

# Research on Education and Employment Supports for Youth with Psychiatric Disabilities

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Learning and Working During the Transition  
to Adulthood RRTC



# Acknowledgements

The Transitions RTC aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions who are trying 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, Center for Mental Health Services Research.

Visit us at:

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

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# Research Team

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# 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



# Compromised Employment

- 50% post high school employment rate in 18-24 yr olds Special Education Students w ED (Wagner & Newman, 2012)
- 50% competitive employment rate in 18-24 yr olds w SMHC *in vocational support programs* (Burke-Miller et al., 2012)
- Employment rate in delinquents getting MH services  $\approx$  50% that of delinquents without MH services (Bullis & Yovanoff, 2006)



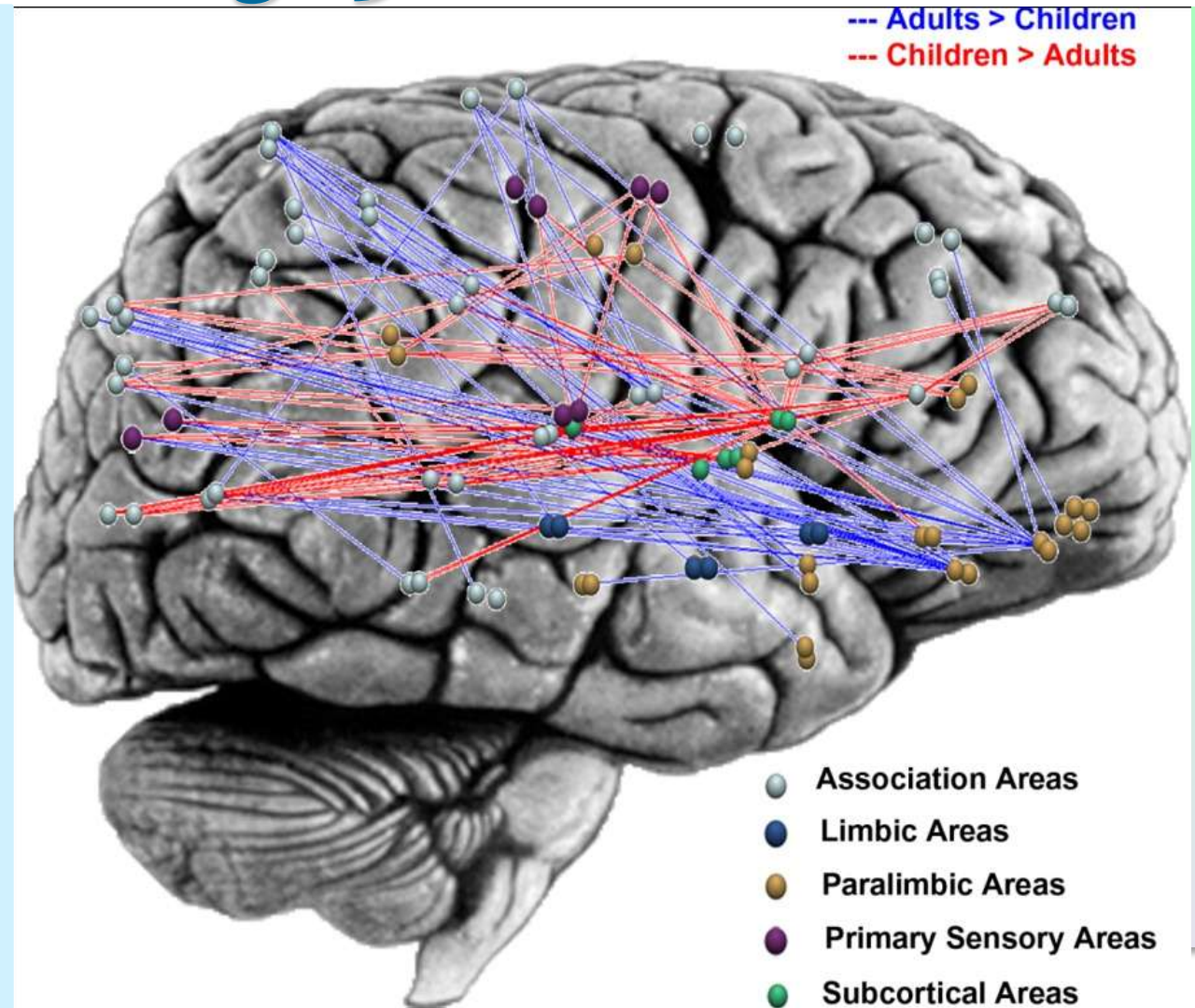
# What accounts for success?

- **High School graduates** w ED (61% employed) vs HS dropouts w ED (40% employed)
  - 78% student w ED completed HS in 2005,
  - 82% complete up to 8 yrs out of HS
- **Job placement services** make the biggest difference between working and not working for adults with a SMHC (Rosenthal, Dalton and Gervey 2008)
- **Career development** (e.g. vocational self-efficacy beliefs) related to vocational status in adults with SMHC (Waghorn, Chant & King, 2007)





# Cognitive Abilities Change Even to Age 30



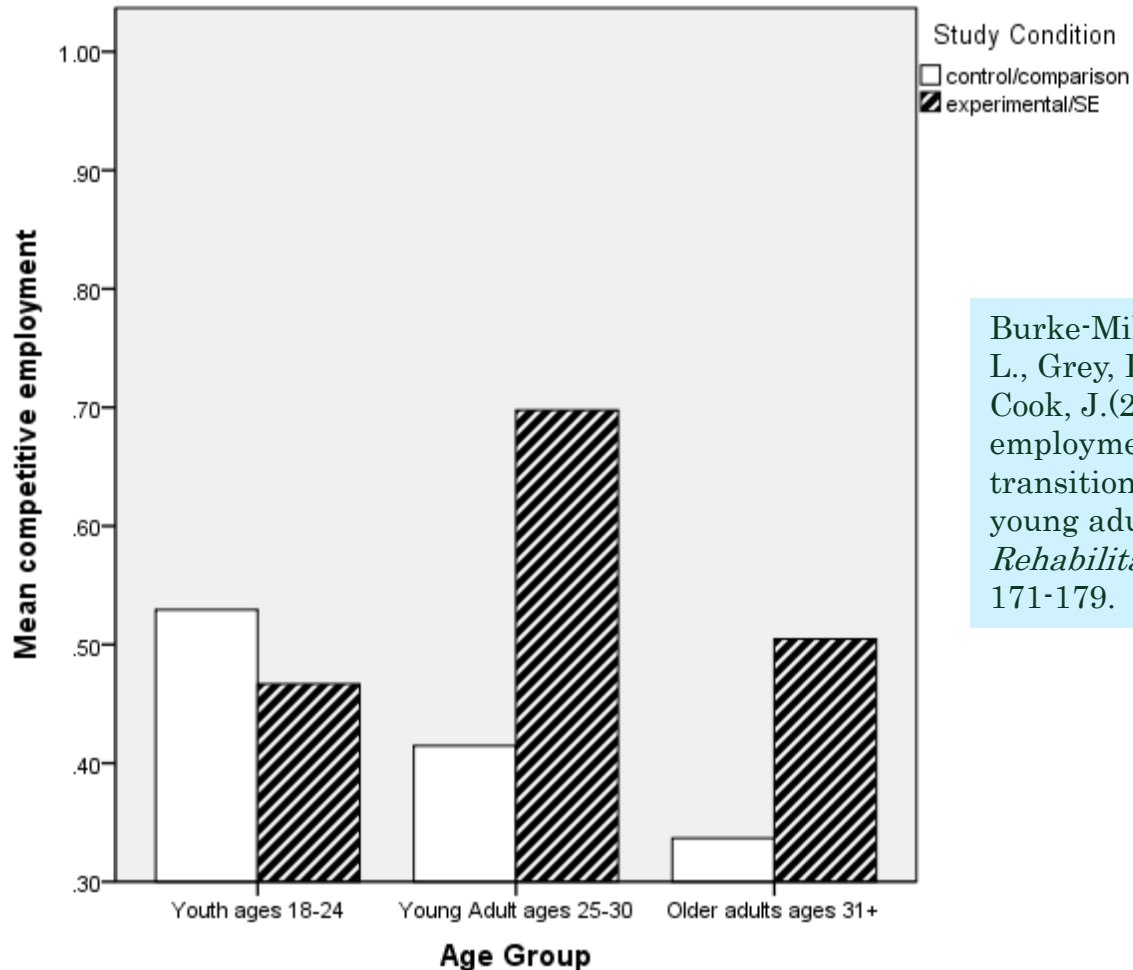
# Differences between Young and Mature Adults

- Twice as likely in school (Kaplan, Salzer, Brusilovskiy, 2012)
- Minimal work experience age typical
- Career development not crystalized
- Different vocational interests
- Job changing is normal
- Being “in training” is normal
- “Demand” may be different (may have safety net at home)
- Use of social media/web (Pew Internet and American Life Project)





# Age Differences in Efficacy

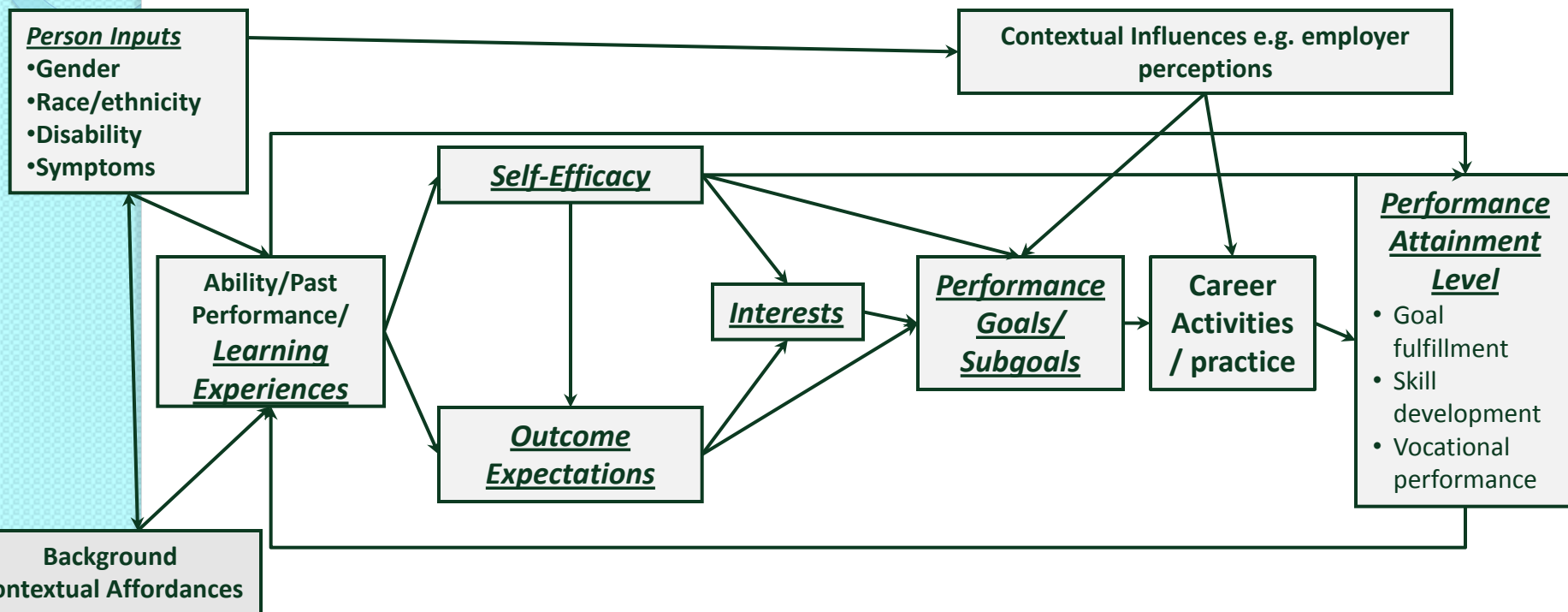


Burke-Miller, J., Razzano, L., Grey, D., Blyler, C., & Cook, J.(2012). Supported employment outcomes for transition age youth and young adults. *Psychiatric Rehabilitation Journal*, 35, 171-179.

Figure 2. Proportion of each age group that worked in competitive employment by study condition. Main effects of study condition and age group, and their interaction significant ( $p < .05$ ) by analysis of variance.



# Social Cognitive Career Development Theory (Lent, Brown, & Hackett, 1994)



# Individualized Placement & Supports (IPS)

- Is the strongest EBP in adults with SMHC (“Well established”)
- Produces better outcomes than usual services in young adults with early episode psychosis (Major, et al., 2010; Porteous & Waghorn, 2007; Killackey, Jackson, & McGorry, 2008)
- Even better outcomes when age taylored (Nuechterlein, personal communication, October, 2011)



# Young Adult Employment Study

## *Purpose & Research Questions*

- **PURPOSE:** *Assess dimensions of employment support programs that are important to young adults with serious mental health conditions (SMHC) from their perspective*
- **QUESTIONS:**
  1. What are the general needs, and factors that appeal to Transition-age youth and young adults in vocational support services?
  2. What are the cultural, developmental and contextual factors from the consumer perspective that facilitate program participation?
  3. What factors differentiate between Latino and non Latino Young adults?



# Participatory Action Research

- Included Partnership with Young Adults with SMHC
- Consultant Jonathan Delman trained young adults
- Interviews conducted by Young Adults with SMHC
- Coding included consumers
- Interpretation of findings informed by YA's with SMHC





# Methods/Sample

- One-time, one-hour semi-structured interview
- Grounded Theory Approach- All interviews taped and transcribed, three coders, developed consensus on themes, recoded tapes on final list of themes
- 57 Young Adults 18-30 with SMHC in Mass
  - Focus on Latino/a Young Adults
- Current/past experiences with three widely used vocational support programs



# Employment Support Programs - IPS

## Individualized Placements and Supports (IPS)

1. Established evidence based intervention
2. Supported employment only
3. Place-then-train model -reduced pre-work training and other pre-work prep
4. Job development/Support behind the scenes & problem solving with employers
5. Small caseloads (<20)
6. Works closely with clinical team
7. Supported education not part of IPS



# Employment Support Programs – ICCD Clubhouse

## Clubhouses (ICCD-Clubhouse)

1. Developing evidence based intervention
2. Collaborative communities composed of professional staff and individuals with SMHC working side by side on site
3. 4 levels of employment supports- work-ordered day, transitional employment, supported employment, independent employment
4. Job development/support
5. Social element to the clubhouse activities; membership
6. Provide pre-vocational activities
7. Supported education is part of the model



# Employment Support Programs- VR Counseling

## Standard State Vocational Rehabilitation Agency services

1. All disabilities
2. Job development
3. Support individuals both behind the scenes and problem solving with employers
4. Conduct pre-vocational assessment/some career planning
5. Large caseloads (can be 100 or more)
6. Have funds to support some training (i.e. community college tuition)
7. VR agencies can contract out for a variety of specialized support services- we asked specifically about VR counselors



# Semi-structured Questions

## Questions about:

- Nature of support in education, job skills/goals/interests, self-esteem
- Meaning of having a job
- Job specific experience
- Most difficult part of keeping and finding work





# Demographics

(N=57)

- 54% Male
- Average Age: 23
- Hispanic 29%, White (non-Hispanic) 58%, Other 13%
- Primarily English Speaking 100%
- Bilingual (Span. & Eng.) 21%
- Never Married 82%



# Mental Health Characteristics

## *Self Report Diagnosis:*

- Multiple Diagnosis 60%
- Bipolar 56%
- Depression 54%
- Anxiety 37%
- Schizophrenia 26%
- Other 13%



# Findings

## Main Themes:

- For the majority of young adults, having a job means financial independence, sense of purpose and being part of society
- For Latino young adults, having a job represented an escape from their mental illness, “overcoming their mental illness”



# Job Readiness Supports

- **Both Latino and non-Latino-**
  - Interview Skills (most important)
  - Learning to set goals
  - Educational support
  - Computer skills
  - Discovering ones own strengths
- **Latino-** Presentation and Communication Skills
- **Non-Latino-** Resume and application help



# Workplace Supports

- **Both Latino and non-Latino**
  - Mixed feelings about involving program staff members in workplace, keeping in touch with boss, possible increased understanding of condition, someone to contact
  - Afraid of increased judgment or discrimination
  - Consultation outside of work
- **Latino-** more support for language barriers and/or placements in bilingual jobs
- **Non- Latino-** no major themes identified





# Transitional Employment

- **Both Latino and non-Latino-** like the idea of gaining experience, someone to fill-in for them
- **Latino-** No major themes identified
- **Non- Latino-** Concern that temporary job would result in more anxiety, want longer lasting jobs, knowledge ahead of time



# School Supports

- **Both Latino and non-Latino- Help in:**
  - completing college applications
  - funding for school
  - transportation
- **Latino—** no specific themes identified
- **Non-Latino-** general support and guidance



# Social Skills and Relationship Issues

- **Both Latino and non-Latino-** no themes emerged
- **Latino-** increasing communication and interview skills, self-confidence, ability to cope with stress
  - Don't fit in
  - Referred to staff as “family”
  - Opportunity to prove themselves
- **Non-Latino-** appreciation for staff who understood MHC, friends shared in recreational activities



# Implications

- Overarching Considerations- inexperienced in workplace
- Want strong relationships before employment
- Supports for school and work
- Transitional Employment- address anxiety of job process
- Stigma – Discuss choice whether to tell employers



# Implications

Vocational Support programs for Young adults should:

- Increase work readiness
- Provide up front guidance in the job process
- Provide/encourage supportive relationship
- Provide BOTH school and workplace supports





# Implications for Latinos

- Programs should provide Spanish speaking staff/translators
- Latino staff
- Be aware of motivation to prove themselves to staff and “family” status of staff
- Be aware of concern about being judged by appearance/background





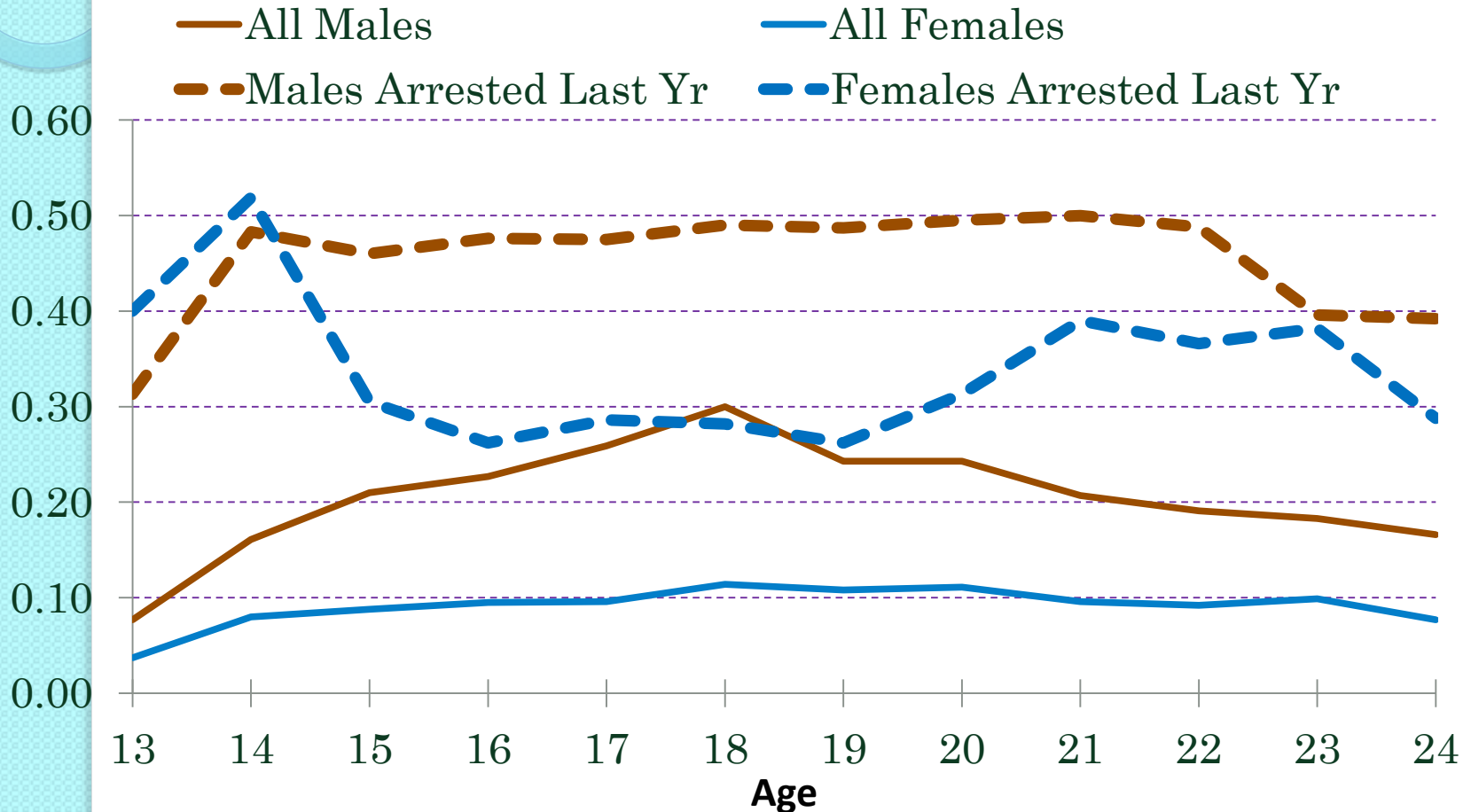
◦ **VOCATIONAL SUPPORT  
MODELS IN  
DEVELOPMENT**

# Multisystemic Therapy for Emerging Adults (MST-EA)

Adaptation of MST – for 17-20 year olds with SMHC and justice system involvement



# Arrest Rate in Adolescent Public Mental Health System Users



# MST-EA

- Team of 3 therapists, 1 clinical supervisor, .25FTE psychiatrist, 3-4 Life Coaches
- In-home treatment delivery
- Emphasizes the ‘social ecology’
- Targets MH, Substance Use, recidivism
- School/work engagement, positive relationships, parenting support



# MST-EA Life Coaches

- Young adult (peer) 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*





# Life Coach Curricula

## Standard LC Domains

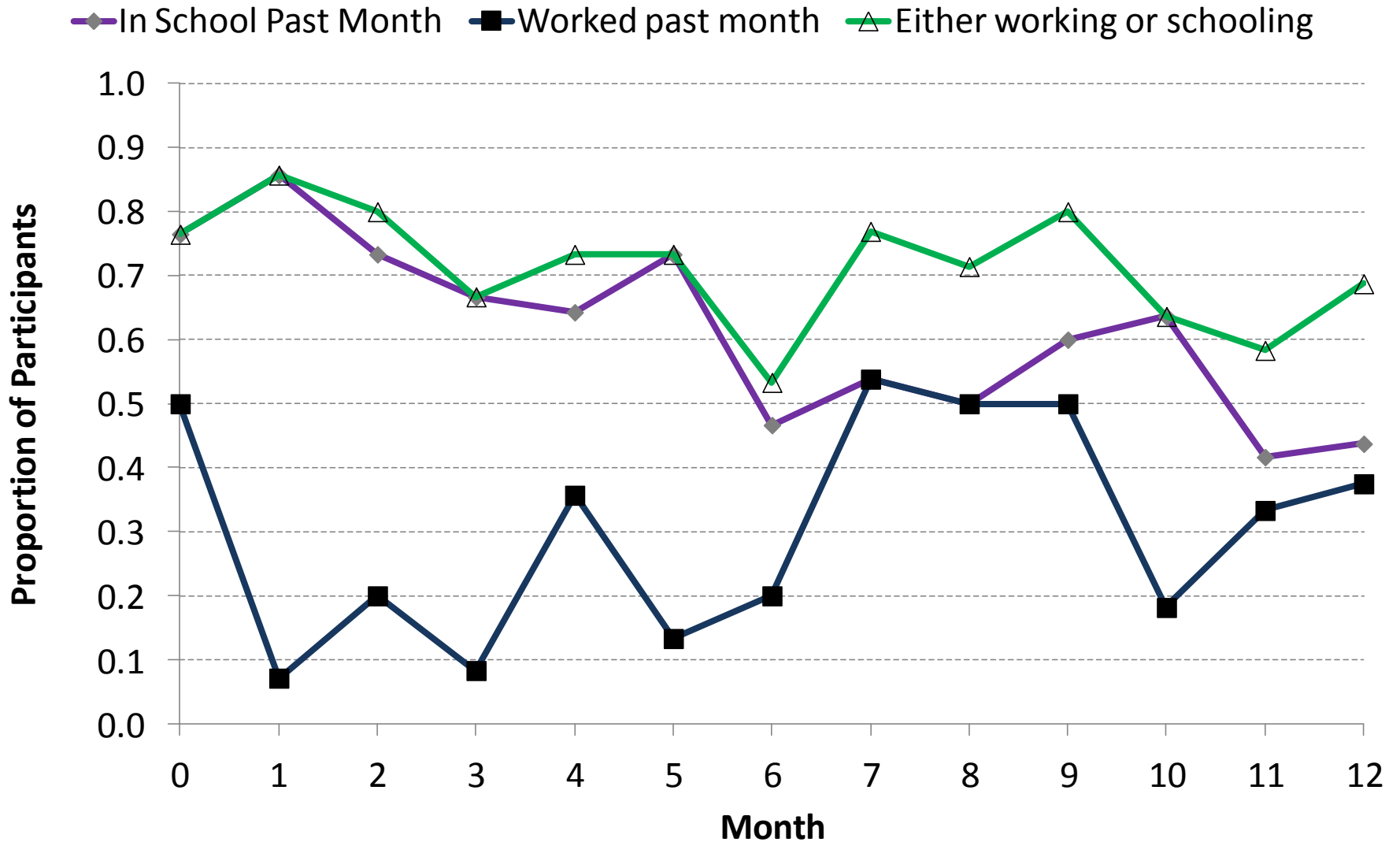
- 1: GOALS & VALUES
- 2: EDUCATION
- 3: HOUSING
- 4: TRANSPORTATION
- 5: NUTRITION & MEAL PLANNING
- 6: MONEY MANAGEMENT
- 7: LEGAL ISSUES/SOCIAL SERVICES
- 8: HOUSEHOLD MANAGEMENT
- 9: HEALTH & SAFETY
- 10: STRESS & COPING
- 11: SOCIAL SKILLS & RELATIONSHIPS
- 12: SEXUAL HEALTH
- 13: PREGNANCY & PARENTING

## Additional Domains for Vocational LC

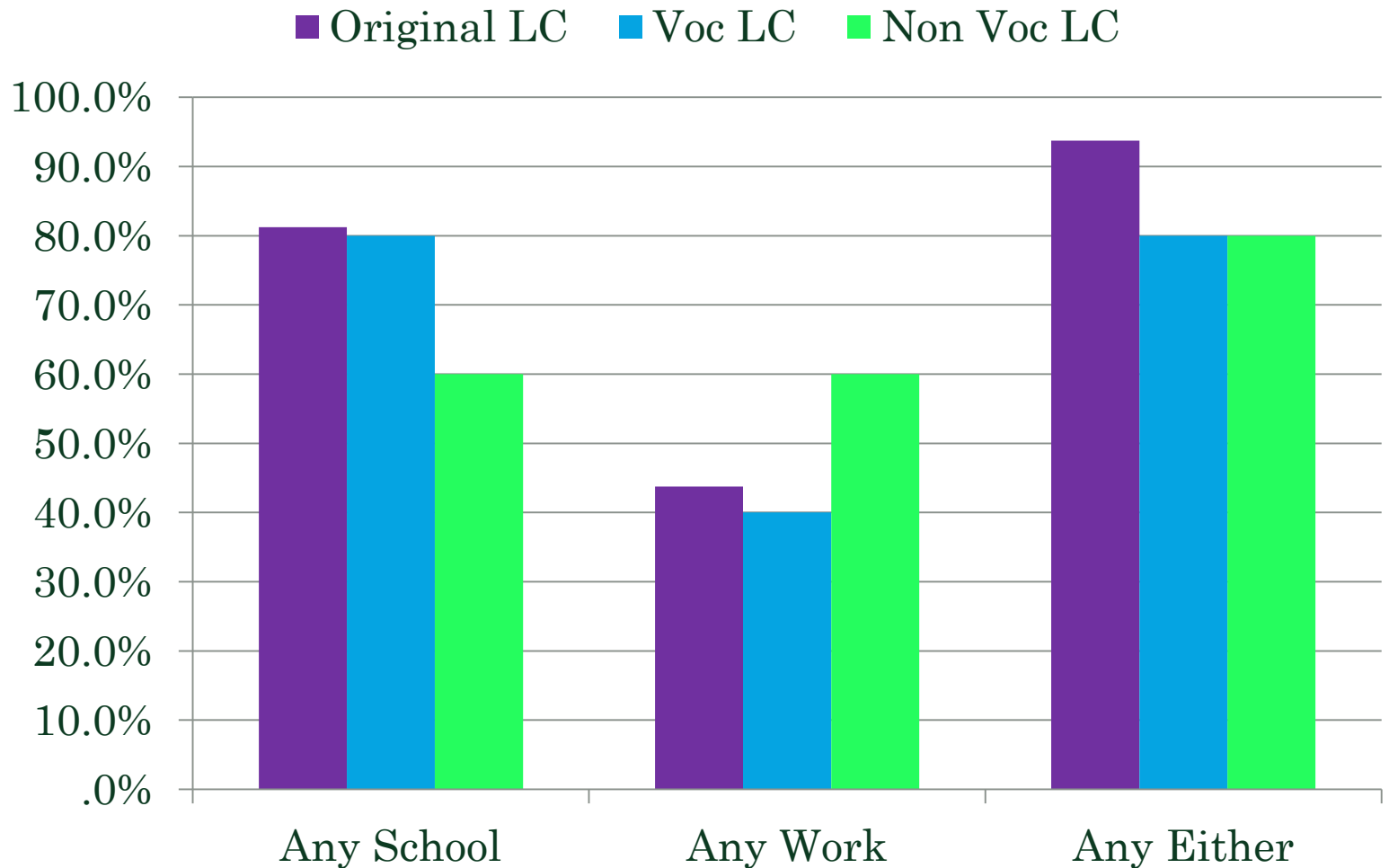
- 1: CAREER EXPLORATION & PREPARATION
- 2: RESUME
- 3: JOB HUNTING
- 4: INTERVIEWING
- 5: KEEPING A JOB



# Self-Report in School or Working Past Month



# Six Month School & Work Rates



# Adapting & Implementing IPS Supported Employment for Transition Age Youth



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# Youngest Adults

- No difference between IPS and Usual Services
- More involved in education/training
- Vocational self-perception, self-efficacy, and goal-setting immature



# IPS +Supported Education+Peer Mentors

- Early Episode Psychosis (Nuechterlein et al., 2008)
  - Supported Employment+Supported Ed
  - Workplace fundamentals training
- Peer Mentors
  - Transition to Independence Process (Clark et al., 2008)
  - Role Model to help with vocational self-concepts





# TIP and IPS – Shared Approaches

- Person-centered
  - Emphasis on consumer choice and self-directed care
- Future and recovery focused
- Practice opportunities
  - “place and train” rather than “train and place,” in vivo learning
- Extra supports that allow for risk-taking



# IPS Supported Employment

- “Place- then-train” model of vocational rehabilitation
- Focus on competitive employment
- Individualized and on-going supports
- Works closely with clinical team
- Small caseloads
- Evidence based practice (Campbell et al., 2009).



# Supported Education

- Developed to address the needs of individuals facing a disruption in their educational career
- Develop relationships with schools
- Work behind the scenes to coach
- Individualized approach
- Use different people for SE & SEd

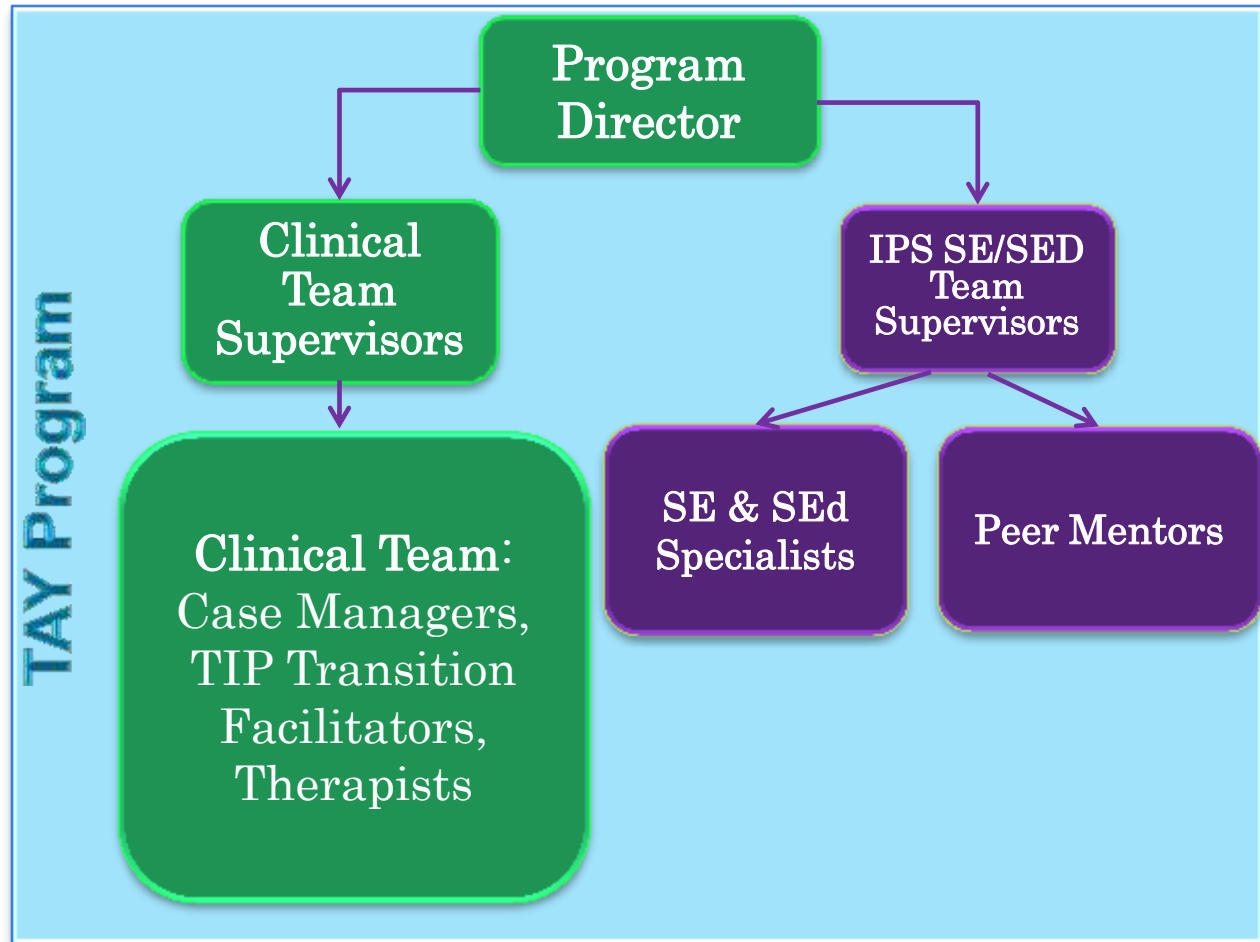


# Peer Mentor

- Young adult with history of intensive MH service use
- History of work and/or school success
- One on one time
- Co-lead vocational/educational group
- Give panel presentations on experience



# Team Structure



# Shared Approaches

- Address Schooling & Working
- Emphasize engagement & choices
- Utilize lay positions
- Emphasize early career development
- Integrate educational/vocational supports with clinical supports
- In-home delivery





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