

# Mental Health and Secondary Transition



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ON *LEARNING AND WORKING*  
*DURING THE TRANSITION TO ADULTHOOD*  
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# Why Focus on Mental Health?



- **Lowest High School completion rate (56%) of any disability category of Students with IEP's (65-95%) (NLTS-2; [http://ies.ed.gov/ncser/pdf/NLTS2\\_selfdeterm\\_11\\_23\\_05.pdf](http://ies.ed.gov/ncser/pdf/NLTS2_selfdeterm_11_23_05.pdf))**
- **46% - Proportion of failure to complete secondary education attributable to MH conditions (Vander Stoep et al., 2003)**
- **Lowest rates of school performance (attendance, grades, grade retention) still for SED**

# Impact of High School Dropout



- A single 18-year-old dropout earns \$260,000 less over a lifetime

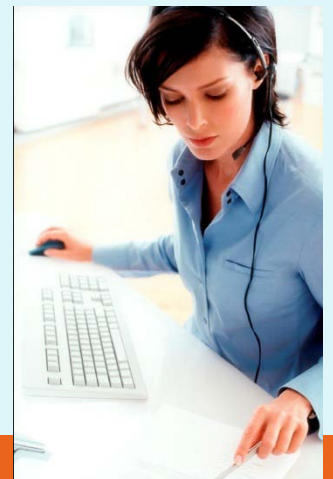
(Bridgeland, DiIulio, & Morison, 2006; <http://www.civicenterprises.net/pdfs/thesilentepidemic3-06.pdf>)

| <b>Class of 2010 status</b>                       | <b>Unemployment Rate</b> |
|---|--------------------------|
| <b><i>Dropout</i></b>                             | <b>42.7</b>              |
| <b><i>Graduate, not enrolled in college</i></b>   | <b>33.4</b>              |
| <b><i>Graduate, part time college student</i></b> | <b>13.4</b>              |

# Post Secondary School/Work Engagement Low



- **NLTS2 - 42% of students in ED category who were out of school were in paid employment (compared to 56.8% cross disability)**
- **Students with ED had shortest duration of jobs (8 months vs. 10 cross disability)**
- **34% attended some post secondary education or training (compared to 45% cross disability)**



# What's Unique?



- Disability typically impairs social participation
- Blaming; parents and youth themselves blamed for the disability
- Stigma
- Living in poverty, single head of household, unemployed head of household (Wagner et al., 2005)

# What's Unique?



- Presence of disability not obvious
- Ignorance; disability identified late and treatment delayed, behavioral nature of disability leads to confusion about treatment versus “socialization”
- Conditions are treatable and disability often ends

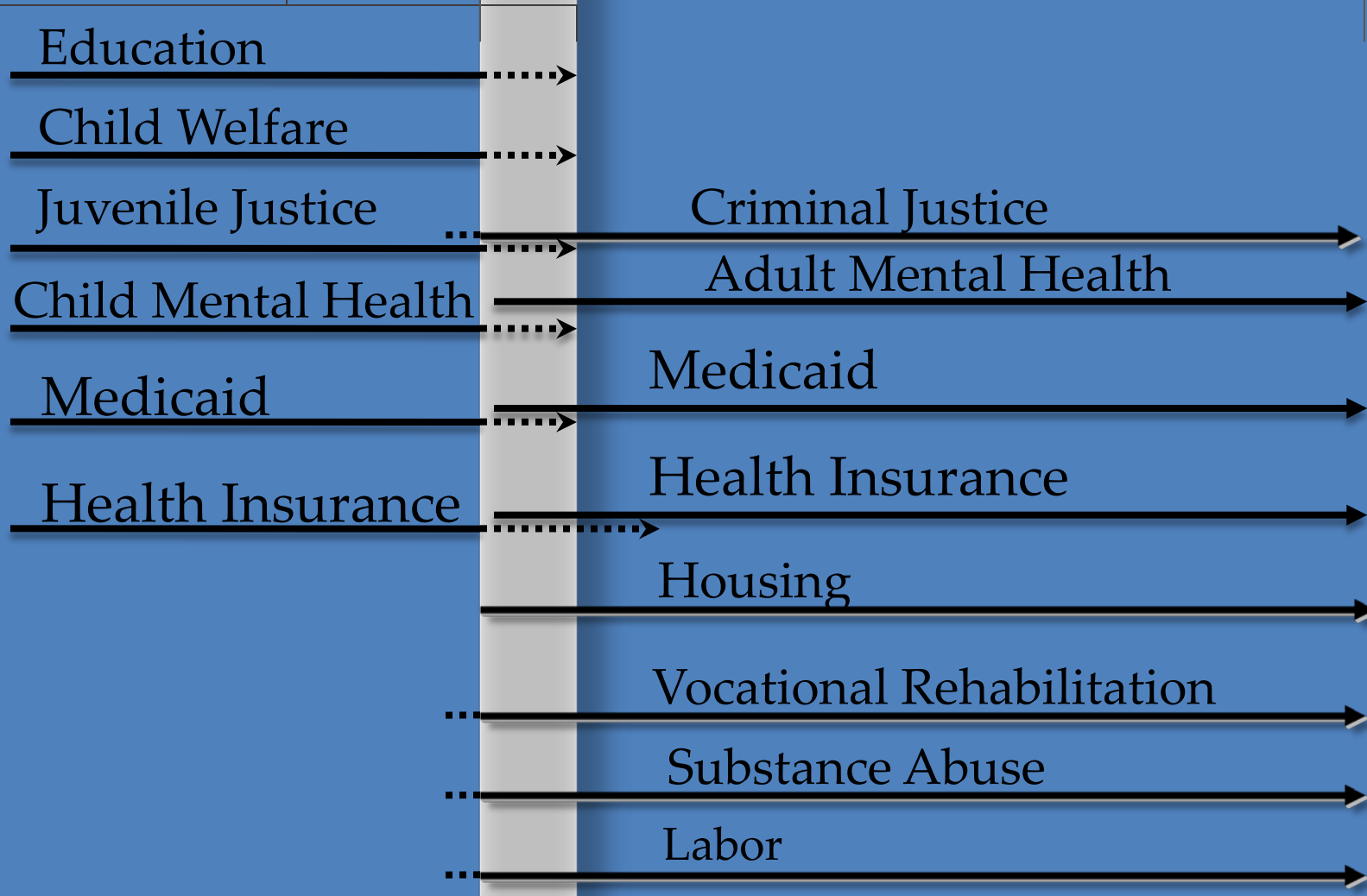
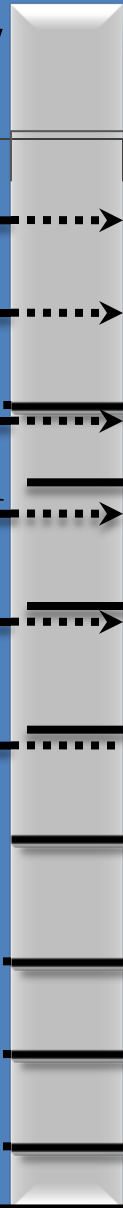
# Unique System Issues



- Parity with other medical conditions only recently achieved but not yet embraced
- Treatment of symptoms paid for by health care coverage
- Rehabilitation not covered by health care
- State MH agencies provide rehabilitation services
- Many adolescents with SMHC don't qualify for state adult MH services
- Vocational Rehabilitation Agencies less well prepared for SMHC

# ***CHILD SYSTEM***

# ***ADULT SYSTEM***



***Birth*** → → → → ***18-21yrs*** → → → → ***Death***



# Principles of Effective Secondary School Programming



- **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
- **Relevance** – learning relevant to students' interests and future plans
- **Address the Needs of the Whole Child** – consider any factors that (a) interfere with a child's educational experience and (b) prepare a student for functioning as a person, community member, and citizen
- **Involve Students and Families in Transition Planning**

# Practices with Students with ED



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

\* $p < .05$ , \*\* $p < .001$

Wagner, M., & Davis, M. (2006). How are we preparing students with emotional disturbances for the transition to young adulthood? Findings from the National Longitudinal Transition Study-2. *Journal of Emotional and Behavioral Disorders*, 14, 86-98.

# Research Developments



- **Rehabilitation Research and Training Centers (2)**
- **Demonstration Sites (7)**
- **Grant Opportunities**
- **Growth in Research**

# Learning and Working During the Transition to Adulthood RTC



## TRANSITIONS<sup>RTC</sup>



University of Massachusetts Medical School, Department of Psychiatry,  
Center for Mental Health Services Research



[www.nimh.nih.gov](http://www.nimh.nih.gov)



# Models under Development



## **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)
- Talk; student's school progress, relationship between school completion and the "check" indicators of engagement, importance of staying in school, and the problem-solving steps used to resolve conflict and cope with life's challenges
- Close communication with families

<http://checkandconnect.org/>

# Models under Development



## Life Coaches

***Ashli Sheidow & Maryann Davis***

***(Transitions RTC; NIMH)***

- Adaptation of Multisystemic Therapy – 17-20 year olds with SMI and justice system involvement
- Therapists, Psychiatrist, Clinical Supervisor, Life Coaches
- In-home, intensive, improving school, work, relationship, and independent living, reducing MH symptoms, substance use, antisocial behavior



# Models under Development



## **Life Coaches** continued

- 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

# Models under Development



## **Individualized Placement and Support for Youth with SMHC**

***Rochelle Frounfelker (Thresholds; Transitions RTC)***

- Supported Employment/Supported Education for 1<sup>st</sup> episode psychosis
- Place then train approach
- Peer mentors – inspire hope, discuss aspirations, barriers to aspirations, shares own experience, has fun
- Single Case Series design



# Models under Development



## **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.)

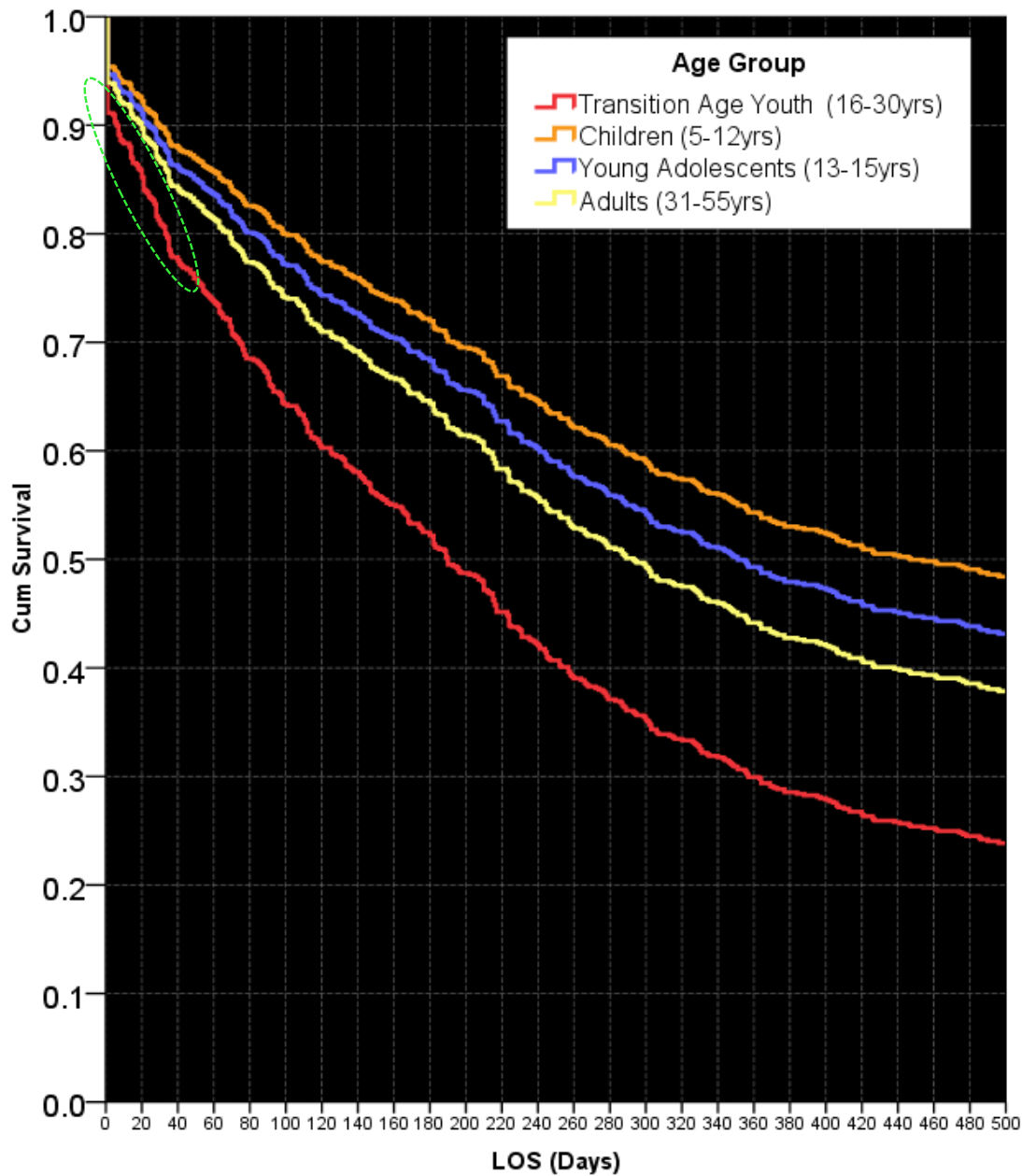
[http://www.rtc.pdx.edu/AMP/pgVideo AMP\\_ImportanceOfYPP.shtml](http://www.rtc.pdx.edu/AMP/pgVideo AMP_ImportanceOfYPP.shtml)

# Treatment Retention



- Outpatient psychotherapy most common intervention
- $\approx 760,000$  17-25 year olds in outpatient psychotherapy yearly
- Treatment ineffective if “dose” insufficient

Olson, Marcus, Druss, & Pinkus, (2002)



**Transition Age Youth Quickly Lost from Treatment**

# Motivational Enhancement Therapy



- **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.”**

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# Other Research



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

Most Enjoyable Features of Social Networking Sites

| <b>Feature</b>             | <b>% MH</b> | <b>% Without MH</b> |
|----------------------------|-------------|---------------------|
| 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%)

# Internet



## Topics for Social Networking Site

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

# 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.**



