

Recovery Workforce Summit: 2015 Annual Conference



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Psychiatric
Rehabilitation
Association



Psychiatric
Rehabilitation
Foundation



Pennsylvania
Association of
Psychiatric
Rehabilitation
Services

Barriers, Supports, and Innovative Services from the Perspectives of Transition Age Youth and Service Providers

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Philadelphia, PA., June 2015

The State of Recovery in the World of Psychiatric Rehabilitation

Acknowledgements

The Transitions RTC aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions who are trying to successfully complete their schooling and training and move into rewarding work lives. We are located at the University of Massachusetts Medical School, Worcester, MA, Department of Psychiatry, Systems & Psychosocial Advances Research Center.

Visit us at:

<http://labs.umassmed.edu/transitionsRTC/index.htm>

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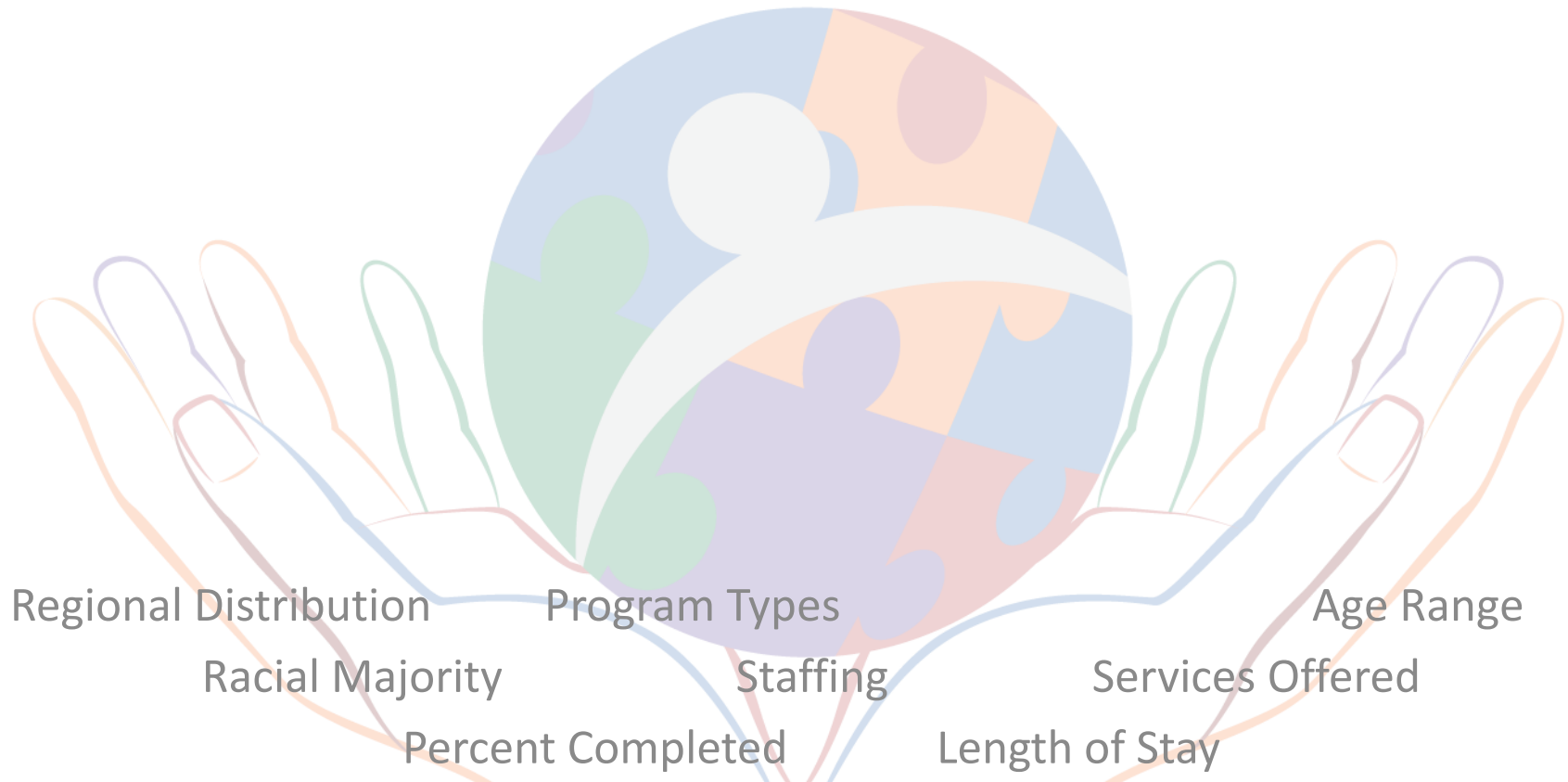
Survey of Innovative Practices

Method

- Nominations of Programs
- Internet Survey
- Semi-structured telephone interviews
- Audio-transcripts
- Open coding using NVivo
- Three person team consensus on first order and second order constructs
- Categorization of codes into Kohler “Taxonomy”¹

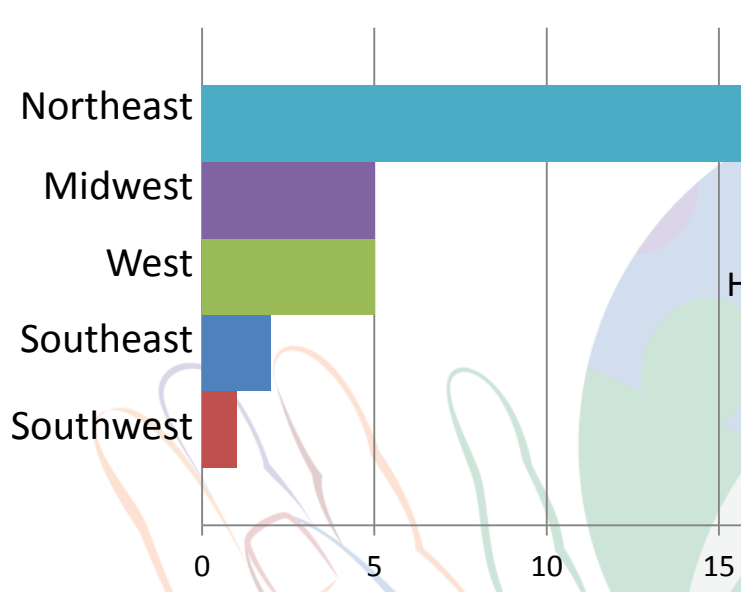
¹Kohler,P. “Taxonomy for Transition Programming”. Champaign: University of Illinois

PROGRAM CHARACTERISTICS



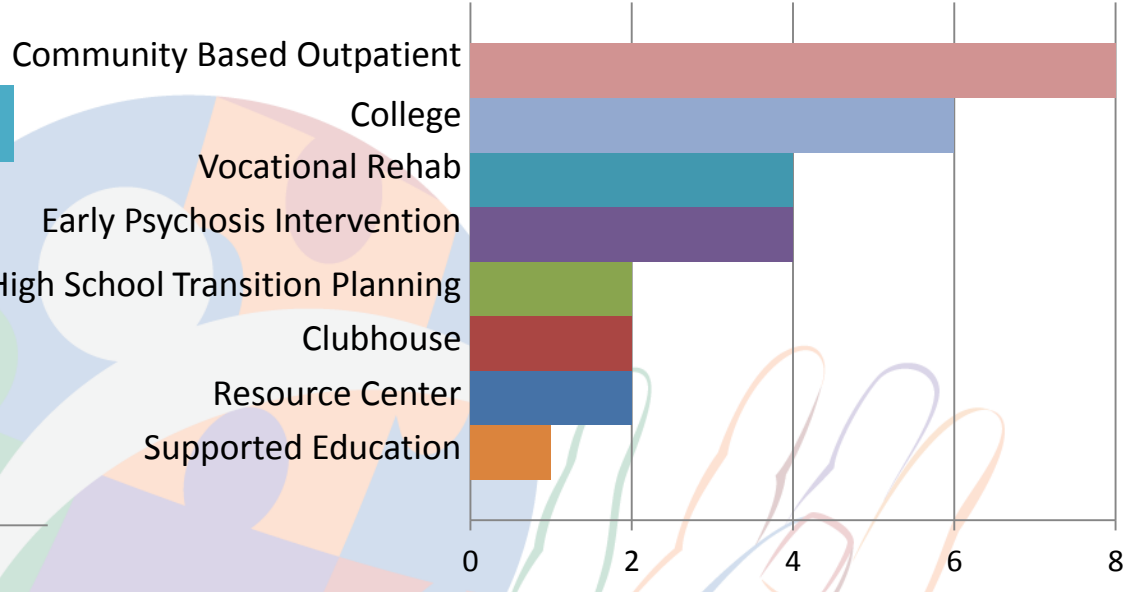
Regional Distribution

N = 29



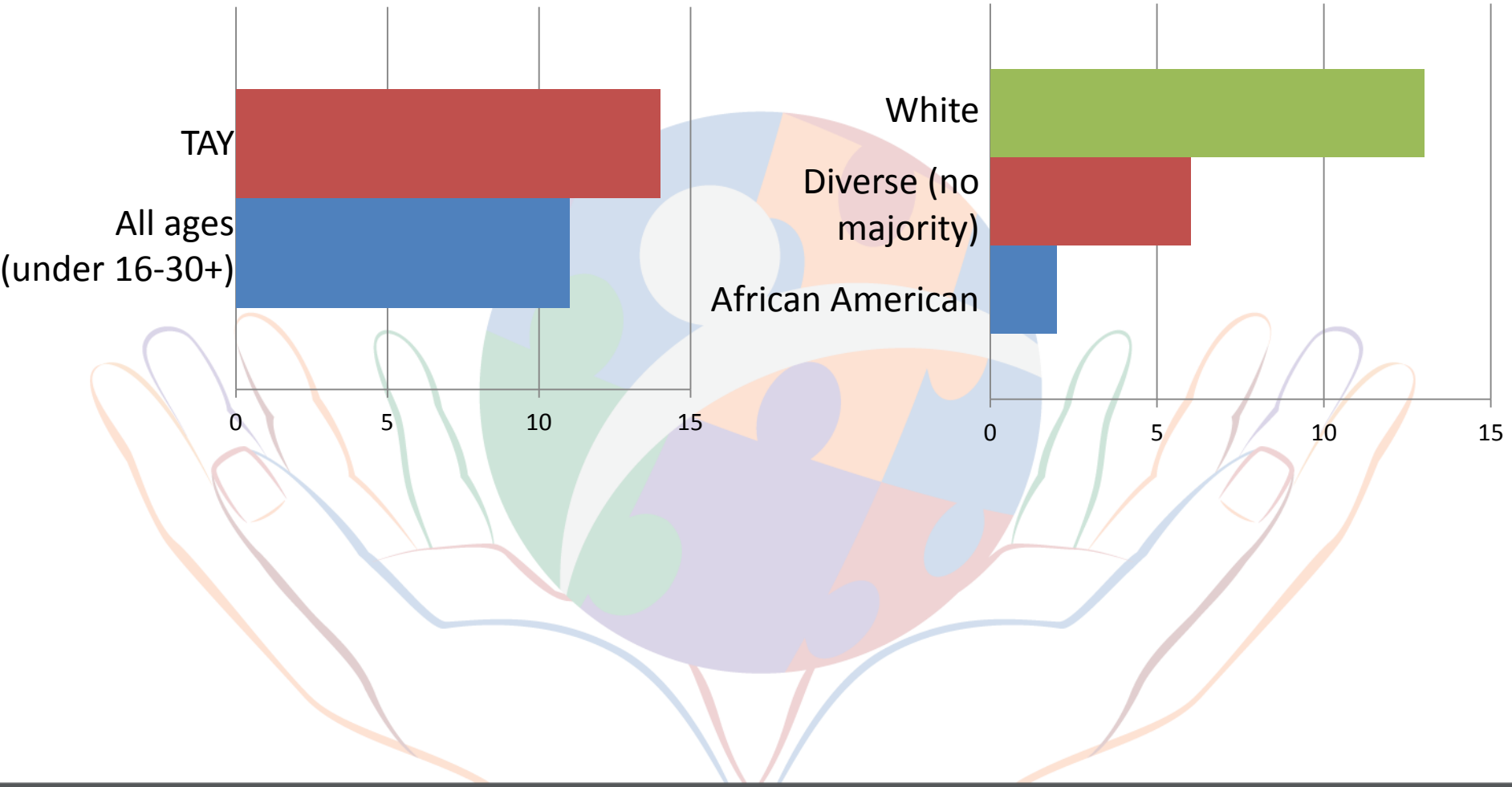
Program Types

N = 29

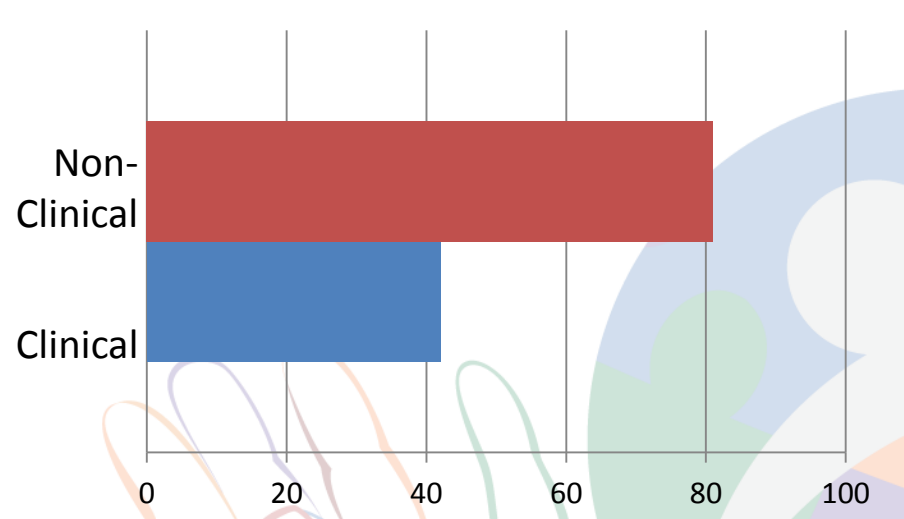


Age Range N = 25

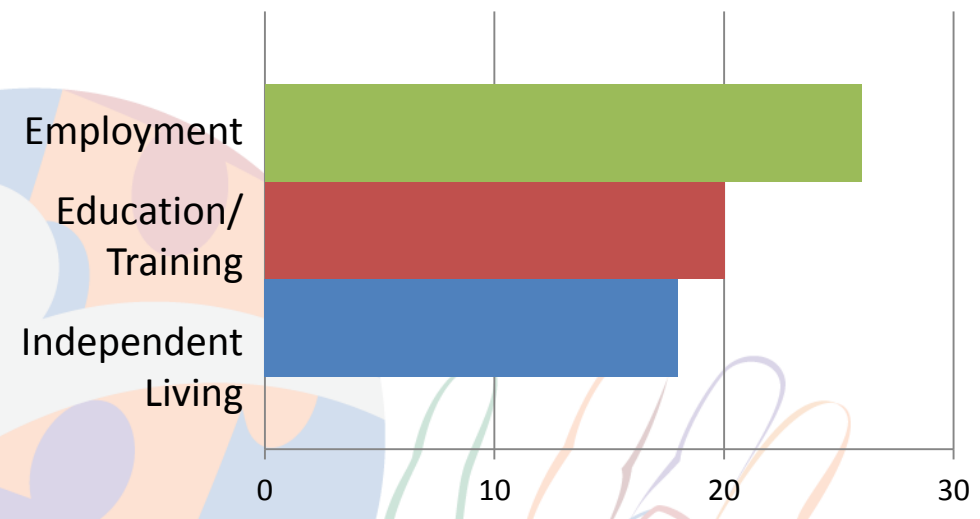
Racial Majority N = 21



Staffing
N = 123

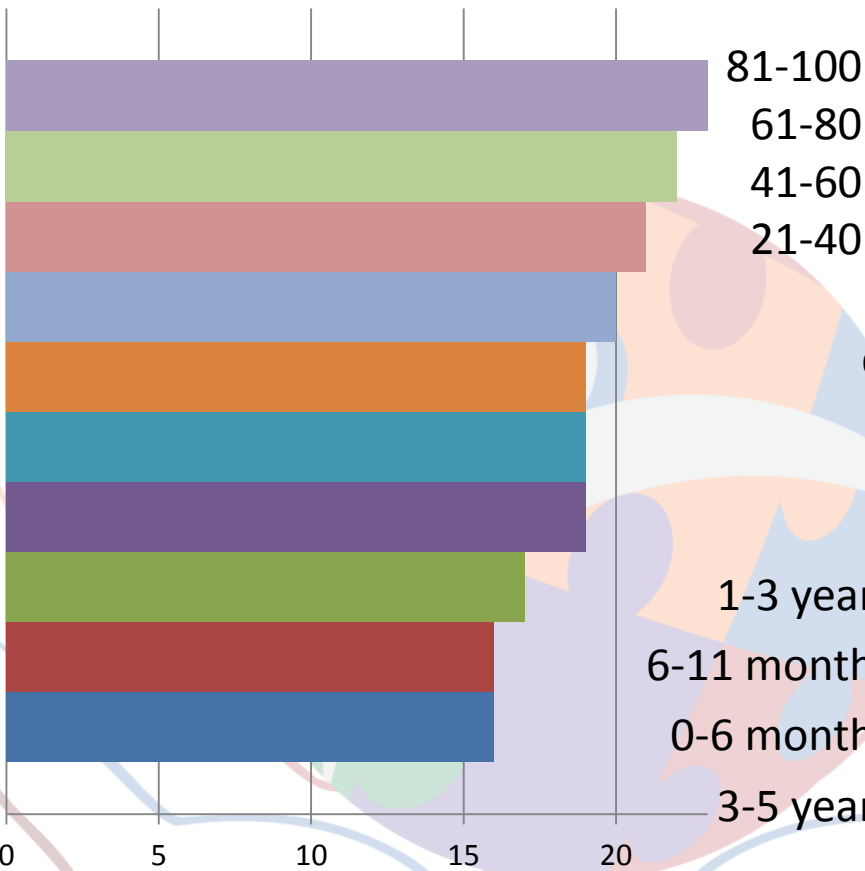


Staffing: Transition Domains
N = 64



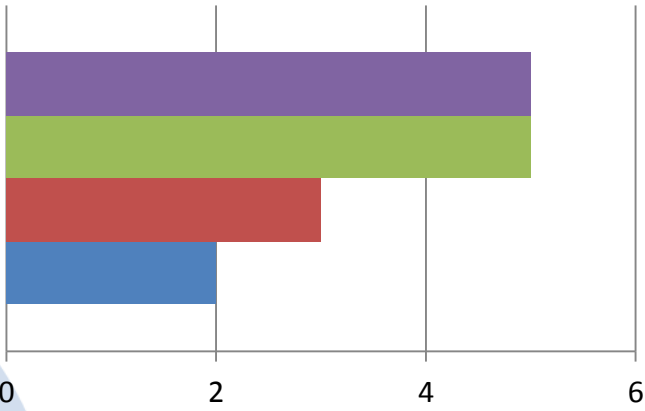
Services Offered
 N = 29

- Mental Health
- Career Counseling
- Supported Employment
- Vocational Rehab
- Ed. Support Services
- Advocacy
- Peer Support
- Job Placement
- Independent Living
- Substance Abuse Counseling



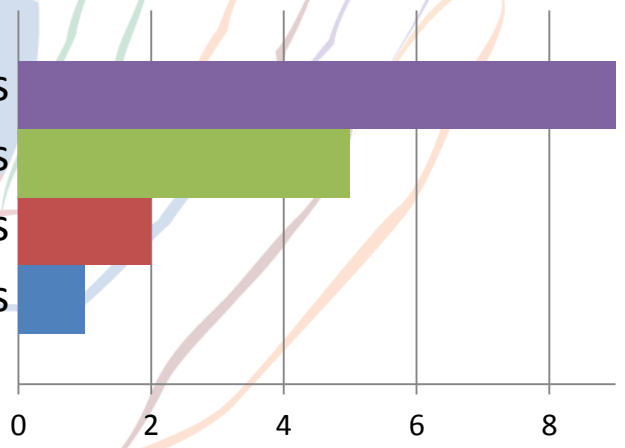
Percent Completed
 N = 15

- 81-100
- 61-80
- 41-60
- 21-40



Length of Stay
 N = 17

- 1-3 years
- 6-11 months
- 0-6 months
- 3-5 years



Barriers

- Barriers Related to Psychiatric Disability
 - Denial
 - Distrust
 - Lack of Self-Confidence
 - Stigma & Discrimination
 - Substance Abuse
- Financial
- Interpersonal
- Systemic & Structural
- Transportation

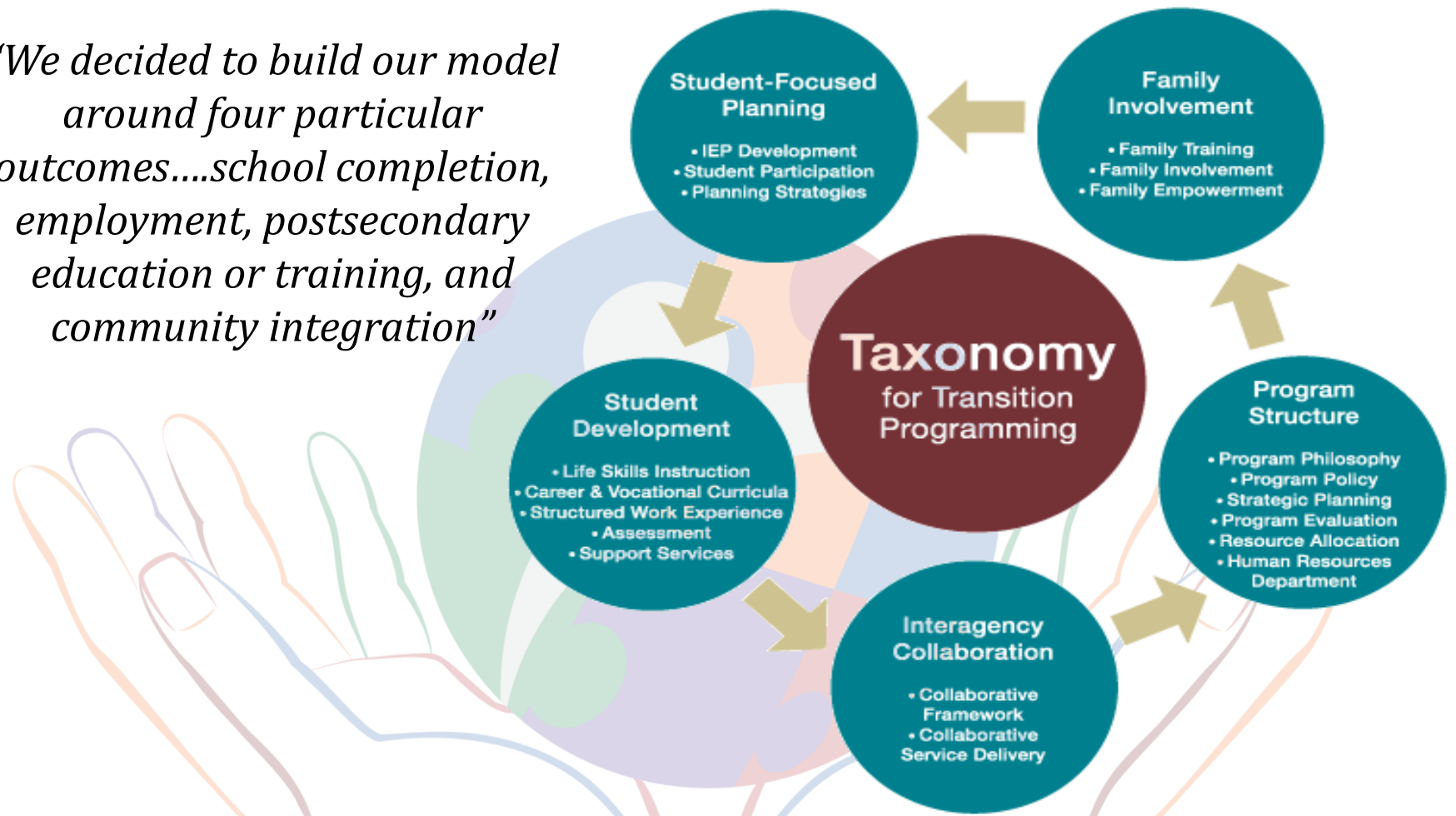


APPLICATION OF KOHLER TAXONOMY – “AXIAL CODES”



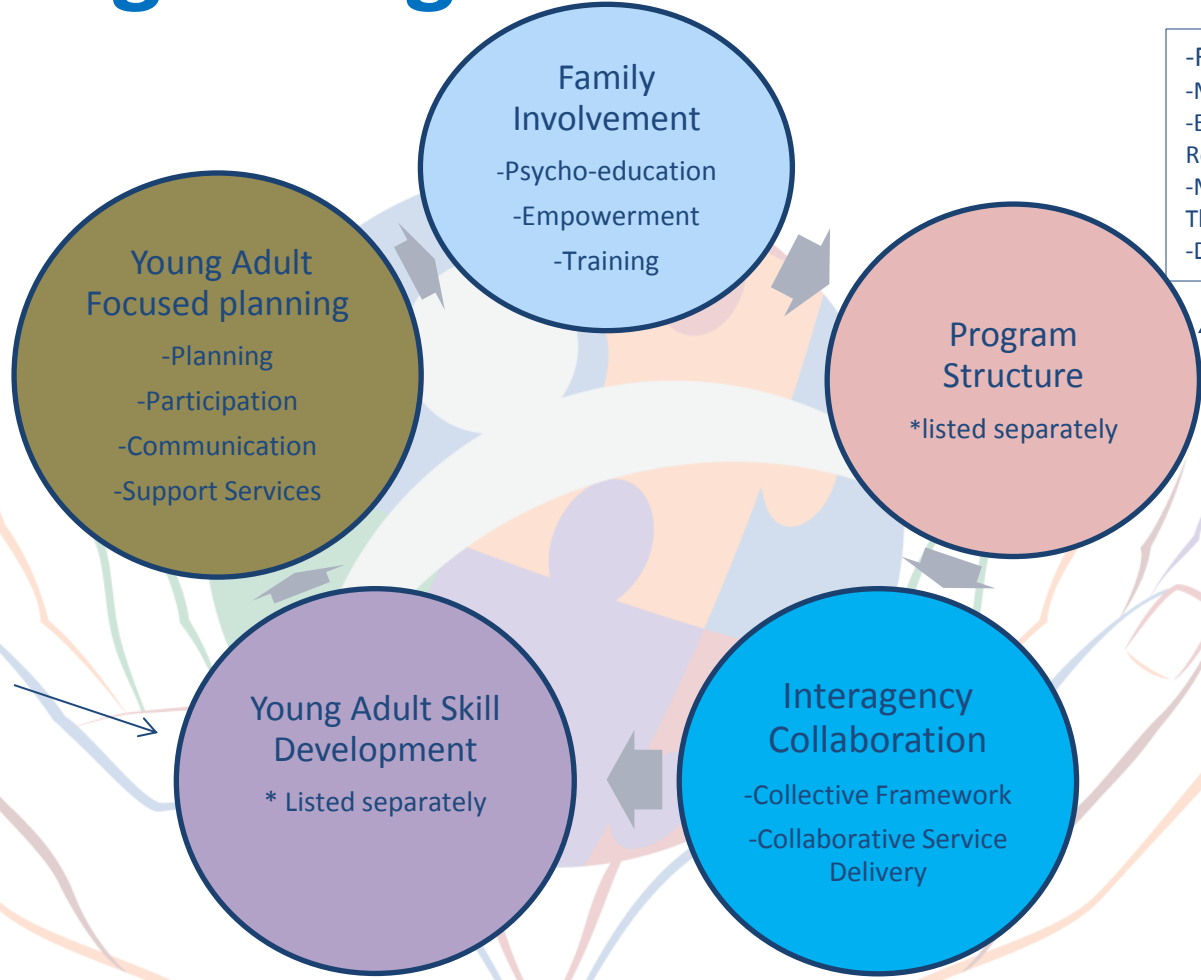
Taxonomy¹

“We decided to build our model around four particular outcomes....school completion, employment, postsecondary education or training, and community integration”



¹Kohler,P. “Taxonomy for Transition Programming”. Champaign: University of Illinois

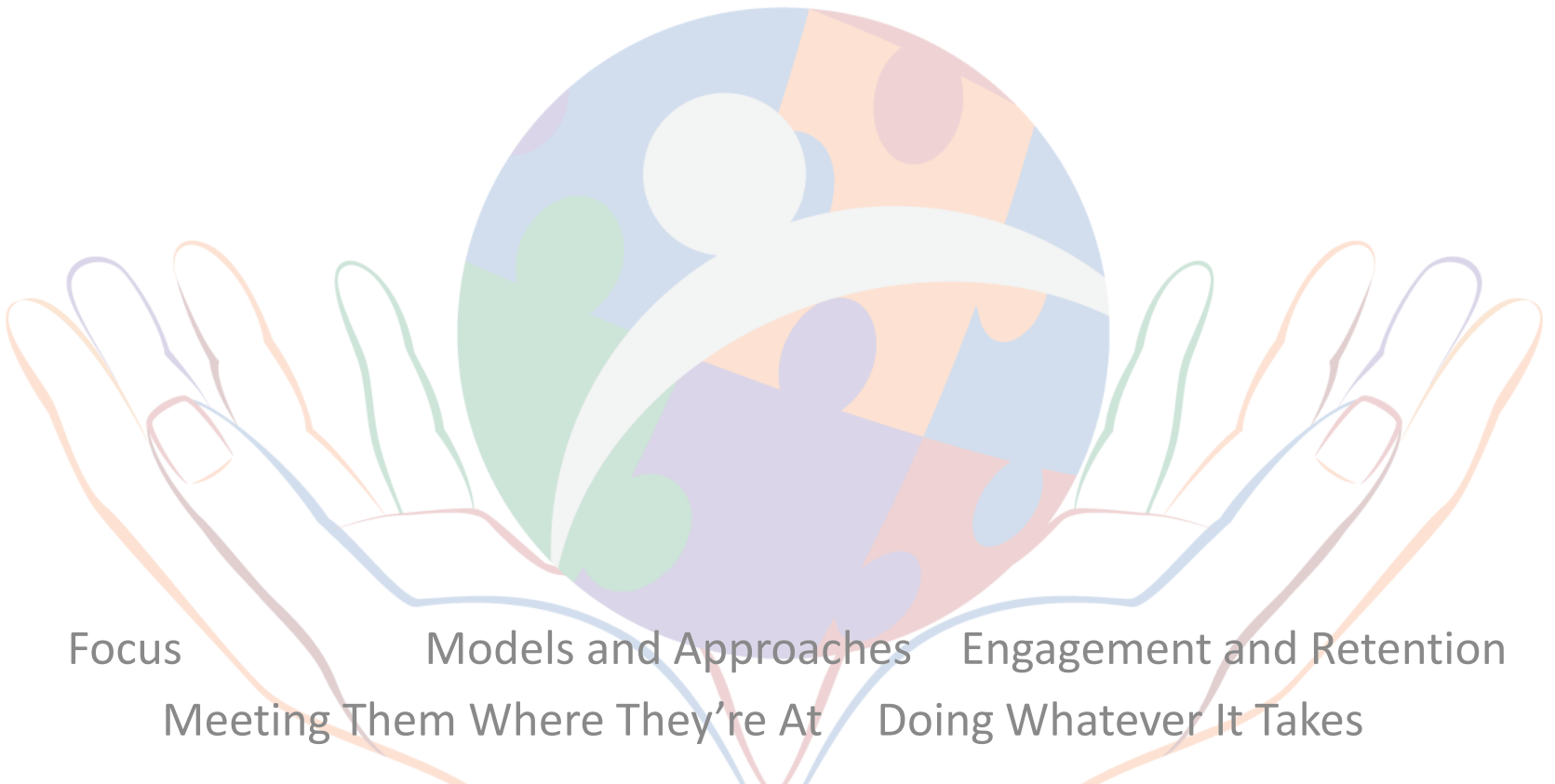
Taxonomy Adapted to Programs Serving Young Adults with SMHC



-Focus
 -Models and Approaches
 -Engagement and Retention
 -Meeting Them Where They're At
 -Doing Whatever It Takes

-Life Skills
 -Employment Skills
 -Education and Training
 -Psycho-Education
 -Social Aspects

PROGRAM STRUCTURE



Focus

Models and Approaches

Engagement and Retention

Meeting Them Where They're At

Doing Whatever It Takes

Focus

- Educational and vocational supports
- High school completion, post-secondary training, post-secondary retention
- Early intervention and prevention for the early signs of psychosis
- Social goals
- Related independent living supports (housing, transportation, food/nutrition, laundry)
- Recovery and community integration

Models and Approaches

- A Unique Population/Transition tasks
- Transition to Independence Process (TIP)
- Individual Placement and Support (IPS)
- Supported Education
- Student Support Network (SSN at Worcester Polytechnic Institute)



Engagement and Retention

- Build relationships (trusting, genuine, and understanding)
- Service flexibility for no shows or gaps
- Goal focus
- Assertive outreach – in the community; gentle but proactive
- Non-treatment environment
- Younger staff, connection with youth culture, willingness to engage with social media, ability to text

“It’s a matter of doing everything you can within your own network ... finding friends, calling ... going to a place where you think they might have been last employed. So the idea is, I basically say to them, it’s like you really should know what they had for breakfast. So the idea is to really keep them engaged.”

Meeting Them Where They're At

- Literally, service provision in the community, mall, home, school
"Meet them where they're at, on their terms, as often as you need to."
- Figuratively, responding to their felt needs and goals at that time
- Varying intensity of services according to need

"We've had people who were literally unwilling to come out of their room, in fact we had one fellow who was literally in his closet, and we did a series of home visits and we have communicated with people using sticky notes...we're about as flexible as we can be"

Doing Whatever It Takes (Hands-on Support)

- Complete service flexibility
- Providing direct assistance



“Soup to nuts is a very non-professional grouping or classification of what we do ... we do whatever it takes basically, whatever the kid needs.”

YOUNG ADULT FOCUSED PLANNING



Planning

Participation

Communication

Supports

Planning

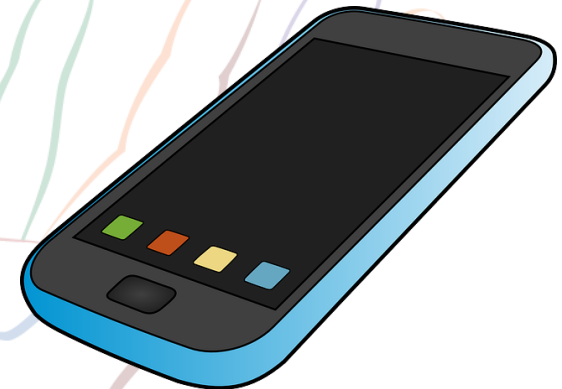
- Plan Development
 - Functional Orientation
 - Person Beyond Diagnosis
 - Client Centered
 - Individualization
 - Participant goal driven
 - Strengths Based

“I can’t tell you how many times I’ve sat in my chair and listened to sordid sexual stories of the weekend, from the women in the program... they fill me in on every little detail, and I try to pretend like it’s no big deal... I don’t even want to think about it... so I think we don’t focus on their deficits, we don’t focus on their disability and their disease.”

Participation and Communication

- Youth Voice/Empowerment
- Participant Administrative Involvement
- Participant Communication

“You can call them all day long and not get a response, but if you text, they get right back to you- they don’t like getting on the phone to talk ... [The communication] looks like anything, anytime, anywhere.”



Support Services

- Accommodations
- Motivational Enhancement
- Therapy
- Peer Support / Peer Mentors

“A visitor asked one of the (peer) members why the group was so important, and the member of the group said, ‘well let me put it this way. So I came in a while ago and I had shaved off my eyebrows, and this other person said ‘hey dude, what’s with the eyebrows’ and my response was ‘psychosis’ and [the other guy said], ‘oh cool.’ It’s like ‘okay so you shaved your eyebrows cause you got psychotic, I get it, it’s not a problem.’ “

Other Support Services

- Substance use counseling
- Crises planning
- Housing, residential services
- Daily living needs (child care, transportation)



FAMILY INVOLVEMENT



Family Involvement

- Psycho-Education
 - Learning about mental illness
 - Illness Management
- Getting Benefits
 - Health Insurance



“I would really emphasize again that you have to work with families; there’s no way to do this work without working with families.”

YOUNG ADULT SKILL DEVELOPMENT



Life Skills

Employment Skills

Education and Training

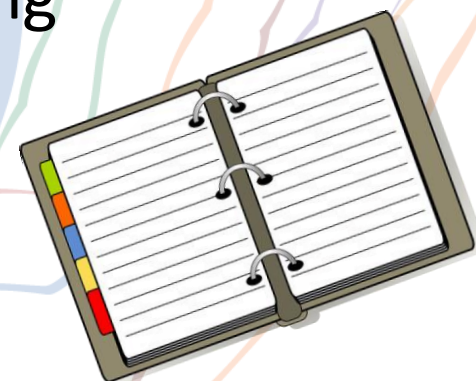
Psycho-Education

Social Aspects

Life Skills

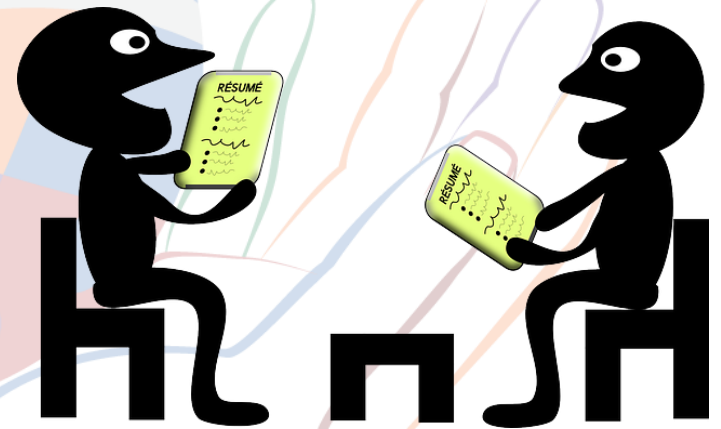
- Skill Building
 - Coping skills
 - Financial skills
 - Executive functioning
 - Time management and calendaring
 - Self-Advocacy
- Disclosure

“ You went from high school to college – no one ever told you that there was something called an agenda, and that you can put all your assignments in it, and help you map out your time.”

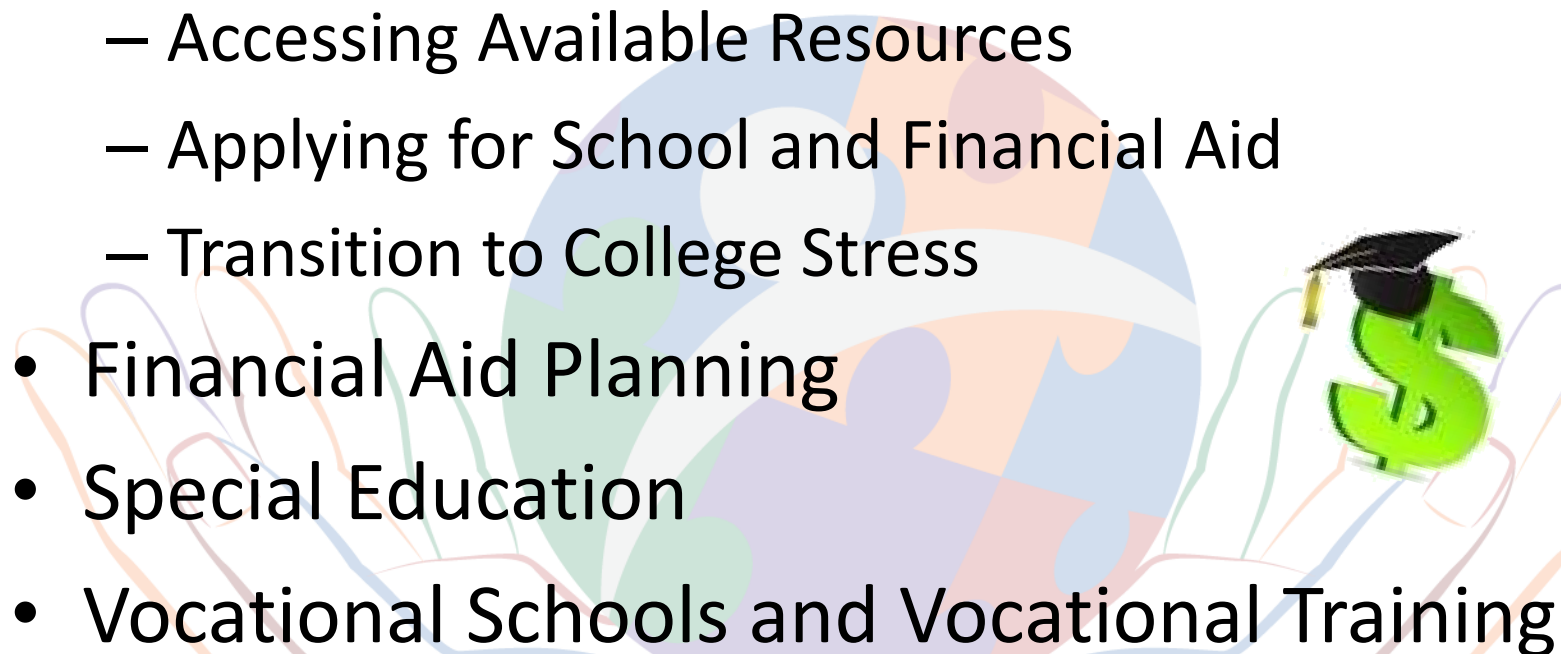


Employment Skills

- Interview Experience
- Work Behavior and Skills
- Structured Work Experience
 - Internships
 - Supported Employment
 - Job Coaching



Education and Training

- Education Skills
 - Accessing Available Resources
 - Applying for School and Financial Aid
 - Transition to College Stress
 - Financial Aid Planning
 - Special Education
 - Vocational Schools and Vocational Training
- 
- A stylized illustration of a globe with colorful segments (blue, orange, green, purple) is held in two hands. A green dollar sign with a black graduation cap is positioned to the right of the globe, symbolizing the intersection of education and financial aid.

Psycho-Education

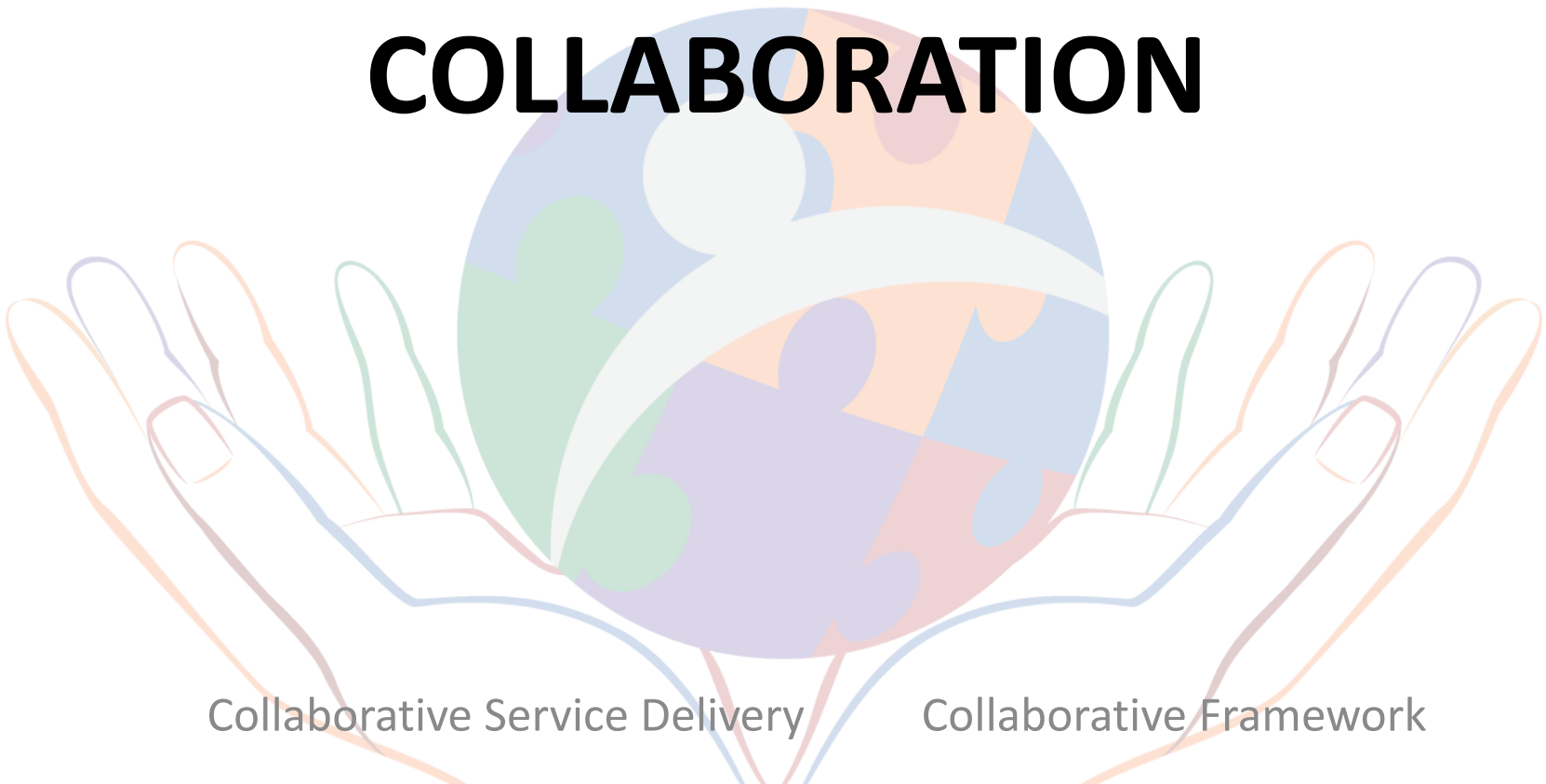
- Help youth understand their diagnosis
- Managing symptoms
- Treatment options (medications) and dealing with providers

Social Aspects

- Youth groups and networks
- Social/Recreational activities
- Inter-personal Skills



INTER-AGENCY COLLABORATION

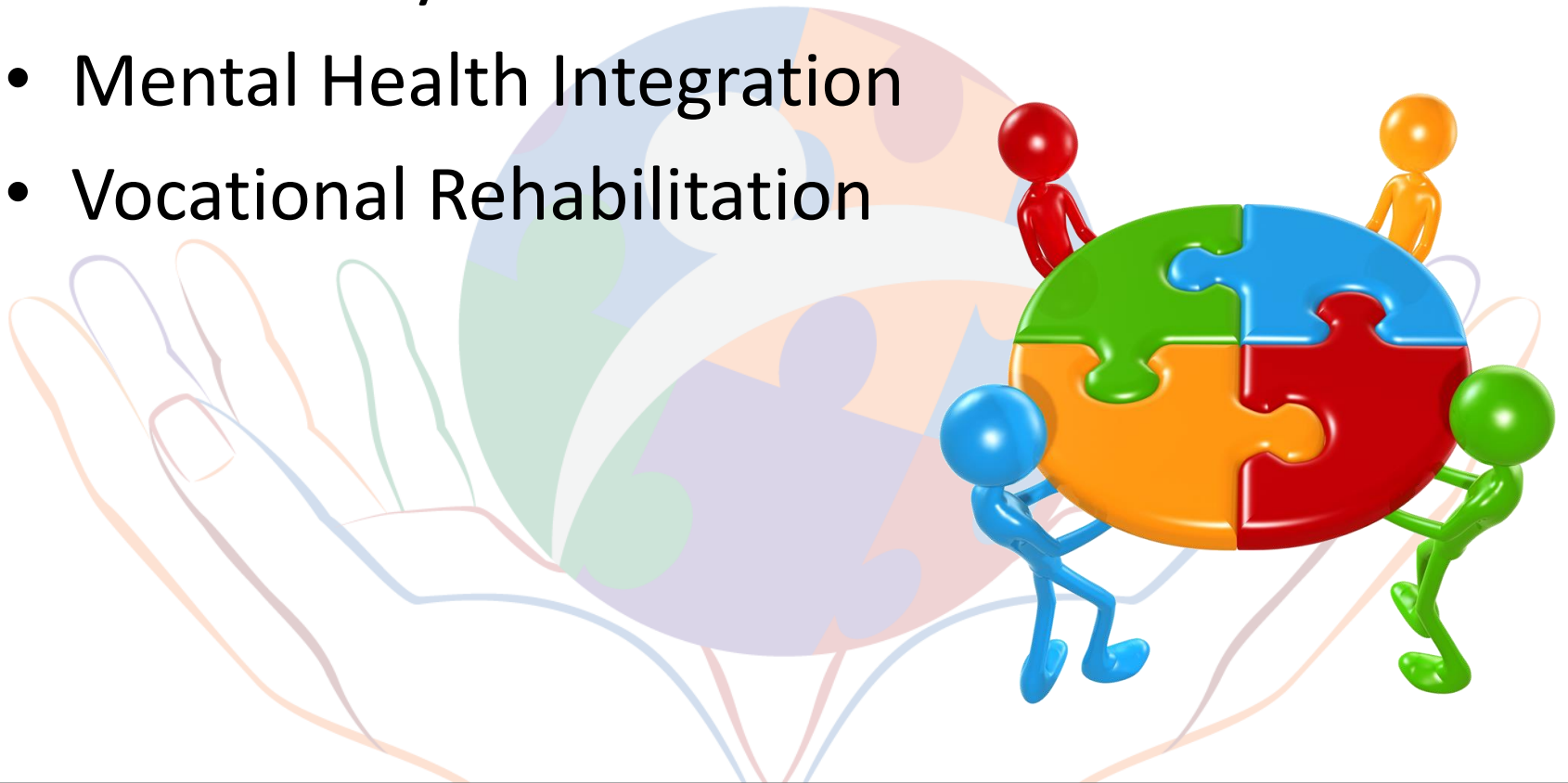


Collaborative Service Delivery

Collaborative Framework

Collaborative Service Delivery and Framework

- Community Connections
- Mental Health Integration
- Vocational Rehabilitation



CONCLUSIONS

For more information on:

the Survey of Innovative Practices contact:

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