



Partnering with Youth and Young Adults

Module 1 Script

Slide 1: Promoting Positive Pathways to Adulthood

Welcome to the Promoting Positive Pathways to Adulthood Training Series, which is being brought to you by the Research and Training Center for 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.

The ten hour-long modules in this training program are based on a set of core competencies developed by the Pathways Transition Training Collaborative, an advisory committee of young adults, family members, practitioners and researchers. To enhance your learning, we have developed a reference list, an online resource list, a glossary of terms, and practice exercises to accompany each module. To increase accessibility, we have also provided a script for each module. These materials are all available on the Pathways website.

Today we begin with Module 1, Partnering with youth and young adults. At the conclusion of the 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 series focuses on:

1. Partnering with youth and young adults
2. Promoting recovery
3. Increasing cultural awareness and building community support
4. Fostering resilience and family supports
5. Promoting cross-cultural and intergenerational relationships
6. Providing individualized and developmentally appropriate services.
7. Supporting young peoples’ healthy relationships
8. Planning partnerships with providers of other services and collaborating to bridge service gaps
9. Promoting support from family, peers, and mentors
10. Using evidence-supported practices and individualizing interventions

Although the modules are designed to be completed in this sequence, each can stand alone as an in-service training experience.

After you work through a module, you will be given a short quiz, and if you pass it successfully, you will receive a certificate of completion that you can use as a record of this continuing education experience.

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

Slide 3: Module 1: Partnering with Youth and Young Adults

The first module of the series is Partnering with Youth and Young Adults.

Slide 4: Partnering with Youth and Young Adults: 5 Sections

The first module has five sections in which you will learn to:

1. Describe the key competencies needed to provide supports and services to meet the self-identified needs of youth and young adults with mental health disorders as they transition to adulthood.
2. Understand the challenges facing young people as they struggle to meet their own needs while engaged in mental health services in their particular cultural setting and in the context of fragmented service systems.
3. Apply positive development and empowerment concepts to guide comprehensive planning of supports and services that are individualized and youth driven.
4. Build and sustain trusting relationships with youth and young adults with mental health disorders while working on developmental issues.
5. Suggest options and activities to meet young people's self-identified needs and achieve their goals and objectives.

As we will do often through the training series, we begin with a brief video clip in which a young adult who has experienced mental health difficulties reflects on her personal experience.

Slide 5: Youth Voice [VIDEO]

I remember having struggles even as a young child. When I was in seventh grade we got a really stable form of insurance and income. I think this was at the point where my younger sister was out of control, too, and my mother thought we were broken and wondered, "What can I do to help?" Many times in our lives she was reliant on mainstream systems and with the great insurance, I think we started seeing counselors so much more. We had counselors, psychologists, so much more. We had family counseling, sibling counseling, step parent counseling, step sibling counseling, mother-daughter counseling, father-daughter counseling, (which was with my stepdad). We had a whole bunch of counseling all the time.

They also had an element there where we started to take medication, which was the start of probably the worst years of my life. We were so out of control that to be an acceptable member of society, I needed to be medically sedated. My prescriber put me on so much medication and the side effects were so bad, it was a hard to cope.

I think one of the hardest parts is it was during what I think is one of the most vital times of life. It was from seventh grade all the way to age nineteen. I didn't get to experience certain things that I wish I did: normal relationships, I didn't get the chance to have one of those break up/break off again relationships. Those simple things that build your independency skills, build adult skills. During these years I kept feeling that people were taking leaps and jumps for their own personal independency; try [finding my personal] morals and challenges and see where they go.

I was pretty much a zombie for most of those years, which is why I want to talk about my emotional intelligence. I know that it's lacking in some areas, though I do get a chance to grow and evolve as normal transitioning youths should have a chance to. I think a lot of youth who have abuse or trauma or are put on medication at a very young age do sort of almost freeze and don't grow as much at that time. You really see some of the emotional delays and it's really sad because I saw them within myself.

Slide 6: 1.1 The Core Competencies

From Chrissy we've learned that many young people going through challenging times in their lives experience services that were are not responsive to their unique needs. One of the key aspects of learning about the needs of young people is to partner with them. Partnering with youth with a range of concerns, needs, and preferences incorporates a complex set of skills and requires some core competencies on the part of service providers.

Before we begin our discussion of partnering with young people, we will first introduce the core competencies necessary to provide effective services to young people with mental health difficulties. These competencies have been compiled from literature on working with young adults and have been reviewed and approved by an advisory committee of young adults, family members, practitioners and researchers.

Slide 7: Competency Based Training

Our competency based training series focuses on building your knowledge and practical skills and abilities. It will also challenge you to examine your own attitudes and values and increase your awareness of your own assumptions and biases.

The competencies that are core for service providers are those necessary to deliver effective services directly to youth and young adults with serious mental health concerns who are transitioning to adulthood.

The delivery of most direct services will require the use of multiple competencies.

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 “competency” in the title of this slide.

[A competency is a human capability composed of knowledge, a skill or ability, and personal characteristics such as attitudes and values.]

Slide 8: Ten Core Competencies

The Pathways Transition Training Collaborative has identified ten core competencies.

1. **Partners with youth and young adults**
2. Promotes recovery
3. **Supports empowerment**
4. Forms partnerships to bridge service gaps
5. Provides individualized, developmentally appropriate services
6. Assists with meeting needs in key areas of living
7. Uses evidence-supported practice and individualizes interventions
8. Promotes support from family, peers and mentors
9. Meets the needs of diverse young people
10. Evaluates and improves services.

The first and third competencies are the focus of this module, **Partnering with Youth and Young Adults**. The other 8 competencies will be covered in later modules.

At the beginning of each module, we will introduce the one or two core competencies that are the focus of the module. We'll begin by briefly introducing the first and third competencies.

Slide 9: Competency 1. Partners with Youth and Young Adults

Service providers with the first competency know how to build on the strengths and capabilities of youth and young adults.

They bring hope, empathy and warmth to their work with young people, and are successful in engaging young people in planning, and using services.

They are also open to helping young people to examine their choices, follow up on their commitments, and learn from both their successes and their failures.

Slide 10: Competency 3. Supports Empowerment

A provider who has developed the competency of supporting empowerment:

- Creates opportunities for young people to make choices and to take responsibility for their own decisions, and
- Coaches young people to be effective self-advocates.

- Advocates with young people and families for policies and procedures that respect individual rights and promote self-determination.

An empowering approach involves forming partnerships, identifying strengths, activating resources, creating alliances, and expanding opportunities

Slide 11: Question

We'd like to have you think back to the situation described by Chrissy, the young woman you saw earlier in the video clip. If you were providing services to Chrissy which **two** aspects of empowerment would you begin to work on first?

With this question, there are no clear-cut right or wrong answers. We are just asking you to think through what your preferences would be. Please click on what you believe would be your top two priorities.

Slide 12: 1.2 Challenges Facing Young People Engaged in Mental Health Services

Next we will examine some of the key challenges facing young people who experience mental health difficulties and engage in services.

Slide 13: Emerging Adulthood

Emerging Adulthood refers to human development during the period from late adolescence through the twenties. Jeffrey Arnett (2000, 2011) argues that this is a “distinct period demographically, subjectively, and in terms of identity exploration” in industrialized nations.

Emerging adults are going through one of the most important transitional periods of their lives. This time of their lives involves:

- Explorations of ideas, opportunities, lifestyles
- Development of beliefs and values
- Investigation of possible roles
- Seeking of varied life experiences, which often results in a
- Delay of adult commitments, such as marriage, parenting, or deciding on a career. On average, the members of the current generation are marrying, having their first child, and committing to a career, several years later than young adults a decade ago. (Tanner et al, 2009).

During this phase of transition to adulthood, young people are figuring out what is important to them and who they want to be as adults which may involve trying out new interests, roles, jobs, and relationships. As young adults are exploring life, this is also a time for increase in risk-taking, and sensation seeking, often as part of the exploration of identity. The use of drugs and alcohol, and risky driving and other behavior that is potentially harmful to health may become more frequent and are

not necessarily related to any mental health difficulties they experience. There is beginning research on the differences in emerging adult development for young people of different ethnicities, cultures, and social and economic classes and resources on this topic are included in the reference and resource lists for this module.

Slide 14: Young People's Views of Adulthood

Traditional markers such as graduation, marriage, and parenting are not considered by emerging adults as the most important criteria for adulthood. Instead young people report that for them, being an adult means:

- Taking responsibility for one's self
- Making independent decisions
- Becoming financially independent, and
- More sophisticated explorations in love, work, and worldviews

Culture can affect the experiences of emerging adults. Young people who come from cultural backgrounds that emphasize collective responsibilities to the community and the family as central, may have a different set of explorations to come to their sense of self than young people from more individualistic cultures.

For some who come from cultural backgrounds which have family connections as very central during young adulthood, they may take on new roles and responsibilities with their family of origin, including contributing money to support other family members, or assuming the care for children or elders.

Service providers may need to assist these young people to formulate goals that are their own and that also demonstrate respect for their parents' wishes and preferences.

Also many young adults experience challenges to forming their identity because of the racial and ethnic prejudice and discrimination they encounter as emerging adults, which may complicate their passage to adulthood.

Again, service providers will need to create conditions where young people can process hurtful comments and experiences, interrupt and challenge prejudiced comments, and join with allies and other people who are affirming and appreciative. Gay, Lesbian, Bi-sexual, and Transgender LGBTQ+ young people may face additional challenges in the transition to adulthood and service providers may be able to help connect these young people with allies, welcoming environments, and sources of support.

Slide 15: Emerging Adulthood and Mental Health

Emerging adulthood is also a time for high risk for mental health difficulties. During this period of self-discovery and identity formation, it has been estimated that between 5 and 9% of young people in the United States are struggling with the effects of serious mental health difficulties.

While they are exploring their identity some young people must also cope with depression, anxiety, obsessions/compulsions, fears and full-blown phobias that enter into their emerging sense of who they are. For example, depression may affect their ability to find intimate partners and form families.

Dealing with depression, anxiety and other difficulties can also put young people at risk for substance abuse, dangerous activities, and even suicidal behavior. Coping with mental health difficulties can serve as a test of their personal resilience, their ability to bounce back from difficulties and it's important that they have people in their lives to connect them with appropriate supports and services.

Slide 16: Cultural Influences

Cultural knowledge about mental health difficulties can also provide help young people to cope with their experiences. For example Maria Yellow Horse Brave Heart has helped Native American young people place their mental health difficulties within the context of historical trauma experienced by American Indians and to engage in traditional healing practices.

Culture can also add to their challenges when mental health difficulties are seen as personal weaknesses and those experiencing them feel forced to hide their struggles, and manage them in secret, feeling isolated from their peers, and disclose their difficulties to only a few trusted friends.

Finally, as we will discuss at length in the next Training Module, being stigmatized by peers because of a mental health condition can lead young people to hide their mental health condition, or become isolated when they are experiencing symptoms. We will also discuss how young people make decisions about disclosing information regarding their mental health needs and treatment.

Slide 17: Navigating Transitions

Emerging adulthood is a time when young people experience many major life transitions, such as graduation from high school, entry into paid employment, developing intimate partnerships, or becoming a parent.

Nancy Schlossberg has defined transitions as events in a person's life which result in change of relationships, routines, assumptions and/or roles within the settings of self, work, family, health, and/or finances (Anderson, Goodman, & Schlossberg, 2012).

When emerging adults follow their goals and accomplish positive outcomes a positive sense of self can develop. If this can be sustained over time, positive outcomes and identity can interact in a

positive cycle. Where young people encounter social and/or economic challenges, they may benefit from support.

Slide 18: Young Adult Transitions and Mental Health

When young adults have difficulties that require mental health services, their experience of transitions can differ radically from their peers.

At school, many youth encounter teachers and peers who lack understanding of their mental health difficulties, in many instances resulting in stigmatizing behaviors and a lack of adequate supports. These youth are less likely to graduate from high school with a regular diploma, go on to college or vocational training, or be employed. Forming friendships and intimate relationships may be also be more difficult because of the effects of stigmatization, and they may be exploited by others. They are also less likely than their peers to live independently from their parents in their early adult years.

Some young people may have been involved in systems such as child welfare or juvenile justice which focus on compliance and resolving crises rather than proactive planning. These experiences may make it difficult for young people to prepare for new situations and respond with minimal distress.

A sense of independence is only accomplished in opposition to the system and its supports. System involvement is often accompanied by a number of disruptions and transitions which leave young adults disconnected and less equipped to interact and connect and with fewer relationships with supportive adults and resources.

For successful transitions to adulthood, these young people need to form positive connections with the community, peers and other adults. These connections can help young people as they navigate the changes associated with transitions, and produce the positive outcomes and positive identity that are essential for success.

Slide 19: Question

If you were working with Chrissy, what two or three aspects of emerging adulthood do you think she might focus on? Please check these.

Slide 20: 1.3 Positive Development and Empowerment

The next section of this module will discuss practical strategies direct service providers use to promote positive development of emerging adults and to engage them in empowering activities. Along the way we will hear from a service provider about her work with young people.

Slide 21: Positive Youth Development

Positive Youth Development (PYD) incorporates concepts related to self-determination and empowerment and aims at counteracting the challenges and consequences we've just discussed. This approach attempts to initiate a cycle of positive change with young people by promoting their key capacities which lead to skill development and a positive identity.

Service providers using PYD approaches partner with young people to identify their interests, strengths, and goals and to seek or create opportunities for them to experience success, to anticipate challenges and plan ahead to address them, and to persist with positive change strategies even when challenges get in the way.

We will next hear from Celeste Moser, who works with young people to engage them in planning for their future in the Achieve My Plan or AMP Project which is based on the principles of positive youth development.

Although Celeste will be talking about her work in the AMP program, the approach she takes, and the skills she uses can be applied to many types of services to emerging adults.

Slide 22: Service Provider Voice [VIDEO]

The Achieve My Plan Project (AMP) is all about helping young people involved in treatment planning meetings, which is a team of adults who have an invested interest in a young person's life. These can be foster parents, biological parents, sometime teachers or people from schools, sometimes folks from the juvenile justice system, attorneys sometimes come to meetings. They also have therapists and skills trainers. All of these folks come to meetings, the goal of these treatment planning meetings which is to make decisions about the young people's lives. Often these young people have really limited input on the decisions being made about their lives. The goal of the Achieve My Plan or AMP as we call it is to help young people be more active and engaged in the treatment planning meetings and to help them really have some say in the decisions that are about their lives.

A little background about what the AMP program, also called the AMP Intervention, looks like: it is a series of coaching sessions that we have with young people, and we see them about three to five times and in time we help them try to identify their long term goals, activities that they want to work on, and we also help them plan and prepare for upcoming team meetings, and what it is that they want to talk about so that they have a chance to really think about what it is the team will talk about, and ways they may want to contribute. We help the young people formulate their goals by a process of first asking them what their longer term goals are three years from now and that exercise has them think about what their lives would be like three years from now in a perfect world with no money constraints, no living constraints, just whatever their life might look like in a perfect world in the next three years.

We help them come up with some longer term goals, and then for the longer term goals we help them come up with very specific activities that they can start working on right away. An example might be if a young person wants to be a veterinarian and is fifteen, obviously he/she can't enroll in veterinary school right away, but there are a lot of different smaller activities that could be related to the long term goals. Our job as AMP coaches is to help them identify what those smaller activities are. Are the criteria related to their long term goals, are they something that you can conceive in the next thirty days, and is it something that your tools might need to support? These are the criteria that

we use with young people while they are formulating their activities. So a young person who wants to be a veterinarian might be able to come up with a lot of different activities around their goal: she/he could go to the library and take out a book about becoming a veterinarian, volunteer at an animal rescue shelter, set up an informational interview with a veterinarian in their neighborhood. There are a many things that are related to their goals that will help reach these goals at some point, and give them some momentum in that direction.

Slide 23: Figure 1: What Is Being Promoted?

This model of Positive Youth Development approaches for service providers has been developed by Janet Walker and her collaborators.

Work begins by partnering with a young person to promote such key capacities as:

- being the driver of his or her own positive development.
- engaging with people, communities, cultural groups, organizations, and systems that provide opportunities and supportive life contexts.
- Being proactive—that is seeking out opportunities to grow as a person, and finally
- Being able to push ahead despite challenges and maintain fortitude (meaning strength despite adversity).

These capacities lead to positive outcomes such as increased:

- Skills and knowledge for adult roles (including educational and vocational skills, and ability to promote their own health and mental health).
- Ability to meet basic needs for housing, health, and safety, and
- Positive connections to community and society (leading to positive relationships, work, play, and civic engagement)

In the center are arrows linking the Key Capacities and Outcomes with the positive identity, commitments, and values of the young person. These arrows complete the illustration of the positive cycle that leads to positive development of the young person.

Slide 24: PYD and Empowerment Approaches to Services

The service approaches to partnering with young people have three important characteristics:

- First, person-driven, trust-inspiring, alliance-promoting
- Second, guiding, modeling, teaching and supporting capacities, and finally
- Third, bounded and selectively reinforcing

We'll discuss each of these service characteristics in greater detail next.

Slide 25: Person-driven, Trust-inspiring, Alliance-promoting

Taking a person-driven perspective means that the service provider listens deeply and works in a way that he or she is eliciting and responsive to, the young person's perspective, priorities, and reality. This means the provider is getting what is most deeply meaningful and motivating to the young person. Celeste did this when she was responsive to the young person's sincere interest in veterinary medicine.

She also worked with a young woman who expressed a desire to become a stripper. Celeste joined with this young woman to clarify her perspective AND how it reflected or diverged from the perspectives of others in her community. They worked together to develop a plan for her to exercise more and learn what it would take to have a career in dance.

As young people test the relationship, the service provider needs to work from a place that is transparent, non-coercive, attuned, and persistent, eliciting responses from the young person without leading the process. A very tall order.

Slide 26: Guiding, Modeling, Teaching, and Supporting Capacities

Next the provider partners with the young person by using guidance, modeling, and teaching and by supporting the young person's capacities.

This means that the service provider is always working in a proactive way. With the young person in the lead, Celeste partnered with her to identify her goals, both long term (her desire for a career in veterinary medicine) and short term (checking out a book, or doing an informational interview with someone employed in a veterinary practice). They then formulated a set of steps that were connected to her goals, values, and commitment to animal welfare.

Finally, the provider engages and works within complex and overlapping contexts and their cultures (such as family, community, and peer cultures), and models this for the young person who is her partner in the services. For example, Celeste worked with the young person to locate someone in a veterinary practice who would be willing to discuss their experiences promoting animal health.

Slide 27: Bounded and Selectively Reinforcing

The last of the three characteristics of this service approach is that the service provider engages in activities that are bounded by a focus on positive goals and selectively reinforcing of positive outcomes. While supporting youth self-determination and the benefits of learning from mistakes, she may on occasion encourage a prosocial choice or reinforce steps that she sees as more likely to result in a positive outcome. With a young person currently engaged in harmful activities, such as illegal drug use, she may engage in discussion of what would need to be happening for him to consider reducing use, rather than aiming for immediately quitting. She openly discloses that ultimately she believes that quitting would be an ideal outcome but she will support the young person until he is ready to make that decision himself.

When service providers are working from a bounded and selectively reinforcing stance, they use “motivational” strategies to engage young people in steps toward positive changes.

The provider engages with the young person in “change talk,” responding to the personally meaningful goals that the young person reveals as important. As the young person accomplishes steps related to planning, feelings of competency, pride, and satisfaction follow. Building on these successes, their outcomes in key life contexts will most likely improve.

This work also comes from a positive slant. Together the young person and provider explore alternate priorities, mandates, and other possible constraints. Celeste worked with the young woman who considered a career as a stripper to look at the **possible** reactions of her planning team and then the young woman decided to focus instead on exercise and exploring a career in dance as alternative short-term goals.

Slide 28: Question

The next question is: “What approaches do you use when working with young people who engage in risky behaviors?” Before starting the next section, please type in one or two strategies.

Slide 29: 1.4 Building and sustaining trusting relationships

We next begin part four of the module by considering building and sustaining trusting relationships. First we will hear from Ryan Bender, a service provider who also works in the AMP program, which is designed to partner with young people to prepare them to play active roles in planning their own services.

Slide 30: Service Provider Voice [VIDEO]

The first thing that comes to mind is active listening, really acknowledging that they know themselves the best and they know their life situation. In terms of active listening, reflecting on what it is that they're saying, recognizing the challenges that may come up in sharing various situations. And also just acknowledging the things they're doing well during our time together. And putting all those pieces together, showing them respect as individuals who are trying to make positive choices in their lives. I'm sometimes asking clarifying questions to help them think about what it is that they actually really want. For a lot of youth this is the first time that they've ever been able to be asked that question, “What is important to them?” Instead they are surrounded by people who make decisions for them, and so it's really helping them practice using their own voice in activating and becoming self-advocates in the process.

We start out with a brainstorming session and we focus on their strengths, getting them to brainstorm about what is that they enjoy doing, or what it is they're proud of themselves for accomplishing. It can be as minimal as something that they did that particular day, to something that they have been doing and been successful at for a few years or months. Then taking them through the goal setting process, of brainstorming, to developing goals, reaching for new activities and developing those activities to be as specific as possible. Clarifying any questions that may come up,

acknowledging what they're doing well, and prompting them to think and expand on what it is they are thinking about doing. Sometimes questions initiate a different avenue that may not have been explored on our original brainstorming sheet. Sometimes youth really need to take extra time to brainstorm so that they can get all of their ideas and feelings out, then kind of narrow it down from there. And practicing, once those goals and activities have been established, practicing with their caregivers, close friends, and people in their support network so they can get the feedback loop going.

Slide 31: Engaging with Young People

As we've heard from Ryan, it is really important to consider how you engage with young people. First as you meet young people that you're working with, you might think about how to build a trusting relationship, and how to engage them in services.

You might begin by exploring your expectations and their expectations about your relationship. Sharing information about your role and clarifying your expectations is important so that you might reach an initial mutual understanding.

Ryan pointed out that providers need to start where the young person is. Young persons have reported that when a provider is experienced as approachable, non-judgmental, trusting and understanding they are more likely to stay in services. Young people prefer service providers who are friendly, caring, and active listeners.

Actively listen to the story told by the young adult and acknowledge the struggle, the resilience and strength apparent in their life story. Demonstrate genuine interest, caring, and curiosity about the life of this young person. Communicate hope and optimism without over-promising unrealistic outcomes.

Engagement is supported if service providers communicate and model that they believe in recovery, and that all young adults have the strength to achieve their goals when supported appropriately.

Slide 32: Developing Trusting Relationships

The next few slides will explore the concept of developing trusting relationships a little bit further.

For trust to develop young adults need to view service providers as both dependable and credible. Service providers should be aware of existing fear, anxiety, resentment or frustrations and should acknowledge these as appropriate feelings, given their experience. There is nothing wrong with young adults if they show resentment based on prior negative experiences with services. You may need to explore young people's hesitation or resistance to engaging in a relationship with you and give them the space to observe whether you follow through on your commitments, and to learn that you will be honest and keep your promises.

Service providers are in a position of power and should use their power with young adults to support them to achieve their goals. It may be helpful to acknowledge the power vested in your role and your ethical position to not abuse your power. You may also need to tell young people the limits of your power, so that their expectations will be realistic.

Trust emerges through modeling, not words. As Ryan pointed out we need to communicate with respect, genuineness, warmth and calmness. Disclose facts about your own life and personal reactions when appropriate. Demonstrate empathy not sympathy and fulfill your commitments to the young person.

Slide 33: Trust

Trust can only develop in an atmosphere of credibility. Therefore, share your competence and knowledge but also talk to the young people about the limitations you have in your competence and knowledge.

Learn about the social identity of each young adult you are working with and understand the elements of difference that exist between you because of age, gender, race, culture, values and other aspects of their social identity. Acknowledge the ways that you may be similar and different, and explore the ways that this might be expected to affect your work together.

You also need to be clear about the legal limitations to confidentiality that are part of your role as a service provider—for example, that you need to disclose reports of abuse experienced by a young person under 18 years of age. When possible you might urge the young people to disclose this kind of sensitive information themselves.

Believing in young people's strengths and meeting them where they are does not mean that you cannot give feedback on behavior or confront certain behaviors in a constructive way that allows growth and learning. Finally, peer support can be especially beneficial if there has been a history of distrust with professional service providers. We will talk much more about peer support in other modules.

Slide 34: Question

What would be the first two steps you would use to develop a trusting relationship with a young adult with a long history of service involvement? Please check two steps you would prioritize.

Slide 35: 1.5 Meeting Young People's Self-identified Needs

In the final section of the training, we will consider how taking a positive youth development stance and building trusting relationships have an impact on the outcomes of emerging adults. We next hear from Chrissy who discusses the importance of young people being in the driver's seat of their own lives, and being able to identify their own needs and wants.

Slide 36. Youth Voice [VIDEO]

I think one of the hardest things that providers face is knowing how to break through the hard shell of a damaged child. When a provider, counselor, or psychiatrist, or psychologist gets a new client and it's a seventeen year old kid who has gone through so much stuff and is now here, you almost get the "What are you going to do next?" or "What are you going to say?" "Fine, whatever!" "Are you okay with it?" "Mom, are you OK with it?" That's how it is. The parent is usually so deeply involved in the child's care that the youth doesn't even get *that it is their life, it is their care that's happening here*, and that they have such a level of control if they want to grasp it.

In the state of Oregon, fourteen is consent age for mental health support and I wish that not only did youth know that, but that doctors encourage that. At Planned Parenthood they're so great about that. They want to take the child back first, the first time they come in for meetings, without their parents, talk to them, they advocate all about their choices. It's a really beautiful model; it just needs to be translated into mental health. I really wish that providers would help educate youth and young adults on what is really happening within their bodies and talk about 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 of years of activism to realize "Oh, it's recovery!" "OK, I get that, because that is what my goal is." 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 can aim for that as well and the skills to do so.

Educating them, like having a one on one discussion that doesn't tokenize the youth about what your options are, what the control that you legally have is, what's happening within their body. Help them learn to be an expert on their bodies. I'm learning things about my body; I know that I need to eat, even a snack, every four to six hours and that's what helps me and it was through being in touch with my own body and 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, about how they're feeling, and about the options that they have.

Honestly, the number one thing that has been healthiest in my life is *advocacy*. I think that I spent too many years being quiet about what I was going through, and more than just medication. There were years before that I struggled to advocate for myself, too. When I finally got off medication, I was like, "No more, no more, I can't take this! No means no and yes means yes, and this is how it's going to be in my life from now on!" Advocacy has really helped me grow my voice and grow my determination within myself too.

Slide 37 Meeting Wants and Needs

Chrissy made clear that young people need to have the space within services to identify what it is that they truly want and need. For her the number one goal was recovery, which she expressed as feeling "healthy, happy, and wise" within her own body.

As a service provider you will need to open up that space for discovery. Recognizing that young people are experts on their own lives, you will work together as partners to identify their wants, needs, concerns, and desire for change. Then, as Celeste and Ryan have reported, the young person and provider work together to uncover or create options that are feasible, that build on their interests and strengths, and have the potential to get the young person's self-identified wants and needs met.

Next you will work out a shared understanding of these wants and needs, perhaps expressed in the form of goals, and develop a plan to get their needs met.

Slide 38. Moving Forward in Partnership

As Celeste and Ryan pointed out earlier, identified long term goals can be broken down into more manageable steps—which can be accomplished in the next few weeks or months.

Young people need to identify the skills they need and want to help them take the initial steps. These desired skills might be practiced with you or with other trusted people. For example, a young person who has difficulty speaking to groups of people, may find it helpful to role play what she will say in a team meeting or in a class.

Although failures can be painful, young people can learn from experiences in which they made decisions and took action, even if the action did not lead to the outcomes they desired. For empowerment to be achieved, young people need to be the drivers of their own lives, as well as take the lead in their own services.

Finally, achieving even small goals can help lead to positive outcomes, and establish a virtuous cycle. As you celebrate successes with the young people who are partnering with you in services, you also can help them to recognize the strengths and capacities that they have achieved.

Slide 39 Module 1 Resources

The links in this slide lead to reference and online resource lists focused on emerging adult development, partnering with young people, empowerment, and positive youth development approaches that have been compiled to enhance your learning from this module.

Now, we'd like to introduce you to the second module.

Slide 40 Next Module—Promoting Recovery

We would like to invite you to participate in Module 2, Promoting recovery. The second module provides information on mental illness and resources on treatment and wellness. Recovery resources include diet, exercise, medication, peer support, self-advocacy and more. This module also covers stigmatization and obtaining accommodations. As in the first module, you will hear from a young person with experiences with mental health services and from service providers.