

Young Adults in Transition Case Management 101

Mrs. Ashley Roby

Common Behavioral Health Challenges for Youth and Young People

**OPPOSITIONAL DEFIANT
DISORDER**

ADJUSTMENT DISORDER

**ATTENTION DEFICIT/
HYPERACTIVITY DISORDER
(ADHD)**

MAJOR DEPRESSION DISORDER

CONDUCT DISORDER

ANXIETY DISORDER

**OBSESSIVE COMPULSIVE
DISORDER**

BIPOLAR DISORDER

**BORDERLINE PERSONALITY
DISORDER (BPD)**

• **SCHIZOPHRENIA**

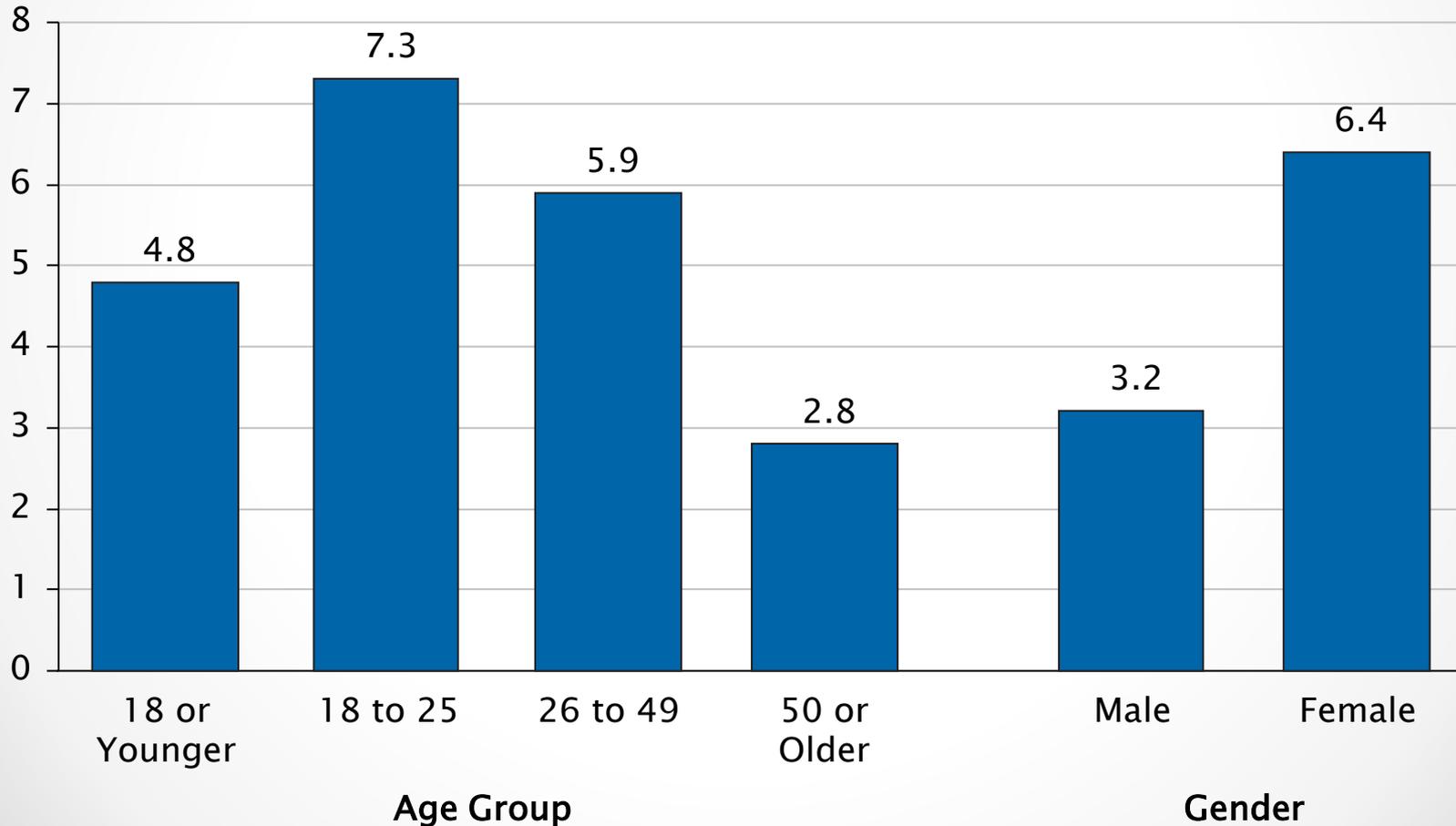


SAMHSA National Survey

Any Mental Illness in the Past Year Among Adults (18+)

By Age and Gender

Percent with **Serious** Mental Illness (SMI) in the Past Year

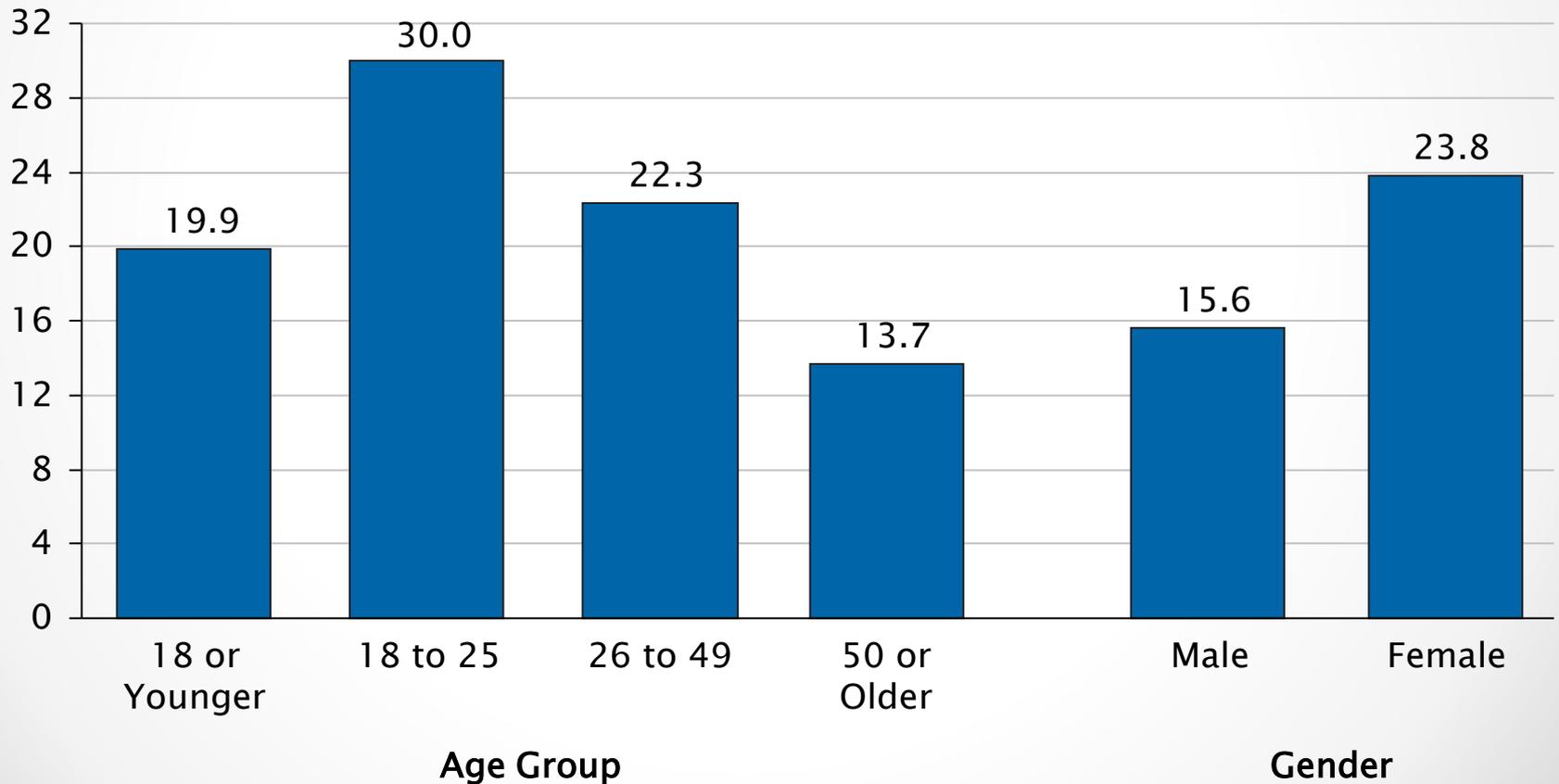


SAMHSA National Survey

Any Mental Illness in the Past Year Among Adults (18+),

By Age and Gender

Percent with **Any** Mental Illness in the Past Year (2009)



MENTAL HEALTH DISORDERS	SYMPTOMS/ BEHAVIORS	ASSOCIATED ISSUES OR CHARACTERISTICS
OPPOSITIONAL DEFIANT DISORDER (ODD)	Difficulty or conflict with other people; Disobedient; Lose temper; Argue with adults; Refuse to follow rules; Annoy others; Blame others for their mistakes, Angry.	Consistently in conflict with others. Need to be evaluated for possible learning disabilities.

MENTAL HEALTH DISORDERS	SYMPTOMS/ BEHAVIORS	ASSOCIATED ISSUES OR CHARACTERISTICS
<p>ADJUSTMENT DISORDER (AD)</p>	<p>Reduced productivity – decline in school performance.</p> <p>Somatic complaints – headaches, stomachaches.</p> <p>Social maladaptation- truancy, violations of the rights of others, destruction of property.</p>	<p>They occur equally in males and females.</p> <p>Reaction to the stressor seems to be in excess of a normal reaction.</p> <p>Adolescent symptoms of adjustment disorders are more behavioral such as acting out.</p> <p>Associated with higher risk of attempted as well as completed suicide.</p>

MENTAL HEALTH DISORDERS	SYMPTOMS/ BEHAVIORS	ASSOCIATED ISSUES OR CHARACTERISTICS
ATTENTION DEFICIT/ HYPERACTIVITY DISORDER (ADHD)	<p>TWO CORE CATEGORIES:</p> <ol style="list-style-type: none"> 1. Inattention (difficulties in sustaining attention, listening, following instructions, attending to details, forgetfulness, impaired organization, and 2. Hyperactivity/ impulsivity (squirming or fidgeting, running & climbing excessively, difficulty in playing quietly, talking excessively. 	<p>It's a developmental failure in brain circuitry; typically diagnosed in school years.</p> <p>Features of motor activity may diminish in late adolescence/early adulthood.</p> <p>Consistently found more often in males.</p> <p>Co-occurring associated with CD or Bipolar disorder predicts substance use in adolescence.</p> <p>Focus on immediate over delayed gratification may increase substance use risk.</p>

MENTAL HEALTH DISORDERS	SYMPTOMS/ BEHAVIORS	ASSOCIATED ISSUES OR CHARACTERISTICS
MAJOR DEPRESSION (MD)	<p>Sad or irritable mood;</p> <p>Changes in sleep, appetite, or body movement;</p> <p>Not interested in previous activities;</p> <p>Guilt or worthlessness;</p> <p>Decreased energy;</p> <p>Frequent thoughts of death or suicide;</p> <p>Difficulty in concentrating;</p> <p>Feeling like things are too much trouble or effort.</p>	<p>Rates of death by suicide, especially in early adolescence (ages 10-14) have increased in recent years.</p> <p>Lesbian and gay youth thought to be 2-6 times more likely to make a suicide attempt than other youth.</p> <p>Substance use may occur as an attempt to reduce or modify symptom experience or may be associated with peer group influences.</p>

MENTAL HEALTH DISORDERS	SYMPTOMS/ BEHAVIORS	ASSOCIATED ISSUES OR CHARACTERISTICS
CONDUCT DISORDERS (CD)	<p> Aggression to people or animals; Destruction of property; Lying & theft; Serious rule violations; Bullying or intimidation; Initiation of fights; Tend to be loners. </p>	<p> Childhood onset (before age 10) have more aggression, family history of anti-social behavior, early temperamental difficulties. In males, more evidence of direct behaviors; in females, more relational or ‘indirect’ forms may be observed. Strong association with development of substance use disorders in adolescence. </p>

MENTAL HEALTH DISORDERS	SYMPTOMS/ BEHAVIORS	ASSOCIATED ISSUES OR CHARACTERISTICS
ANXIETY DOSORDER	Excessive fear; Worry about things before they happen; Uneasiness that interferes with their daily Lives; Physical complaints; Inability to relax; Lack of concentration; Frequent stomach aches, headaches, or other physical complaints; Irritability.	Found to frequently run in families. Can dramatically reduce productivity and significantly diminish an individual's quality of life.

MENTAL HEALTH DISORDERS	SYMPTOMS/ BEHAVIORS	ASSOCIATED ISSUES OR CHARACTERISTICS
OBSESSIVE COMPULSIVE DISORDER (OCD)	<p> Recurrent, unwanted thoughts (obsessions) </p> <p style="text-align: center;">or</p> <p> rituals (compulsions), which adolescents feel they cannot control. </p> <p> EX: hand washing, counting, checking, or cleaning. </p>	<p> OCD is often a chronic, relapsing illness. </p> <p> Begins in adolescence or early childhood. </p> <p> OCD is sometimes accompanied by depression, eating disorders, SA, ADHD, or other anxiety disorders. </p> <p> Adolescents may often feel shame and embarrassment about their OCD & fear it means they're crazy. </p> <p> Hesitant to talk about their thoughts or behaviors. </p>

MENTAL HEALTH DISORDERS	SYMPTOMS/ BEHAVIORS	ASSOCIATED ISSUES OR CHARACTERISTICS
BIPOLAR DISORDER	<p>Cycling of manic and depressive episodes.</p> <p>Manic symptoms include:</p> <ul style="list-style-type: none">Irritability & agitation;Sleep disturbance;Distractibility / impaired concentration;Grandiosity;Reckless behavior;Suicidal thoughts.	<p>Presentation in youth may be characterized by ‘very rapid, brief, recurrent episodes lasting hours to a few days;</p> <p>Early onset appears to have greater frequency in males;</p> <p>Stronger association with co-occurring SA, anxiety and CD than with bipolar depression.</p>

MENTAL HEALTH DISORDERS	SYMPTOMS/ BEHAVIORS	ASSOCIATED ISSUES OR CHARACTERISTICS
BORDERLINE PERSONALITY DISORDER (BPD)	<p> Intense anger; Persistent feelings of emptiness; Fears of abandonment; Always seem to be in a crisis; Disturbed thinking patterns; Tend to be rational & calm one moment, & then explode into inappropriate anger; Persistent unstable self-image; Self-damaging Impulsivity (spending, sex, binge eating); Repeated suicidal behavior; Self-mutilation. </p>	<p> Unstable personal relationships. BPD should be made with great care to this population due to personality of adolescents is still developing. Occurs in all races. Prevalent in females. Typically presents by late adolescence. A combination of disruptive behavioral problems, mood & anxiety symptoms, and cognitive symptoms. </p>

MENTAL HEALTH DISORDERS	SYMPTOMS/ BEHAVIORS	ASSOCIATED ISSUES OR CHARACTERISTICS
SCHIZOPHRENIA	<p>Little range of emotions; Few facial expressions; Poor eye contact;</p> <p>Delays in language,</p> <p>Unusual motor behaviors;</p> <p>Odd speech, both in content and tone;</p> <p>May hear voices, ‘see’ things, problems with abstraction;</p> <p>May demonstrate confusion, suspicion, paranoia;</p> <p>Unusual fears.</p>	<p>Onset of full disorder typically is between late adolescents and early adulthood</p> <p>Some atypical cases have been documented to have onset by 6-7. (January/Bodine)</p> <p>Difficulty in school functioning may be an early sign.</p> <p>Substance use may facilitate otherwise impaired peer group interaction.</p> <p>May have few friends or be withdrawn from peers.</p>

Stigma of Raising a Mental Ill Child

- <http://www.cbsnews.com/videos/the-stigma-of-raising-a-mentally-ill-child/>

Case Example

Diagnosis

1. Oppositional Defiant Disorder
2. Intermittent Explosive Disorder
3. Mood Disorder
4. Reactive Attachment Disorder (RAD)
5. PTSD

Medications

1. Strattera
2. Depakote
3. Clonidine
4. Melatonin
5. Lithium
6. Luvox
7. Risperdal
8. Trazodone

Social Emotional Development

- Who am I? Where do I belong?
 - Identity development (gender, sexual, ethnic)
 - Self-esteem
 - Role of peer group
- How do I relate to others?
 - Social Skills
 - Emotional Intelligence

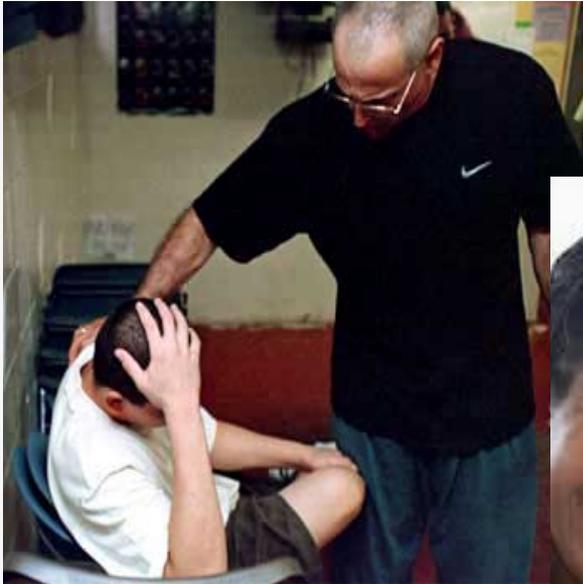


Typical Social Development



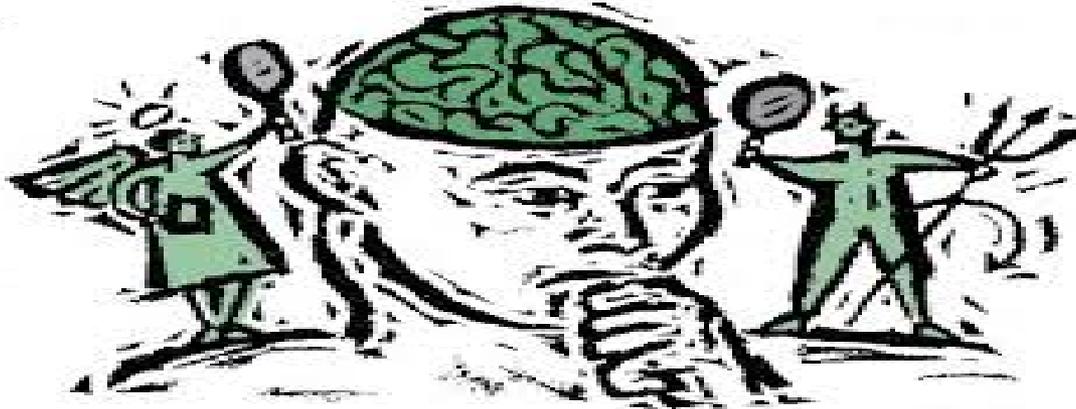
- Friendships become more complex, involving mutuality, intimacy, and loyalty.
- Peer relationships are of **PARAMOUNT** importance.
- Peer context changes; school to work transition

Typical Changes in Family Relations



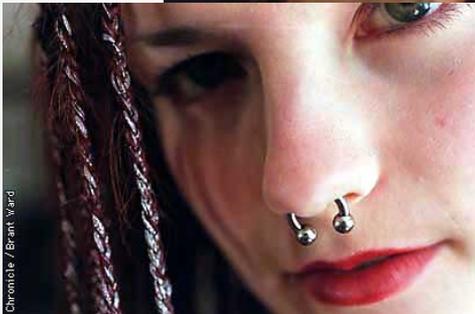
Young people and parents must adjust to the growing need for independence while remaining emotionally related.

Typical Moral Development



- ↓ Externally reinforced rights and wrongs
- ↓ Rigid interpretation (applies to everyone in all situations)
- ↑ Empathic responses & Golden Rule
- ↑ Sacrifice for the greater good

Typical Identity Formation



**Answering the question; Who am I?
Who am I that I am *not* my Parents?**

Who am I as a student, worker, romantic partner, parent, friend?

Who am I in the World?

What do I like to do and who do I want with me?

Calvin and Hobbes



How Do Young People Learn?

The Developing Brain, Adolescence and Vulnerability to Drug Abuse

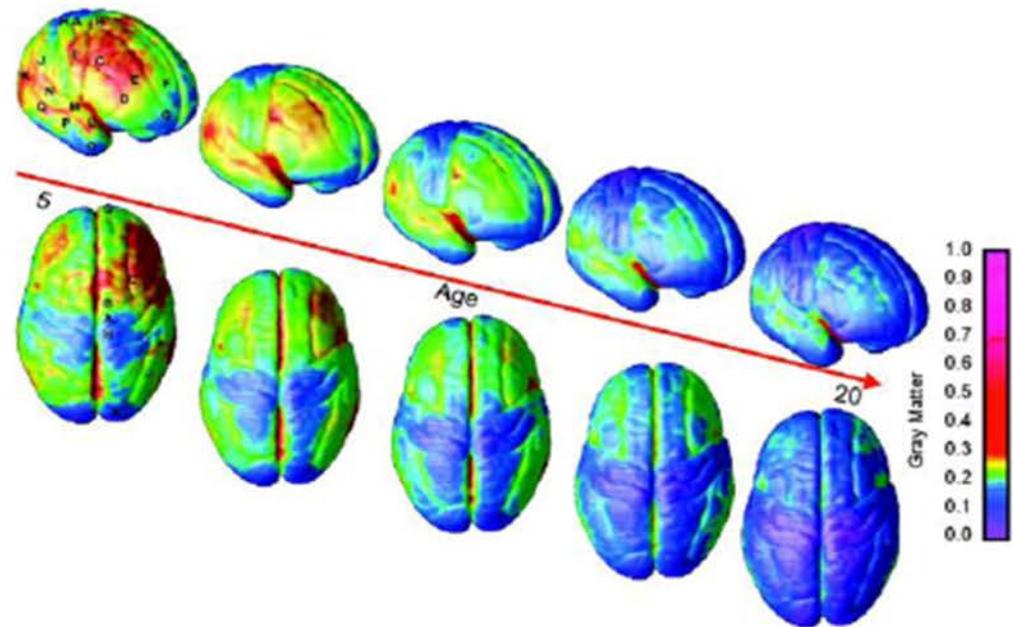
Brain Development



Maturation Occurs from Back to Front of the Brain

Images of Brain Development in Healthy Youth (Ages 5 – 20)

Blue represents maturing of brain areas



Source: Gogtay, Giedd, et al., 2004.

Copyright © 2004 The National Academy of Sciences, USA
Gogtay, N., Giedd, J.N., et al. (2004)
Dynamic mapping of human cortical development during childhood through early adulthood
Proceedings of the National Academy of Sciences, 101 (21), 8174 – 8179

Adolescent Brain Summary

<http://youtu.be/l1Av8mB7wOk>

Understanding Risk Factors

What are risk factors?

Risk Factors

- Risk factors have been broadly defined as “those characteristics, variables, or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected from the general population, will develop a disorder” (Mrazek and Haggerty, 1994:127).
- Individual
- Family
- Peer
- School and Community

Risk Factors

- Individual Risk Factors

Individual risk factors can be associated with genetic, emotional, cognitive, physical, and social characteristics.

1. Antisocial Behavior
2. Emotional Factors
3. Cognitive Development
4. Hyperactivity

- Family Risk Factors

Family risk factors tend to cluster and any number of them can occur together within the same family.

1. Limited parental supervision
2. Maltreatment
3. Family violence
4. Divorce
5. Parental psychopathology
6. Familial antisocial behaviors
7. Teenage parenthood

Risk Factors

- Peer Risk Factors

Negative peer group influence can be a risk factor for youth.

This includes hanging out with older peers (for girls this includes older boys and men), and having friends who are involved in problem behaviors (e.g., gang activity, criminality, substance abuse, and violence).

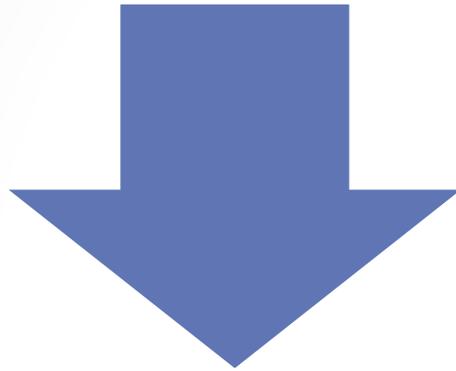
1. Association with deviant peers
2. Peer rejection

- School and Community Risk Factors

High rates of crime and substance abuse, economic deprivation, low school bonding and low community attachment.

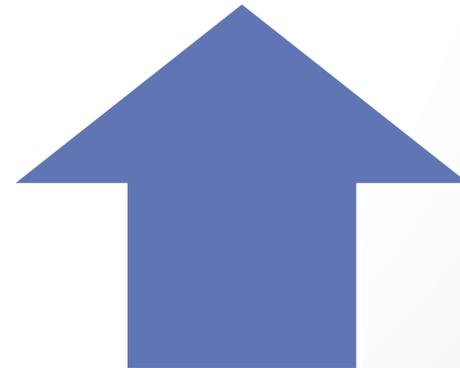
1. Failure to bond to school
2. Poor academic performance
3. Low academic aspirations
4. Poverty
5. Neighborhood disadvantage
6. Disorganized neighborhoods
7. Concentration of delinquent peer groups
8. Access to weapons

Risk Factors Impact on Functional and Problem Scales

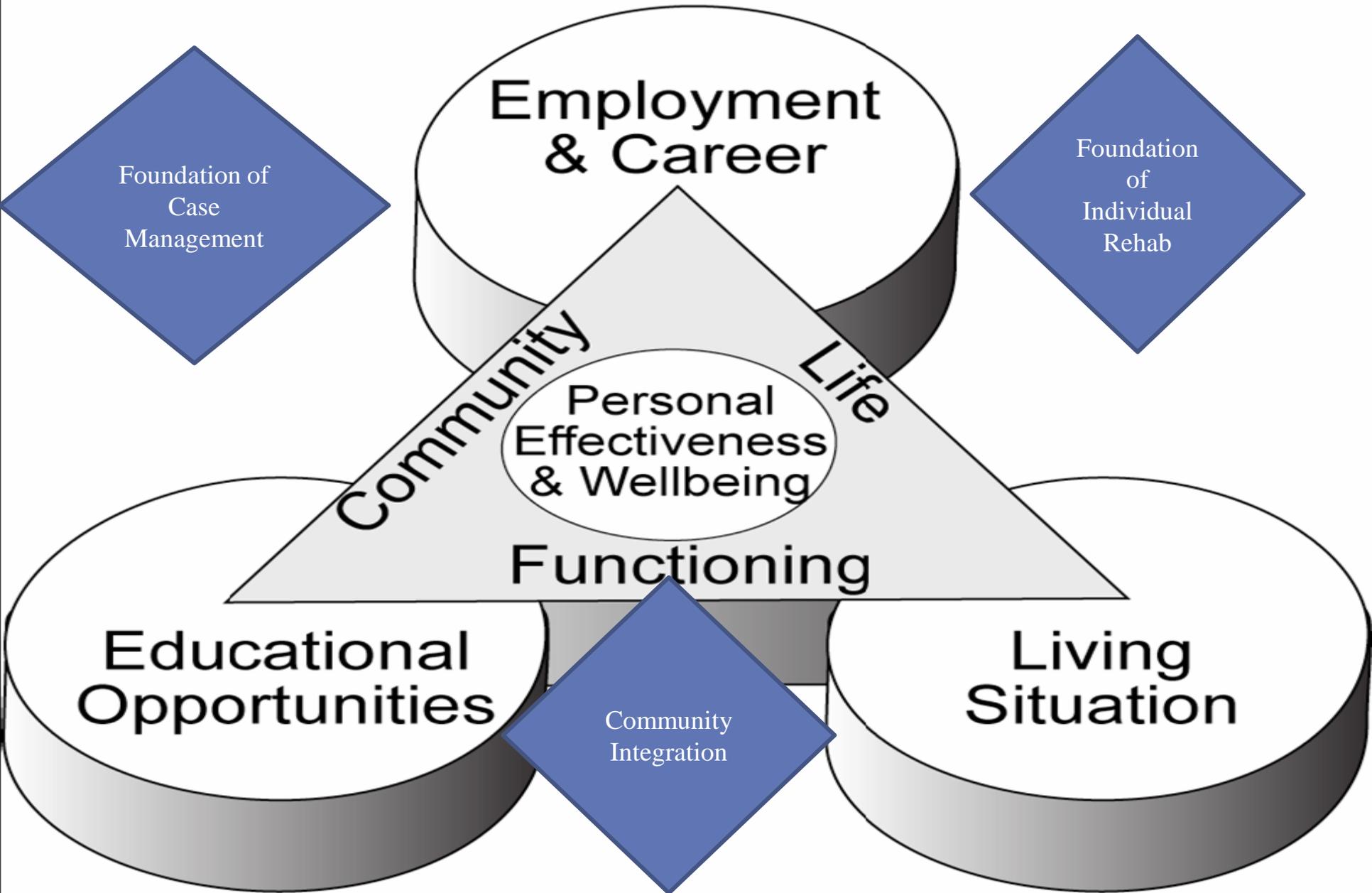


Functional: Social, occupational spheres of life, cognitive, emotional and psychological well-being/capabilities

Problem: Ability to balance and navigate feelings, stress, conflict, emotions



Transition Domains



Foundation of
Case
Management

Employment
& Career

Foundation
of
Individual
Rehab

Community

Life

Personal
Effectiveness
& Wellbeing

Functioning

Educational
Opportunities

Living
Situation

Community
Integration

Improving Transition Outcomes for Young People in Transition

- **Community Integration**

Community integration is generally viewed as a multidimensional construct, including both objective elements (activities outside the household, contact with neighbors, and others) and subjective elements (feelings about the meaningfulness of social contacts, attitudes about one's sense of belonging, availability of help, feelings of influence, and emotional investment in the community and community members).

Jivanjee, Pauline; Kruzich, Jean; Gordon, Lynwood. "Community Integration of Transition Age Individuals": Views of Young People with a Mental Health Disorder. *The Journal of Behavioral Health Services and Research*. Oct 2008

- **Physical Integration:** Young Adults in Transitions ability to fulfill activities of daily living
- **Social Integration:** Young adults in Transition ability to engage in social interactions with community members (General Members)
- **Psychological Integration:** Young Adults in Transition having a sense of belonging in their community



Putting Community Integration and Life Domains into Practice

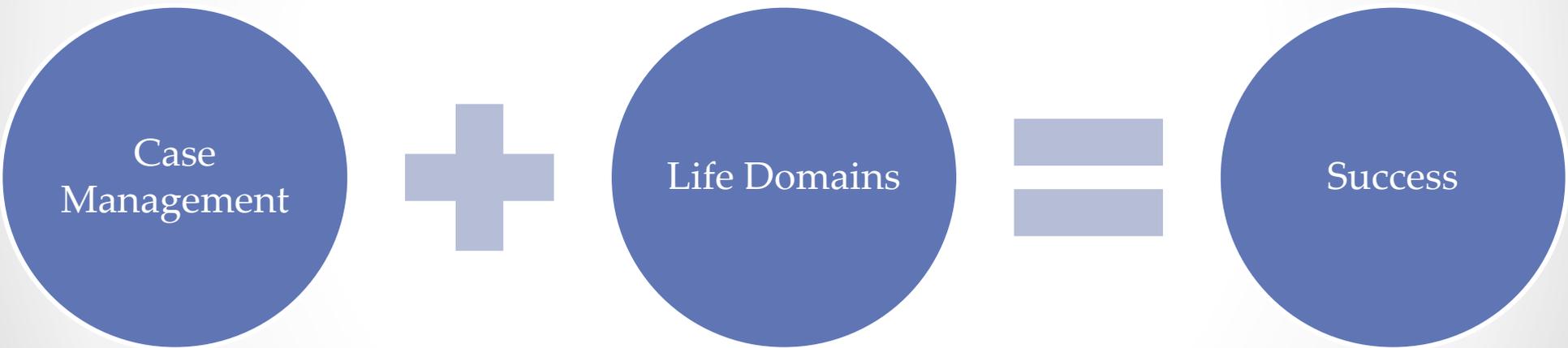
Education

Living Situations

Employment and Career

Community Life Functioning

Putting Case Management and Life Domains into Practice



Education

Living Situation

**Case
Management
Advocate, link
and Refer**

Employment and Career

Community Life Functioning

Putting Individual Rehabilitation and Life Domains into Practice

Ind
Rehab

The diagram consists of three blue circles arranged horizontally. The first circle on the left contains the text 'Ind Rehab'. To its right is a large plus sign. The second circle in the middle contains the text 'Life Domains'. To its right is an equals sign. The third circle on the right contains the text 'Success'. The entire diagram is set against a light gray background.

Life
Domains

Success

Education

Living Situation

**Ind Rehab
Educate, teach
and taught**

Employment and Career

Community Life Functioning

Resources

Education Resources

Local Career Technology Centers <http://www.okcareertech.org/technology-centers>

Alternative Education Programs/GED <http://ok.gov/sde/ged-testing-centers>

Living Situations

ODMHSAS Transitional Bridge Subsidy

http://ok.gov/odmhsas/Mental_Health_/Specialized_Programs_and_Services/Housing_and_Homeless_Services/index.html

ODMHSAS WAFSA Transitional Bridge Subsidy

http://ok.gov/odmhsas/Mental_Health_/Specialized_Programs_and_Services/Housing_and_Homeless_Services/index.html

Local Housing Authorities <http://www.hud.gov/offices/pih/pha/contacts/states/ok.cfm>

Oklahoma Housing Finance Agency <http://www.ohfa.org/>

Local Community Action Agencies <http://okacaa.org/agencies/>

Employment and Career

Oklahoma Department of Rehabilitation Services <http://www.okdrs.gov/seekers/seekers-vr.htm>

Oklahoma Workforce Investment Boards Centers <http://www.mycareermychoice.org/>

Community Life Functioning

Local Community Action Agencies <http://okacaa.org/agencies/>

YMCA <http://www.ymca.net/>

Former Foster Youth <http://www.okil.ou.edu/yes-i-can>

Former Foster Youth <http://www.okil.ou.edu/>

Contact Information

Mr. Marqus J Butler
ODMHSAS
1200 NE 13th Street
Oklahoma City, Oklahoma
(405) 522-0994
mbutler@odmhsas.org

Mrs. Ashley Roby
ODMHSAS
1200 NE 13th Street
Oklahoma City, Oklahoma
(405) 522-1720
(405)226-8684
aroby@odmhsas.org