

# The Young Adult Philosophy

*The Young Adult Philosophy values the approach to engaging and providing treatment. Supporting young adults means meet them where they are with unconditional acceptance, be culturally and trauma responsive, inclusive, and authentic. Be prepared to be flexible, open minded, and committed to the success of young adults.*

## 1. Guiding Principles for Community Psychosocial Rehabilitation (CPR) Providers practicing the Young Adult Philosophy

### *Guiding Principle #1: Services are “best-fit” and seamless*

*CPR services for young adults are the same recovery and resiliency based supports provided within CPR but are tailored to support the unique needs of young adults, ages 16-25.*

When a young adult with a mental illness turns 18, employment services or substance use treatment are often necessary services. These services are provided as part of the Adult CPR service array. Unlike an adult with an established diagnosis, the young adult might be new to behavioral health services, and sometimes the provider does not have all of the necessary information to establish a CPR eligible diagnosis. Therefore, more time is needed after the first appointment to build rapport and glean information that will help support a comprehensive clinical picture. The diagnosis becomes clearer over time. When a young adult turns 18, it is also true that many of the services within Children’s CPR could continue to be the best option. Providing either Children or Adult CPR services for young adults needs to be flexible and seamless so that the young adult can continue to receive timely best fit services. If transitions such as enrolling the young adult in adult services or keeping the young adult in children’s services aren’t seamless, for example, if duplicative paperwork is required, the time it takes to resolve the enrollment issue contributes to young adults falling out of services. Unfortunately, when young adults fall out of services and re-engage at an older age, usually in their early 20’s, they find themselves in even more difficult and complicated situations. In terms of savings, a cost report would likely demonstrate increased costs when a person turns 18, but those costs would be even greater later in the trajectory; when a young adult is re-engaging in services requiring more intensive services.

### *Guiding Principle #2: Medical necessity considers the young adult’s vulnerabilities*

When determining medical necessity, the CPR provider needs to take into consideration the young adults’ vulnerabilities impacting their ability to succeed at achieving their treatment goals. Vulnerabilities are often different between young adults and adults. Vulnerabilities for a young adult might mean the young person lacks life experience or natural supports and therefore is in medical need of intensive case management and increased service linkage to support necessary life skills. Another example of medical necessity when supporting young adults is when a young adult’s familial and natural support circumstances exist but they are strained.



This will likely mean more inter-relational support and resiliency building, case management services with family members, or Family Support Provider services providing peer support directly to an adult caregiver. In this example, collateral contact with parent, guardian, family member, and/or school personnel is necessary.

**Common Diagnoses of Young Adults** Prodromal or Early Signs and Symptoms of Severe Mental Illness, including psychosis, recent First Episode Psychosis, Bipolar, Borderline PD, Depression, Schizophrenia, Anxiety, Depression, Post Traumatic Stress Disorder.

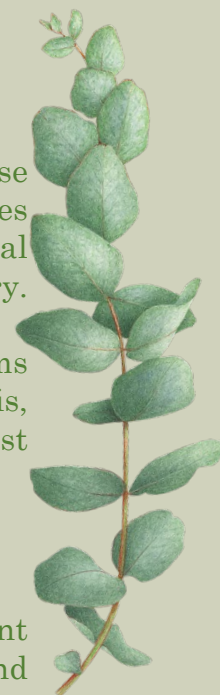
**Guiding Principle #3: Recovery is possible and resiliency can be achieved**

**Independence and Resiliency:** Independence and resiliency are important during this stage of life. Service providers need to be mindful of supporting and encouraging resiliency while developing a young adults' sense of independence rather than inadvertently developing dependence. Evidence Based Practices and Promising Practices such as Shared Decision Making can work to support a collaborative experience where the young adult feels empowered to navigate life's choices thus learning necessary lessons and outcomes.

## 2. Young Adult Support for CPR Providers Practicing the Young Adult Philosophy

**Employment:** Employment is important to young adults. Employment offers young adults purpose, earnings, and savings. Young adults often mention employment as being one of the most important issues to them. This is why if a young adult is deemed to be disabled, and subsequently receives Medicaid, it is important they understand the resources available to them to support employment while also receiving disability insurance. Sometimes Medicaid inadvertently prohibits young adults from seeking and maintaining gainful employment. Unemployment can deplete a young adult's sense of purpose and this is one reason it is critical CPR providers or employment specialists supporting young adults understand the employment benefits and employment services available to young adults. The young adult CPR provider or Employment Specialist understands the importance of service coordination with Vocational Rehabilitation, and the provisions that fall under the Workforce Improvement and Opportunity Act (WIOA).

**Collateral contacts:** Youth services are proficient in coordinating care for youth with family members, guardians, multiple child-serving agencies, school, and natural supports. As young adults transition to adult services, these collateral contacts change. Child-serving agencies are less prominent since youth age out of services. However, natural supports and family are still important because these supports foster stability and recovery for a young adult who often has limited experience and/or limited support. Even though collateral contacts are not mandated or required to coordinate services, a collective effort needs to support maintaining



family support and engaging natural supports – if/when supportive of young adult identified outcomes.

**Family/Natural Supports:** Often, families are at a loss with how to support the young adult. It is sometimes assumed because the young adult is over age 18 their parents for caregivers are not a big part of the picture. However, often this is false and support provided to family members strengthens their relationship with the young adult. This relationship supports recovery and resiliency for the young adult.

There are also times family relationships are strained and focused attention in this area by a mental health provider can help support healthy and positive decisions for all involved. Providing educational support; life skills and opportunities for group services like young adult networking groups led by peers so that young people have the chance to interact with others their age is critical to their positive identity and development.

**CPR for young adults is a team-based intervention:** It is recommended CPR providers supporting young adults provide CPR as a team-based intervention. Agency leadership supports trainings, lessons learned, and ongoing enhancements unique to young adults. To effectively coordinate services and support the unique needs of young adults, it is a priority team members share information with their team members and others providing CPR services. This includes sharing information across both youth and adult CPR teams

**Necessary Training:** The following practices and interventions are specific to supporting the needs of young adults. Intended audience would include case manager, therapist, prescriber, family support provider, youth peer support provider, outreach worker, employment specialist, team lead, supervisor, clinical supervisor:

### Evidence Based and Best Practices

- SODAS (TIP Strategy)
- Exploration Discovery (TIP Strategy)
- Shared Decision Making (OTNY)
- Cultural Assessment (OTNY)
- Prescriber Best Practices (OTNY)
- Family Education (OTNY)
- Supported Employment (IPS/SEE)



## Therapeutic Individual and Group Interventions

- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- Dialectical Behavioral Therapy (DBT)

## Education and Life Skills

- Relationship and Boundaries
- Substance Use
- Sexual Health

### 3. Necessary Enhancements for Enhanced CPR Supporting Young Adults:

#### Engagement

- Understanding the challenges and interests unique to young adults.
- Building rapport and connecting with young adults to support positive impact on young adult outcomes.
- Building a culture responsive to young adults.

#### Family Education

- Family members benefit from being informed, understanding the mental health challenges the young adult is experiencing, and often can support and promote healthy and positive outcomes for the young adult.
- Even though young adult preferences are explored, prioritized, and supported, a manual of brochures, articles, diagnosis related materials can be offered to family members based on the young adult's individualized needs.

#### Level of Intensity and Frequency of Services

- Adjusting the intensity/frequency of services versus moving clients to a different level of care is an important consideration while providing services for young adults since the clinical presentation and environment are known to change at a rapid pace.
- A care path unique to young adults prompts necessary level of support and/or appropriate services

### 4. Provider Perspective:

We do a TON of collaboration and coordination with "others" in a youth's life that is essential as it supports access to services; skill-building; strengthening natural



supports; sustaining connection and progress with school/education and accommodations for special education needs; coaching adult caregivers in supporting development of independence (setting developmentally appropriate expectations and limits/boundaries)

We have spent considerable time with both youth and parent in teaching and practicing skills and, for parent, providing support and coaching in allowing youth to practice, stumble, learn and succeed.

We spent considerable time educating parent about developmentally appropriate milestones and challenges and coaching parent in making space for youth to assume more responsibility. This is extended to the school setting and interactions with school staff and mediation and coaching on interpersonal skills with teachers and peers.

Many youth, including those with co-occurring MH and developmental delays, take longer and require more practice and feedback as they develop the interpersonal and self-management skills needed to transition to more independent functioning. If the supports and collateral contacts provided by IHC's in cases like this are arbitrarily limited or withheld when a youth turns 18 rather than when a youth attains a certain level of skill or competency, it further hampers a youth's transition to adulthood as the skills are not learned and the key participants surrounding the youth (e.g. parents, teachers, family members) are often ill-prepared to provide appropriate support without some supports.

## 5. Pro-Tips:

Find ways to make employment support more accessible to youth regardless of the severity of their disability and/or challenges.

Engagement takes time and with the typical push to usher people into services, it can be hard to really do the kind of engagement needed in order to build rapport/trust. Sometimes people think that calling a person several times a week is "outreach" - but it could be that playing cards and having an informal conversation is more engaging.

"Best fit" philosophy doesn't always align with how programs are set up. Beware that productivity expectations can get in the way of providing what the young person wants, or how to navigate when they're eligible for case management and psychiatry but all they really want is a support group.

Team-based interventions can be harder to pull off than they sound - often prescribers, who are very important to treatment, cannot dedicate time to team





huddles or case staffing's; and agencies often separate entire teams by "youth" or "adults" and staff don't get the chance to interact with colleagues not on their team.

Near-Age Staff is a key priority to have a portion of the staff who serve young adults be close in age to them...but that is hard to keep as a priority with workforce shortages and agencies struggle to fill positions.

