SUPPORTING CAREER DEVELOPMENT DURING THE TRANSITION TO ADULTHOOD IN THOSE WITH PSYCHIATRIC DISABILITIES

Maryann Davis

Gillian Simons

ACKNOWLEDGEMENTS

OVERVIEW

1. Describe key features of the population

2. Extant research on learning and working

3. Framework of the Transitions RRTC

4. Current Transitions RRTC research

5. Current Transitions RRTC knowledge translation activities

6. Partnering with young adults

SERIOUS MENTAL HEALTH CONDITIONS (SMHC)

- ☑ Serious Emotional Disturbance OR Serious Mental Illness OR Psychiatric Disability

- ☑ MH diagnosis causes substantial functional impairment in family, social, peer, school, work, community functioning, or ADLs

- ☑ Not pervasive developmental disorders, substance use, LD, ID (these can co-occur)

PREVALENCE

- Prevalence rates of Serious Emotional Disturbance or Serious Mental Illness 4-9% (Costello et al., GAO)

- Applied to 15-30 year olds in 2009 (Census estimate)

- Yields estimate of 2.5-5.8 million with serious mental health condition in transition to mature adulthood

Transitions RTC

MAJOR CAUSES OF DISEASE BURDEN IN DISABILITY ADJUSTED LIFE YEARS IN THE WORLD
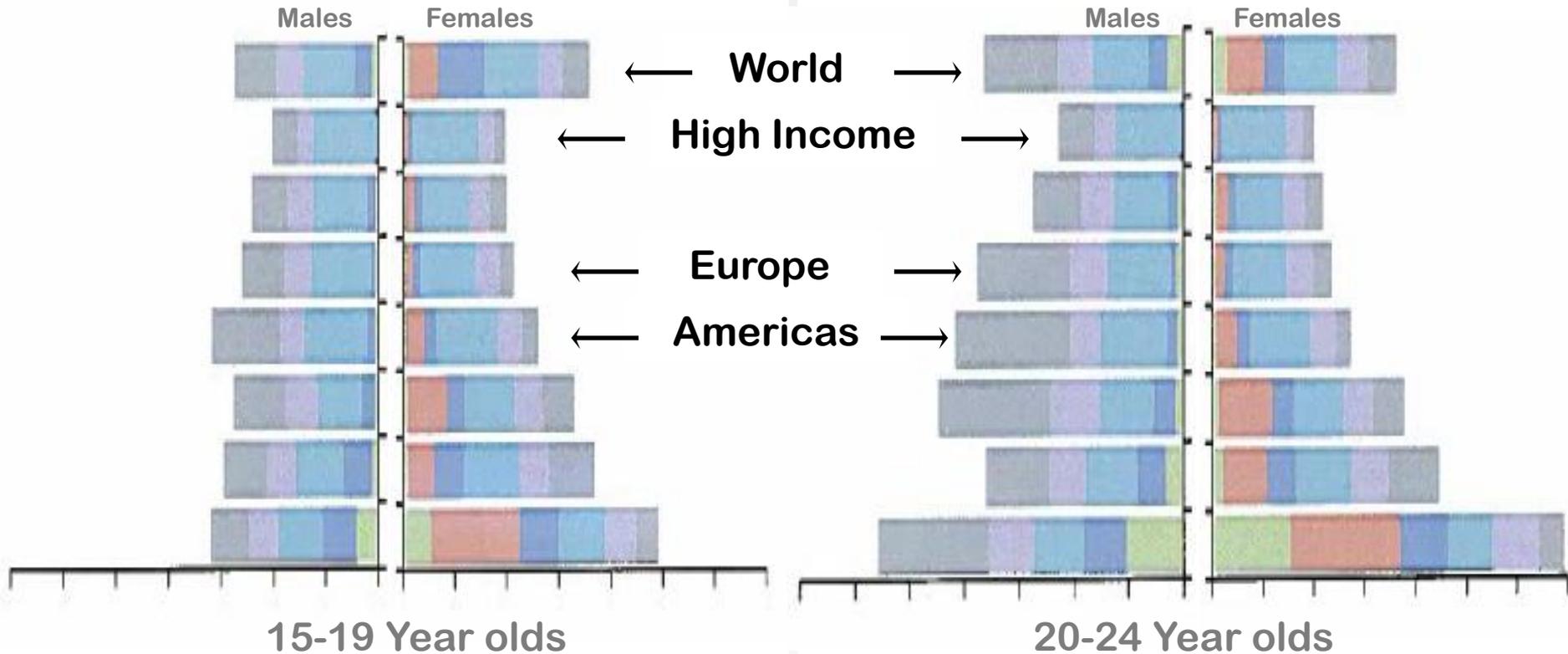
Gore, FM., Bloem, PJN, Patton, GC, Ferguson, J, Joseph, V, Coffey, C, Sawyer, SM, & Mathers, CD (2011). Global burden of disease in young people aged 10–24 years: a systematic analysis. Lancet, DOI:10.1016/S0140-6736(11)60512-6

Figure 6 Incident YLD Rates per 1,000 Population by Age and Broad Disease Grouping, Victoria 1996
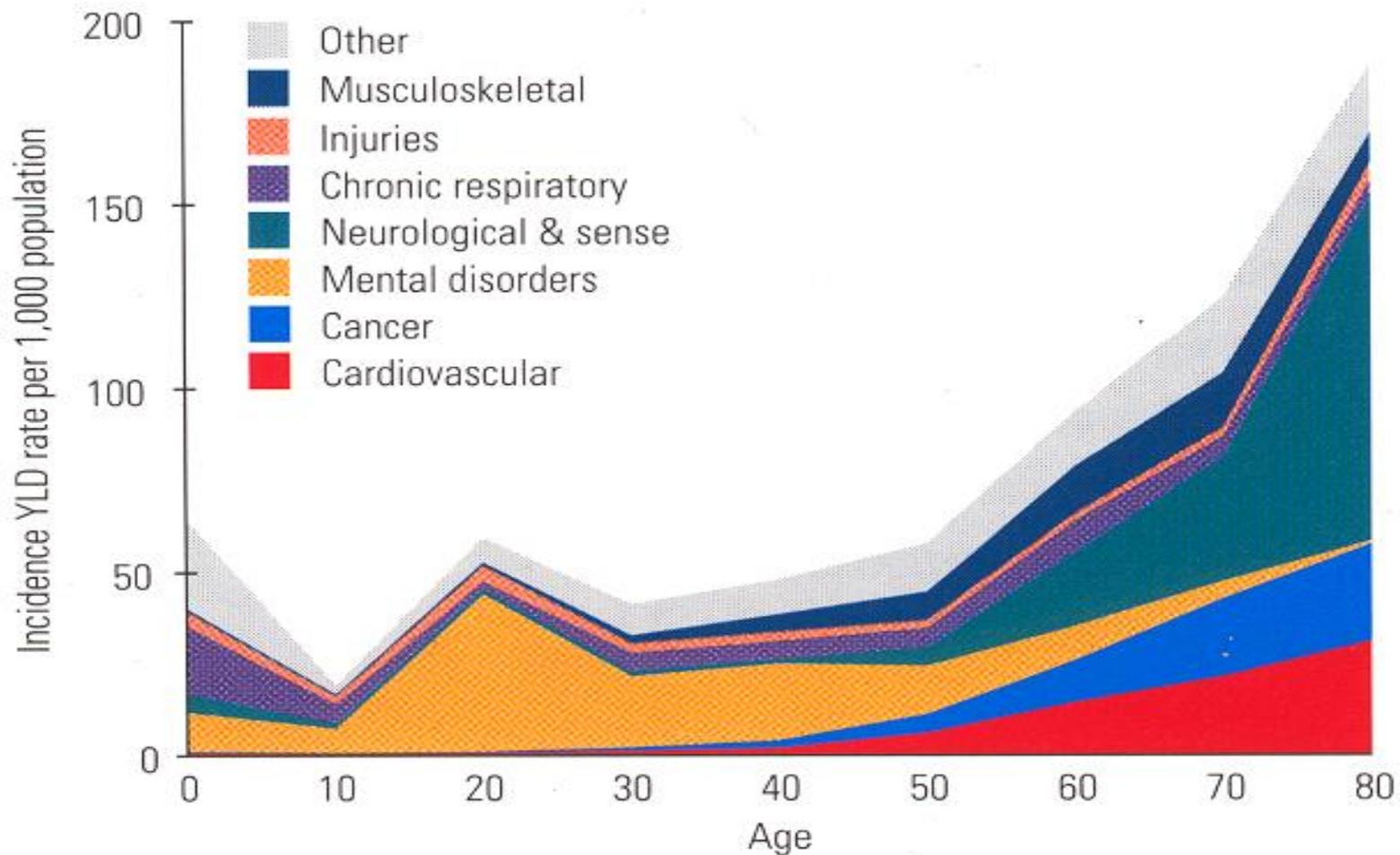
EMERGING ADULTHOOD; LAST STAGES OF PSYCHOSOCIAL DEVELOPMENT

Identity Formation

Cognitive

Moral

sexual

Social

Developmental change on every front

DEVELOPMENTAL CHANGES UNDERLIE ABILITIES TO FUNCTION MATURELY

Complete schooling & training

Head a household

Obtain/maintain rewarding work

Develop a social network

Become financially self-supporting

Be a good citizen

Youth with SMHC Struggle as Young Adults

Functioning among 18-21 yr olds	SMHC in Public Services	General Population/ without SMHC
Complete High School	23-65%	81-93%
Employed	46-51%	78-80%
Homeless	30%	7%
Pregnancy (in girls)	38-50%	14-17%
Multiple Arrests by 25yrs	44%	21%

Valdes et al., 1990; Wagner et al., 1991; Wagner et al., 1992; Wagner et al., 1993; Kutash et al., 1995; Silver et al., 1992; Embry et al., 2000; Vander Stoep, 1992; Vander Stoep and Taub, 1994; Vander Stoep et al., 1994; Vander Stoep et al., 2000; Davis & Vander Stoep, 1997; Newman et al., 2009

COMMON CO-OCCURRING SUBSTANCE ABUSE/DEPENDENCE

- Young adults ages 18-25 with a serious mental illness

- 48% report past-year illicit substance use

- 36% meet criteria for a Substance Use Disorder

(SAMHSA, 2003)

Transitions RTC

OTHER IMPORTANT CHARACTERISTICS

Research on use of internet to support transition age youth with SMHC (N=207)

Most Enjoyable Features of Social Networking Sites

Feature	% MH	% No MH
Making new friends	**39.8**	**19.0***
Having shared interests	**38.3**	**19.0 **
Planning social activities	**32.0**	**45.6***
Blogging	**31.3**	**1.3 ***

- #1 purpose; Ability to connect and socialize (87%)

SOCIAL COGNITIVE CAREER DEVELOPMENT THEORY

(LENT, BROWN, & HACKET, 1994)

Person Inputs
- Gender
- Race/ethnicity
- Disability
- Symptoms

Contextual Influences e.g. employer perceptions

- **Learning Experiences**
- **Ability**
- **Past Performance**

Self-Efficacy

Interests

Performance Goals & Subgoals

Career Activities & practice

Performance Attainment Level
- Goal fulfillment
- Skill development
- Vocational performance

Outcome Expectations

Background Contextual Affordances e.g. career role model exposure

SHARED CAREER DEVELOPMENT ELEMENTS

- Low self-efficacy & outcome expectations related to low career exploration intentions in students with LD (Benz & Halpern, 1993)

- Vocational self-efficacy beliefs related to vocational status in adults with SMHC (Waghorn, Chant & King, 2007)

- Students with disabilities have deficiencies in

  - Career-related <u>learning experiences</u> & job-related <u>self-knowledge</u> (Capella, Roessler, & Hemmerla, 2002)

  - Career decision <u>self-efficacy beliefs</u> (Gillespie, 1993; Ochs & Roessler, 2001)

IMPORTANCE OF EDUCATION AND SERVICES

- Current Employment by educational completion

  - postsecondary education degree or certificate   83%

  - some postsecondary education   58%

  - high school completion   54%

  - less than a high school education   38%

  (p < .001 for all comparisons; Newman et al., 2011;
  http://www.nlts2.org/reports/2011_09_02/nlts2_report_2011_09_02_complete.pdf)

- **Job placement services;** major contributor to competitive employment

  (Dutta, Gervey, Chan, Chou, & Ditchman, 2008)

MORE COMPROMISED SECONDARY EDUCATION

- Special Education students with ED have the highest rate of High School incompletion; **44% *vs*. 14-29%** (NLTS-2; http://www.nlts2.org/data_tables/tables/15/ntaDiplomafrm.html)

- **46%** - Proportion of failure to complete secondary education attributable to MH conditions (Vander Stoep et al., 2003)

- Lowest rates of school performance (attendance, grades, grade retention) still for SED; NLTS2

- Only small fraction of students with SED receive special education services (Forness et al., 2012)

PRACTICES WITH STUDENTS WITH ED

Feature	ED	Other Disability
Get along with students/teachers≥pretty well**	67%	85%
Partake in organized extracurricular group activity**	35%	47%
Attend special/alternative school**	22%	3%
Take all courses in special education settings*	16%	5%
School sponsored work experience*	17%	26%
Present but not participating in transition planning*	32%	23%

*p<.05, **p<.001

Wagner, M., & Davis, M. (2006). How are we preparing students with emotional disturbances for the transition to young adulthood? Findings from the National Longitudinal Transition Study-2. *Journal of Emotional and Behavioral Disorders,14*, 86-98.

POST SECONDARY SCHOOL/WORK ENGAGEMENT LOW

- NLTS2 - 42% of students in ED category who were out of school were in paid employment (compared to 57% cross disability)

- Students with ED had shortest duration of jobs (8 months vs. 10 cross disability)

- 34% attended some post secondary education or training (compared to 45% cross disability)
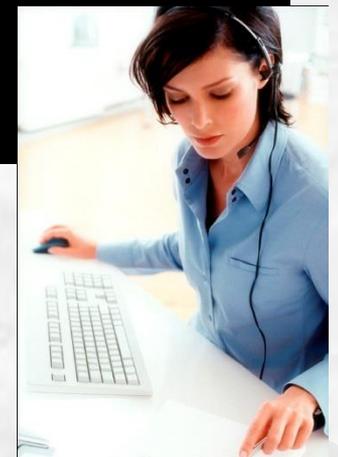
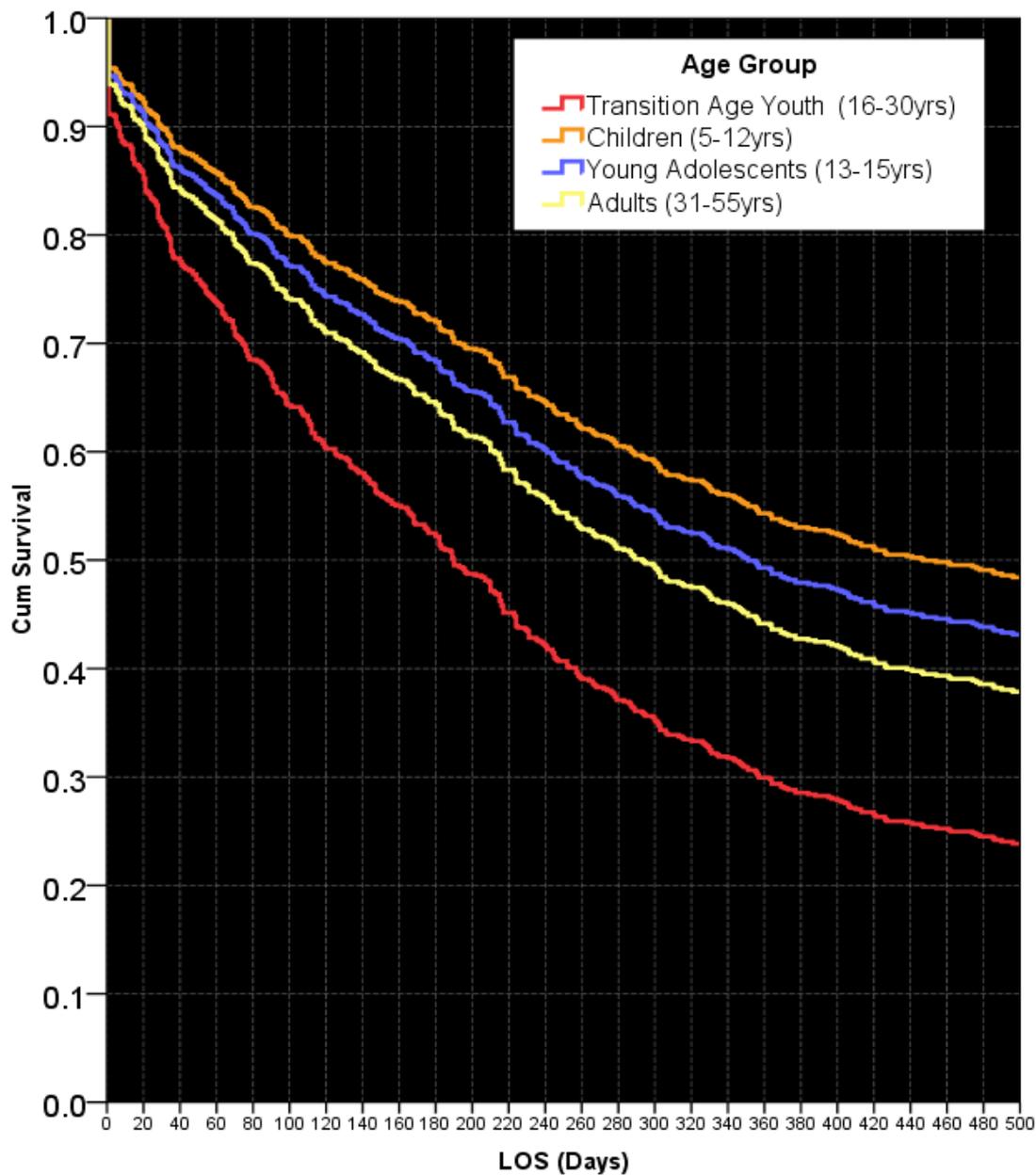# OTHER CHARACTERISTICS OF SMHC

- Disability typically impairs **social participation**

- **Blaming**; parents and youth themselves blamed for the disability

- **Stigma**

- **Background Contextual Affordances**; Living in poverty, single head of household, unemployed head of household (Wagner et al., 2005)

OTHER CHARACTERISTICS OF SMHC

- "Hidden" disability

- **Ignorance**; disability identified late and treatment delayed, behavioral nature of disability leads to confusion about treatment versus "socialization"

- Conditions are treatable and disability often ends; **Recovery** is possible over time

Services to Facilitate ENGAGEMENT needed

CHILD SYSTEM

ADULT SYSTEM

Education

Child Welfare

Juvenile Justice — Criminal Justice

Child Mental Health — Adult Mental Health

Medicaid — Medicaid

Health Insurance — Health Insurance

Housing

Vocational Rehabilitation

Substance Abuse

Labor

Birth → → → → **18-21yrs** → → → → **Death**
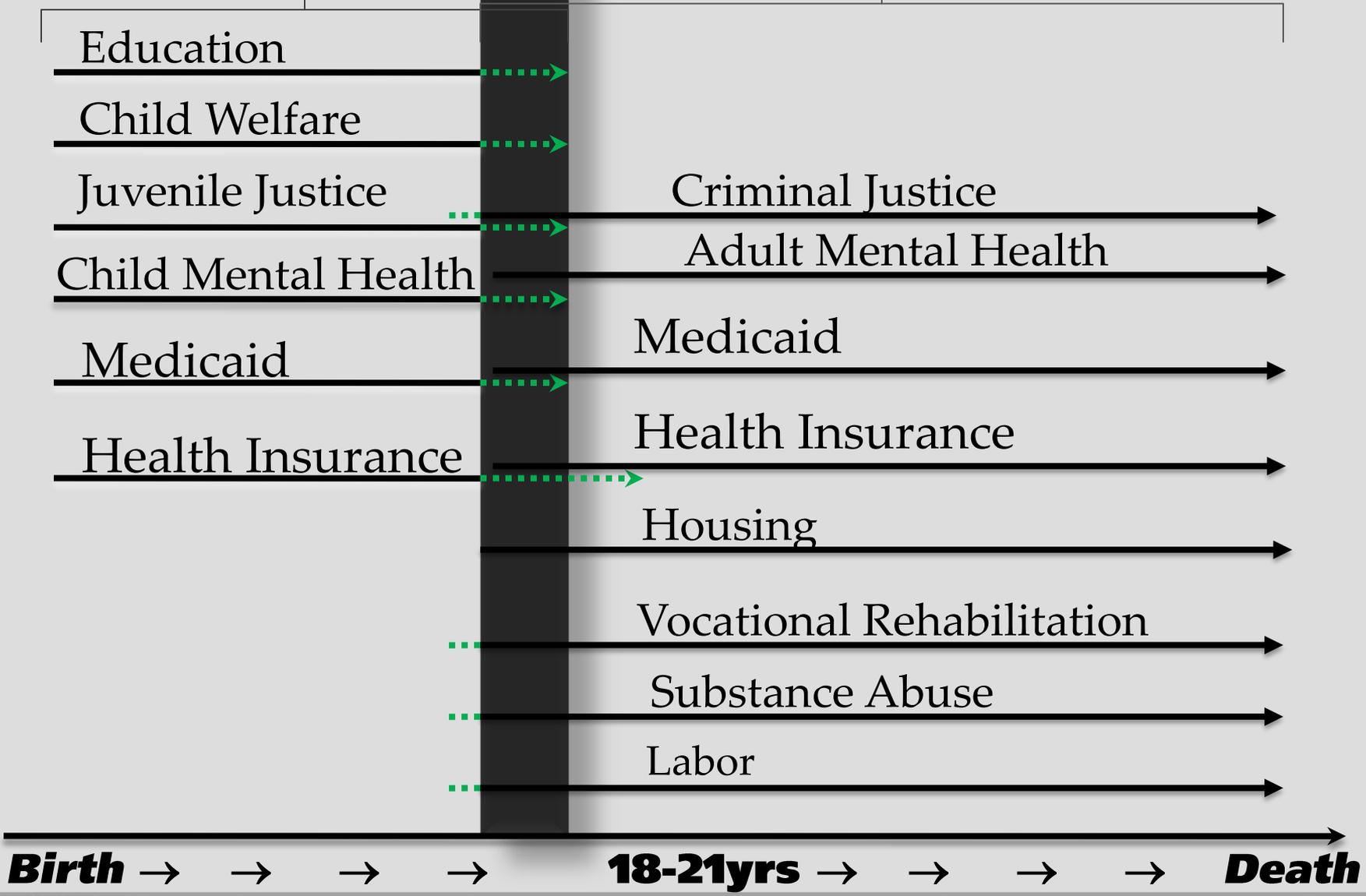
RESEARCH IS IN ITS INFANCY

- Little Research in this age with Serious Mental Health Conditions
- Extension of knowledge from others…… other ages with SMHC or same age with other challenges
- Field is growing

RESEARCH GAPS

Prior to funding of two RRTC's

- No Stage 1 Clinical Trials studies published in this age/disability group

- Plenty of population studies to raise flags but little to identify malleable factors that could be targets of interventions

- No studies published comparing clinical trials outcomes in younger and older participants

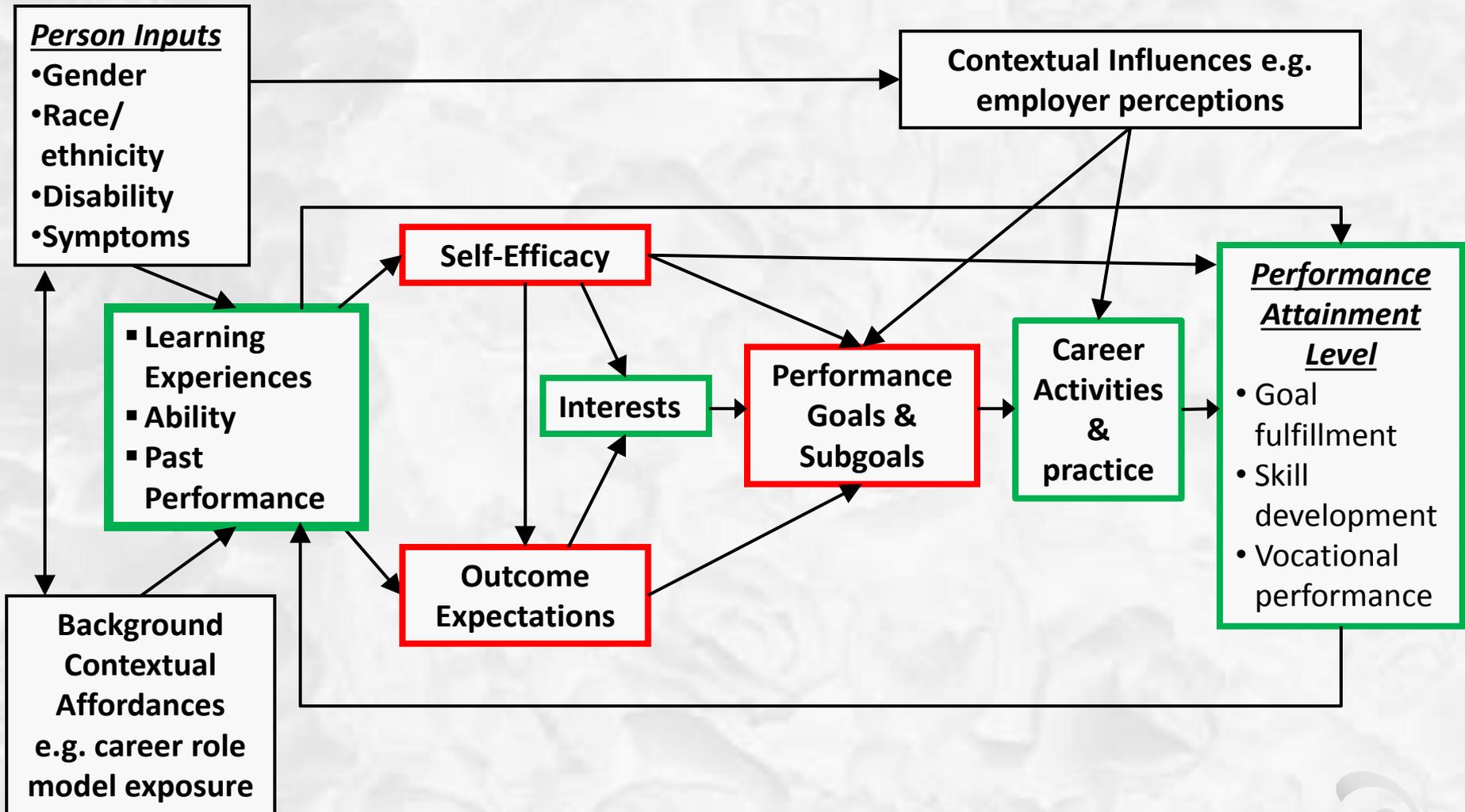# LEARNING AND WORKING DURING THE TRANSITION TO ADULTHOOD RRTC

University of Massachusetts Medical School, Department of Psychiatry, Center for Mental Health Services Research

SOCIAL COGNITIVE CAREER DEVELOPMENT THEORY

(LENT, BROWN, & HACKET, 1994)

RESEARCH PROJECTS

✍ **Interventions**

- **Individualized Placement and Supports+Peer Mentor**

  ✍ Manualize approach, develop fidelity measure, implement, conduct small case series trial (all receive IPS+Peer Mentor)

- **Life Coaches for Vocational Supports in Multisystemic Therapy for Emerging Adults**

  ✍ Manualize approach, develop fidelity measure, implement, conduct small randomized controlled trial

RESEARCH PROJECTS

Interventions (cont'd)

- **Age-Associated Need, Services, and Outcomes of Participants Enrolled in Supported Education**

    - *Identify adaptations of supported education model needed for emerging adults - expanded to manualize and pilot test adaptation for young adults (DRRP-funded)*

- **Motivational Enhancement Therapy for Treatment Retention in Emerging Adults**

    - Develop and specify adaptation of Motivational Enhancement Therapy to reduce Treatment Attrition, conduct pilot study

RESEARCH PROJECTS

Population Studies

- **Young Adult Employment Study**: *Qualitative study examining Latino and non-Latino young adults experiences VR services, IPS, and Clubhouses*

- N=57;

  - Non-Latino white (59%)

  - Latino/Hispanic (28%)

  - other racial and ethnic categories (13%)

YOUNG ADULT EMPLOYMENT STUDY – *THEMES IDENTIFIED*

✍ Preferences of TAYYA regarding vocational support services

1. Prevocational guidance and preparation and effective educational supports

2. Social skills training

3. Supportive provider relationships and readily available workplace supports

Latinos;

1. Having Spanish speaking staff and cultural familiarity

2. Familial staff support,

3. Social skills training (presentation of self and verbal communication skills)

RESEARCH PROJECTS

Population Studies

- **Job Seeking Experiences and Employers' Perceptions**: Qualitative study of employers' & employment specialists' perceptions, and experiences of "recovered" individuals to explore conditions that promote vocational recovery

- **Making a Difference in High School:** Secondary analysis of NLTS2 data to identify factors to target in new secondary education interventions to help school-to-work transition success

- **Participatory Action Research – Accessing Accomodations in College**: Young adults' secondary analysis of web based survey of accessing accommodations in college by students with mental illness

SYSTEM PROJECTS

Program Factors Predicting Cross-Age Collaboration: Longitudinal study of programs in child and adult systems in sites with HTI grants to explore factors predicting better/worse cross-age program collaboration

Preliminary findings;
Program Markers;
  Large programs,
  Self-identify as collaborative
Malleable Factors:
  Perceptions that funders or key stakeholders want cross-age collaboration

SYSTEM PROJECTS

Federal Program Analysis: Analysis of all Federal programs for their support of educational completion and early careers of transition age youth and young adults with psychiatric disabilities. With special analysis of the Affordable Care Act. Conducted by the Bazelon Center for Mental Health Law

COMMON THEMES

- Youth Voice; all developing models put youth front and center, and provide tools to support that position

- Involvement of Peer supports; several interventions try to build on the strength of peer influence

- Struggle to balance youth/family; delicate dance with families, no clear guidelines

- Integration w treatment important

- Emphasize in-betweeness; simultaneous working & schooling, living w family& striving for independence, finishing schooling & parenting etc.

KNOWLEDGE TRANSLATION

- **Special Issue of Psychiatric Rehabilitation Journal**

  - http://labs.umassmed.edu/transitionsRTC/Resources/159676PRJcomingsoon.pdf

- **Technical Assistance**:

  - http://labs.umassmed.edu/transitionsRTC/Inquiries/Inquiries.html

- **Briefs and Fact Sheets**:

  - http://labs.umassmed.edu/transitionsRTC/Resources/Publications.html

- **Webinars and Presentations**:

  - http://labs.umassmed.edu/transitionsRTC/Resources/Publications.html#Presentations

  - http://labs.umassmed.edu/transitionsRTC/Resources/Publications.html#Webinars

STATE OF THE SCIENCE CONFERENCE

- Held annually as a track within the Children's Mental Health conference in Tampa

- Research Experts Meeting: September 2013

  - Present state of the science in career development, policy, and system research

  - Develop guidelines for future research specifically to improve services for young adults in adult systems

FUTURE RESEARCH

To Support Career Development

BASIC RESEARCH TO GUIDE INTERVENTIONS

✍ Who is at greatest risk, and when is that risk greatest, of failing to launch or maintain careers? TARGETING INDIVIDUALS

✍ What are the malleable barriers and facilitators of career development in this population, how does that change across this developmental stage, and how is it different from other groups? FOCUSING INTERVENTIONS

INTERVENTION RESEARCH

- Are the developing interventions effective, and eventually efficacious? DEVELOPING EVIDENCE BASED PRACTICES

- What are the elements of existing evidence based practices in "other" populations that require adaptation for this population, and for whom? TARGETING EVIDENCE BASED PRACTICES FOR THIS POPULATION

INTERVENTION RESEARCH CONT'D

- What are the most expedient approaches to involving youth in interventions, and under which circumstances (e.g. peer mentors, versus peer coaches)? REFINING YOUTH INVOLVEMENT

- What is the most appropriate and expedient role of families in career development interventions? SPECIFYING FAMILY INVOLVEMENT

- How do these questions vary in vulnerable subgroups (e.g. co-occurring disorders, foster care youth, ethnic minorities, justice-system involved, early parenting youth)? INDIVIDUALIZING INTERVENTIONS

SYSTEMS RESEARCH

✍ How do <u>adult</u> systems become more developmentally appropriate for young adults?

✍ What are effective approaches to connecting child and adult systems regarding this population?

✍ What are effective approaches to bringing youth and young adult voice to system reform?

✍ How does implementation of the affordable care act affect access to rehabilitation support services as youth transition from child to adult status?