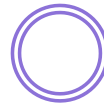


Supporting Career Development in Youth with Psychiatric Disabilities in Transition to Adulthood



MARYANN DAVIS, PH.D.

**REHABILITATION RESEARCH AND TRAINING CENTER
ON *LEARNING AND WORKING*
DURING THE TRANSITION TO ADULTHOOD
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL**

Acknowledgements

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LEARNING AND WORKING DURING THE TRANSITION TO ADULTHOOD REHABILITATION RESEARCH AND TRAINING CENTER

University of Massachusetts Medical School

Department of Psychiatry

Center for Mental Health Services Research

Visit us at:

<http://labs.umassmed.edu/transitionsRTC/index.htm>

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Overview

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1. Describe shared and unique career development support needs of young people with psychiatric disabilities *vs.* those with other disabilities
2. Describe the activities of the Transitions RTC
3. Discuss current research findings
4. Discuss opportunities for linkage

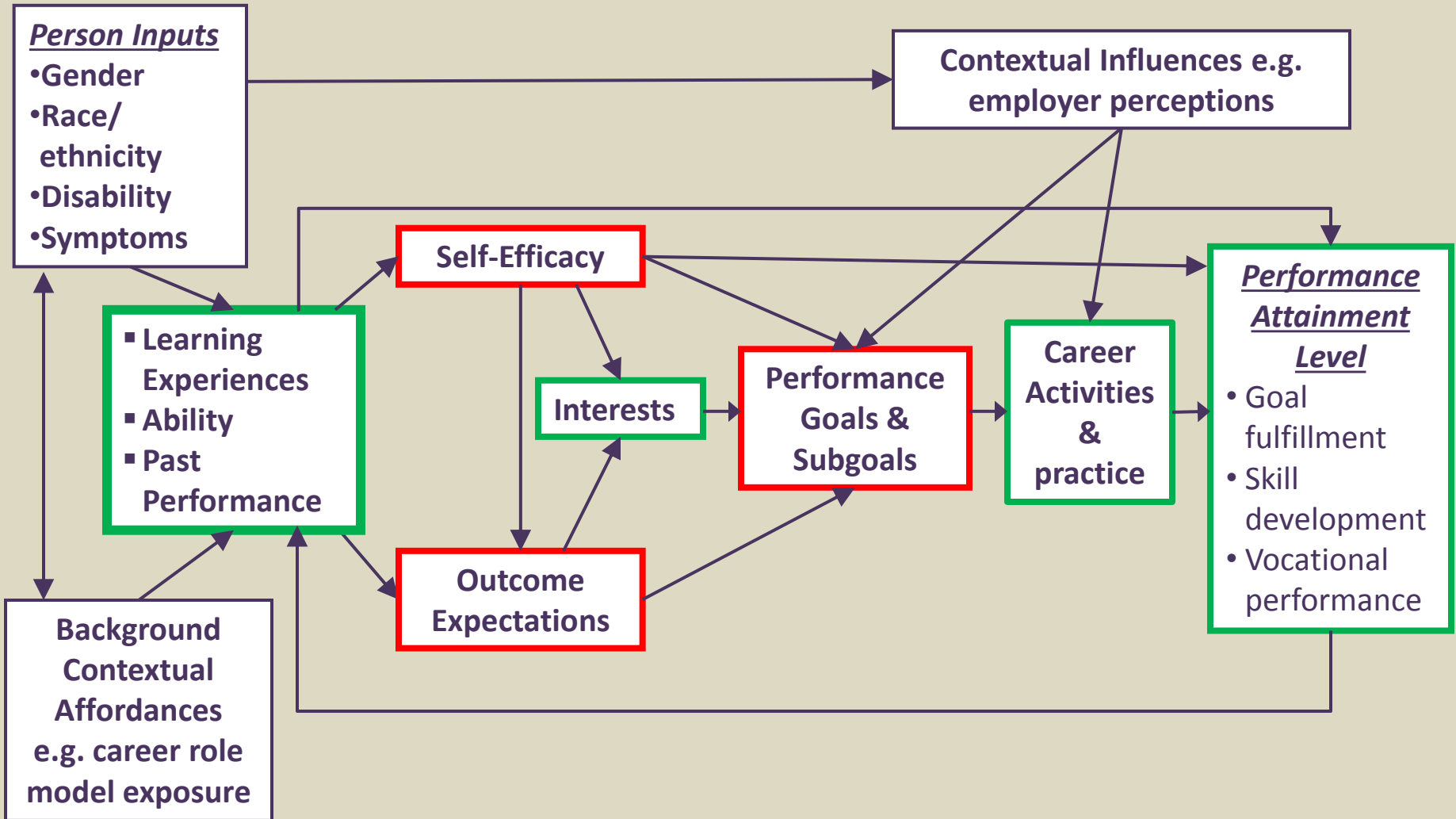
Serious Mental Health Conditions (SMHC)

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- 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

Social Cognitive Career Development Theory

(Lent, Brown, & Hackett, 1994)



Shared Career Development Elements

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- Low self-efficacy & outcome expectations related to low career exploration intentions in students with LD (Benz & Halpern, 1993)
- Vocational self-efficacy beliefs related to vocational status in adults with SMHC (Waghorn, Chant & King, 2007)
- Students with disabilities have deficiencies in
 - Career-related learning experiences & job-related self-knowledge (Capella, Roessler, & Hemmerla, 2002)
 - Career decision self-efficacy beliefs (Gillespie, 1993; Ochs & Roessler, 2001)

Importance of Education and Services

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- **Current Employment by educational completion**
 - postsecondary education degree or certificate 83%
 - some postsecondary education 58%
 - high school completion 54%
 - less than a high school education 38%

($p < .001$ for all comparisons; Newman et al., 2011;

http://www.nlts2.org/reports/2011_09_02/nlts2_report_2011_09_02_complete.pdf)

- **Job placement services;** major contributor to competitive employment

(Dutta, Gervey, Chan, Chou, & Ditchman, 2008)

More Compromised Secondary Education



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- Special Education students with ED have the highest High School incompleteness; **44% vs. 14-29%** (NLTS-2; http://www.nlts2.org/data_tables/tables/15/ntaDiplomaform.html)
- **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; NLTS2
- Only small fraction of students with SED receive special education services (Forness et al., 2012)

Practices with Students with ED

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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%

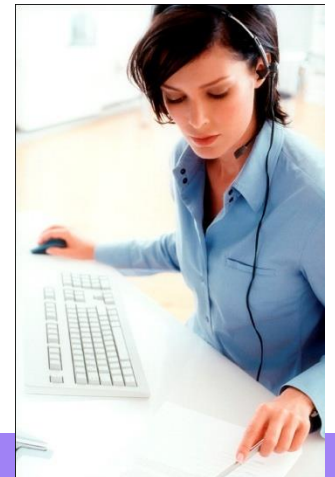
*p<.05, **p<.001

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.

Post Secondary School/Work Engagement Low

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- NLTS2 - 42% of students in ED category who were out of school were in paid employment (compared to 57% 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)



Other Characteristics of SMHC

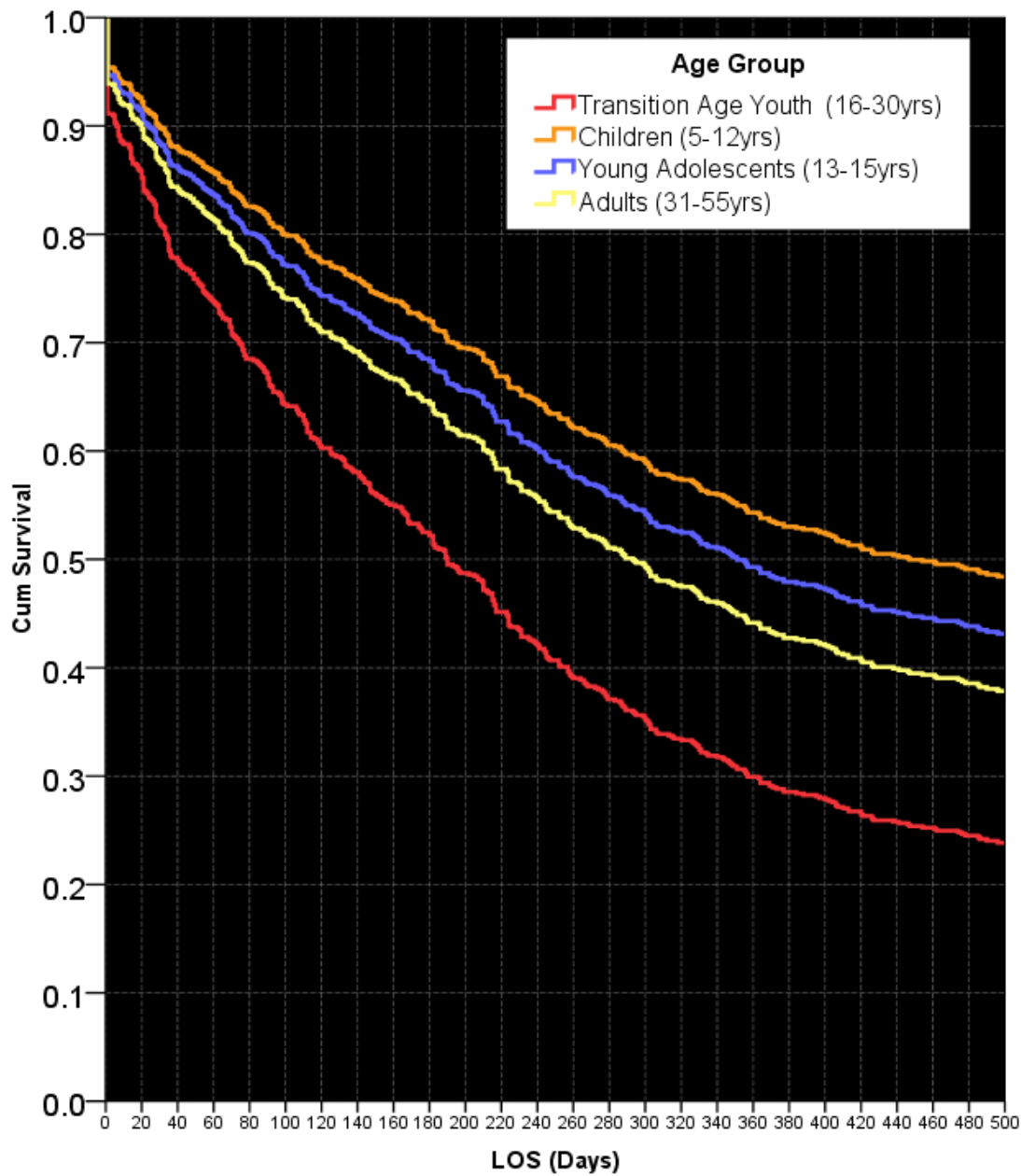
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- Disability typically impairs **social participation**
- **Blaming**; parents and youth themselves blamed for the disability
- **Stigma**
- **Background Contextual Affordances**; Living in poverty, single head of household, unemployed head of household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

Other Characteristics of SMHC

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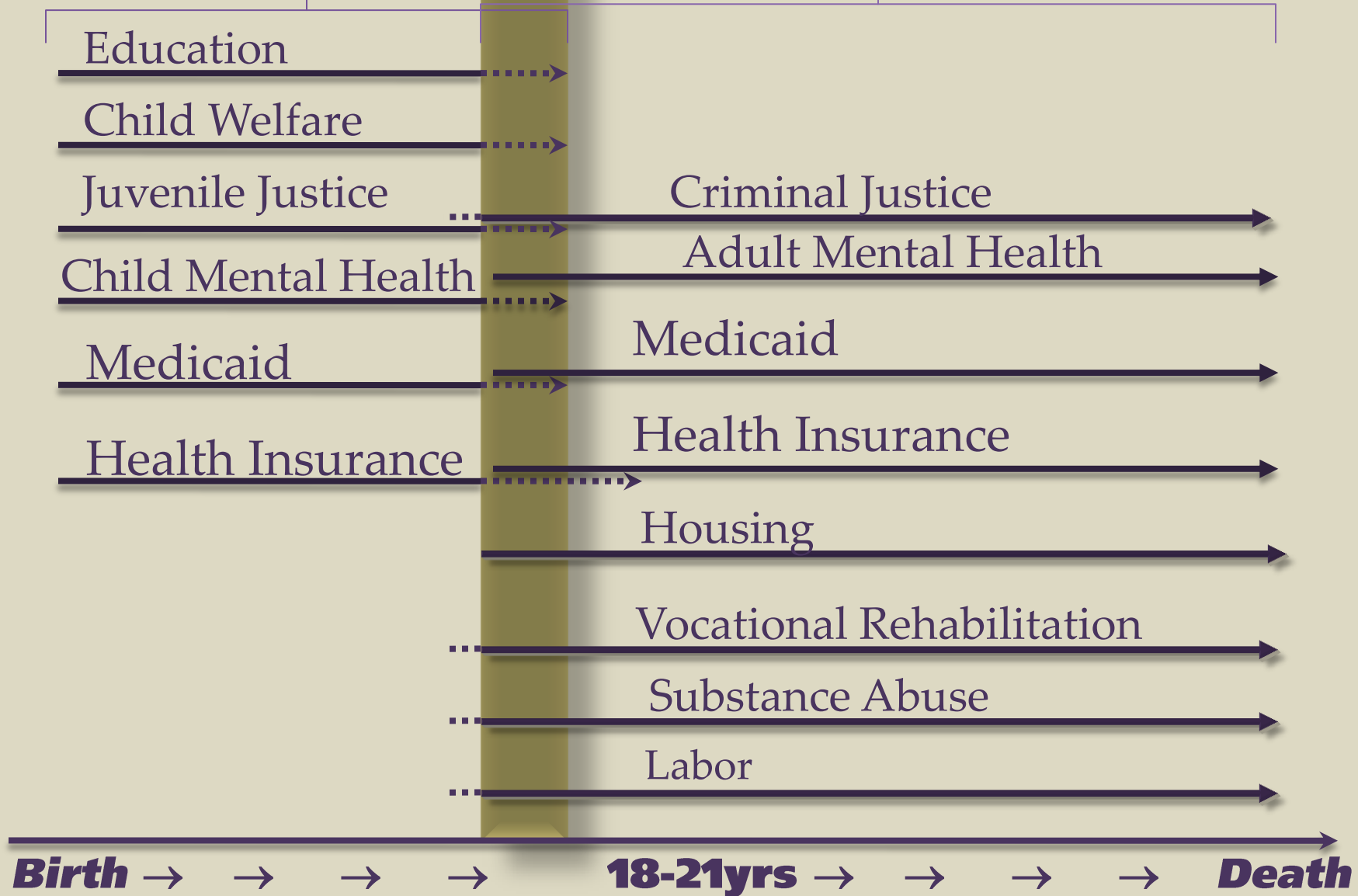
- “Hidden” disability
- **Ignorance**; disability identified late and treatment delayed, behavioral nature of disability leads to confusion about treatment versus “socialization”
- Conditions are treatable and disability often ends; **Recovery** is possible over time



Services to Facilitate ENGAGEMENT needed

CHILD SYSTEM

ADULT SYSTEM



Unique System Issues

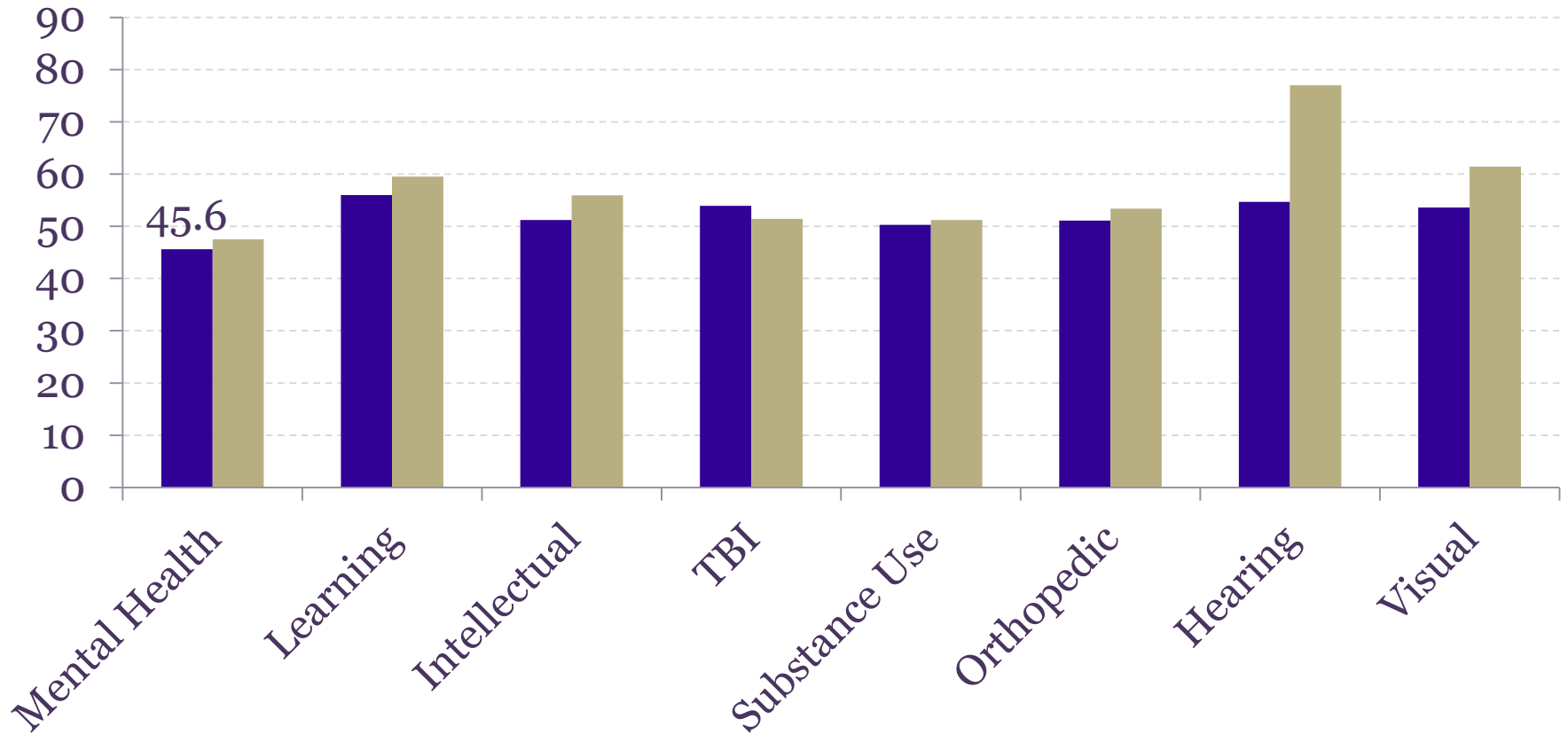
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- Rehabilitation minimally covered by private insurance
- State MH agencies provide rehabilitation services
- Many adolescents with SMHC don't qualify for state adult MH services
- Tremendous potential of state VR services to provide effective supports

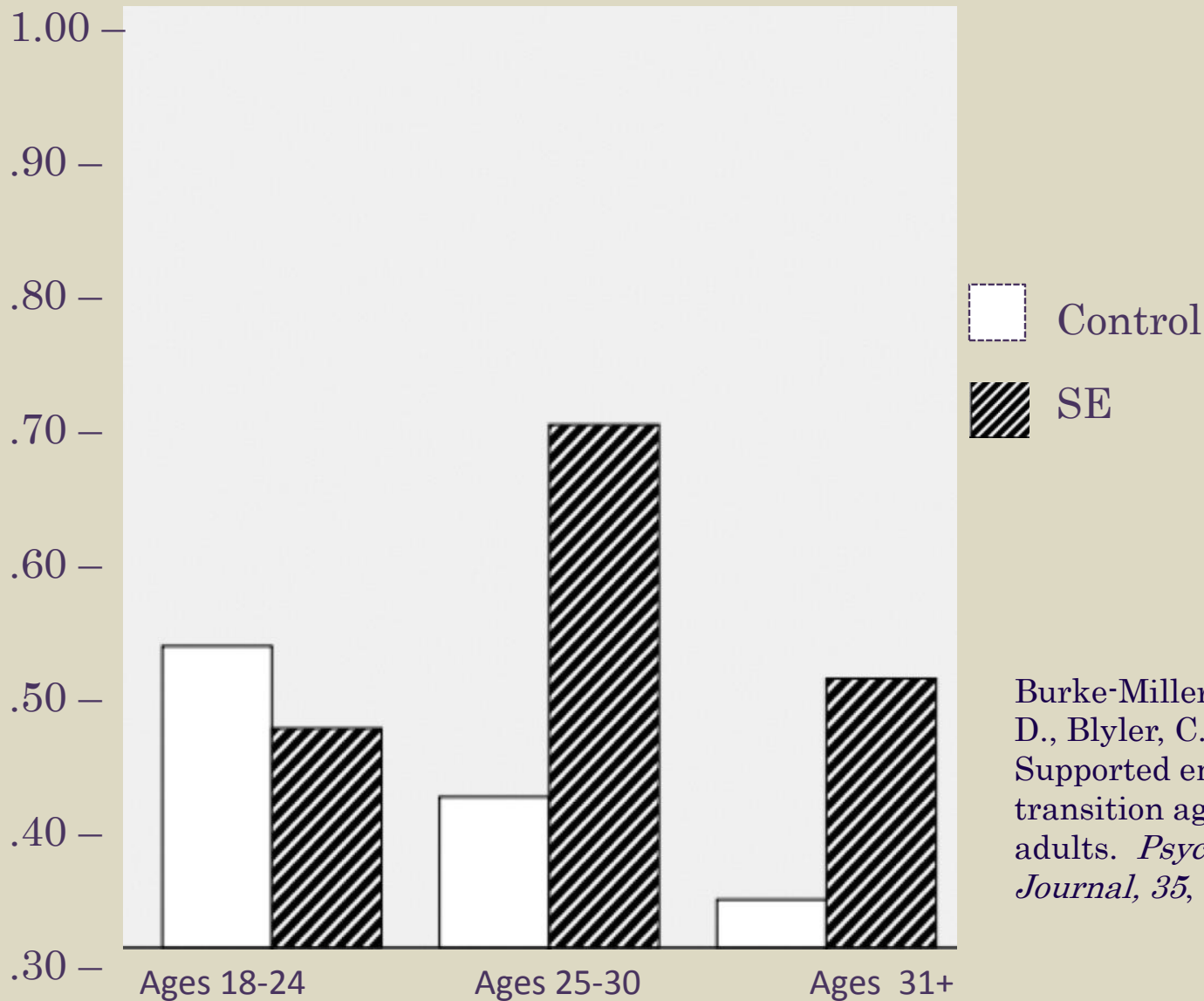
Closure Rate by Age and Disability

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■ 14-24yrs ■ 25-64yrs



Employment Intervention Demonstration Program Supported Employment & Competitive Employment



Burke-Miller, J., Razzano, L., Grey, D., Blyler, C., & Cook, J. (2012). Supported employment outcomes for transition age youth and young adults. *Psychiatric Rehabilitation Journal*, 35, 171-179.

Summary

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- Youth with SMHC struggle in high school, have lower rates of post secondary education and employment
- Some unique characteristics of SMHC can be particularly challenging to career development
- VR agencies could play a strong role in better launching their careers
- Existing models of supported employment insufficient in youngest adults

Learning and Working During the Transition to Adulthood RTC

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TRANSITIONS^{RTC}



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



Research Projects

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• Interventions

- **Individualized Placement and Supports+Peer Mentor:** Manualize approach, develop fidelity measure, implement, conduct small case series trial (all receive IPS+Peer Mentor)
- **Life Coaches for Vocational Supports in Multisystemic Therapy for Emerging Adults:** Manualize approach, develop fidelity measure, implement, conduct small randomized controlled trial
- **Age-Associated Need, Services, and Outcomes of Participants Enrolled in Supported Education:** *Identify adaptations of supported education model needed for emerging adults - expanded to manualize and pilot test adaptation for young adults (DRRP-funded)*
- **Motivational Enhancement Therapy for Treatment Retention in Emerging Adults:** Develop and specify adaptation of Motivational Enhancement Therapy to reduce Treatment Attrition, conduct pilot study

Research Projects

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Population Studies

- **Young Adult Employment Study**: Qualitative study examining Latino and non-Latino young adults experiences VR services, IPS, and Clubhouses
- **Job Seeking Experiences and Employers' Perceptions**: Qualitative study of employers' & employment specialists' perceptions, and experiences of “recovered” individuals to explore conditions that promote vocational recovery
- **Making a Difference in High School**: Secondary analysis of NLTS2 data to identify factors to target in new secondary education interventions to help school-to-work transition success
- **Participatory Action Research – Accessing Accommodations in College**: Young adults' secondary analysis of web based survey of accessing accommodations in college by students with mental illness

System Projects

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Program Factors Predicting Cross-Age Collaboration:

Longitudinal study of programs in child and adult systems in sites with HTI grants to explore factors predicting better/worse cross-age program collaboration

Federal Program Analysis: Analysis of all Federal programs for their support of educational completion and early careers of transition age youth and young adults with psychiatric disabilities. With special analysis of the Affordable Care Act. Conducted by the Bazelon Center for Mental Health Law.

Common Themes

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- Youth Voice; all developing models put youth front and center, and provide tools to support that position
- Involvement of Peer supports; several interventions try to build on the strength of peer influence
- Struggle to balance youth/family; delicate dance with families, no clear guidelines
- Integration w treatment important
- Emphasize in-betweenness; simultaneous working & schooling, living w family& striving for independence, finishing schooling & parenting etc.

Knowledge Translation

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- **Special Issue of Psychiatric Rehabilitation Journal**
 - <http://labs.umassmed.edu/transitionsRTC/Resources/159676PRJcomingsoon.pdf>
- **Technical Assistance:**
 - <http://labs.umassmed.edu/transitionsRTC/Inquiries/Inquiries.html>
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