



Developing Treatments for Individuals on the Threshold of Adulthood

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Acknowledgements

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Overview

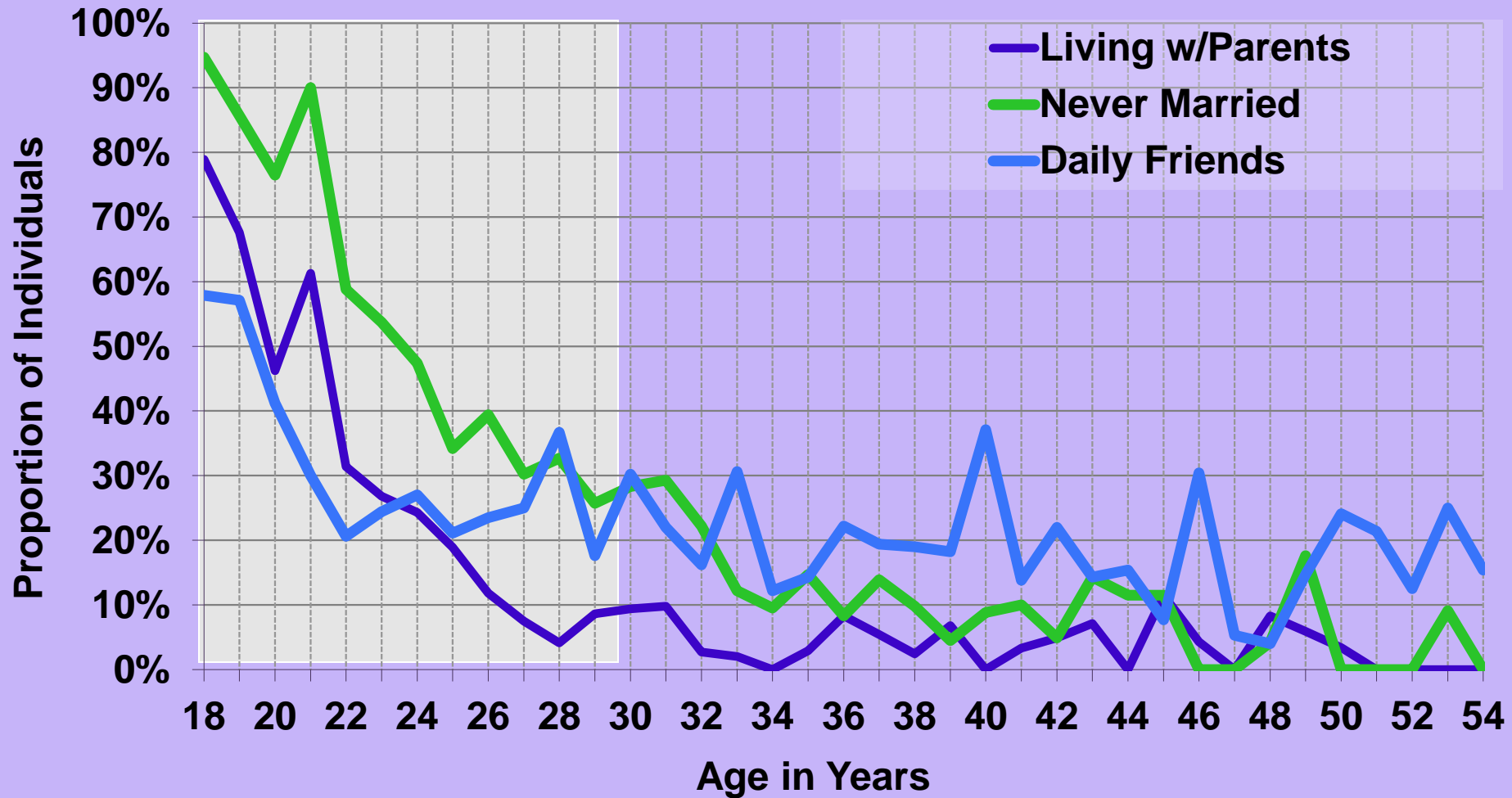
- Uniqueness of the transition period
- State of the field
- Examples of Intervention Development
 - Multisystemic Therapy for Emerging Adults
 - Motivational Enhancement Therapy for Emerging Adults
 - Work internship for Emerging Adults

Youth in Transition to Adulthood; *Older Adolescents and Emerging Adults*

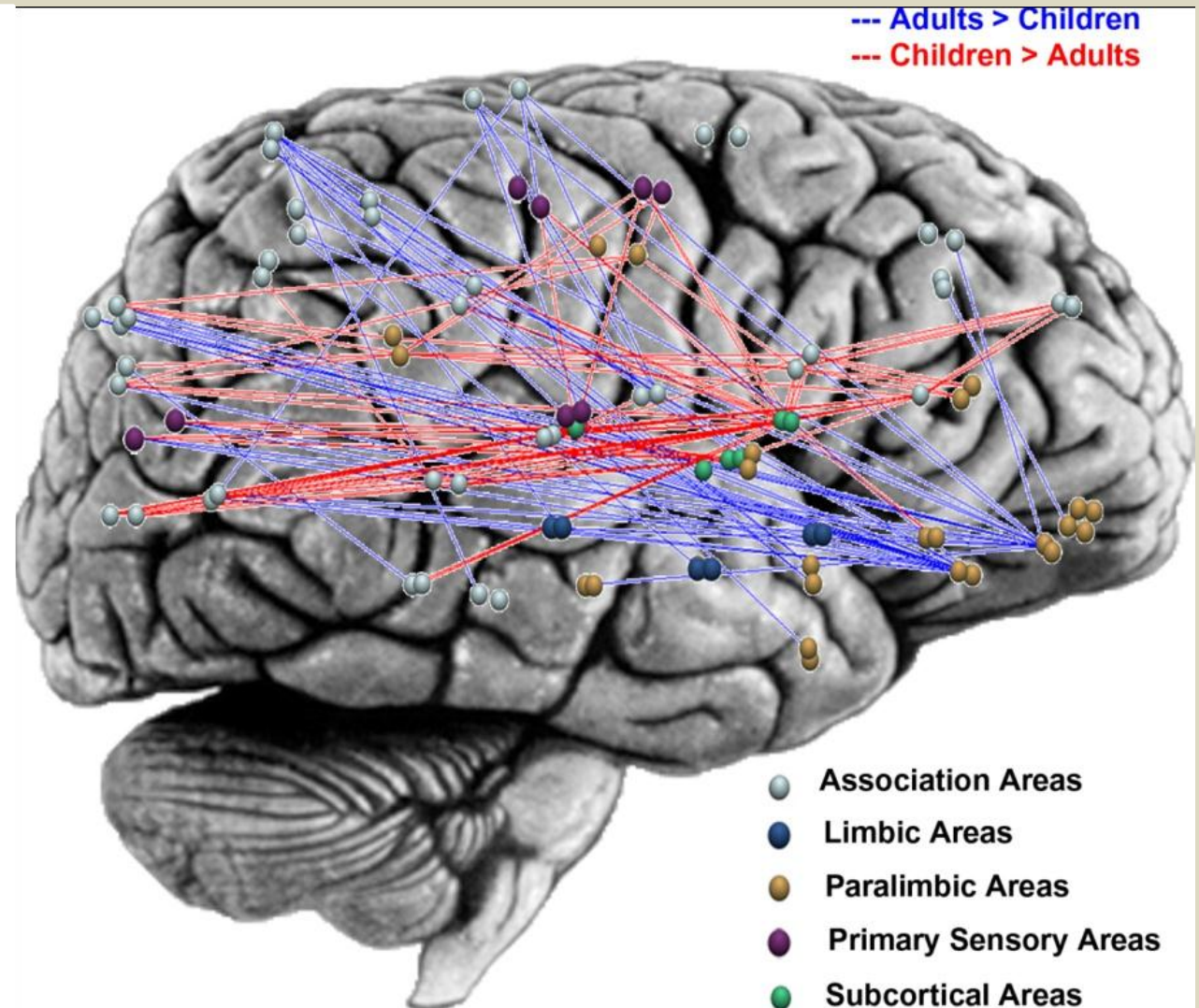


Young Adult Changes

National Comorbidity Study (N=1110)



Cognitive Abilities Change Even to Age 30



Psychosocial Development

Adolescence to Adulthood

Identity Formation

Cognitive

Moral

sexual

Social

Developmental change on every front

Developmental Changes Underlie Abilities to Function More Maturely



Complete schooling & training



Contribute to/head household



Obtain/maintain rewarding work



Develop a social network



Become financially self-supporting



Be a good citizen

Other Characteristics

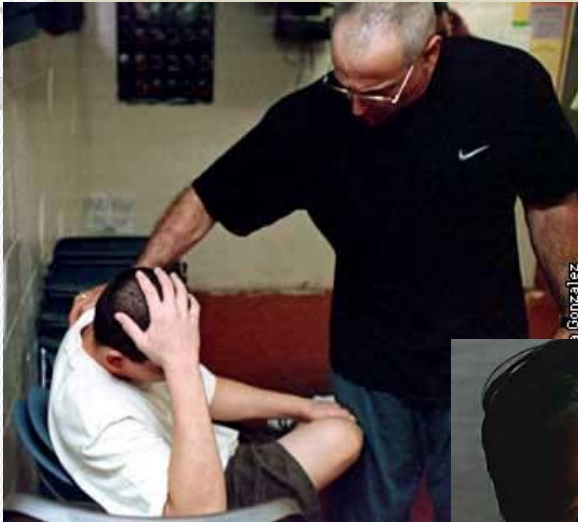
Research on use of internet to support transition age youth with SMHC (N=207)

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%)

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**

CHILD SYSTEM

ADULT SYSTEM

Education

Child Welfare

Juvenile Justice

Child Mental Health

Medicaid

Criminal Justice

Adult Mental Health

Medicaid

Housing

Vocational Rehabilitation

Substance Abuse

Labor

**18-
21
Yrs.**

Birth

AGE



Death

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)

Most in feasibility research stage



MODELS UNDER DEVELOPMENT

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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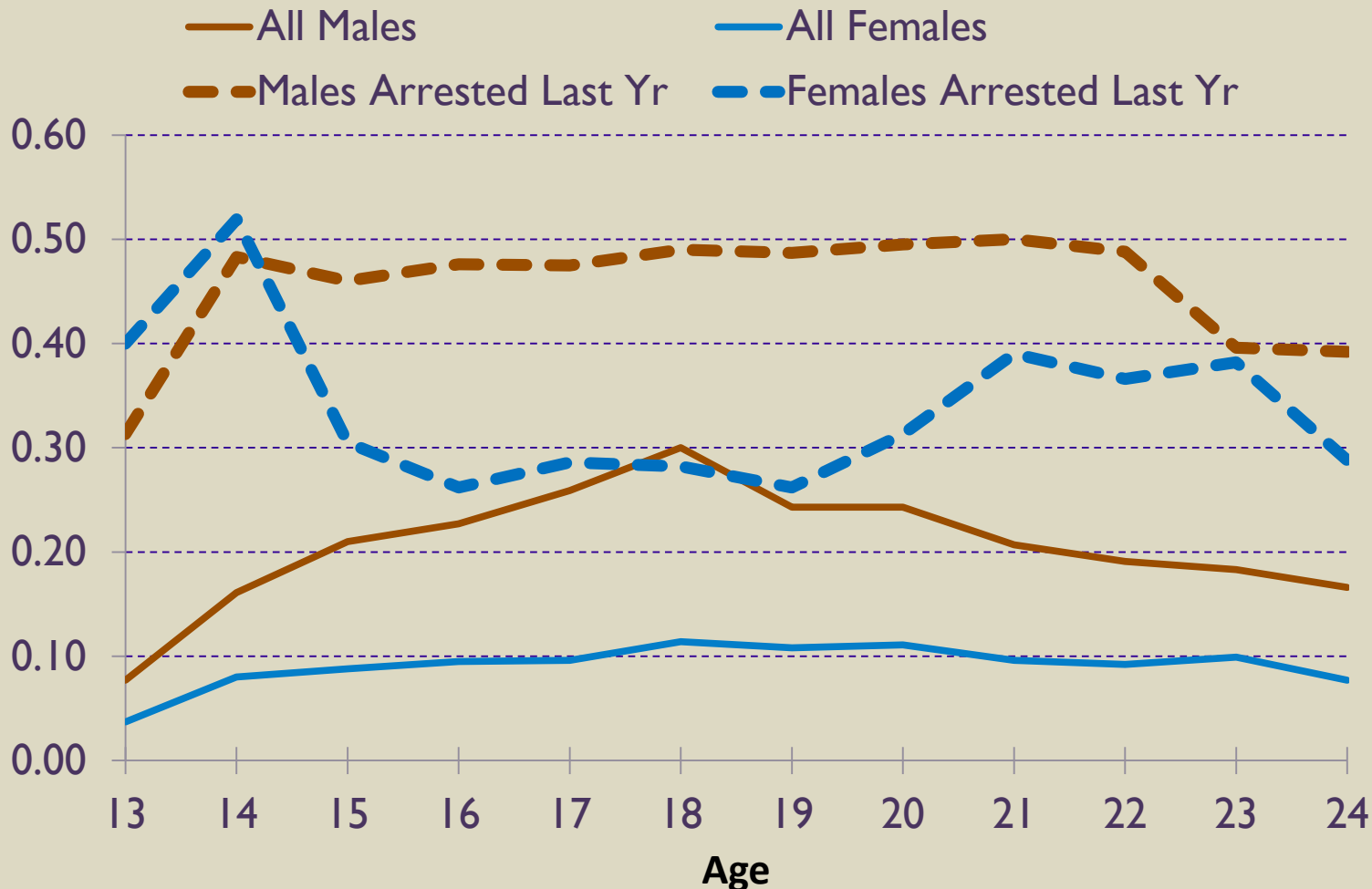
Connecticut Department of Children and Families

MST-TAY Team - North American Family Institute

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Arrest Rate in Adolescent Public Mental Health System Users



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

Malleable Causes of Offending and Desistance

Juveniles

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

Adults

- 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*

Recidivism

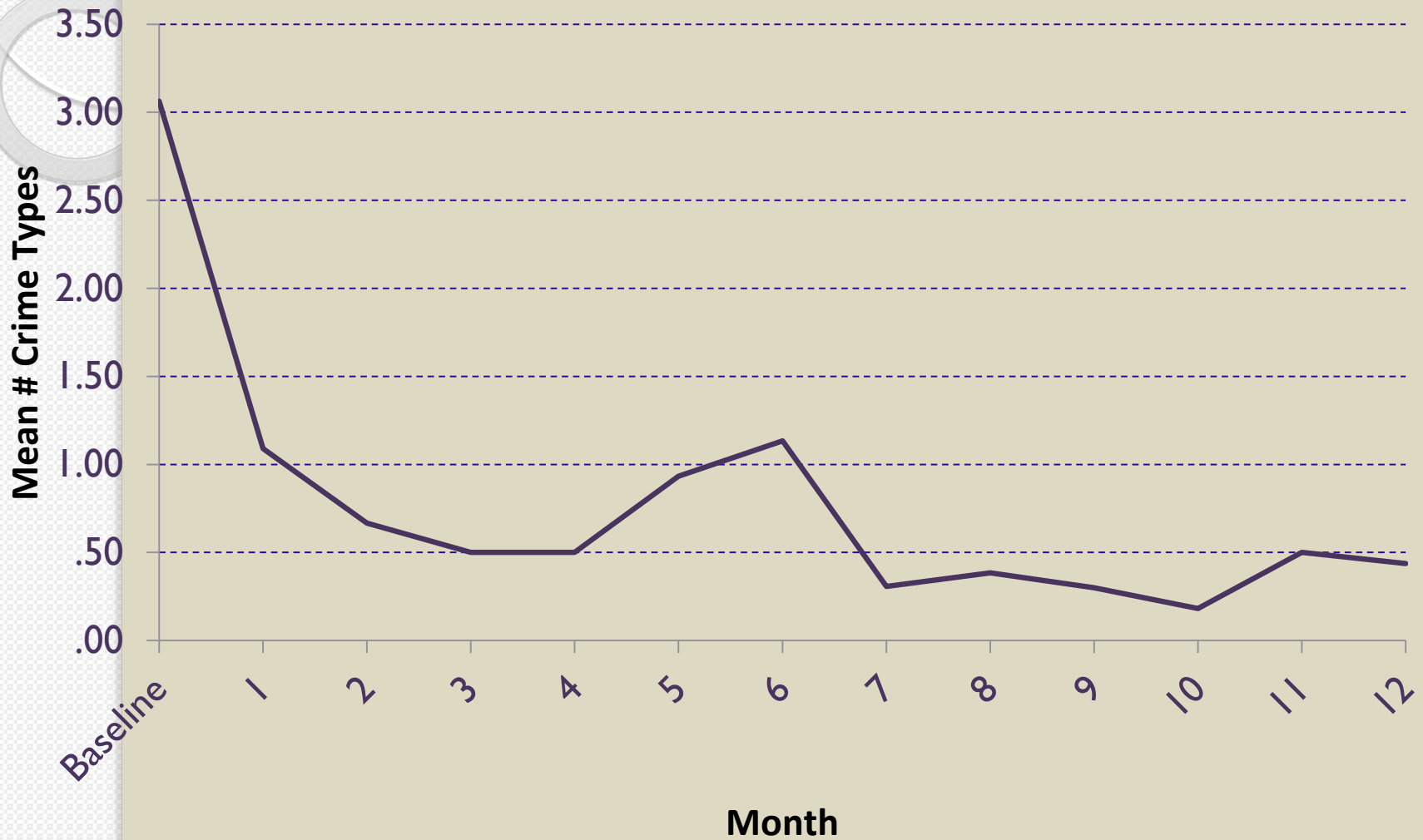
	# of Arrests	Total New Charges	# Able to continue with MST	# of arrests resulted in placement
During MST Treatment	4	7	3	1
Post MST Treatment	2	7	-	

Most serious charges include

During MST: Larceny

Post MST: Larceny and Drugs near a prohibited place

Self-report Number of Crime Types/Month



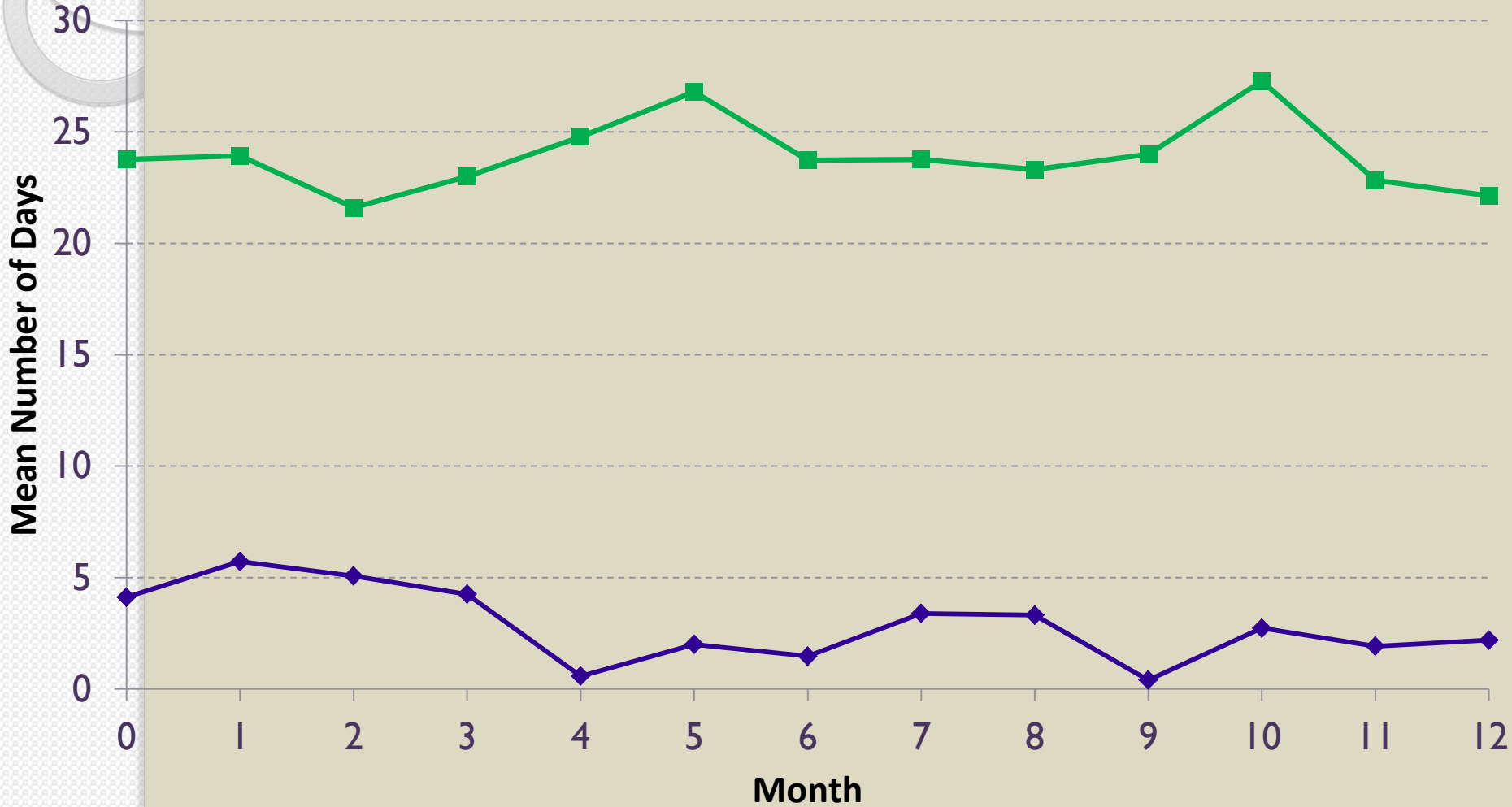
Mental Health Symptoms

Baseline, 6- and 12- Month interviews

Time	MH Symptom Intensity			Distress			Total MH Symptoms		
	Mean	SD	N	Mean	SD	N	Mean	SD	N
Baseline	0.8	0.7	16	2.0	0.9	16	20.6	12.7	16
6 Month	0.5	0.4	15	2.0	0.8	15	13.3	11.6	15
12 Month	0.6	0.5	12	1.8	0.6		16.0	12.1	12

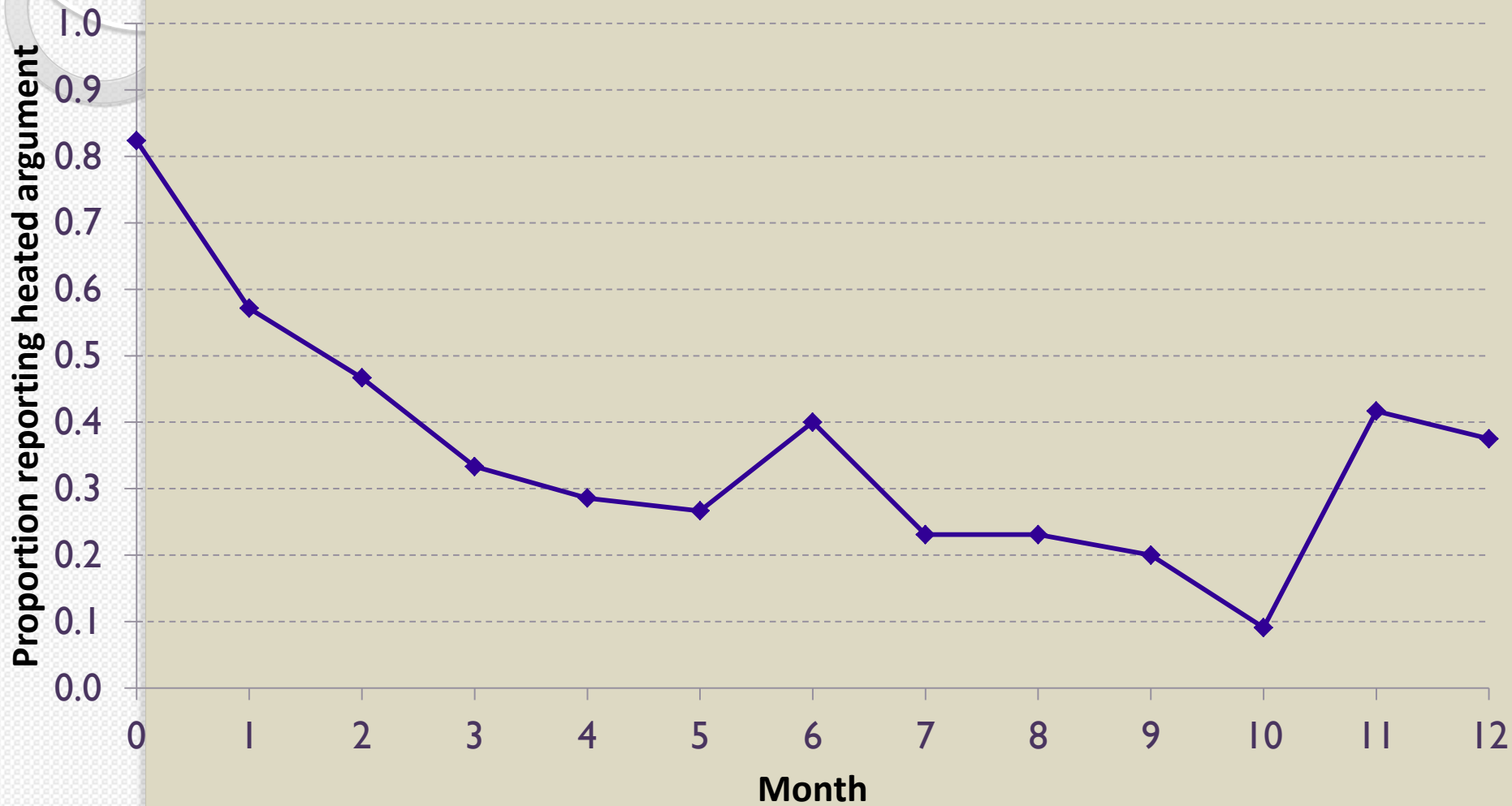
Self-Report Substance Use

◆ Mostly Drunk/High ■ No Drinking/Drugs

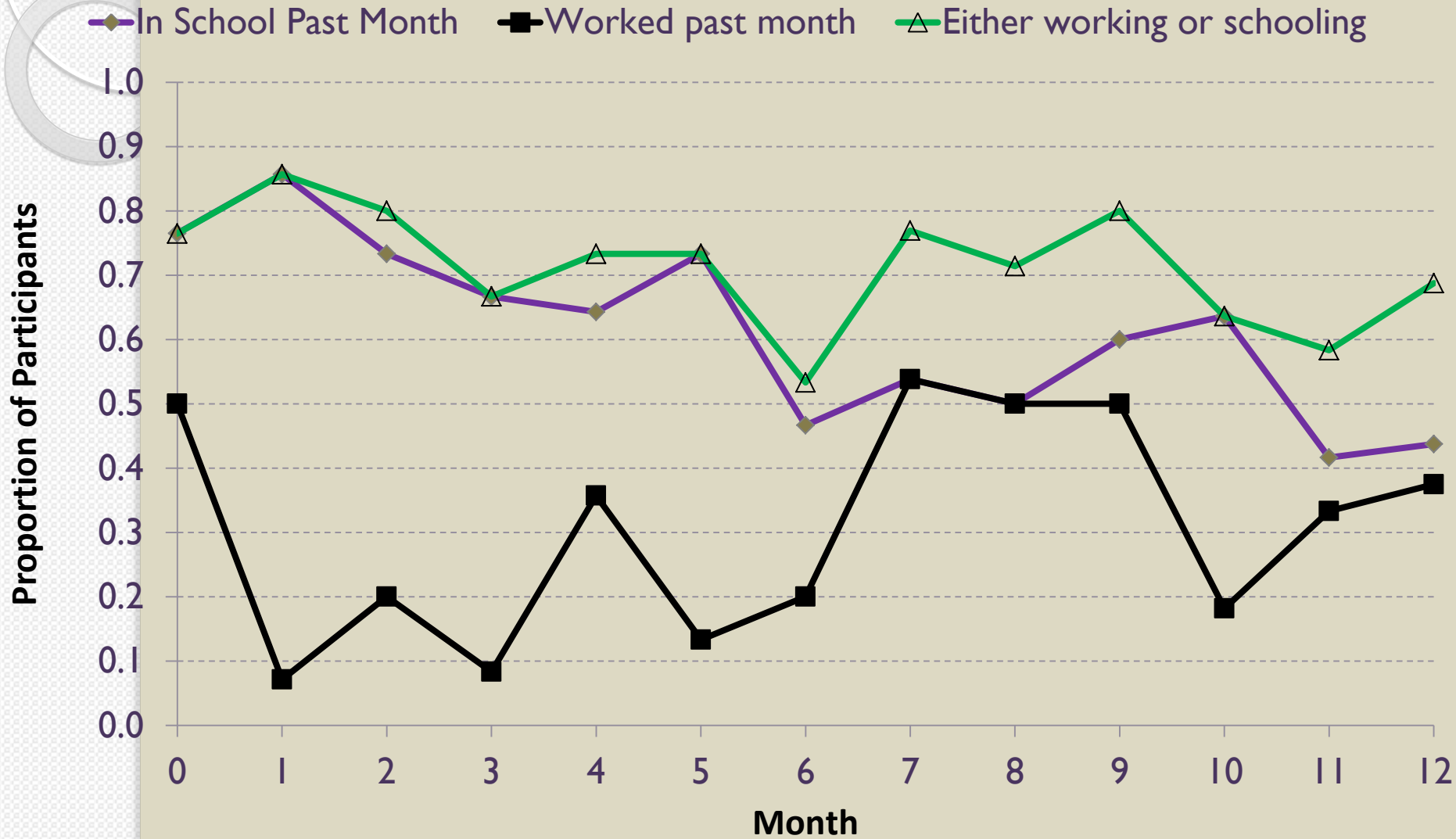


Self-Report Heated Arguments

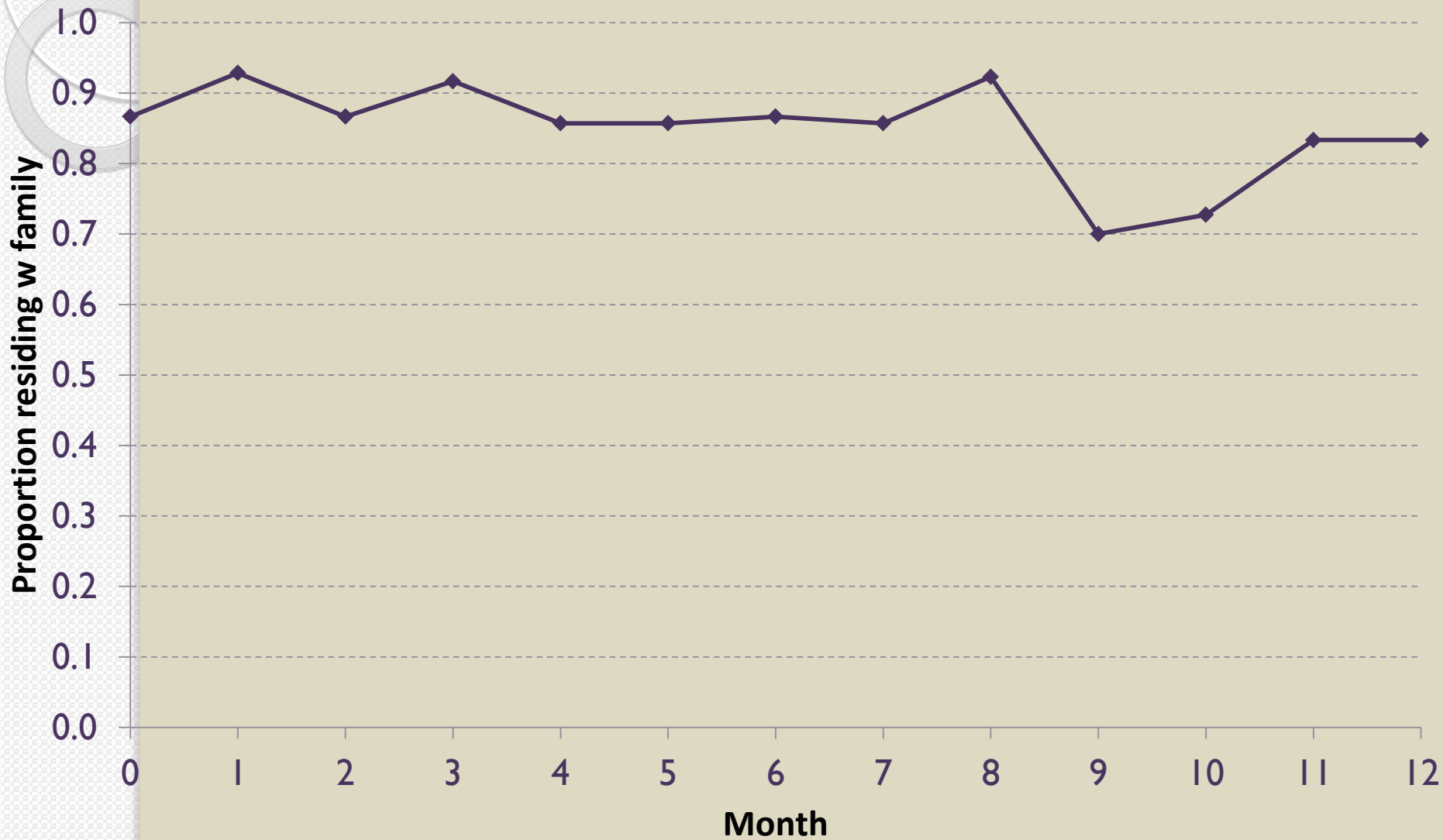
Heated Arguments Past Month



Self-Report in School or Working Past Month

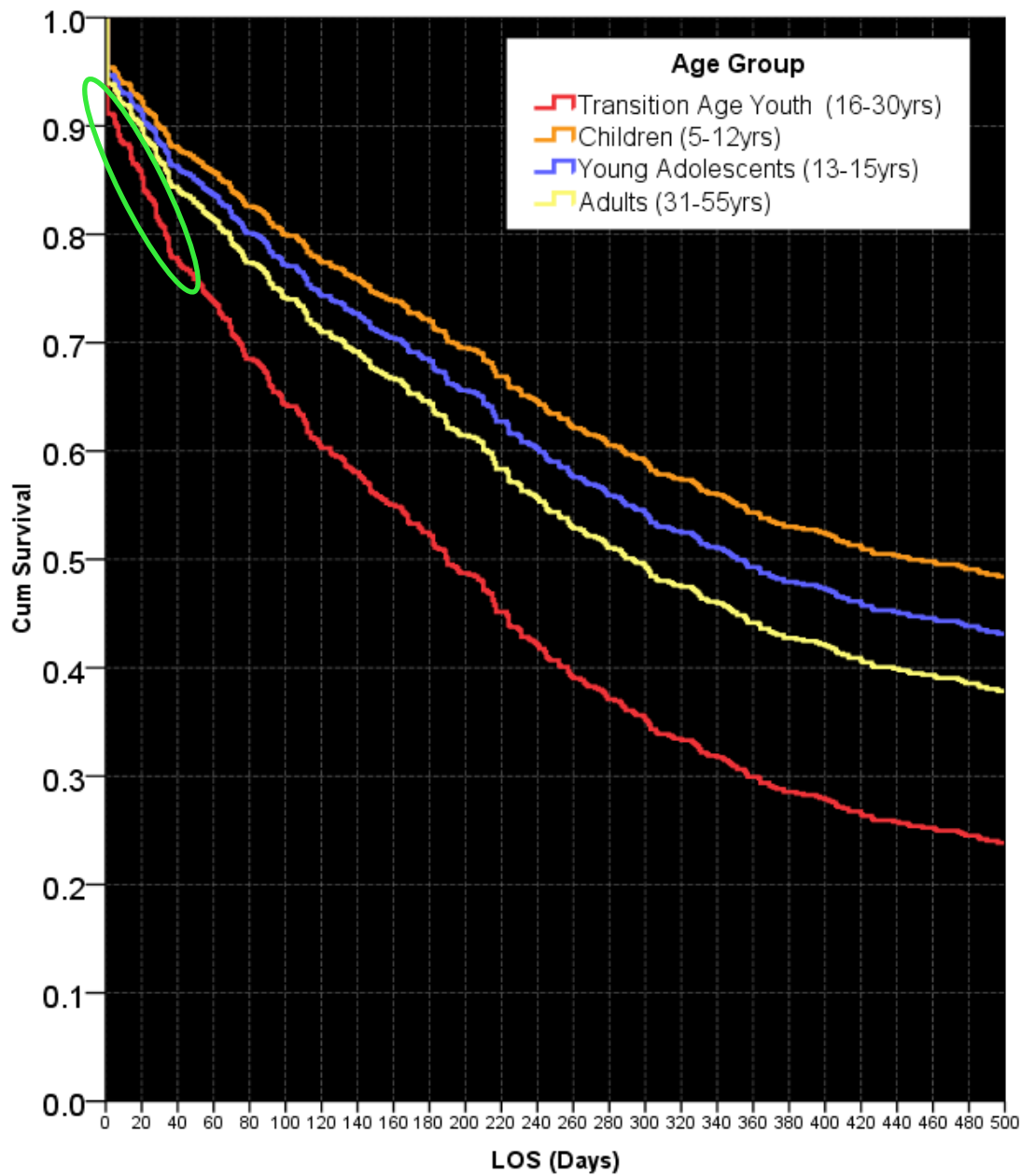


Residing with Family



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

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

MET-EA

Principles

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

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

Ultimate Goals

- ↑ Sessions attended
- ↓ Missed sessions
- ↓ Treatment dropout
- ↓ Distress

Client Moderators

- Executive Functioning
- Identity Formation Clarity
- Social Support for Treatment
- Sociodemographics
- Baseline symptoms and distress
- Baseline change readiness

Therapist Fidelity

Population

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

Mechanisms of Action

- ↑ Intention to attend Tx
- ↓ Ambivalence about attending Tx

*Tx=therapy

Figure 1. MET-EA Logic Model

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



Transitions RTC