
SUPPORTING RECOVERY FOR OLDER CHILDREN AND ADOLESCENTS

For children and adolescents, recovery is best understood as a process that enables the young person and his or her significant adults to understand and manage the realities of an emotional disorder, so that the young person can return to a positive developmental path. Recovery starts from the idea that young people have within them capacities that will, if unleashed, propel them on a constructive developmental course. Recovery-oriented therapeutic services facilitate the efforts of children and youth to connect with their strengths and capacities as drivers of positive development. Recovery-oriented services also focus on providing opportunities for children to participate, free of stigma, in activities alongside peers and adults who comprise their community. An essential part of this work is empowering parents—and other significant adults in the youths' lives—in their roles as the primary facilitators of the recovery process.

A functioning system of care and a high fidelity wraparound process provide the ideal context for supporting recovery. The system of care values and principles—with their focus on individualization, cultural competence, family empowerment, and strengths—are inherently in tune with a recovery approach.

For individual children and their families, the wraparound process addresses the challenges of working around limitations from an illness or disorder and getting on with the process of growing up. Within this context, strengths-based, culturally competent, individualized treatment can thrive and conform to the core values of recovery.

The Experience of Recovery

Older children and youth rarely embrace the role of “mental health patient” as they enter treatment. They are more comfortable playing, or talking about their so-



cial world; and they have neither the vocabulary nor the inclination to discuss the concept of recovery. It is a therapist's task—in consultation with parents, their child and, if available, a wraparound team—to find ways to help the child *experience* the recovery process. Consider this example:

Ted, an unhappy 10 year-old boy, avoided all talk of his feelings and of his family circumstances. His father was in prison. Ted missed the good times he had with his father fishing in the lake near their home. Although those times were precious few, the boy was full of stories of catching the biggest and best fish. Ted's therapist had him bring his fishing gear to his office and worked with the boy to untangle lines and get ready for a fishing trip. His mother, with a wraparound team's support, had connected her son with a peer group that took monthly outings with a youth recreational

worker. Ted and his mom had suggested a fishing trip as an activity and the “therapy” was understood by the boy as preparing for that trip. While untangling fishing line prior to the trip, Ted had important conversations with his therapist about school, about his mom and siblings, and occasionally,

about his dad. The therapist allowed the boy to avoid emotionally overwhelming topics and kept emphasizing the boy's capabilities in organizing fishing tackle. With support from the youth leader, Ted had a great experience. On the trip he gained status among the other boys as a fishing expert, and this left

him confident as a leader. When he returned, his mother was impressed with her son's swagger and confidence, as well as with the fish he brought home. Fishing stories became a way for him to enjoy being in school. He gladly adopted the nickname "Fish" with his friends.

Ted never once heard the terms *recovery*, *resilience* or *protective factors*. He would have been bored and put off by any such talk. Yet he was in a position to teach all the adults in his life what a strength-based approach can do for a withdrawn and depressed boy. He found a way to reconnect to a developmental process, identifying with positive aspects of his father, incorporating such attributes into his growing personal identity, and earning respect for his capability. Ted was also placed on an antidepressant medication and monitored by a doctor who knew about the boy's love of fishing. That doctor enabled Ted to see that the medication had a positive effect on his patience, which in turn increased his fishing success. A doctor can be perceived as an ally when offering a medication that further diminishes the implications of a mental health problem and enables a youth to engage more fully in developmentally appropriate activities.

Risk and Recovery in Adolescence

The developmental tasks of adolescence are primarily social, as young people change the focus of their lives from family to community and from parents to peers. The presence of a mental illness in adolescence often distorts this social-developmental process. On the one hand, it can lead to a youth being more dependent on parents than is age appropriate. Alternately, it can lead to a teen being defiant to parents in a way that increases risk for further social and mental health difficulties. It is often a central therapeutic task to help the young person and his or her family to navigate between these extremes, as in this

example:

Erin, an unhappy girl who was failing in school, had recently been diagnosed with bipolar disorder. Her drinking in peer situations had gotten out of control. She began to act in a more and more outrageous and disrespectful manner toward her mother, defying the curfew her mother had set for her and sneaking out of her window at night to be with friends. Erin was very aware of her irritable mood, which was painful to her as she recalled the good-natured, fun kid she had been before. Though terrified she was "going crazy," she refused to acknowledge any problem to anyone. Her means for coping with excess energy had been sports, and she held her life together during basketball season by playing and exercising regularly. After basketball season, she began going to raves, taking ecstasy and dancing with enormous energy.

After a while, Erin's problems began to spill over into her peer world. She got drunk at a party and engaged in public sexual behavior with a boy. The high school gossip mill spread word of the incident, providing her instantly with a bad reputation. Some of the cool kids shunned her, and new, more troubled boys wanted to be her friend. Erin began to sink into self-hatred, cutting herself, and imagining gruesome ways to commit suicide. Eventually Erin's mother convinced her to accept a hospitalization. The experience only increased her rage as she was given a mood stabilizer that caused her to rapidly gain weight. The only positive outcome was that she was able to find a psychiatrist she could work with once discharged.

The new psychiatrist helped Erin's mother get into a parent support organization where she

encountered other parents who had faced similar problems with their children. The psychiatrist wasn't shocked or judgmental about Erin's difficulties and Erin was relieved to be able to disclose her thoughts and feelings. Her particular concerns were the cruel comments boys had made to her and the loss of status she experienced with girls who had formerly been her allies. After some explanation about bipolar illness and the medications she might find useful, Erin was very open to re-trying a mood stabilizer. She was grateful to her psychiatrist for not giving her a medication that would cause her to gain weight.

Erin's medications quelled her constant irritability. She began to exercise more and feel better. She stuck close to her good friends who defended her amongst her classmates. She continued to go to parties, but friends refused to let her drink. She continued to fight with her mother, who was determined to curtail Erin's risky behavior. Erin resisted and defied her mother's attempts to ground her. Friends came to the house to talk to Erin's mother and assure her that her daughter was beginning to take care of herself. They promised her that



they would not let Erin endanger herself. Erin's mother made some compromises with her daughter as she sensed the constructive nature of her daughter's relationships with friends. Erin stuck by her agreements regarding a very liberal curfew and was supported in doing so by her good friends. As the climate of hostility began to change, Erin and her mother had a long tearful night that ended in reconciliation.

Gradually, Erin's mood improved and she began to seek some accommodations from her school so that she could salvage her spring semester. She continued to go to raves because she loved to dance, but she went with a good friend and found she could enjoy dancing without ecstasy. She became a peer mentor to others and participated in a youth group that intervened to keep other youth safe at parties. Her mother, though wary of such social events, grew to respect Erin as she proved her capacity to handle social events responsibly. Erin's mother also became active with other mothers seeking more constructive and safe social outlets for youth in their community.

With the support of the therapist, peers, friends, and family, Erin was able to re-engage with a healthy and normal (for her community) developmental process. However, Erin never really thought of herself in treatment and certainly never contemplated the concept of recovery. The mental health professional may *call* it a recovery process, but the young person *lives* a recovery process. Youth simply know when things are screwed up and when they get it together.

Treatment that Supports Recovery


Treatment that supports a recovery process for teens must be supportive of developmentally appropriate moves for more independence and privacy within their family. An effective therapist recognizes that youth are going to experiment

with behavior that is normative, developmentally, even though it may carry extra risks for someone with an emotional disorder. Dating, engaging in sexual experiences, experimenting with drugs and alcohol, and experiencing the liberating feeling of being in an unsupervised group of youth edging toward out-of-control behavior—these are all experiences that are part of normal adolescence. A therapist can help the young person learn to manage the risks that are inherent in these activities and to participate in youth culture in a manner that makes sense, given the young person's particular needs. This is done through education and negotiation about the kinds of accommodations a youth must make for his or her illness. This process demands a high degree of confidentiality for the youth, but also a close alliance with parents who, understandably, have fears for their vulnerable son or daughter. An important facet of the therapist's role with an adolescent in recovery is to help the youth negotiate with parents regarding reasonable limits, and to help the parents avoid inappropriately limiting their adolescent child out of fears stemming from the illness or disorder. Parents suffer most from quandaries that arise around potential sources of risk. With good reason, they see unsupervised social activity among teens as risky, and it is a parent's job to be alert for signs of such behavior running out of control. But risk is also a part of the fabric of experiences that allow youth to grow and mature.

Professionals sensitive to the principles of recovery in youth can be invaluable allies with young people as they move toward restoration of the developmental process. To do this effectively, professionals need to be able to help young clients recognize and build on their strengths. Additionally, professionals must have the ability to support their young clients in learning to appropriately engage in the types of

situations and relationships that are part of the normative developmental process. Professionals must also understand the families their youthful clients come from and recognize that young people love their families no matter how disguised that love may be. Finally, professionals must be able to help the young person and his or her significant adults work together. With these capacities, a professional can facilitate a recovery process that engages a young person's assets and allies, and promotes a return to a healthy developmental path.

Charles Huffine is a Seattle child and adolescent psychiatrist who has a private practice devoted to treating adolescents. He is also Medical Director for Child and Adolescent Programs for the mental health system in King County, Washington.



rtcUpdates

In the spring of 2000, the Center began to send out **rtcUpdates**, monthly email messages with current information about our recent research, publications, and other activities as well as information about developments in the field of Children's Mental Health. In four years, the number of subscribers to **rtcUpdates** has increased to over 7,500.

You can subscribe to **rtcUpdates** by going to our homepage, www.rtc.pdx.edu and clicking on "Join Our List".