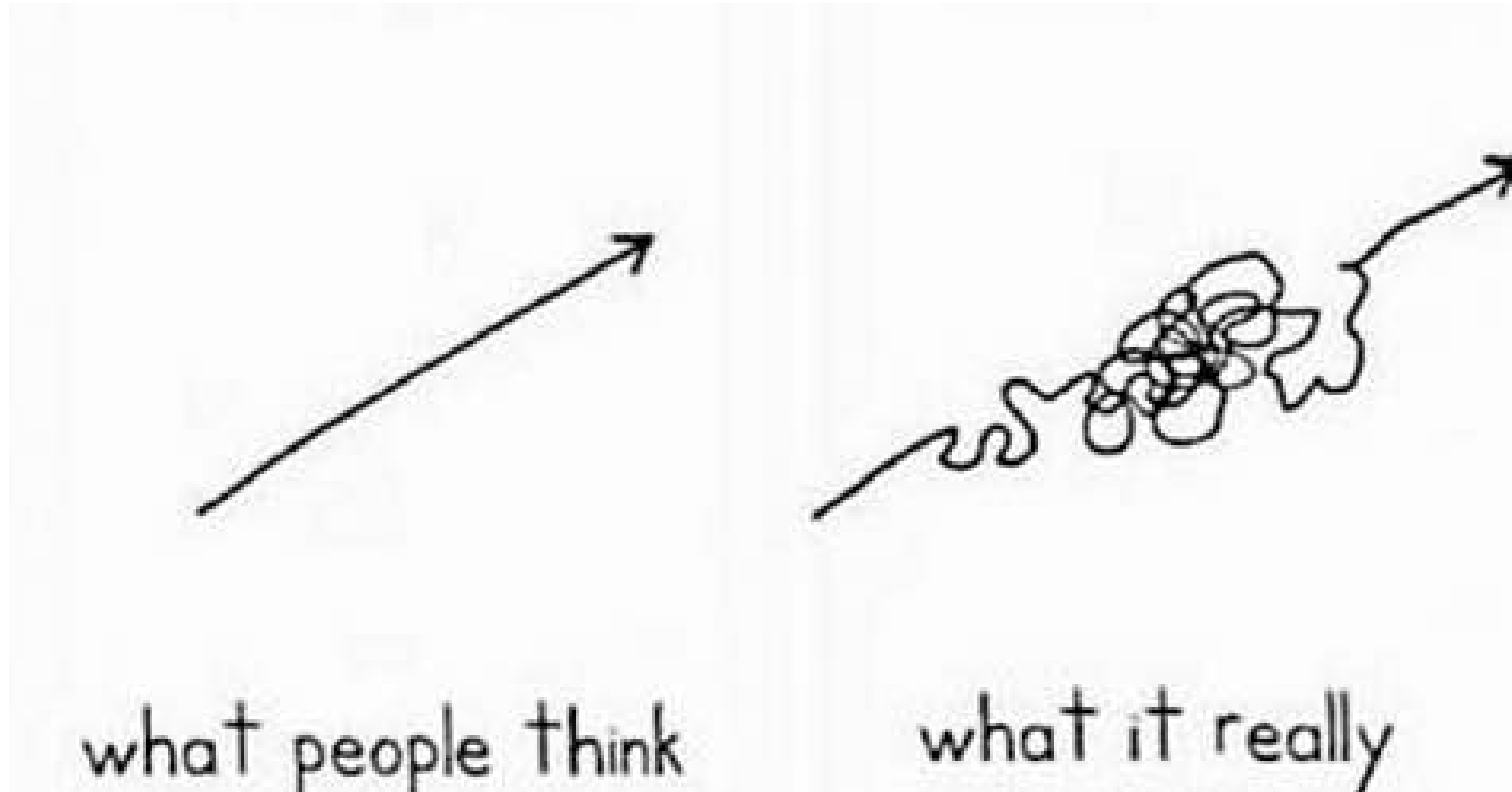
Discussion:

When you think about the goal plans at your organization,
if a practitioner leaves tomorrow,
would another person be able to pick up where they left
off?

Let talk about how we can develop more intentional,
strategic goal plans.

What can we do differently?

Goal Acquisition



*The most important thing you can do is to support and help a young person to achieve their goals...especially when messy. By doing so, you are **preventing disability**.*



SESSION 4: PROVIDER EXPERIENCES IN DELIVERING PSYCHIATRIC REHABILITATION SERVICES TO YOUNG ADULTS

Describe effective PSR practices for young adults.

Translate what is learned in the workshop into intentional practices.

Articulate how these approaches can be addressed within your own organizational contexts



The Learning & Working Center



Reception and Networking Event

Come see a program designed just for young adults!

Emerson St. for Teens and Young Adults

- 1610 N. Emerson St.
- Denver, CO 80218
(1 mile from hotel
in downtown Denver)
- 5-7PM
- Refreshments



Hosted by the Mental Health Center
of Denver



Let's Talk!

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