



**QC Hearts and Minds: Building Bridges
Service Trailblazing Session
Navigating Local Behavioral Health Resources with an
Understanding of the Adolescent Mind
Meeting Report for November 10, 2009**

Meeting Format

Fifty four people attended the QC Hearts and Minds Trailblazing Session. The session began with a networking activity where people interacted with others in community. After the networking activity two speakers spoke about the adolescent mind. Chris McCormick-Pries, ARNP representing Vera French, presented information about the biological aspects of the adolescent brain. She incorporated the biology and physiology of the brain to explain emotional responses to stimuli. Sam Moreno, PhD representing Robert Young Center, followed suit by presenting information regarding the environmental perspectives that affect the adolescent mind. After the presentations, Marcy Mendenhall introduced a case study and instructed preassigned groups to discuss the main character's situation and resources available to aid this fictional adolescent. During a large group discussion session, groups reported their ideas and asked questions regarding the presentations and community resources.

Behavioral Health Case Study (Reprinted from the session)

AJ is a sixteen year old who's Dad was released from prison after 13 years and two months ago. AJ went to live with Dad who supplies alcohol and marijuana on a daily basis. However, two weeks ago Dad went into a rage and severely beat AJ. AJ didn't go to the emergency room because Dad would get "in trouble" and does not have money or insurance to cover the medical expenses. AJ thought about going to Grandma's house but a year ago stole money from her purse and was banned from her house.

AJ's parents have untreated mental illnesses. Father had once been diagnosed with "manic depression." Mother has been dually diagnosed with Bi-polar Disorder and Cocaine Dependence and is largely untreated.

Mom is a consistent crack cocaine user and prostitutes herself for drugs. When AJ was nine, Mom began offering AJ to her "clients" for payment for drugs. Department of Human Services (DHS) has investigated the family twice and both times the child abuse allegations were unfounded. DHS referred mom and AJ to mental health services and AJ was first seen for psychiatric care at age ten. Mom reported that AJ struggles to focus in class and was diagnosed

with Attention Deficit Disorder but doesn't remember taking medications. AJ has been closed as a patient of several behavioral health professionals due to perceived non-compliance with treatment for not attending appointments.

Currently, AJ attends school on a random basis and is on the verge of failing most of the classes. AJ admits to being picked on at school because of the type of clothes worn and frequent hair color changes. In middle school, AJ excelled at band and choir but new friends said band and choir were only for 'nerds' and AJ quit. At one time, AJ thought about being a flight attendant. Since leaving Dad's house AJ has slept on several different friends' couches. The school is requiring AJ to talk to you after AJ threatened a teacher. AJ shares the above information, begins crying and asks for help.

Small Group Discussion Questions:

Are there gender or culture factors that would influence your decisions when assisting AJ?

- Presence of violence in home, drugs, sexual abuse, helplessness, DHS failure, fear and insecurity are all factors that should be taken into consideration
- Need to look at family dynamics
- If AJ is a female, should try to look into gender specific help (not many available options for males in particular)
- Need to look at housing alternatives
- Need to look at cultural factors
 - Does AJ's culture hinder him from leaving family, etc.
 - Need to look at activities that will fit into AJ's particular culture
- Need to know about race: Caucasians have different care taking strategies than African Americans do
- Need to look at sexual identification issues that may result from traumatic sexual experiences

What are AJ's positive assets?

- He/she is an individual who is surviving
- He/she has interests and goals in life
- AJ's link to school opens up resource opportunities

- He/she has an interest in music, which is an activity that he/she is good at
- AJ is able to express emotions and is willing to share his/her story
- He/she is self-reliant and is very resilient despite negativities in his/her life
- Teachers have referred this individual which signifies that he or she has mentors who care for him/her as an individual
- This individual is not failing all classes; he/she is still in school
- Indirectly, Dad is aware of his mental illness and therefore may be able to be treated
- AJ is not in juvenile court
- AJ has resources. For instance he/she is able to change clothes and hair color
- He/she has some link with dad because he/she does not want to get father in trouble
- He/she has been able to find basic needs: food and shelter

What are the strengths of AJ's support system(s)?

- There are mentors at school:
 - music or choir teachers
- The school administrative team has access to resources for AJ
- AJ may be able to rebuild bridge with grandma
- Friends are willing to house AJ
- Due to his/her situation AJ may be able to access funding streams for care
- AJ is able to participate in extracurricular activities
- AJ has the safety and trust of a counselor
- Dad is maintaining a home even two months after release from prison
- DHS is/was involved with the family
- 3 family adults are present in AJ's life

Name AJ's motivation(s) to attend school?

- AJ likely attends school because of safety and structure
- School provides basic needs: food, shelter, shower
 - McKinney-Vento-Act: This is a federal mandate which allows homeless children who are of education age to have access to funds for clothes, GED help, and education fees
- A place to get away from home
- AJ has formed trust bonds at school
- AJ has easy access to school
- AJ may have the goal to get his diploma or GED

After AJ's life experience was shared, you have 5 minutes before your session is over. What is at least *one* strategy or resource that AJ could take away from your visit?

- Develop a plan to provide outreach services
- Form an alliance with AJ so that he/she will return
- Say to them, " It is not what happened to you, it is what you do with it" so that the individual will feel as though there is hope
- Establish safety net
 - establish after school adult-child connection in the form of a mentor
 - make amends with grandma
- Ensure that AJ has transportation to future appointments
- Focus on the positives on AJ's life- tell him/her that the things he/she is doing are truly amazing
- Set up small comfort zone setting at school
- Medical care
 - physical
 - birth control
 - pain medications
- Report information (probably to DHS because of lack of family stability)

Large Group Discussion Questions:

AJ agrees to return for a 30-minute session with you in two days:

What are current community resources that you would link AJ to for assistance?

- Crisis Hotline
- Dietician, Nutritionist
 - Look at Diet (chemicals in different foods have different effects in body)
- School-work program
 - for the ultimate link to graduation
- APEX recovery online
- Online courses
 - online credits to get caught up, to get enough credits for graduation
- General Physician
 - If she/he is beat up will need complete physical
 - What if they say no? (no answers provided for this other than to keep pushing to try to have physical)

Are there community resources that would have been helpful to AJ but are no longer available?

- In Iowa there have been 10% cuts; however, cuts may rise to 30-40% in the next 12 months which could create "ugly" circumstances in Iowa
- No specifics about particular community resources unavailable, just notes about future

Questions:

1. How are there adults with ADD if, as the presentation stated, ADD is a problem with the process of maturing? Aren't adults fully mature?

- ADHD and ADD is often misdiagnosed because it is very hard to diagnose
 - May not be a mental issue, may be diet related
 - May have problems with impulsivity and focus- people may self select professions that are compatible with their personalities

- May be a learning disability
 - May be a result of substance abuse
 - Would need to ensure one is sober before testing proceeds
 - Myelin coating may be damaged which could explain parental issues
 - 16-25% develop bi-polar disease later in life, which is easily confused with ADD
2. How do we spread this news about Resources, ADD, and other issues regarding adolescents?
- Schools- need to teach these issues at the higher education level so that young adults are aware of these issues before they go into the workforce or have kids
 - Need to speak with parent groups
3. How do we get through to parents?
- We should not be worried about parents, but rather should be focusing on AJ
 - We need to encourage parents to consider counseling and therapy for both themselves and AJ
4. What are the effects of concussions during child and adolescent brain development ?
- In general any injury to the brain is traumatic and causes tissue death
 - At young age brain is very plastic
 - Everybody has different effects
 - Do not dismiss head injuries when speaking with those who may have had one, but rather focus on other strengths
 - Should try to stop activities that lead to brain damage because damage cannot be repaired
 - the more you beat it up, the more difficult it is to repair

Closing Thoughts and other Miscellaneous Information:

- We need to look at parents because eventually children will have to return to them
- Need to talk to kids in terms of where they are developmentally

- There is some argument about whether to speak to children about brain function and diagnostics
 - Children want information
 - Need children to have hope
 - We need to invite and engage with kids because their brains process differently than adults' brains do
 - We need to provide children with positive reinforcement...they have made it thus far so welcome whatever they are doing to survive
- We need to get students involved in right services
- We need to band together and share information so that we can get students where they need to be
- We need to change diet early so that we can change behavioral and wellness issues in the long-term