

# ***Recovery Workforce Summit: 2015 Annual Conference***



Presented by PRA & PRF, in partnership with PAPRS

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## **Barriers, Supports, and Innovative Services from the Perspectives of Transition Age Youth and Service Providers**

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Philadelphia, PA., June 2015

*The State of Recovery in the World of Psychiatric Rehabilitation*

# Acknowledgement

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# Today's Presentation Agenda

- Overview of HYPE project
- Qualitative Interviews with Young People
  - Q&A
- Survey of Innovative Practices
  - Q&A
- Wrap Up & Audience Discussion



***Helping Youth on the Path to  
Employment (HYPE):  
A Manual and Training  
Program to Promote Careers  
among Transition Age Youth  
and Young Adults with Mental  
Health Conditions***

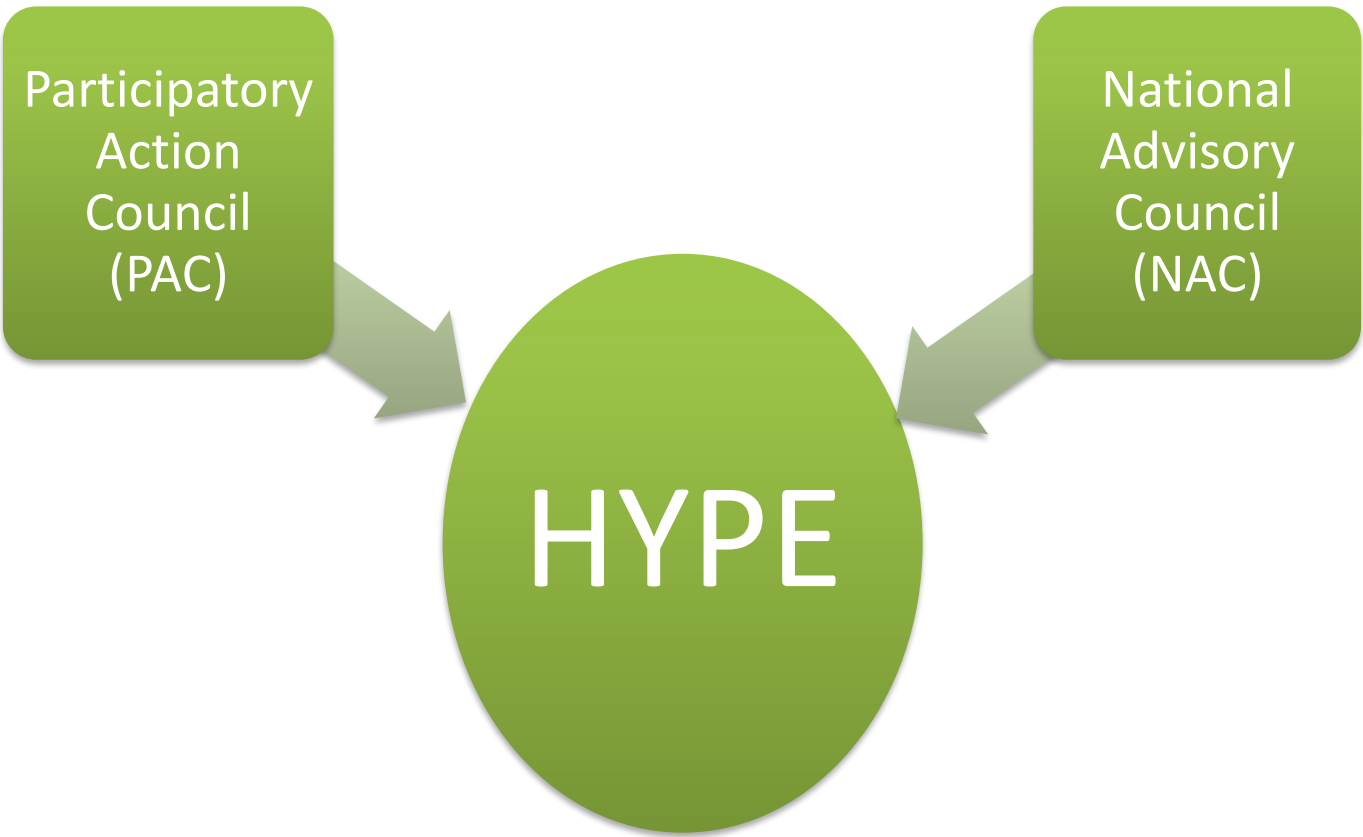
## Why did we develop the *Helping Youth on the Path to Employment* (HYPE) Project?

People with psychiatric conditions are often “counseled” out of employment, intentionally or unintentionally.

- Very poor vocational outcomes: employment and education.
- Unemployment is suspected to be a significant contributor to difficulties experienced by adults with psychiatric conditions
  - e.g.: social isolation, poor quality of life, difficulty attaining meaningful goals, and poor physical health.
- Focusing on young people is critical to breaking the chain of poverty and low expectations.

# Our Mission

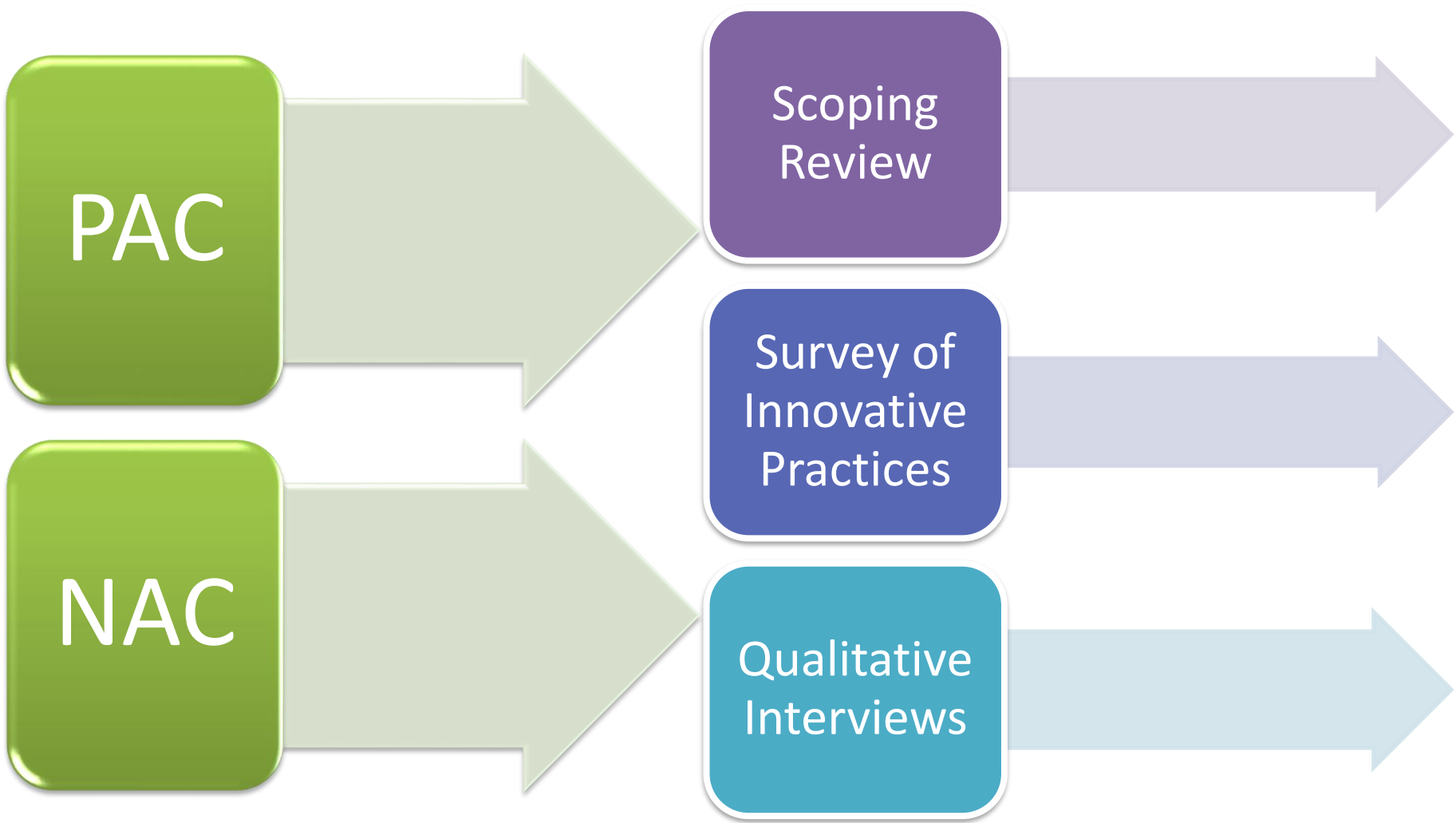
- To understand the unique experiences and needs of young people that require consideration in career services;
- To seek input from national experts on a continual basis –
  - experts in research and practice;
  - experts through lived experience.
- Utilize advisory councils' feedback in all phases of the project:
  - the creation of products/projects,
  - understanding information collected, and
  - dissemination and application of the information.
- To contribute significantly to the change of Career Services for young people with psychiatric conditions through the implementation of this project.

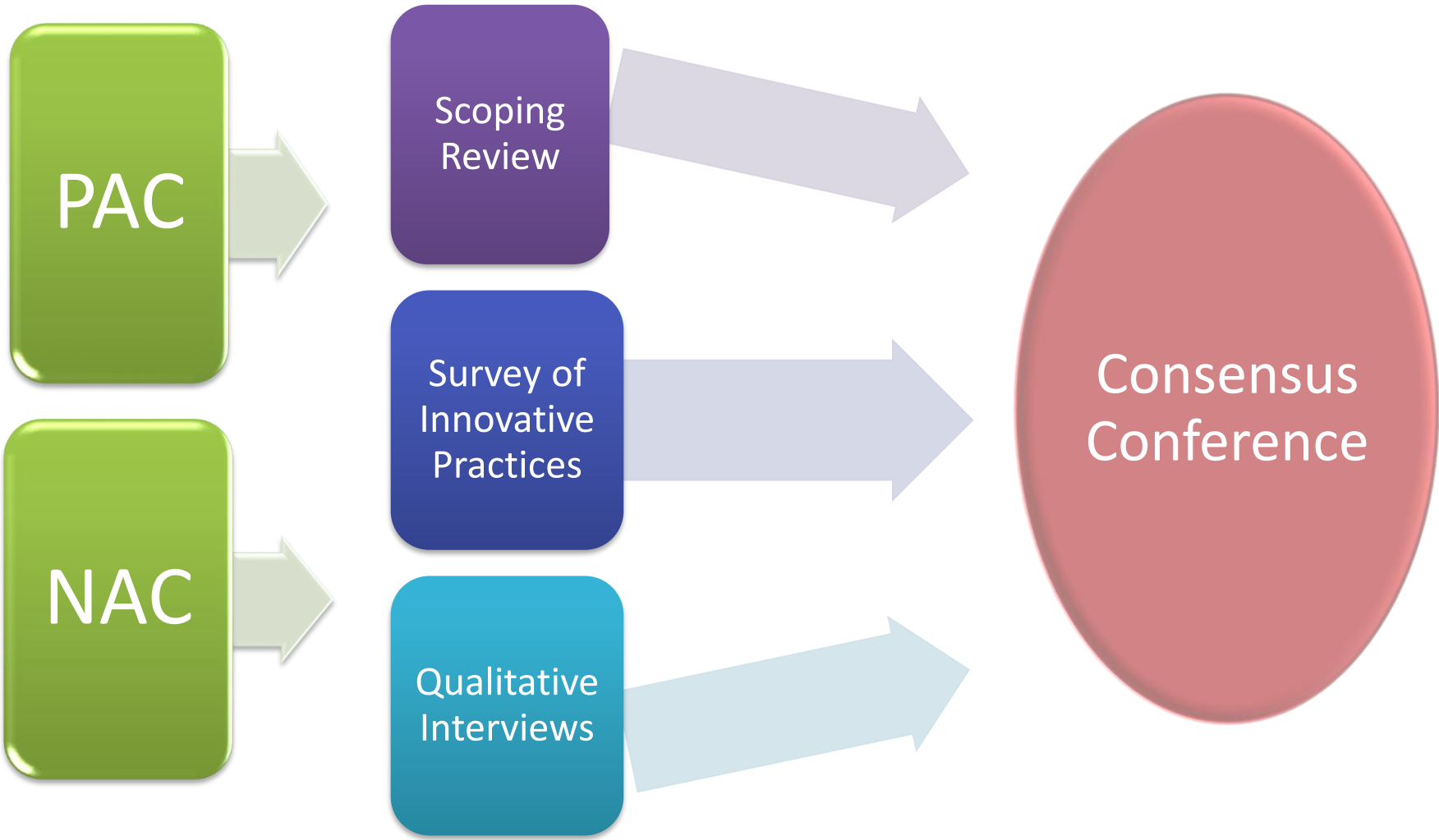


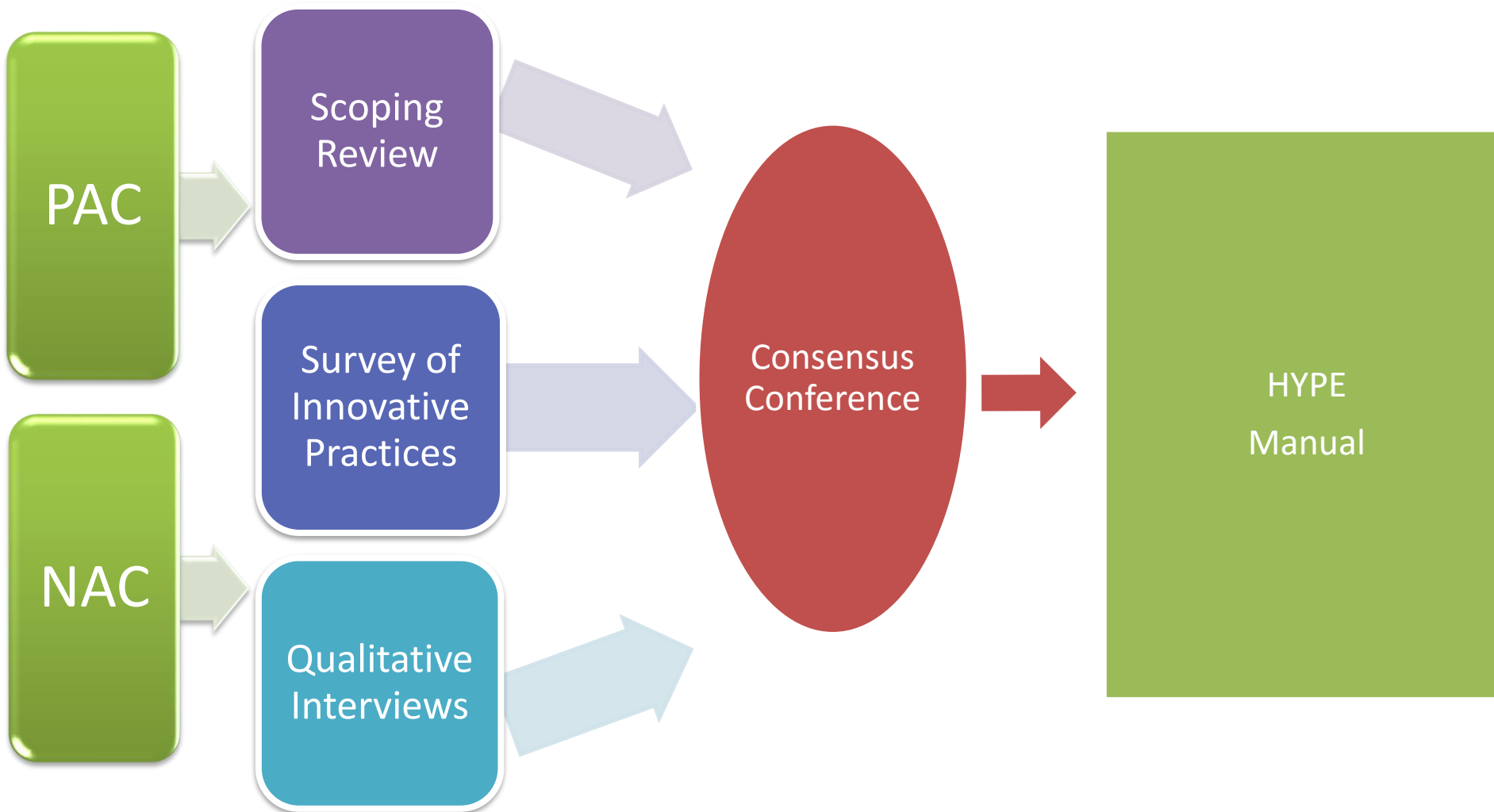
# How do our advisory councils contribute to this project?

- Grounds research in relevant, contemporary experiences;
- Contributes a wide range of knowledge with different systems and experiences;
- Provides guidance to all parts of the project;
- Feedback helps to recalibrate the research team's focus, questions, interpretations, etc.
- Helps to ask and answer different research and practice questions;
- Develops spokespeople and expertise through the PAC to carry forward the message of the importance of career development.









# **Qualitative Interviews Regarding Career Development Experiences: The Perspectives of Transition-Age Youth with Mental Health Conditions**

## Aim: Learning from TAYYA first hand...

Specifically, to collect information regarding:

- The educational and employment experiences of TAYYA, especially during transition periods (e.g., from high school to college or employment);
- How their mental health condition and access (or lack thereof) to various services and supports may have affected these experiences.

What we learn regarding services and factors that facilitated and/or hindered the pursuit of career goals among this sample will inform our development of the HYPE manual.

## Method - Sample

- Recruited nationally, with a focus on NJ and NY metro area;
- Inclusion criteria:
  - Between the ages of 18-35;
  - Current or past (self-reported) DSM-IV psychotic, mood, anxiety, and/or eating disorder;
  - If substance-use disorder reported, the non-SUD Axis-I condition is the “primary” condition affecting functioning;
  - Does not have an autism-spectrum or developmental disability;
  - Does not have a legal guardian;
  - Fluent in English.
- Approximately 36 TAYYA will be recruited.

## Method

- Individuals who respond to recruitment materials are screened for eligibility by phone.
- Interviews are conducted in person or via Adobe Connect by an interview team that includes at least one interviewer with extensive QI experience.
- Demographic information (e.g., detailed educational and employment history, parental SES) is collected through a structured demographics form prior to the QI).

## Method

Focus of questions guiding ~90-minute QI “discussion”:

- Impact of mental health condition, especially regarding school and work;
- Participant’s school, work, and long-term career goals & aspirations;
- Barriers and facilitators: what has helped and what has gotten in the way.



# Super-helpful Input From our PAC

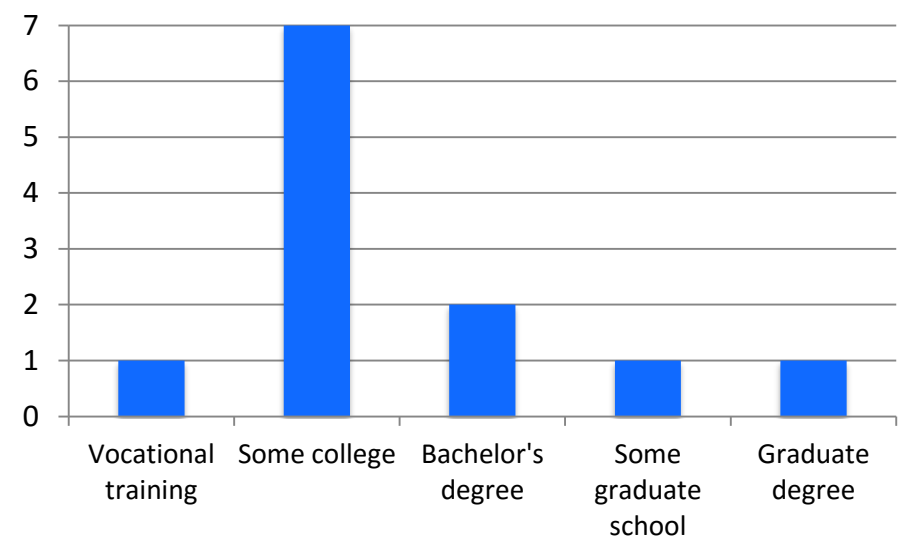
- Recruitment materials – creating more youth-friendly flyers.
- Language – “mental health condition.”
- Adding a specific QI-interview probe regarding stigma / discrimination, including self-stigma.

## Demographic and Clinical Characteristics (N=12)

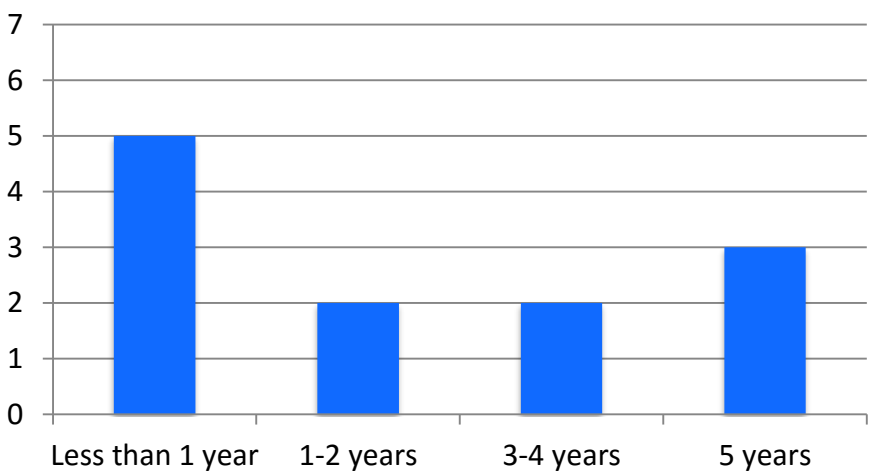
Mean age (SD) Age range	26.27 (6.07) 18-33
Gender, n	10 female 2 male
Ethnicity, n	8 Caucasian 3 Asian 1 African American
Self-reported mental health condition(s)	6: anxiety disorder 5: depressive disorder 5: bipolar disorder 2: eating disorder 1: schizoaffective disorder 1: substance-use disorder (comorbid) 1: ADHD (comorbid)

# Education and Work History

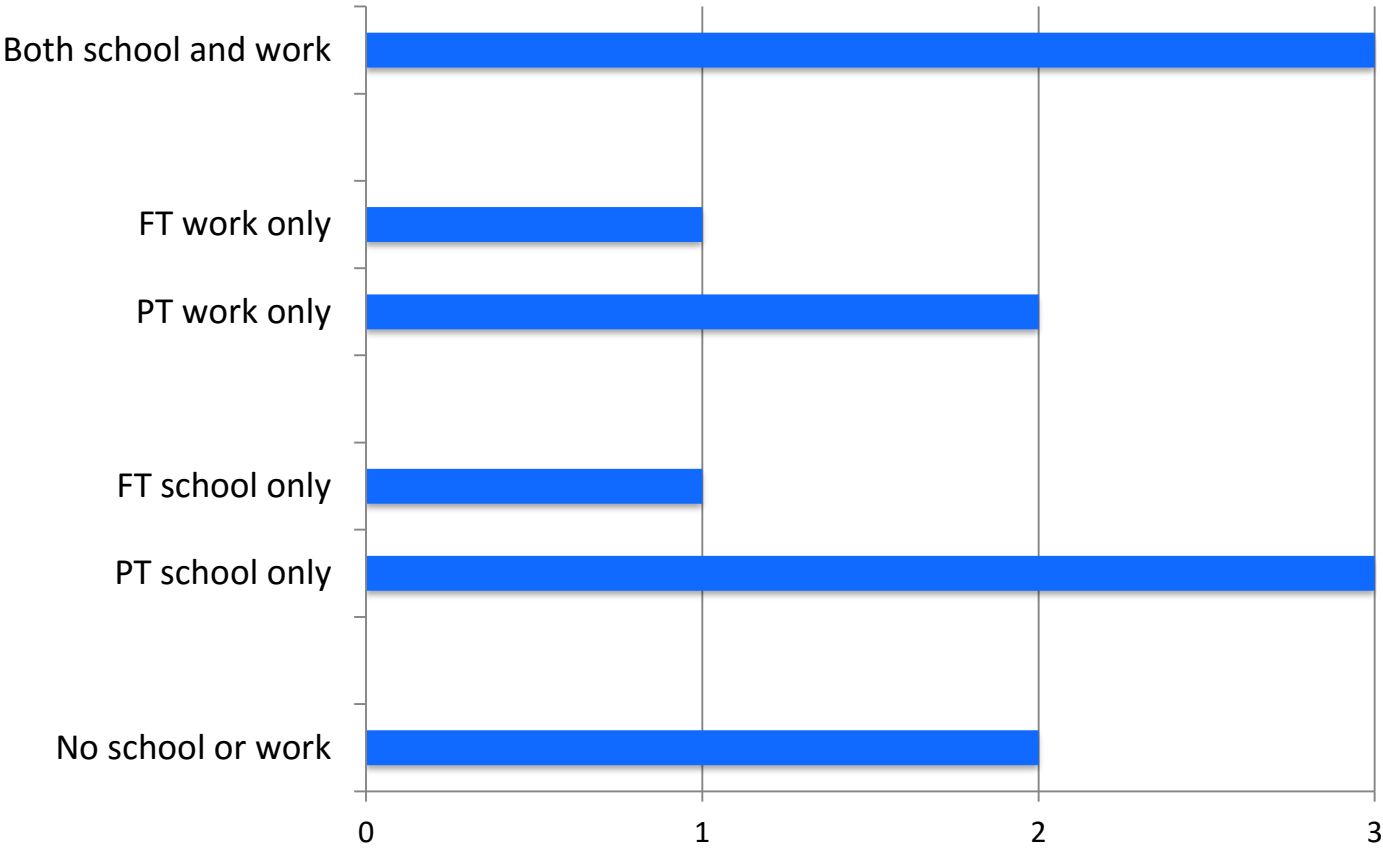
Education level



Years worked over last 5 years



# Work and School: Current Status



# Conducting the Interviews

- Team of 4 people
  - Lead researcher and 3 RAs from both Rutgers & UMASS
- One RA has previous experience with conducting qualitative interviews
- Two RAs are developing proficiency with interviewing
  - Train, practice, shadow, partner, and independent interviewing
- Ideally two people conduct each interview
- Conducted via Adobe Connect (remotely with webcam) or in-person
  - Digitally recorded
  - Transcribed & De-identified

# Coding Interviews

- Using Grounded Theory as methodology
  - Questions have been refined given experiences with beta testing and early interviews
  - Code, Concepts, Categories, and Theory (potentially)
- Each interview is transcribed and coded using NVivo
- Currently training Research Assistants (RAs)
  - Developing consensus codes as a group
    - developing open codes individually
  - Once inter-rater reliability is achieved with lead researcher, independent coding
    - Identifying important/relevant information
    - One RA already has high inter-rater reliability

# Some folks we have interviewed

Very diverse in experiences...when considering our sample

- Dropped out of high school
- Have attended “self-contained colleges” for students with disabilities
- Have been homeless
- Affiliated with gangs
- Histories of trauma
- Varying levels of family support
- Varying levels of SES
- Varying levels of academic performance & attempts

General		
	adequately meeting basic life necessities	food, clothing, shelter, etc
	admitting that you need help	being able to admit to oneself and to others that you need professional help with mental health symptoms
	barriers to treatment	specific barriers to getting the treatment that is needed
	being honest about feelings	being honest with oneself, therapists, family, etc. about how you feel and how your feelings are impacting your life
	being out of school/work for extended time detrimental	being out of school and work for several months or longer can be detrimental to one's mental health, despite receiving treatment during that time
	emotional fulfillment	ensuring all emotional needs are met
	emotional support	having emotional support from others
	encouraging parents	parents/guardians who encourage one to achieve
	family support	family that is generally supportive
	financial independence	financially supports oneself
	finding the right medication	trying to find the right medication(s) to treat symptoms can be difficult and time-consuming
	forced to choose between treatment and education	person is forced (by parents/guardians) to choose between receiving intensive treatment and continuing their education, not given the option to participate in both simultaneously
	General life goals/Having a good life	very general, bigger picture outside of school/work
	having a routine/schedule	having a consistent schedule or routine to follow daily/weekly
	hiding treatment from parents	attempting to hide treatment from parents by paying out-of-pocket, lying about going to Dr. appointments, etc.
	importance of family involvement/input in treatment	because they spend more time with you, they typically know you best and can provide an outside perspective on the situation to assess how the treatment is affecting you



Education	campus community integration	college campus environment that encourages integration of all students and facilitates greater social connection among students
	developing essential student skills	importance of developing essential skills it takes to be a successful student, including note-taking, studying, reading, writing papers, taking tests, etc.
	having others who are understanding	faculty, staff, peers who are sympathetic to one's mental illness, even if they don't know the details, are willing to help, generally accepting/supportive
	reliable services	having services that one can depend on, such as MH or disability services, especially in case of an emergency or crisis
	helpful academic supports	specific people or services that support/promote academic performance
	Knowing oneself as a student	being aware of course preferences, learning styles, professor preferences
	knowing what is needed to succeed	one is aware of the steps they need to take in order to reach a specific goal
	perceived disadvantages of larger school	more difficult to advocate for one's needs in a larger school environment
	Legal issues/ADA	support with legal accommodation issues, such as those related to Americans with Disabilities Act
	MH friendly campus	campus is supportive, open to being responsive to college students' needs
	MH symptoms as a barrier	specific symptoms of mental illness that are a barrier to achieving success
	personalized academic advisement	having an academic advisor who considers all of one's needs and preferences to better advise course selection
	physical disabilities as a barrier	specific physical disabilities that act as a barrier to success in school
	poor academic performance	failing grades, or below one's average academic performance

Employment	career vs. job	there is a difference between a career and just having a job
	full time employment	wants to work full time
	having work experience	importance of having early work experience of any type
	ideal employment	aspects of ideal job one is seeking, related to job satisfaction
	Knowing job preferences	identifying specific things that you would like in a job to make it a better match (if you have to compromise on your goal then having a job that has certain elements makes it better)
	Many aspects of vocational needs	work plays many roles in a person's life- money, routine, contribution, significance, being meaningful—but work doesn't always fulfill all these needs
	lack of helpful job support	needs help finding the right job, including resume writing, job search, interview, etc.
	periodic assessment of job fit	periodically checking to make sure the job is still the right fit
	poor job fit	job that is not right for the person
	Realistic expectations of work	understanding that bad days happen, it's a part of having a job
	unemployment office not helpful support	unemployment office should be helpful but it's not
	Work for money only	not a good job match, but a job is needed to make money
	Work is a necessity	work is not an option- person needs to work to afford themselves
	non-typical DVR client	college-bound and college graduate youth not typically served by DVR

# When asking about goals...

***To be self-supporting.*** *To just live either by myself for 100% or with roommates so I'm not under my parent's [roof]. You know **be financially self-sufficient and just have a house, routine, and a schedule**, like I get up and go to work. This is my Monday through Friday, and you know this is what I do. And then maybe some volunteer or something else that's more, I don't know, emotionally stimulating. Like if I don't get that at my 9 to 5, it's kind of like that wellness sticker that's on the bulletin board over there, kind of like checking off making sure these needs are met type deal. **So that's kind of my goal and have a dog.***



# Transitions

*You know it was a huge transition. You know moving to a new city and not knowing anybody, and starting a new job, and my first job, and that kind of stuff. **And there were times when it was really hard, and there were times where everything was okay.***



# Transitions

*I felt like I had lost everything and the last thing that I had to lose was my life. And just didn't want to. . . I just felt so low, that I literally went from like – over the night, like I just quit doing everything I was doing and I said like, “fuck this” and just like **bounced back**.*





# Supports Needed

*[talking about DVR] Like **they're just like "Get a job." "Oh, congratulations, you're working at Shoprite."** That's not a job. I mean it is, but not really. **It's not a self-sustaining job.** You can't*



*live off that. And I don't think they know how to help because **they don't have a lot of clients that are high functioning, but still struggling, they're big time struggling.***

# Supports Needed

*I mean my notes started out real great and perfect and pretty and then they would just fall apart. And I'd get **frustrated with myself** because I'm like I should know how to do this.*



# Barriers

*So like after I entered high school in the beginning it was always like the beginning of the year. Everyone's like all friendly. And then it was almost like a cycle, like **by the end towards the summer, I knew I would feel more disconnected. So then I felt more depressed.** And then back when this—Back in fall I felt better, and then I was up and down.*





# Barriers

*Yes the idle periods have had hospitalizations occur that has robbed me of a balanced sense of time. So even a month or two feels like a robbery. Add them up together with eight or ten hospitalizations, and you have a good year that you're losing of your life, like that could have been used towards my goals you know.*









# Next Couple of Months

- Conduct additional interviews until we meet saturation
- Conduct follow up phone calls (member check)
- Code and analyze remaining interviews
- Synthesize findings with Survey of Innovative Practices



# 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>

*The contents of this presentation were developed with funding from the US Department of Education, National Institute on Disability and Rehabilitation Research. The content of this presentation does not necessarily reflect the views of the funding agencies and you should not assume endorsement by the Federal Government.*

# Survey of Innovative Practices

## Method

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

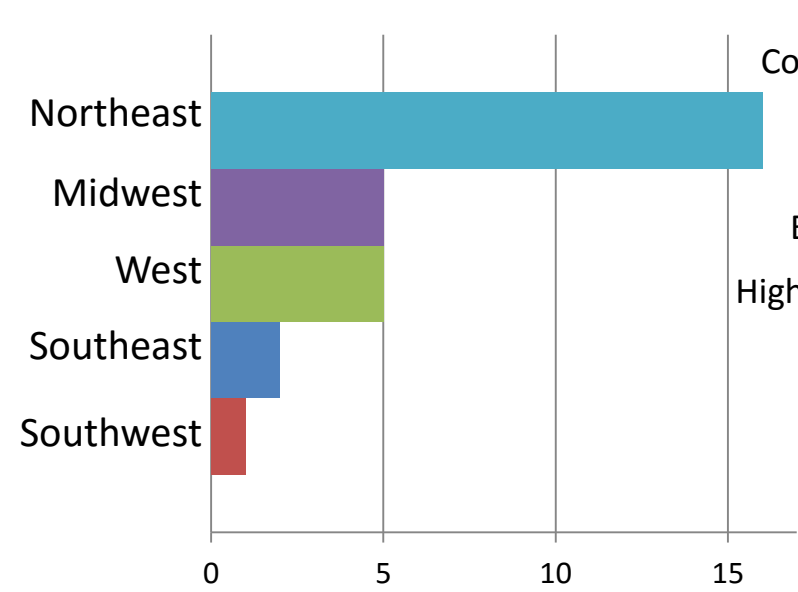
<sup>1</sup>Kohler,P. “Taxonomy for Transition Programming”. Champaign: University of Illinois



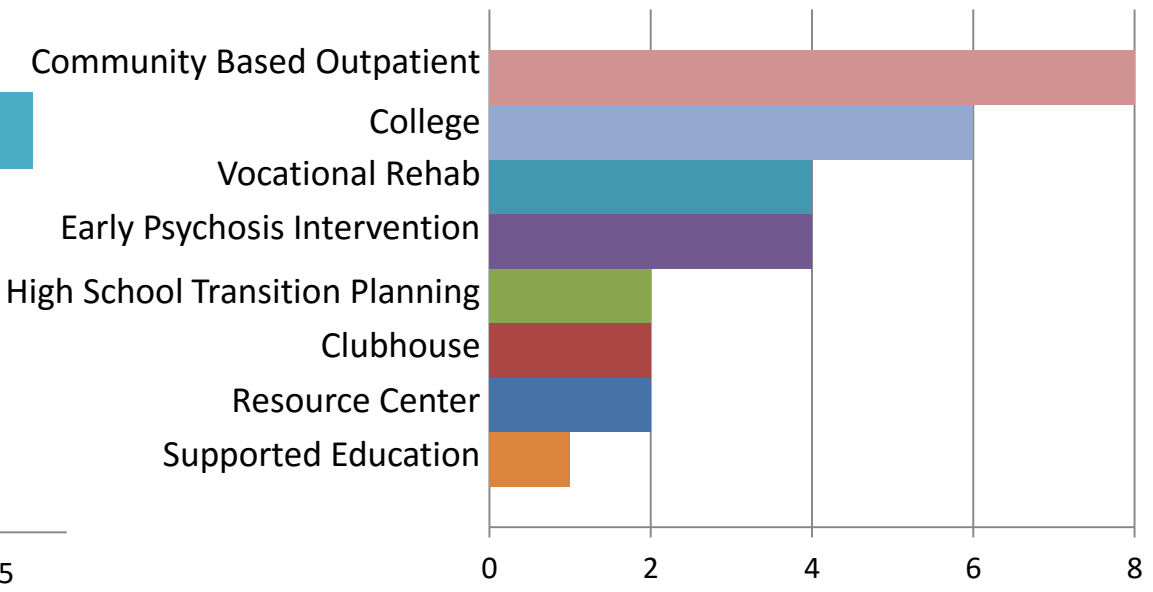
# PROGRAM CHARACTERISTICS

- Regional Distribution
- Program Types
- Age Range
- Racial Majority
- Services Offered
- Program Completion Rate
- Average Length of Stay
- Job Types and Focus Domains

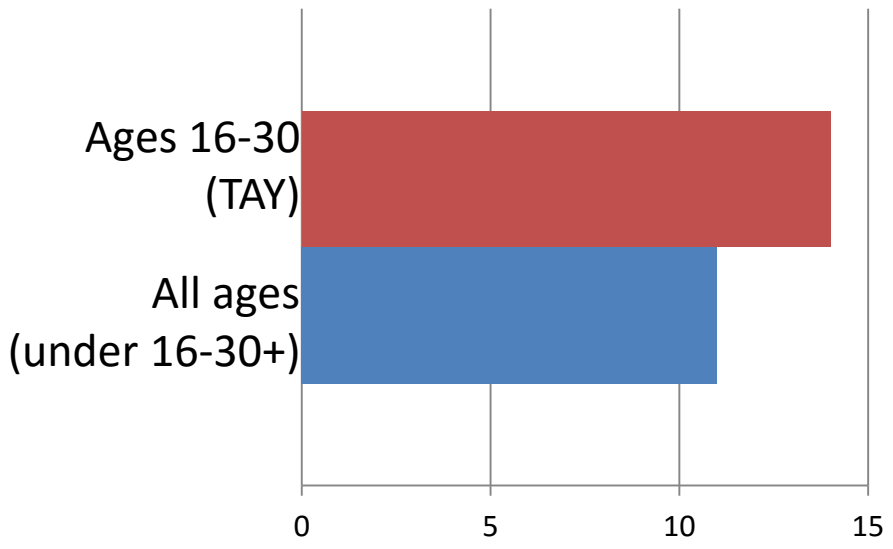
Regional Distribution  
N = 29



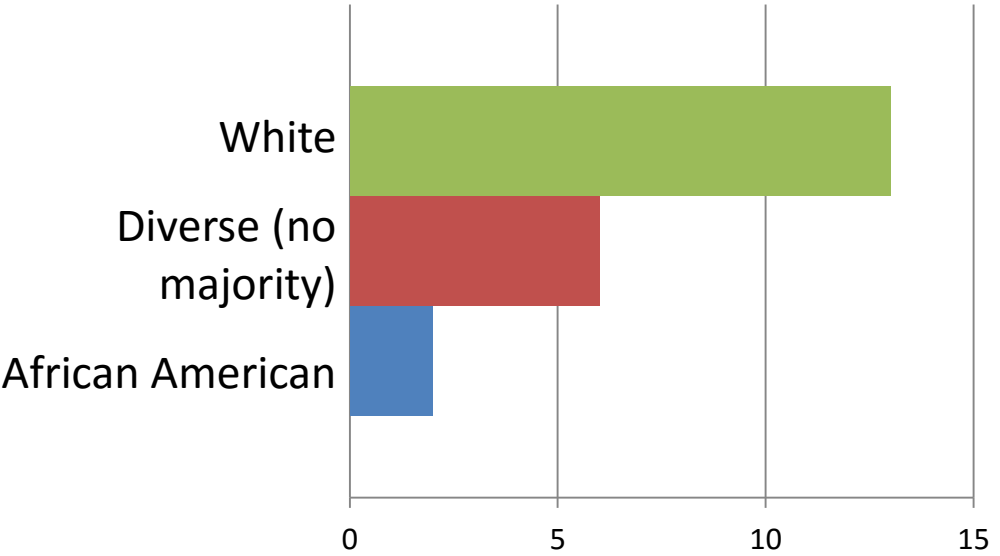
Program Types  
N = 29



Age Range  
N = 25

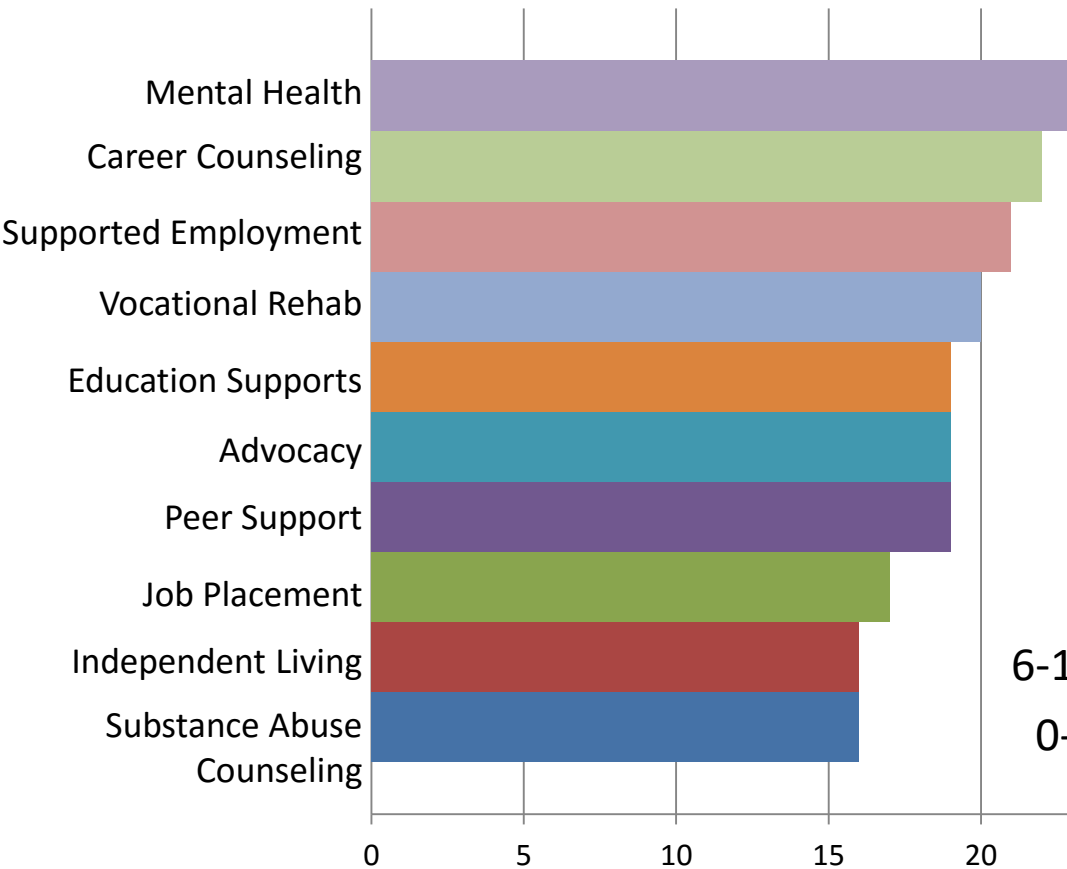


Racial Majority  
N = 21



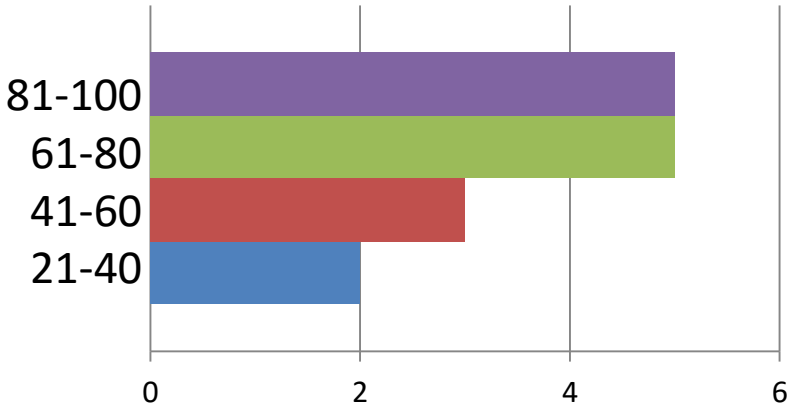
Services Offered

N = 29



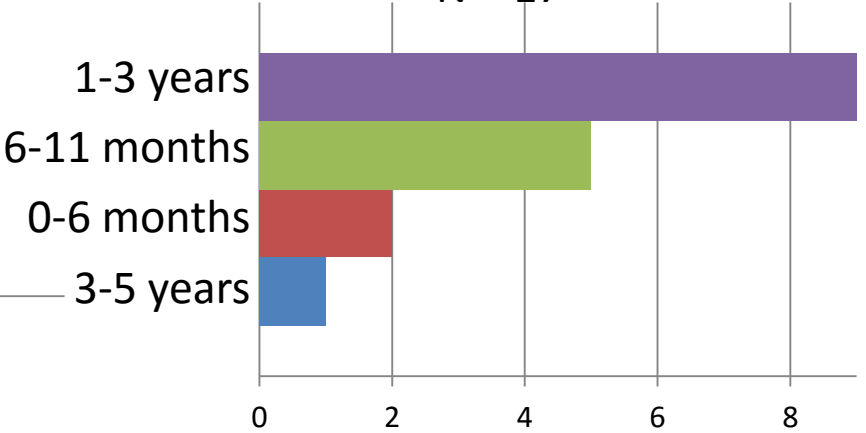
Program Completion Rates

N = 15

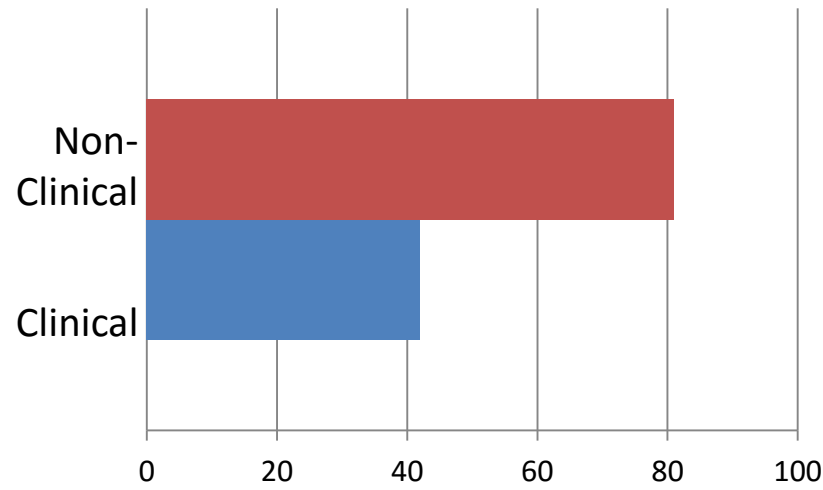


Average Length of Stay

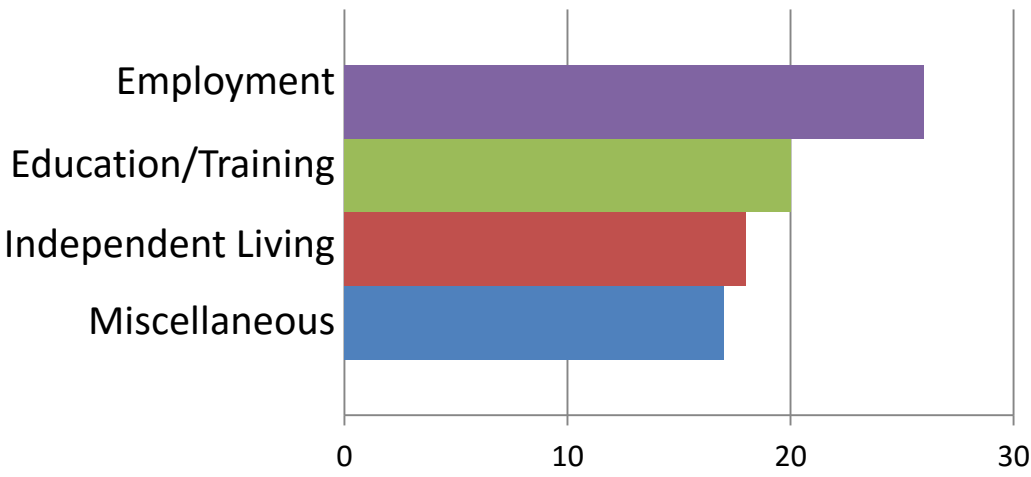
N = 17



Job Types Noted Across Programs  
N = 123

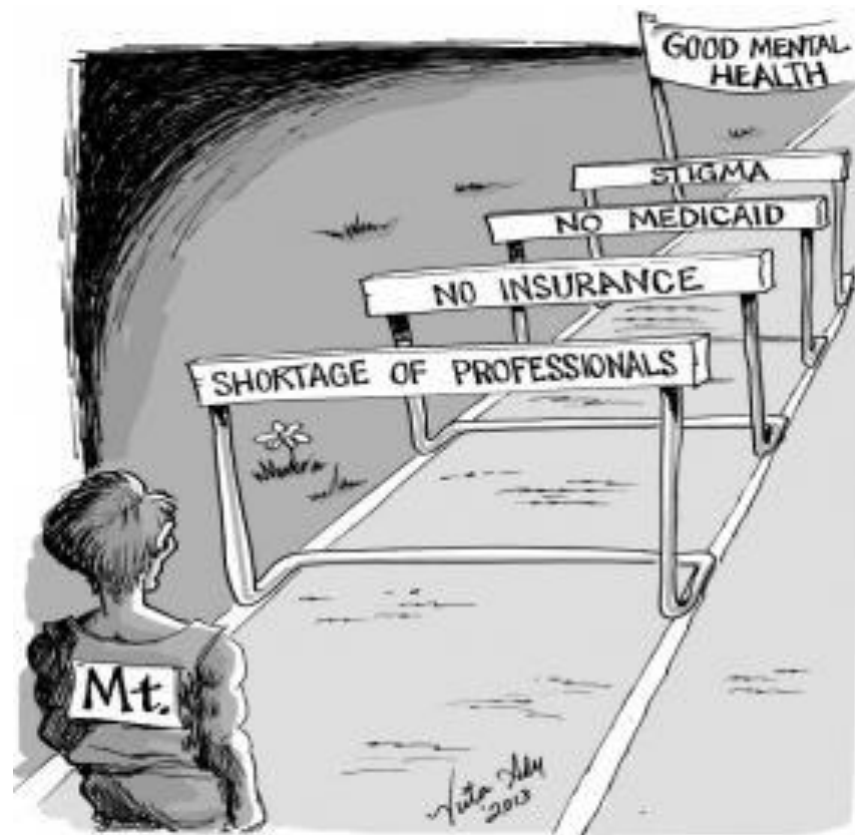


Focus Domain of Jobs  
N = 81



# Barriers

- Barriers Related to Psychiatric Disability
  - Denial
  - Distrust
  - Lack of Self-Confidence
  - Stigma & Discrimination
  - Substance Abuse
- Financial
- Interpersonal
- Systemic & Structural
- Transportation



# APPLICATION OF KOHLER TAXONOMY – “AXIAL CODES”

Program Structure

Young Adult Focused Planning

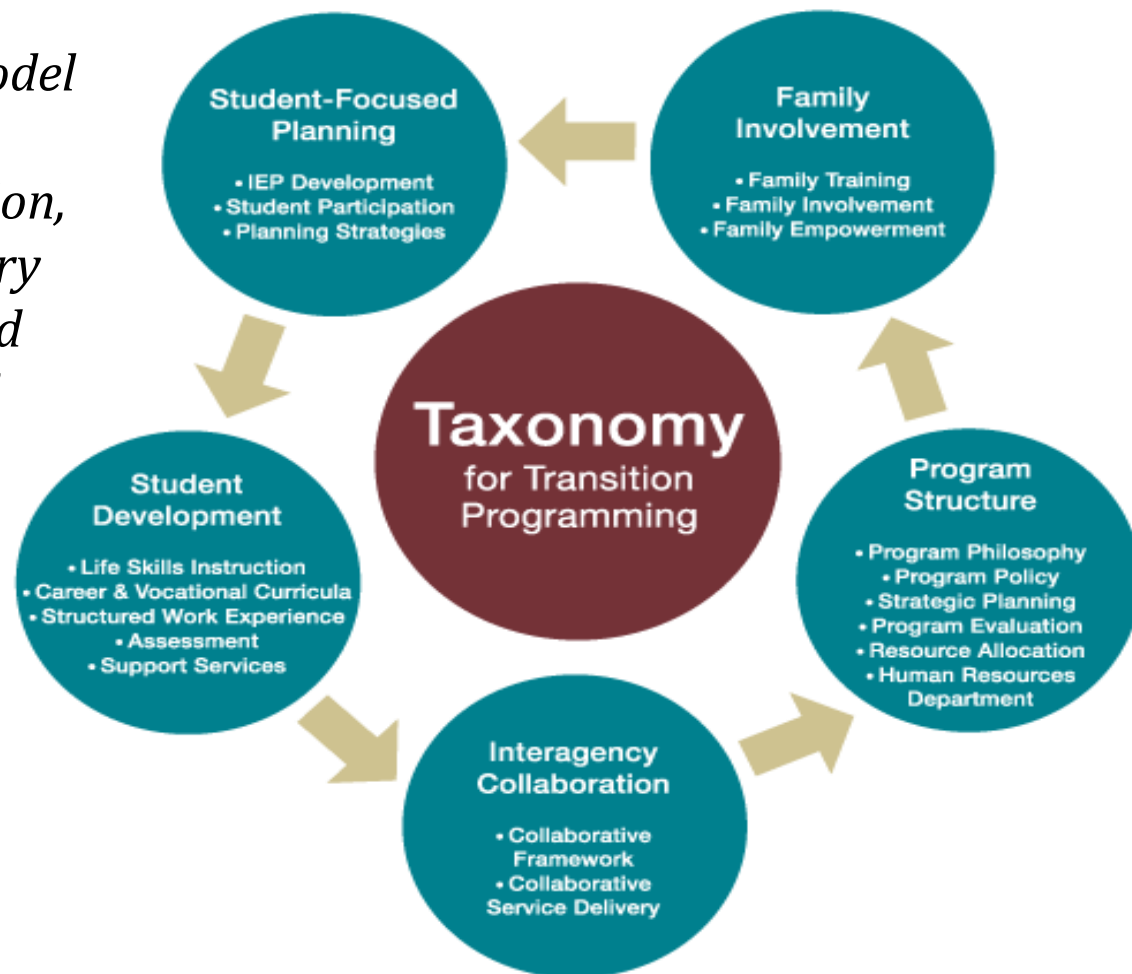
Family Involvement

Young Adult Skill Development

Inter-Agency Collaboration

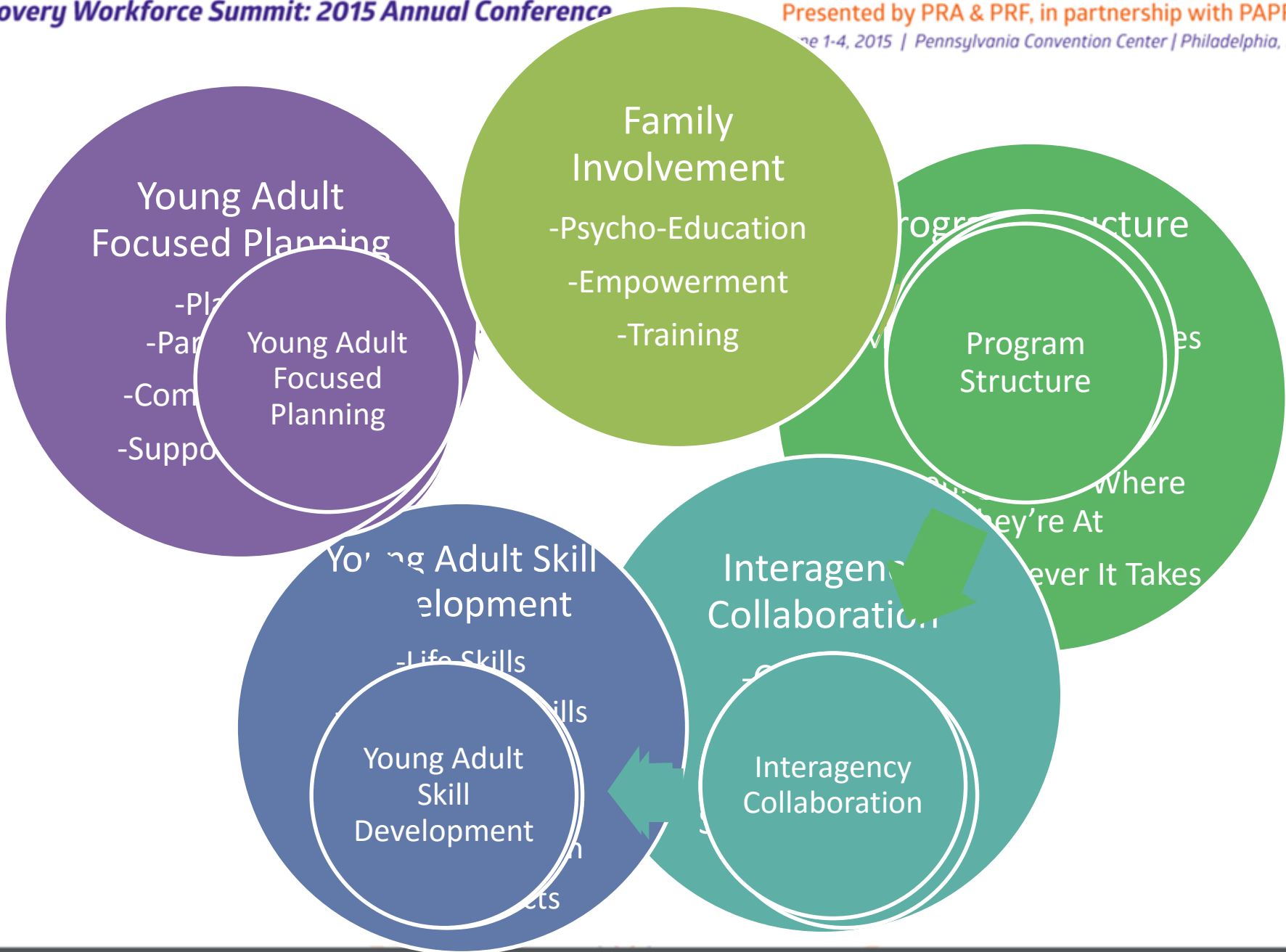
# Taxonomy<sup>1</sup>

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



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





# PROGRAM STRUCTURE

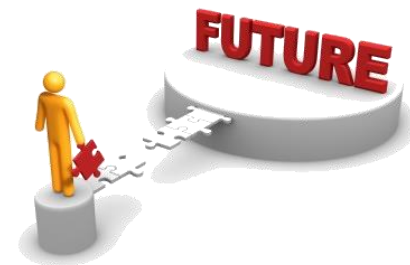
Focus                      Models and Approaches      Engagement and Retention  
Meeting Them Where They're At      Doing Whatever It Takes

# 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

# 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
- Goal focus
- Assertive outreach
- Non-treatment environment
- Younger staff

*“It’s a matter of doing everything you can within your own network ... finding friends, calling ... going to a place where you think they might have been last employed. So the idea is, I basically say to them, it’s like you really should know what they had for breakfast. So the idea is to really keep them engaged.”*

# Meeting Them Where They're At

- Literally, service provision in the community, mall, home, school  
*"Meet them where they're at, on their terms, as often as you need to."*
- Figuratively, responding to their felt needs and goals at that time
- Varying intensity of services according to need

*"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...we're about as flexible as we can be"*

# Doing Whatever It Takes (Hands-on Support)

- Complete service flexibility
- Providing direct assistance



*“Soup to nuts is a very non-professional grouping or classification of what we do ... we do whatever it takes basically, whatever the kid needs.”*

# YOUNG ADULT FOCUSED PLANNING

Planning

Participation

Communication

Support Services



# Planning

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

*“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] looks like anything, anytime, anywhere.”*



# Support Services

- Accommodations
- Motivational Enhancement
- Therapy
- Peer Support / Peer Mentors

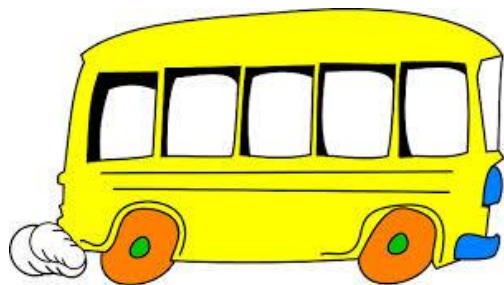


Pear to Pear Support

*“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.’ “*

# Other Support Services

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



# 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

Life Skills

Employment Skills

Education and Training

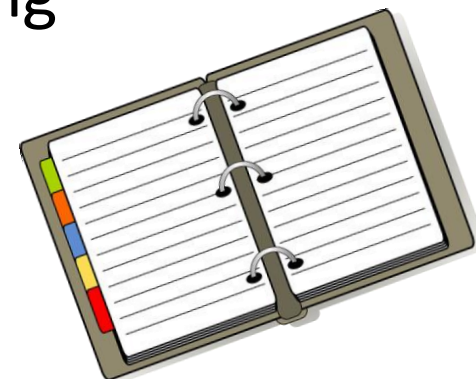
Psycho-Education

Social Aspects

# Life Skills

- Skill Building
  - Coping skills
  - Financial skills
  - Executive functioning
  - Time management and calendaring
  - Self-Advocacy
- Disclosure

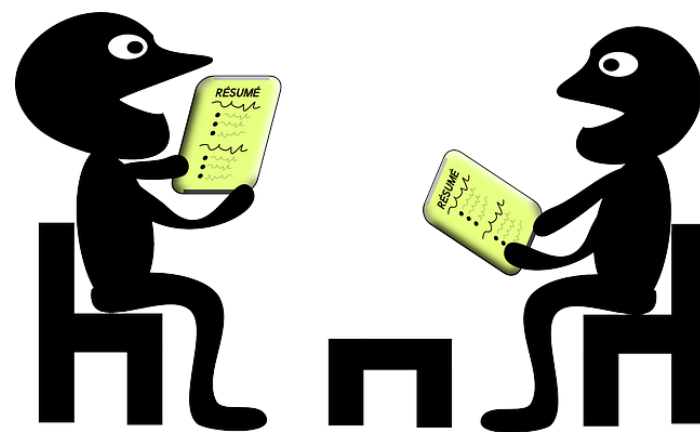
*“ You went from high school to college – no one ever told you that there was something called an agenda, and that you can put all your assignments in it, and help you map out your time.”*





# Employment Skills

- Interview Experience
- Work Behavior and Skills
- Structured Work Experience
  - Internships
  - Supported Employment
  - Job Coaching



# Education and Training

- Education Skills
  - Accessing Available Resources
  - Applying for School and Financial Aid
  - Transition to College Stress
- Financial Aid Planning
- Special Education
- Vocational Schools and Vocational Training



# Psycho-Education

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

## Social Aspects

- Youth groups and networks
- Social/Recreational activities
- Inter-personal Skills



# INTER-AGENCY COLLABORATION

Collaborative Service Delivery

Collaborative Framework

# Collaborative Service Delivery and Framework

- Community Connections
- Mental Health Integration
- Vocational Rehabilitation



# CONCLUSIONS

For more information on:  
the Survey of Innovative Practices contact:

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