

F P C I A L P I N T

2007-2019

YOUTH, YOUNG ADULTS, & MENTAL HEALTH



SPECIAL COMPILATION ISSUE!

Youth and Young Adult Voice

YOUTH AND YOUNG ADULT VOICE





Introduction: Youth and Young Adult Voice
Emily Taylor 3

Destruction and Deliverance: My Story
(first published in 2014)
Milo Rymes 5

A Story of Connecting
(first published in 2011)
Lynn Twigg 7

Healing through Artistic Expression of Trauma
(first published in 2015)
Samantha Chudyk 9

Answering the Cry for Help
(first published in 2017)
Hernan Carvente 11

Ezoria’s Story
(first published in 2012)
Ezoria Aisuan 13

Finding My Roots
(first published in 2007)
NAYA member (interviewed by Kris Gowen) 15

Addressing the Physical Health Challenges Impacting Young Individuals with Major Mental Illness
(first published in 2012)
Ryan Melton 17

Transitioning Does Not Mean Escaping
(first published in 2010)
Anonymous 19

My Experiences With Stigma, Self-Worth and Roles
(first published in 2009)
Matthew McWade 20

Earning My Success: Working with The Career Visions Project
(first published in 2013)
Anonymous Career Visions Participant 22

Florida Healthy Transitions’ Peer-to-Peer Service Delivery Model
(first published in 2019)
Brittany DeFiore, Tyler Smith, Tajhah Kittling,
Kiara Santiago, Tonicia Freeman-Foster,
& Barbara Morrison-Rodriguez 24

Focal Point: Special
Compilation Issue 2007–2019

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WE INVITE OUR AUDIENCE TO SUBMIT
LETTERS AND COMMENTS

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INTRODUCTION

YOUTH AND YOUNG ADULT VOICE



For more than 35 years, *Focal Point* has been produced here at Portland State University as a way to share research findings with a broad general audience including families, youth and young adults as well as service providers, fellow researchers, policy makers and others working to improve outcomes for children, youth and young adults with behavioral health challenges. Most recently, as the annual research review for the Research and Training Center for Pathways to Positive Futures (Pathways RTC), each issue of *Focal Point* has explored a topic related to youth and young adults' mental health and the transition to adulthood.

Since 2009, the Pathways RTC has worked to improve the lives of youth and young adults with serious mental health conditions through rigorous research and effective training and dissemination. The perspectives of young people and their families guide our work, and therefore we have always worked to include youth and family voice in *Focal Point*. We created this special youth and young adult voice compilation issue to highlight the significant contributions of youth and young adults to the publication over the years.

For this special compilation, we have included a variety of contributions by youth and young adults that originally appeared in *Focal Point* issues from 2007 to 2019. These first-hand narratives of recovery personalize what might otherwise be seen only in clinical terms, or represented by a mere statistic. By sharing their stories, these young people also offer hope to other young people experiencing similar problems, and their families. This collection portrays the wide range of individual experiences of youth and young adults and highlights common themes.

Trauma is a recurring theme in many of these stories. In "Destruction & Deliverance: My Story," the author, Milo Rymes, recounts the trauma he experienced as a young child, the negative impact that it had on his life, and his personal journey to recovery. In "A Story of Connecting," a young woman shares her experience growing up in foster care and the process of finding her birth family as a young adult.

The 2017 issue *Justice and Recovery* focused on the justice system and the need for improved services within it due to the high prevalence of mental health conditions and multiple traumatic exposures among

incarcerated young people. In “Answering the Cry for Help,” Hernan Carvente recounts his experience as an incarcerated young adult, and shares his views on how to improve support for young people within the justice system.

The 2012 issue *Health Body, Healthy Mind* included “Ezoria’s Story,” of how a young woman resorted to self-harm in an attempt to deal with overwhelming emotions. A young person who participated in the Early Assessment and Support Alliance (EASA, a program to identify and treat individuals in the earliest stages of psychosis) recounts through interviews how he learned to reverse the weight gain caused by his medication in “Addressing the Physical Health Challenges Impacting Young Individuals with Major Mental Illness.”

The insights that young people can offer based on their own experiences are a recurring theme in these stories. “Finding My Roots” recounts the experience of a high-school senior who found strength through embracing her Native American culture. In “Transitioning Does Not Mean Escaping,” a young woman shares how she recovered from a mental health crisis in her first year of college.

“Earning My Success: Working with the Career Visions Project” from the Summer 2013 issue of *Focal Point* focused on education and employment, was contributed by a participant in Pathways’ Career Visions program who

wrote about how the program helped them to become self-determined as they learned about the process of finding employment and overcoming barriers.

Peer support is an important part of the mental health service array for youth and young adults. Two of the stories included in this issue highlight the unique role of these young adults, utilizing their own lived experience to help other young people. In “My Experiences with Stigma, Self-Worth and Roles,” the author describes his journey from not knowing what peer support was, to becoming a peer support provider himself. Finally, a story from the 2019 issue *Evaluation of Innovative Transition Programs* includes the voices of four young adult service providers from the Florida Healthy Transitions program, each representing their unique perspectives.

We hope you will enjoy this special youth and young adult voice compilation and be informed and inspired by the diverse group of young people represented here who bravely shared some of their most personal and vulnerable experiences.

AUTHORS

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FOCAL POINT COVERS 2007–2019





DESTRUCTION & DELIVERANCE: MY STORY

I began making regular visits to therapists, psychologists and psychiatrists when I was twelve years old. My emotional, mental and behavioral difficulties, however, began much sooner than this. All of my own personal struggles related to psychological health began to develop by the time I was four years old. It wasn't until these issues began to manifest themselves in my academic and conduct performance in middle school that a problem was recognized. Although I began receiving help at such a young age, these tribulations only got worse until I reached my breaking point with a suicide attempt when I was 25 years old.

To fully convey my struggles and my story I must begin with the trauma at the heart of the snowball. At four years old I was molested at the daycare/ preschool at which I stayed while my parents were at work. Every day I would return to this place and bide my time until I could return home. Once my parents were off from work I could leave but there was little solace to be found at the house. I never told my parents about the abuse (something they still know nothing about). I was too ashamed and too afraid to say anything. Life at home

wasn't much better. I wasn't sexually abused there but lived with a father dealing with his own struggles. I never turned to him; I avoided him because of the physical and emotional abuse he inflicted upon me.

As I got older I no longer had to attend the daycare that surrounded me with painful memories yet those experiences never left me. In elementary school I was withdrawn, suffering from social phobia (for which I was later diagnosed) and became the victim of relentless bullying from my peers. Due to my traumatic experiences I was a "weird" kid; the type of kid who is a prime target for bullying. I was able to push through these difficulties for my first few years of schooling, making good grades and representing a model student. This all changed when I reached the third grade. For the first time in my life, and unfortunately not the last, bullying was no longer only a problem with my peers but with my teacher as well. One day at recess, my classmates were all (literally) singing and dancing on one end of the playground. My prime bullies were leading the group which led me to stay away and play by myself on the other side of the playground. There I sat, playing with a stick, when my teacher called us all in from recess 20

minutes early. Ms. Teacher proceeded to inform the class that recess was cancelled because of my behavior (playing with a stick) and instructed my classmates to “thank” me for “ruining” recess for them. A choir of bitter voices attacked me. That was the moment I learned to hate school and began to give up.

For the rest of my time in school, despite having an extremely high IQ and being placed in all of the “academically gifted” classes, I never tried again (at least not until late into college). I remained distanced and withdrawn from my peers, finding solace in playing musical instruments and writing poetry. Engaging in my own artistic pursuits at home was my only escape from the torment of daily life. My father hated this because I was “supposed” to be out playing with other kids and began to beat and batter my instruments just as he would me. At the age of twelve I was old enough to fight back. After I hit my father back in defense I attempted suicide for the first time. I would like to add that after this incident my father took a long look in the mirror and after attempting his own suicide he learned to be the father he never was; he became a happier man and went through his own recovery along with beginning to assist me in my own.

From this time in middle school until I went to college I was on more medications than I could name and was in intensive psychiatric counseling. I continued to find peace in the arts and felt a wave of relief when I moved away to attend a university. Upon moving away from home and into a new environment I was filled with hope and great expectations. I got to meet new people who knew nothing about my psychiatric problems and began to make new friends. It wasn’t long, however, until my mental health issues began to become apparent to my new group of “friends” in college. My newly formed personal relationships as well as my academic success began to rapidly deteriorate. I realized that my college peers were no more informed on mental health issues than my primary school classmates when everyone I knew seemed to mistake my name for “crazy.” My new friends, my only friends in the world, would soon invite me for a spring break vacation to promptly uninvite me after a public panic attack.

Once the panic attacks began I was prescribed new medications; namely, 3mgs of Xanax a day. Taking them helped me to manage my anxiety but I could still feel the pain of memories. I began taking four to five times my prescribed amount so as to deaden all worries and concerns of both the past and present. I saved them up at first, and then I binged. I bought more from others; I stole them from dorm-room drug dealers. I was strung out every day for three years. Benzodiazepines eliminate all sense of stress, worry and responsibilities. I was

living in a day dream and wanted nothing to do with the world outside; I wanted to stay there forever. Needless to say, my grades began slipping until I was kicked out of school and my friends didn’t know me anymore. I was losing everything I had but was too high to notice.

After spending so much of my time in a fog, too dense to see the world in front of me, I was running out of places to procure more Xanax. I began to add more drugs into the mix to try and cope with my mental health issues through self-medication. I couldn’t list everything I did for you here because the list would be far too long. I began doing anything I could get my hands on to try and escape life again. One evening, for better or worse, I experienced a horrific “bad trip” on LSD, the first in a dozen to have such an effect. This experience encouraged me to quit using drugs. On the down side, it convinced me that death was a good option. I attempted to take my own life shortly after at the age of 25 by drinking a bottle of gin and skateboarding downhill on a five lane road into oncoming traffic.

I’ve always heard that facing one’s own death can permanently change a person.

I consider this to be the most positive direction-changing moment of my life. I’ve always heard that facing one’s own death can permanently change a person and after a few weeks in the hospital recovering from my attempt, I now understand this saying. Not succeeding in my suicide gave me a new lease on life. For the first time in over two decades I was ready to appreciate both the world around me and within myself. I could enjoy sunsets and flowers and finally realize the beauty of life. Feeling renewed, I learned how to grow personally and use my own experiences to help both myself and others. I became heavily involved in my own recovery, eventually joining advocacy groups and becoming a Certified Peer Support Specialist, all within a year of my attempt. I now help others, professionally, using my story. Working with others who are struggling serves as a reminder of how precious my life is. Education, compassion and understanding from other people are the reasons that I’m able to type this right now.

AUTHOR

Milo Rymes is a Certified Peer Support Specialist, Youth Advocate and artist.



A Story Of Connecting

***I**t doesn't matter who you are or where you come from in life—we all have connections to our biological parents that can never be broken.*

For some of us, it is simply being born to a parent that we never meet, although that parent may be psychologically present forever. For others, a biological parent is there for a lifetime. For many of us, our stories lie somewhere in between on a continuum of connectedness to one's biological parents. My story is one of those that lies somewhere in the middle. My mother abandoned me and my sister, Renee, when I was 6 months old and Renee was 3 years old. We lived with our father and step-mother until we were 12 and 15 years old. After years of abuse and neglect, my sister and I entered the foster care system. We aged out of the system without a family when we each turned 18. We struggled to maintain our own connection, but have successfully done so. We are now 28 and 31 years old and although we have been scarred by many things that happened to us before and after entering foster care, we are growing into strong and accomplished women who many would be proud to claim as daughters.

Although I had no memory of my mother, I had an image of her in my mind and I knew she was out there somewhere. Part of me wished she would find us one day and come back into our lives to save us from our suffering, while every day that she didn't I became angrier with her for not doing so. Both my sister and I had a desire to reconnect with our biological families after we left foster care. Renee wanted to find our mother and I did not—I wanted to reconnect with my aunt. Perhaps my sister had more empathy for our mother, as Renee lost custody of her own two children at a very young age. I however, had none. I could not comprehend how a mother could do such a thing to her children. We suffered immensely from not having a good parent in our lives, and government agencies make poor substitutes for parents.

I got my own apartment at 16.5 years of age and was able to start college at 18 despite having dropped out of high school in the beginning of my sophomore year. While in college, I tracked down my paternal aunt, and at 19 I took a 900-mile bus ride to reconnect with her. My aunt and I spent years building a relationship across so much distance and it took many difficult conversations about my past before we could finally move forward with what has recently become a very strong relationship.

I remember checking my email during my third semester of college and seeing an email from my father's new girlfriend. My aunt had given my father my email address since I had not yet told her the truth about why he had lost his children, and that I did not want to have contact with him. Although I was quite shaken up from the message, I responded and was offered financial support from this woman who called herself my step-mom, but was the same age as my sister. Despite the things my father had put my sister and I through I agreed to email him, partly because I desperately needed the financial help and also to tell him I was doing well despite what he had put me through. I told him about my 3.9 GPA and my 3 years of living on my own when most people I knew still lived with their parents. His response was that he hadn't taught me to be very humble. I quickly closed the door of communication and have only spoken to him once since then. That one time was in order to try to find my other siblings.

I had never stopped wondering about them, though I had given up on fruitless internet searches with only the first and last name of my mother to search by. With nowhere else to turn, I emailed my father and asked him for more information about my mother. He gave me her adoptive parents' last address and phone number and as

it turned out they still lived there and had the same phone number after 26 years. They gave me the number they had for my mother and I brought it to my sister Renee. On Christmas Eve 2008 my sister and I called our mother together. It was such a joyous occasion with smiles and tears, shock and excitement. I forgot all about my anger and was so happy I had found my mother. She was happy we had found her too and she flew 900 miles with my half-brother to visit us. What an exciting time—my first day of graduate school was so hectic because I had my newfound mother and brother at my apartment and couldn't focus at all. Renee and I went to visit our mother that spring and got to meet our step-father and half-sister. They had written "welcome home Renee and Lynn" on the glass door for when we arrived.

After what I would call the honeymoon period of reconnecting was over, many questions remained that had to be answered before I could move forward. My mother's story just didn't add up; her tale was one of outside forces taking her children from her and an inability to find us despite concerted efforts. There was no tale of mistakes or an apology for the horror stories that we shared with her of our lives. I requested a records review from the child welfare



agency we were placed through and found out that they had found my mother when I was 12 and told her where we were—yet she failed to contact us back then. In my eyes, that meant she had abandoned us a second time and I was once again angry, this time more than ever before. And now there was a face and voice behind the anger and betrayal I felt. I decided to give my mother a chance to own up to her mistakes and lies, and apologize. Once again, she would not do so and instead treated me like a trouble maker, one who wouldn't just "stop living in the past and enjoy the years ahead as a family." My feelings were invalidated, and I took a long vacation from my newfound family so my life wouldn't completely fall apart. Now having an opposite experience of reconnecting to compare to the one I had with my aunt, I had a profound realization of how much my aunt loved me and what a great person she is. She listened to the hard things I had to say about my past and her brother, and she empathized with me and walked beside me through those difficult steps toward the wonderful relationship we now have.

Let's fast forward two years and four months from when I found my mother to today. I do not speak to my mother anymore and do not have much of a relationship with my newfound siblings either. My sister tries to reach out to our mother but my mother doesn't have time for her. Both of our lives were derailed by reconnecting with our mother. I almost dropped out of graduate school and almost lost my job and apartment—and my sister did lose her job and apartment to move close to our mother. We had lost our identities when we went into foster care and never had help finding them there. We then tried to find our identities on our own and were shocked to find that learning about our history and getting to know our mother and siblings made it even harder to determine who we are. This is not to say that finding our mother was a negative experience—neither of us would go back and undo it. We have learned where we come from and where our lives would be had we grown up with our mother. Frankly, we are both glad we didn't because she would never have been able to make us into the women we are today. We would be stuck living in poverty in a rural town with no opportunities for our future. We may have struggled to incorporate this information into our identities, but at least we have it now. The void has been filled and we are finally settling into knowing who we are and where we come from, and do not have to wonder about what might have been.

Looking back on the road I have walked to get to where I am today, I have much advice to give to people working with young people in the foster care system who have been disconnected from their families. First, no matter what challenges a young person's biological parents may have, that relationship must be valued and respected for the lifelong psychological and/or physical connection that it is. It should be no one's decision but the young person's whether a parent will be in his or her life. If there is disagreement, the young person will carry out their wishes as soon as they are able, with or without the consent of supportive adults. Second, it is much better for young people to have help with the difficult work of building their identity through establishing who their family is and what that means for their life. Do not make them do it alone when they may not have any support. Third, the best thing you can do to help a young person reconnect is help them manage their feelings of confusion, anger, betrayal, and grief. Help them manage their hopes and expectations and be there to support them if they are let down. It is also important to teach them how to set healthy boundaries in their relationships with their parents and everyone else in their lives. I know adults in my sister's and my lives may not have wanted to "rock the boat" or upset us by telling us they had found my mother when I was 12. I'm sure they thought they were doing what was best for us. I wish they had known that we needed the boat to be rocked while we had support in our lives instead of having to do it alone as adults. Young people need to build their identity and reconnect with their families before they leave foster care, not a decade later.

AUTHOR

Lynn Twigg is a 28-year-old foster care alumna.



Art by Samantha Chudyk

HEALING THROUGH ARTISTIC EXPRESSIONS OF TRAUMA

My sexual assault happened when I was five. I didn't have words for what happened. Rape. Trauma. PTSD. They all came later. What I do recall are changes beginning to take place inside of me before I was able to work through my trauma verbally. The early manifestation of my trauma was self-destructive. Self-harm behavior was my only means of dialog around the trauma.

I have always been a self-proclaimed artist. When I was younger, I'd spend hours hunched over my Fisher Price art table manically finger painting masterpieces for the refrigerator. So, when my therapist proposed art as a way of working through my trauma, I cringed. The idea of tainting the one healthy, empowering aspect of my life with the shame of what happened to me seemed counterintuitive at the time. In fact, the very thought of spending hours over a canvas rendering the events of my early childhood seemed like torture.

Despite my early hesitations we proceeded with the assignment. First, I created a timeline of my trauma, which began as abstract strokes of color and lines. I then talked through the timeline adding emotions to each section, then names, and details. This was the first time I was able to talk about the specifics of what happened to me in therapy.

We were then able to visually unravel my trauma on the office floor, focusing in on hints of color and deep expressive marks symbolizing the events I didn't have words for. This helped my therapist identify patterns of trauma, areas I needed to work on, and provided a better understanding of my journey as a whole. For me, I was finally able to section out events of my life and attach emotions to them – something I was unable to do until then. I was also able to identify multiple points of trauma in my early childhood and adolescence.

The artistic assignment morphed and molded as my therapeutic needs shifted. The sessions became less about the actual events that happened and more and more about the impact that trauma had on my life. My identity had been shaped by the events of my life, and that is something that I had to come to terms with through art. Being able to separate different aspects of myself and put them on the canvas helped me sort through who I was, and the parts of me that had grown out of past events. Introspection was one of the most difficult aspects of recovery for me; I had to start looking at changing my perspective on what happened to me and how it defined me – and I needed the process to be visual. I needed to confront myself on paper, just as I had needed to confront the trauma on paper.

I began to see the dichotomy inside of me. The

broken bits, the wounded parts, the sections of me that had scarred over, the sections that were still raw, the strong parts, the healed parts, parts that were still untouched, and the parts that I was still growing into. I began to see something outside of the trauma, someone outside of the trauma. Under all that soot I was still alive.

From there on I gained clarity around the parts of me that I needed to nurture and the parts of me that I hoped would eventually get quieter. Most of all it became clearer and clearer to me that I was a survivor and that I had something to say to the world through my art.

My art became my memoir. It became my voice inside and outside the walls of therapy. Art became a mechanism of empowerment, of owning what had happened to me, and not letting it define me. From my trauma had sprouted a talent I had long forgotten about, and a weak voice that grew steadier and steadier.

I now use art as a tool in my youth mentor role. Many of the youth I work with are more comfortable opening up the lines of communication with a paintbrush and a sketchbook than they are with words. Art also gives youth and adolescents who experienced trauma something that is theirs, something to build with. One of the youth I mentor describes art as her creation from destruction.

The artistic assignments I use to engage youth are very different from the assignments I was given. They depend on how trauma has shaped the youth's perception of self, and how trauma has affected their identity. Many of the assignments work on self-portraits, on seeing different sides of their self, their future, their goals, their roadblocks, their past – what propels them forward, and what holds them back. These are big questions to ask of fourteen, fifteen, and sixteen year-olds, but I find that they can better illustrate goals and roadblocks with pictures than with words.

Sometimes strengthening the voice inside means innovation in terms of looking at different modes of therapeutic communication. This can include (but is not limited to) traditional forms of art. Survivors need to process in ways they feel most comfortable, for instance: poetry, dance, music, movement, or simply talking. My own journey along this pathway taught me that if we can allow survivors to use their trauma to fuel something, it can be a very powerful experience of gaining strength and hope through healing.

AUTHOR

Samantha Chudyk is an artist and youth mentor.

Art by Samantha Chudyk



ANSWERING THE CRY FOR HELP



I grew up in a household where alcohol use and violence were common. For most of my childhood, I was unable to talk about how I felt. I had to act tough and hide my feelings of anger, sadness, and fear. Bottling up all of these emotions led to me being a very angry young man. The anger and bitterness that I was unable to speak about caused me to act out in aggressive ways and led me to commit acts of violence that inevitably placed me in very bad situations. One of my worst acts of violence almost had me facing 18 years for the crime of attempted murder.

I was fortunate in that I only ended up having to serve four out of six years instead of 18. However, in those four years I was able to see how inadequate the juvenile justice system was when it came to addressing mental health needs of young people in state custody. A day in my life at the facility was a constant reminder of the fact that I did not have my freedom and that I was viewed as a “criminal.” Throughout the day, I would hear automatic doors locking, witness fights between my peers, and I had to ask for permission for everything (including using the bathroom). Consequently, my mental health was not my first priority. Seeking help was the last thought on my mind. What I was most concerned with was making sure that I did not look weak and that I was aware of my surroundings, since things could easily go from two people peacefully talking to fists and chairs flying everywhere. I lived in a constant state of hypervigilance and had learned to adapt to the negative social environment around me in order to make it through each day.

What was most troubling about being incarcerated was not being able to find people to talk to about the things I was feeling. In that space, I was either talking to people who were stuck in the same situation I was or staff who were often more concerned with keeping order than offering support. Although some frontline staff were very supportive, often times they were going outside of their job descriptions to provide support. And when it came to counseling, well, I could come out of a session feeling happy only to find myself locked in my room later on because a fight broke out or because staff didn’t want to let us out. When I did seek counseling, it was only to get out of my room for a period of time. Out of the few times I did seek counseling, I remember being offered Seroquel on more than one occasion. I was told it would “help me relax and sleep better.” I saw many of my peers take Seroquel as if it was some kind of tranquilizer. Medical staff would come to the unit and staff would jokingly say, “Come get your Skittles!” More than half of the guys would get up to get their meds. I never gave much thought to it then but I now question why medications or restraints were always the answer. I remember once having a bad phone call with my family and losing my mind in my room. I started yelling and punching the walls. In that moment, staff came into my room to restrain me, fearing that I was getting ready to commit suicide. What I needed in that moment was a hug, an ear, a shoulder to cry on. I needed compassion.

I came into the justice system after having experienced a number of traumatic experiences which hampered my ability to think through my actions and

regulate my emotions. What I came to realize while incarcerated was that the environment was not going to change – it was going to remain violent and unsafe, because that is what the culture and structure of the facility promoted. I needed to keep busy and find positive outlets to release what I was feeling and internalizing. Unfortunately, the opportunities for outlets and safe spaces were limited and I was often left to my own devices. For some of my peers, being in this space only caused them to act out more because they were constantly being viewed as having “behavioral” issues rather than as young men in need of support.

I want to convey to the reader that young adults do not always need psychotropic medication to address their mental health needs. When young people act out it does not mean that they are mentally unstable; it may just be a cry for help. Also, mental health and juvenile justice professionals must bear in mind that each system thinks about, and deals with, behavioral issues in different ways. Not all staff know how to deal with and address trauma, so proper training on how to respond is important when it comes to the mental health of young people in the justice system. A cry for help should not always be met with medication. A cry for help should not be met with physical restraints. A cry for help should be met with dialogue, compassion, and love – no matter how difficult a young adult’s behavior may seem.

AUTHOR

Hernan Carvente is a program analyst for the Vera Institute of Justice’s Center on Youth Justice, where he works on improving the conditions of confinement, including efforts to support the incorporation of youth voices in facility-based and statewide juvenile justice policy reform.



EZORIA'S STORY

I am just a few months shy of seventeen years of age and while life hasn't been so bad, it hasn't always been on my side either. I was born to the big city of Los Angeles, California: bright lights, movie stars, so much opportunity, and so much identity in just this little part of this huge world. I never thought I'd feel so lost, alone and completely oblivious to who I was.

Growing up started out simple; both my mom and dad worked. We had a house, cars, food: all the necessities of living. We were the typical middle class family. But my dad's anger became out of control. He would go on a rampage for no apparent reason. Things that would make him angry would be physically taken out on my mom at home. He was very controlling and wanted everything his way, until my mom got tired of it and we moved to the "dirty south": Jackson, Mississippi, a place where we were surrounded by family and friends and where I developed the famous southern drawl. For a while we stayed with my grandparents and from what I understand everything was fine, but being a child it wasn't quite possible for me to understand everything completely.

Shortly after moving in with my grandparents, my mom bought a house and finally we were in our own space, just my mom and I, but a new house came with new responsibilities. With my mom being a single mom and all, we struggled a lot and I couldn't help but think that it was my fault. I couldn't be the daughter my mom wanted me to be; I couldn't be as social or make friends like she wanted. I was always the quiet one, trying not to be noticed, but that didn't keep me from being teased by kids my own age. I was very tall and towered over everyone in my grade and that was not accepted.

At that point in time I was in a very vulnerable state. I was an only child so it got very lonely at times. I really depended on my cousins to keep me company. But this one particular cousin had another agenda in mind and I was sexually abused by him at age six. I was so shaken up but I couldn't tell anyone. I didn't know how my mom would react or what would happen to him.

Fast forwarding to eighth grade; middle school had already been hard for me. It was a new adjustment and now I was getting ready for high school. One day I exploded! Everything that I hid, everything that I suppressed came out, not verbally though, but on my arms. I had heard about self injury but I never really thought about it until then, and at that very moment cutting became my life. When I was angry I cut, when I was lost inside my thoughts, I cut, when I was depressed, I cut, when I was frustrated, no problem, I cut. It was a way of life, an art; it was my best friend. It knew when I needed it, it was there whenever I wanted it, but it had a darker side to it. It hurt my loved ones to see me like this. That was the last thing I wanted to do. I really didn't care what I did to myself; I just didn't want to hurt anyone else, especially my mom. That's why I hid my cutting.

My friends didn't understand why I cut, and they thought I needed help. I begged to differ. They dragged me to the counselors, who called my mom. She was so angry at me but I couldn't understand why. I kind of didn't care as long as I could cut after she was done talking (more like yelling). After she was finally done, she asked for all my tools; honestly I feel like you can never take all of a cutter's tools. I found it kind of funny that she actually thought that I was going to give her everything.

A few weeks after my secret was out, I was admitted into an outpatient program where I was diagnosed with depression. It was so great; I made friends and had someone to talk to, but I wasn't ready to give up cutting. Then I developed an eating disorder. It wasn't a substitute for

cutting; it was more like an addition to harm myself even more so. After six months of treatment I was discharged. From there I was admitted into another therapy program but after a few months of being there the staff suggested more intensive care. So then it was off to inpatient. There were people there that were just like me, people I could relate to and vice-versa. But when I said I needed help they rushed to get me meds; when I wouldn't eat they isolated me from the rest of the group; they threatened to put me in inpatient long-term, which made me not want to talk to them. It was horrible. And then the meds made me gain so much weight and that didn't help my eating disorder. I was still self-harming, but I guess I showed improvement because I was discharged within 15 days.

My mom thought everything was good – but I knew better. I had gotten better at hiding the scars and plus it was winter so that made it easier to hide my body under clothes. The clothes and climate didn't keep my doctor from seeing my scars though. She told my mom that I needed to be back in therapy. At that point I was done with everything – the therapy, the meds; I just wanted to keep harming myself and I didn't want anyone in my way. I told the therapist what they wanted to hear and I was discharged. For a while, it was the same ol' thing; cutting every day, purging everything I ate. It wasn't until May, 2010 that I met my mentor who really helped me and I started trying to better myself. She accepted me for who I was; she was always there for me, and not like the others who left when they thought I was alright. She never told me to stop, which I think is very important when dealing with a self-injurer, because most of the reason that I cut was because I mistakenly thought it gave me more control over my life. She loved me for me and all the baggage that I came with. I began to value my life, which was a major change considering that I didn't care at all before. I began to "try." I no longer sat in my sorrow. I tried to better myself because at the end of the day I am all I have. Yes, my mentor was there, and my mom and family, but they couldn't take away the pain that I wanted so desperately to go away. I had my own mind and I had to take the first step and try for my own good. And although sometimes I slip up and resort to old ways, I know better now and so I do better.

AUTHOR

Ezoria Aisuan is a 17-year-old senior with plans to attend The University of Southern Mississippi. Her goal for the future is to become an adolescent psychologist.



Finding My Roots

Bridgette Mesa is an 18-year old high school senior who lives in Camas, WA. She is very involved in the Native American Youth and Family Center (NAYA), an organization that she reaches by a 20-mile bus ride from home. This fall she will attend The Evergreen State College where she plans to enroll in the Native American Studies program. She plans to focus on politics and family counseling, with the hopes of getting a Master in Public Administration so that she can specialize in tribal government management. Her story is based on an interview conducted by Kris Gowen.

“You must be the change you wish to see in the world”

-Ghandi

I am an urban Indian enrolled in the Pascua Yaqui Tribe of Tucson, Arizona. I am also part Apache, Shoshone, and Mexican-American. I went to a traditional high school for the first two years of my high school career. Though it was really big I still felt caged in. There was no room for me to grow. Then I transferred to

CAP (Camas Alternative Program). It's a small credit recovery program (about 200 students) and generally has a bad reputation. Still, I went there to focus and concentrate on school. At the high school I wasn't truly learning anything but at CAP learning and experiencing is the norm. The Camas High School was too strict and impersonal for me. CAP, on the other hand, has structure but is more relaxed and the teachers are more one-on-one.

I soon became close with my garden teacher who helped me with my junior research paper which was on Native American culture and assimilation. Through gardening I was able to get back to my roots. My teacher was very knowledgeable, and we had many discussions about Native American people, assimilation, nature, reconnecting with the land, culture, traditions, spirituality, and much more. Because of my interest in Native culture, my teacher encouraged me to take an active role in her garden class. Within a couple of weeks I became the liaison between the students and the community garden members.

It was my first leadership role. We had our first batch of pumpkins and squash last spring.

For most of my life I identified with the Mexican people. Because I am brown, they accepted me, but I knew in my heart I didn't fit into this culture. I felt like an outcast because I didn't speak the language. They called me “India.” I laughed along with it and we joked around but in a way I felt they were laughing at me. Then I decided to make a change. Because I could no longer identify with the Mexican people and because of my experience at the garden, I decided to do my senior project on Native American culture, more specifically tribal leadership and assimilation. My paper is about how we need more and stronger leaders on the reservations. Many reservations are not necessarily the best places to be in the world. So I made a list of good qualities a true leader must have, and one of them was to be involved in the community. A true Native leader (any leader, in fact) is connected to her community and heritage. And I wasn't. This is

where I bumped into something. There were so many things I didn't know about my culture. The only way I had learned about my culture was over the internet. And it is virtually impossible to become an Indian over the internet. So I decided to get more involved in the community by going to NAYA (Native American Youth and Family Center).

My mom had wanted me to go to NAYA for a long time – she had heard about NAYA through her involvement in the Native American Rehabilitation Association. She wanted me to take advantage of all the things NAYA had to offer like the employment program, High School Night, and teen counseling. She didn't want me to end up on the streets somewhere like the other kids. But I resisted just because I am stubborn and like to do my own thing. Eventually, I gave in and participated in NAYA's Summer Institute program and was able to get college credits and a stipend. I took math, writing, and ecology while at the same time working at the American Red Cross. I was able to get the job through the Siletz Tribe in a youth summer job program. I got A's and did really well. I also went to the Bow and Arrow club and helped make a Raven Puppet for a six foot man to be used in an up-

coming play performance. I started to attend pow-wows and Native American church meetings.

Another thing that enabled me to become more involved in my culture was when I found out about my family for my senior project. Like many other Natives back in the day, my great-grandmother was assimilated

crazy that I had an uncle who was a leader like that. I also found out that the chair was actually a chairwoman. I thought, "Whoa, that might be something I could do."

Today things keep coming my way and I think of everything as an opportunity. It feels like I am just floating around, grabbing on to what-

I was actually able to learn about my culture because of NAYA. There's a strong sense of community here.

and was ashamed to even speak our language. So, she didn't teach our culture or speak the language to my grandmother, who didn't teach it to my mother, who couldn't teach it to me. Through the generations, my family's culture was lost. So when my mother talked to me about my family, it hit me here [puts fist to heart]. I realized that I am the result of assimilation. I had been writing about my culture as an outsider. I was detached from all the statistics I researched for my project. Then I found out I have family who live on the reservation in Arizona, but I never met them, because I never ever knew about them. My great uncle is vice-chairman of the tribal council. I was excited to learn this so I emailed him and he emailed me back. I thought it was

ever I can, but I know where I'm going. I give myself space, but I have boundaries. I don't do drugs or mess around because that is outside of my boundaries. I can do whatever I want as long as I stay on my path. NAYA is definitely on my path; it is why I come.

I have become more confident in who I am. I have a better sense of who I am. I am a leader. I am stubborn. I can be organized. And I can influence people if I want to. For example, I have a friend who was into gangs. I started talking to her and influencing her, telling her that I used to hang with that sort of people. She has tons of time to change and she can do it gradually; she just needs to be careful and take care of herself, get an education and all. She is going to school more often now because of my words.

By coming to NAYA, I learned that I am not the only one who didn't know her culture. I was actually able to learn about my culture because of NAYA. There's a strong sense of community here. NAYA has definitely become my surrogate tribe. It's important for people like me to find a community and to be with people that we can identify with. Even if we just eat fry bread, it's something we do together. No one wants to feel that they are alone. Thanks to NAYA (and CAP), I was able to see that I will never be alone.





Addressing the Physical Health Challenges Impacting Young Individuals with Major Mental Illness

Research has found that individuals who suffer from major mental illness, such as schizophrenia, are dying on average 15-25 years earlier than those who do not suffer from schizophrenia.¹ Many causes for this shortened lifespan are suspected. Those causes include: lack of access to health care, suicide, poverty, substance use and side effects from anti-psychotic medications.¹ The Substance Abuse and Mental Health Services Administration (SAMHSA) has challenged mental health providers treating major mental illness to address this disturbing trend by promoting their “10x10” campaign. The goal of the campaign is to increase the lifespan of individuals who suffer from major mental illness by ten years over the next ten years.¹

One example of a program that has taken on this challenge is Oregon’s Early Assessment and Support Alliance (EASA). EASA is a systematic effort within Oregon to prevent early trauma and disability caused by schizophrenia-related conditions. The goal of EASA is to identify individuals in the earliest possible stage of a schizophrenia-related condition and provide rapid and intensive treatment to the individual experiencing the condition and to their family and/or primary support system. EASA programs are currently active in sixteen Oregon counties and are free to individuals who meet criteria for a new schizophrenia-related condition.

EASA programs attempt to curb the historically poor health outcomes among people with schizophrenia by coordinating with primary care providers, monitoring for side effects of medications and general health issues, supporting healthy lifestyles, and engaging the individuals and their family/primary support systems with the EASA team members in addressing the risk factors early.

The following is from an interview with “Chris”*, a 21-year-old male college student who recently graduated from an EASA program. He was interested in sharing his

story about health challenges he faced as a result of a psychotic episode and subsequent medical care.

For many individuals in the EASA program, their mental health condition starts at a young age and often with severe consequences. The age of onset for conditions like what Chris experiences is often late teens or early adulthood. Chris’s experience is really no different. As a college student Chris was active in sports, and talented enough to play for the college’s team. He was very fit and had been for as long as he could remember. Approximately two years ago Chris experienced a psychotic episode resulting in a psychiatric hospitalization, the loss of his academic enrollment, and the loss of his housing.

While in the hospital Chris was started on Zyprexa, an atypical anti-psychotic medication to help in stabilizing his symptoms. Although Chris described the medication as helpful, it did result in him gaining 55 pounds over the course of 4 months and “feeling tired all the time.” Chris said he did not notice the weight gain initially; it was only when his friends pointed it out to him that he really started taking a closer look at the changes in his body: “I was working with the EASA nurse, and she had me get on the scale... I was surprised by the number,” he said. “I did not think I could gain that kind of weight. I was always running and skiing, I never had to worry about it before... This whole situation made me pay attention to many things I had never noticed before.”

Chris, like many young people, did not have what would be described as a healthy diet prior to the onset of his symptoms, but he stated he “would only eat junk food during special occasions.” But when Chris lost his home and began living in a hotel due to his mental health challenges, eating well became more difficult. “I did not have access to any healthy food,” he stated. “I did not have a store close by and my only place to keep food was a small fridge...I did not have the opportunity to eat healthy even if I wanted to.”

To help in managing the weight gain and what Chris's doctor described to him as a "pre-diabetic" condition, Chris was prescribed another medication without the metabolic profile of Zyprexa. Unfortunately that medication resulted in a manic episode and he was forced to discontinue it.

Chris was asked how he coped with the weight gain and what he did to manage the health concerns expressed by his doctor. "I met with the EASA nurse once every three weeks or so. We watched my weight, monitored my labs and she provided me with support and ideas." One of those ideas was to get support from a naturopathic physician who provided him with ideas of foods to eliminate or reduce from his diet. "I gave up beer, cigarettes, caffeine, and dairy... I also started taking fish oil."

When asked about the most important thing he did to help himself get and stay healthy, Chris responded, "With the help and support of the EASA team, I was able to move in with my parents. EASA and my parents then helped me get back onto my normal routine and get back to school. Once back in school I took weight lifting and basketball classes. It was helpful to have the motivation of getting a grade to get me back to exercising again."

Chris was asked what advice he would give to other young people who experienced similar challenges. He advised, "Find an exercise activity that you love to do... and do it with people that you enjoy... and do it at least two times a week."



Over the last year Chris lost all the weight he gained. He is active with sports and plays on a college club team; he is also working part time and has applied to graduate programs. He worked closely with his EASA doctor to reduce and ultimately stop the Zyprexa. He has been off that medication for the last eight months without a relapse in symptoms. He does continue to take the fish oil for symptom prevention and, because "It makes me feel smarter."

Chris was asked how he maintains his healthy lifestyle now that he has completed the EASA program. "I have gone back to allowing myself to indulge on unhealthy foods on the weekends, especially if I am out with my friends, but during the week I watch what I eat and my family now helps me with that."

Chris's story is a good example of the multiple risk factors associated with a schizophrenia-related condition. Following the onset of his condition, Chris lost access to his education, his home and his social activities. The treatment initially offered to Chris, although helpful in reducing his symptoms, resulted in significant weight gain and inactivity. He also took up smoking cigarettes, which is common for individuals first experiencing psychosis. Chris's story also represents how an EASA team worked with Chris and his family to support him in getting his life back and reducing the health risks that could have had long term consequences for his life. The concerns Chris described are common with individuals in EASA programs. To address these health challenges amongst the myriad of other challenges individuals in the early stage of a schizophrenia-related condition face, EASA programs take a holistic and collaborative approach when working with individuals like Chris. EASA team members include mental health counselors, nurses, physicians, occupational therapists and employment/education specialists. The entire EASA team meets weekly to coordinate care focusing both on risk factors and the individual's personal goals. It is the hope of EASA programs across Oregon that this approach to health care for individuals in the early stage of a schizophrenia-related condition will assist in meeting SAMHSA's 10x10 challenge as well as assist individuals in getting back on track with the lifestyles they enjoyed prior to the onset of their condition. To learn more about EASA and the early warning signs of a major mental illness, please go to www.easacommunity.org.

**Some information from this interview, including Chris's name, has been changed to protect his identity.*

REFERENCES

1. Substance Abuse and Mental Health Services Administration. (2011). About SAMHSA's wellness efforts. Retrieved from (<http://www.promoteacceptance.samhsa.gov/10by10>).

AUTHORS

Ryan Melton is the Clinical Director of the Early Assessment and Support Alliance Programs statewide and is faculty at Portland State University.

"Chris" is a full time university student.

Transitioning Does Not Mean Escaping

College seemed to be another escape, a new stepping stone to a young person's life. To me, college was the unfound freedom to allow myself to experience things without any limitation or censorship from parents or teachers. However, being in a different environment helped expose the internal conflicts that I tried to hide. I dove into the hectic college life, consuming many hours studying, trying to balance work and play. Nevertheless, I hit a breaking point in mid-semester. I made a suicide attempt in my college dorm.

Close friends and classmates were downstairs, laughing and playing a competitive game of beer pong while I lay in bed consumed by a deep sadness that was hard to evade. I took 46 sleeping pills with a bottle of NyQuil and woke up two days later with 12 missed calls from my friends and parents wondering where I was. I looked at my wrist and saw the deep crimson lesions I had made in my state of profound sadness. I looked at the calendar and realized that I had missed two days of classes. I went to my computer and stared at the empty computer screen that was supposed to be an email message to my professors: What was I supposed to say?

I never addressed the problems that I was dealing with then. I continued to let problems devour me, like a dark cloud over my head, blinding me to every good thing that I had to the point where I felt there was no escape. I felt as if I were jumping in front of a train. Finally, after a long talk with a close friend I found my will to get better, and I went to the counseling center in my school. At the end of the week, I was admitted to a psychiatric hospital after being diagnosed with borderline personality disorder. I felt complete and utter shock as I arrived. I saw women in their



mid-forties who had tried to kill themselves, men whose houses had been foreclosed, and a soldier who still had vivid memories of the people he had killed. Initially, I felt as if I were insane. I longed to go back home, to see my friends and family. However, I slowly realized that being at that hospital was for my benefit. I needed to work on myself. After a week of intensive group therapy and medication, I felt more grounded than before. I learned techniques to help manage my emotions and develop a clear sense of self.

Upon returning to school, I felt as if I were reborn. I saw things in a new light. I felt as if the demons that had been afflicting me for months had finally disappeared.

However, I still struggled to find support. Initially, my parents and close friends did not understand what borderline personality disorder was or how to help someone who has it. Because of my experience, I wish I could see change in the mental health system through an improved understanding of mental disorders. I also want more people to know how to handle difficult situations with someone who has a mental health condition. If there were more programs that were willing to teach people about these conditions and help family members understand the illnesses that are plaguing their loved ones, that would make individuals who are struggling with the disease feel as if they have support.

AUTHOR

Anonymous attends college and is studying to become a teacher.

My Experiences With Stigma, Self-Worth and Roles

Peer Support was buried.

Before I was introduced to the idea of peer support, I believed my diagnosis was something to get over and then toss away. I believed my diagnosis (currently paranoid schizophrenia) was something to manage and then mention two years into a committed relationship as a skeleton of my (anticipated) ancient experience, something nowhere near me, something gotten past (if even worth mentioning at all). Prior to peer support, all my beliefs about my diagnosis hinged on the fundamental assumption that I could not live as a person with paranoid schizophrenia, personally or socially, for a single extra second longer than was necessary. Before peer support, I was paying tithes to the church of shame, attending every sermon, and waiting for that pure moment when I would be “saved” and would no longer have to admit to society that I was someone with paranoid schizophrenia; instead, I’d be blending myself into the crowd, lost to any distinction. I planned for such a day because of my shame. I needed such a day because of stigma. I felt that my diagnosable experiences, and therefore the majority of my life had no value, and therefore I needed to be born again. Before peer support, I was not in touch with any community consisting of mental health consumers, and because I never experienced one, I did not believe they existed—anywhere. I believed that I had to recover from the various diagnoses I had experienced over the years. My ideas about mental health and recovery were completely wrong.

When I first heard about peer support, I was faring very well, having moved out of the Transition Age Youth (TAY) residential group-home I had been in for a little over two years into a subsidized apartment. I was



working the closing shift at a fast food restaurant, and my girlfriend and I, who shared the subsidized apartment, acquired most of our income from SSDI (we each got a separate monthly check). Right around this time I was truly lamenting the lackluster life of which I had been forced to be the central character and its relationship to my fast-food job and the unfathomable amount of credits necessary to finish my college education due to the equivalent of twenty months of hospitalizations in a three-year period (before the residential). Then my social worker called me and said that a TAY peer mentoring position was opening up with a local provider and that I had to apply.

“Peer mentor?”

She explained to me that a peer mentor’s job was to utilize his or her experience with transition and recovery to help bring hope to other TAY, not so accustomed to recovery, by sharing each other’s experiences with mental health diagnoses. The peer mentor would also help the TAY mentee navigate the local and state mental health system.

After two interviews I was called and offered the position.

Originally the position consisted of networking with young adults throughout our area, attending conferences, and doing some suggested

reading. I was also immediately placed in a group of peers (The Peer Leadership Meeting) who were also providers and who met monthly to discuss peer issues and how to assist the peer movement. I was very amazed to find a group of consumers blended into the provider world, keeping their consumer status, and talking about how to assist the peer movement.

Even at that point in time, now a consumer-provider, I felt my peer status had its place: nowhere near anybody I knew who did not have a diagnosis (including my family and everyone I met everywhere unfamiliar to me). But, I guessed, my mental health status was helpful in my role as a peer support worker.

As the networking with young adults continued I became more and more comfortable saying, “I work for such-and-such an agency, and I’m a consumer.” When they asked what I did I replied, “I’m a peer mentor.” And as I began saying this sentence more frequently I began noticing, specifically from older adult consumers, that I would often receive some casual approval exclaiming my equality with a PhD-carrying doctor—me, a consumer who was hired and not just treated. And on certain providers’ parts, there was an air of expectations met, like this move (accepting peer support) was not something amazingly unexpected but it’s good we came along (thumbs up).

I continued working as a TAY peer mentor for about a year and a half until my SSDI was pulled and my Medicare and Masshealth (state-funded health insurance) began to charge a fee. Not able to survive financially, I decided to look for another job. By this point in time I was back in school to become a social worker. I

figured as a social worker I would still be employed in a similar role; I would just have to toss the peer label aside (which I would have had no trouble doing at that time).

I enjoyed working as a peer. The aspect of my mentoring position that I cherished most was the one-to-one work I did with other male consumers. I felt valued, and in the majority of the cases the individuals I worked with helped me just as much as I helped them. Within the peer community and within my work as a peer in the mental health field I saw my di-

at the Metro-Sub RLC that I learned what it really meant to be a peer. Regardless of any assistance I may have provided to anyone I worked with in my paid peer role it was the compassion and openness I experienced with my fellow peers, employees and supervisors that truly offered me a scenario appropriate for my character to walk out of the closet and claim myself as a consumer without shame. Now I'm not saying that I introduce myself to every random Joe I meet on the street as "Matthew McWade, Mental Health Consumer," but by meeting

where I now work as the DMH Statewide Youth Coordinator, is funded by DMH to provide the Certified Peer Specialist training to Massachusetts. The goal of this training is to provide a technical, systematic approach to peer support. Those who complete this training will be able to be hired by traditional providers and become a part of a community of peers. Ideally, if peer support becomes widespread enough, all consumers will have access to peer support. It took me years of being a consumer before it was ever even mentioned to me that there was a thing called peer support, and that was by accident and for monetary reasons. Even being a peer support worker myself, originally, I did not know that consumers were organized and helping each other, calling me out to join them.

"All the work of Patrick Corrigan supports the idea that the best stigma-buster is

contact with people with psychiatric diagnoses," says Lyn Legere, Director of Education at the Transformation Center. "Anything we do in the community breaks stigma because we are out there assuming new and different roles. For example, when peers work in traditional agencies both the providers and the people receiving services get a new image of the possibilities of recovery." Consumers as peers (mental health workers) validates a diagnosed individual without forsaking the diagnosis. Peers and mental health workers must know that recovery is not about casting aside symptoms, but discovering their appropriate place in one's being.

The stone that the builders cast aside was the most important stone of all.

- Jesus Christ

Everything in its right place.

- Thom York

Author

Matthew McWade is a consumer and the Massachusetts Statewide Youth Coordinator for the Massachusetts Department of Mental Health and the Transformations Center.

Before peer support, I was not in touch with any community consisting of mental health consumers, and because I never experienced one, I did not believe they existed—anywhere.

agnosis doing great things, but looking out to society and the larger world I still did not feel there was a place there for me to be a "peer" without having the word surrounding my diagnosis spread the cotangent of stigma. I felt quick judgments and faulty hearsay would plague me everywhere I went. I felt I would never be able to face even my extended family in complete honesty.

The new job I found was a Coordinator position at a newly opening peer organization, The Metro Suburban Recovery Learning Community. The Department of Mental Health planned to establish six Recovery Learning Communities (RLCs) strategically placed across Massachusetts, and this would be one of the first active RLCs. The mission of the RLCs is to provide peer support and advocacy as well as establish communities of consumers who could know one another as peers. In addition to providing advocacy, support, and outreach as peers, the RLCs also function as a structure for peers, living within the community, to come together and find other peers in a setting that promotes their worth. Consumers from all walks of life came together to assist the RLCs in their work.

It was only when I began working

other individuals who were so open, pure, personal, and unique about their own mental health experiences I finally had a good example to help stimulate the inkling I had always had that my diagnosis did not make me a bad person, nor was it something necessary to hide as a personal policy.

As I continued to work in a strictly peer setting I became more and more comfortable with myself and my diagnosable experiences. I began to see the value of my experiences not simply limited to assisting other consumers, but also the entire mental health system as it stands, and hopefully the general public. This process of dignity through mutual experience was the catalyst and essential fuel for my current recovery.

Peer support's message is "hope" unbridled. That hope translates into consumers, who seek or find peer support, discovering through the experience of another peer that they may not only take control of their relationship with traditional providers, but also they may take control of their diagnosis. They can also seek life in the community at a level they are most comfortable with, and be this hope for other peers as well as themselves.

The Transformations Center,

Earning My Success:

Working with the Career Visions Project

I am sharing my experiences as a participant in the Career Visions project because I believe that employment difficulties are an often overlooked aspect of life for individuals with disabilities. I also believe that having a job – somewhere to be, something to do, a purpose – can be an important part of the recovery process.

A lot of my self-worth is tied to my ability to be useful, whether that be in an academic or career setting. My goal upon entering Career Visions was to learn job skills, increase my comfort with tasks that I would likely have to do in a job, volunteer, and ultimately land a part-time job. My participation in the Career Visions Project was a turning point for me.

When I started Career Visions, I was not comfortable looking at my resume. Jared, my career guide, and I did not look at my resume for months. Such is the beauty of a program where I determined the pace. I told him I had lost the document, half-hoping/believing it was true. The first time I reopened my resume document I cried and pondered deleting it. Looking back, my resume wasn't that dreadful. It was typical of a full-time college student who had transitioned straight from high school to college. One of the most important things about Jared was that he was non-judgmental. He was also consistently reliable and

worked so hard to aid me in my career struggles.

The more time I spent in the Career Visions Project, the more ambitious I became. What started out as a goal for part-time work morphed into desiring full-time work once school ended. Then I decided I didn't want school to end (imagine that!) and applied to graduate school. I have accomplished everything I set out to do through self-determination and the guidance of the project. I graduated college with a bachelor's degree with honors. I also started working full-time at a non-profit residential treatment center. I was accepted to graduate school and currently attend while working full-time. I have earned my success. That said, my success would not have been possible without Career Visions.

I am twenty-two years old and have had mental health problems since I was six-years old. I first began treatment when I was fourteen and have been a mental health service consumer ever since. The status of my mental health has been a significant barrier for as long as I can remember; however, I am still a very capable person. It is just harder to do some things, and for most everything I have a plan. Given appropriate accommodations, I believe I can be very successful. Career Visions taught me about making a plan to overcome barriers. I can take care of myself. I pay my rent and bills on time and with money I have earned. I get

myself to appointments on time and rarely miss a day of work. Without a job, this would not be possible.

HELPFUL ASPECTS OF CAREER VISIONS

The dreaded revision of my resume was an integral part of my Career Visions experience, and a catalyst for my success. Prior to beginning Career Visions, I had very little knowledge of how one went about obtaining employment. I obtained my first job at eighteen as waitstaff the summer after I graduated from high school. I worked part-time for two months until I began college. During that short time, the job terrified me. I hated handling money and was afraid of not remembering orders correctly. In college, I had two part-time work study jobs that lasted less than six months each. I did not know how to request accommodations. I did not know how to advocate for myself. I was not self-determined.

In Career Visions, I learned how to be self-determined. I learned how to write a resume, respond to job postings, research careers, conduct informational interviews, make phone calls, ask for help, and take risks. I remember the first time I made a phone call to a potential employer on my own. At my request, Jared and I wrote potential scenarios and practiced them several times before I made the call. That first call was rather anticlimactic given that it ended up going to voicemail. All the same, imagined and real phone rehearsals and having as much information as possible helped me feel comfortable and prepared.

Another helpful piece of Career Visions was how Jared and I would brainstorm to overcome barriers. For example, I have trouble sleeping so we would discuss steps to take so that I would feel better rested before an interview. I am afraid of driving and that often became a barrier to success: sometimes because a potential employer would require the ability to drive a company vehicle or transport clients, and sometimes because utilizing only public transportation limited me in the locations and times I was able to go. The bus can arrive late – or not at all – and there are days when it is hard to breathe because there are so many patrons on the bus. My career guide and I would figure out ways to make public transit more manageable, and that is important given that getting there is half the battle.

While in the project, I downplayed some significant moments. Interviews are scary things, and I feigned competence and confidence before my first informational interview with a practitioner in the field of social work. Meeting with Jared after the completion of the interview, I revealed how momentous the occasion had been. A few months earlier, I had panicked when my psychologist had offered to set me up for a pseudo interview with a fellow psychologist as a form of exposure therapy. During my time in Career Visions I conducted six informational interviews, gaining both knowledge and experience in the process.

My last six months of Career Visions were focused primarily on finding and obtaining part-time employment. Through those six months, I applied for and sent letters of interest to over a hundred jobs. I had three interviews; the vast majority of organizations to which I applied never contacted me, even after I followed up once or twice. One of the interviews resulted in a job doing data entry for a

non-profit once a week. As this was my first job in a few years, and first job in an office setting, I was unsure of how to conduct myself. I did not want to bring attention to myself since I was concerned about being an inconvenience. I was also concerned that my employer would think I was lazy if I were seen away from my desk, so I went the entire six hour shift without getting up to go to the bathroom or eat. This happened the first couple of times I went in: although my employers were very nice and easy going, I did not feel comfortable leaving my desk if I did not have a scheduled, allotted time to do so. Ultimately I improved my self-advocacy skills by letting my employer know when I would take lunch.

Had I not gained experience and comfort in that setting, I believe my chances of obtaining my full time job would have decreased. Everything I did in the Career Visions Project was for a purpose.

ADVICE TO OTHER YOUNG ADULTS

My advice to my peers is to be persistent and get the help you need.

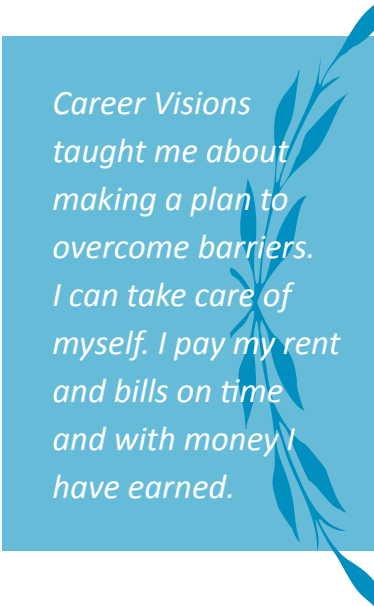
This time last year I was in the Career Visions Project, meeting weekly with Jared and learning about job skills, resources, and how to best accomplish my goals. My goals were to graduate college in good standing, get a job, and maybe apply to graduate school. Now? I work full-time in a job in my field and attend grad school, after graduating on time with honors for my bachelor's degree. I hope I can serve as some sort of inspiration to others. Although I realize I look the epitome of cool, calm, and collected now, let me assure you it wasn't always that way. The truth of the matter is that I was a hot mess for a long time.

Getting the help you need is crucial. It is unfortunate that there is still stigma associated with mental health troubles. Personally I feel that I have not done enough to combat that stigma, and that is both the reason I am writing this and the reason it is anonymous. Sometimes it is difficult to remember that it is not the person, but the natural response to an environment or situation that makes a person alternatively abled. We are capable.

And for those of us who are service providers: be empathetic, knowledgeable, and consistent. A relationship of trust is important when providing services to anyone. Do what you say you will. Do not pity your clients. Be flexible and ready to help think of solutions when obstacles arise. You have the potential to make a difference in empowering a person. I don't need a friend; I need an ally.

AUTHOR

[Anonymous] is a participant with the Career Visions Project at Pathways to Positive Futures.



*Career Visions
taught me about
making a plan to
overcome barriers.
I can take care of
myself. I pay my rent
and bills on time
and with money I
have earned.*



Florida Healthy Transitions' Peer-to-Peer Service Delivery Model

From Left to Right: Kiara Santiago, Tyler Smith, Brittany DeFiore, and Tajhah Kittling

How would services differ if providers truly understood the complex needs of young people? What if healthy relationships, education, stable employment, affordable housing, and life skills were key components of mental wellness? What if young people could connect to providers of similar age and experiences? The Florida Healthy Transitions program has aimed to do just that, and a key element of the program's success is its young adult staff. This article will explore the unique experiences and perspectives of Florida Healthy Transitions' young adult staff and describe the ways they've worked to enhance engagement with transition-aged youth and young adults. They also offer advice for young adults who may be considering careers in helping professions.

Since 2016, Florida Healthy Transitions' staff have provided 24/7 crisis intervention services to nearly 12,000 residents of Hillsborough and Pinellas counties, and facilitated Wraparound and Bent Not Broken¹ wellness groups to over 200 young people between the ages of 16 and 25.^{2,3} Florida Healthy Transitions may appear to be a traditional behavioral health program. However, this program is quite unique in its approach to engaging with youth and young adults who are emotionally and behaviorally challenged. The difference is that over 80% of the program's service staff are young adults. Through its peer-to-peer model, Florida Healthy Transitions

employs young adults to serve in various roles: Crisis Intervention Specialists, Crisis Care Coordinators, Peer Support Specialists, Youth Coordinators and Transitional Specialists. The staff possess first-hand knowledge of the unique needs of young people who are transitioning to and through adulthood. Ultimately, they promoted a culture that encourages both staff and participants to use their voices to enhance program outcomes, evaluation, and innovative solutions.

As evidenced by the program's baseline to six-month National Outcome Measures (NOMs)⁴ comparison data for 59 participants, Florida Healthy Transitions' peer-to-peer approach has resulted in several positive outcomes, notably: 150% increase among youth and young adults whose symptoms are no longer bothersome; 83% decrease in severe depression; 59% improvement from hopeless to hopeful; 52% improvement in the ability to deal with crisis; 34% increase among youth and young adult participants who get along with their family members; and 30% increase in youth and young adult participants' sense of belonging in their communities. Additionally, at their six-month survey assessment, 97% of program participants stated they would choose Florida Healthy Transitions for services, despite having other options.

As you'll see from the contributions of some Florida Healthy Transitions young adult staff that follow, this work has its challenges, as well as rewards.

REFERENCES

1. Florida Healthy Transitions. (2018, April 17). *Bent, not broken*. [Video file]. Retrieved from <https://www.youtube.com/watch?v=ktOi4WQIMcY>
2. Substance Abuse and Mental Health Services Administration (2018). *SAMHSA Performance Accountability and Reporting System [SPARS]: Number of Consumers Served by Grant Year Report*, Florida Healthy Transitions [Database]. Unpublished raw data.
3. Central Florida Behavioral Health Network (2018). *Florida Healthy Transitions' Monthly Provider Reports* [Data file]. Unpublished raw data.
4. SAMHSA. (2005). *National Outcome Measures (NOMs)*. Retrieved from <http://www.nationaloutcomemeasures.samhsa.gov/outcome/index.asp>

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Tyler Smith
Youth Coordinator

Growing up, I felt like my life would always be limited to what I could and “could not” do. Constantly battling anxiety, depression, and managing a diagnosis that I didn’t fully understand, I struggled to connect with others because I felt like an outcast. It wasn’t until I took full responsibility for my mental health and went through therapy/support groups that I realized my symptoms were completely manageable. My personal experience with mental health inspired me to want to make a change in the social services industry. I later graduated from the University of Central Florida with a bachelor’s degree in Psychology. I’m grateful that I’m in a position where I can use both lived experiences and a degree to better serve our communities in need.

There are challenges that I’ve faced as a Youth Coordinator. The job requires wearing multiple hats and sometimes there’s a struggle navigating, defining, and coping with those roles. When operating as a peer, you’re given the freedom to use your personal experiences to help support participants and allow them to see that their diagnosis is manageable. I believe that having peers in positions like this is important to help reduce the stigma that is associated with mental illness, but there need to be adequate support systems in place to allow peers to release the emotional baggage that comes with the role.

Florida Healthy Transitions

All members of the Florida Healthy Transitions team are involved in staffing, and have opportunities to provide input and offer support to one another through the collaborative, multi-disciplined approach.

Florida’s 2-1-1 Contact Centers provide crisis intervention, suicide prevention, and community linkage services 24 hours a day, 7 days a week to local residents. The Crisis Intervention Specialists serve as the first responders for all texts or calls made to the 2-1-1 Contact Center and Crisis Care Coordinators facilitate the connection to direct services providers.

Peer Support Specialists, Youth Coordinators, Transitional Specialists, and Transitional Coordinators provide direct services and work as a team to outreach, engage, and retain youth and young adults in services.



Brittany DeFiore *Youth Coordinator*

Throughout my life, I looked at my lived experience as a burden; something that held me back, something that stole life from me, something I was going to have to hide if I ever wanted to be successful. When I joined Healthy Transitions, my lived experience was embraced. My lived experience has made me more empathetic and understanding, as I know what it feels like to be misunderstood and unheard. I see the world differently because of who I am.

This job has given me the opportunity to grow professionally, but also personally. When I first started, I struggled a lot with sharing my story. I don't think I was ready to put myself out there, and I didn't understand the best way to help people through my lived experience. Since I nervously began this job, I've become more comfortable in sharing my story. I see the impact it has on the young adults I work with, and that has inspired me to continue in my journey of openness and advocacy. This job has changed my life for the better, but I had to trust myself a little to get here. My biggest piece of advice is to trust yourself and surround yourself with people who support your growth. It may seem scary to share your personal experiences with others, but know you are drawn to this field because you have what it takes to assist people who are like you, in leading better lives.



Kiara Santiago *Transitional Specialist*

My lived experience allows me to be more understanding and empathetic towards others. It allows me to validate their experiences, and engage with them from a place of understanding. There is a difference between actually knowing how someone may be feeling, and saying, "I am so sorry you're going through that, but it will get better."

In my position, I have faced many challenges and obstacles. One challenge is being triggered by the experiences of others because I may have gone through something similar. A participant's story may be so relatable to yours, that it can trigger emotions tied to your own past trauma. When this occurs, you must make time to take care of yourself. For example, go to the movies, get your nails done, get a massage, eat ice cream, or work out. Do something that you enjoy, and take care of your heart and mind. Doing this type of work requires a lot of patience and understanding; it requires a nonjudgmental heart and the ability to believe that everyone deserves a second chance. If you are passionate about helping others, use your story/journey to encourage others. Do not allow your past to define who you are meant to be. Then pursue your goals with all your heart.



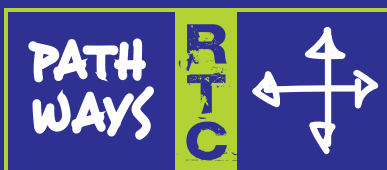
Tajhah Kittling *Transitional Specialist*

I consider my life to be a series of events that are unique to me, uncommon to some, but relatable to most. Although my story is not the same as the youth and young adults that we work with, we often have similarities that build common ground. I have realized that finding common ground is more personal than creating rapport, and it allows for a stronger relationship to develop. My experience with frequent moves and a constant change of surroundings gives me the ability to connect with most people. Our youth and young adults want to know they're not alone, they have someone who will walk with them through difficult transitional times, and there's a light at the end of their tunnel. Through our lived experiences, wielded strategically and appropriately, we increase our ability to be effective with the young people we work with.

It's challenging to work with a young person who has a story like mine. It can feel as if I am watching myself relive a trauma. Working with someone close in age can bring up past hurts, but the reason we're in this position is to walk alongside someone else and show them there's more for them. In these moments it can be a challenge to remember my emotional boundaries, my self-care practices, and my coping skills. These are the exact things I would encourage any young person entering a helping profession to develop. In this work, we all need to find a strong network of supports and supervisors to trust, to keep our self-care tools sharpened, to practice sharing our personal stories, and practice caring deeply for ourselves.

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