

# **Supporting Autonomy**

PERC Family Psychoeducation  
Group

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# Agenda

- Introduction & Goals
- Overview of Adolescence/Young Adulthood
- Autonomy and Agency
  - Defining Autonomy
  - Challenges & Opportunities
  - Tangible Skills
- Summary and Discussion

# Introduction



**Doctoral Candidate, Clinical Psychology**  
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**Clinical Psychology Predoctoral Intern**  
Dept of Psychiatry, University of Pennsylvania

**Therapist**  
Psychosis Education and Recovery Center (PERC)



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# Introduction

## Research and Clinical Expertise:

- Experiences of Black and other marginalized adolescents and young adolescents (ages 13-30)
- Evidence-based treatments for mental illness such as Recovery-Oriented Cognitive Therapy (CT-R)
  - Culturally responsive clinical care



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**INTRODUCE  
YOURSELF!**

**NAME**  
**INTEREST IN TOPIC**  
**ANY OTHER INFO**

# Goals for Today

- Understand **late adolescence and emerging adulthood(ages 15-30)** as a unique developmental period
  - Consider the importance of **agency and autonomy**
- Discuss the **nuances of supporting autonomy** with loved ones engaged in coordinated specialty care.
- **Learn tangible strategies** to encourage and support family member autonomy in different domains of life.

# **Adolescence & Young Adulthood (AYA; Ages 13-30)**

- Critical developmental period characterized by normative biological and psychosocial changes, identity exploration, and desire for autonomy
- Exposure to contextual stressors and opportunities (i.e., new school, work, and social environments)
- Culturally bound milestones and expectations (e.g., graduation from high school, obtaining a job, entering romantic relationships)

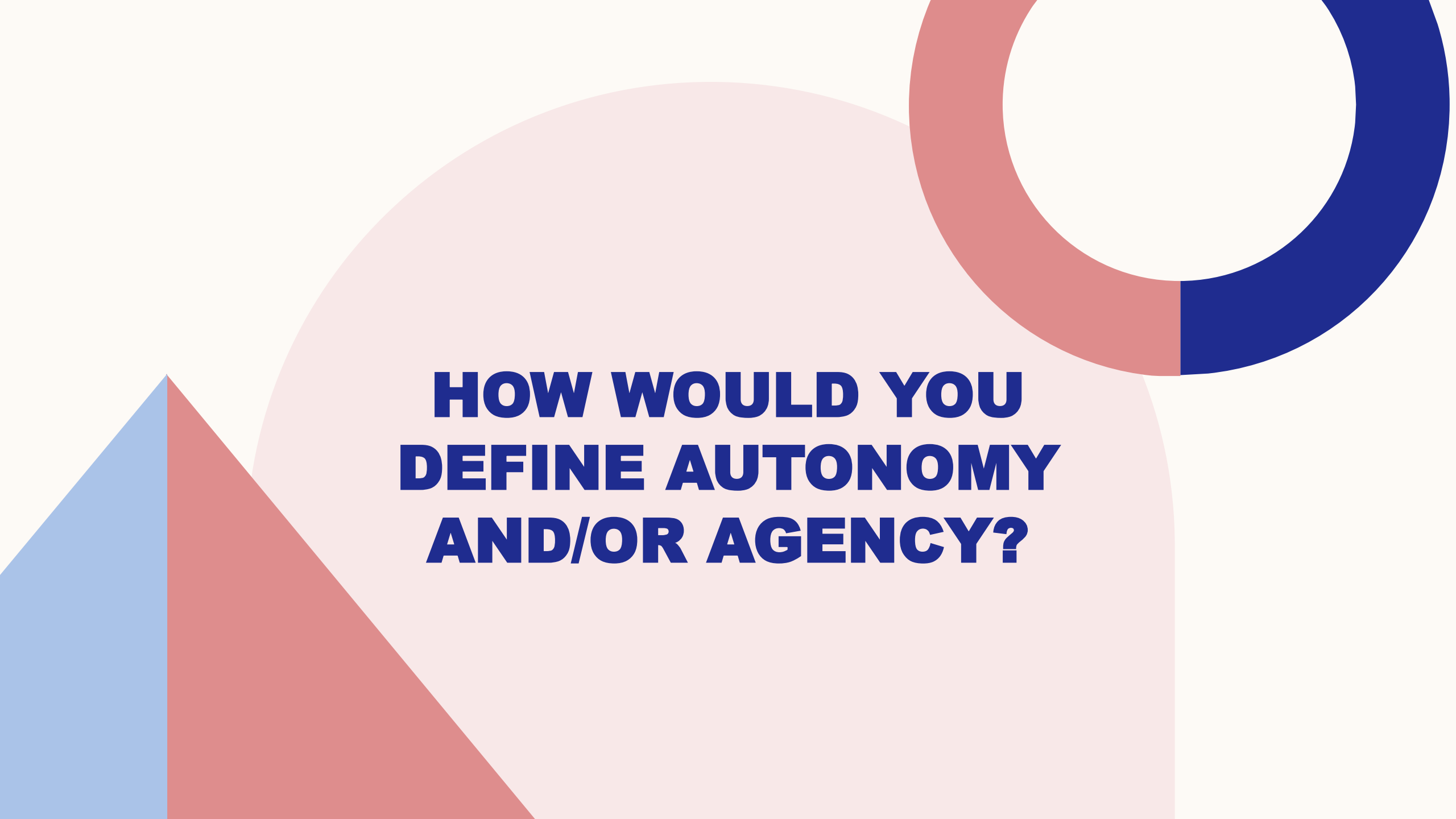
# Adolescence & Young Adulthood (AYA; Ages 13-30)

- Often the period where psychopathology such as psychosis and mood disorders develop and emerge
  - Importance of early intervention and treatment
- For adolescents and young adults who experience psychopathology, this period can also include:
  - Identity development in the context of episodes, diagnoses, and treatment
  - Traumatic experiences before, during, and after symptom onset (e.g., hospitalization)
  - Limits to autonomy
  - Missed and/or delayed milestones due to illness or other circumstances (e.g., COVID-19)



# Relationships with Caregivers During AYA

- Influenced by several factors in conjunction with developmental shifts of AYA
- Changes in the relationships are normative, especially in response to interpersonal stressors
- Frequent opportunities challenge assumptions *and* expand beliefs about one's self as a parent/child and in relationship to others



**HOW WOULD YOU  
DEFINE AUTONOMY  
AND/OR AGENCY?**

# Defining Autonomy

- "The ability to think, feel, make decisions, and act on one's own"

- Can be done with support!



## EXAMPLES

- Choosing clothes to wear each day
- Choose day/time for appointments
- Choosing to pursue a romantic relationship

# Impact of Autonomy (and Support)

## INCREASES

- Self-confidence and belief in one's ability
- Ability to make decisions
- Problem-solving skills
- Ability to connect with loved ones and broader community

# PERC PARTICIPANT PERSPECTIVES

## Participant Preference on Family Involvement

Frequency of family contact	Preference of Family Involvement			Grand Total
	Prefers no family involvement	Prefers family be involved with some restrictions	Prefers family be involved with no restrictions	
About daily	5	43	88	136
About weekly	2	10	2	14
Don't know	3	1		4
Never	1			1
<b>Grand Total</b>	<b>11</b>	<b>54</b>	<b>90</b>	<b>155</b>

This table presents participant's preferences on family involvement with their care and the approximate frequency of contact between the participant and family at admission. Please hover over the graph to see more details.

# Challenges to Supporting Autonomy

- Different perspectives on "appropriate" decisions
- Nature of caregiver-loved one relationship(s)
- Impact of symptoms
  - Positive
  - Negative
- Stage of recovery
- Uncertainty about when to "catch" loved one and when to let them fall (i.e., make a mistake)



**HOW HAVE YOU AND  
YOUR  
FAMILY NAVIGATED  
THESE CHALLENGES?**

# How to Support Autonomy

- Recognize this is a collaborative process that benefits from patience and persistence
- Meet your loved one where they are and start with manageable tasks first (easy Ws!)
- Celebrate what they (and other loved ones) already contribute without prompting



# STEERING



**vs.**

# FUELING

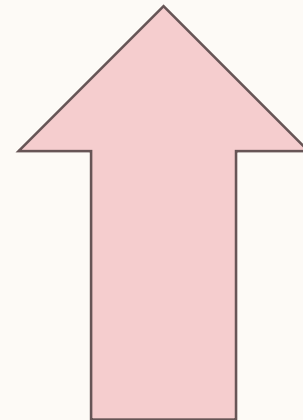


# STEERING



**vs.**

# FUELING





# STEERING

- Leading your loved one and bringing them "along for the ride"
- Providing the most support by "driving the car"



# FUELING

- Believing in them, keeping the faith and who they are and will be
- Providing key supports but not "driving the car"

# How to Support Autonomy

- Take your loved ones' goals, values, and preferences into account
- Build in autonomy into everyday decisions (time of day taking meds, structure of PERC days)
- Emphasize the importance of trying, even if the outcome is not ideal

# How to Support Autonomy

- Have realistic autonomy goals and expectations that are discussed with everyone involved
- Work with PERC staff and other providers (e.g., talk through goals, have a family meeting)

# How to Support Autonomy

- Questions to consider:
  - What could my loved one gain from making this decision on their own?
  - What skills, knowledge, or experiences does my loved one *need* to make this decision?
  - What support and/or follow-up may they benefit from when making this decision?

# How to Support Autonomy

- Questions to consider:
  - What concerns might I have about them making this decision, and how do I plan to manage those concerns?
  - What does “failure” or not meeting the obligations look like?
  - What might lead to "failure?"
    - Can we lower the stakes?
      - Ex: Going grocery shopping alone for a few things vs. shopping alone for a huge family event



**WHICH STRATEGIES  
RESONATED WITH  
YOU?**

**ANY ADDITIONS OR  
SUGGESTIONS?**



# How We Support Autonomy<sup>2</sup> at PERC!

Providing expectations AND choices:

- Expectations
  - Attending psychiatry visits and therapy sessions as recommended
  - Communicating with the team
- Choices
  - Modality of sessions
  - Group offerings
  - Peer support
  - SEES



# How We Support Autonomy<sup>2</sup> at PERC!

Employing Recovery-Oriented Cognitive  
Therapy principles

- Collaborative treatment and safety planning that informs sessions
- Respecting participants' preferences and wishes
- Exploring barriers and facilitators to the goals they set

# Contact Information

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Resources:

[PERC](#)

[HeadsUp Resources for Friends and Family](#)

[The School of Hard Talks](#)

[NAMI College Guide](#)

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