What constitutes evidence?

- Values-based/obvious; e.g. accessibility is needed
- Systematic practice variation with positive or negative outcomes, when statistically controlling for other factors; e.g. therapeutic alliance

Maryann Davis, PhD., Transitions Research and Training Center Youth in Transition: Building Bridges to a Successful Adulthood Denver, Colorado, February 16, 2012

What constitutes evidence?

Clinical Trials

- Detailed description (manual)
- Reliable method to confirm practice (fidelity)
- Comparison groups (with and without practice)
- Randomization to groups RCT
- Meta analyses analyze multiple RCTs

What constitutes evidence?

- When clinical trials are conducted within the age group (e.g. study of college intervention)
- When clinical trials are conducted across a variety of ages
 - Have enough individuals in the transition age group
 - Conduct analyses to detect age differences

Reported Age Differences

- Different alcohol treatment approaches more effective in younger than older adults (Rice et al., 1993)
- Effective recidivism reduction approach not effective in those under age 27 (Uggen, 2000)
- Treatment of 1st episode psychosis, younger adults benefitted most from supportive counseling, older adults benefitted most from CBT (Haddock et al., 2006)

What's Effective in Schools?

- Relationships support the creation of meaningful relationships as the foundation for students' engagement
- Rigorous/Inclusive/Supportive
 - Offer a challenging curriculum,
 - Well prepared teachers,
 - Inclusive environment, and supports

What's Effective in Schools?

- Relevance learning relevant to students' interests and future plans
- Address the Needs of the Whole Child consider any factors that
 - Interfere with a child's educational experience and
 - Prepare a student for functioning as a person, community member, and citizen
- Involve Students and Families in Transition Planning

Practices with Students with EDOtherFeatureEDOtherDisabilityGet 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*

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

Wagner, M., & Davis, M. (2006). How are we preparing students with emotional disturbances for the transition to young aMIDavis 2/16/2012 Transitions RTCal Longitudinal Transition Study-2. *Journal of Emotional and Behavioral Disorders*,14, 86-98.

32%

23%

Models Under Development

MOST IN FEASIBILITY RESEARCH STAGE

M. Davis 2/16/2012 Transitions RTC

Check and Connect

- Pairs students with Mentors
- Mentors cross between mentor, advocate, and service coordinator
- Mentor works with student/family for 2 years wherever student is
- Mentor monitors attendance/grades/problems (checks)

http://checkandconnect.org/

Check and Connect

• Talk

- Student's school progress
- Relationship between school completion and the "check" indicators of engagement
- Importance of staying in school
- Problem-solving steps used to resolve conflict and cope with life's challenges
 Close communication with families

http://checkandconnect.org/

Multisystemic Therapy for Emerging Adults

MST-EA

Adaptation of Multisystemic Therapy – 17-20 year olds with serious mental health conditions and justice system involvement





M. Davis 2/16/2012 Transitions RTC

COLLABORATORS

Maryann Davis, Ph.D., William Fisher, Ph.D., Charles Lidz, Ph.D., Alexis Henry, Ph.D.

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

Ashli J. Sheidow , Ph.D., Michael McCart, Ph.D., Scott Henggeler, Ph.D. Medical University of SC, Family Services Research Center, Department of Psychiatry and Behavioral Sciences

Sara Lourie, MSW., Anne McIntyre-Lahner, MS. Connecticut Department of Children and Families

MST-TAY Team - North American Family Institute

Thanks to the emerging adult participants and their social network members

Funding for this research comes from the National Institute of Mental Health (R34 MH081374-01) and the National Institute of Disability and Rehabilitation Research (H133B090018) to PI Davis



Davis, M. Banks, S., Fisher, W., Gershenson, B., & Grudzinskas, A. (2007). Arrests of adolescent clients of a public M. Davis 2/16/2012 Transitions RTC mental nealth system during adolescence and young adulthood. *Psychiatric Services*, 58, 1454-1460.

Malleable Causes of Offending and Desistance

Juveniles

Adults

- Antisocial peers
- ↓ Parental supervision/monitoring
- Unstructured time (school & afterschool)
- Substance Use
- Rational choice/distorted cognitions
- Attachment to school, prosocial peers, family

- Peers influence less
- Parental influence lessened/indirect
- Unstructured time (work)
- Substance Use
- Rational Choice/distorted cognitions
- Attachment to work, spouse

MST-EA

Inclusion and Exclusion Criteria

- 17-20 year olds with a diagnosed serious or chronic mental health condition
- Recent arrest or release from incarceration
- Living in stable community residence (i.e., not homeless)
- Having involvement from family members is neither an inclusion nor exclusion criteria
- Individuals who have children or are pregnant are not excluded

Standard MST

(with juveniles, no SMHC)

- Intensive (daily contact) home-based treatment delivered by therapists; one therapist/family caseload=4-5
- Promote behavioral change by empowering caregivers/parents
- Individualized interventions target a comprehensive set of identified risk factors across *individual, family, peer, school, and neighborhood* domains
- integrate empirically-based clinical techniques from the cognitive behavioral and behavioral therapies
- Duration; 4-6 months

MST for Emerging Adults

• MST-EA

- Treatment of antisocial behavior & serious mental health conditions
- Social Network
- Life Coach & Psychiatrist on MST Team
- Mental Health, Substance Use, and Trauma Interventions
- Housing & Independent Living
- Career Goals
- Relationship Skills
- Parenting Curriculum

MST-EA

MST-EA Life Coaches

- Young adult who can relate
- 2, 2hr visits/week, 1 hour curriculum, 3 hours fun
- Reinforces relationship skills in natural environment
- Curriculum topic chosen by client and therapist
- Supervised by clinical supervisor
- Vocational component being compared to VR services

Individualized Placement and Support for Transition Age Youth (IPS-TAY)

Rochelle Frounfelker, Marc Fagan, Marsha Ellison (Thresholds; Transitions RTC)

- Supported Employment/Supported Education for 1st episode psychosis
- Place then train approach
- Peer mentors inspire hope, discuss aspirations, barriers to aspirations, shares own experience, has fun
- Single Case Series design

Achieve My Plan (AMP)

Janet Walker & Laurie Powers (Pathways RTC)

- To increase participation in meetings
- 3 meetings with a "prep person" before initial meeting
- 1 prep meeting include support person of choice
- Youth communicates AMP process to family
- Prep person communicates with team in preparation and orientation
- Training for staff (i.e. school, program etc.)

http://www.rtc.pdx.edu/AMP/pgVideo_AMP_ImportanceOfYPP.shtml

Motivational Enhancement Therapy for Emerging Adults (MET-EA)

- Outpatient psychotherapy most common intervention
- ≈760,000 17-25 year olds in outpatient psychotherapy yearly

Olfson, Marcus, Druss, & Pinkus, (2002)

Treatment ineffective if "dose" insufficient



Transition Age Youth Quickly Lost from Treatment

MET-EA

Definition

Spirit

<u>Autonomy</u> -responsibility for change is the client's
 <u>Collaboration</u> -working in partnership
 <u>Evocation</u> – drawing out client's own thoughts/perceptions – no assumptions

MET-EA

Appealing and Unappealing Features of Employment Support Programs

Torres-Stone, Delman, Lidz (Transitions RTC)

- Want careers, not just jobs
- See working as a way to contribute to and belong to society
- Relationships are important
- Latinos prefer freedom to speak naturally

"So I feel working for me is very important to me and also the world cause I'm part of the society and helping them do things."

Other Research

Research on use of internet to support transition age
youth with SMHC (N=207)Most Enjoyable Features of Social Networking SitesFeature% MHMaking new friends39.819.0***

Having shared interests38.319.0 **Planning social activities32.045.6*Blogging31.31.3 ***

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

Internet

Topics for Social Networking Site

%

Feature

Independent living skills Strategies to overcome social isolation **Relationships** Peer support and services **College-based services Employment** How to support a friend or family member Information on diagnosing/treating MI Advocacy Connection to community activities Housing Social Security M. Davis 2/16/2012 Transitions RTC

87.5(1)83.6(2)81.3(3)78.9(4)75.0(5/6) 75.0(5/6) 74.2(7 72.7(8)71.1(9) 67.1(10)57.8(11) 47.7(12)

Common Themes

- Youth Voice; all developing models put youth front and center, and provide tools to support that position
- Involvement of Peers supports; several interventions try to build on the strength of peer influence

Common Themes

- Struggle to balance youth/family; delicate dance with families, no clear guidelines
- Emphasize in-betweeness; simultaneous working&schooling, living w family& striving for independence, finishing schooling&parenting etc.



M. Davis 2/16/2012 Transitions RTC