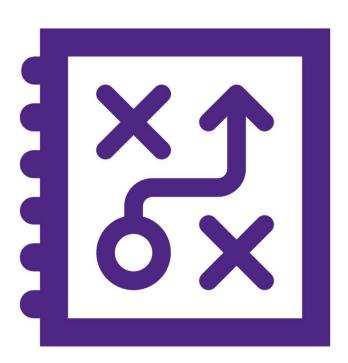


# Transition

Dr Anna Maddison Clinical Psychologist

### Plan

- Why transition?
- Defining adulthood
- Role changes
- Common experiences in transition
- What helps transition
- Where Psychology can contribute

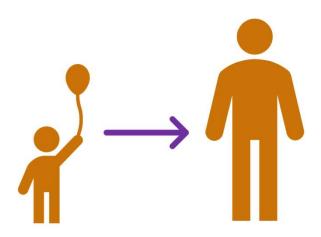


### Life transitions

- E.g. starting school, moving house, starting work, getting married, having a child, retiring, bereavement
- Involve:
  - Uncertainty
  - Trying out new ways of being
  - New day to day routines
  - New responsibilities
  - Loss and grief
- Impact:
  - Psychological wellbeing:
    - Confidence, self-esteem, certainty → mood & anxiety
  - Diet, exercise, weight
  - Social activity

### What does being transferred involve?

- Know about condition and its implications
- Managing risks, warning signs, medication needs
- Answering questions independently
- Making decisions about their health
- Signing consent forms
- Receiving letters
- A new team
- Attending a new hospital site
- New expectations → to contribute, engage and be responsible



### Why transition?

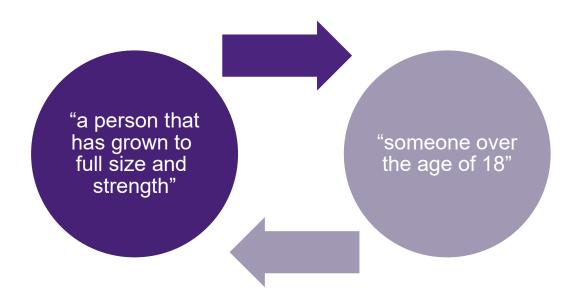
A process and opportunity to:

- · Increase knowledge and understanding
- Increase confidence in self-management
- Manage family expectations and concerns
- Prevent being lost to care
- Manage ending relationships
- Manage developing new relationships
- Tailor the transfer to developmental, social and emotional needs
- Handover all important information
- Plan for additional needs or requirements e.g. capacity and consenting concerns



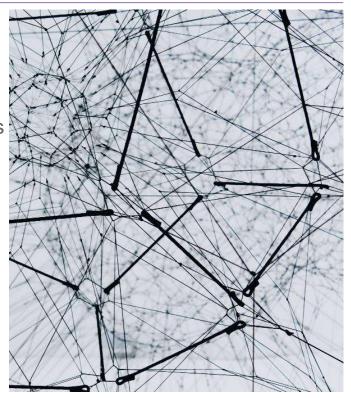


### Young Person = Adult?



### Young Person

- Our brain continues to develop into at least our mid-20's
- Early on it develops sensory and motor skills, by 11-14 it is full size but not fully developed.
- During adolescence it goes through 'pruning' losing unused connections and strengthening those used often
- Our prefrontal cortex is the last place to go through this, it is responsible for: decision making, planning, inhibition, problem solving
- · Which means:
  - Difficulty with decision making and problem solving
  - More likely to respond based on emotion
  - Difficulty with emotion regulation and acting impulsively
  - More risk-taking behaviours



### Young Person



Learning to get along with friends of both sexes, and achieving new and mature relations

> Accepting one's physical body and keeping it healthy



Achieving social roles that suit with one's gender identity

Becoming more self-sufficient and achieving emotional independence from parents and other adults







Making decisions about intimate relationships and family life

Preparing for a job or career



Acquiring a set of values and an ethical system to guide behaviour, and developing an ideology

**Becoming socially responsible** 





Image from: Moon et al. (2021) Transition to adulthood and transfer to adult care of adolescents with congenital heart disease: a global consensus statement... *European Heart Journal* 

### Young Person

- Someone who has likely had different experiences of relationships and 'fitting in'
- Who has had consistent care and trust from their team who they are about to lose
- Who is trying to work out who they are, what they want in life, how to get there
- Is being asked to take on more responsibility for their health, often while feeling less supported
- · Often wants independence, but is still reliant on parents
- With a brain that has high emotions and low ability to process information and make decisions



### **Families and Carers**



## Being asked to relinquish control

When control is how their child has survived

#### **Fearful**

- "What if they don't attend appointments"
- "What if they forget to take their medications"
- "What if they get tattoos or start drinking"

#### **Frustrated**

- At their child engagement, ownership and independence
- At the system communication, consent to share information, appointments

#### Loss of role

- Linked to their own perceived importance
- "Who am I when I don't need to do this?"

### What do patients and families need from transition?

#### Young Person

- Often unconcerned about transition
- Continuity in the quality of care
- A personalised approach
- To become the manager of their condition
- · Knowledge and understanding
  - Especially relevant to their lives today
- Parents to remain involved, in a supportive capacity

#### **Families**

- To feel secure
  - Be prepared and informed about how transition works and what to expect from adult services
- To have an active role, while being supported to know when to step back

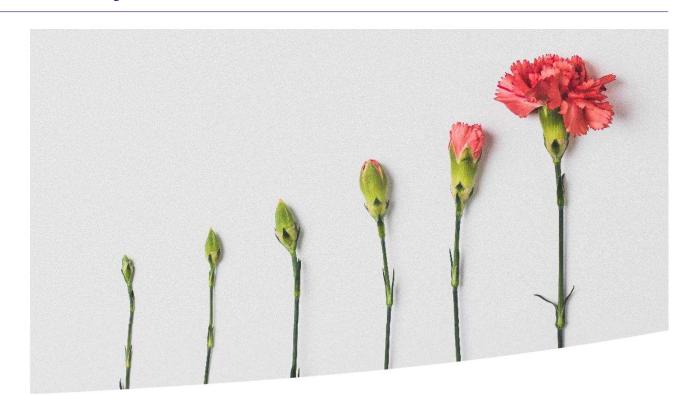
# Common experiences of transition

Lost to follow up	Later follow up once realised	Potential implications for health and heart	Potential lack of trust in team	Implications for future engagement	
Overprotected/ Unprepared	Does not understand enough about condition	Does not self- manage without family prompts	Fearful of decision making	Shock, anxiety, fear if implications realised later	
Too much, too soon	Overwhelmed, angry, fearful	Either: avoidance of health and fears disengaged	Or: increased focus health to detriment of everyday life	Ongoing fear and hesitation to engage with team	
Tailored and consistent transition	Family feel understood, heard, validated	Trust in new team	Young person empowered to self-manage and engage	Appropriate, timely future decisions made	Reduced risk of psychological difficulties related to health

### How do we know they're ready?

Have a standardised process, which includes:

- Starting early
- Asking for their opinion
- Considering developmental stage and age
- Gradually gives more autonomy and time without parents
- Have a clear tools and expectations to measure against e.g. HEADSSS

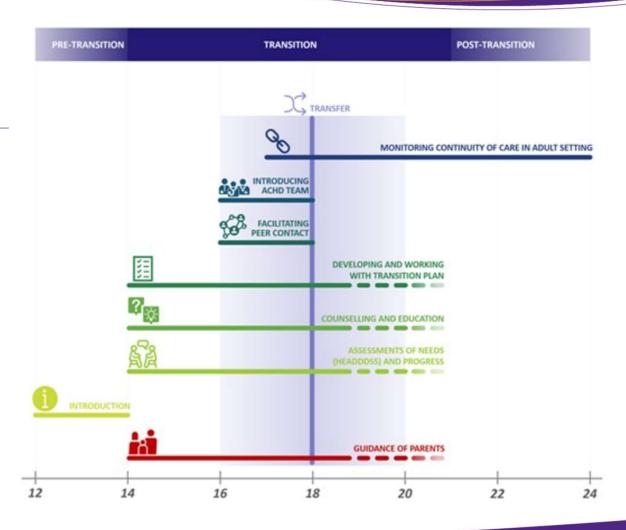




### What does that look like?

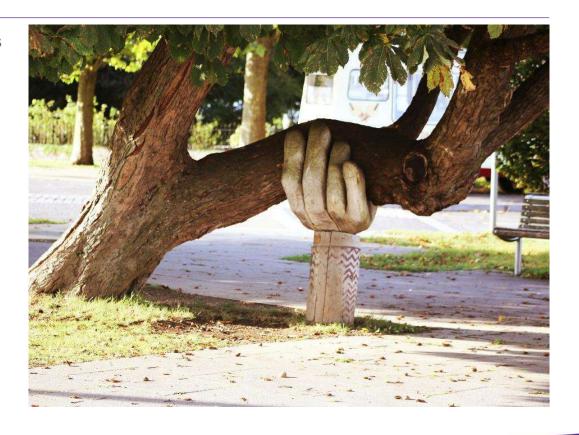
European consensus suggest this model →

- Flexible
- Adapted to the individual
- Includes the wide MDT
- Peer involvement
- Gradual increase in autonomy
- Repeated assessment of knowledge, needs and concerns



### Coping through transition

- Provide a safe relationship to disclose fears and concerns
- · Listen, acknowledge, validate
- Compassionately support independence, help to set realistic challenges they can succeed in to build confidence
- Be clear, honest and open to questions
- Facilitate peer support and connections
- Refer on for more support if distress is high and you're concerned



### How Psychology can support transition

- Direct support to patients →
  - increase adaptive coping skills
  - work with anxiety and worry
  - · work with behaviours that impact health, mental health or engagement with team
  - transfer for longstanding mental health difficulties
- Indirect support and consultation →
  - Working with the team to understand the patient and families presentation and behaviour
  - To plan appropriate engagement





### Questions?

