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The BAC Community Access and Socialisation Group

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- 15-bed inpatient medium-long stay rehabilitation ward, located at Wacol Brisbane
- 5-10 place day/outpatient program
- Referral by community or acute service
- Must have an Axis 1 diagnosis
- Provides mental health service for young people 12-20 years.

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Function
Behaviours
Diagnosis
Environment
Substrate



The Tasks of Parenting

Level of commitment
Adequacy of nurturance
Attachment/bonding styles
Met dependency needs
Met protection needs
Levels of consistency,
supervision, monitoring
Correction styles
Communication of schemas, values
Adequate boundaries
Emotional containment
Capacity to facilitate transitions
Capacity to understand

Developmental Tasks of Adolescence

Cope with physical changes
Develop cognitive maturity
Negotiate school
Negotiate peer relationships
Develop emotional maturity
Care for the self
Develop moral maturity
Occupy leisure time
Establish boundaries
Develop competencies to become independent
Develop identity
Individuate
Develop life schemas
Develop a sense of future

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Staff Profile

- Multidisciplinary team
 - Nursing Staff
 - Medical Staff
 - Allied Health Staff
 - Speech Pathology
 - Psychology
 - Social Work
 - Occupational Therapy
 - Expressive Therapist
 - Teaching Staff
 - Administrative Staff.

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Typical Presentations

- PTSD, Complex Trauma
- Eating Disorders
- Social Anxiety
- Depression
- Suicidality and Self Harm
- Psychosis, Tourette's, OCD, Aspergers

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Acknowledgements

- Began with a proposal in early 2004
- By Sharon Alexis and Lyndal McCasker,
Occupational Therapists

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The background of the slide is a photograph of an outdoor schoolyard. In the foreground, there is a large, well-maintained green lawn. In the middle ground, there is a paved area with a netball court. In the background, there are several large, mature trees with green foliage, and a multi-story school building with a red roof is visible. The overall scene is bright and sunny.

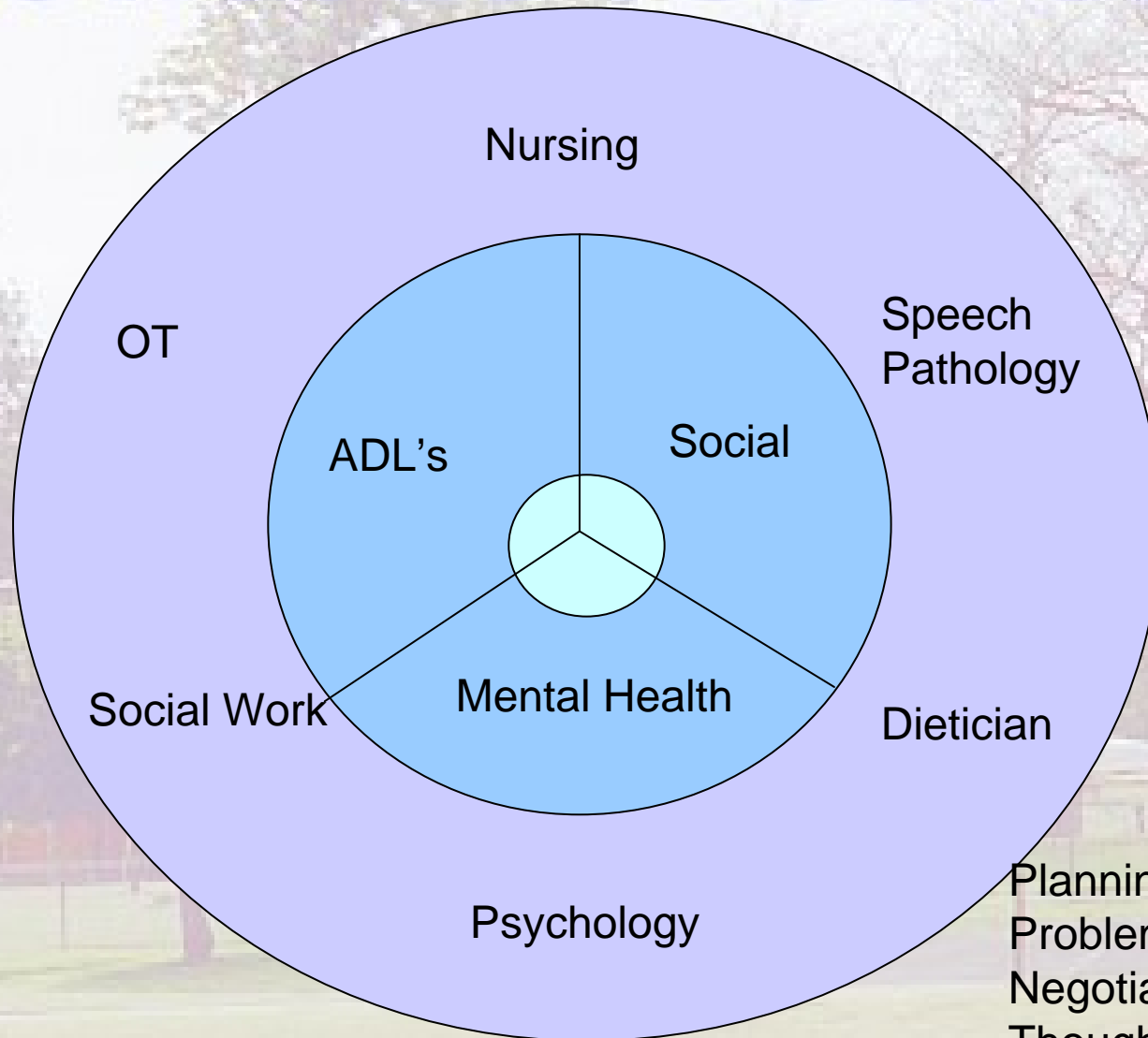
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Community Access Group

- A exposure group encompassing the elements of :
 - Skill Acquisition/Mastery of age appropriate ADL's
 - Mental Health Skills
 - Social/Communication Skills

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- Planning/Organisation
- Problem Solving
- Negotiation
- Thought Challenging
- Anxiety Management
- Compromise
- Decision Making

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Objectives – ADL's (and beyond!)

- Grooming and appropriate dress
- Money management/budgeting
- Coordinating public transport
- Personal safety skills
- Accessing Leisure Options (fun!)
- Planning and Organisation

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Objectives – Mental Health Skills

- Exposure Therapy
- Anxiety Management/Distress Tolerance
- Thought Challenging/Reality Testing
- Safety in public
- Problem Solving
- To improve mental health and positively influence self-efficacy, competency and global self-worth

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Objectives - Social/Communication Skills

- Verbal Problem Solving
- Negotiation and Compromise Skills
- Talking in a Group
- Communicating needs/labelling emotions
- Talking to members of the public
- Social interaction with peers

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Why Run a Community Access Group?

- Core Skills Groups
 - Social skills
 - Anxiety management
 - Anger management
 - Problem-solving
- Individual Therapy

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Why Run a Community Access Group?

- Groups run in isolation of each other
- Participant levels of motivation and engagement were low
- Learning was decontextualised (compounded by low motivation)
- Strategies to generalise learning sub optimal
- Pre-post measures inadequate

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Group Structure

- Term basis
 - Adolescents would go on approx. 8 outings per term
 - May be involved over multiple terms
 - Allows for building on skills over a longer period
- Whole day
 - Run during school hours
 - Pre planning, outing, debrief

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Participant Selection

- Multidisciplinary consultation
- Selected on basis of:
 - Individual treatment plan goals
 - Past participation
 - Group mix
 - Stage of re-integration to school and community
 - Staff availability
 - Safety risks

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Group Structure

- 3 - 5 adolescents per group
- 2 Staff per group: Psychology, Speech Pathology, Social Work, Occupational Therapy, Dietician, Nursing

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The Focus of the Group

- Adolescents “owning” the group
- A balance of
 - Fun/leisure
 - ‘Normal’ adolescent activities
 - Individual treatment plans

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Why does it work for Mentally Ill Adolescents?

- Very accepted by adolescents
 - Not seen as a “therapy group”
 - Better participation and motivation
- Great for rapport-building
 - aids therapeutic relationship before, during and after assessment

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Why does it work ?

- Multi-disciplinary
 - Different disciplines each with their perspective, work on a treatment area, together, at the same time, less ‘turf’ wars or doubling-up
 - Allows us to influence the practice of our colleagues using real examples, to give our discipline-specific perspective
- Teaching social skills “in situ”
 - Best for motivation and generalisation

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Future Goals

- Groups at different skill levels
- Better targeting of goals from individual treatment plans
- Better measurement
- Specialised groups

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An Example – “K”

- 15-year-old girl from northern QLD
- Diagnoses included PTSD
- Goals for “K” (that could be met by the group)
- Considerations for “K”s participation
- Her trip into the City
- Her trip to Univ of QLD

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