



Promoting Recovery

Module 2 Script

Slide 1: Promoting Positive Pathways to Adulthood Module 2: Promoting Recovery

Welcome to the Promoting Positive Pathways to Adulthood Training Series which is being brought to you by the Research and Training Center on Pathways to Positive Futures at Portland State University.

The goal of the training program is to prepare service providers working with young people aged 14-29 who have mental health difficulties to more effectively promote their positive transition to adulthood.

We have created ten hour long modules based on a set of core competencies developed by the Pathways Transition Training Collaborative, which is an advisory committee of young adults, family members, practitioners and researchers. The second module is focused on Promoting Recovery. We have designed these modules to be interactive, so please work through the questions and exercises that you will encounter throughout each module. At the conclusion of each slide, the marker labeled “onward” will be flashing. Please click on the marker “onward” to advance to the next slide.

Slide 2: Training Series Modules

The ten modules in our series focus on:

1. Partnering with youth and young adults
2. Promoting recovery
3. Meeting the needs of diverse young people
4. Providing individualized and developmentally appropriate services
5. Supporting young peoples’ healthy relationships
6. Planning partnerships with providers of other services and collaborating to bridge service gaps
7. Promoting support from family, peers, and mentors
8. Using evidence-supported practices and individualizing interventions

We have designed these modules to be interactive, so please work through the questions and exercises that you will encounter throughout each module.

Slide 3: Module 2, Promoting Recovery

This module addresses the second competency, “Promoting Recovery” and focuses on the roles of service providers in promoting wellness and recovery among young people with mental health disorders. We will emphasize using an approach that considers the whole person—biologically, psychologically, and socially to maintain and promote physical and mental health.

Slide 4: Promoting Recovery: 4 Sections

In this module, we will address the following four topics:

1. The meaning of recovery for youth and young adults in the transition years (14-29) who have mental health conditions.
2. Finding reliable information about mental health and effective treatments and judging information quality.
3. Partnering with young people to identify and implement preferred strategies for wellness and recovery.
4. Shared decision making.

Slide 5: The Meaning of Recovery

The first section of this module examines the meaning of recovery and features a young person reflecting on what recovery has meant for her.

Slide 6: What do We Mean by Recovery?

According to the New Freedom Commission on Mental Health, recovery is: “a process by which people who have a mental illness are able to work, learn, and participate fully in their communities”

Anthony, Rogers, and Farkas characterize recovery as a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. Recovery is viewed as a way of living a satisfying, hopeful and contributing life and involves the development of new meaning and purpose in a person’s life.

Slide 7: Internal Conditions Linked with Recovery

You might be asking yourself: “How does a young person recover after experiencing a mental health condition?” Part of the answer to that question involves the young person’s internal disposition toward hope, their view of the illness, their ability to take control of their lives, and developing a sense of empowerment.

Having an attitude of **hope and optimism** is associated with having a belief in a better future, becoming inspired to engage with life’s challenges, and a sense of *self-efficacy*. Hope can be enhanced through contact with peers or mentors, role models who have overcome similar challenges. The presence of hope motivates young people to engage in activities to reduce the impact of their symptoms, engage in positive decisions, and take steps to change their situation. Healing also occurs **when a young person reconceptualizes the illness** as only part of the self.

When a young person takes control, it reduces the impact of symptoms as well as reducing the impact of stress; she also becomes an active agent in decisions about her own life.

Developing a sense of empowerment includes autonomy (which requires knowledge, self-confidence, and availability of meaningful choices), as well as courage to take risks and **take responsibility for one’s own choices**.

As you go through the modules, the terms that are in italics will be defined for you. Just place your cursor on the italicized word and you will be able to read the definition. Try that feature now with the word “recovery” in the title of this slide.

Slide 8: External Conditions that Support Recovery

A **recovery-oriented environment** is grounded in *inclusion*, caring, respect, and empowerment and focused on creating the conditions in which the internal conditions of recovery can occur. **Recovery is promoted by services that are collaborative**, that include peer support, and that are designed to promote “hope, healing, empowerment, and connection” (Jacobson & Greenley, 2001, p. 485) By providing accurate information, encouraging self-confidence, and creating options, service providers can contribute to creating a positive culture of healing and recovery (Jacobson & Greenley, 2001).

People working in a recovery-oriented environment foster a **human rights approach** that focuses on eliminating *stigma*, promoting the rights of people with mental health difficulties, and providing opportunities to access needed supports, services, and resources.

In Module 1, we described service provider approaches which were developed to promote self-determination and empowerment within a positive youth development framework which provides a necessary context for recovery. In this module, we will focus on the **reciprocal** relationships between physical and mental health and the promotion of wellness and recovery.

Next, we’ll hear from a young woman, Chrissy who currently works as a peer support specialist. She will describe her experiences of pursuing wellness and recovery.

Slide 9: The Meaning of Recovery [VIDEO]

What is the goal? Recovery! Recovery is possible. The whole time I was in high school under all that medication I never once heard the term “recovery.” I didn’t even know that was a goal. I thought it was to make my mom be happy with my behavior. It literally took a couple years of activism and then, “Oh. It’s *recovery*; okay, I get that.” That is what my goal is. I know I want to be healthy and happy and wise within my own body, and I wish that for all youth. And I wish that youth could aim for that as well, and have the skills to do so.

Slide 10: Creating the Conditions for Recovery

Sometimes in busy community-based service delivery environments, there is a tendency to define young people by their diagnoses. We believe that it’s important to remind ourselves that every young person has a personal history, personality, interests, preferences, attributes, talents, goals, and relationships.

Based on your experience, you can play a valuable role in conveying hope by telling stories of people who have successfully overcome challenges like the ones currently facing the young person. You can facilitate empowerment by teaching desired skills, encouraging an attitude of self-efficacy or competence, and identifying options a young person can choose from.

As a service provider you can engage a young person in considering meaningful options, even if you don't agree with a course of action he is considering. Then the young person can examine the pros and cons of each option and make his own decision.

For example, after considering a broad range of activities with the young person, you can accompany her in an activity that she enjoys but has not been able to participate in recently, so that she can experience a sense of success.

Or, you can talk with a young person about his social connections and encourage him to re-connect with a cousin he has lost touch with or introduce him to a local chapter of a youth advocacy or leadership organization to meet other young people who have experienced mental health difficulties and are making strides toward recovery.

Slide 11: Question

The question on this slide asks for your assessment of the conditions that promote recovery from a mental health condition. Please check the box to indicate the item that is not associated with recovery.

Which of the following is **not** an element of recovery-oriented services?

- A. Collaboration between young people and providers
- B. Acceptance of limited career choices
- C. Peer support and mentoring
- D. Education to manage symptoms and stress
- E. Empowerment

Slide 12: Finding Reliable Information About Health and Mental Health

The second section of this module focuses on the ways in which young people can find reliable information about health and mental health.

Slide 13: Finding Reliable Information About Health and Mental Health

In this section, we will examine the strategies that young people use to find information about mental health. According to the Pew Research Center's **Internet and American Life Project**, the overwhelming majority of youth and young adults use the Internet, with 93% going online, and 83% using social networking.

Among young adults (18-29):

- 72% looked for health information online
- 33% looked up information about mental health
- 38% accessed information on medications
- 34% went online to find information about alternative treatments (*Pew Internet & American Life, 2002, 2008, 2009, 2013*)

The Pew Report notes that *“Every day, more people go online for medical advice than actually visit health care professionals.”*

Notably, 18% of adults reported that they have gone online to diagnose or treat a medical condition without consulting their doctor.

Slide 14: What are Young Adults with Mental Health Conditions Looking for Online?

In a study conducted by Dr. Kris Gowen of the Pathways RTC, information was gathered from young adults, aged 18-29, who had serious mental health conditions. A total of 27 young adults participated in three different focus groups held in different parts of Oregon. One sample was recruited through the Craigslist website, some participants belonged to a youth advocacy group, and the third group consisted of young adults at a residential treatment center.

The focus group participants said that they researched all sorts of information related to their mental health. Most often they searched for information about their mental health diagnosis and their medications. Participants also used the internet to look up treatment options that did not require the use of medications. The internet was also used to find ways to access healthcare – either by finding information about health insurance coverage or by locating places to go to get care – usually places that were lower cost or provided care for free.

Finally, some participants stated that they used the internet to look up additional supports and resources related to transitioning to adulthood, such as low-cost housing, food stamps, and even ways to cope under stress.

Slide 15: Why do Young Adults with Mental Health Conditions Search Online?

When asked why they used the internet to access information about mental health, participants provided a variety of motivations for doing so. The reason most often given was to find out more information about their mental health, diagnosis or medication after visiting with a healthcare provider. Sometimes this was done because they did not understand what their healthcare provider had said to them, while others mentioned it was done out of lack of trust. Additionally, some participants mentioned that they liked to look up information about their mental health – or their mental healthcare provider – BEFORE a visit in order to feel more prepared. They also mentioned wanting to know more about their provider and the provider’s credentials.

An important reason that young adults went online was to find community. Many participants reported that online, they could go to forums and discussion boards to find more people like themselves who had similar diagnoses. This helped them feel less alone and more normal. Another reason young adults went online to seek out mental health information was because they felt it was the only place to access such information. This motivation was articulated by young adults who did not have adequate, or any, healthcare insurance.

Finally, young adults mentioned that they preferred to go online to find out information about their mental health because it provided anonymity.

Slide 16: Finding Out about Mental Health and Effective Treatments

The quality of consumer information sources on medication varies dramatically. As a service provider, you may be able to assist young people who want to use online resources to learn about the mental health concerns they are experiencing. You can provide information about reliable websites and encourage the young people to consider the sponsorship of other sites they come across, what the site is selling, and whether the information is based on high quality research. Based on her research, Dr. Kris Gowen has prepared a useful one-page guide to evaluating sources of online information which is included in our resource list and summarized on the next slide.

Slide 17: Evaluating Internet Information: The ABCs

To determine the quality and reliability of Internet information, Dr. Gowen recommends examining four aspects of the website:

- **Authority:** Does the author have relevant mental health expertise?
- **Business Model:** Questions about the business model of the website focus on who is the sponsor of the website and what is the motivation of the sponsor?
- **Current:** Is the information up-to-date? And,
- **Sources:** Are the original sources of the information clearly stated and documented?

[<http://www.pathwaysrtc.pdx.edu/pdf/proj6-ehealthABCs.pdf>]

Slide 18: Sources of Reliable Information

Four sources of reliable information you can share with young people with mental health concerns are listed on this slide. Each of these organizations provides clearly written, accurate information in online and print format.

National Institute of Mental Health (NIMH): has a mission to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

Substance Abuse and Mental Health Services Administration (SAMHSA): has a mission to reduce the impact of substance abuse and mental illness on America's communities.

National Alliance for Mental Illness (NAMI): is dedicated to improving the lives of individuals and families affected by mental illness. For three decades, NAMI has established itself as the most formidable grassroots mental health advocacy organization in the country.

Youth MOVE: National is a youth led national organization devoted to improving services and systems that support positive growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare.

The links to these sources of information are included in our resource list.

Slide 19: Question

In your experience, what strategies have young people used to find reliable information that helped them with their mental health difficulties? Please enter your response in the textbox.

Slide 20: Partnering with Youth to Plan their Path to Wellness

In the third section of this module, we'll consider the ways in which service providers and young people can form a partnership to plan their path to wellness. You will hear from two young people and from a service provider about their experiences with health-promoting partnerships.

Slide 21: Partnering with Youth to Plan their Path to Wellness

The **biopsychosocial** approach is a comprehensive set of strategies in which service providers collaborate with young people to address all aspects of their well-being. A biopsychosocial approach involves:

- The biological dimension addressing physical health—including attention to nutrition, exercise, and adequate sleep
- Psychological factors—including building capacities, skills, and abilities
- Social factors—such as social support from family, peers, friends, community members, and service providers

In Module 1 we talked about interventions to address psychological factors—we discussed building capacities, skills, and abilities for young people to take charge of their lives and their services planning.

In this module, we are emphasizing the physical aspects of wellness—including attention to nutrition, exercise, and adequate sleep, as well as the benefits and limitations of medications and psychosocial therapies to treat mental health difficulties affecting young people. Here we focus on the relationships between health and the psychological dimensions of well-being.

In subsequent modules, we will address social factors—and in particular how to build social support from family, peers, friends, community members, and service providers to support young people to function well in adult roles and to have successful life experiences (Jetmalani, 2010; Williams, 2009).

Slide 22: Maintaining Health

We can all engage in activities that maintain or improve our health and that in turn improve mental health, and these are especially important for youth and young adults. These activities include:

- **Making sure we eat a balanced diet**—regular meals and a variety of nutritious foods – this may be especially important for young people taking some medications that can cause weight gain.
- **Getting adequate sleep**—at least 8 hours per night is essential for people of all ages to reduce depressive symptoms that sometimes are associated with tiredness.

- **Regular enjoyable exercise** reduces the impact of stress and contributes to physical health and a stronger sense of well-being. For young people who don't exercise much, you can explore the idea with them, and identify a form of exercise they previously enjoyed or one that they might like to try, and offer to accompany them for the first time or explore whether they can identify an exercise buddy.
- **Engaging in meaningful activities** such as working at a job, or as a volunteer, or fun activities that a young person previously enjoyed, will also contribute to a feeling of accomplishment and well-being.
- Finally, **positive relationships** with family, friends, mentors, and others and connections with peer support reduce the negative effects of social isolation and enhance well-being.

Next, we will hear from Dr. Ajit Jetmalani who is the Director of the Division of Child and Adolescent Psychiatry at Oregon Health and Sciences University in Portland, Oregon. Dr. Jetmalani will share his comprehensive biopsychosocial approach to working with young people with mental health conditions. He will also discuss some strategies to promote wellness and shared decision making with young people.

Slide 23: Health and Wellness [VIDEO]

It is really key to make certain that the service that your youth is receiving is a comprehensive service, and that medicines, if they are appropriate, are part of a broad approach to whatever challenges the child may have or the young adult may have. The reason why I say that's key, is that in our mental health system, when people are overwhelmed with the level of service need, there is a trend toward using psychotropic medicines as almost a replacement, or instead of, the more comprehensive approach. So if a youth has a mental health condition that hasn't responded well to other approaches, medicines oftentimes are an important aspect of the treatment plan. I think that one of the most important pieces is that the youth themselves are empowered to both understand and feel the *right*, and the *need*, to participate in decision making for their healthcare.

We in the state of Oregon, for instance, have adopted a training brochure called *Making Healthy Choices* for foster youth. This could be applicable to any youth who is in need of mental health services. When they go to their appointment with a medical provider, how do you approach that appointment effectively as a young person? It's oftentimes an intimidating experience, maybe not sometimes a welcome experience. Maybe there a crisis going on, and they're going to this person who might make very important suggestions or recommendations that can affect your client's life in a profound way. You want that person to feel *empowered* to participate in that healthcare decision making.

In order for people to feel empowered and effective, they need to have enough information to know how to approach that circumstance. When youth approach a health care appointment, one way to support them is to *practice* before they attend that appointment, how they are going to use that time. And maybe even take in materials to remind themselves exactly what it is they want to get out of that meeting. And if they already know that this could be a meeting about the use of psychiatric medicines, what are good questions to ask the provider in a manner that is collaborative. So you want to set that person up for success. When they go to their appointment,

they need to be consuming that moment of healthcare in a successful fashion that involves knowledge, and also involves communication strategies. So—how do I ask a question of a health provider that’s going to get me the most information, without making them feel like I’m questioning that they have my best interests in mind?

I think one of the key things is that sense of empowerment, because that’s what we’re all looking for in our lives, is a sense of empowerment, a capacity to be assertive and have some sense of affecting the outcome. For youth who are distressed and who may be coming from traumatic backgrounds, the last thing they feel is empowerment. In fact, that drives a lot of maladaptive or self-destructive behaviors over time that undermine their healthcare outcomes.

When youth face challenges of a mental health nature, they likely have challenges based on a wide array of issues from genetic, to environmental, to social. There might be academic issues. There might be relational struggles with family or friends. There may be poverty. It may be that they are experiencing bullying at school. There’s a whole host of reasons that people end up needing mental health care, particularly in adolescence when most mental health conditions present in this age group. The key to positive outcomes is looking at a broad array of options; but that broad array of options is based on an understanding of what the underlying struggles are.

We know that there are some things that are common to all conditions that are helpful, and certainly good sleep, good nutrition, and exercise have been shown to be extraordinarily helpful for a number of conditions. One could safely recommend those, of course. You can say that until you are blue in the face to a person. Doctors do that all the time with their patients: “You really should exercise more.” You need to need do more than to say that people should do these things; they need more specific support as to how to achieve that. So if you are going to recommend to a young person that they should exercise, you need to talk through what are the activities that they do every day, and what could they add to this list that they realistically could manage.

Slide 24: Engaging Young People in Change

Dr. Jetmalani talked about using the principles of Motivational Interviewing to engage young people in considering and adopting wellness-oriented behaviors and habits. Motivational Interviewing is an evidence-based practice that recognizes that young people (and older people, too) may know what is good for their health, but change may be difficult because of understandable fears of change and ambivalence about adopting new behaviors and letting go of old ones. The service provider therefore empathizes with young people, affirms their *self-determination*, and supports their efforts to move forward without persuading or nagging but rather gently encouraging and guiding them to explore the possibilities for change.

Motivational Interviewing (MI) is a collaborative approach that acknowledges the tendency to be ambivalent about change and aims to elicit and strengthen young people’s motivation for change.

The underlying spirit of MI incorporates:

- Partnership: The service provider acts as a collaborator with the youth’s expertise
- Acceptance: The service provider communicates accurate empathy and affirmation, offering support for the youth’s worth and autonomy

- Compassion: The service provider acts to promote the youth’s well-being (Miller & Rollnick, 2013, p. 25).

The processes of MI and the specific skills associated with eliciting change talk will position the provider well for working collaboratively with youth to change when they are ready, willing, and able.

Slide 25: MI Processes

Four processes of the MI approach are:

- Engaging: Establishing a helpful connection and working relationship, which is facilitated when service providers ask themselves “How am I understanding this young person’s concerns? How supportive am I being?”
- Focusing: Developing and maintaining a direction for change. It’s important here to consider, “Are we working together with a shared goal?”
- Evoking: Eliciting the young person’s motivations for a particular change. Here the service provider seeks to understand whether reluctance to change is based on a lack of confidence or on the importance of the specific change.
- Planning: Developing commitment to change and formulating a concrete action plan. For this process, the service provider takes care to invite the youth’s ideas and seeks permission to offer suggestions (Miller & Rollnick, 2013).

Communication strategies that emphasize open ended questions, reflections, affirmations, and summaries will contribute to the extent a young person is ready for change, and to change occurring when she is ready. This approach is inherently respectful and lets the young person know that you understand that changing existing behaviors and habits, or letting go of old ones, is difficult and that you respect her choices and decisions. She is an expert on herself and brings expertise to the table about what will and won’t work for her.

Resources for learning more about Motivational Interviewing are included in the reference list that accompanies this module. For effective practice using this approach, it is important to seek training from a member of the Motivational Interviewing Network of Trainers (an international network also known as MINT).

We believe that MI offers useful strategies for engaging young people in actions leading to changes that improve their well-being. Further, change is more likely to happen when young people feel that they are making their own decisions about their lives. In section 4 of this module, we will be talking about shared decision making and bringing together multiple perspectives in youth decision making.

Slide 26: Other Wellness Strategies

Some young people are interested in trying non-traditional treatments and there are increasing attempts to measure their effectiveness. The National Alliance for Mental Illness promotes the incorporation of a variety of wellness strategies into the recovery process and we encourage you to explore preferred strategies with the young people you are working with.

These include:

- **Herbal and nutritional supplements.** For example there have been assertions that the omega 3 fatty acids found in fish oil have been associated with improved mental health in people with depression and bipolar disorder.
- **Yoga** is associated with calming the self and with reducing the effects of stress, anxiety, and depression.
- **Meditation and guided imagery** are elements of mindfulness strategies and therapies designed to increase self-awareness, promote calmness, and reduce the effects of stress and anxiety.
- There have also been reports of **acupuncture** contributing to reduced depression.

More information about alternative wellness strategies is included in the National Alliance for Mental Illness website, and there is a link on the resource list that accompanies this module.

Some wellness-promoting strategies are proven to be beneficial, others have no evidence, and some have significant adverse risks. The same risk-benefit decisions apply as in traditional medical treatments. Until there is a solid body of effectiveness research on these approaches, we recommend exploring the use of preferred wellness strategies alongside mainstream medications and therapies, and working closely with young people to monitor the effects.

In the next section we will be talking about medications and psychosocial therapies for mental health difficulties. First we will hear again from Chrissy who describes some of the wellness strategies she has found helpful.

Slide 27: Other Wellness Strategies [VIDEO]

There are things I am learning about my own body. I know that I need to eat, even a snack, every 4 to 6 hours. That's what helps me be in touch with my own body in knowing what I need. I think that doctors could really benefit from trying to educate their clients about knowing how to communicate about their bodies better, and how they are feeling, and about the options that they have. There really are dozens and dozens of low income options. I've done acupuncture, which was a lot of fun. I was a little scared to at first, but it was great. I love bodywork, like massages; they are my favorite. Insurance doesn't pay for them, but they are my favorite. There are a lot of things that I do to help myself with my mental health challenges. A lot of them are alternatives, and I've had to seek those out. I just wish that youth can have the knowledge about that. You know it's not just medication, and talking though (issues), there's so much more.

Slide 28: Medication as Part of Wellness

We encourage service providers to work with young people in comprehensive wellness planning, one part of which may include the use of medication. For many young people, medication can be very helpful in alleviating troubling symptoms associated with their mental health condition (Walkup, 2009).

Strong working relationships with clear communication and trust in place are pivotal for positive outcomes when making decisions about medication (Charach et al., 2008).

When developing a plan, it is a good idea to ask what solutions the young persons have tried to alleviate their symptoms, whether they have used non-prescription drugs, and what has been helpful.

Slide 29: What do We Know about Medications?

The Food and Drug Administration requires that medications go through a process of development, testing, and FDA approval. Although there are many demonstrations of positive outcomes from the use of medications it is important to note that some drugs have not been tested for use with young people (Correll, 2008).

Some medications are prescribed for “off-label” rather than “on-label” use (Zito et al., 2008). **Off-label use** means that medications may have been tested rigorously and approved to treat a specific condition but that they are sometimes or commonly prescribed to treat non-specified conditions. Or they have been tested and approved for use with adults but are sometimes prescribed for use with youth without having been tested on younger people. This is concerning, because of the lack of scientific evidence that the medication is effective for youth, and the testing time-frame may not have been long enough to determine the safety of the drug, and the long-term effects when used to treat young people.

Slide 30: Effects of Medications

Many *psychotropic medications* have positive effects in reducing the troubling symptoms of depression or anxiety or stopping psychotic thinking and voices that are so troubling and fear-inducing for young people.

Some medications may have serious, unpleasant, or dangerous side-effects for young people, such as:

- Dry mouth, constipation, blurred vision
- Headache, nausea, sleeplessness or drowsiness, agitation
- Weight gain, sexual problems, or even
- Suicidal thinking.

As a service provider you may want to talk with young people you are working with about the benefits and side effects (if any) of medications they are taking. If the side effects outweigh the benefits, you might talk with them about requesting a re-assessment by a medical provider and if necessary, a dosage adjustment or a switch to a different type of medication. It can be dangerous to stop taking psychotropic medication suddenly. If you are working with a young person who is considering quitting, it is important to urge him to consult a medical provider before making changes in the dosage of a medication, or stopping its use.

Slide 31: Experiences of Youth with Medications

In a study of youth experiences and perceptions of taking psychotropic medications, Dr. Tally Moses of the University of Wisconsin reported that youth typically described mixed reactions to medication: “It helps, but I don’t like it.”

(Perceived helpful aspects): Youth perceived medication as helpful when it reduced symptoms and when they felt that it helped to control negative thoughts and negative behavior, such as “getting into trouble.”

(Disliked aspects): Youth did not like medication when they felt it did not do anything and when there were unpleasant side effects.

Young people who had been prescribed psychotropic medications were asked by Dr Tally Moses to talk about their **medication commitment**, that is, their commitment to continue taking prescribed medication in the absence of outside influence or pressure. She found that asked what they would do when they reach the age when they are free to make their own decisions, 52% said they would discontinue taking medications in the absence of external pressures (Moses, 2011). One of the factors that made a difference in youths’ level of commitment was support from their families for their taking medication.

Slide 32: Experiences Linked to Medication Commitment

In her research with young people, Dr. Moses found that **less committed youth** reported:

- Perceived coercion to take medication,
- Concerns about long-term or short-term side effects,
- Viewing medication as bothersome and unhelpful, and
- Mistrust of medication or prescribers and perceived stigma attached to taking medication.

More committed youth, on the other hand, reported:

- Perceived choice in treatment
- Perceived helpfulness of medication
- Lack of concerns about side effects or long-term effects
- A felt need for medication
- Establishing medication as part of their routine

As a service provider, you are in a good position to explore young people’s feelings about taking prescribed medications. You might also explore options if they have concerns about medication, and engage youth in shared decision making to affirm their autonomy and reinforce their self-determination.

You are also aware that many young people use and abuse non-prescribed and illegal drugs, as well as alcohol to alleviate their mental health symptoms. This needs to be addressed in non-judgmental conversations, along with an exploration of the young person’s intentions about continuing use of non-prescribed drugs, and consideration of legal alternatives. In the next segment, we will hear again from Chrissy about her problematic experience with medication and then from Martin Rafferty a youth advocacy leader about his perspective on partnering with youth and fostering shared decision making with young people regarding medications.

Slide 33: Wellness and Non-Traditional Treatments [VIDEO]

Chrissy: I was still way overmedicated, sleeping most days. I'd fall asleep on the bus, I'd forget my stop. I was not in a healthy position; I wasn't eating right; my weight was constantly fluctuating. I couldn't carry on conversations; I had really bad side effects. It was a really hard time of my life, and trying to enter college was something that I felt was mandatory where I was living, and it was. I was in a situation where my Mom said, "If you're going to live here, you need to go to college," and so I did. I just didn't succeed. I overslept in all my classes; I couldn't focus, when I got home I couldn't do my homework. I couldn't put college as a priority, and I feel that that was because I was struggling with such simple things as being fearful of getting kicked out of my parents' place, getting enough sleep, eating food. I really did feel that I was in an unhealthy place within my own body.

Martin: One of the greatest mistakes that I have seen from a traditional mental health system and in partnering with youth on the use of medications, is that the folks involved in prescribing these medications aren't very upfront about what to expect. It's not only that, but also that these medications aren't perfect. Sometimes they don't work; sometimes they create side effects that don't work and this is a frustrating experience for adult consumers.

The difference between adult consumers and youth consumers, is that the adult consumers more of the time are completely consulted. Their concerns are more respected and they are talked through the process little bit more than what I see with young people. For young people it is more, "You're going to take this because we're giving it to you and your mom is going to come in and give it to you in the morning and come in and give it to you at night." Sometimes no one is even asking the questions about what side effects are going to mean for a young person or taking into account the young person's feelings about those side effects. Adults get to choose the path, "I have this mental illness and it's affecting my life and on the other hand, these medications are going to give me these side effects. What's more important to me, meeting the needs of my mental illness or having these side effects?" They get to choose. But with youth it doesn't happen like that. What we are always looking at is what we think is best, and when we consult them, they will choose the side effects just like adults do. When we fail to consult them, I think they feel like they don't have any control and start to reject the whole system. When they are eighteen, they leave it; they leave the medications and they leave the treatment and they come back through hospitals or jail because they are in a really bad place because they were never consulted, not really consulted.

One great alternative to the medications is looking at the health of the young person in general, outside of medications or mental health. Looking at the *40 Developmental Assets*, for instance, looking at *protective factors*. Are youth engaged in their community, do they have a healthy social circle, are they eating well, are they exercising, are they going out and playing in the sun? These are the kind of concepts that the whole system has not really latched onto as being as important as they are. When we introduce these factors into some young people's lives they actually don't need medications anymore. But that was never a concept that the mental health field was really looking at, because if you're a hammer you want to pound the nail in, and the mental health system is trained to use medications, and so they lean towards that naturally.

Slide 34: Anti-Medication Voices

Across different cultures, there may be vast differences in what is acceptable and unacceptable behavior. Direct service providers need to be aware of the cultural beliefs that young people and their families bring to mental health services, and of the ways in which cultural attitudes differ regarding the meaning of taking psychotropic medication. Expectations of what direct service providers will do to help a young person may vary, as well as what treatments are acceptable (Alegria et al, 2010). Additionally, because of their historic distrust of mental health professionals, some cultural groups are highly suspicious of mental health medications.

It is also developmentally typical for young people to want to fit in with their peers and taking medications has a potentially *stigmatizing* effect within the youth culture.

Finally some advocates in the recovery community have spoken out against over-medication and against the use of multiple medications, when there is insufficient information about possible interactions between drugs and about the long-term effects of taking multiple medications. Overall, we recommend fully informed consent for the use of any treatments with complete information about the benefits, risks, and possible side effects, of multiple options.

Slide 35: Behavioral Health Interventions

In general, studies have shown that a combination of medication and behavioral health therapy is most effective for many mental health conditions.

There are many behavioral health approaches and growing evidence of the effectiveness of some specific therapies. There is also evidence of the importance of common elements that they share, such as being based in a caring relationship and focused on promoting self-determination, skill-building for adult roles, and building social support.

There is also a need to recognize culturally specific approaches to treatment for young people in some ethnic communities, for example, interventions designed to support the development of positive cultural identity among Native American, African American, or Latino young people. For example, a Pathways team led by Terry Cross and Barbara Friesen is working to develop a practice-based evidence approach to working with Native American youth. We will discuss these issues further in Module 3 of this series.

Slide 36: Evidence-Supported Interventions

Many effective behavioral health therapies incorporate elements of **cognitive behavioral therapy** (CBT) which is a set of strategies designed to strengthen a person's control of her own emotions and behavior and develop cognitive skills. **Trauma informed care** has also emerged as an evidence-based approach to practice with a growing body of effectiveness research. We will address Trauma Informed Care (TIC) in depth in Module 6.

Other **evidence supported interventions or evidence-based practices** (sometimes called EBPs) include the following which appear on the reference list:

- The **Transition to Independence Program** or TIP model developed by Dr. Rusty Clark is a collaborative planning model of intervention to promote successful transitions to adulthood for youth with mental health disorders.

- **Motivational Interviewing**, which we described briefly in section 2, engages young people in collaboration to plan positive changes by strengthening their motivation for change.
- **Dialectical behavioral therapy**, an approach developed by therapist Marsha Linehan combines unconditional acceptance and distress tolerance with cognitive-behavioral and mindfulness strategies to treat conditions such as borderline personality disorder, anxiety disorders, and substance abuse.
- **Early assessment and support** is an effective intervention model developed by Patrick McGorry in Australia and replicated in some U.S. communities to treat first episode psychosis using intensive early intervention, medication, and multi-family psychoeducation groups.

We will examine evidence supported interventions in detail in Module 10. We will also discuss the evidence for culturally responsive interventions in Modules 3, 4, and 5 with attention to the needs of young people from some specific racial and ethnic communities.

Slide 37: Question

As a service provider, which aspects of taking medication you would discuss with a young person who is considering taking medication for his mental health condition?

- A. Benefits
- B. Risks
- C. Outcomes
- D. All of the above

Slide 38: Shared Decision Making

In the final section of this module we will consider the collaborative nature of decision making, as young people make key decisions that will affect their health and mental health.

Slide 39: Shared Decision Making and Informed Consent

In thinking about shared decision making, a central concept is *INFORMED CONSENT*:

Young people can only give *Informed Consent* if they are of legal age to give consent and are involved in a discussion of potential risks, benefits and alternatives and have time to process and ask questions.

While state laws differ about the age at which youth may give permission for their own medical, mental health, and drug or alcohol treatment without parental consent, in Oregon and many other states, the age of consent is 14 years.

Providers are expected to involve parents or guardians of minors in treatment unless:

- The parent refuses involvement
- There are clear clinical indications to the contrary
- There is identified sexual abuse
- Or the minor has been emancipated or separated from parents for at least 90 days.

Slide 40: Involving Family or Peers in Decision Making

Having another person involved in planning treatment and making decisions gives the young person the benefit of a trusted ally listening to the details of information shared, assisting with formulating questions, and remembering the information to discuss later.

The rules of the Health Insurance Portability and Accountability Act (HIPPA) and the Family Educational Rights and Privacy Act (FERPA) define limits on the communication of health information. However, it is often helpful for family members to be informed about a young person's mental health condition and course of treatment. These laws do not prohibit disclosure when the safety of the young person is at risk. In risk situations, the safety of the young person supersedes the concern for privacy.

If a service provider talks with a young person about the pros and cons of sharing information with a parent or trusted peer support person, that young person may decide that such sharing would be helpful.

Slide 41: Practice Suggestions

Based on our research and experience, we recommend that you:

- Expect and prepare for fluctuations in young people's acceptance of medication and other treatments, depending on what is going on in their lives and how they feel.
- Incorporate family and peer support through fostering and sustaining ongoing communication and alliances between family members, positive peers, and young people.
- Sustain an open dialog with young people regarding their experiences with wellness strategies. Specifically, you can inquire what they are doing to maintain wellness, what is working well or not so well, and what changes they want to make.
- Encourage young people's full participation in treatment decision-making by asking their opinions. You can also help them to prepare their questions for medical or psychiatric consultations, share their experiences, and assert their preferences.

As Martin noted in the last video segment, some service providers have tended to doubt youth competency to be involved in decisions, but we believe that treatments will be more successful if youth participate and feel committed.

Slide 42. Question

In your opinion what are the **two** most important reasons for a young person to involve a parent or peer support person in the process of making treatment decisions? Please check your two top reasons.

- A. To help weigh the risks and benefits of treatment approaches
- B. To provide emotional support during a challenging time.
- C. To help gather information for later discussion
- D. To ask questions that might help with the decision-making
- E. To have a trusted ally who understands the young person's mental health condition.

Slide 43: Resources

On this slide, we've provided a link to resources and information that you may find helpful in your work and we encourage you to share relevant items with youth, young adults, and families.

Slide 44: Next Module – Module 3: Increasing Cultural Awareness and Building Community Support

The next module will be the first in a three-part series on meeting the needs of diverse young people with serious mental health conditions. In module 3, increasing cultural awareness and building community support we explore the continuum of cultural awareness and development of cultural responsiveness in working with diverse young people, in particular with Native American young people. We suggest strategies for participants to build self-awareness and get past stereotypes and biases, and avoid micro-aggressions. Next, we introduce the diversity within and among Native American communities. We address issues affecting Native young people in their historical and community contexts, including oppression and trauma, and mental health disparities. We examine the processes for Native American young people to develop positive ethnic and cultural identities and the implications for developmentally appropriate services. Finally, we focus on the skills needed to address oppression and trauma and to build support for young people from families, peers, and mentors in the Native American community.

Slide 44: Credits

We'd like to acknowledge and thank the people who contributed to the development of this module on promoting recovery.

Slide 45: Acknowledgements / Funders

The preparation of this module has been supported by funding from the National Institute of Disability and Rehabilitation Research and the Center for Mental Health Services.

Slide 46: You're Almost Done!

You have completed the content portion of Module 2. Now, you may take Module 2's quiz by checking the best answer to each of the following 10 questions. Participants who successfully complete this final part of the training will be able to print a certificate of completion.

Slide 47: Module 2 Quiz

Please complete each of the following 10 questions as part of your training experience. Please check the BEST answer for each question.

Participants who successfully complete this final part of the training will be able to print out a certificate of completion.

Slides 47-54: Module 2 Quiz**Slide 55: Certificate of Completion****Slide 56: List of Contributors**