Making It Work: An Evidence-Informed Approach to Services for Emerging Adults with Serious Mental Health Conditions

The webinar will begin at 1 PM (ET)

Call-in Number: 1-800-832-0736       Conference Room: 2884179

Webinar Website:
http://gucchdtacenter.georgetown.edu/resources/TAWebinars.html

If you need assistance, call: 202-687-0308 or email irvinema@georgetown.edu

POLLING QUESTION
Making it Work for Young Adults of Transition Age

An Evidence-Informed Approach to Services for Emerging Adults with Serious Mental Health Conditions

May 2, 2014

In collaboration with...

Georgetown University National Technical Assistance Center
Agenda for today

Briefly describe

- Pathways RTC project to identify shared features across empirically-supported, positive developmental approaches
  - How/why do these programs work?
  - Common elements and common factors
- What programs/interventions are consistent with this approach?
  - “supported” interventions
  - “do-it-yourself” models
  - what about clinical/specialty services?
  - what about peer support?”

Developing the Pathways model

- Original literature review
  - Identified eight programs specifically developed for emerging adults
  - Evidence of effectiveness
- Five years later—formal effort to build a “positive developmental” model
  - research literature and guidelines, theoretical literature -> first model iteration
  - Expert review
  - Interviews
  - Conference: Proceedings
  - Final version: Proceedings addendum
Pathways Model: Cycle of Positive Development

- **Young people gain in self-efficacy as well as specific skills for driving development:**
  - find what’s motivating, make decisions, set goals, take steps, etc.
  - engage with positive life contexts
  - Deal with barriers, setbacks, uncertainty

- **Young people build positive connections to contexts:**
  - family, peers, community, society
  - job/employment, college/educational

- **Positive identity:**
  - Commitments
  - Values
  - Culture

- **Young people seek out and acquire knowledge and skills that enable them to:**
  - Function competently in chosen life contexts
  - Meet needs for themselves and dependents
  - Manage challenges, including mental-health related challenges

---

**When young people are struggling…**

- **Key idea behind positive developmental approaches: enhance or restore the cycle**
  - What is engaging for this population— or for anyone?

- **Additional challenges for young people with SMHC**
  - Systems experience promotes compliance and models reactivity
  - Existing contexts may not be “positive”
  - Lower level of material resources as “buffer”
  - Onset of MH condition challenge to identity
  - Challenges from MH condition itself
Elements and Factors

• Elements: essentially the activities/procedures that make up a practice model
  – Range from macro to micro
  – Repeated and identified/named to enhance learning

• Factors: “mode” of interaction/relating that is consistent across the different activities/elements

• Increasing interest in this general approach in both EBPs and TAU

Research & Training Center for Pathways to Positive Futures, Portland State University

Intervention/ Program elements:
• Person-centered planning/decision process
  • Work on personally meaningful goals AND
  • Learn/practice skills

Provider factors:
• Providers act as coaches and work in a way that
  • Promotes trust
  • Is driven by young person’s perspective
  • Is “motivational” toward
    • perceptions and experiences of strengths
    • connections to contexts
    • Expanding skill and competence
    • Promoting discovery and activity

Pathways Model: Enhancing/Restoring the Cycle of Positive Development

Positive identity:
• Commitments
• Values
• Culture

Young people build positive connections to contexts

Young people gain in self-efficacy as well as specific skills for driving development

Young people seek out and acquire knowledge and skills
Structured and intentional…

• Approach is harder than it might seem
  – Being motivational/ “guide without leading” is not that easy, especially when there is a lot of risk
  – Providers/programs have pieces of this approach, but not a clear, integrated picture
  – Many providers’ “repertoire” of elements is limited
  – Emphasis on teaching/skill building for driving development is not explicit

• As with any intervention
  – Intervention itself needs a sufficient quantity of clearly defined elements
  – Need quality assurance/fidelity

What interventions meet these criteria/ match the model

• Empirically supported programs/interventions that were part of our review
  – More than half are not currently supported
  – Supported models
    • AMP/ AMP+: originally a wraparound enhancement, AMP+ is a peer support model to complement treatment
    • EASA: Early psychosis (RAISE model is fairly similar)
    • RENEW: School based, wraparound
    • TIP: Comprehensive MH
    • Wraparound (?)
Do-it-yourself models

• Definitely possible to make your own model that is consistent with the general approach

• Build from the ground up or components/training from existing models
  – Advantages: may be cheaper (at least in short run) better adapted to local needs
  – Risk: Difficult and time consuming to build necessary support
    • Lack of “richness” in elements—manual/curriculum is underdeveloped
    • Lack of clarity regarding expectations for provider “mode”, lack of assessment for fidelity/practice quality
    • Train and hope does not work

What about clinical/specialty services?

• Certainly there are clinical EBPs that work with this population
  – Engagement can be a big challenge given stigma/self-stigma, resistance to labeling, bad experiences with services, etc...
What about clinical/specialty services?

- Certainly there are clinical EBPs that work with this population
  - Engagement can be a big challenge given stigma/self-stigma, resistance to labeling, bad experiences with services, etc...
- These services should fit with the positive development approach
  - EASA psychiatric services
  - Clinician in a drop-in center
What about peer support?

- Type of support most desired by young people
- No specific model can be said to be empirically supported for this population
- Research evidence overall: May be helpful, doesn’t harm
  - Anecdotally: in many cases not well implemented
  - Unexplored potential– need models that help peer support be more intentional and skillful– this is what we’re trying with AMP+

Contacts/ More Information

- AMP  Celeste Moser  celestes@pdx.edu
- EASA  Tamara Sale  tsale@pdx.edu
- RENEW JoAnne Malloy joanne.malloy@unh.edu or Sarah O’Rourke  sarah.orourke@unh.edu
- TIP  Joseph Solomita  jsolomita@starsinc.com

- Pathways model: pathwaysrtc.pdx.edu
  - Conference proceedings (see publications)
Acknowledgments/Funders

The development of the contents of this presentation were supported by funding from the National Institute of Disability and Rehabilitation Research, United States Department of Education, and the Center for Mental Health Services Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services (NIDRR grant H133B090019). The content does not represent the views or policies of the funding agencies. In addition, you should not assume endorsement by the Federal Government.
IMPORTANT LINKS

Evaluation Form:
https://www.surveymonkey.com/s/TACenterWebinarEvaluation

Webinar Website:
http://gucchdtacenter.georgetown.edu/resources/TAWebinars.html

Next Webinar:

Making it Work: Understanding Why Young Adult Peer to Peer Support Is Unique

May 9, 2014 at 12pm ET

Register at:
http://gucchdtacenter.georgetown.edu/resources/TAWebinars.html