

Innovative Services to Support Learning and Working Goals of Young Adults: Report from the Field

Presented by:
Marsha Langer Ellison
Sloan Huckabee
Rachel Stone
Michelle Mullen

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Acknowledgements

The Transitions RTC aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions who are trying to successfully complete their schooling and training and move into rewarding work lives. We are located at the University of Massachusetts Medical School, Worcester, MA, Department of Psychiatry, Systems & Psychosocial Advances Research Center. Visit us at:

<http://labs.umassmed.edu/transitionsRTC/index.htm>

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TRANSITIONS RTC

THE LEARNING & WORKING
DURING THE TRANSITION TO ADULTHOOD
REHABILITATION RESEARCH & TRAINING CENTER

Helping Youth on the Path to Employment (HYPE)

Department of Psychiatric Rehabilitation
School of Health Related Professions
Rutgers, The State University of New Jersey



Helping Youth on the Path to Employment (HYPE)

- Scoping Review
- Qualitative Interviews
- SURVEY OF INNOVATIVE PRACTICES
- Manual and Training Program for Career Development for Young Adults



Survey of Innovative Practices Method

- Nominations of Programs
- Internet Survey
- Semi-structured telephone interviews
- Audio-transcripts
- Open coding using NVivo
- Three person team consensus on first order and second order constructs
- Categorization of codes into Kohler “Taxonomy”¹

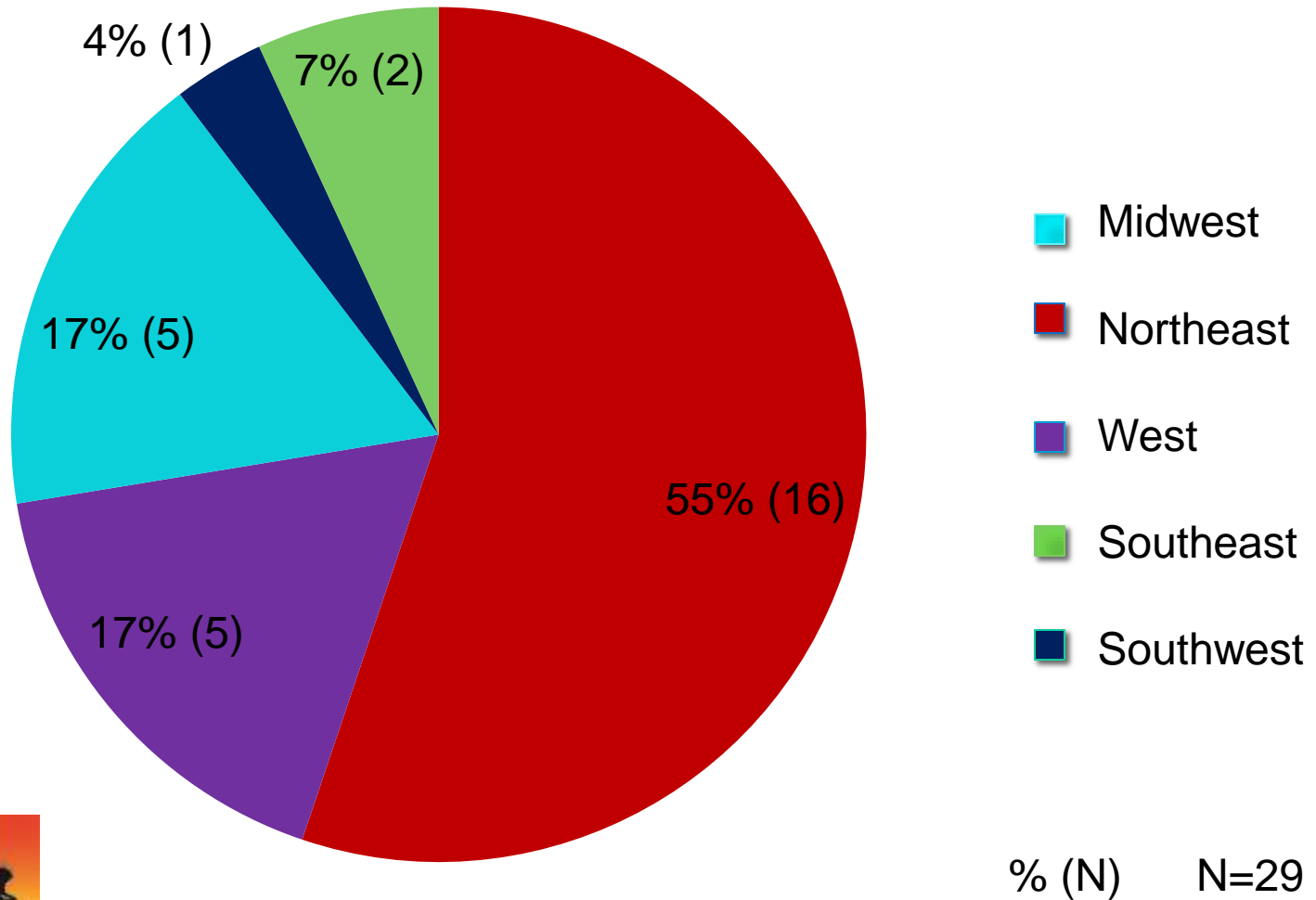
¹Kohler,P. “Taxonomy for Transition Programming”. Champaign: University of Illinois



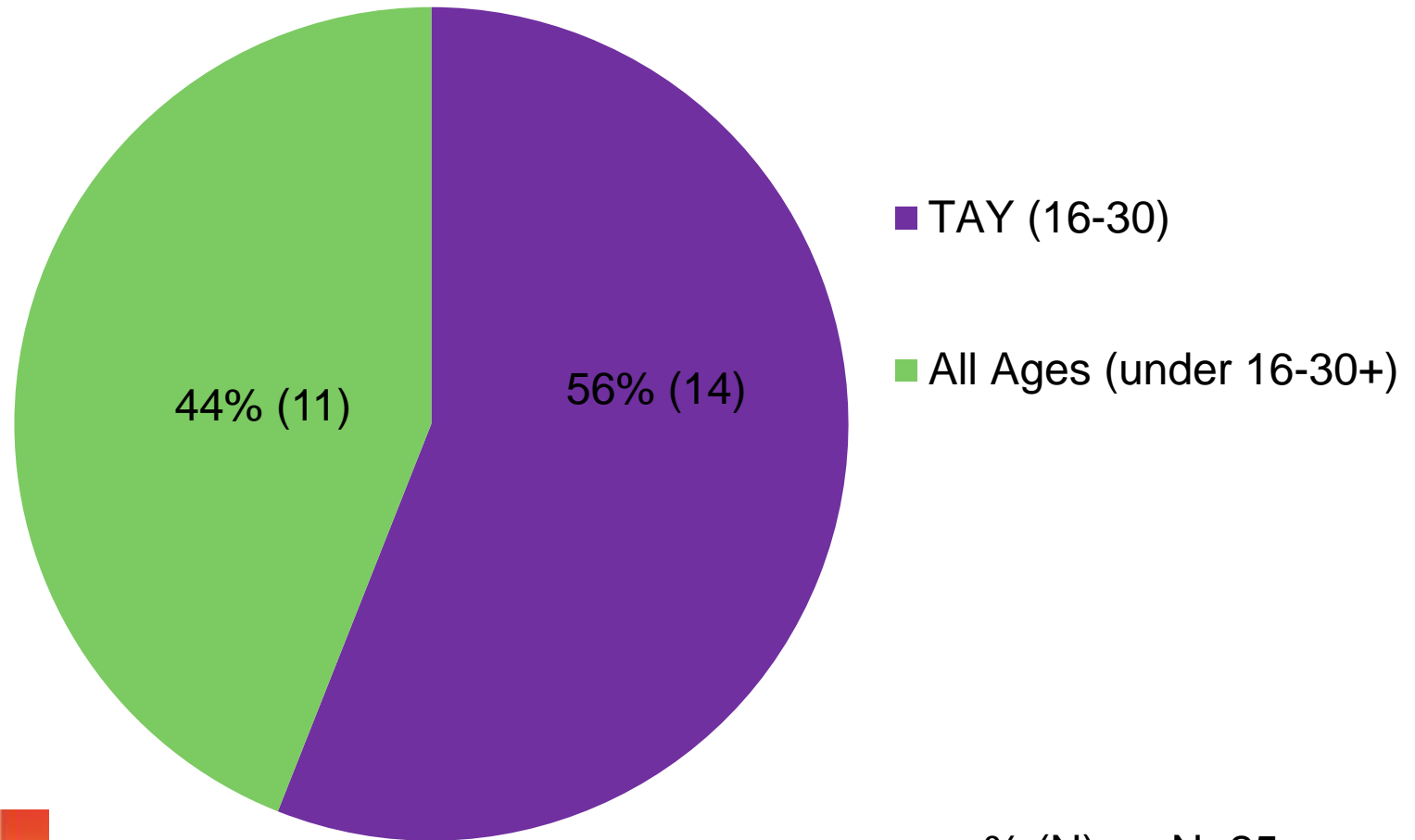
PROGRAM CHARACTERISTICS REPORTED IN INTERNET SURVEY



Regional Distribution of Programs



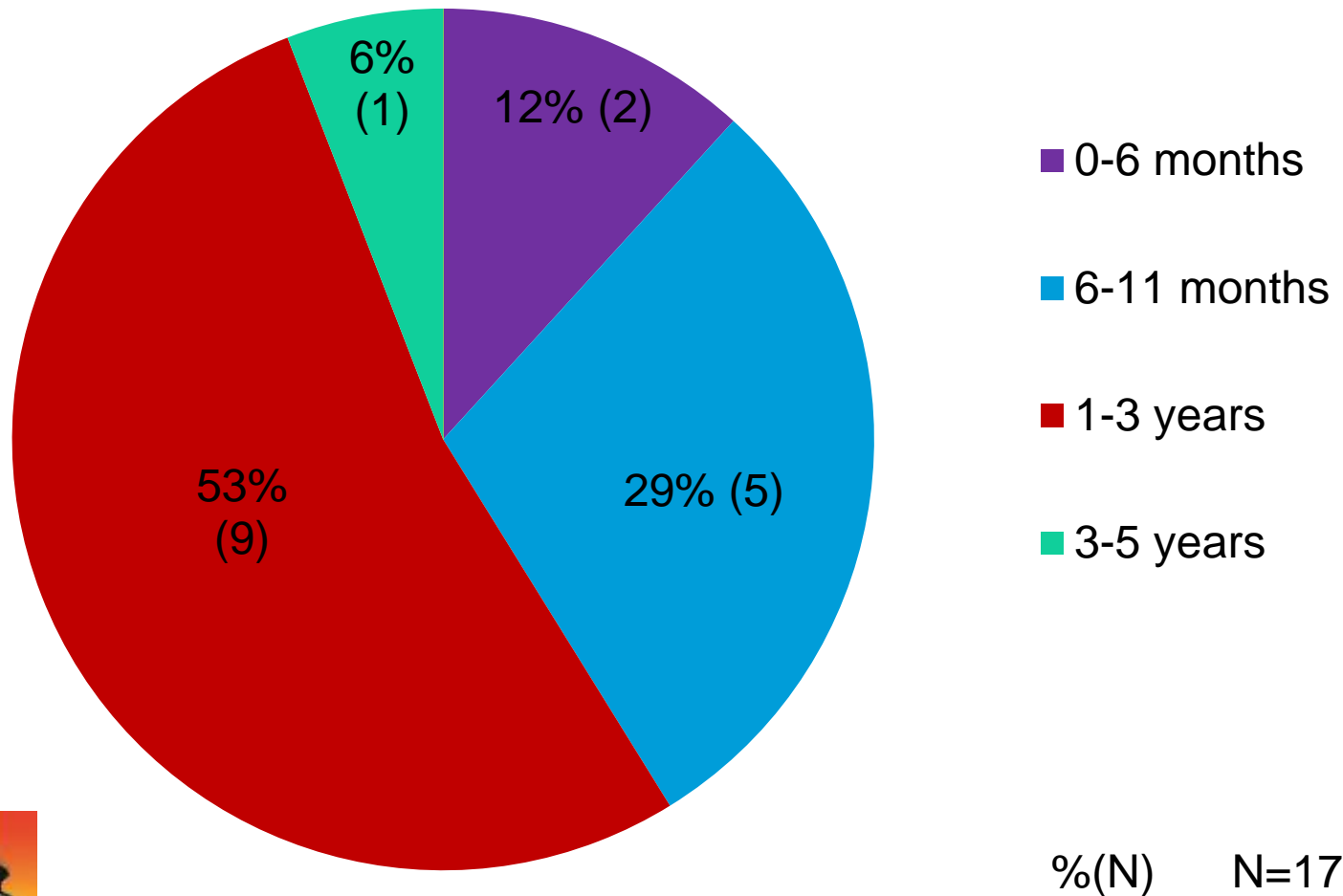
Age Range



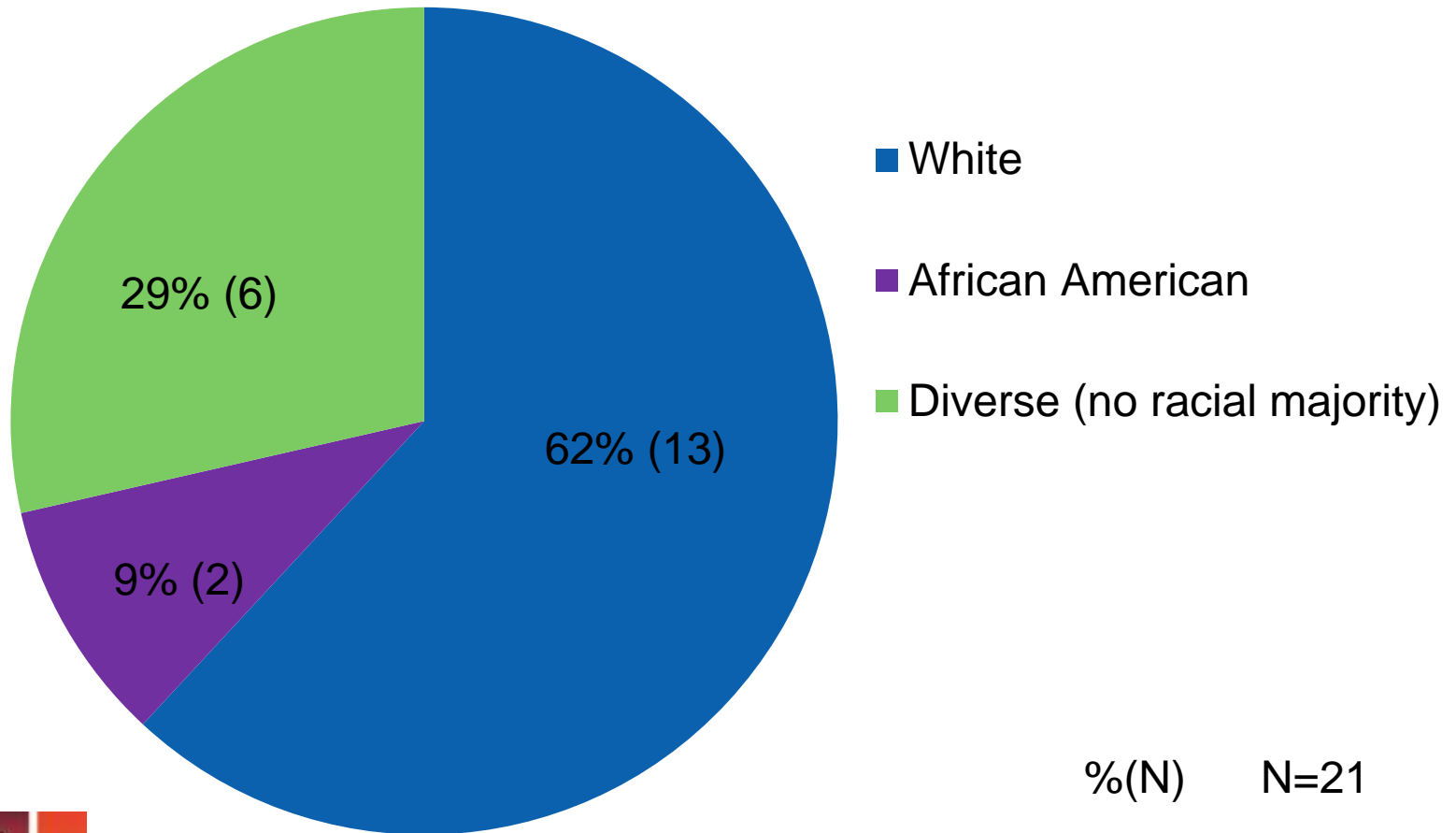
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Length of Stay in Program



Racial Composition of Programs

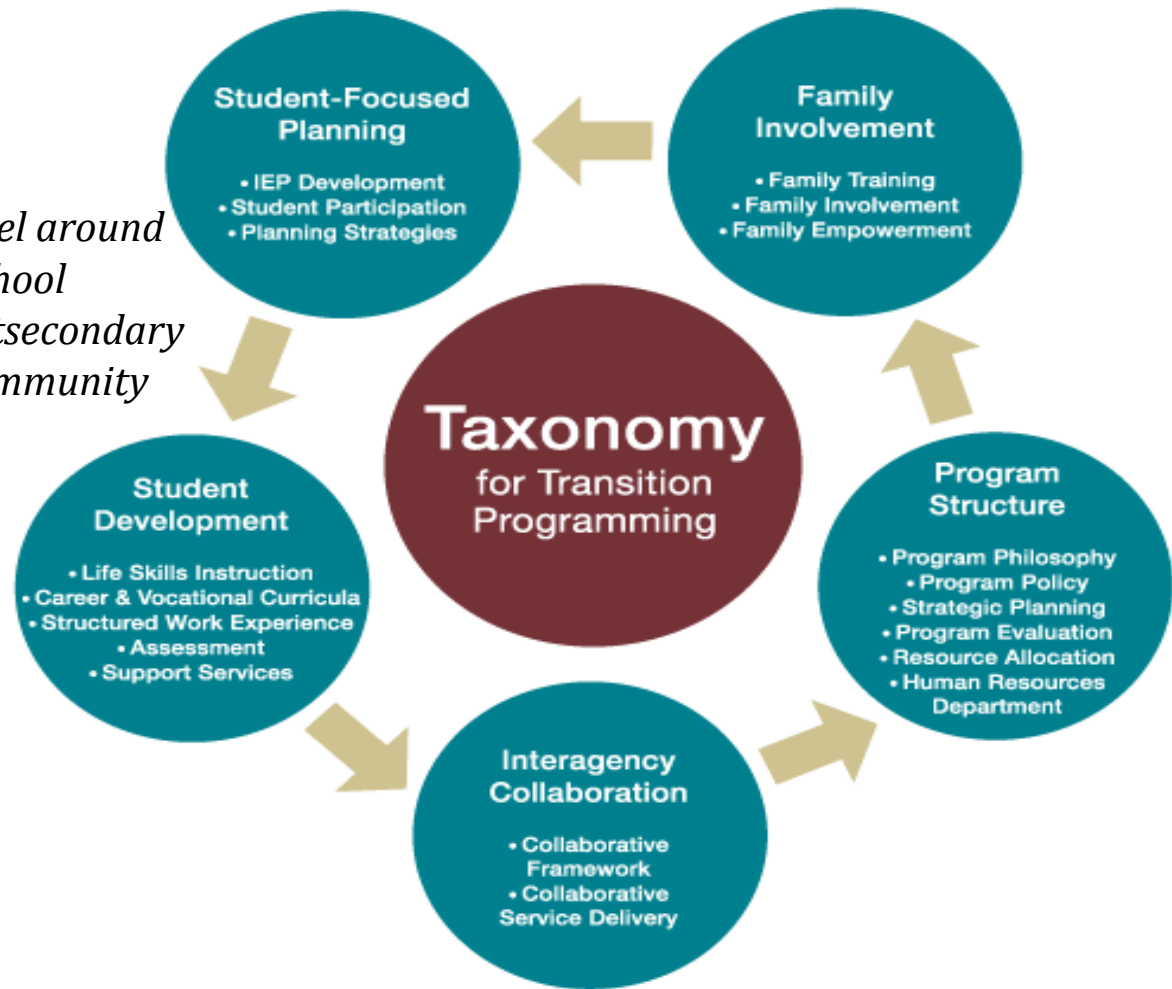


APPLICATION OF KOHLEK TAXONOMY – “AXIAL CODES”



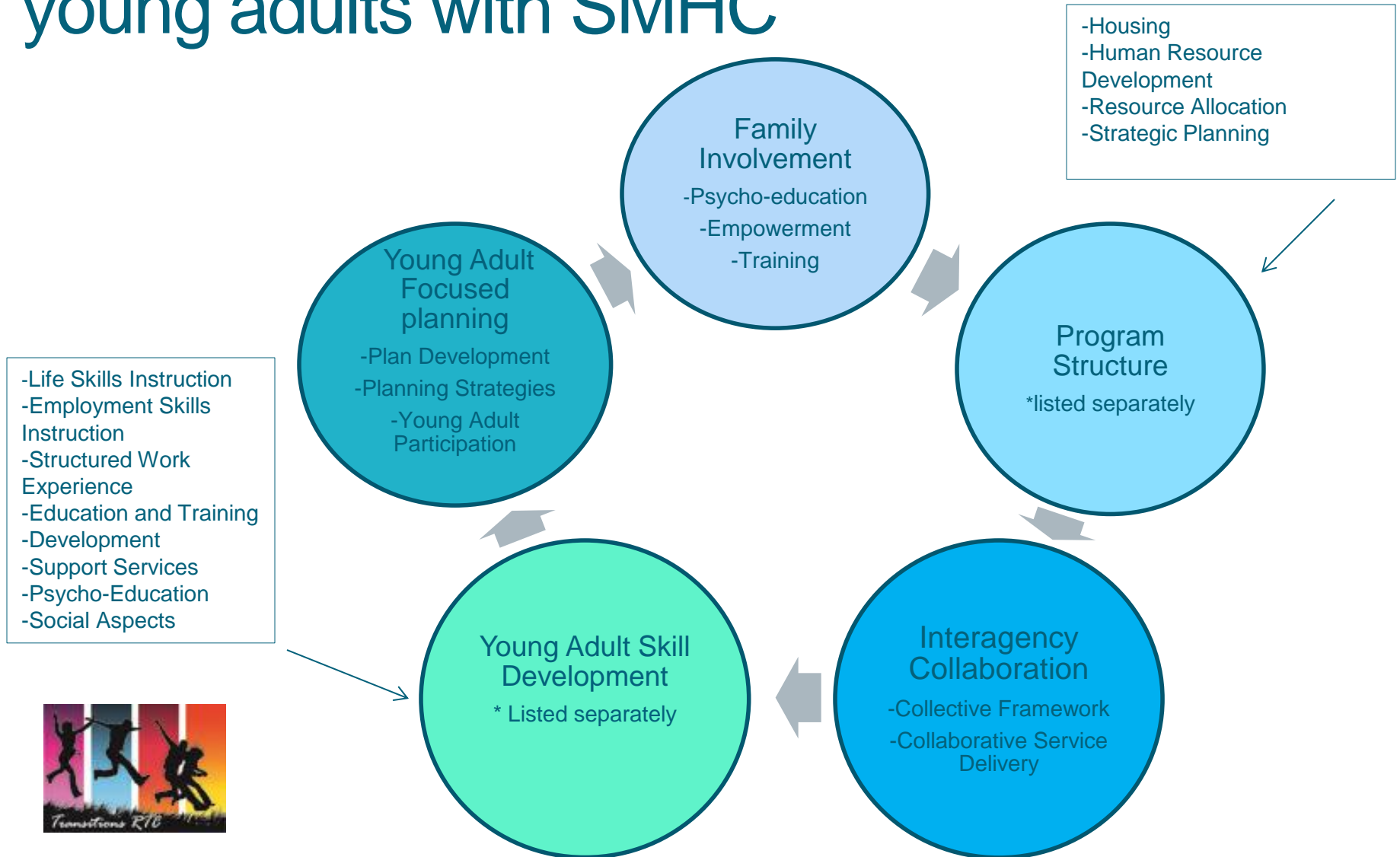
Taxonomy

“We decided to build our model around four particular outcomes....school completion, employment, postsecondary education or training, and community integration”



Kohler, 1996

Taxonomy Adapted to programs serving young adults with SMHC



YOUNG ADULT FOCUSED PLANNING

Planning
Participation and
Communication



Young Adult Focused Planning

- Plan Development
 - Functional Orientation
 - Person Beyond Diagnosis
 - Client Centered
 - Individualization
 - Participant goal driven
 - Strengths Based
- Disclosure
- Financial Aid Planning

“It seemed to me to be much more focused on teaching someone to be a successful adult rather than how do you sort of cope with having a system of care for your whole life. I like the emphasis on self-determination and teaching.”



Participation and Communication

- Youth Voice/ Empowerment
- Participant Administrative involvement
- Participant Communication

“You can call them all day long and not get a response, but if you text, they get right back to you- they don’t like getting on the phone to talk .. The communication also sometimes looks like ‘anything, anytime, anywhere.’ ”



FAMILY INVOLVEMENT



Family Involvement

- Psycho-education
 - Learning about mental illness
 - Illness Management
- Getting Benefits
 - Health Insurance

“I would really emphasize again that you have to work with families; there’s no way to do this work without working with families”



YOUNG ADULT SKILL DEVELOPMENT



Young Adult Skill Development

- Life Skills Instruction
- Employment Skills Instruction
- Structured Work Experience
- Education and Training Development
- Support Services
- Psycho-Education
- Social Aspects



Life Skills Instruction

- Barriers

“They want to live their lives. They don’t want to be different than others. They want to be like their peers.”

- Skill Building

- Coping skills
- Financial skills
- Executive functioning
- Time management and calendaring

- Self-Advocacy

- Shared decision making
- Increased necessity during transitions



Employment Skills Instruction

- Employment Skills

“We just help them in doing the applications and how to do some of the soft skills of using good eye contact and shaking hands, and asking questions, and dressing, all those sorts of things for interviews.”

- Interview Experience

- Mock interviews and practicing interviewing

- Work Behavior

“It’s not always difficult to get an entry level job, but often they have trouble with social interaction or symptom management, they might have a relapse or they might have difficulty tracking the details of the job, so losing a job is pretty common.”



Structured Work Experience

- Internship and Work Experiences

“We would actually market the student to the employer and offer to pay the wages, workers comp, we cover those things.”

- Supported Employment

“You can’t do, fix them first and then get them employed; I’m totally sold on employment taking the lead. It’s really what [the young adults] want, they want money, they want employment, it’s a way to normalize things. There’s just so many strengths to focusing on employment first, and then everything else kind of falls in around it.”



Education and Training Development

- Education Skills

“Some essential and ongoing support, such as applying for financial aid, admission, how to get books and supplies. How to get to class. Transportation, class scheduling. You know, familiarizing with the institution. Introducing people to resources on campus, accommodations, personnel, tutoring services.”

- Special Education

“In most cases we do 504 accommodations rather than have them transfer to special education. In fact, we decided ... to make sure they don't get special education. It's absolutely the wrong environment [for them].”

- Vocational Schools and Vocational Training

- Use of technical education to promote employment
- Certificates



Support Services

- Accommodations

“We don’t even call it accommodations, we just say, do you think it’d be possible if this person could start at 10 o’clock instead of 9:30 because, ... we might say it just works better for them to start later. We don’t really like to use the word accommodations as much as just saying, do you think this will work?”
(In reference to work)

- Motivational Interviewing and Motivation Enhancement

“[What] we experienced in the beginning is that families are usually very motivated to do whatever they’re told, they’re often kind of desperate, but the young person is often kind of scared and is really not certain that they want to have a relationship (with the program).”

- Therapy

- DBT, Cognitive Enhancement Therapy, Occupational Therapy

- Peer Support and Use of Peer Mentors

“A visitor asked one of the (peer) members why the group was so important, and the member of the group said, ‘well let me put it this way. So I came in a while ago and I had shaved off my eyebrows, and this other person said ‘hey dude, what’s with the eyebrows’ and my response was ‘psychosis’ and [the other guy said], ‘oh cool.’ It’s like ‘okay so you shaved your eyebrows cause you got psychotic, I get it, it’s not a problem.’”



Psycho-Education

- Help youth understand their diagnosis
- Managing symptoms
- Coping skills
- Treatment options (medications) and dealing with providers

Social Aspects

- Youth groups and networks
- Social/recreational activities
- Skill development

"They're able to find a network of friends here."



PROGRAM CHARACTERISTICS NOTED IN INTERVIEWS



Program Characteristics

- Program Guiding Principles
- Other Services Array
- Human Resource Development



Program Guiding Principles

- Program Focus
- Program Model and Approaches
- Engagement and Retention
- Meeting Them Where They're At
- Doing Whatever it Takes (Hands-on Support)



Program Focus

- Educational and vocational supports
- High school completion, post-secondary training, post-secondary retention
- Early intervention and prevention for the early signs of psychosis
- Social goals
- Related independent living supports (housing, transportation, food/nutrition, laundry)
- Recovery and community integration

“Pursuing a quality of life goal, outside of mental health status”



Program Models and Approaches

- A Unique Population/Transition tasks
- Transition to Independence Process (TIP)
- Individual Placement and Support (IPS)
- Supported Education
- Student support network (SSN at Worcester Polytechnic Institute)



Engagement and Retention

- Build relationships (trusting, genuine, and understanding)
- Service flexibility for no shows or gaps;
“We stick with students.” “Our doors are never closed.”
- Goal focus
“Young adults want to go, go, go, so from day one when we meet them, even before intake and orientation, we’re asking what their goals are.”
- Assertive outreach – in the community; gentle but proactive
- Non-treatment environment
- Younger staff, connection with youth culture, willingness to engage with social media, ability to text



Meeting Them Where They're At

- Literally, service provision in the community, mall, home, school

“we’ve had people who were literally unwilling to come out of their room, in fact we had one fellow who was literally in his closet, and we did a series of home visits and we have communicated with people using sticky notes, you know so we’re about as flexible as we can be”

- Figuratively, responding to their felt needs and goals at that time

“let’s say, you want more money, you want a car, you want a girlfriend, then that’s what we’re about. And we’ll come in from the back side to say, what kind of mental health issues get in the way for you to get a girlfriend or get a job?”

- Varying intensity of services according to need



Doing Whatever it Takes (Hands-on Support)

- Complete service flexibility

“Those that are in post secondary school (staff) will go to the schools with them, they’ll brief with them before or after; there’s some young people, that they might text with them in the morning to make sure that they’re up and ready to go, all those kinds of things.”

- Providing direct assistance

“One coach took his student into a bookstore, and instructed him on what kinds of school supplies to buy, to get a notebook organized for all of his classes. It was that basic and sad. (We go) all the way to ‘...I just want you to check in every once in a while with me when I have a test or a paper.’”



Service Array (other than planning and skill development)

- Substance use counseling
- Crises planning
- Housing, residential services
- Daily living needs (child care, transportation)



INTER-AGENCY COLLABORATION



Inter-Agency Collaboration

- Community Connections
 - Job development with employers
 - On campus student connectors
- Mental Health Integration
- Vocational Rehabilitation



CONCLUSIONS

For more information on:

the Survey of Innovative Practices contact:

Marsha.Ellison@umassmed.edu

Helping Youth on the Path to Employment contact:

MullenMI@shrp.rutgers.edu

