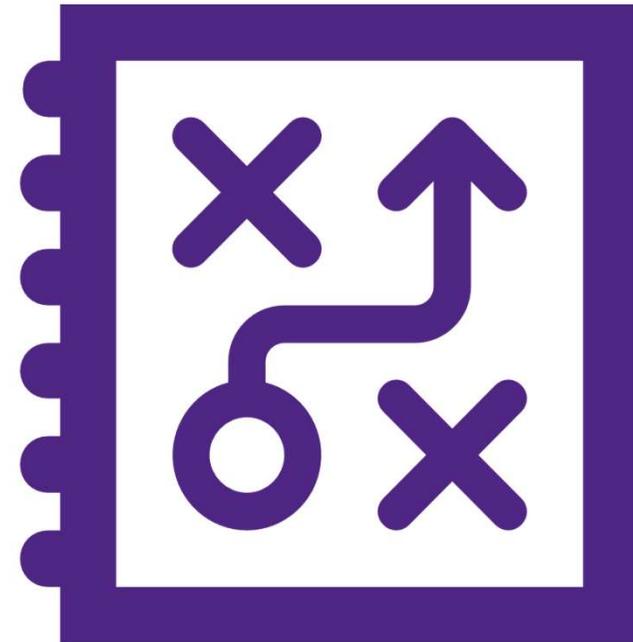


Transition

Dr Anna Maddison
Clinical Psychologist

Plan

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

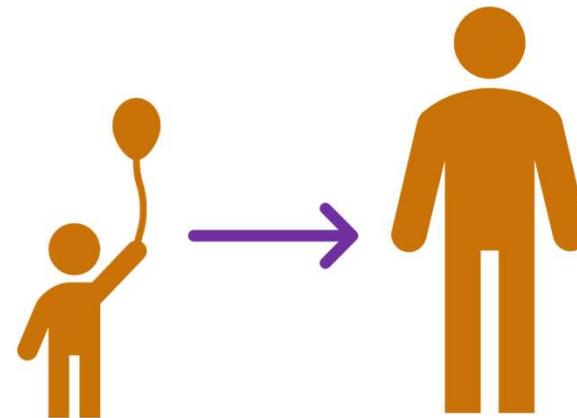


Life transitions

- 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



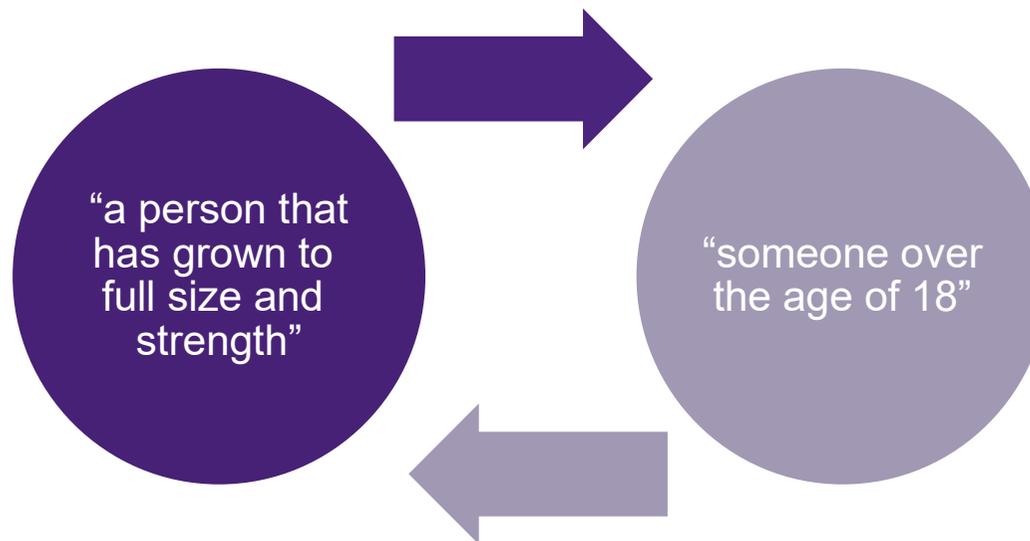
Why transition?

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

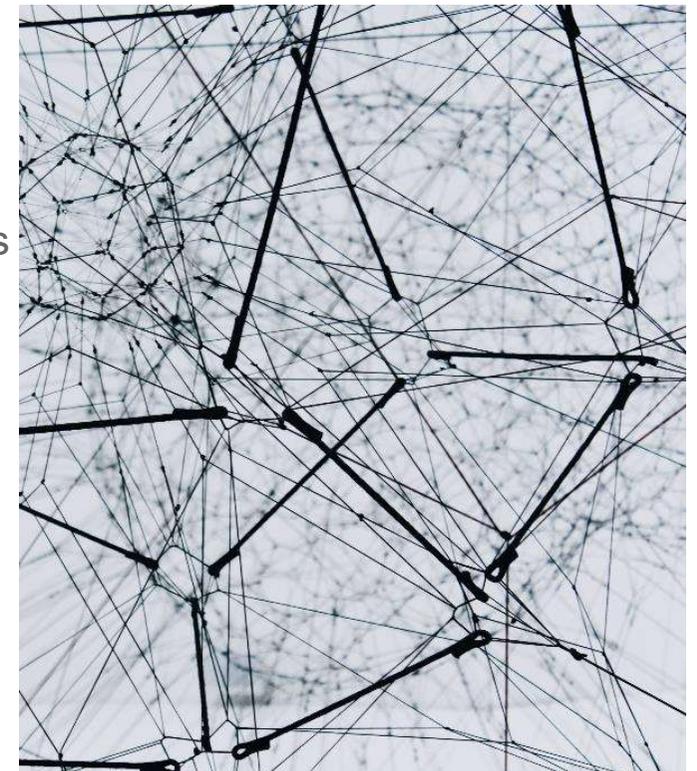


Young Person = Adult?



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



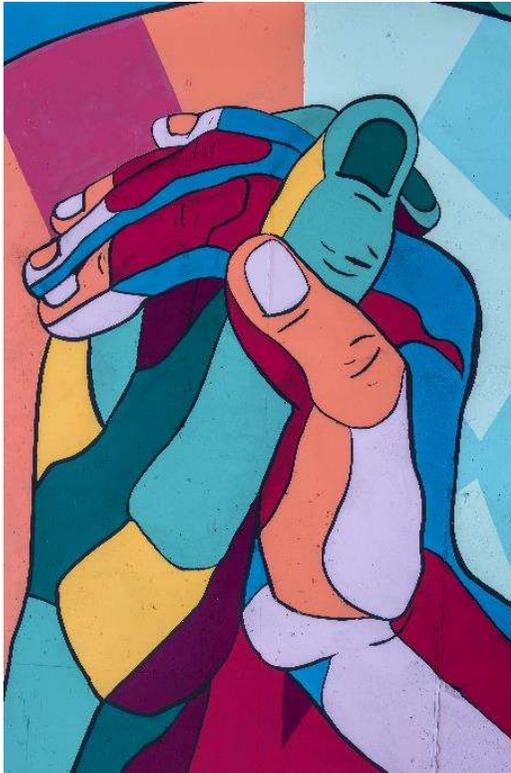
Image from: Moon et al. (2021) Transition to adulthood and transfer to adult care of adolescents with congenital heart disease: a global consensus statement...*European Heart Journal*

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

Frustrated

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

Fearful

- “What if they don’t attend appointments”
- “What if they forget to take their medications”
- “What if they get tattoos or start drinking”

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?

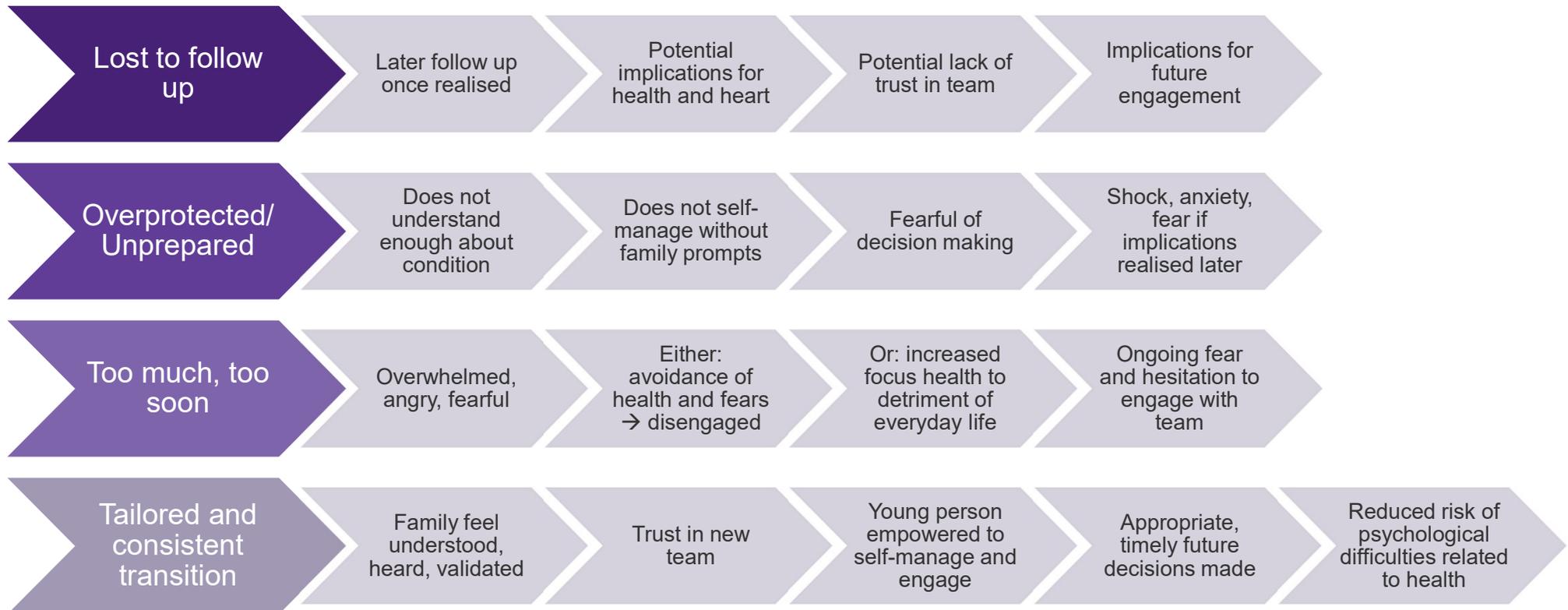
Young Person

- 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



How do we know they're ready?

Have a standardised process, which includes:

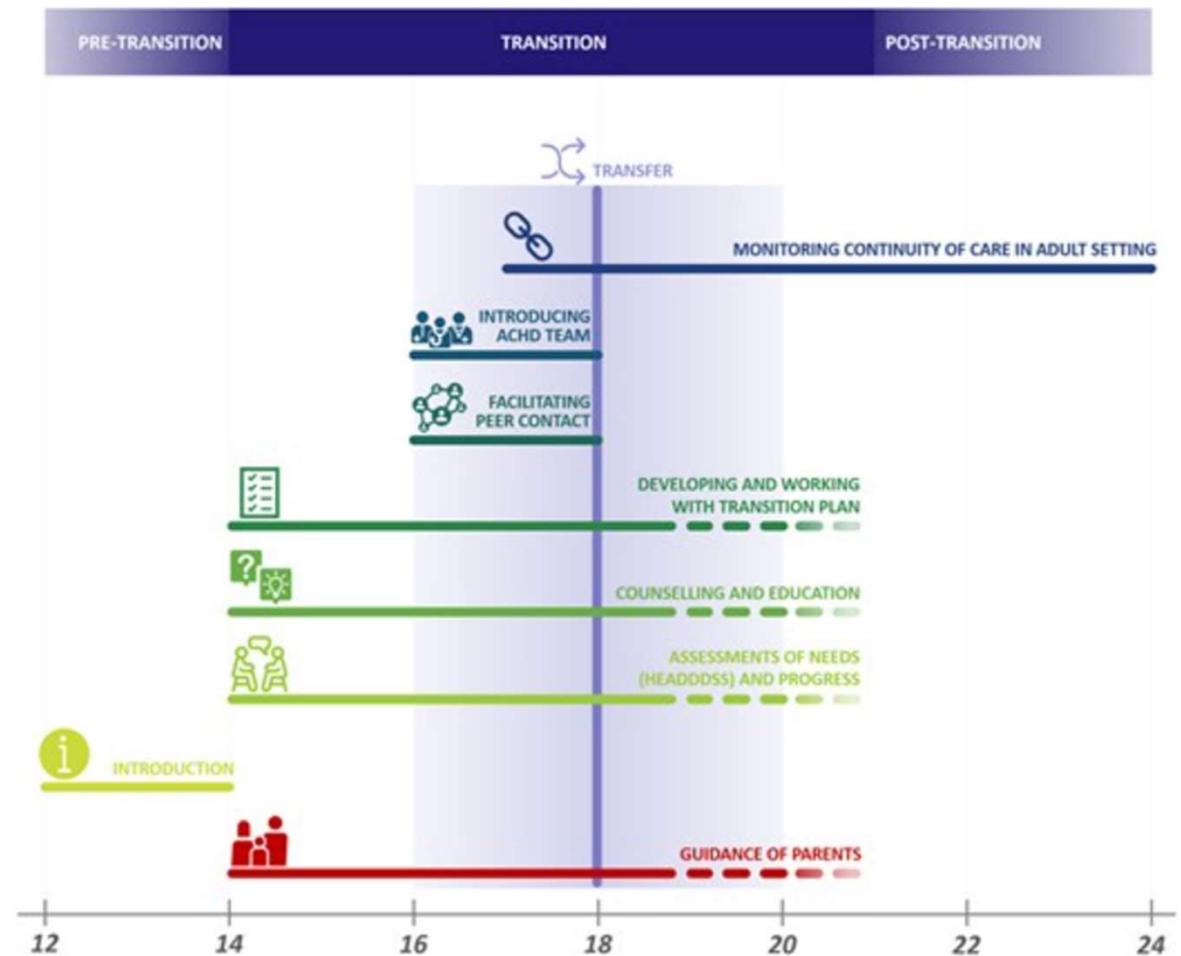
- Starting early
- Asking for their opinion
- Considering developmental stage and age
- Gradually gives more autonomy and time without parents
- Have a clear tools and expectations to measure against e.g. HEADSSS



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?

