

## JOHN: SCREENING AND ENGAGEMENT PHASE

The EASA team met seventeen-year-old John as a high school senior, a talented guitarist and basketball player. For several months, however, his family and friends had noticed his growing social withdrawal, plummeting grades, and uncharacteristic suspicion and odd statements. He would stand up and abruptly leave the classroom, and by the beginning of his senior year, he refused to attend school. He had started to believe that cameras were tracking him in the classroom and at home. John confided to his mother that he “might be going crazy.”

John’s school counselor had learned the early signs of psychosis from a community education presentation and contacted EASA, which provided a brief screening of the presenting symptoms and consultation on how to best respond. John’s mother, JoAnne, recognized a problem, and was eager to get EASA involved, while his father, Peter, felt cautious about working with mental health providers as he saw the experiences as a sign of God testing Peter's growing religious faith. Furthermore, Peter was a fifth-generation farmer, and saw his son's mental health problems as behavioral issues that needed to be solved quickly, in order for John to help run the family farm. Sensitive to the family’s concerns, the EASA clinician came to the family’s house and shared food with JoAnne, Peter, and John, to get to know them better, hear their concerns, and provide useful information that would be resources that fit these concerns and more immediate needs.

She spent time introducing herself, getting to know the parents, explaining how EASA operates, and gathering information about their lives, the strengths of their family, as well as their different perspectives about what was happening with John. She discovered that John’s maternal grandmother had spent decades in their community as a faith healer, relying on natural remedies, to successfully heal many community members that the mental health clinic

unsuccessfully tried to "fix" by using medications. Both parents expressed concern about feeling ashamed this was happening and were concerned that others in the community might judge them for accepting support for their family, from mental health providers. Thus, it was necessary to allow plenty of time to hear the parents' fears, build trust, and help make room in the conversation for their varying beliefs, worldviews and preconceptions about mental health services. The EASA clinician explained what the roles of each of her EASA team members, the approach they take as a team, what the family can expect about including the family in treatment, as well as their approach to including individuals and the family strengths, choices about treatment, including medication, and how they will work together to have the best outcomes from their EASA treatment.

#### JOHN: TREATMENT PHASE

The counselor gently introduced information about teenage brain development and psychiatric illness using a stress-vulnerability framework that views psychiatric symptoms as resulting from a variety of factors, many of which can be modified (Substance Abuse and Mental Health Services Administration, 2009a; Jackson & McGorry, 2009; Nuechterlein et al., 1992; Nuechterlein & Dawson, 1984; Zubin & Spring, 1977). She also endorsed Peter's understanding that these symptoms could also be faith-based experiences, shaping their son's growing connection to God. By endorsing, and not challenging, the range of the families and the EASA clinician's understanding of what might best explain the symptoms John was having, the family gained a sense of trust and the start of a sense of hope, as they realized that they each could play an active role in their son's success and well-being. Recognizing their state of crisis and familial distress, she explained that these are normal reactions that most families experience. The

counselor helped create a good short-term crisis plan, that included reaching out to the families pastor with Peter, while she began to engage with their son.

John was initially wary of and resistant to the counselor. He became willing to talk as the counselor showed genuine interest in his music and basketball, and his goal of finishing school. The EASA clinician used the strengths assessment as a way to engage with John around activities he enjoys and his hopes for himself. She learned that John had a long history of being actively involved in sports at school, which kept him involved with friends; and hunting, which took him into the outdoors for extended periods of time. He often listened to music as a way to reduce the anxiety he felt on his way to and from school. Together they incorporated these strengths and hopes into John's treatment plan.

The counselor talked with her team about John, and his family. She shared John's assessment, initial treatment plan, John's and the family's strengths, concerns, and hopes. She explained to the team that there was more work to be done to better engage the family. The team made a plan on the next steps they would each take to meet the families and John's goals and needs. The EASA clinician introduced the family to the rest of the EASA team: the psychiatrist or psychiatric nurse practitioner and nurse, employment and education specialist, and peer support specialist. The team members coordinated closely, reinforcing the strengths of John and his family. They used their weekly team meeting to be sure they shared successes, coordinated care closely with one another, and identified each team members role to support the family and John reaching their goals that week, in a step-by-step fashion. In clinical supervision, the team members talked about the differences between each of their own assumptions and values and the family's explanations for why John was experiencing the symptoms.

Over time, the team provided opportunities for the family to meet and learn from others in successful recovery or "healing journey" as the family preferred to call it, offered expertise to support well-informed decisions, helped the family re-envision a positive, long-term future, and explored options for meeting their short-term and long-term goals. The family participated in educational workshops and groups, learning about symptoms, coping skills, and communication techniques. The support from the EASA team and other families helped John's family learn skills to reduce their stress, and take things one step at a time.

The EASA staff shared the strengths and occupational therapy assessments with John's high school counselors and administrators, helping arrange for accommodations. Accommodations for school were guided by the information the EASA clinician gathered in the sensory profile. That information helped identify the heightened sensitivity John experienced in class. Information about John's sensory experiences also supported John and his family finding ways to reduce the stressful communication they were struggling with at home. With the support of the EASA clinician and the sensory profile, John and his family were able to make changes in their home environment that resulted in actual rooms in the house having a calming effect on everyone.

#### JOHN: TRANSITION PHASE

John's symptoms gradually improved. He learned ways to cope with his persistent symptoms and was able to successfully complete high school with his peers. The employment specialist helped him find a way to build a small business milling lumber on his family's farm. John lived at home and went to on-line community college for a year after high school.

In the fall when he started college, in the closest satellite campus to home, he had a significant relapse, but he was able to return with a temporarily reduced class load and accommodations. Eighteen months after first joining EASA, John and his family gradually, over a six-month stretch, transitioned into ongoing services through his school, a local community health center, and became a youth leader at his family's church. EASA remained a resource as the family ran into new challenges. John and his father spoke several times to families who were new to EASA, and talked to their local faith network as well as providing remote live testimony to their legislative committee. John went on to receive his associate degree at the community college and then returned to build his mill business that now served local and statewide customers.