

# Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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- Questions may be asked near the end, if time allows.
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# Transitional Youth and Mental Health

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Anne C. Toterò, MS, LMFT  
Licensed Marriage and Family  
Therapist  
Department of Psychiatry  
UW Behavioral Health  
2275 Deming Way, Suite 180  
Madison, WI 53562



**Thank you to Wisconsin  
Department of Health Services,  
Division of Care and Treatment  
Services, and UW-Madison,  
Department of Psychiatry.**

“The desire to reach for the stars is ambitious. The  
desire to reach hearts is wise.” – Maya Angelou



# Who Am I?

I am a Full-Time Clinician and also clinical educator at UW Health and Department of Psychiatry at UW-Madison.

Masters-Prepared Therapist

AAMFT Approved Supervisor I-T

Experience with Life Span and Levels of Care

Specialties: Teens, Young Adults



# Objectives



- To obtain knowledge of current research on transitional youth and their mental health recovery.
- To obtain skills specific to working with transitional youth.
- To obtain knowledge on brain development and how this translates to providing care to transitional youth.
- To obtain knowledge of the genres of interventions or resources to focus on with transitional youth.
- To obtain skills how to involve natural supports in their mental health recovery.

# Today's Presentation Trajectory

Lecture: 45 Minutes

Questions: 15 Minutes



## Schedule

- 11:00 AM to 11:15 AM – Overview of Risk Factors, Protective Factors, Relevant research
- 11:15 – 11:35 AM – Treatment Tips and Insights
- 11:35 – 11:45 AM – Special Issues
- 11:45 – 12:00 PM – “Run on Sentences,” Questions and Wrap-Up

**NOTE:** Our relationship does not end today. Please reach out to and engage with me after this presentation to **connect**.





# Transitional Youth

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An Overview





# Transitional Youth – *This Presentation*

Ages 18 to 30

I refer to this age range as the Launching Phase

This is still considered adolescence as the brain is still developing





We call them...	They call themselves...
Transitional Youth	GenZ or Generation Z
Youth in Transition	Zoomer
Transition Age Youth	Baby Millennial
Youth Aging Out	#genzrevolution
Young Adults	<b>...and they call anyone 28+?</b>
Late Adolescents	Boomer, Karen, Linda, Mom, Dad, and <i>old</i> .

# Transitional Youth – *Highlights*

- Adolescence was 18-24 and now it is 18-28 years of age.
- Leaving home 24-28 years of age rather than 18 years of age.
- Buying homes in their 30s, if at all.
- Increased Homelessness
- Increased Reports of Depression and Anxiety
- Higher salaries at earlier ages (performance anxiety more common).
- Working from Home more often
- Relationships through Technology more common (Social media, video games)
- Their “dogs are their kids.”
- They are not pursuing marriage as often as their previous generations.





# The Symptom Spike

Symptoms of Bipolar Disorder, Schizophrenia, Substance Use Disorders, and Other Chronic Conditions spike during this time period.

75% of substance use and mental health conditions appear before  
age 25.

12- month symptom spike for any disorder across the lifespan occurs between the  
ages of 16 and 24.





# Generation of “I Know” Yet So Many Unknowns

- Educating Kids Younger, Higher Expectations.
- Logical brain advanced sooner than brain can work through emotions.
- Try to intellectualize emotions.
- “Make Friends, Get Out There” Yet Mental Health Capitalizing on “Boundaries, Self-Care, and Mental Health Days.”
- Expected to pick out their life plans in 7<sup>th</sup> grade.
- Unknowns – No more pensions, stability in jobs is little to none, divorce culture, lacking social skills due to technology, their value based on likes and virtual clout; *I call it the Expendables*. They are expected to find stability in a world of expendability.
- **2020 Implications / A Global Pandemic**





# Transitional Youth

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The Science







# Adolescent Brain 101

- Adolescent brain is **EXPLODING WITH NEW NEURAL CONNECTIONS!**
- The grey matter is **'pruned' away**. The brain says, "This is useful, this is not."
- As some areas are *pruned*, **others are strengthened!**
- The most developed area of the brain – **The Amygdala**
  - Emotions, impulses, aggression, instincts
- The most underdeveloped area of the brain – **The Prefrontal Cortex**
  - Consequences of actions, solve problems and control impulses.
- Teach them about science and evolution of their mind.

# Protective Factors and Risk Factors

## *The Overview*



- Low self-esteem (i.e., recognizing they have the ability to complete tasks)
- High imposter syndrome symptoms (feeling like a fraud, not good enough, not doing enough)
  - Often times they do have self-esteem, self-love, and self-worth; they lack self-compassion
- Passive Perfectionism
- Chronic Mental Health Conditions
- **Sense of Purpose** and **Sense of Belonging** greatest Protective Factors

# Protective Factors and Risk Factors

## *In Care*



- Discuss factors with them openly and how this impacts their health
- Food, Exercise, Sleep are essential to focus on first
- Engagement with care –if they attend, they increase their chance of getting better .
- Sense of belonging and sense of purpose are still two of the greatest protective factors for depression and anxiety – as noted, please share this with them and work on skills so these improve.
- Identify **believing in something bigger than yourself**. Note this is *not* about spirituality or religion. It can be hope, love, social justice, baseball, etc.

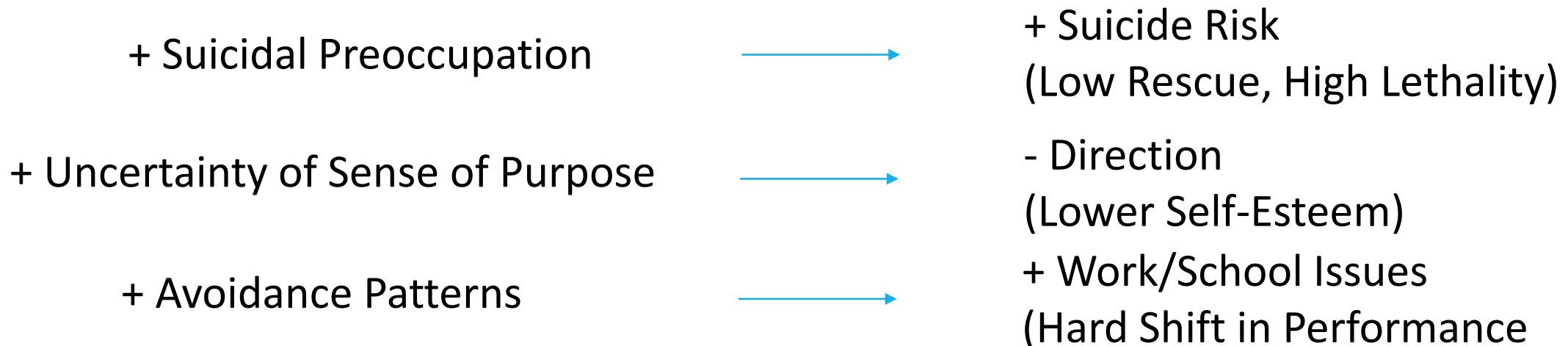


# Protective Factors and Risk Factors

## *Passive Perfectionism*



**Passive perfectionism** is defined as, “...those individuals who are inordinately afraid of making mistakes, who frequently second-guess their own decisions, who procrastinate, and for whom perfectionism creates impediments to action” (Adkins & Parker, 1996, p. 530).



## Please identify their risk factors in each area!

### Micro-Level

- Adolescents, at micro-level conceptualization, would have to deal with individual and personal issues, including demographics of gender and age and the circumstances associated with those.
- Other issues would include religious or spiritual beliefs, biological and psychological development, mental illness, sexual orientation and gender identity, disability, and cognitive functioning.

### Mezzo-Level

- At the mezzo-level conceptualization, adolescents are interacting with a large number of influences that can impact the adolescent life-cycle and development.
- Some of these influences include family, peer groups, schools, religious organizations, community organizations, after-school programs, neighborhood environment, and co-workers for adolescents with jobs.

### Macro-Level

- The macro-level conceptualization can have an impact on adolescents and their development and functioning within their environment. While these effects might not be as noticeable as micro- or mezzo-level interactions, they can be just as important.
- Influences can include laws and policies that involve education and curriculum, teenage curfew, or driving laws. Discrimination and prejudice can impact minorities and marginalized populations, and school policies can impact school involvement and performance.

## Please identify their protective factors in each area!

Please  
Use  
It  
As  
A  
Skill

Just  
Knowing  
The  
Science  
Isn't  
Enough





# Transitional Youth

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Clinical Interventions  
and  
Applications







# Their Care – *Them*

- Take note of Preferred name(s) and Pronoun(s)
- Take note of Cultures they Identify with or have trouble with from their childhood.
- They come to services and therapy without knowing what they're treated for. Or, they know *too much* from multiple sources.
- They *will research* what you tell them and they will question it. Encourage it.

Observe how **invested** they are in care.

Observe how **hopeful** they are they can get better.

**Review resources** *they already have* to help them with their mental health recovery.





# Their Care – *The “Careful Now”*

- Be aware of undiagnosed PTSD, Social Phobia, and OCD.
  - Some adolescent providers transfer them to adult care with little preparation
  - Do not “Copy and Paste” diagnostics, take it as a time of recalibration and review.
- They are a charming population to work with in care.
  - They are good at talking their way in and out of situations.
  - They are good at the “I am okay” and we may believe it.
  - Reminder we are not their friends, we are their providers.
- Please do not involve parents without a Release of Information
  - They are 18.



# Their Care – *The Families*

- Assess natural supports
  - Biological, Adoptive, Foster, Extended, Chosen
  - Friends, Mentors, Co-Workers, Employers, Neighbors, Roommates, Partners
  - If displaced from natural supports, ask how often they're in contact and also the quality of the relationship.
- Involve them, with their comfort level.
- Assist with families with reducing enabling behavior; balance with helping. ***CAREGIVE NOT CARETAKE!***
- Give family local resources in case teen loses coverage, disengages, etc.

# Their Care – *Us*

Treatment Modality or Intervention	The Reason It Helps
Dialectical Behavior Therapy	Tangible Skills, Reinforcement, Accountability, Combatting Romanticizing Mental Health Remember! “Ands” over “Buts”!
Exposure Response Prevention	Passive Perfectionism and Social Skills
Motivational Interviewing	Engagement in their Care
Community Resources	Make a List, they will have access to local resources with worst case scenarios.
Boundaries	Essential you <i>do not</i> work harder than they do. Commit to them you will only work as hard as they do.
Independent Skills and Launching Skills	We cannot assume they know how to take care of themselves, even with privilege and opportunity present.
Honesty	Hope is Hard <b>and</b> Worth It





# Their Care – *The Community*

- Department of Vocational Rehabilitation (DVR) and Job Coaching
- Comprehensive Community Services
- Transitional Housing Options
- Alternatives to Care
- Resources at their University or Community College
- Peer-Related Groups (think outside the box: DnD, Twitch, recreational volleyball leagues)

**NOTE:** The pandemic continues to expose need for services.  
Take this as a time to lasso-in community supports and natural supports.



# Their Care – *The Future*



Education and Training for all: in and *out* of offices.

Education on independent skills, ADLs, and related.

Partnerships with employers, educational institutions and counties on ways to implement effective models to help with transitions.

Implementation of peer specialists within these age groups.

Identify protocols, policies, or evaluation process for transitional youth if they are showing barriers or signs of needing assistance.





# Transitional Youth

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Anne's Insider Tips







# Anne's Insider Tips

- Transitional Care starts at 14/15 when they're in high school!
- Start discharge at intake
- Refer to mental health as a medical condition
- Externalize the symptoms
- Treat them as adults yet don't box out natural supports
- Focus on self-agency and control
- Encourage them to challenge you in healthy ways (diagnosis, prognosis, treatment options)
- They do not require you to be a parent, teacher, or friend.  
*They want a therapist.*





# Transitional Youth

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Special Issues







# Homelessness

- Increase in homelessness
- **Risk Factors** – Limited independent skills, lack of finances, severed family relationship with little to no assistance, substance use, chronic mental health conditions, lack of resources
- Tips and Tricks
  - Discuss housing and skills prior to being 18.
  - Regardless of familial involvement, give them resources.
  - I make resource pages with State of Wisconsin and local resources for ‘worst case scenario’ situations. Email it to them and have a copy.
  - Create a 6 month, 1-year and 5-year goal lists/vision boards.



# Politics

- A common phrase is “social justice warriors” or #genzrevolution
- Passionate and Political Group
- Tips and Tricks
  - Ask how this impacts them on a daily basis.
  - Ask how this impacts their mental health.
  - Focus on self-agency; what we do and do not have control over.
  - DBT – Radical Acceptance for situations outside of our control.
  - Awareness of our own biases, allow a safe place regardless of beliefs and focus it back on mental health and impact.



# Dual Diagnostics

- Topic: Mental health and an intellectual disability, developmental disability, Autistic Spectrum Disorder, or related.
- Increased assessments and resources means there are more transitional youth coming of age with these diagnoses who require support.
- Tips and Tricks
  - Ensure developmentally and intellectually appropriate resources.
  - Discuss guardianship or assistance resources years in advance with family.
  - Discuss if a case manager or transitional youth program through the education system are good fits.
  - Appropriate therapists and providers – find someone with a specialty.
  - Focus on independent skills and activities of daily living (ADLs).





# Failure to Launch

- Population with mental health conditions who have to live at home or with a natural support due to attempting to be independent and there were/was barrier(s).
  - Examples – Went to college, had to suspend or drop out; Went to college, asked to leave; Living in own apartment and needed to return home due to finance constraints, roommate difficulties and this can be at 18 OR 28!
- Tips and Tricks
  - Resource Lists!
  - Family involvement, with boundaries
  - Family Therapy, Couples Therapy
  - Ask yourself – is CCS or Case Management necessary?
  - Local Groups and Higher Levels of Care



# Substance Use

- More social acceptance
- Marijuana and Alcohol use can be barriers to care and mental health
- External pressures and peer relationships continue to be the most prominent warning sign for symptoms to immediately worsen, risk factor to stay from treatment, *and also PROTECTIVE FACTOR* to **engage in treatment.**
- Tips and Tricks
  - Assess, initially and ongoing, for substance use
  - Assess social supports and their substance use
  - Recommend *care* for substance use as needed and ethically appropriate

# Educational and Employment Accommodation



- FMLA or Related Paperwork
- Discuss accommodations formally (i.e., paperwork) and informally such as natural supports who can help.
- Increase organizational (i.e., keeping track of self) and social skills (i.e., asking for help)
- Tips and Tricks
  - Know local, school, and employer resources
  - Encourage getting connected to those resources
  - Timely completion of paperwork (i.e., people love requesting paperwork when it is due in one day; important to set boundaries and expectations)
  - ROI for employer or school if completing paperwork, remember ROIs are NEED to know.





Thank You  
*and*  
Questions

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## Resources and References



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