

Transitioning Youth and Young Adults to Rewarding Lives: Needs and Practice



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, Dept of Psychiatry, Center for Mental Health Services Research. Visit us at:

<http://labs.umassmed.edu/TransitionsRTC>

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Transitions RTC



Overview

1. Introduction; *M. Davis*
2. Employment support preferences in Latino and non-Latino young adults; *R. Torres-Stone*
3. Supports for young adult veterans with PTSD; *M. Ellison & L. Mueller*
4. Adaptation of IPS model for transition age youth/young adults with serious mental health conditions; *M. Fagan & R. Frounfelker*
5. Participatory Action Research with young adults; *J. Delman & K. Sabella*
6. Discussion/Questions



Introduction; Goals

- Understand typical psychosocial development / development for those w/SMHC
- Understand typical assumption of adult roles critical/role functioning in those w/SMHC
- Embrace need for age-tailored services



Psychosocial Development *Adolescence to Adulthood*

Identity Formation
Cognitive **Moral**
PsychoSexual **Social**

Developmental change on every front



Cognitive Development



Moral Development



Social Development



Chronicle / Chris Stewart



Psychosexual Development



Identity Formation



Executive Functioning; judgment



Developmental Changes Underlie Abilities for Mature Role Functioning



Student



Worker



Parent



Friend



Spouse



Citizen



Psychosocial Development is Delayed

- ◆ Cognitive, moral, social, and identity formation development delayed in youth with SED (Davis & Vander Stoep, 1997)
- ◆ Developmental tasks of transition are the same as for all young people
- ◆ Just as desirous as peers for adult freedoms



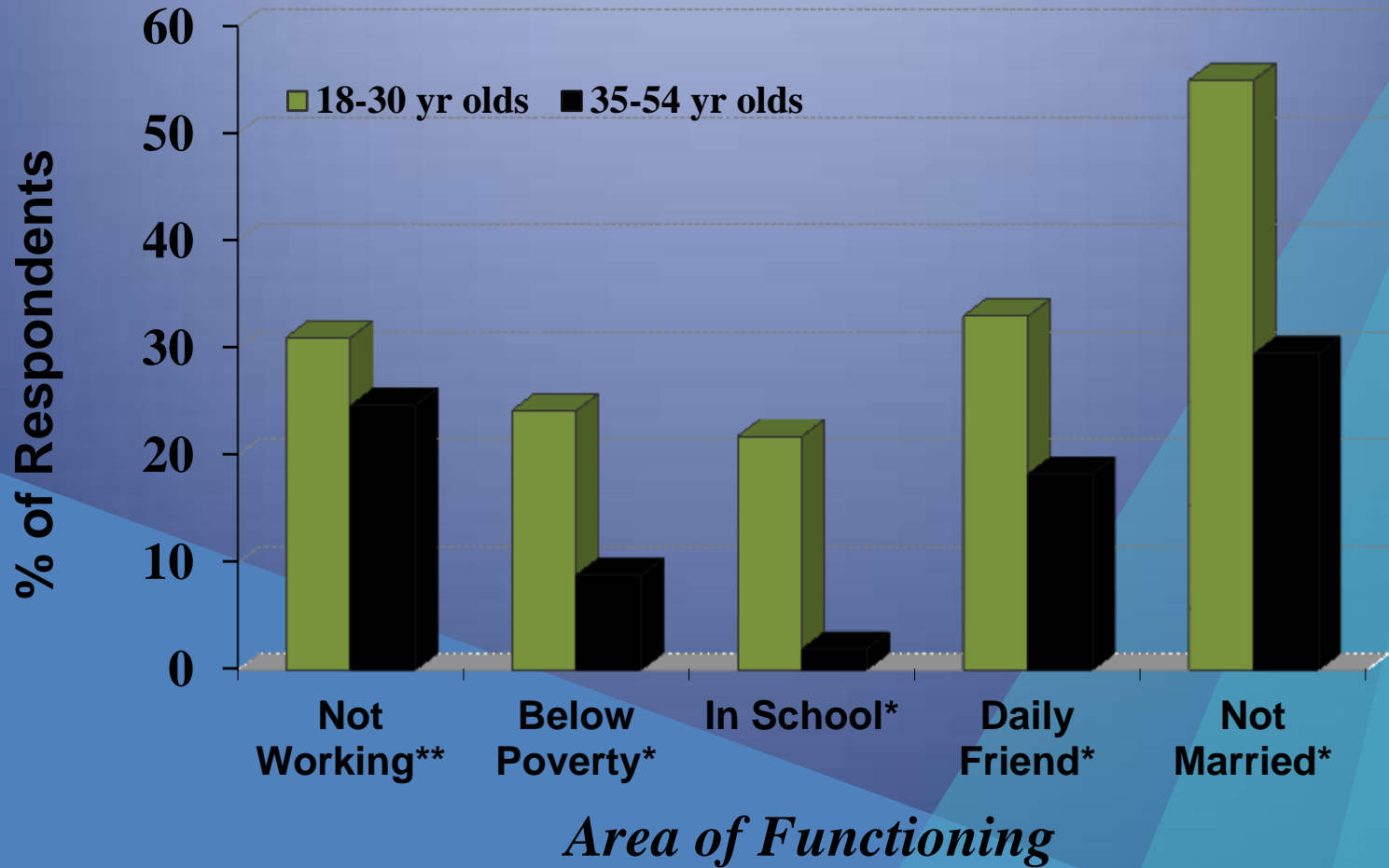
Youth with SMHC Struggle as Adults

Functioning among 18-21 yr olds	SMHC in Public Services	General Population/ without SMHC
Graduate High School	23-30%	81-93%
Employed	46-51%	78-80%
Homeless	30%	7%
Pregnancy (in girls)	38-50%	14-17%
Multiple Arrests by 25yrs	44%	21%

(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)



Functioning Different from “Mature” Adults’



* χ^2 (df=1)=31.4-105.4, p<.001

** χ^2 (df=1)=5.5, p<.02



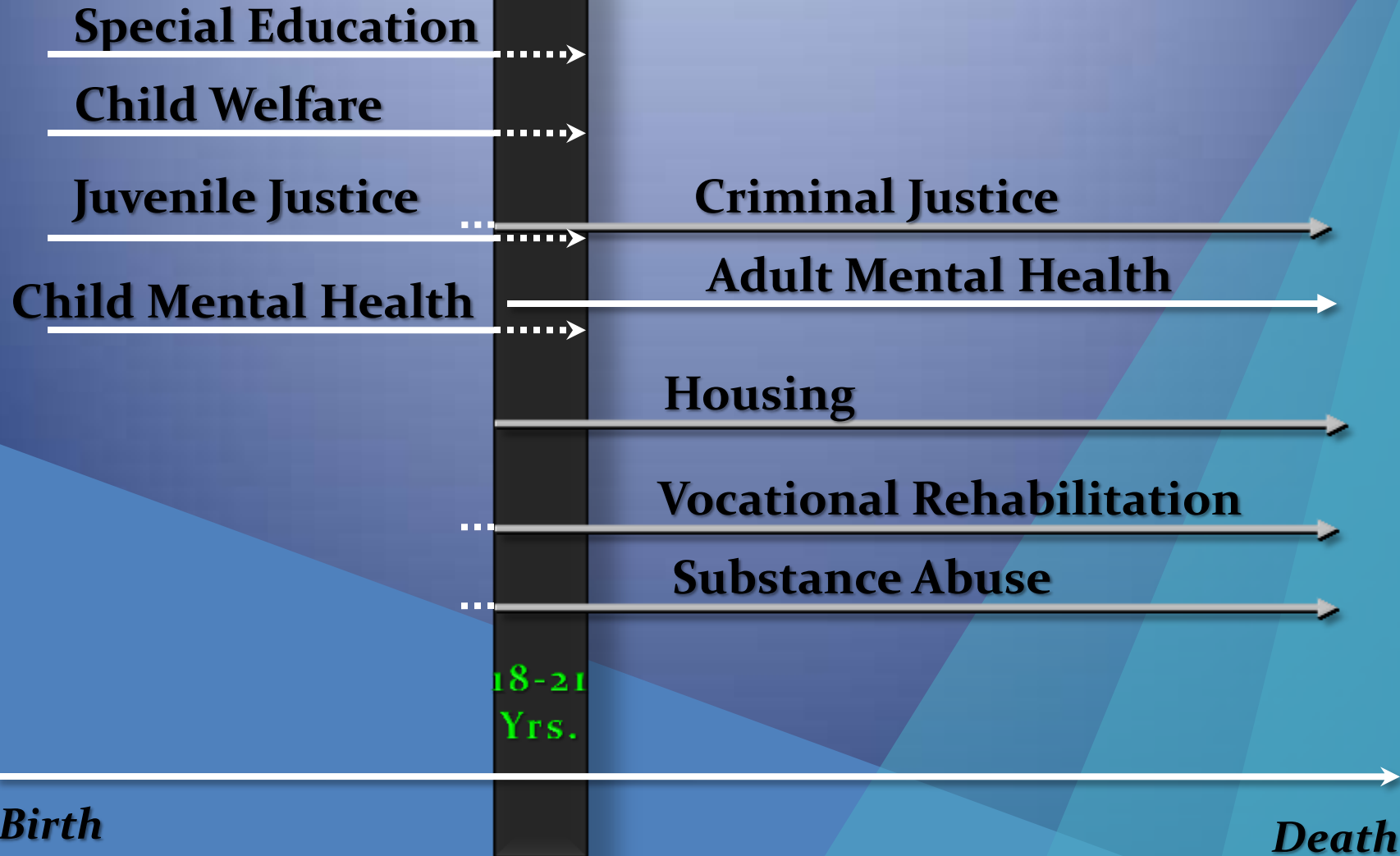
Need for Age-Tailored Services

TYPE OF SERVICE	% of states with service (n=43)	
	<i>Adult MH</i>	<i>Child MH</i>
Housing (supervised, supported, or group home)	23.3	32.6
Special Comprehensive (i.e. wraparound, PACT etc.)	20.9	30.2
Vocational support, preparation, counseling	11.6	20.9
Psychosocial Rehabilitation	7.0	2.3
Residential Treatment	7.0	4.7
Other	4.7	9.3
MH Treatment	4.7	7.0
Social Skills	4.7	7.0
Homeless Mentally Ill	2.3	0.0
Dual Diagnosis Treatment	2.3	2.3
Educational Support	2.3	23.3
Independent Living Preparation	0	20.9
Any Transition Services	48.8	69.8



CHILD SYSTEM

ADULT SYSTEM



AGE → → → → → → → →



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.

