

Multisystemic
Therapy for
Emerging Adults
(MST--EA):

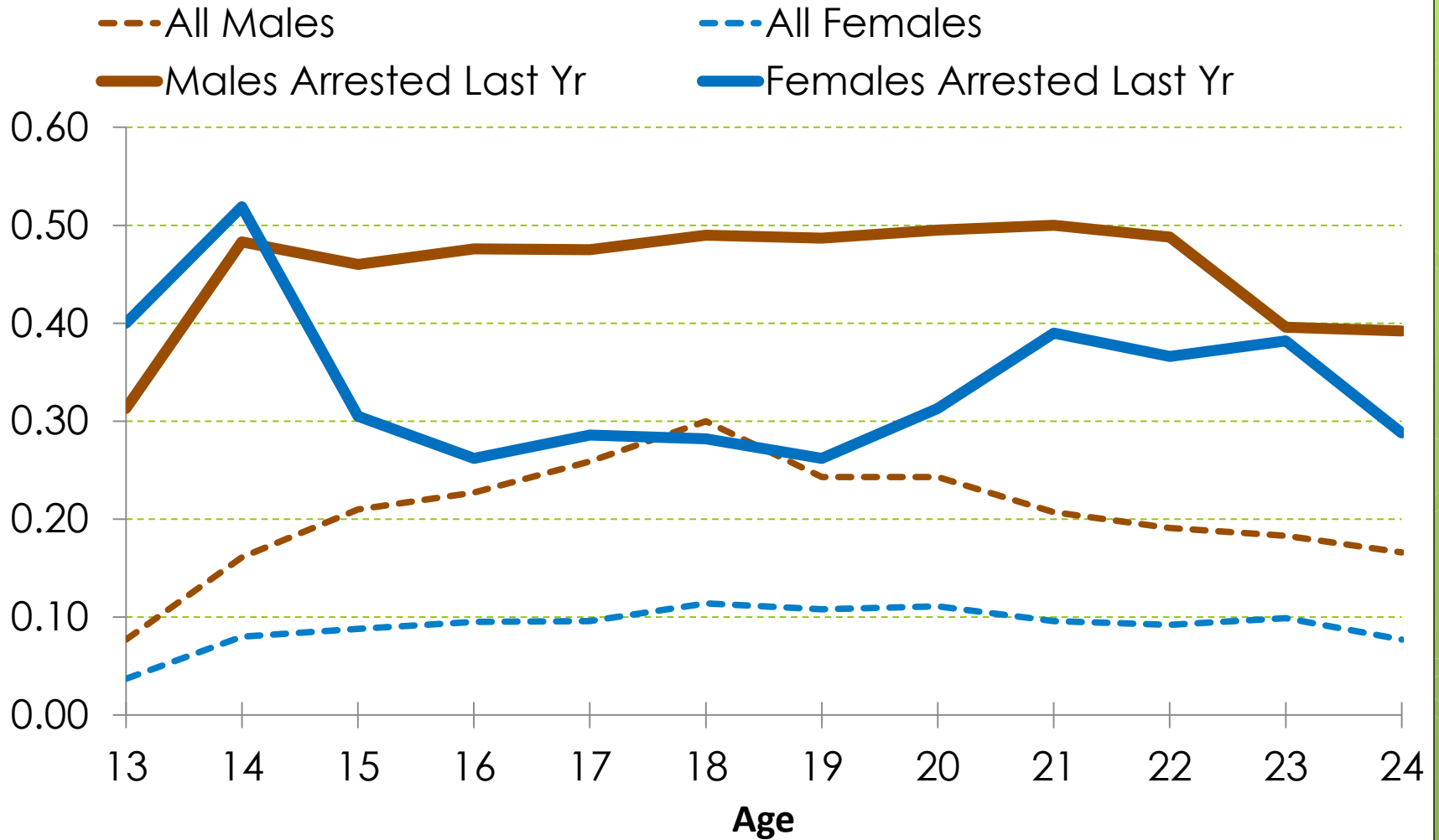
Treating Emerging
Adult Offenders Who
Have Mental Health
Conditions

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Thank You!

- Funders:
 - National Institute of Mental Health (R34MH081374)
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- 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

Arrest Rate in Adolescent Public MH 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 & Desistance – General Population

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



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**

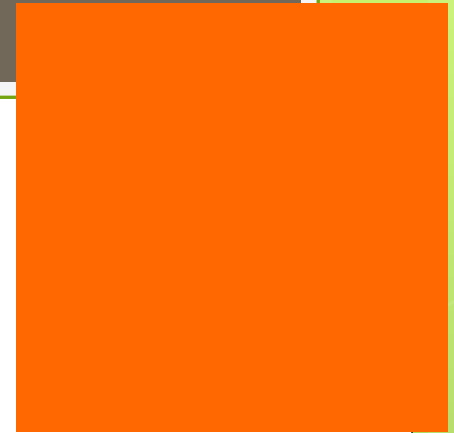




Standard MST

(with juveniles 12-17y/o, no SMHC)

- **Intensive home-based treatment**
- **Team of 3-4 therapists; 1 therapist = 4-6 families**
- **Promote behavioral change by empowering caregivers/parents**
- **Individualized interventions target comprehensive set of identified risk factors across *individual, family, peer, school, and neighborhood* domains**
- **Interventions integrate empirically-based clinical techniques from the CBT and behavioral therapies**
- **Duration: 3-5 months**





MST-EA Treatment Focus

- Treatment of the EA's antisocial behavior & serious mental health conditions
- Leveraging and developing the EA's social network
- Integrating a Life Coach & Psychiatrist for EA's into the MST Team
- Mental Health, Substance Use, and Trauma Interventions
- Targeting housing & independent living skills
- Targeting career goals
- Improving relationship skills
- As needed, teaching parenting curriculum





MST-EA Team

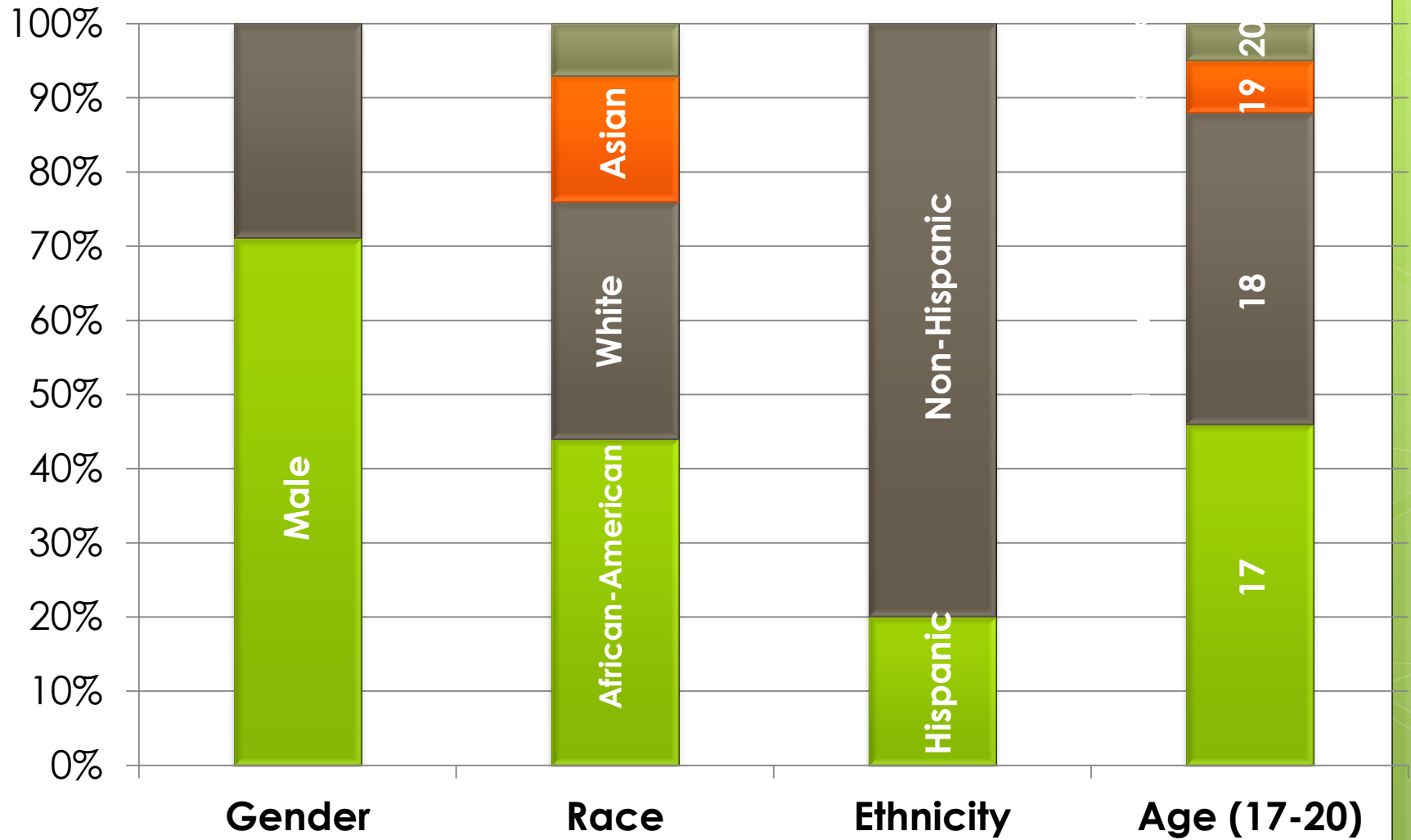
- 3 Therapists
- On-Site Supervisor
- Off-Site Consultant
- 0.2 Psychiatrist/Nurse Practitioner
- Life Coaches (4, totaling 1.0FTE)
- Full Team Caseload = 12



Target Population

- 17-20 year olds with a diagnosed serious mental health condition
- Recent arrest or release from incarceration
- Living in stable community residence (i.e., not homeless)

Demographics



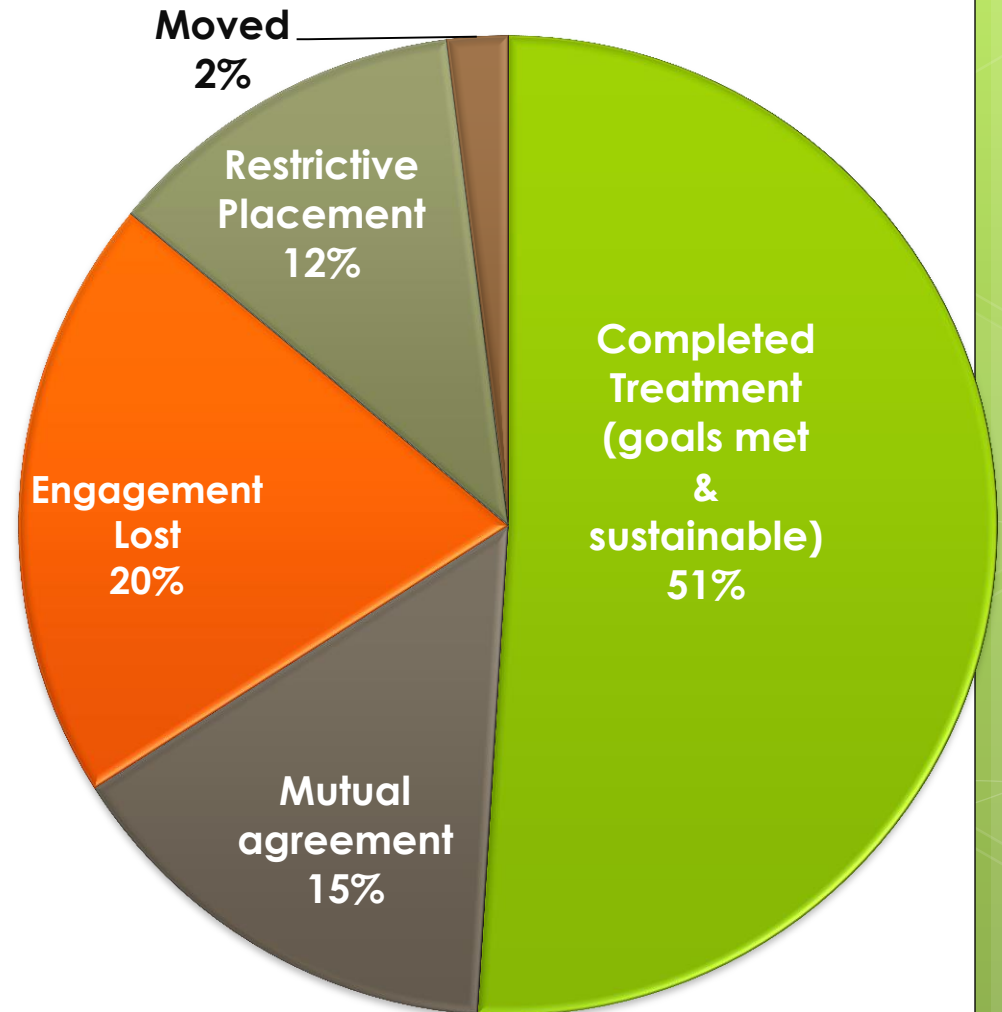
Research retention

- 90% completed the post tx interview
- Reasons for missing:
 - 1 not locatable
 - 1 formally withdrew
 - 2 completed last interview but tx no complete
- 91% of all interviews were completed

Treatment Retention

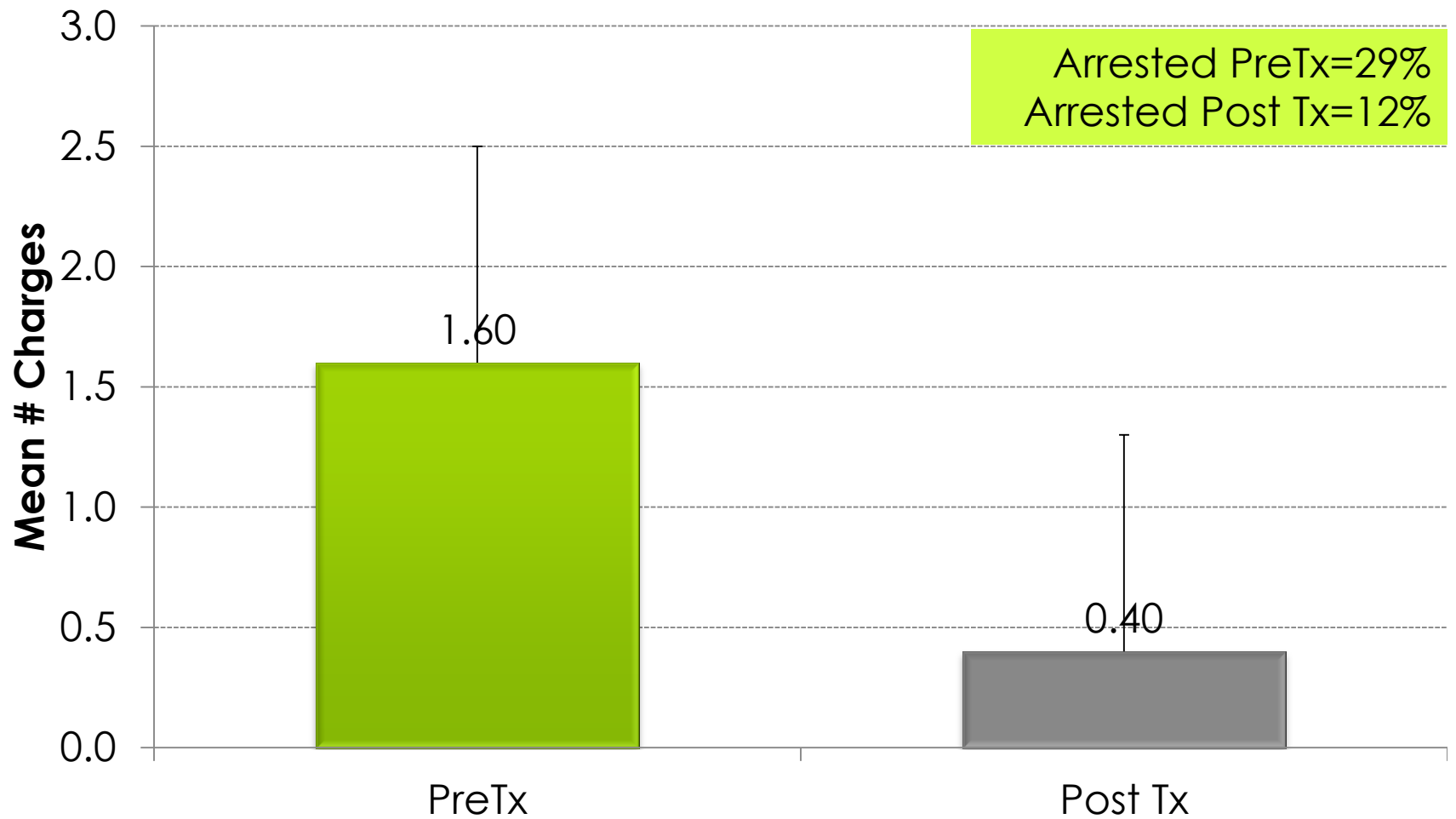
Incomplete Tx
minimum #
weeks of
treatment = 6.5

Complete Tx
ranged from 4 to
12 months



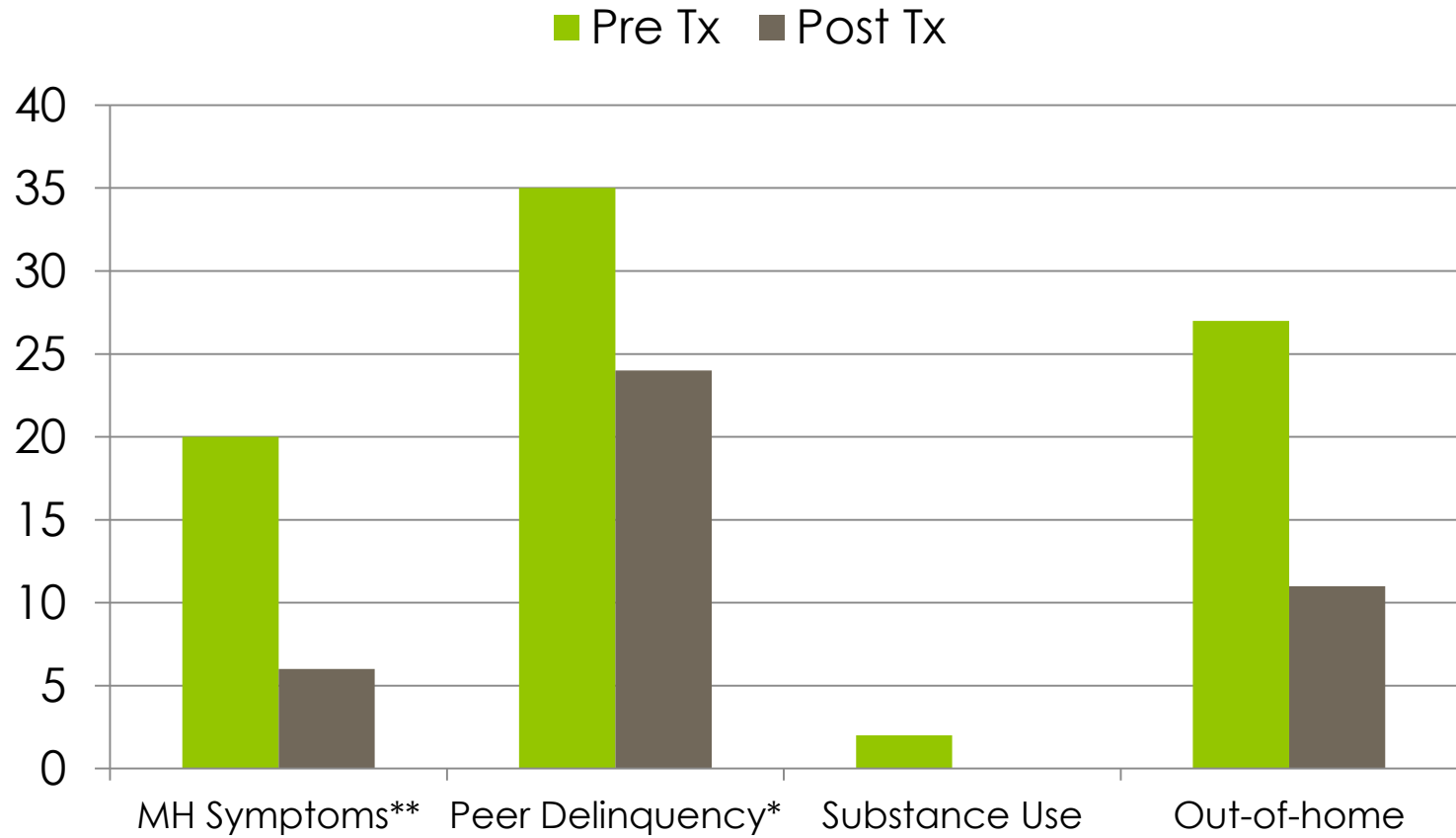
Recidivism -

Arrests 6 months Pre vs. 6 month Post treatment (N=41)



(Wilcoxon, $p < .01$)

Outcomes

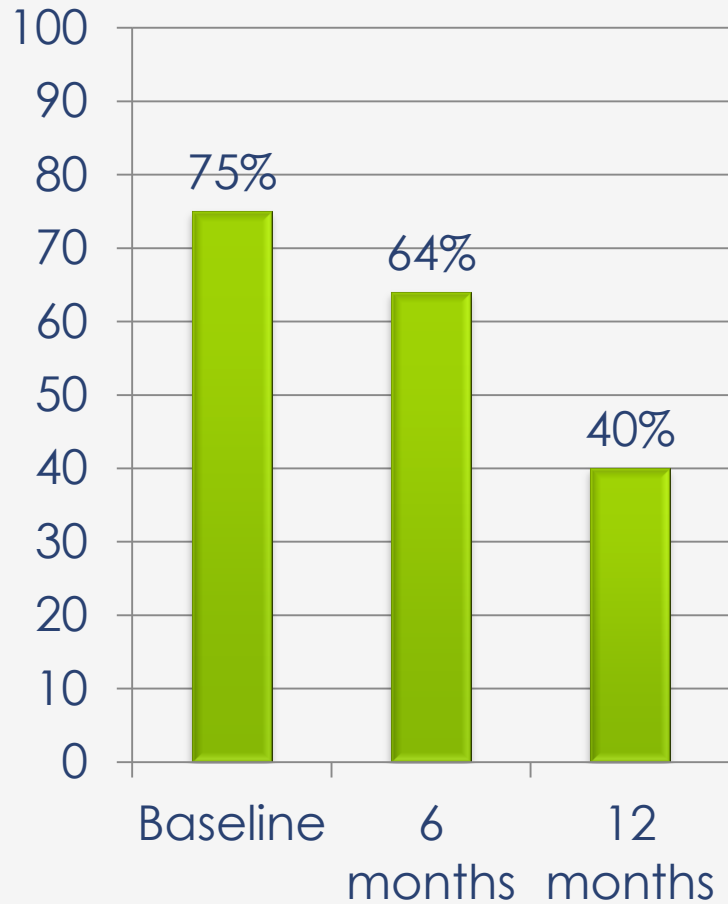


* $p < .05$, ** $p < .001$ (Related Samples Wilcoxon)

Substance Use

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

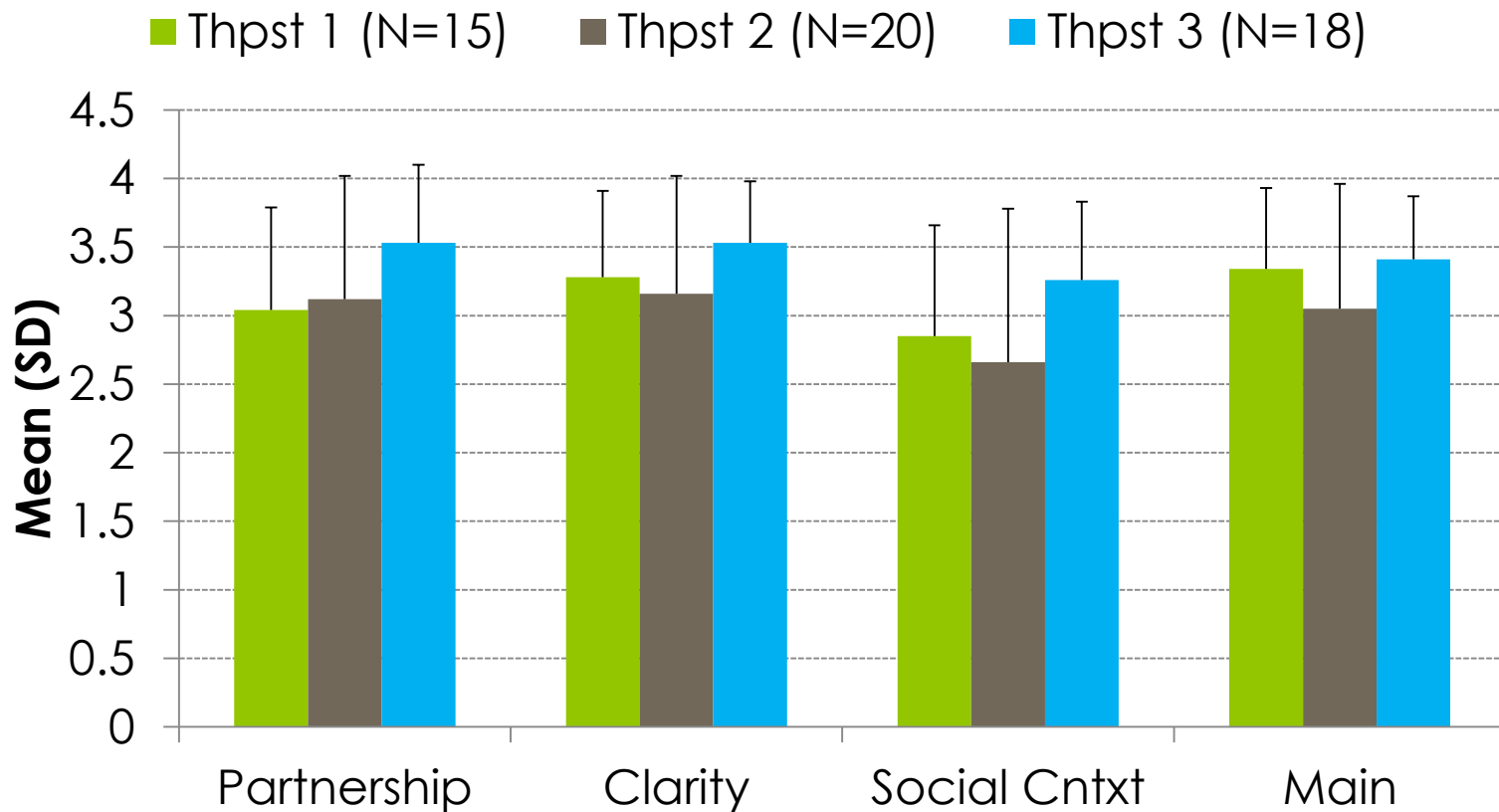
Positive Urine Screens



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

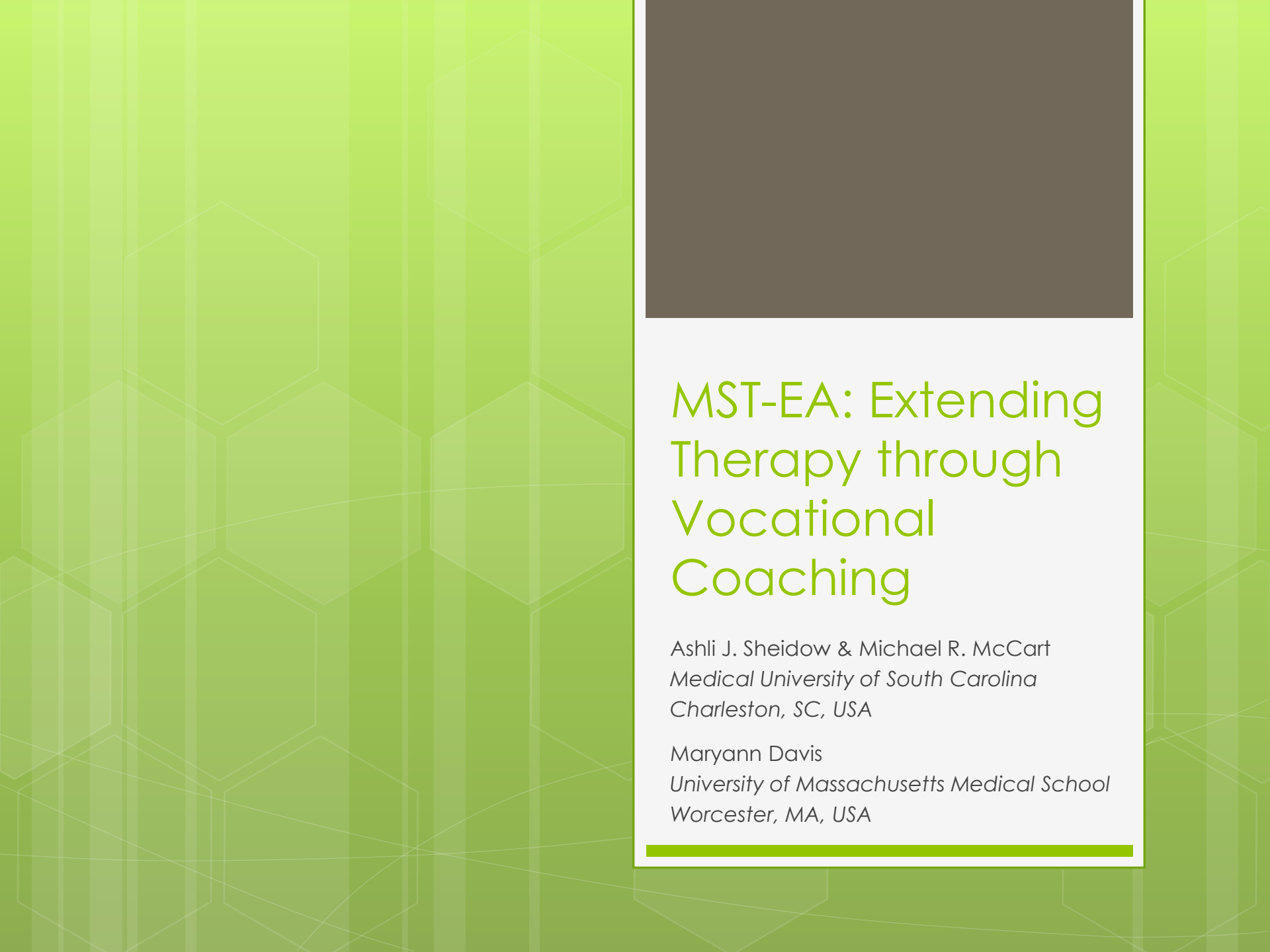
Fidelity Scores

(possible score 1 [never]- 4 [always])



Conclusions

- The adaptations to MST for Emerging Adults with Serious Mental Health Conditions successfully engage and retain youth
- Outcomes are in the desired direction
- Large scale randomized control trial is needed



MST-EA: Extending Therapy through Vocational Coaching

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MST-EA Coach Objectives

- Engagement with the EA
- Role play and practice new skills with EA
- Coach new skills in vivo
- Deliver reinforcers/incentives
- Focus attention on positive aspects of the EA
- Engage the social network in supporting the EA

MST-EA Coach Curriculum







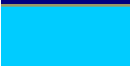

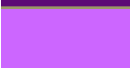




- Engagement with EA
- Goals & Values
- Education
- Housing
- Transportation
- Nutrition & Meal Planning
- Money Management
- Legal Issues/Social Services
- Household Management
- Health & Safety
- Stress & Coping
- Social Skills & Relationships
- Sexual Health
- Pregnancy & Parenting
- Employment

Context

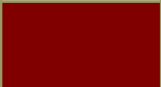




- EAs with SMHC
 - 42% unemployment
 - 45% high school dropout
- Vocational support programs for EAs
 - 50% competitively employed 18-24 yr olds
- Exiting juvenile corrections
 - <33% obtain work
- Juvenile justice youth receiving MH services about half as likely to be employed as those without MH services

Skill Menus

Standard Coach

	DOMAIN Domains
	DOMAIN 1: GOALS & VALUES
	DOMAIN 2: EDUCATION
	DOMAIN 3: HOUSING
	DOMAIN 4: TRANSPORTATION
	DOMAIN 5: NUTRITION & MEAL PLANNING
	DOMAIN 6: MONEY MANAGEMENT
	DOMAIN 7: LEGAL ISSUES/SOCIAL SERVICES
	DOMAIN 8: HOUSEHOLD MANAGEMENT
	DOMAIN 9: HEALTH & SAFETY
	DOMAIN 10: STRESS & COPING
	DOMAIN 11: SOCIAL SKILLS & RELATIONSHIPS
	DOMAIN 12: SEXUAL HEALTH
	DOMAIN 13: PREGNANCY & PARENTING

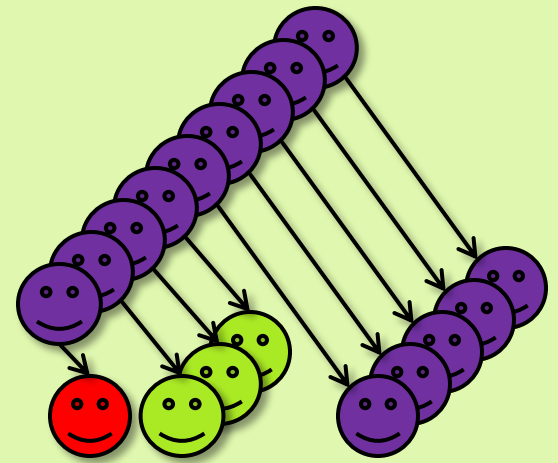
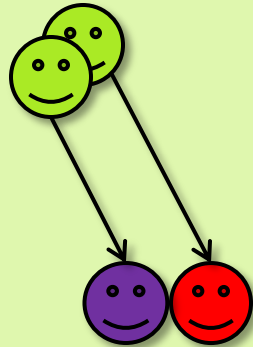
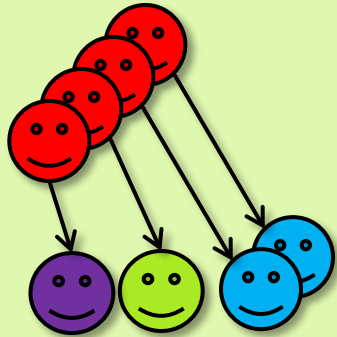
Additional Domains for Vocational Coach

	DOMAIN
	DOMAIN 1: CAREER EXPLORATION & PREPARATION
	DOMAIN 2: RESUME
	DOMAIN 3: JOB HUNTING
	DOMAIN 4: INTERVIEWING
	DOMAIN 5: KEEPING A JOB

Pilot trial (N=32)


- Clients randomly assigned
- Enhanced vocational coaching or to the standard coaching plus state vocational rehabilitation services
- Baseline: **16%** of clients were working
- During Treatment: **53%**
- Post-treatment follow-up (n=28): **36%**
 - Enhanced vocational coaching: **40%**
 - Standard coaching condition: **31%**

VOCATIONAL COACH



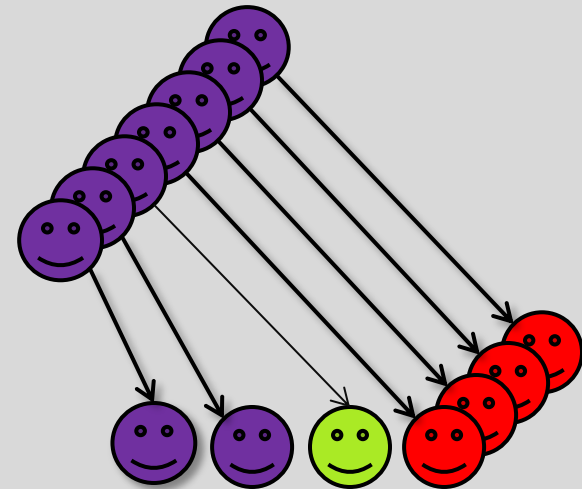
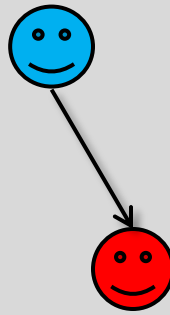
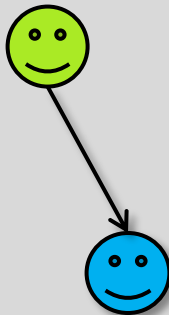
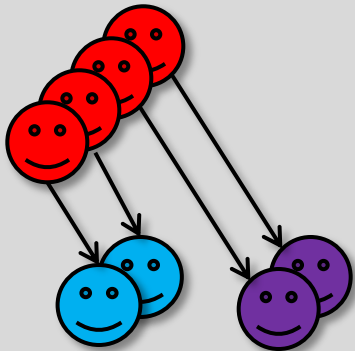
 = Not Working
not In School

 = Working &
In School

 = Working
Only

 = In School
Only

STANDARD COACH + VOCATIONAL REHABILITATION SERVICES

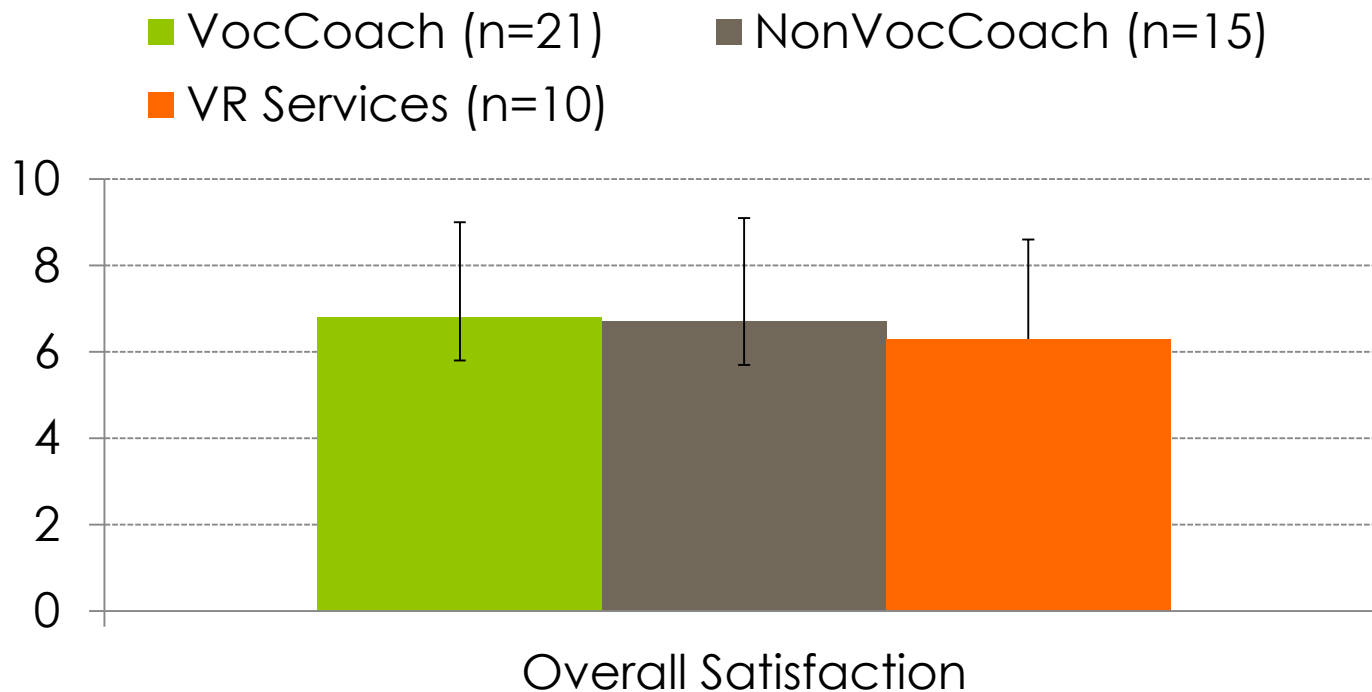


Outcomes by Condition

- Vocational Coach
 - 27% neither working nor in school at baseline
 - 13% neither working nor in school post treatment
- Non Vocational Coach + VR
 - 31% neither working nor in school at baseline
 - 39% neither working nor in school post treatment

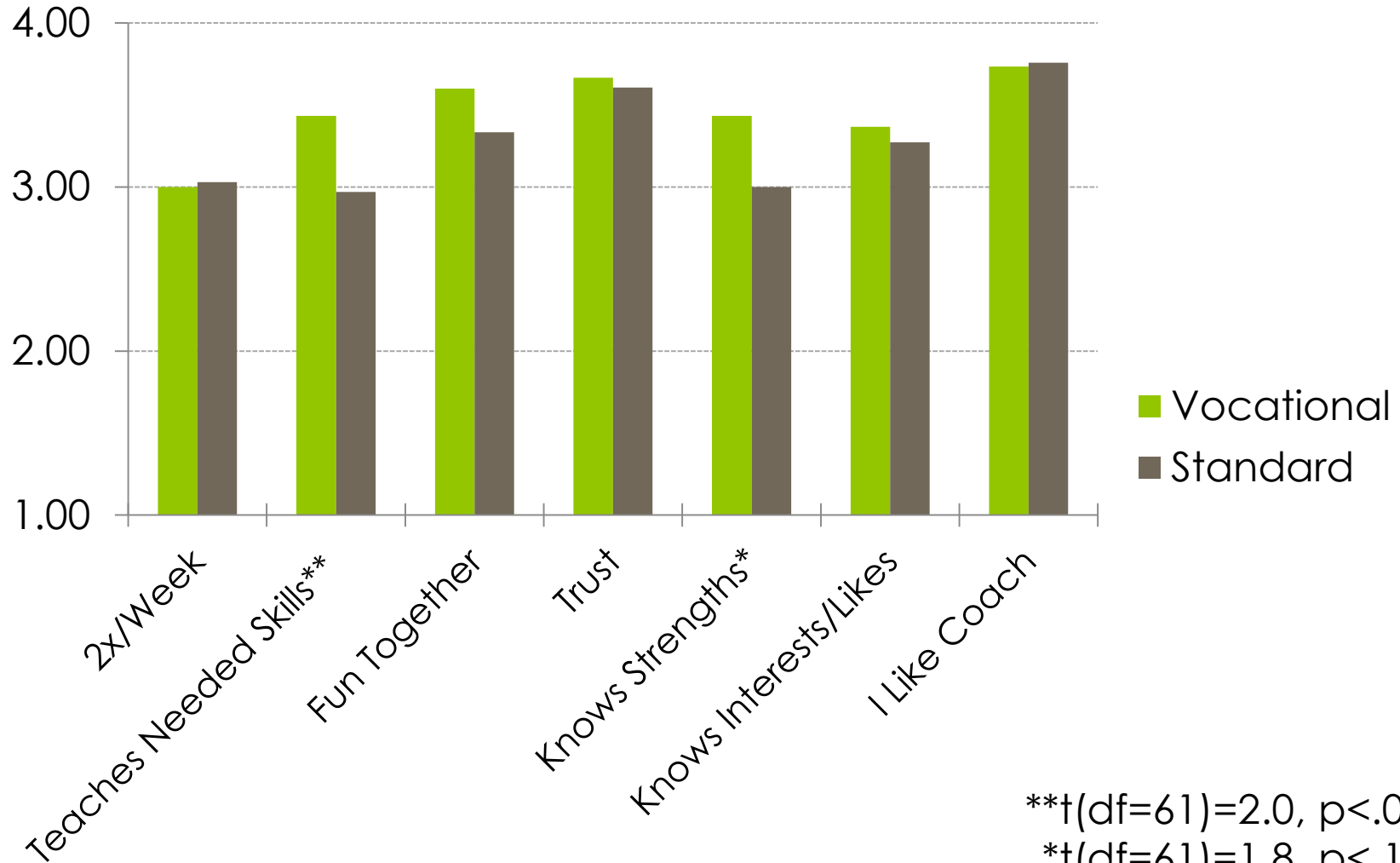
Satisfaction with Coaches & VR Services

Possible Score=0-9



Fidelity of Coaches' Work (N=16)

Possible Score 1=Never to 4=Always



**t(df=61)=2.0, p<.05

*t(df=61)=1.8, p<.10

Coach Condition Influences Therapists' Work

?

Therapist Adherence Scale (Possible Score 1-4)	Vocational N=23		Standard N=31	
	Mean	SD	Mean	SD
Working as Partners	3.4	0.6	3.1	0.9
Clarity of the Work	3.5	0.4	2.7	0.9
Addressing Social Context*	3.2	0.8	3.0	1.0
Common MST Features**	3.6	0.4	3.0	0.8

* Main Effect of Coach Condition, $F(1,53)5.6, p < .05$

** Main Effect of Coach Condition, $F(1,53)9.3, p < .01$



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Multisystemic Therapy for Emerging Adults (MST-EA): Utilizing Social Networks in Treatment

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Background

- Multisystemic Therapy for Emerging Adults (MST-EA)
 - Adaptation of standard MST for adolescents with antisocial behavior
 - Designed for EAs with serious mental health conditions and criminal justice involvement
- Social network viewed as a critical element of successful intervention

Social Relationships and Health

- Extent and quality of social relations associated with:
 - Mental health
 - Physical health
 - Mortality
- Perceived support might be more important than its actual availability

Social Relationship Constructs

Name	Mechanism
Social support	Stress buffering
Social integration	Main effect (independent of stress)
Social undermining	Relationships as a source of stress

Most effective interventions will target all 3 mechanisms

Intervention Strategies

- Upgrade skills of natural positive supports and minimize social undermining
- Coaching/mentoring programs
- Social support groups

Utilizing Social Networks in MST-EA

- Identifying and engaging natural supports from the EA's social network
- Identifying and disengaging clients from negative social network members
- Assignment of a life coach

Utilizing Social Networks in MST-EA

- Social network can differ markedly among clients
- To accommodate, an individualized social network analysis is completed with each EA
- Results in a “map” of each EA’s social relationships
 - Illustrates ways network members can be helpful or contribute risks during treatment

CODES

S - Safety Support	S - Safety Risk
I - Instrumental	CF - Conflicts, fights: hurt client, others
E - Emotional	SU - Substances, incl. Alcohol
A - Appraisal	CR - Criminal acts
IF - Information	G - Guns, other weapons

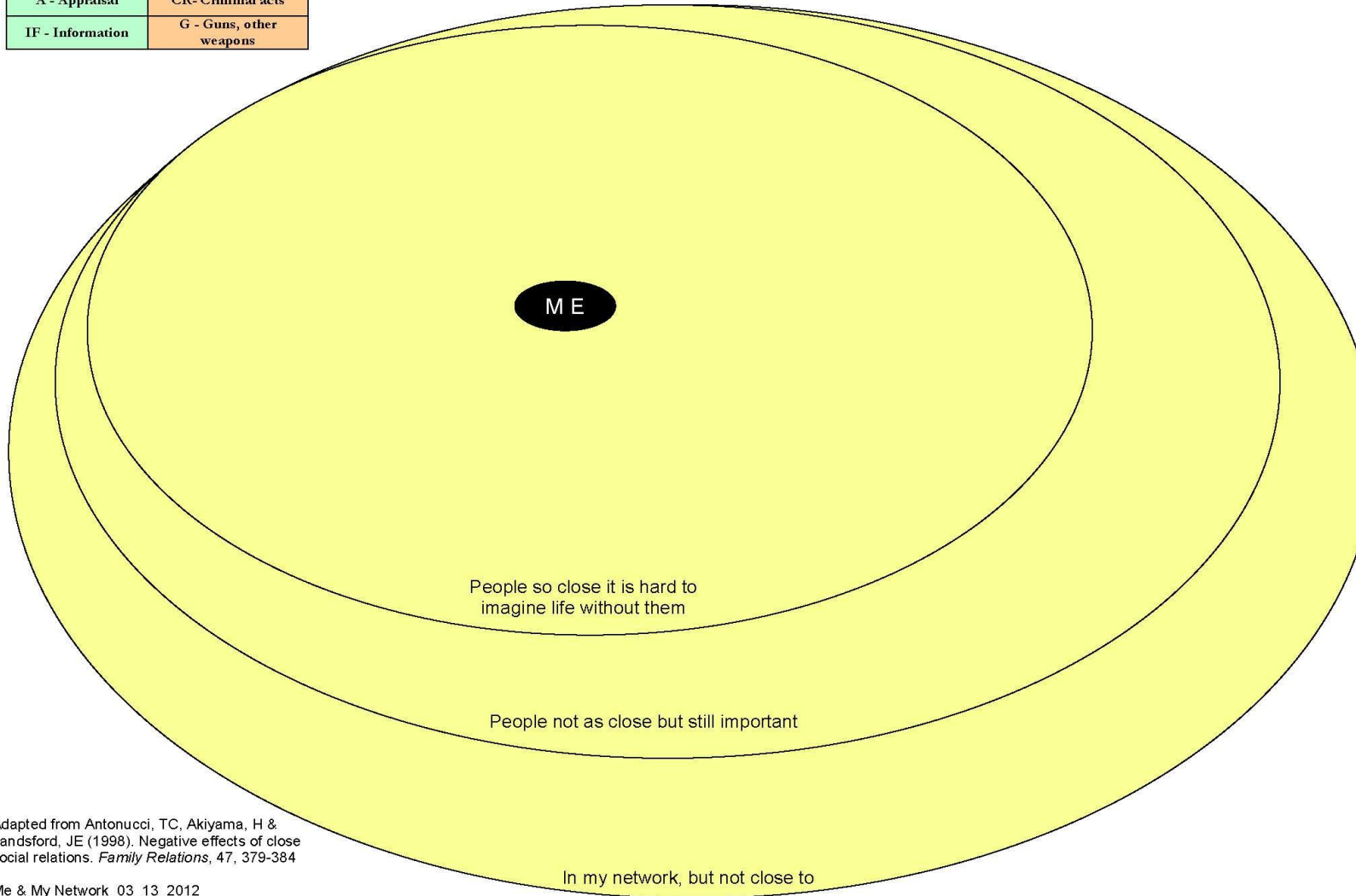
MST-EA Me & My Network

Client:

Therapist:

Date Opened: / /12

Date: / /1:



Adapted from Antonucci, TC, Akiyama, H & Landsford, JE (1998). Negative effects of close social relations. *Family Relations*, 47, 379-384

CODES

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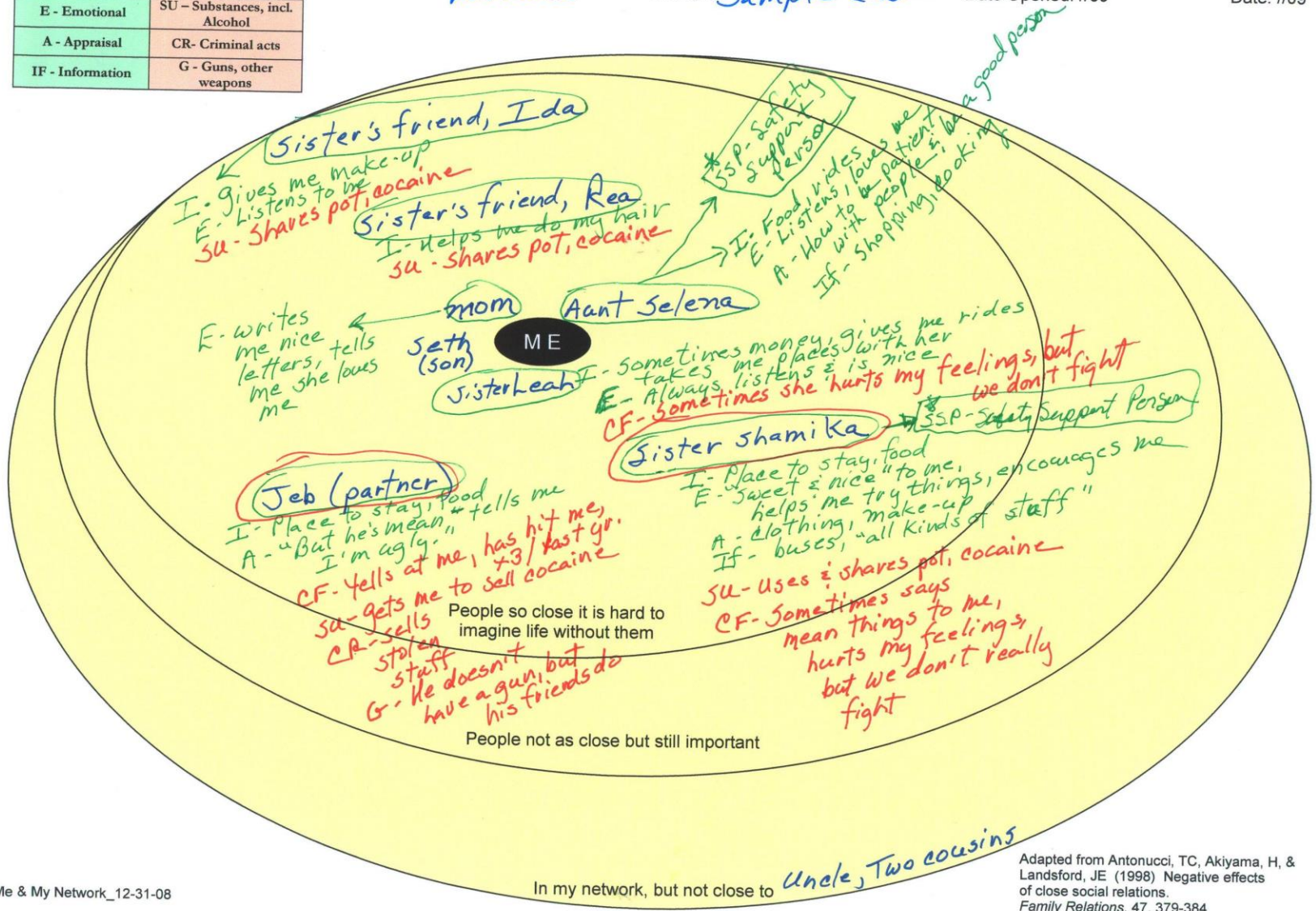
MST-EA Me & My Network

Client: *Larcesa*

Therapist: *Sample Case*

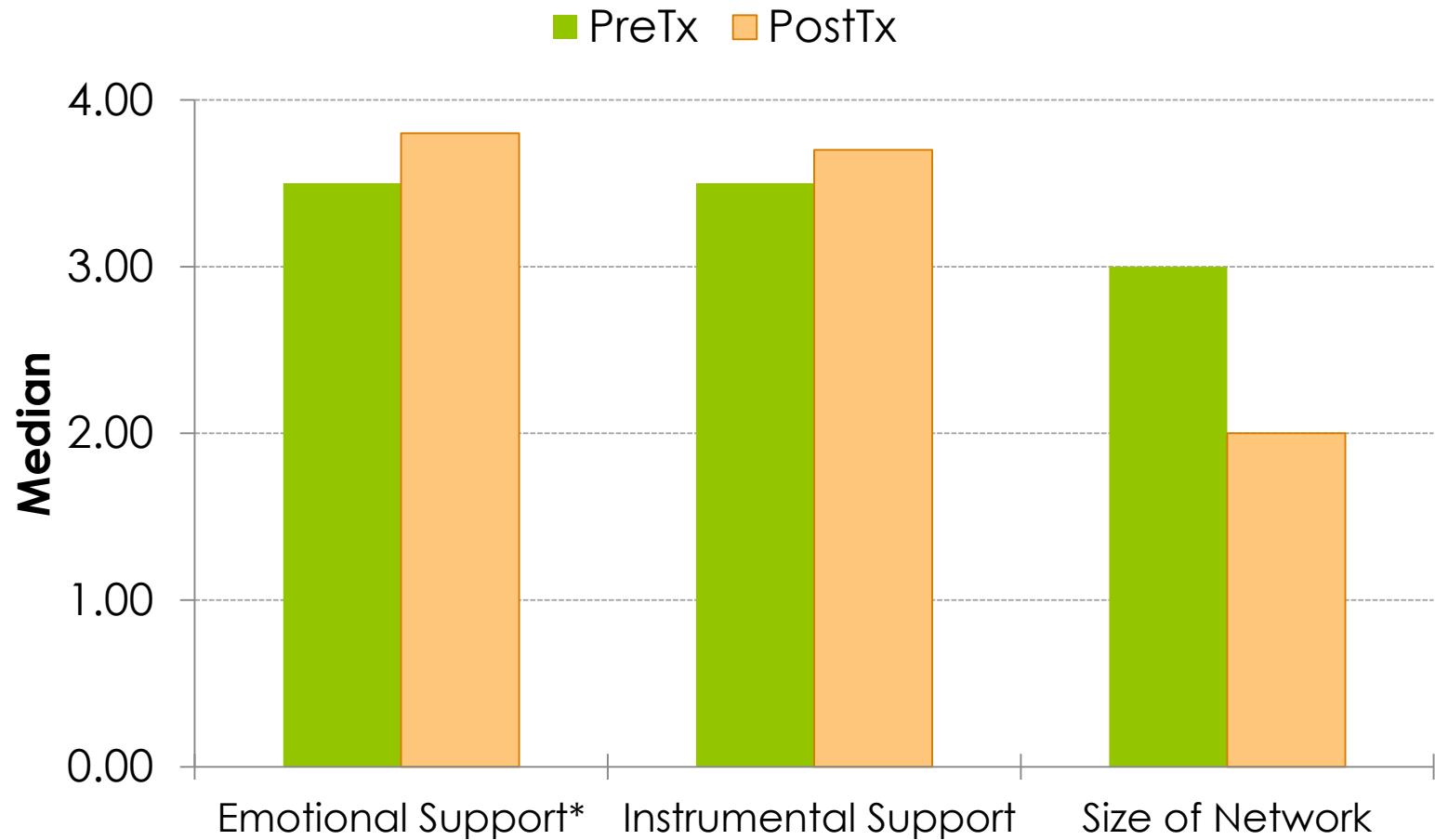
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Norbeck Social Support Questionnaire

(N=37) Possible Scores 0-4



Conclusion

- Findings from our pilot trial support the feasibility of building network support in an extremely challenging clinical population
- Next steps:
 - Examine the effects of MST-EA on perceived social support **and** social integration in a larger trial
 - Examine social support/integration as a mechanism of action for the effect of MST-EA on ultimate outcomes (e.g., mental health symptoms, criminal behavior, substance use)



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