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

From Wagner & Davis, 2006
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

From Wagner & Davis, 2006
### Practices with Students with ED

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

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

Models Under Development

Most in Feasibility Research Stage
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/

M. Davis 2/16/2012 Transitions RTC
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/

M. Davis 2/16/2012 Transitions RTC
Multisystemic Therapy for Emerging Adults

*MST-EA*

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

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MST-TAY Team - North American Family Institute

Thanks to the emerging adult participants and their social network members

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M. Davis 2/16/2012 Transitions RTC
### Malleable Causes of Offending and Desistance

<table>
<thead>
<tr>
<th>Juveniles</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Antisocial peers</td>
<td></td>
</tr>
<tr>
<td>- ↓ Parental supervision/monitoring</td>
<td></td>
</tr>
<tr>
<td>- Unstructured time (school &amp; afterschool)</td>
<td></td>
</tr>
<tr>
<td>- Substance Use</td>
<td></td>
</tr>
<tr>
<td>- Rational choice/distorted cognitions</td>
<td></td>
</tr>
<tr>
<td>- Attachment to school, prosocial peers, family</td>
<td></td>
</tr>
<tr>
<td>- Peers influence less</td>
<td></td>
</tr>
<tr>
<td>- Parental influence lessened/indirect</td>
<td></td>
</tr>
<tr>
<td>- Unstructured time (work)</td>
<td></td>
</tr>
<tr>
<td>- Substance Use</td>
<td></td>
</tr>
<tr>
<td>- Rational Choice/distorted cognitions</td>
<td></td>
</tr>
<tr>
<td>- Attachment to work, spouse</td>
<td></td>
</tr>
</tbody>
</table>

M. Davis 2/16/2012 Transitions RTC
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
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

M. Davis 2/16/2012 Transitions RTC
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

- **Autonomy** - responsibility for change is the client’s
- **Collaboration** - working in partnership
- **Evocation** – drawing out client’s own thoughts/perceptions – no assumptions
Principles

- Resist the Righting Reflex
- Understand Your Client’s Motivation
- Listen to Your Client
- Empower Your Client
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 Sites

<table>
<thead>
<tr>
<th>Feature</th>
<th>% MH</th>
<th>% No MH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making new friends</td>
<td>39.8</td>
<td>19.0***</td>
</tr>
<tr>
<td>Having shared interests</td>
<td>38.3</td>
<td>19.0 **</td>
</tr>
<tr>
<td>Planning social activities</td>
<td>32.0</td>
<td>45.6*</td>
</tr>
<tr>
<td>Blogging</td>
<td>31.3</td>
<td>1.3 ***</td>
</tr>
</tbody>
</table>

- #1 purpose; Ability to connect and socialize (87%)
# Topics for Social Networking Site

<table>
<thead>
<tr>
<th>Feature</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent living skills</td>
<td>87.5(1)</td>
</tr>
<tr>
<td>Strategies to overcome social isolation</td>
<td>83.6(2)</td>
</tr>
<tr>
<td>Relationships</td>
<td>81.3(3)</td>
</tr>
<tr>
<td>Peer support and services</td>
<td>78.9(4)</td>
</tr>
<tr>
<td>College-based services</td>
<td>75.0(5/6)</td>
</tr>
<tr>
<td>Employment</td>
<td>75.0(5/6)</td>
</tr>
<tr>
<td>How to support a friend or family member</td>
<td>74.2(7)</td>
</tr>
<tr>
<td>Information on diagnosing/treating MI</td>
<td>72.7(8)</td>
</tr>
<tr>
<td>Advocacy</td>
<td>71.1(9)</td>
</tr>
<tr>
<td>Connection to community activities</td>
<td>67.1(10)</td>
</tr>
<tr>
<td>Housing</td>
<td>57.8(11)</td>
</tr>
<tr>
<td>Social Security</td>
<td>47.7(12)</td>
</tr>
</tbody>
</table>
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.