Working with

Transition Age Youth

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TAY Academy Overview

- Current F.S.P. Enrollment: 95 “students”
- Demographics: 1/3 African American, 1/3 Caucasian, 1/3 Latino
- Staffing: 6 “Mentors”, 1 Career Developer, ½ Financial Planner, ½ Psychiatrist, 2 Self Sufficiency Staff and 2 Administrative Staff
- Staff/Student Ratio: 15/1, Billing/day = 5hours
- Referral Sources: DCFS (Foster Care), Jail, Hospital, C.M.H., schools, homeless outreach
- Funding: MHSA, Medi-cal, EPSDT

Staff Backgrounds

- Adult Clinicians
- Child and Adolescent clinicians
- “Mentors” with TAY life experience

Each bring different cultures, practices, treatment relationships, and assumptions that may well clash.

Models of Adult – Youth Relationships

- Replacement parent / family
- Friend
- Mentor
- Caring professional

Each of these have special risks and benefits and should be used both genuinely and intentionally.

Facing Facts 1:
They didn't ask to be here

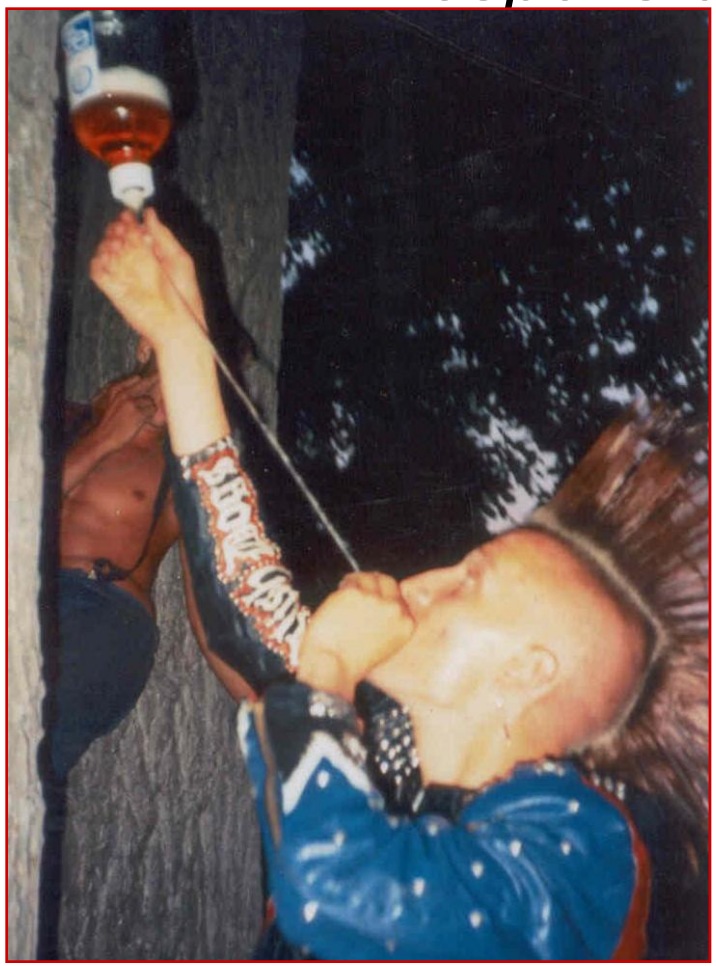
- Aging out of Children's Services
- Aging out of Juvenile Justice
- Aging out of Children's Mental Health
- "Ordered" to receive services

Facing Facts 2:
This is a diagnostic mess

1. Childhood conditions getting older – developmental disorders, “drug babies,” ADHD, Asperger’s, learning disorders
2. Developmental trauma disorders – including attachment disorders, detrimental socialization, institutionalization, “learned helplessness”
3. Substance abuse – “normal” vs. early addicts
4. Early adult major mental illnesses – “first break”

Facing Facts 3:

Some of these barriers are immaturity and irresponsibility, not illness



Remember all the dangerous, ill-advised, destructive things you and your friends may have done as a transition age youth and consider that many of the disturbing behaviors that you are witnessing are not due to mental illness or deep-seated pathology.

What you believe is what you'll see

We have predetermined explanatory models that we put people's experiences into:

- Mental disorders
- Developmental processes
- Temperament / Personality
- "Upbringing": Social and family context
- Cultural variations

How we "explain" them will influence whether we view them as deserving or undeserving of help.

Facing Facts 4:

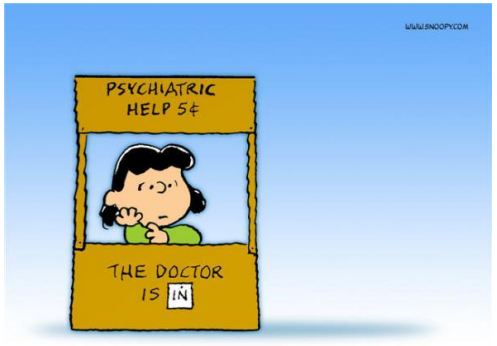
They live in a play world, but have real consequences

- Too young to legally drink but old enough to vote, go to war, and buy tobacco.
- Becoming an adult because of the magic number #18, not because of showing responsibility and accountability for actions.

Facing Facts 5:
"I don't want to talk about it"

Sneak in therapy:

- "Corrective emotional experience"
- Engagement – relationship building
- Adapted into "therapist – case manager role"
- "In vivo" skill building
- Creating healing environment – "therapeutic milieu"
- Group therapy without walls



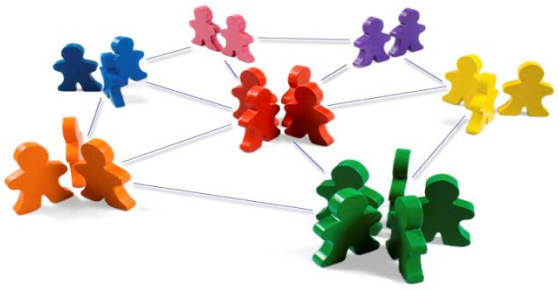
Becoming Their Dealer

Why are their drug dealers so much more trusted and popular than their psychiatrists?

- Part of their community and culture
- Give jobs and connections
- Accessible
- Build customer relationship
- Product with short term effects

Facing Facts 6:
Difficulties with families and friends

- History of inconsistency with regard to parental figures and social supports
- Poor role models, i.e., Cycles of abuse
- Fear of being labeled or blamed
- Traditional versus non-traditional family supports
- “Birds of a feather flock together”



Facing Facts 7:

They don't show up to appointments and demand immediate service

We have to meet them where they're at – often untrusting, unengaged, unmotivated, and irresponsible

- Build relationship first – relationship extenders
- Accessibility beyond appointments and "formal treatment"
- Phone outreach and house calls
- Practical supports – appointment slips and board, reminder calls, pick ups, med management
- Incentives – food, fun, and cash

Facing Facts 8:
They're really poor

If the average American young adult does not fully "emancipate" from their families

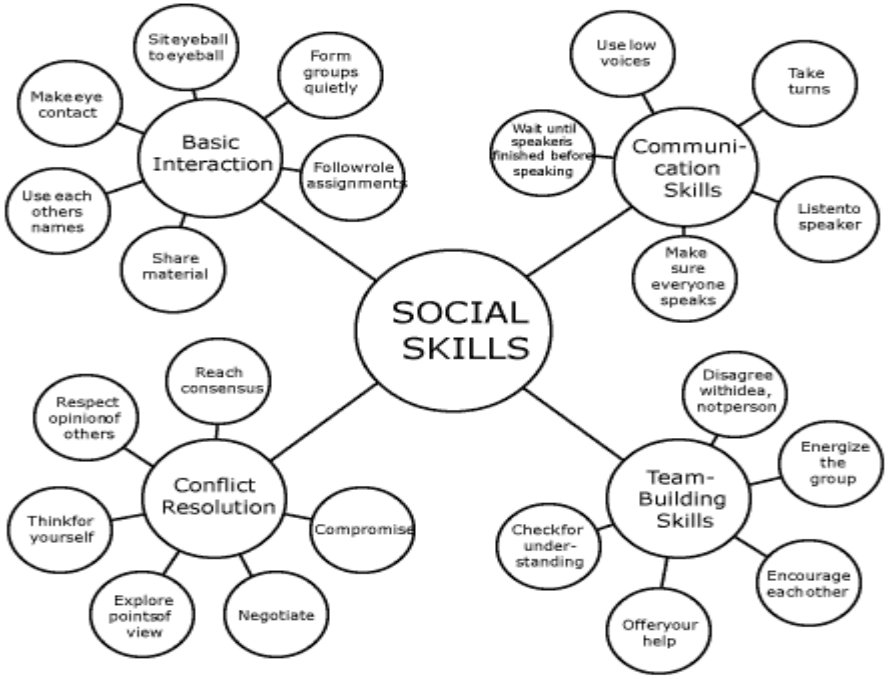
until age 30,

it is not reasonable to expect young adults with EBD, many with little or no family support, to emancipate successfully at age 18.

Facing Facts 9:
They're missing basic skills, including education

Even if they are very ill or impaired, unless they learn basic adult role skills in their 20's they're probably going to be marginalized forever and miss out on life.

- Literacy
- Apartment living
- Money management
- Relationships and sex
- Raising kids
- Work
- Socializing and having fun



Facing Facts 10:
The community doesn't want them

- "If the music is too loud, you are too old."
- Most experimentation takes place during young adulthood, i.e., drugs, defining sense of self, circle of friends, alcohol, "saying no."

Self Responsibility – The Plan

- Thinking beyond the immediate moment and delaying gratification
- Understanding cause and effect
- Accepting their own role in causing effects including accepting appropriate blame
- Moving from avoiding punishment to self direction to “do the right thing”
- Understanding the impact on others from their point of view
- Becoming reliable
- Becoming considerate and respectful
- Actively contributing to their own life and others

Stage	Separateness	Empathy	Thinking	Time	Ethics
STAGE 1	It's all about me.	I can only think about myself.	I can't do it unless you do It for me/with me.	Magical – things will just work out without me doing/ planning anything.	Avoid getting caught.
STAGE 2	It's Less about me.	I can understand you if I have had same experiences.	Concrete Logic- I can make a logical plan with some guidance.	If you help me with a schedule I can get there /get things done.	Win rewards
STAGE 3	We are both different and important.	I can truly understand what someone else is going through, even if they are different than me.	Abstract Thinking-I can make practical plans for myself.	I can manage my time on my own.	1. I try to do what's considered right in my social group. 2. I have my own personal values

Self Responsibility – The Goals

- Don’t take care of me. Teach me how to take care of myself and get caring for myself.
- Don’t make decisions for me. Guide me to make better decisions as I learn from my successes and failures.
- Don’t protect me from risk. Walk along side me and help me prepare for risks and learn from my risk taking.
- Don’t shield me from responsibilities. Help me meet and increase my responsibilities.
- Don’t keep me away from the stresses of the world. Help prepare me for the world and help the world welcome me.

CONCEPT	DEFINITION	APPLICATION
PRE-CONTEMPLATION	Unaware of the problem, hasn't thought about change "This stage is all about no – 'I don't need help, I don't need to change'"	Increase awareness of need for change, personalize information on risks and benefits
CONTEMPLATION	Thinking about change, in the near future "This stage is all about maybe – 'Maybe I could do something different'"	Motivate, encourage to make specific plans
PLANNING, DECISION, DETERMINATION	Making a plan to change plans, setting gradual goals "This stage is all about thinking about what a person might do differently"	Assist in developing concrete action
ACTION	Implementation of specific action plans "This stage is all about the actual change"	Assist with feedback, problem solving, social support, reinforcement
MAINTENANCE	Continuation of desirable actions, or repeating periodic recommended step(s) "This stage is all about changing behavior at least 50% of the time"	Assist in coping, reminders, finding alternatives, avoiding slips/relapses (as applies)

Harm Reduction

- Any effort to reduce a person's harm. It is the idea that people need to be met "where they are" to encourage them to envision and define positive change for themselves.

Harm Reduction in Action

- **Dangerous Behavior**
  - Prostituting
  - IV drug
  - Other examples
- **Less harmful Behavior**
  - Strip Club
  - Needle exchange program
  - Possible options

Staff Burn-out

Causes

1. Emotionally overwhelmed “vicarious traumatization” – emotional detachment
2. “Change fatigue” – resist all change and lose hope
3. Administration by fear – risk avoidance
4. Can’t meet the needs – ”do more with less”
5. Losing sense of effectiveness

Solutions

1. Self care and emotional sharing with team
2. Maintain vision and focus – learning culture
3. Accepting and sharing risk
4. Shared responsibility and accountability
5. Celebrate incremental successes

Additional Burn-Out Fixes

With clients

- Create support systems; Support him/her with looking for other resources
- Collaborative decision-making process
- Review history and how far he/she has come
- Talk the talk

By ourselves

- Create support systems: Work yourself out of a job
- Team check-in and decision making processes
- Review and celebrate any and all incremental steps made, MORS, Quality of Life
- Walk the walk

THANK YOU!

Contact Information

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