

Biopsychosocial Development in Transition-Age Youth: *Implications for Treatment*



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Acknowledgements

The Learning & Working RRTC is a national effort that aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions 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://www.umassmed.edu/TransitionsRTC>

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Overview



- ❧ Why focus on transition-age youth and young adults
- ❧ EBT/P's in development
- ❧ Example of comprehensive age-tailored approach

Serious Mental Health Conditions (SMHC)



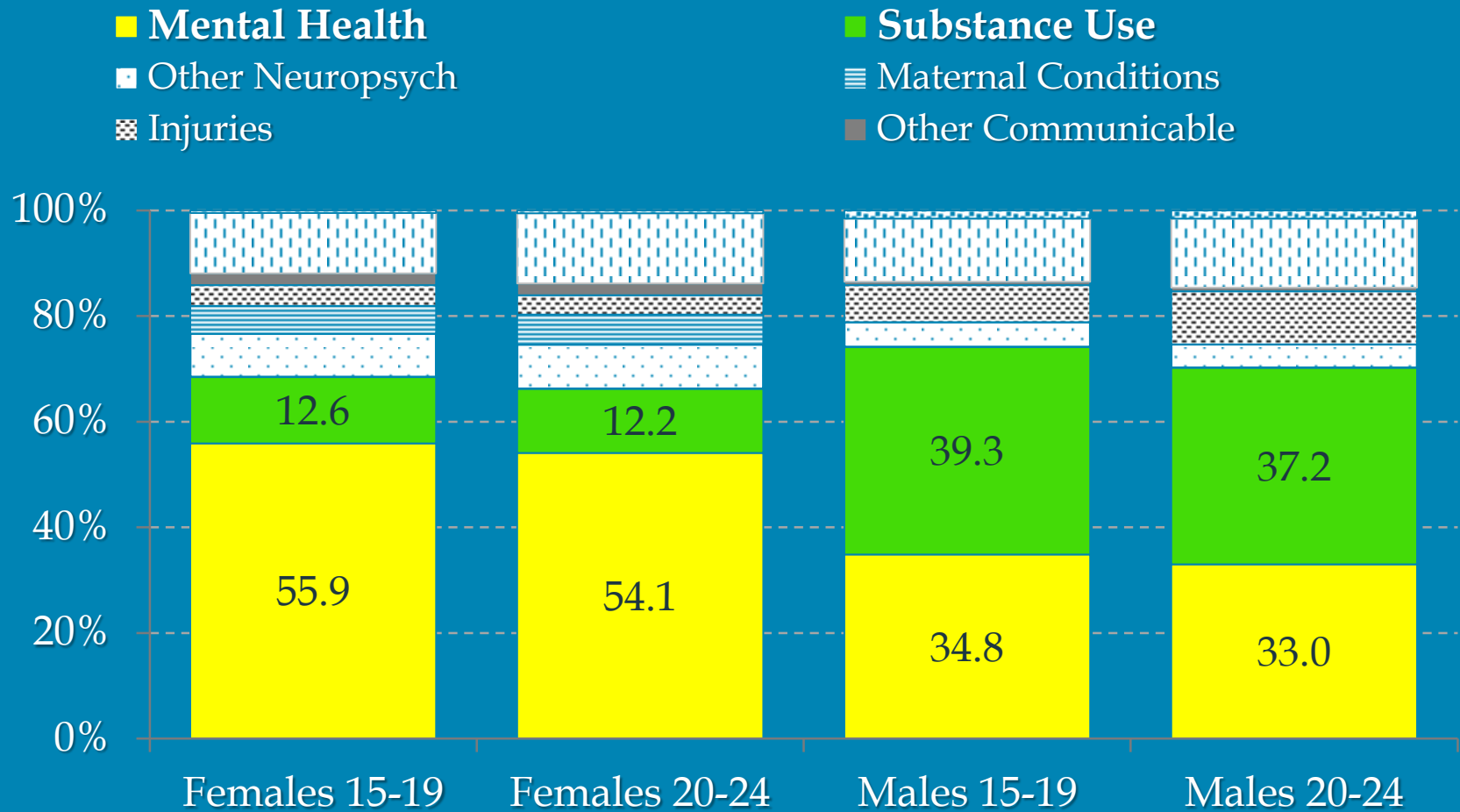
- ☞ Serious Emotional Disturbance OR Serious Mental Illness OR Psychiatric Disability
- ☞ MH diagnosis causes substantial functional impairment in family, social, peer, school, work, community functioning, or ADLs
- ☞ Not pervasive developmental disorders, substance use, LD, ID (these can co-occur)

Prevalence



- Prevalence rates of Serious Emotional Disturbance or Serious Mental Illness 4-9% (Costello et al., GAO)
- Applied to 15-30 year olds in 2012 (Census estimate)
- Yields estimate of 2.6-5.9 million with serious mental health condition in transition to mature adulthood
- 50% of psychiatric conditions have onset before age 14 and 75% before age 25 (Kessler et al 2005)

Major Causes of Burden Due to Disability U.S. 15-24 Yr. Olds



Data from *WHO Global Burden of Disease: 2004 Update*, retrieved 5/2/13

Gore, FM., Bloem, PJN, Patton, GC, Ferguson, J, Joseph, V, Coffey, C, Sawyer, SM, & Mathers, CD (2011). Global burden of disease in young people aged 10–24 years: a systematic analysis. *Lancet*, DOI:10.1016/S0140-6736(11)60512-6

Institute of Medicine and National Research Council Report

Released October 30, 2014

Sponsors

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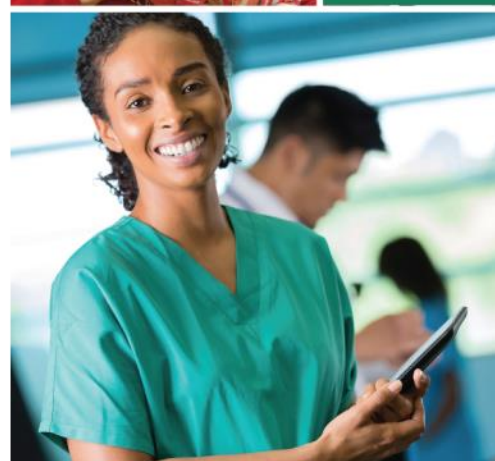
HHS Office of the Assistant Secretary for
Planning and Evaluation

Department of Defense

www.iom.edu/youngadults

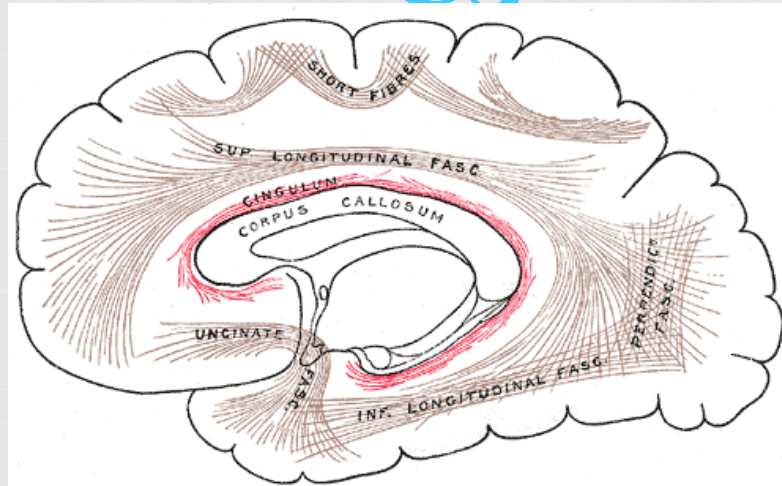


INVESTING IN THE HEALTH AND WELL-BEING OF YOUNG ADULTS



INSTITUTE OF MEDICINE AND
NATIONAL RESEARCH COUNCIL
OF THE NATIONAL ACADEMIES

Psychosocial Development Affects Treatment



Psychotherapy is a psychosocial process

- Unique cognitive and psychosocial development of YA's, and their life circumstances renders "child" or "adult" interventions likely inappropriate

Key Finding and Recommendation: Health Care



While there are effective behavioral health treatments and strategies for adults, the efficacy of these treatments specifically for young adults is largely undemonstrated

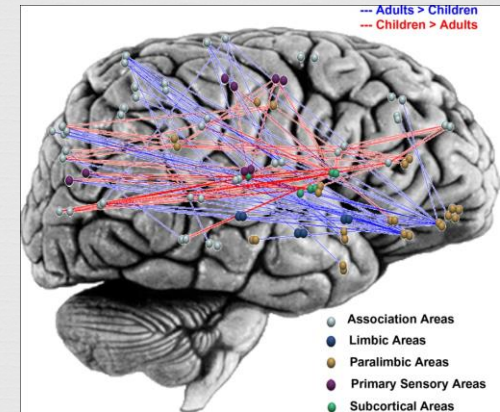
Recommendation: Develop evidence-based practices for medical and behavioral health care, including prevention, for young adults.

(rec 7-4)

Cognitive Abilities Changing



- Anticipation of Consequences (Steinberg, et al., 2009)
- Complex strategic planning (Albert & Steinberg, 2011)
- Behavior & cognitive control towards emotional or distracting stimuli (Hare et al., 2009, Liston et al., 2006; Christakou et al., 2009)



Developmental Characteristics



Identify formation

- ✧ Distrusting authority
- ✧ Experimentation
- ✧ Self-Determination

Social development

- ✧ Peer influence (positive and negative)
- ✧ Mixed ages can be unappealing



Psychosexual development

- ✧ Sexuality and sexual relationships
- ✧ Resolving gender identity and sexual orientation
- ✧ Common age to have children



Psychosocial Development in Those with Serious Mental Health Conditions



Research limited to adolescence – but implications hold for emerging adults with histories of SMHC

**Psychosocial Delay
on Every Front**

- *Individuals will vary in their level of development*
- *Individuals may be more mature in one area than another*

Reasons to Focus on Transition-Age Youth



- ❧ Mental health conditions are the major health concerns of this age group
- ❧ Because psychotherapy and other interventions are psychosocial in nature, the unique developmental qualities of transition-age youth call for age-tailored approaches

Developmental Changes Underlie Abilities to Function Maturely



**Complete
schooling
& training**



**Head a
household**



**Obtain/maintain
rewarding work**



**Develop a
social
network**



**Become financially
self-supporting**



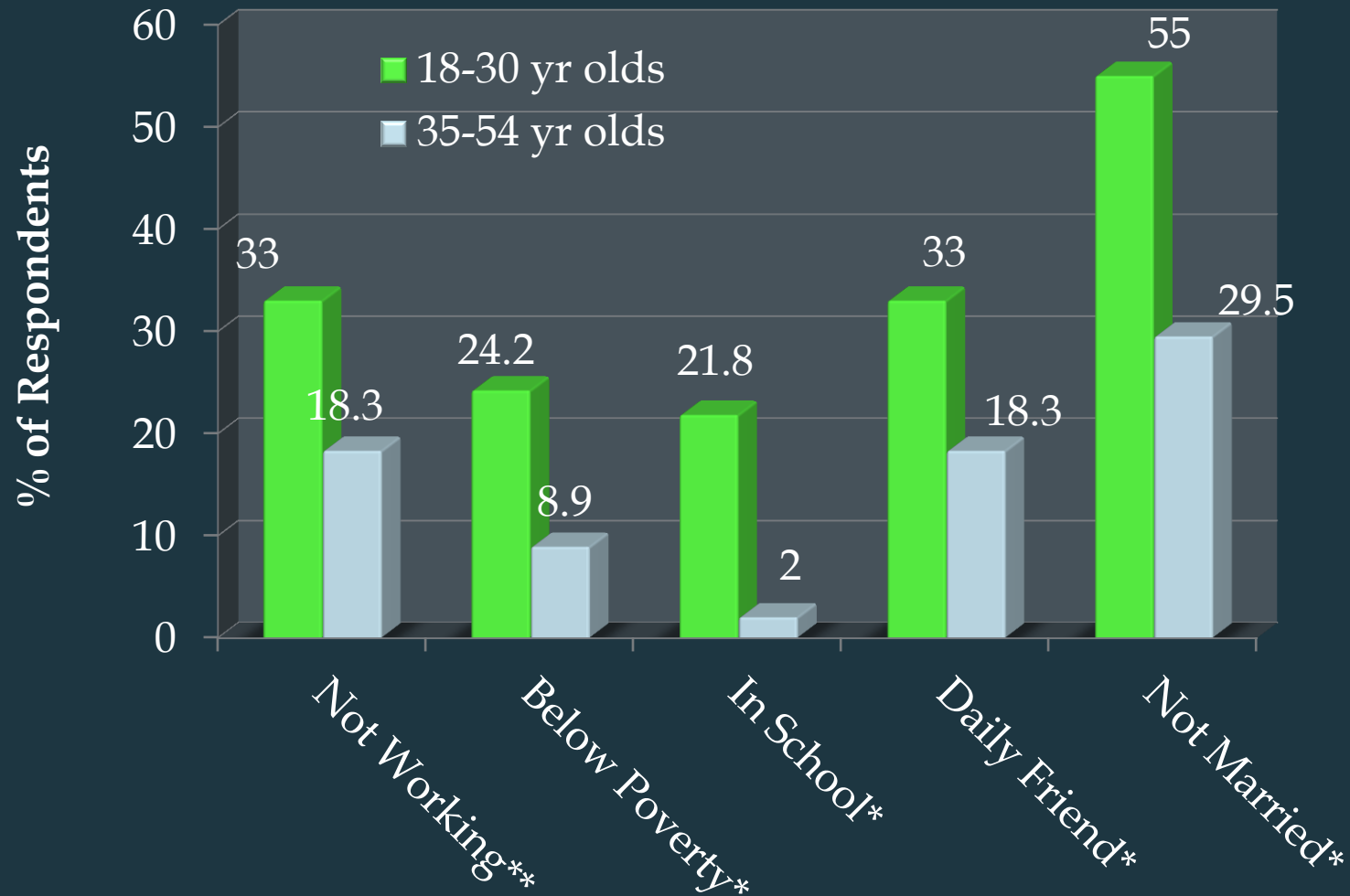
Be a good citizen

Youth with SMHC Struggle as Young Adults

Functioning among 18-21 yr olds	SMHC in Public Services	General Population/ without SMHC
Complete High School	23-65%	81-93%
Employed	46-51%	78-80%
Homeless	30%	7%
Pregnancy (in girls)	38-50%	14-17%

Valdes et al., 1990; Wagner et al., 1991; Wagner et al., 1992; Wagner et al., 1993; Kutash et al., 1995; Silver et al., 1992; Embry et al., 2000; Vander Stoep, 1992; Vander Stoep and Taub, 1994; Vander Stoep et al., 1994; Vander Stoep et al., 2000; Davis & Vander Stoep, 1997; Newman et al., 2009

Functioning in Adults with Psychiatric Disorders; *Young Adults Different from Mature Adults*



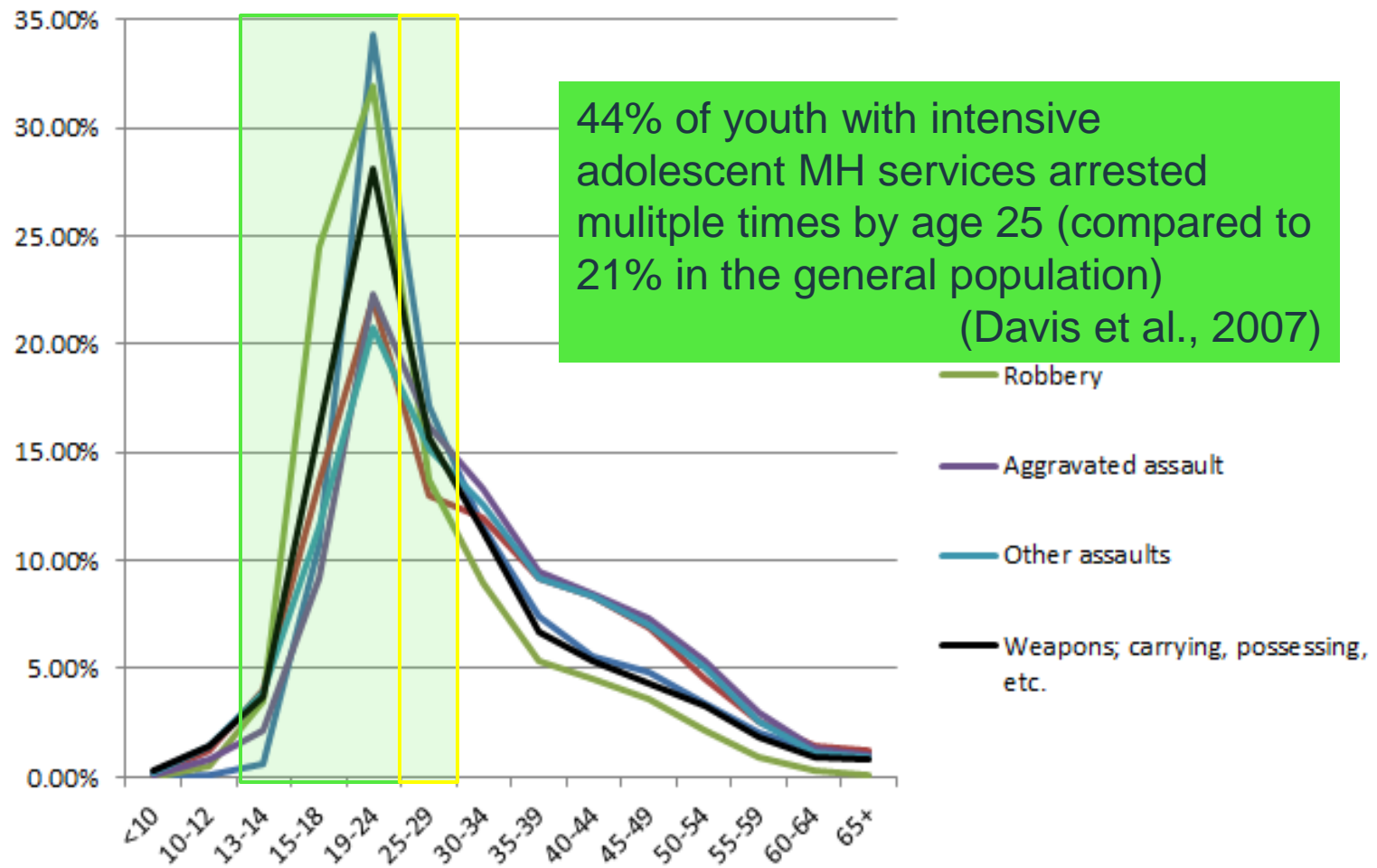
* χ^2 (df=1)=31.4-105.4, $p < .001$

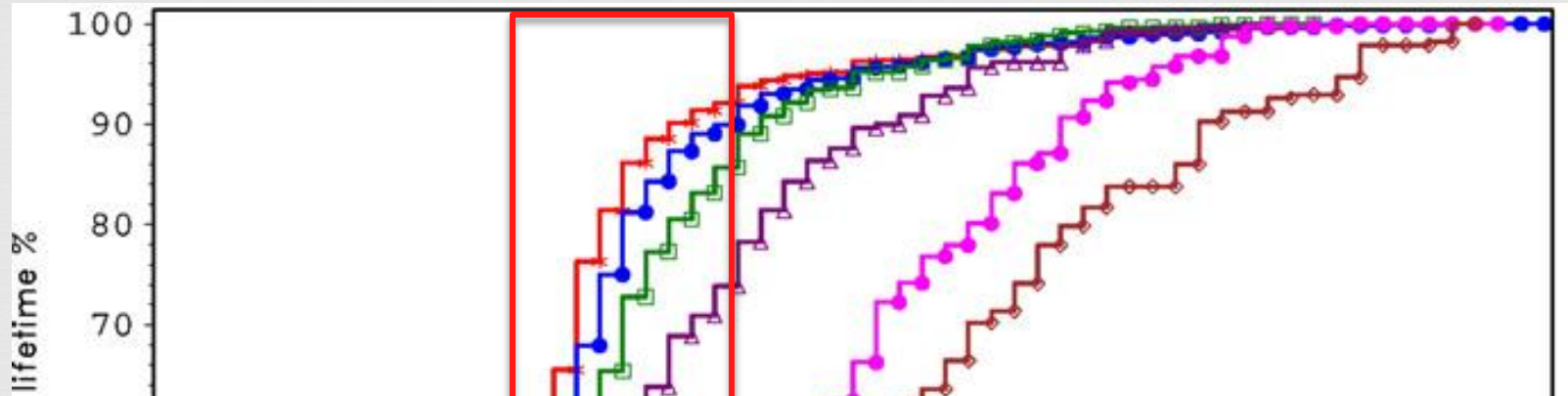
** χ^2 (df=1)=5.5, $p < .02$

Peak age of arrest

% of all those Arrested for a Crime in 2012 who are of Various Ages (Violent Crime)

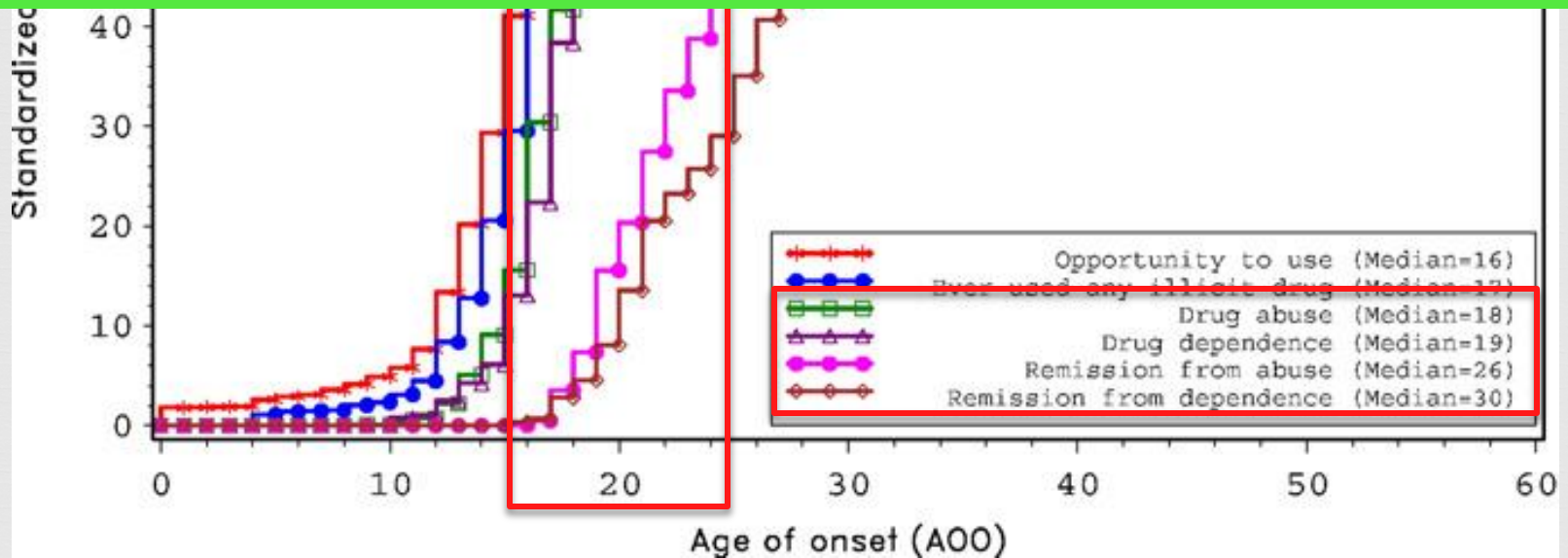
Source: Crime in the United States 2012





Among young adults ages 18-25 with a serious mental illness
35% meet criteria for a Substance Use Disorder

SAMHSA (2014)



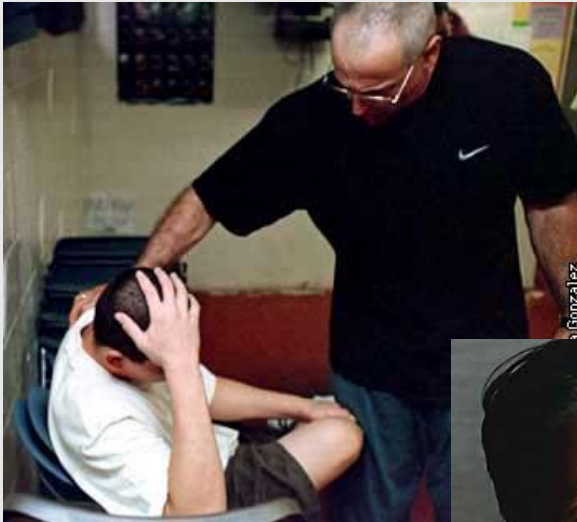
Each Generation has its Youth Culture

"In America, a *flapper* has always been a giddy, attractive and slightly unconventional young thing who, in [H. L.] Mencken's words, 'was a somewhat foolish girl, full of wild surmises and inclined to revolt against the precepts and admonitions of her elders.'"⁶





Typical Changes in Family Relations



Young people and parents must adjust to the growing need for independence while remaining emotionally related.

More Reasons to Focus on Transition-Age Youth



- ❧ They are functionally different from those older/younger
- ❧ The social and familial context of their lives are different from those who are older/younger
- ❧ The cultural context of their lives are different from those who are older/younger

Implications

Supports need to be developmentally & contextually appropriate



Attracting & Retaining



- ❧ Approaches with good evidence of efficacy in adolescents & adults (e.g. many cognitive/ behavioral therapies) likely to be effective with this age group
- ❧ BUT less likely to seek therapy and more likely to dropout
- ❧ Developmental tailoring can focus on outreach & retention
 - ❧ Is your waiting room too young or too old?
 - ❧ Have you helped them know what to expect from therapy?
 - ❧ Have you helped them assess looming gaps in health care coverage?
 - ❧ Do you text appointment reminders?
 - ❧ How's your working alliance?

Common Issues

Examples:

- Context: group treatment settings that include much older or younger individuals may not appeal
- Be aware of substance use complications
- Immature Identity Formation – resist urge to parent or be authority, allow for experimentation
- **Identity Formation Process – incorporate youth voice/ownership**

Implications cont'd



Need supports to launch adulthood

- ☞ Families continue to be an important resource to their emerging adult child*
- ☞ Many families in the public sector struggle with poverty, single parenting, mental health, substance use, incarceration*
- ☞ Delicate dance of maximizing family as resources while supporting self-determination skills*
- ☞ Inclusion of other social network members, but less stability*

Settersten, Jr, R.A., Furstenberg, F.F., & Rumbaug, R.G. (2005). On the Frontier of Adulthood: Theory, Research, and Public Policy. Chicago, The University of Chicago Press.

System considerations



- ❧ Youngest adults still involved with child system
- ❧ Adult services often not developmentally tailored
- ❧ Funding of treatment/services have age barriers

**Prevalence of disrupted, complex,
developmentally inappropriate
treatment or services**

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

The current evidence base



Evidence Based Treatments in Development



Most in feasibility research stage

Motivational Interviewing

(MI)



- ↻ Interpersonal style of therapy characterized by:
- ↻ Affirming client choice and self-direction
- ↻ Using directive and client-centered components
- ↻ Context of a strong working alliance
- ↻ To resolve client's ambivalence about target problem, and increase perceived self-efficacy to address the problem

Multisystemic Therapy for Emerging Adults MST-EA



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



Thank You!

☞ Funders:

- ☞ National Institute of Mental Health (R34MH081374)
- ☞ National Institute on Disability and Rehabilitation Research and the Substance Abuse and Mental Health Services Administration (H133B090018)

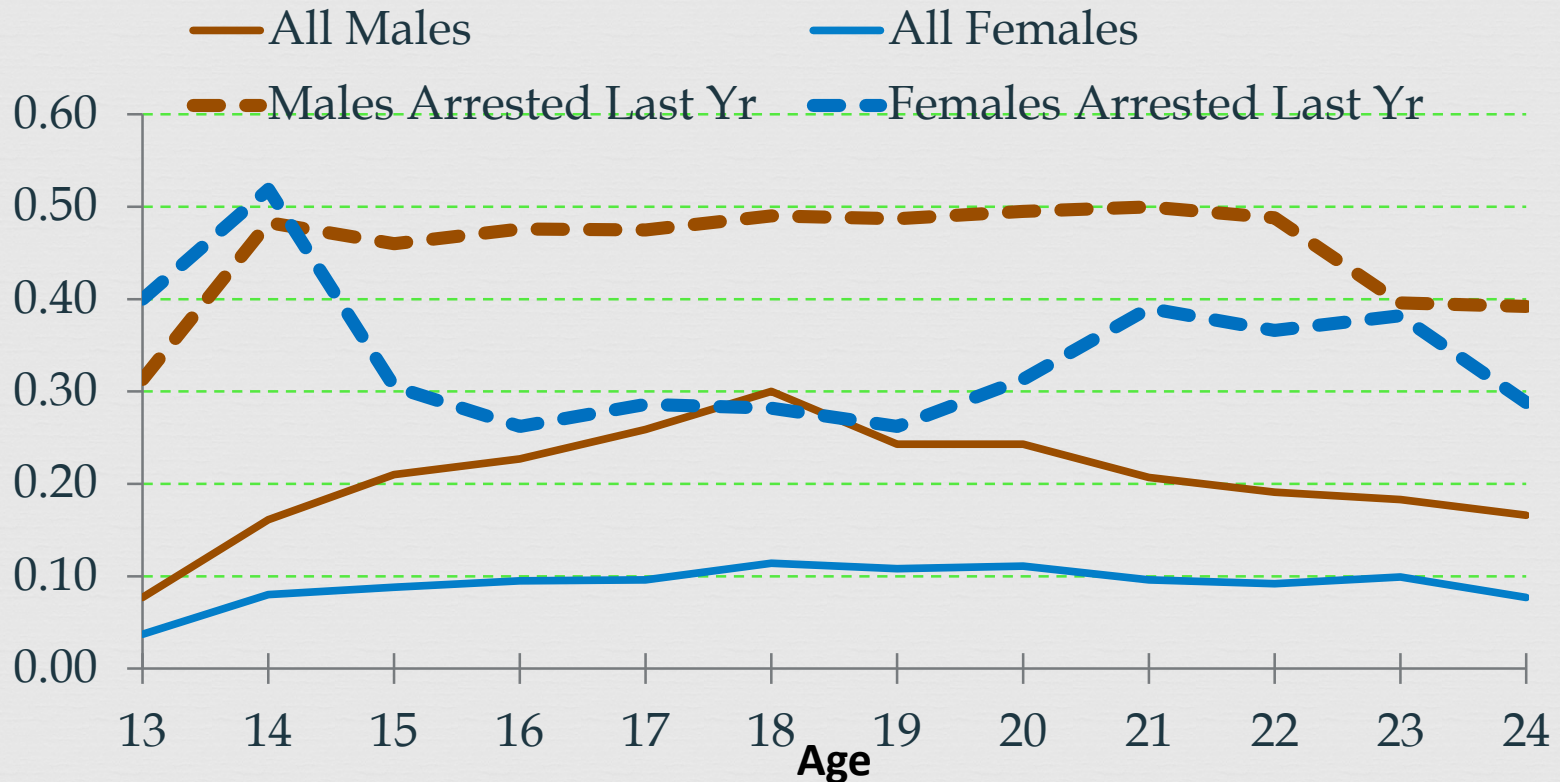
☞ Collaborators:

- ☞ Sara Lourie & Anne McIntyre-Lahner, Connecticut Dept. of Children and Families
- ☞ Charles Lidz, Edward Mulvey, Mary Evans, & Scott Henggeler
- ☞ MST-EA/TAY Team - North American Family Institute
- ☞ The emerging adult participants and their social network members

Davis, M., Sheidow, A.J., & McCart, M.R (2015). Reducing recidivism and symptoms in emerging adults with serious mental health conditions and justice system involvement. *Journal of Behavioral Health Services and Research*, 42(2), 172-190. DOI: 10.1007/s11414-014-9425-8

Sheidow, A.J., McCart, M.R., & Davis, M. (in press). Multisystemic therapy for emerging adults (MST-EA) with serious mental health conditions and criminal justice involvement. *Cognitive and Behavioral Practice*. PMC Journal.

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



Adults

■ Antisocial peers

■ Peers influence less

Transition-Age Offenders with SMHCs



- Simply addressing mental health needs found unsuccessful in reducing offending in adults
- Wraparound approaches have had good outcomes in reducing antisocial behavior in youth with SMHC but is designed for children, not young adults

MST-EA



Inclusion and Exclusion Criteria

- ❧ 17-21 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)
- ❧ Excluded if actively psychotic, harmful to self/others

Standard MST

(with juveniles, no SMHC)

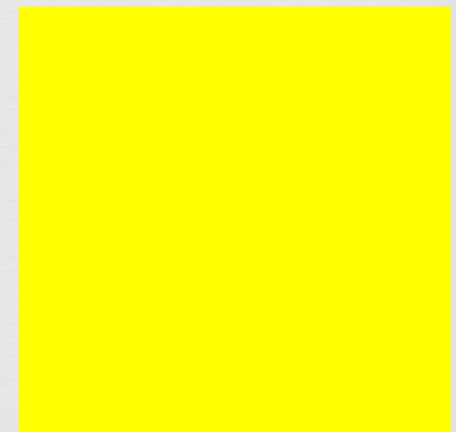
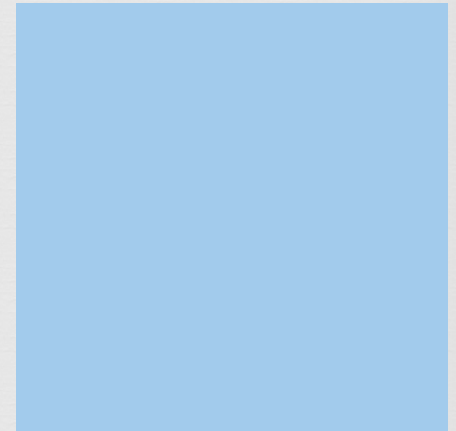
- Intensive (daily contact) home-based treatment delivered by therapists; one therapist/family caseload=**3-4**
- Promote behavioral change by empowering **Young Adults**
- Individualized interventions target a comprehensive set of identified risk factors across *individual, family, peer, school, work, and neighborhood domains*
- Integrate empirically-based clinical techniques from the cognitive behavioral and behavioral therapies **with the best evidence for this age group**
- Duration; **4-14 months**



MST-EA Treatment Focus

(17-21 yr olds w MI)

- **Antisocial behavior, mental illness, & substance abuse**
- **Leveraging, developing & strengthening the social network**
- **Targeting housing & independent living skills, career goals, & parenting (as needed)**
- **Integrating a Life Coach & Psychiatrist/PNP for EA's into the MST Team**



MST-EA Team



- 3 Therapists
- On-Site Supervisor
- Off-Site Consultant
- 0.2 Psychiatrist/Nurse Practitioner
- Life Coaches (4, totaling 1.0FTE)
- Full Team Caseload = 12

MST for Emerging Adults



☞ MST-EA Elements

- ☞ Treatment of Antisocial Behavior
- ☞ Mental Health, Substance Use, and Trauma Interventions
- ☞ Social Network
- ☞ Housing & Independent Living
- ☞ Career Goals
- ☞ Relationship Skills
- ☞ Parenting Curriculum

MST-EA



MST-EA 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

MST-EA Coach Curriculum



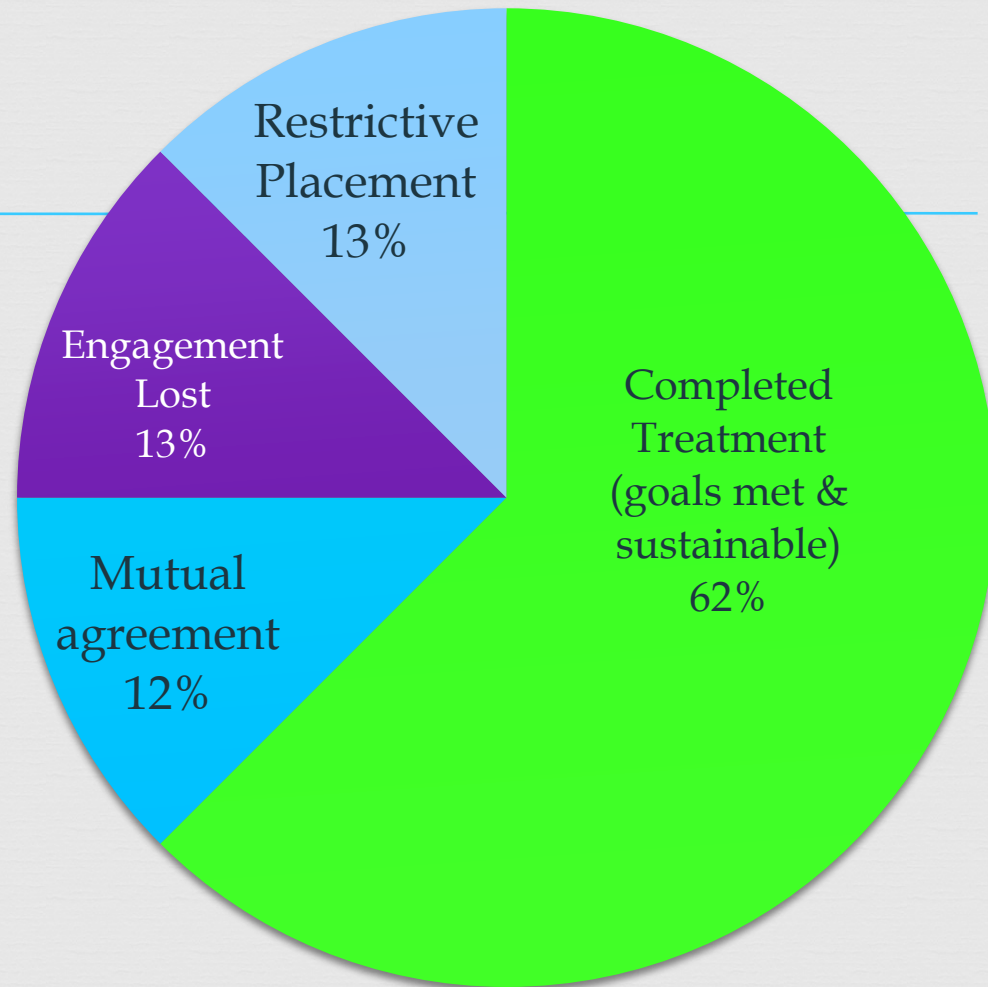
- ❧ Engagement with EA
- ❧ Goals & Values
- ❧ Education
- ❧ Housing
- ❧ Transportation
- ❧ Nutrition & Meal Planning
- ❧ Money Management
- ❧ Legal Issues/Social Services
- ❧ Household Management
- ❧ Health & Safety
- ❧ Stress & Coping
- ❧ Social Skills & Relationships
- ❧ Sexual Health
- ❧ Pregnancy & Parenting
- ❧ Employment

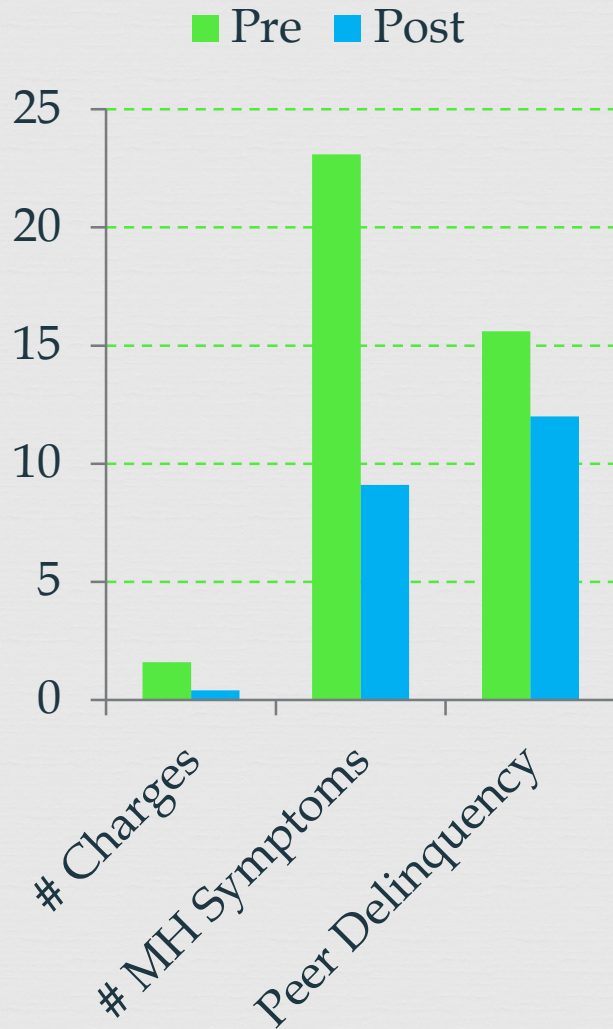
○ Career Development

Treatment Retention

∞ Incomplete Tx
minimum #
weeks of
treatment = 11

∞ Complete Tx
ranged from 4
to 12 months





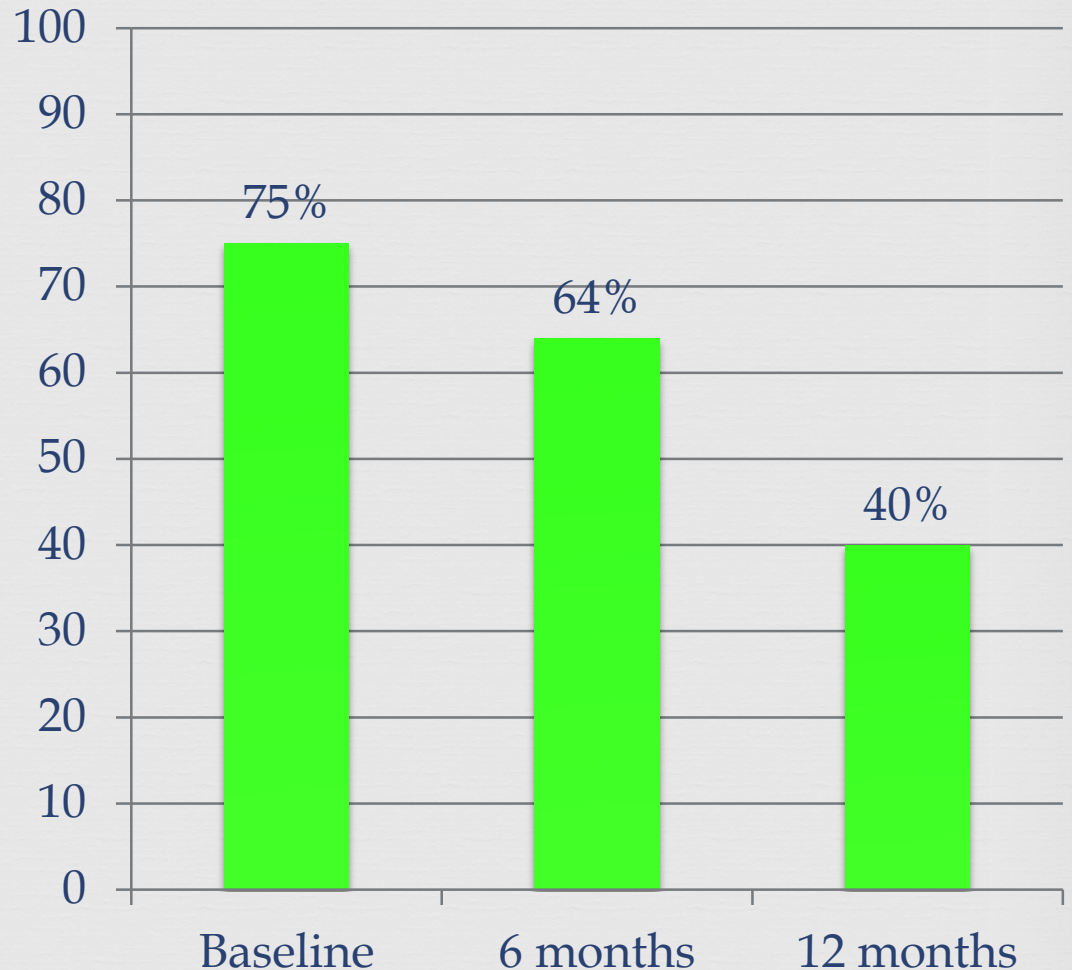
Basic Findings are Encouraging

See: Davis, M., Sheidow, A.J., & McCart, M.R (2015). Reducing recidivism and symptoms in emerging adults with serious mental health conditions and justice system involvement. *Journal of Behavioral Health Services and Research*, 42(2), 172-190. DOI: 10.1007/s11414-014-9425-8

Substance Use

Majority of the 25 cases to date (84%) have presented in need of treatment for substance-related problems

Positive Urine Screens

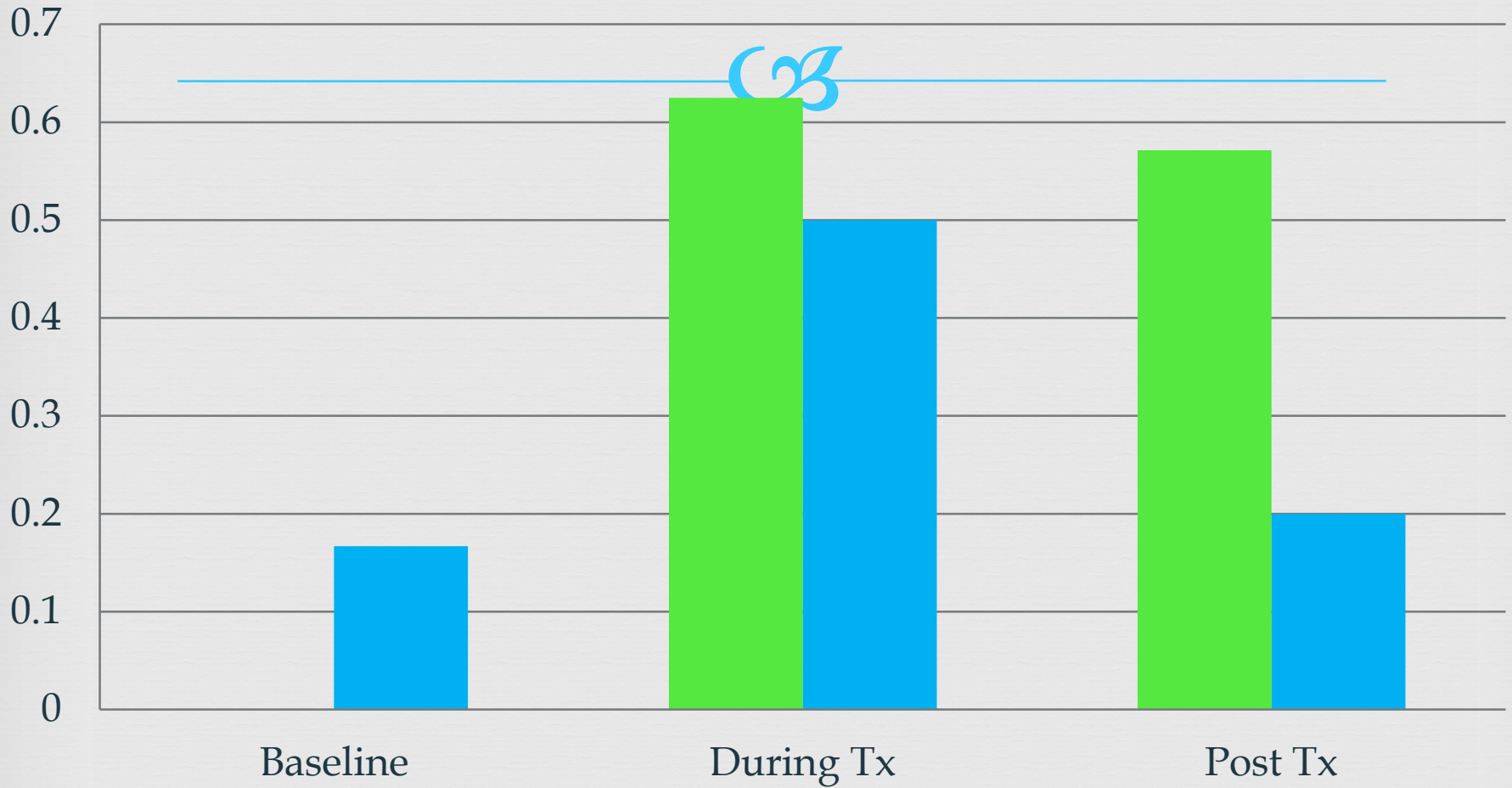


NOTES:

- 22 + screens: 21 THC, 3 opiate, 1 cocaine

Working by LC Condition

VocLC BasicLC



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.



ns RTC