

A Collaborative Path to Comprehensive Community- Based Adolescent Life Skills Programme

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Abstract

Community based programmes for adolescents receiving mental health services have been previously linked with the effective acquisition of knowledge, change in perceptions and attitudes, as well as change in behaviours. This article will detail how the new Teen Life Skills Programme was able to address some of the barriers and equip the participants with the skills they needed. Adolescents in this programme had mental health challenges such as attention deficit hyperactive disorder (ADHD), Autism spectrum disorder (ASD), depression, and anxiety. The programme consisted of morning workshops and afternoon job placements.

Creativity and adaptability in the practicing community will pave the way for innovations and divergent thinking approaches for adolescents receiving mental health services. This article will outline the process of the Teen Life Skills Programme from conception to implementation. A thorough evaluation will provide a global outline that can be used to initiate similar programmes worldwide. The process, objectives, benefits, and opportunities of the programme will be highlighted.

Since we are in an ever-changing world, addressing the needs of our community by developing services increases awareness of the benefit of life skills training for the adolescent population experiencing mental health challenges.

KEY WORDS: *Life skills, programme, mental health*

Introduction

Adolescent years can be a time for exploration and self-discovery, and they can be scary and daunting for adolescents. Puberty, social demands, and conformity are some of the factors adolescents encounter. Living on a small island does not make it easy either. Bermuda is a 21-square-mile, British Overseas Territory, located in the North Atlantic Ocean. According to the Bermuda Drug Information Network (2016), we live in an increasingly cohesive and fast-moving world in which Bermuda faces social and economic challenges on several fronts. Tuttle, Campbell-Heider, and David (2006) state the importance of factoring in that adolescents living in families impaired by drug and alcohol abuse, mental health problems, violence, and poverty may find it more difficult to access these resiliency factors and therefore are more vulnerable to risk-taking behavior. Therefore, the health, nutrition, and education of these young people as they develop from ages 5 to 19 years will have lifelong consequences for the adults they become and for their role in the development of the next generation. Will the world have prepared them well for this task? (Bundy, Silva, Horton, Jamison, & Patton, 2017).

Thus, adolescents who face personal, cognitive, and social skills deficits are prone to drug use, bullying, violence, sexually transmitted infections (STIs), human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), malnutrition and other socio-economic and environmental challenges. Specific emotional, cognitive, behavioural, and resilience skills play a vital part in ensuring an adolescent's personal and social success (Langford, Badeau, & Legters (2015); McWhirter, McWhirter, McWhirter, & McWhirter (2007); WHO, (1993). Life skills programmes for adolescents have been identified as essential for developing psychosocial, emotional,

cognitive, behavioural and resilience skills to go through everyday challenges and being productive citizens (Galagali, 2011). These skills are known to be key contributors to negotiating and mediating challenges that young people face in becoming productive citizens WHO, (1993). According to Nasheeda, Abdullah, Krauss, and Ahmed (2019) examining adolescent experiences within the embedded culture of the individual is important to understand how individuals from different backgrounds construct life skill knowledge into reality.

The Mid Atlantic Wellness Institute (MWI) is Bermuda's main provider of clinical mental health services. MWI is part of the Bermuda Hospitals Board (BHB). Unfortunately, due to the economic recession, there has been added pressure on families, resulting in altered family dynamics and relationships. In a National Longitudinal Study of Adolescent Health (Resnick, Bearman, Blum, Bauman, Harris, Jones, Tabor, Beuhring, Sieving, Shew, Ireland, Bearinger, and Udry (1997)) found that when adolescents felt connected to their families, they reported less risk-taking behaviour. Protective factors were associated with opportunities for adolescents to see caring adults role modeling conventional behaviours in the home and community. Although family support during adolescence tends to protect against drug use and its consequences (Tuttle, 1995), the adolescents at the highest risk frequently lack positive individual, family, neighborhood, community resources, and adult role models.

These socioeconomic, geographic, and mental health factors affecting the adolescent's services needed to be sought for those students not receiving therapeutic interventions in the community. There seems to be a growing demand to educate adolescents with life skills to assist them in dealing with their day to day life challenges and transitioning into adulthood with informed healthy choices. Life skills programmes have become a major part of many interventions for adolescents around the world, particularly those aimed at the prevention of alcohol abuse, drugs and smoking (Botvin, & Kantor, 2000; Huang, Chien, Cheng, & Guo, 2012; Mandel, Bialous, & Glantz, 2006). The article will examine how a team led by an occupational therapist at one of the local hospitals has developed a creative programme with community stakeholders to provide an identified gap in service provision.

Background

According to the Pan-American Health Organisation Bermuda profile 2017, there are 4254 adolescents between the ages of 15 and 19; this comprises 18% of Bermuda's population. The mortality rate due to road traffic accidents was reported by PAHO (2017) to be at 15.5 for 15-19-year-olds. It is also important to note that according to the National School Survey conducted in 2015, 66.3% surveyed students reported a prevalence of alcohol use among secondary school students with 24.6% reporting binge drinking. Could these behaviours be addressed and tackled in a specific programme set up for adolescents?

Students with mental health were not being accepted to many local Teen Life Skills programmes as their behaviours were reported to be challenging to manage. There was a gap in service for this group in the community. Those who were left out or could not access community programmes because of their mental health presentation could result in their feeling that nothing could be done by anyone to make their situation better, or that they themselves have no power to improve their situation.

A programme was needed that helped participants develop competencies to facilitate growth, develop their skills, and become healthy, responsible, and caring youth and adults. The programme would identify and be tailored to meet their needs and work with them in a non-judgmental, therapeutic setting. These adolescents continued to receive individual and group therapies to address their mental health and psychiatric needs from their therapist. These individual sessions typically focused on the goals of the treatment plan agreed upon by the therapist and the adolescent and or guardians and family. According to Michael and Crowley (2002), the overall findings of their meta-analysis indicated that several different psychosocial interventions for child and adolescent depression produced moderate to large treatment gains that were clinically meaningful for many afflicted youth.

Programme Development

The Teen Life Skills Programme focused on adolescents between the ages of 14 and 18 who were receiving mental health services. We initially identified a gap in services for this age group during the summer months. There was virtually no life skills group services for teens with mental health challenges during this time. Teens were identified by their individual therapists using a criteria which included being a client with a mental health diagnosis, age between 14-18, deficits in life skills, and about to transition to adult services. Consent from the participant and a legal guardian was always obtained as the service was voluntary. A treatment plan was discussed with all 10 (ten) involved participants. According to Chong, Aslani, and Chen (2013) shared decision-making, through collaborative treatment planning is an interactive process that emphasises the individual's values and promotes self-management, in line with the basic principles of person-centered care. Person-centered care is a holistic approach to a health system with respect for the individual person's abilities, preferences and goals. This treatment plan would be reviewed at the end of the four-week programme.

The programme worked under four main themes: trust, communication, sex and drugs, and the future. One of the themes was supported each week. The goal was to understand and build trust and for the adolescents to communicate effectively whilst understanding their sexual health and effects of drugs on their planned future. A career assessment with the Department of workforce development was completed and the information used to identify appropriate placement opportunities in the community.

The Life Skills Programme consisted of life skills workshops and job placement opportunities in the community. Examples of job placements were the following:

- Autostar which offers professional auto detailing for vehicles
- Bermuda Customs and Kinetix Bermuda which offers real yoga and summer programmes for children
- Davidsons Bermuda which is a retail store in Bermuda.

The main focus for the job placement was to focus on job soft skills. We included effective communication, team work, dependability, adaptability, conflict resolution, flexibility, leadership, and problem solving. The programme staff would follow up on each child to track their progress and goals at their attached work place. The morning workshops focused on topics such as, sex, drugs, apps for life, dressing for success, budgeting, and other topics. This was aimed at equipping the teen with the necessary skills for adulthood. There was a need to work on the participants competencies to ensure the transition to successful adulthood. These would be addressed during the morning workshops and modelled during the afternoon job placements.

Community Partnership

The programme sought for a network of job placements from the community that included Government and Non-Governmental organisations, Charities, and local businesses. A total of 16 stakeholders agreed to partner with the programme. The students spent half of the day practicing the soft skills taught and learning about opportunities for transitioning to adulthood. The Department of Workforce Development provided career assessments and a report for each participant.

According to Koc, Koncz, Tsang, and Longenberger (2015), the employability benefits of placements are impressive, students who had completed an internship, cooperative education or work experience received at least one job offer, compared to only 36.5% of those who had not. The outcome of the report was used to place the teens in their respective job placements. A study by Crisan, Paveleab, and Ghimbulus (2015) showed poor abilities in career explorations and also in the decision making process. They found that participants enter in a decision making faze without have any kind of understanding about themselves or about the career field. They are orientated to find a job

in their study related field without knowing their career abilities or interest. The work force development career assessment addressed this component.

There were presenters from within the organisation as well as from partner organisations:

- The Department of Child and Family Services focused on the topics safeguarding and staying safe.
- The Bank of Butterfield representative presented on budgeting and how to open a bank account.
- The hospital provided space for the meetings and workshops.
- Different businesses and companies, both public and private, assisted us with the job placements, including The Department of Customs, Kinetix, Davidsons Bermuda, Windreach Bermuda, Department of Ecommerce, Be Solar Bermuda, BSMART foundation, etc.

Implications and Impact

The team objectives of increasing knowledge, improving attitude, and developing positive behaviours of the participants were met and surpassed. Names in the case studies are fictional.

Box 1. Case study 1

Russell is a 18 year old boy seen by the psychiatrist in the outpatient service. He was diagnosed with Intellectual disability and a low IQ. He was referred for Occupational Therapy services to focus on Independent living skills. The therapist assessed him and made recommendations for instrumental ADLs. Russell expressed interest in helping people, videography and football. However Russell had challenges accessing outpatient services due to transportation issues and stigma associated with attending session at an institution. It was agreed by the team for Russell to be part of the Teen lifeskills programme. A treatment was written up and all prerequisites for the programme were completed. He attended all four weeks of the programme and reported enjoying every single day. Russell also managed to acquire a job soon after completing the programme and having met his treatment goals through the programme.

Box 2. Case study 2

Melanie a 17 year old female diagnosed with Autism spectrum disorder. She mainly struggles with social skills i.e. making and keeping friends, over shares personal information and struggles with the concept of future planning. She had challenges with making emotional connections and also had social anxiety. She was referred to the programme by her parents who thought everything else wasn't working and so maybe this program could. She had challenges with tardiness the first weeks of the programme. One of her goals was to attend 80% of the days. She ended up coming every day. She was able to make a friend whom she stayed connected to even way after the program. She is now reported to be less anxious in social situations.

Russell's poor prognosis, case study 1, was seemingly due to accessibility and acceptability concerns. The teen life skills program offered a platform that was accessible as the program was centrally located and as it was away from the mental health institution he felt less stigmatized and discriminated when attending the program. With the accessibility and acceptability barriers addressed by the program Russell was able to find meaning occupation after the program.

Melanie, case study 2, also seemed to have a poor prognosis in her recovery as all programmes she had attended were reported to have been ineffective. This could have also affected her volition to participate in the teen life skills program resulting in her tardiness. Participating in group activities would have been challenging for Melanie as she struggled with making and keeping friendships. It was evident that during and after attending the program Melanie made progress by being able not only to make friends but also keep the friendship going. She was able to meet treatment goals that were identified for her and intern improving her prognosis.

Acquired Knowledge

Facilitators carried out daily reviews with the adolescents as a group and individually. Participants would report on the practicality and helpfulness of the weekly topics - trust, communication, sex and drugs and the future. They would share how group discussions helped them in the learning process and the importance of being involved in diverse job placements. At each session, the participants were invited to share any newly learned information. Sharing was useful for maintaining and developing supportive relationships between the participants and the staff. This process also helped in forming their identities through self-expression, learning and vocalization and promoted a sense of belonging and self-esteem through sharing of stories, lessons, and experiences.

It is important to note that the adults overseeing the programme increased their knowledge on how to better serve the group of young people. According to a newspaper article published by Simpson (2017), one of the partners stated that the experience had exposed their department to students they do not normally reach. Another work placement partner also stated he enjoyed seeing what the programme did for the children and that he was able to teach someone to work and develop their work ethic. He said it was also important for young black men to see successful black businessmen role models.

Participants reported learning new information at their job placements: personal attributes, personal traits, and communication abilities which were needed for them to be successful at their job sites. Some of the new information included work ethics and problem solving. In some cases the experience caused them to seriously consider pursuing a career in that field. One student was able to immediately apply the skills he learned in mock interviews in the programme to an actual job interview. The practical experience helped him secure the real position for which he interviewed and even buoyed the confidence of others in the group.

Attitudes towards Life

Staff and students both identified changes: their attitudes in life and towards others and education. Some changes were instant some took time. In particular, there were cases where students with a history of not committing to volunteer placements attended their programme placements on time and even earlier than expected. These students were also willing to share their experiences with everyone in the programme. This created a safe, but supportive, environment designed to increase participation, expressiveness, share experiences and communication. These interactions allowed for peer relations to be built through peer acceptance and peer positive influence.

Conversely, some participants had challenges being positive. They focused on negatives when they spoke with peers and family. Through discussions with programme staff and employers, participants learned appropriate ways of conducting and expressing themselves that were not overly negative. Felitti and colleagues (1998) introduced the concept of adverse childhood experiences to account for the negative health and behavioural consequences of various forms of childhood abuse, neglect, and exposure to household dysfunction. The programme focused on improving the lives of participants by meeting developmental and social needs through the intentional group dynamics.

We picked the participants who would be able to positively influence each other and who were at the level of understanding the content taught. We also helped them to build the competencies needed to become successful adults by placing them at appropriate and selected job placement for their growth. Participants were equipped with skills and strategies to adapt and perceive their circumstance with an objective for recovery and healing and ultimately work on developing necessary skills to transition to adulthood.

There were verbal instructions as well as modelling from the job placement staff, as well as reinforcement from the programme staff by way of evaluation forms to track goal attainment.

Activities were analysed and graded to the participant's level of competence and calibrated to foster development

of positive attitudes. The focus was not the attitude portrayed by the participants but rather the function of the behaviour which would be addressed by the individual therapist.

Behaviours

The Life Skills Programme's focused on meeting developmental competencies for all participants, assuming that all teenagers must possess certain developmental skills to become successful adults. We also assumed that all behaviours are the teen's way of communication, so addressing behavioural presentations required us to find the reason behind the behaviour. The more we identified what the participants were trying to communicate through their behaviour, it was easier to identify replacement strategies to communicate their needs.

We sought to equip the participants by focusing on meeting developmental needs and building competencies, rather than solving problems and providing treatment. The needs that must be met and the competencies that must be built to ensure the transition to successful adulthood were addressed during the morning workshops and demonstrated during the afternoon job placements and perfected during group discussions.

The structured group aspect of the programme assisted with the behaviour and the use of existing community structures. This meant that any positive outcomes would be sustained after the programme was completed because the participants would still have access to them.

Facilitators saw positive changes in attitudes, behaviours, and overall presentation of the participants. Those with significant improvements were recognised during the programme's graduation ceremony. Other students were able to meet their treatment goals for the programme and their individual session targets.

The programme achieved successes that could not be made in individual clinical sessions or regular group settings. The holistic approach - combining workshops and placements - made the balance an effective tool for students to learn and practice, resulting in positive behavioural changes.

Conclusion

The participants gained skills from the workshops and the job placements. Some participants were able to use their technological strength to develop programme for the elderly. Most participants met their individual treatment goals; others became independent adults and their prognosis positively changed. Some participants were able to build on their social skills and learnt how to interact in new settings, develop empathy for other perspectives, and build teamwork and a sense of responsibility. We identified development in self-confidence, sense of personal efficacy, sense of empowerment and possibilities, and sense of social responsibility.

The collaboration between public and private partners resulted in the success of the programme and its goals. Community partners were useful in planning, implementation, and continuation of the programme. These agencies were a useful link in the recovery process of the participants and will continue to be an important part of the treatment process.

The Teen Life Skills Programme is a valuable service to the Bermuda community. Participants gained skills that allowed them to better integrate into society. Most have obtained permanent jobs; previously they had been ruled un-employable. Fulltime employment began as they graduated from high school, affording them a renewed sense of purpose and worth. They now see themselves as contributing members of the community.

Three yearly cycles of the Teen Life Skills Programme have been completed. Funding has been secure for successive programmes. The programme was so successful that it was nominated for an international recognition award, WOW What a Team Award Nomination in London (UK) Johnston-Barnes 2017. At that event, there were teams

that did not know the variety of roles that occupational therapists managed. It was a great way to showcase the benefits of an effective multidisciplinary approach led by an occupational therapist.

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