Identifying Needs and Creating Appropriate Services for Young Adults with TBI and Co-occurring Behavioral Health Disorders
Components of Brain Injury
TAY Services

• Comprehensive intake process including review of records, meetings with individual and family members during which information regarding the, vocational and behavioral health history is gathered as well as screenings for TBI, mental health and substance abuse are completed.
• Clinical case management services
• Access to residential home dedicated to TAY with brain injuries
• ISS or Clinical case management only also offered
Components of Brain Injury
TAY Services

• Individual support services available to those who chose not to live in the residence
• Access to coordinated medical, neurobehavioral, substance abuse and vocational services etc. is facilitated
• Assistance with applying for benefits (SSDI/SSI & Medical Assistance) is provided
• Quarterly meetings with the individual, family, case manager and TAY staff are held to review goals and progress
Keeping in Mind that TAY are NOT Mini Adults... the following theories and models provide foundation for Brain Injury TAY Programming
Adapting TAY Models of Support for Individuals with TBI

• Erickson’s Psychosocial Stages
• Transition to Independence Process System (TIP)
• Strength Discovery & Needs Assessment
• Stages of Change
• Motivational Interviewing
Erikson- Psychosocial Stages

- Trust v Mistrust (birth to 12-18 mo) HOPE
- Autonomy v Shame/Doubt (12-18m to 3 years) WILL
- Initiative v Guilt (3yrs to 6yrs) PURPOSE
- Industry v Inferiority (6yrs to puberty) SKILL
- Identity v Identity Confusion (Puberty to young adulthood) FIDELITY
- Intimacy v Isolation (Young Adult) LOVE
- Generatively v Stagnation (Middle Adulthood) CARE
- Ego Integrity v Despair (Late Adulthood) WISDOM
Erikson’s Stages for TAY Population

- Identity vs. Identity Confusion (role confusion)
- Identity is a coherent conception of self, made up of goals, values, beliefs to which the person is committed to:
  - To become a unique adult with a coherent sense of self and a valued member of society
  - Not done by modeling (like childhood) but through organization of abilities, skills, needs, interests, and desires in a socially acceptable manner
- Confusion normal
  - Cliques
  - Intolerance of differences
Erikson’s Stages for TAY Population

- Three Choices
  - Choice of Occupation
  - Adoption of Values
  - Development of satisfying sexual identity

- Success
  - Fidelity - sustained loyalty, faith, sense of belonging to a loved one or to a friend
  - Fidelity is an extension of trust - adolescents have to become trustworthy
Erikson’s Stages for TAY Population

• Intimacy v Isolation
  • Can you make a deep, personal commitment to others
  • Or do you become isolated and self-absorbed?
  • Strong identity in stage 5 leads to ability to fuse identity with someone else
  • Love- commitment to someone other than yourself (partner, children, etc.)
Skills Learned in Adolescent Development

• Adequate self concept
• Social and interpersonal relationships
• Communication/Connection
• Negotiations and conflict resolution
• The ability to develop and use meaningful support systems
• The achievement of non-chemical highs
• Effective management of stress
• Striving for the future
• Positive frame of reference
Transition to Independence Process (TIP) System

- Evidence based practice model in transitional youth population with EBD
- Goal: Prepare youth/young adult with EBD for their movement into adult roles through
  - An individualized process
  - Engaging them in their own future planning process
  - Providing developmentally appropriate supports
TIPS Design

Design:
- 14-29 year olds, their families, and other key players
- Core proactive case manager with small caseload
- “Facilitator”

Core Transition Domains:
- Employment and Career
- Education
- Living Situation
- Personal Effectiveness/Wellbeing
- Community Life Functioning
TIPS Guidelines to Programming

- Engage young people through relationship development, person-centered planning, and a focus on their futures.
- Tailor services and supports to be accessible, coordinated, developmentally-appropriate, and build on strengths to enable the young people to pursue their goals across all transition domains.
- Acknowledge and develop personal choice and social responsibility with young people.
- Ensure a safety-net of support by involving a young person’s parents, family members, and other informal and formal key players.
- Enhance young persons’ competencies to assist them in achieving greater self-sufficiency and confidence.
- Maintain an outcome focus in the TIP system at the young person, program, and community levels.
- Involve young people, parents, and other community partners in the TIP system at the practice, program, and community levels.
A strengths based assessment encourages those who work with young people to see the possibilities rather than the problems, the options rather than the constraints, and once seen achievement can occur. As long as we stay in the much and mire of deficits, we cannot achieve.”

Benefits to Strength Based

- Demonstrates Interest
- Builds rapport
- Views young person as a resource, source of solutions - NOT the problem
- Emphasizes strengths
- Helps to realize abilities
- Provides facilitators with understanding of persons environment
- See the person in a positive light
- Produces information for futures planning
The Stages of Change

http://www.well-fitbodies.com/readiness_for_change
A collaborative, goal-oriented method of communication with particular attention to the language of change. It is designed to strengthen an individual’s motivation for and movement toward a specific goal by eliciting and exploring the person’s own arguments for change.
3 Key Elements to MI

• Collaboration (versus Confrontation)
  • Rapport and trust
  • Grounded in the client perspective

• Evocation (Drawing out rather than imposing ideas)
  • Lasting change comes from within

• Autonomy (versus authority)
  • True power of change is within the person
  • Empowerment
  • Responsibility
  • No single “right” way to change
  • Encourage a menu of change options
Creating a Environment for Engagement and Positive

- Residential home in the community
- Home staffed with young professionals
- Private bedrooms
- Age appropriate games, music, etc. offered
- Time spent in the community, college classes for credit or noncredit, volunteering, physical fitness, work and work related activities
- Time spent with family and friends
- Access to 12-step meetings in the community
- Coordination of medical and mental health services
Behavioral Support Services- The Environment

- Supervised access to sharps and lighters
- Exits have chimes
- Individual food storage
- Money management
- Structured Routine- Verbal and Visual Cues Daily
- Task analysis
- Establishment of baseline before new tasks

- Reinforcement schedules
- Positive Prompting
- Behavior specific praise
- The Internet- Social Media
- Phone Use
- Staff selection
  - De-personalize behaviors
  - Physical ability
  - Consistency
  - Wiliness to participate in plan
References