Developing Treatments for Individuals on the Threshold of Adulthood

Maryann Davis, Ph.D.
Research Associate Professor
Center for Mental Health Services Research
Department of Psychiatry
University of Massachusetts Medical School
Acknowledgements

Major Collaborators:
Charles Lidz, Ph.D., William Fisher, Ph.D., Lisa Mistler, MD.,
UMass Medical School, Center for Mental Health Services Research, Dept. of Psychiatry
Ashli J. Sheidow, Ph.D., Michael McCart, Ph.D., Scott Henggeler, Ph.D.
Medical University of SC, Family Services Research Center, Dept of Psychiatry and Behavioral Sciences
Edward Mulvey, Ph.D., Univ. of Pittsburgh Medical School, Dept of Psychiatry,
Mary Evans, Ph.D., University of South Florida, Dept of Nursing and Public Health

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Overview

- Uniqueness of the transition period
- State of the field
- Examples of Intervention Development
  - Multisystemic Therapy for Emerging Adults
  - Motivational Enhancement Therapy for Emerging Adults
  - Work internship for Emerging Adults
Youth in Transition to Adulthood; Older Adolescents and Emerging Adults
Young Adult Changes

National Comorbidity Study (N=1110)

- Living w/Parents
- Never Married
- Daily Friends

Proportion of Individuals

Age in Years
Cognitive Abilities Change Even to Age 30

- Anticipation of Consequences (Steinberg et al., 2009)
- Complex strategic planning (Albert & Steinberg, 2011)
- Behavior control towards emotional stimuli (Hare et al., 2009, Liston et al., 2006)
- Cognitive control over distracting stimuli (Christakou et al., 2009)
Psychosocial Development
Adolescence to Adulthood

Developmental change on every front
Developmental Changes Underlie Abilities to Function More Maturely

- Complete schooling & training
- Develop a social network
- Contribute to/head household
- Become financially self-supporting
- Obtain/maintain rewarding work
- Be a good citizen
Other Characteristics

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

<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%)

Gowen & Gruttadaro 2012
Typical Changes in Family Relations

Young people and parents must adjust to the growing need for independence while remaining emotionally related.
Family Characteristics of Youth with SMHC

- History of separation from family
- Single-parent & poverty (Wagner et al., 2006)
- Youth and parents rate their families as more chaotic and lower in emotional bonding (Prange et al., 1992)
- Parental mental health, incarceration, substance use
The current evidence base
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)
MODELS UNDER DEVELOPMENT

Most in feasibility research stage
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

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

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Arrest Rate in Adolescent Public Mental Health System Users

# Malleable Causes of Offending and Desistance

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

<table>
<thead>
<tr>
<th></th>
<th># of Arrests</th>
<th>Total New Charges</th>
<th># Able to continue with MST</th>
<th># of arrests resulted in placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>During MST Treatment</td>
<td>4</td>
<td>7</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Post MST Treatment</td>
<td>2</td>
<td>7</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

Most serious charges include
During MST: Larceny
Post MST: Larceny and Drugs near a prohibited place

N = 14; collecting 2cd round of records 2/2012 on 6 participants
Self-report Number of Crime Types/Month

Mean # Crime Types

Month
## Mental Health Symptoms
Baseline, 6- and 12- Month interviews

<table>
<thead>
<tr>
<th>Time</th>
<th>MH Symptom Intensity</th>
<th></th>
<th>Distress</th>
<th></th>
<th>Total MH Symptoms</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>N</td>
<td>Mean</td>
<td>SD</td>
<td>N</td>
</tr>
<tr>
<td>Baseline</td>
<td>0.8</td>
<td>0.7</td>
<td>16</td>
<td>2.0</td>
<td>0.9</td>
<td>16</td>
</tr>
<tr>
<td>6 Month</td>
<td>0.5</td>
<td>0.4</td>
<td>15</td>
<td>2.0</td>
<td>0.8</td>
<td>15</td>
</tr>
<tr>
<td>12 Month</td>
<td>0.6</td>
<td>0.5</td>
<td>12</td>
<td>1.8</td>
<td>0.6</td>
<td>16</td>
</tr>
</tbody>
</table>
Self-Report Substance Use

Mean Number of Days

Mostly Drunk/High  No Drinking/Drugs

Month

0 1 2 3 4 5 6 7 8 9 10 11 12

0 5 10 15 20 25 30
Self-Report Heated Arguments

Heated Arguments Past Month

Proportion reporting heated argument

Month
Self-Report in School or Working Past Month

- In School Past Month
- Worked past month
- Either working or schooling

Proportion of Participants

Month
Residing with Family

Proportion residing w family

Month
Motivational Enhancement Therapy for Emerging Adults (MET-EA)

- Outpatient psychotherapy most common intervention
- ≈760,000 17-25 year olds in outpatient psychotherapy yearly (Olfson et al., 2002)
- Treatment ineffective if “dose” insufficient
Transition Age Youth Quickly Lost from Treatment
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
**Client Moderators**
- Executive Functioning
- Identity Formation Clarity
- Social Support for Treatment
- Sociodemographics
- Baseline symptoms and distress
- Baseline change readiness

**Ultimate Goals**
- Sessions attended
- Missed sessions
- Treatment dropout
- Distress

**Therapist Fidelity**

**Mechanisms of Action**
- Intention to attend Tx
- Ambivalence about attending Tx

**Population**
- 18-25 yr olds
- Initiating voluntary individual outpatient psychotherapy
- No PDD or moderate/severe MR

**MET-EA**
Context: Reflective listening, acceptance & affirmation, client choice & control, directive

Activities:
- Elicit clients’ reasons for seeking psychotherapy.
- Explore history distress/coping, therapy experience/hopes.
- Provide education about therapy
- Collaborate on problem-solving client-identified treatment barriers.
- Negotiate a plan for staying in treatment
- Identify & explore ambivalence about Tx

**Instrumental Goals**
- Strong working alliance
- Strong therapy self-efficacy
- Positive beliefs about therapy

*Tx=therapy*
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.
- **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.