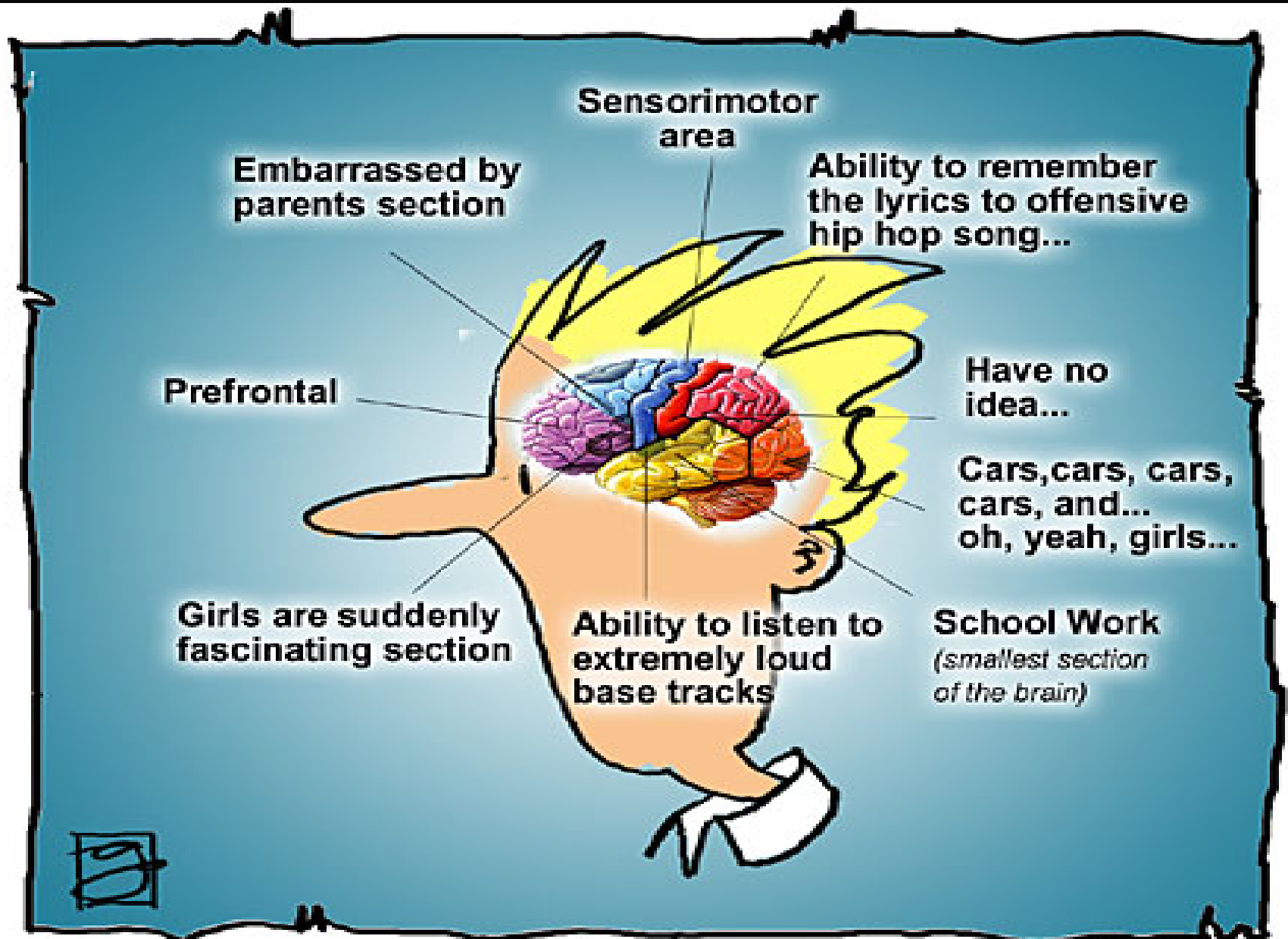


# Understanding Transition Age Youth and Talking Medications

San Mateo County  
Behavioral Health & Recovery Services  
TAY/Youth Workgroup  
CMHACY 2011



# Anatomy of a Teenager's Brain

# Looking at Newer Research

- “Responding to increasing awareness and concerns, the [MIT Young Adult Development Project](#) was created in 2005 to analyze, distill, and disseminate ... the powerful new research findings emerging about young adulthood,
- The findings shed light on the unique strengths and dramatic challenges for this extraordinary period.”

<http://hrweb.mit.edu/worklife/youngadult/>

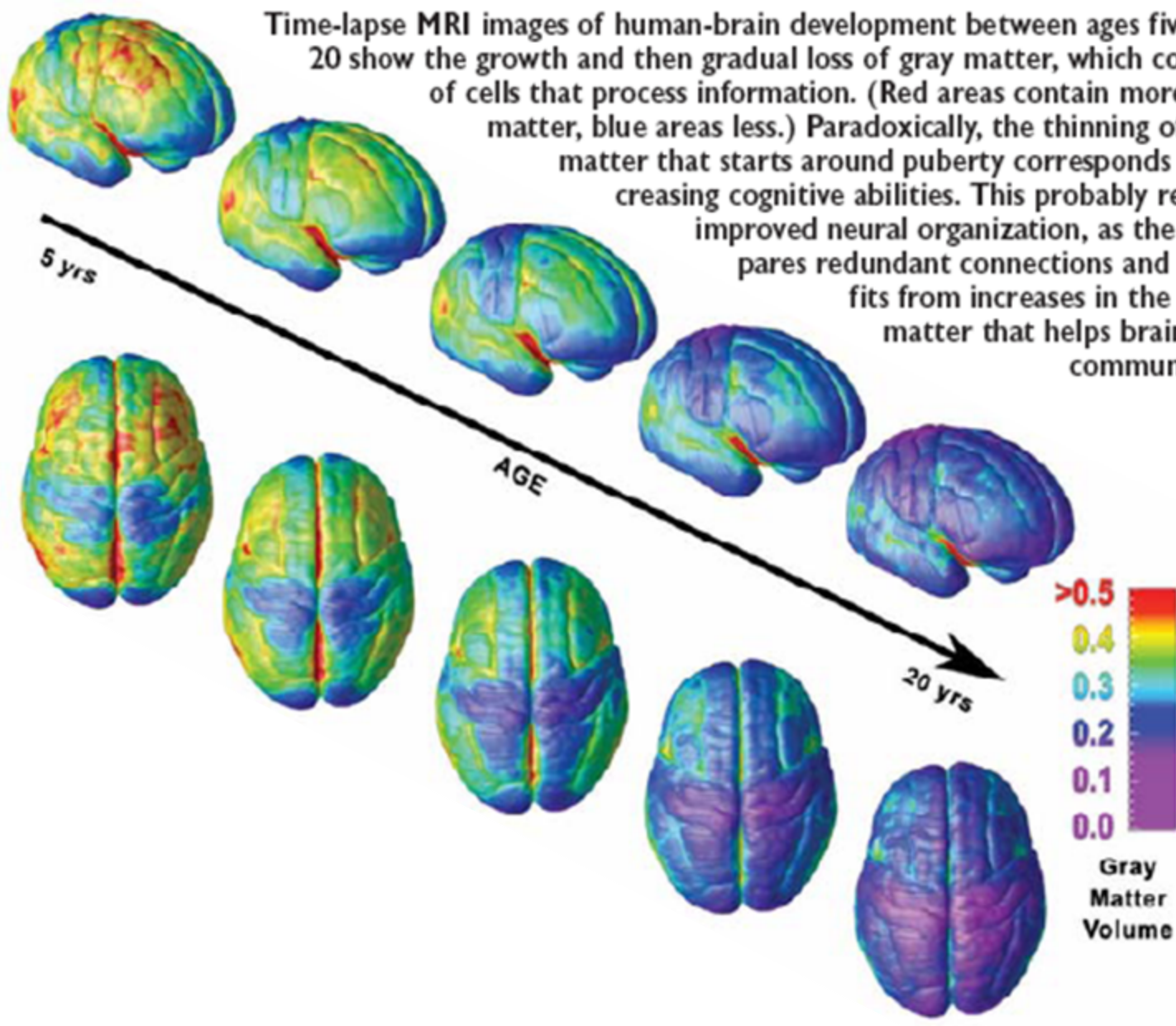
# Dr. Jay Giedd

*Neuroscientist at the National Institute of Mental Health*

- Adolescence produces a “2<sup>nd</sup> wave” of overproduction in brain (similar to infancy)
- Thickening of gray matter occurs just before puberty
  - Think: “a tree growing extra branches”
- With Young Adulthood comes Pruning
  - “Use it or lose it”
  - Cells that are used survive and flourish

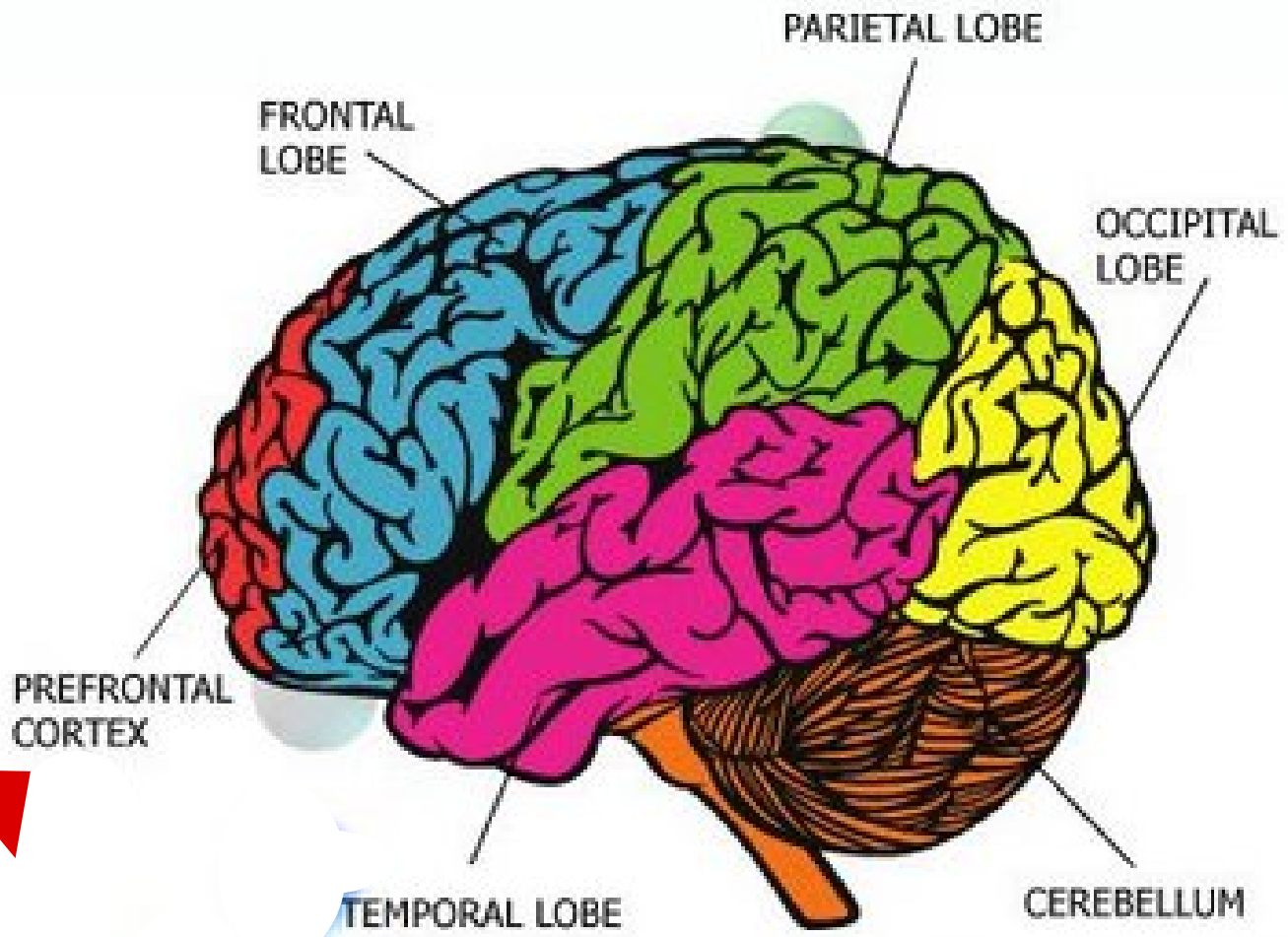
*“It's sort of unfair to expect them to have adult levels of organizational skills or decision making before their brain is finished being built...”*

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.



# What we now know:

- Brain doesn't reach full development until **Mid-20's**
- **Pre-Frontal Cortex** is one of **the last** regions to develop; responsible for executive decisions:
  - Planning
  - Prioritizing
  - Problem solving
  - Attention management
  - Controlling impulses
  - Emotional regulation
  - Weighing consequences of actions
  - Self evaluation



# 20's and Beyond

- As a number of researchers have put it,  
“the Rental Car Companies have it right:

The brain isn't fully mature at 16, when we are allowed to drive;

or at 18, when we are allowed to vote;

or at 21, when we are allowed to drink;

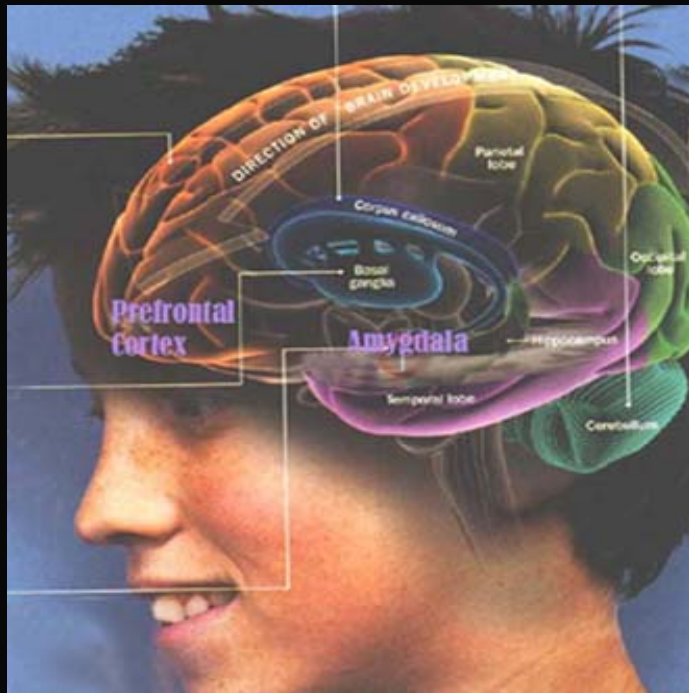
but **closer to 25**, when we are allowed to rent a car.”

# INDIVIDUAL VARIATION

- Age, education, gender
- Abuse, neglect, trauma
- Race, ethnicity, sexual identity
- Temperament
- Family background, parenting style
- Illness: (Physical, Mental)
- Learning disabilities
- Substance abuse
- Areas of concentrated interest
- Cultural background

“A large and relatively new body of research is revealing that **young adulthood is a time of dramatic change** in basic thinking structures in the brain...

Inside that confined space, **a great transformation is under way**. An adolescent who outwardly appears disorganized and inconsistent is actually undergoing important physical changes...



When teens enter young adulthood, their thinking capacities, relationship skills, and ability to regulate emotions **are unlikely to be at a developmental level where they can cope easily with the demands...**”

- MIT Young Adult Project

San Mateo County BHRS: [mfullerton@co.sanmateo.ca.us](mailto:mfullerton@co.sanmateo.ca.us)

# Harm Reduction Principles

1. Accepts that licit and illicit drug use is part of our world and **chooses to work to minimize its harmful effects** rather than simply ignore or condemn it. (*compassionate pragmatism instead of moral idealism*)
2. Understands drug use as a complex, multi-faceted phenomenon that encompasses **a continuum of behaviors** from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
3. Establishes **quality of individual and community life** and well-being--not necessarily cessation of all drug use--as the criteria for successful interventions and policies.
4. Calls for the **non-judgmental, non-coercive** provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

# Harm Reduction Principles

5. Ensures that drug users and those with a history of drug use routinely **have a real voice** in the creation of programs and policies designed to serve them.
6. Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to **empower users to share information and support** each other in strategies which meet their actual conditions of use
7. Recognizes that the realities of **poverty, class, racism, social isolation, past trauma, sex-based discrimination** and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
8. Does not attempt to minimize or ignore the **real and tragic harm and danger** associated with licit and illicit drug use.

# Appreciating the Needs of TAY



*Respect ~ Unity ~ Dignity ~ Acceptance*

# TAY Scenario

William, a 19 year old male, is experiencing psychotic symptoms including paranoia and hearing voices.

He says he is using marijuana and does not want to take psychotropic meds. He would like to get a job and eventually move out of his family home.

# *What do you do?*

1. Tell him he can't get services until he passes a urine test
2. Refer him to a substance use program
3. Add a goal to his treatment plan of abstinence and medication compliance
4. Acknowledge that experimenting with drugs is a developmental phase (“*He'll grow out of it*”) and continue working on other treatment goals

# Motivational Interviewing Principles

- Principle # 1: **Express Empathy**

*Shows acceptance and increases the chance of the counselor and participant developing a rapport.*

- Acceptance enhances self-esteem and facilitates change.
- Skillful reflective listening is fundamental.
- Participant ambivalence is normal.

- Principle # 2: **Develop Discrepancy**

*Enables client to see how present situation does not necessarily fit into values and what they would like in the future.*

- The client (rather than counselor) should present arguments for change.
- Change is motivated by a perceived discrepancy between present behavior and important personal goals and values.

# Motivational Interviewing Principles Cont.

## Principle # 3: **Roll with Resistance**

*Prevents a breakdown in communication between client and counselor and allows client to explore own views.*

- Avoid arguing for change.
- Do not directly oppose resistance.
- New perspectives are offered but not imposed.
- The client is a primary resource in finding answers and solutions.
- **Resistance is a signal for the counselor to respond differently.**

## Principle # 4: **Support Self-efficacy**

*Crucial component to facilitating change. If client believes they have the ability to change, the likelihood of change occurring is greatly increased.*

- A person's belief in the possibility of change is an important motivator.
- The client, not counselor, is responsible for choosing and carrying out change.
- The counselor's own belief in client's ability to change becomes self-fulfilling prophecy.

# Using What We've Learned

## Clinical Case Management involves:

- Engagement of the patient
- Assessment
- Planning
- Linkage with resources
- Consultation with families
- Collaboration with psychiatrists
- Patient psychoeducation
- Crisis intervention

Clinical Case Management: Definition, Principles, Components,  
Joel Kanter, Hosp Community Psychiatry, April 1989.

# Groups Adapted for TAY

- Seeking Safety
- Dialectical Behavior Therapy
- Digital Storytelling
- Yoga
- GLBTQQI
- Aikido

# TAY System Issues

- Develop a single point of entry for TAY services (Youth Transition Assessment Committee)
- Participate in leadership meetings in both the youth and adult systems of care
- Develop positive relationships with other treatment providers (e.g. psychiatrists, vocational counselors) to increase sensitivity to TAY issues and create future allies

*There's never a dull moment -  
so enjoy the ride!*

# San Mateo County Behavioral Health & Recovery Services Presentation speakers:

- Deval Shah, MD
  - Child, Adolescent, Adult Psychiatrist with San Mateo County BHRS
- Mary Taylor Fullerton, MFT
  - Co-Occurring Program Specialist with San Mateo County BHRS
- Doug Fong, MFT
  - Youth to Adult Transition Program with San Mateo County BHRS
- Katie Scherrman
  - Director of Youth Programs with Caminar Inc., Young Adult Independent Living Program (YAIL)
  - Two Transitional Age Youth from YAIL program