Welcome space for youth to gather and heal

A clearer view of boys’ mental health

Helping parents support their children’s mental health

Olympian finds strength in treatment
Andrew Smith was an avid sports fan. Always a contrarian, he rooted for the team his family wasn’t supporting. He had a quirky sense of humor, loved chatting on the phone, and taking long walks, often stopping for pizza.

When he died in 2011 at age 30, after struggling for years with schizophrenia, his family wanted to honor Andrew’s efforts to find his way in the world. Every year they gather with family members and friends to walk Andrew’s favorite route near Davis Square in Somerville, Massachusetts, where he lived. Now the Smith family—parents Kitty and Ed, brothers George and Ben, and sisters-in-law, Katie and Caitlin—have funded WellSpace, a new program for young people like Andrew.

WellSpace is a homey drop-in center for people ages 18 to 30 who have suffered their first psychotic episode and are early in treatment. Located in the newly expanded Admissions Building at McLean, patients can hang out and talk, watch a movie, charge their electronics, and participate in a growing number of groups and activities, including yoga and mindfulness, art, writing, and game playing. At the weekly coffee hour, young people drop by to talk about what’s on their minds, while “Adulting 101” promotes independence with tutorials on financial planning, job searches, and school or training program applications. WellSpace’s users play a large—and growing—role in its offerings.

“Our goal was to create a place that encourages community among young people with similar issues,” explained Andrew’s brother George. “We watched Andrew struggle to find his place in a variety of communities and wished he had had a place like WellSpace.”

“Many young adults with psychiatric illnesses feel isolated,” said Hilary Bye, LICSW, WellSpace program director. “WellSpace provides a stigma-free place to talk about experiences, socialize with others, and learn things, like how to manage symptoms.”

WellSpace is part of McLean’s Center of Excellence in Psychotic Disorders led by Center Chief Dost Öngür, MD, PhD. “The Smiths had a vision, and they made it happen,” said Öngür.

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“WellSpace is a wonderful addition to McLean’s clinical programming and has become a welcoming and safe place for many young people.”

It has been a labor of love for the Smiths: Andrew’s sister-in-law Katie helped design the space and choose furnishings, and family and friends have made both financial contributions and in-kind donations of books, DVDs, and art supplies. Several dozen friends and family members gathered at WellSpace in late fall 2016 to celebrate the fruits of their labor and to remember Andrew. The event ended with, what else, a walk—this time around McLean’s grounds.

BELOW: WellSpace has become a welcoming and safe place for many young patients at McLean.
MENTAL HEALTH, BPD, AND BOYS: WHAT EVERYONE NEEDS TO KNOW

For years, the general public and many in the psychiatric community have viewed mental illness in boys and mental illness in girls in very different ways. To illustrate, Alan E. Fruzzetti, PhD, program director of the 3East Boys Intensive DBT Program, offered a simple test: “If I told you that a student in a classroom was pounding on a desk and being disruptive, would the image of a boy or a girl enter your mind?” he asked. “Or, if I told you that a student in a classroom was upset and incessantly tapping on a desk, would you think it was a boy or a girl?”

Most of us, Fruzzetti said, would imagine the “pounding” student was a boy and the “tapping” student was a girl. And, when observing essentially the same behaviors, many people would describe them very differently, according to gender. Why? Fruzzetti pointed to a number of factors, from societal conditioning to longstanding beliefs concerning “normal” gender behavior, along with other biases to explain why we view boys and girls through different lenses. “The problem is that both boys and girls display ‘non-normative’ behaviors, and our misunderstanding of these behaviors has produced serious consequences for their mental health,” he explained. “Different behaviors are acceptable—or troubling—for different genders, and thus social responses can be very different for boys and girls.”
There are large gaps in the kinds of mental health services available to boys and girls. In general, Fruzzetti explained, a girl who is angry, depressed, or displaying other signs of distress has a better chance of being treated with compassion and understanding—and being referred to counseling and treatment—than a boy. In contrast, boys who show similar behaviors are often punished or ignored completely.

This gap between boys and girls is particularly pronounced in the diagnosis and treatment of borderline personality disorder (BPD). “The percentage of the population with BPD is about the same for men and women, but the condition is likely slightly over-diagnosed in women, and significantly under-diagnosed in men,” Fruzzetti reported. Many studies, he said, have explored the differences between men and women who meet the criteria for BPD, finding that more men with substance abuse disorders are diagnosed with BPD than women, while more females with eating disorders or PTSD are diagnosed with BPD.

“When boys don’t fit social and emotional norms, their behavior can be misinterpreted,” Fruzzetti said, and “bias around gender may have a lot to do with these different diagnoses.” For example, when men display anger, it is more often seen as a sign of antisocial behavior than it is in women, even though women with BPD show more aggression than non-BPD women, and men with BPD show less aggression than non-BPD men. Also, established stereotypes about the nature of masculinity can lead to BPD being misdiagnosed or missed altogether. “In general, boys tend to have fewer social and emotional skills than girls, and this is often misunderstood and incorrectly attributed to a lack of motivation or to them having bad character,” Fruzzetti said.

Because of misdiagnosis and under-diagnosis, many boys with BPD do not receive any treatment, receive the wrong treatment, or worse, end up in prison. Fruzzetti said that about 20 percent of males in the criminal justice system actually have BPD. “Overall, our system is not set up to help men with BPD, but the prison system in particular does not provide proper treatment,” he said. “In prison, biases and stigma about mental illness are intensified, and ‘treatment’ is usually based on punishment, not compassion.”

To address the issues surrounding boys and BPD, Fruzzetti and his colleagues at McLean Hospital created a new program that focuses exclusively on treating boys living with BPD. An outgrowth of the hospital’s 3East adolescent dialectical behavior therapy programs, Fruzzetti and his team work with up to six boys at a time, teaching psychological and social skills to regulate emotions, improve self-awareness, increase tolerance of stress, and build meaningful and stable relationships. Although the program is only a few months old, Fruzzetti is confident that the program is bringing the right care to boys with BPD.

“When boys don’t fit social and emotional norms, their behavior can be misinterpreted.”
In both psychiatry and education, a key aspect to youth success is the ability to get family members involved in the ongoing support of the child. What do we say to families who want advice on how to bolster the mental health of their child?

When Gil G. Noam, EdD, the founder and director of The PEAR Institute, was working with youth in a clinical capacity, he began to see the need for a new, simpler way of conceptualizing the distinct interplay between a youth’s developmental needs and their social-emotional capacities. Creating a simple model would help establish a common framework and language around mental health and youth social-emotional needs that would be clear to youth, educators, and parents alike. After decades of research, Noam developed the Clover Model of social-emotional development. This model focuses on four domains—specific aspects of growth and change—present in development: active engagement, assertiveness, belonging, and reflection. For each developmental stage, there is a Clover domain, or “leaf,” that takes primary focus, but all leaves are present during all stages of development.

When you think of developmental milestones during the time from birth to preschool, you think of accomplishments like learning to walk, exploring the environment through the body, and expressing affection physically with hugs and touches. In the Clover Model, this period of development is called active engagement and is focused on connecting with the world physically, executive function, impulse, and movement. Regardless of physical ability or the degree to which young people are oriented toward the use of their bodies, everyone needs to live in and use their bodies.

Once a child hits elementary school, the focus shifts and turns to early identity formulation and opinion forming. Clover calls this period of focus assertiveness, which represents voice, choice, and decision making/executive function. This central need is about having a sense of self-efficacy, being able to negotiate with others, and making decisions. Assertiveness reminds us that young people need room to develop their voices, to make decisions for themselves, and to master internal order and function.

During early adolescence, the belonging rises to focus. This point in development is typified by the need for friendship, empathy, trust, and support. Belonging is about strong relationships with peers and adults, mentorship and group acceptance, and group identity. The need for belonging is central to our early development as humans, in our attachment to our caregivers, and continues throughout our lives in a variety of ways.

Once the youth has reached later adolescence, around age 16, the developmental focus shifts to reflection. Reflection describes the need for thought, analysis, insight, observation, and understanding. This domain describes the human need to create and make meaning. It involves making sense of one’s own experiences, emotions, and thoughts to create a sense of personal identity.

Taken together, these domains make up the Clover Model and represent a picture of balanced development. While a youth’s focus might shift as they age, all components of the model are present at all points in development. The model is based in research, but designed to be easily applied to practice. It is one way that families and educators alike can better understand the developmental needs and priorities of their child and make sure those needs are met both in school and the home.
The road to success is often neither short nor smooth. Kayla Harrison of Danvers, Massachusetts, is a two-time Olympic gold medalist and the first American to win gold in judo. But she has not always been joyful and confident, as she was when she recently addressed a group of adolescents and their families at McLean Hospital.

Kayla’s pursuit of judo gold, she told the crowd, started in Middletown, Ohio, when she was six years old. “It was amazing,” said Kayla. “It was something that made me special. But I was not very good.”

But that didn’t stop her from trying. She continued to lose matches and tournaments for years, but she gradually improved. Finally, after three years of competing, she won a small tournament in Indiana.

“I got to stand on top of the podium, and I got a trophy that was as big as me, and my mom was at the bottom like paparazzi taking pictures. She was so proud of me.”

Kayla said that she knew right then that she didn’t want to be a singer or a doctor—she “wanted to throw people.”

She worked hard to improve her craft, training for three days a week and then upping it to five days a week. And she became quite good at it, winning the Junior National Championship and the Junior Olympic Championship.

However, while excelling at judo, she was not thriving emotionally. “I started to wear sweatpants every day. And I was this bright, bubbly kid, but now I couldn’t look people in the eye, and I no longer wanted to be the center of attention.”

Kayla said that she continued to keep the secret behind her emotional struggles until it got to the point, at the age of 16, where “I was going to run away, kill myself, or say something.” She chose to say something, telling her mother that her longtime judo coach had been abusing her for years. That coach was arrested and eventually sent to prison, but Kayla remained, as she described it, a “16-year-old car wreck.”

“I was just an emotional mess. Most days, I didn’t get out of bed. I didn’t want to do anything. I had no passion or desire to live.”

To get a fresh start, Kayla’s parents decided to move the family to Wakefield, Massachusetts, described by Kayla as the place where her “journey toward healing really began.” It is also where she met her new coach, Jimmy Pedro, and Jimmy’s father, Big Jim, who became two key figures in her recovery. She described Jimmy and Big Jim as a “little bit rough around the edges,” but also as “the best people I’ve ever met in my life.”

But the change in geography and a new coaching team weren’t enough to improve her mood. “Most days I didn’t brush my hair, work out, go to school. I was at rock bottom.”

Despite her emotional state, Kayla won the US Open, a prestigious judo tournament. Her teammates were “jumping up and down, rejoicing.” But Kayla still wasn’t happy. “All I remember feeling was completely empty, hopeless. I was never going to be happy again.”

With those emotions weighing on her, she decided to quit. She told Big Jim about her plan, and he patiently listened to everything she said. His response, however, set her on a different course.

He told her that what happened to her was indeed terrible, but that she shouldn’t let it define her, that it didn’t define her. He stressed that she had the opportunity to do something great with her life, but whether that would happen was up to her.

Just as she did when she was a little kid, she decided to fight on. She worked hard to thrive, on and off the mat. She went back to practice and school and started receiving treatment at McLean.

“Slowly but surely, by putting one foot in front of the other, and surrounding myself with people who believed in me, I was able to wake up one day and become Olympic champion.”

Kayla closed her comments by reminding the teens that they, too, can become champions. “As you go out in the world, there are always going to be road blocks, there are always going to be obstacles, there are always going to be days that suck. It’s true. But, if you believe in yourself, and you surround yourself with people who believe in you, there is literally nothing you can’t accomplish.”
McLean Hospital is honored to be ranked #1 in the country for psychiatric care.

On the Road

McLean Hospital clinicians and staff participate in more than 50 conferences each year and look forward to networking and connecting with colleagues from around the country. In 2018, members of the hospital staff will travel from Massachusetts to Washington and many places in between.

If you plan to attend any of these conferences, please be sure to stop by the exhibit hall and say hello.

**SPaN Special Education Conference and School Fair**
March 22, 2018
Marlborough, MA

**FPS Spring CME Meeting**
April 13-15, 2018
Orlando, FL

**Federation of State Physician Health Programs Annual Conference**
April 25-28, 2018
Concord, NC

**IECA Spring Conference**
April 25-28, 2018
Austin, TX

**American Psychiatric Association Annual Meeting**
May 5-9, 2018
New York, NY

**McLean Psychiatry 2018 Conference**
June 14-16, 2018
Boston, MA

**International OCD Foundation Conference**
July 27-29, 2018
Washington, DC

**North Carolina Psychiatric Association Annual Meeting and Scientific Session**
September 27-30, 2018
Asheville, NC

**AACAP Annual Meeting**
October 22-27, 2018
Seattle, WA