

Disability Issues

Improving Youth Transitions: Course Development with a Community of Practice

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Objectives--Participants will be able to:

1. Explain challenges young people with serious mental health conditions experience during their transition to adult life, and the competencies needed to provide services.
2. Describe the process of collaborating with interdisciplinary communities of practice, including participants in services and their families to develop curricula.
3. Identify and apply key components of a model curriculum for direct service providers working with young people in transition.

Challenges of Transition-Aged Young People with Mental Health Conditions

- In the US in 2006, at least 2.4 million young people aged 18-26 had a serious mental health condition (GAO, 2008).
- Compared to other young people with disabilities or in general they are less likely:
 - to graduate from high school or go to college,
 - to hold paid employment, and
 - to live in stable housing (Clark & Unruh, 2009; Newman, Wagner, Cameto & Krokey, 2009).
- They are also at higher risk for: substance abuse, early pregnancy, and involvement in juvenile and criminal justice (Vander Stoep, Davis, & Collins)

Inadequate Service Delivery Systems

- Gaps in service delivery, between child and adult services (Davis, Green & Hoffman, 2009).
- Services rarely tailored to be comprehensive, integrated, and attractive to young adults (McGorry et al., 2007).
- Lack of access to evidence supported programs that meet the unique development needs of young people (Clark & Hart, 2009).
- Prevalence of stigmatizing attitudes toward young people and their families (Jivanjee, Kruzich, & Gordon, 2007)

Comprehensive, Integrated Services must address Transition Domains

- Employment and career
- Educational opportunities
- Living situation
- Personal effectiveness and well-being
- Community life functioning

(Clark & Hart, 2009, p. 61).

Defining Transition Age Youth Through Brain Development

- How we conceptualize transition age youth has implications for policy and practice
- What is the age range represented in the following list?
 - Age for driver's permit
 - Age of consent for health care
 - Age of consent for sex
 - Age for curfew
 - Age for voting
 - Age for legal drinking
 - Age for lower car insurance rates
 - Age for legal contracts
 - Age to enlist in the military
 - Age to be tried as an adult for murder
- What about brain development is reflected?
- Most policies do not reflect recent neuroscience findings.

Adolescent/Emerging Adult Brain Architecture

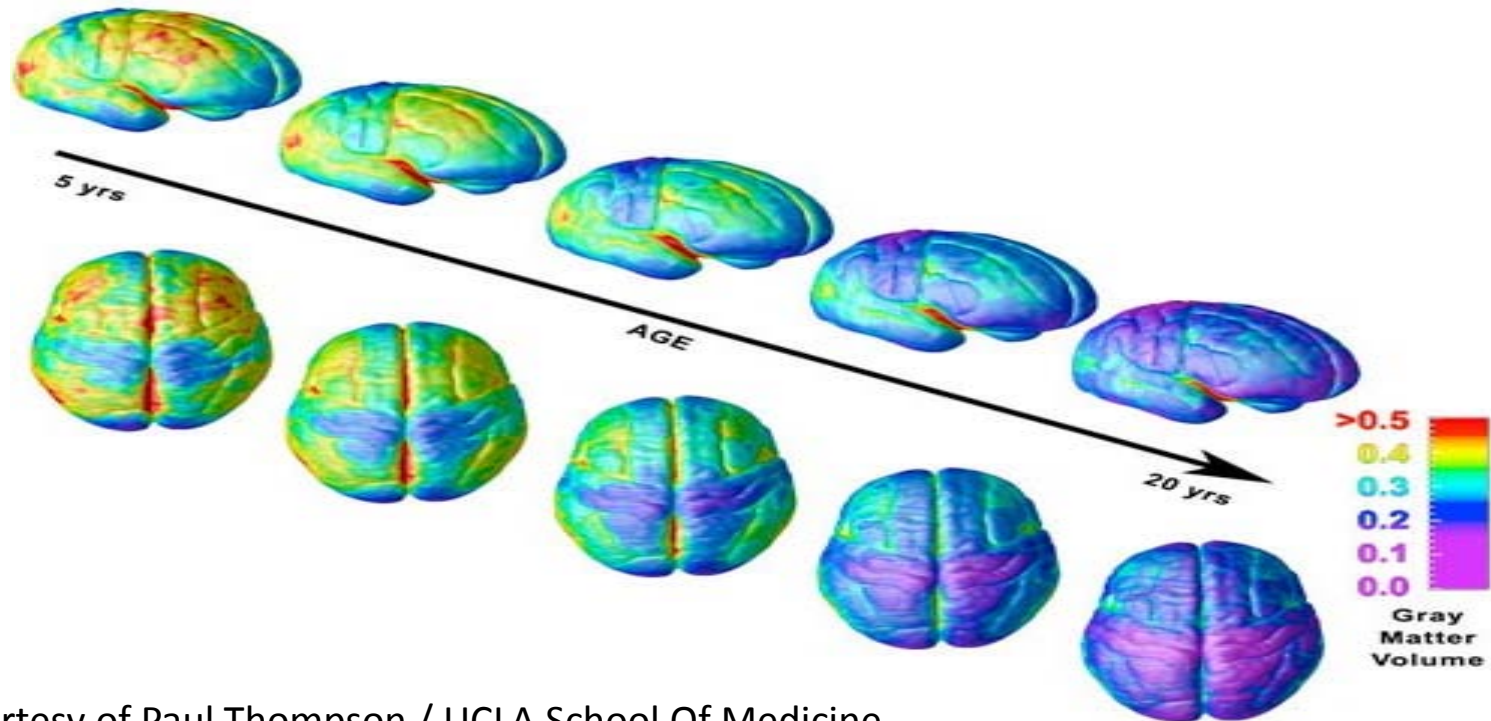
Under construction/Extensive remodeling

- Rate of change similar to two-year olds.
 - Exuberance and pruning focused in prefrontal cortex, connections with sub-cortical areas
- Limbic structures highly sensitive, hot.
- Prefrontal cortex comparatively underdeveloped.
 - Not well connected with limbic structures
- Opportunistic and vulnerable.

Too Much of a Good Thing

- Proliferation (exuberance) of synapses/dendrites primarily in the PFC, just before puberty.
 - Not refined/not efficient
- Significant pruning between ages 12 to 20.
- Most pronounced after age 16, on average@ 7-10% total loss. Some individual areas much greater.
- Activity drives architecture. Form follows function.
- Circuits that are used the most get hardwired.
- Myelination underway to increase efficiency, regulatory capacity, response flexibility.
- Final areas to myelinate are connections to the PFC, not completed until mid-20s (female) late-20s (male).

Exuberance, Pruning, Mylenation



Courtesy of Paul Thompson / UCLA School Of Medicine

Time-lapse MRI images of human-brain development between ages five and 20 show the growth and then gradual loss of gray matter, which consists of cells that process information. (Red areas contain more gray matter, blue areas less.) Paradoxically, the thinning of gray matter that starts around puberty corresponds to increasing cognitive abilities. This probably reflects improved neural organization, as the brain pares redundant connections and benefits from increases in the white matter that helps brain cells communicate.

Motivations, Emotions, & Behaviors...typical brain development

- Prone to miss-read emotional facial expressions
- Difficulty emotionally self-regulating
- Difficulty regulating sleep
- Increased appetite
- Increase in romantic motivation
- Increase in sexual interest
- Increase in emotional intensity
- Increase in novelty-seeking
- Increase in risk-taking
- Increase in intense goal directed behavior
- Can't see future consequences
- Prepares for reproduction

Neurochemicals

- **Testosterone** 'swells' the **amygdala** in both sexes, but more so in males.
- **Estrogen** stimulates growth of **hippocampus** (think memory function) in girls.
- **Serotonin** produced by adrenal glands---mood and excitability.
 - lower level during adolescence/emerging adulthood; heightens impulsivity
- **Melatonin** levels rise slower. Later bedtime.
 - Adolescents need a greater amount of sleep, greater level of sleepiness
 - Temptations lead adolescent to stay up later
 - Alters sleep system
 - Need to develop ways to adapt to environmental demands

Sensation and Novelty

- Youth seek sensation
- Youth seek novelty
- Higher level than children or adults
- New experiences with higher level of reward
- Developmentally adaptive

Risk and Reward

- Youth's brain reward system is immature and not integrated with prefrontal cortex.
- Dopamine: chemical released (neurotransmitter) responsible for arousal and motivation.
- Reward-system stimulates a pleasurable response in the teen's brain, activates *dopamine*.
- Risk-taking and thrill-seeking stimulates the dopamine center and is paired with reward.

What is Rewarding to the Youth's Developing Brain

- Creativity
- Social bonding, relationships
- Sense of curiosity
- Engagement of strong emotions
- Physical activity
- Positive feedback and encouragement
- Celebration of achievements
- New experiences
- Unpredictable results
- Music
- Stories of hope & resilience

Substance Use and the Developing Brain

- Substance in brain releases **dopamine**.
- **Amygdala** assesses pleasure vs. aversiveness---decides pleasure.
- **Hippocampus** records memory of pleasure associated with substance.
- **PFC** assesses future use reward vs. risk.
- Use activates protein that reduces dopamine levels—i.e. dampens reward system.
- Need more for same effect.
- Brain remembers substance-pleasure association even after use stops (potentates relapse).
- **Brain develops an over-sensitivity to reward, under-sensitivity to risk.**

Pathways RTC

- *The Rehabilitation Research and Training Center for Pathways to Positive Futures:*
 - incorporates rigorous research,
 - targeted training and
 - technologically sophisticated dissemination into a framework that is informed and advised by the voices of young people with serious mental health conditions.
- *Funded by NIDRR from 2009-2014 to improve outcomes for young people 14-30 years old.*



Pathways Transition Training Collaborative (PTTC)

- The PTTC project is focused on:
 - cultivating a community of practice;
 - identifying transdisciplinary core competencies;
 - developing, delivering, and evaluating formal course curricula to students preparing to provide services to young people in transition;
 - designing and delivering topical in-service modules for service providers and peer mentors;
 - conducting a series of national webinars.



Communities of Practice

- Communities of practice are groups of people who care deeply about a common concern and interact regularly to expand their knowledge and improve practice (Cook-Craig & Sabah, 2009; Wenger, McDermott & Snyder, 2002).
- Have been used to improve services to young people with disabilities.

PTTC Builds Curricular Offerings with its Community of Practice

- Led by social work faculty, the PTTC includes
 - Members of youth and family organizations
 - Service providers from a variety of settings (mental health, vocational rehabilitation, juvenile justice, child welfare, special education)
 - Researchers and educators from a range of disciplines (developmental psychology, education, rehabilitation counseling, psychiatry, public health, and social work)

Training Collaborative

- Getting started
- Reaching out to potential members
- A typical conference call
- Challenges and Successes
 - Involving the members over the phone
 - Technology
 - Amount of input and advice

Workgroups

- Small groups on specific topics
 - Medication
 - Families
 - Supported employment
 - Postsecondary education
 - Bridging the gap between children and adult services
- Developing training modules

Process of Developing Interdisciplinary Direct Service Competencies

- Group members approved a definition of competencies which includes knowledge, skills, attitudes, and values (CSWE, 2008; Hoge, Tondora & Marrelli, 2005).
- Based on other model sets of competencies and the transition literature, a preliminary list of 10 core competencies was developed.
- PTTC members and other stakeholders reviewed and amended the list which is serving as a guide for curriculum development

10 Direct Service Competencies

- Partnering with youth and young adults
- Supporting recovery and empowerment
- Partnerships with other service providers
- Providing individualized, developmentally appropriate services
- Addressing transition domain-specific needs
- Using EBP and individualizing interventions
- Collaborating to bridge systems
- Promoting support from family, peers, and mentors
- Meeting the needs of diverse young people
- Evaluating and improving services.

Developing the Course

- Course developers included a social work faculty member, a young person with experience in the mental health system, and a parent of a young person of transition age who navigated the mental health system
- The core competencies serve as a guide for course development, implementation, and evaluation
- PTTC members reviewed drafts of the course description, objectives, topics, and reading list
- Members also provided enrichment materials and links to key web-based resources

Improving Youth Transitions

Course Description: This advanced practice course prepares students to provide direct services to transition age youth and young adults (14-30) with serious mental health conditions across service delivery systems. Using an anti-oppressive practice framework and built on basic knowledge of human development, the course will be co-taught by a faculty instructor, a young person, and a family member. Students will engage in a community based project to improve services as part of the course requirements.



Co-teaching

- The co-teaching model
- Ground rules
- Self-disclosure
- Challenges
 - Amount of content to cover
- Successes
 - Multiple perspectives

Course Topics

- Partnering with youth and young adults
- Collaboration with youth and families
- Knowledge of young adult development and the effects of trauma
- Common mental health conditions and substance abuse
- Promoting support from peers, allies, and mentors
- Individualized transition planning
- Evidence-supported and culturally responsive interventions
- Collaboration with youth, families, and others to address system gaps.

Assignments

- Research paper on a specific young adult population, a mental health condition, and the best practices for interventions
- Project on individualized transition planning (Direct Human Service track students) or collaboration with stakeholders focused on programmatic change (Community Based Practice track students)
- Leading reading discussions
- Online discussion board postings.

Improving Youth Transitions

- Readings

- Clark, H. B., & Unruh, D. K. (2009). *Transitions of youth & young adults with emotional or behavioral difficulties: An evidence-supported handbook*. Baltimore: Paul H. Brookes.
- Gowen, L. K. (Ed.). (2010). Transitions to adulthood. *Focal Point, 24*.
- Articles and book chapters

Next Steps

- The course, which is web-supported, will be further developed for fully online delivery
- PTTC work groups will further develop course content into discrete modules for webinar, face to face, and online trainings for direct service providers.
- The PTTC will continue to inform the development, delivery, and evaluation of our training activities and products; and will collaborate with Center staff as new training curricula and delivery initiatives emerge, to identify the most effective ways to promote the uptake by direct service providers of best practices that are solidly grounded in research.

PTTC Project

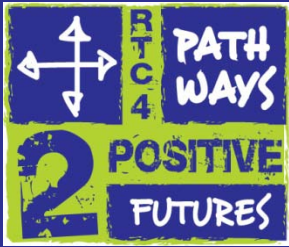
- Our website will be updated as new materials are available
 - <http://www.pathwaysrtc.pdx.edu/project-trainingcollaborative.shtml>
- Webinar: Bridging the Gap: What service providers need to know, believe, and do
 - November 16th at 10:00 Pacific
 - Sign up here:
<http://www.pathwaysrtc.pdx.edu/webinar.shtml>



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