

THE PROCESS OF MENTAL HEALTH RECOVERY/RESILIENCY IN CHILDREN AND ADOLESCENTS

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PRESENTATION OVERVIEW

- Mental Health Center of Denver
- Recovery/Resiliency Views in the Field
- Methodology
- Findings
- Future Directions & Next Steps
- Questions

WHO WE ARE

- Mental Health Center of Denver (MHCD)
Evaluation and Research Department & Quality Systems Department
- MHCD is a non-profit community-based mental health center located in Denver, CO providing service delivery to 6,500 consumers (i.e. clients)
- MHCD's Child and Family Department serves 1,500 children and family members per year

Services include:

- 2 Community Clinics for child and family
- 11 School-based services
- Day treatment-16 individuals per day
- Home-base services
- PEARL (Parent Empowerment Alternatives with Resources and Learning)
Program serving children ages 1-8

MENTAL HEALTH SERVICE DELIVERY TRENDS

- Within the U.S., the field of mental health is transforming to focus on needs of it's consumers moving towards a more comprehensive form of health care (U.S. Department of Health and Human Services [DHHS], 1999, 2003).
- The 2003 Presidents New Freedom Commission on Mental Health suggests “care must focus on increasing consumer’s ability to successfully cope with life's challenges, on facilitating recovery, and on building resilience, not just on managing symptoms”.
- The big question -Does recovery fit into concepts of systems of care and resiliency?

Recovery and Resilience in Children's Mental Health: Views from the Field (Friesen, 2007)

- “How does mental health recovery apply to children?”
- Compared and contrasted recovery (defined by the literature), resiliency and systems of care for children
- Method:
 - Phone interview with professionals
 - Two day meeting of ‘experts’
 - Two open discussions at the Federal Families annual meeting (in 2004)
- Selected Findings:
 - Use of terms recovery & resiliency in conjunction
 - Recovery applied to the entire family/caregivers
 - Mental health is a broad area of services
 - Account for developmental differences

Recommendations from Friesen, 2007, p43

1. **“Continue the examination of relationship between recovery, resiliency and systems of care principles.”**
2. Frame deliberation regarding recovery within a public health perspective- looking at how prevention and early intervention are related concepts
3. **Apply the phrase “resilience and recovery,” not just “recovery”**
4. **“Outcomes of mental health services should be defined by youth and families, and systems should be held accountable for progress toward these outcomes.”**
5. Revise financial mechanisms to support concepts
6. **“Administration and financial support for peer to peer (youth and family) programs is crucial”**
7. **“Additional input should be sought, especially from youth and families”**

METHODOLOGY

- We are conducting a qualitative evaluation to determine at MHCD how do the concepts of recovery, resiliency and system of care relate to one another for youth and their families?
- The specific type of qualitative investigation is a constructivist *grounded theory study* (Charmaz, 2006),
 - interaction between the participants and the concepts of recovery, resiliency and systems of care results in knowledge for evaluation.
- 17 Participants completed a single conversational interview (20 to 30 minutes) :
 - 8 therapists (including a psychiatrist, a school-based, and a home-based therapist)
 - 4 teachers and 1 principal
 - 3 youth consumers (ages 8 to 17)
 - 2 parents/guardians of youth consumers (ages 8 to 17)
- Similar questions with varying language
- Interviews were transcribed verbatim

Coding of Interviews

- Coding team-met weekly for reflection on entire database of codes
 - 1 coder for recovery,
 - 1 coder for resiliency,
 - 1 coder for systems of care
 - 2 individuals who reviewed the codes and concepts
- First, defined our initial codes(1)
 - Recovery defined by MHCD for adult mental health
 - Resiliency defined by literature review of contemporary resilience theory :
 - Systems of care, including wraparound services defined literature review of:

Coding of Interviews (cont)

- Codes were combined and expanded throughout the analysis
- Final Code list included 201 codes
 - 55 focus codes (or categories) and 146 axial codes (or sub-categories)
- 77 codes were saturated in the analysis, therefore the results are based only on these saturated codes

Preliminary Findings: Similarities of Recovery and Resiliency

○ Working Toward Goals/Establishing Goals:

- Teacher participant: *“He gradually was able to get them away from the behavior plan to where they just realized that behaving was a goal in and of itself, which is really helpful”*

○ Engaging in Activities seeking activities of interest/Being Creative:

- Youth participant: *“Most of the reasons for my cutting and what I could do to change that instead of doing cutting and so I learned different ways to deal with all my pain like I started writing poetry,”*

○ Decreasing level of symptom interference/internalizing symptoms and not externalizing symptoms

- Youth participant: *“Yeah, I didn’t like the side effects and then so I switched to another drug which didn’t have as many side effects and didn’t effect as adversely as the other one.”*

Preliminary Findings: Similarities of Recovery and Resiliency

○ Not using substance

- Clinical participant: *“he’s not even doing any drugs”*

○ Decreasing Legal Involvement/ Decreasing Delinquency:

- Clinical participant: *“Let’s make sure you don’t have any more contact with the law so attending therapy on a regular basis.”*

○ Being Hopeful/Hoping

- Clinical Participant: *“Glimmers of hope and usually it really comes down to hope.”*

Preliminary Findings: Similarities of Recovery and Resiliency

○ Being Happy

- Parent/Guardian participant: *“she is smiling and happy”*

○ Increasing Independence/Establishing Self-Efficacy

- Clinical participant: *“they start to talk about wanting to get out on their own.”*

○ Focusing on Strengths/Emphasizing Strengths by others

- Youth participant: *“And so my therapist really helped me realize that you know there really are good things about myself-good things that I like and there are good things to look at. Even if you don’t like yourself there’s at least something..”*

Preliminary Findings: Relationship of Recovery and Resiliency to Systems of Care

○ Recovery and Systems of Care

- **Empowerment**

- Youth participant: *“It makes me feel good because I am speaking my mind.”*
- Linked to decreasing stigma in recovery

- **Sense of Safety/ creating an open and safe place for youth**

- Teacher participant: *“Just letting her know that this was a safe environment was part of it”*
- Recovery was a physical sense of safety, while systems of care was physical and emotional safety

Preliminary Findings: Relationship of Recovery and Resiliency to Systems of Care (cont)

- Resiliency and Systems of Care
 - There were no saturated codes that reveal a unique relationship between resiliency and systems of care that was not found in all three concepts

Preliminary Findings: Unique Concepts of Recovery

- **Individualized Change (non-linear process)**
 - Clinical: *“I think get better is kind of an individual thing.”*
 - Similar to bouncing back in resiliency, but individualized change is much more long term
 - Systems of care includes a category on Individualized services, including individualized education plan but was not saturated
- **Decreasing Stigma**
 - Clinical participant: *“I think looking at the stigma that in society in general of mental health of you know you’re crazy if you have to go and talk to someone and I think just some of the sites of looking at how ethnic minority families are less likely to reach out for those service.”*
 - Linked to empowerment, but looking at how we view youth experiencing mental health problems and trying to de-stigmatize this label or identification

Preliminary Findings: Unique Concepts of Resiliency

○ Caring about others

- Youth participant: *“I know if I do cut that it will hurt him more because it hurts me but it hurts him a lot too.”*
- Caring about others seemed to be related to forming good relationships, but was not necessarily the same

○ Problem Solving

- Clinical participant: *“It’s a new problem and how we handle it and we go from there and that it’s all and it’s very much more problem solving than anything else.”*

○ Being Self-Confident

- Youth participant: *“raise my self-esteem”*
- somewhat related to being strengths-oriented

Preliminary Findings: Unique Concepts of Systems of Care

○ Cultural Competency

- Clinical participant: *“What I realized was I needed to do was to take a step back and understand and observe so I could understand the dynamics of the school from a cultural perspective, even though I speak Spanish there was a real issue with trust.”*
- Related to individualized progress in recovery, but seem to be more of a focus within systems of care

○ Interagency cooperation

- Teacher participant: *“[therapist] is that he checks in with us all the time, um how are things going? What can I do to help? What have you observed? So just our conversations um help us you know start to work through you know how it is that we can um help the student.”*

Future Directions

- Conduct additional interviews with youth and families
- Conduct additional interviews with individuals representing members of systems of care (including substance use)
- Ask additional questions to attempt to measure the unsaturated codes and to clarify the relationships already identified
- Developing a youth mental health committee including professionals, families, and youth participants to provide feedback for the project findings

QUESTION, COMMENTS, & FEEDBACK

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Literature Review

- **Recovery**
 - **Working Definition:** Recovery is a process of self-directed healing and transformation
 - **Operational Definition:** Recovery is a non-linear process of growth by which people move from lower to higher levels of fulfillment in the areas of sense of safety, hope, symptom management, satisfaction with social networks and active/growth orientation
- **Resiliency :**
 - Alvord & Gradoes, 2005; Bosworth & Earthman, 2002; Eisold, 2005; Jew, Green, & Kroger; Maluccio, 2002; Newman, 2005; Luthar & Zigler, 1991; Rak, 2002; Richardson, 2002; Roisman, 2005
- **Systems of care:**
 - Baker, 2006; Burns & Goldman, 1999; Douglas, 2000; Dierker et al., 2004; Duckworth et al., 2001; Libby & Riggs, 2005; Nissen, 2007; Pumariega et al., 2003; Rosenblatt & Woodbridge, 2003; Stambaught et al., 2007; Walker et al., 2005