Welcome!

“Multisystemic Therapy for Emerging Adults (MST-EA): Treating Young Adults Who Have Justice Involvement and Behavioral Health Conditions” will begin shortly…

- Move any electronic handheld devices away from your computer and speakers
- We recommend that you close all file sharing applications and streaming music or video
- Check your settings in the audio pane if you are experiencing audio problems
- During the presentation, you can send questions to the webinar organizer, but these will be held until the end
- Audience members will be muted during the webinar

A recording of this webinar will be available online at

http://www.pathwaysrtc.pdx.edu/webinars-previous.shtml
Acknowledgments/Funders

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Treating Young Adults Who Have Justice Involvement and Behavioral Health Conditions

Research and Training Center for Pathways to Positive Futures
22 March 2017
Presenters

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FOCAL POINT 2017

JUSTICE AND RECOVERY

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Thank You!

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• Collaborators:
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  – Sara Lourie, Tere Foley, & 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 & their social network members.
Arrest Rate in Adolescent Public MH System Users

- All Males
- All Females
- Males Arrested Last Yr
- Females Arrested Last Yr

Malleable Causes of Offending & Desistance – General Population

**Background**

- Antisocial peers
- ↓ Parental supervision/monitoring
- Unstructured time (school & afterschool)
- Substance Use
- Rational choice/distorted cognitions
- Attachment to school, prosocial peers, family
- Peers influence less
- Parental influence lessened/indirect
- Unstructured time (work)
- Substance Use
- Rational choice/distorted cognitions
- Attachment to work, spouse

**Target Peer Influence**

- Target Parental Support for Positive Changes – Reduce Negative Parental Influence
- Target School and/or Work
- Target Substance Use
- Target Cognitions
- Target Strengthening Support and Attachment to Positive Social Network Members

**Juveniles**

- Target Peer Influence

**Adults**

- Target Parental Support for Positive Changes – Reduce Negative Parental Influence
- Target School and/or Work
- Target Substance Use
- Target Cognitions
- Target Strengthening Support and Attachment to Positive Social Network Members
Transition-Age Offenders with Mental Illness (MI)

- Simply addressing mental health needs found unsuccessful in reducing offending in adults

- While reducing MH symptoms does not directly reduce offending, MH does influence the other targets

- Target MH symptoms (and other co-occurring issues)
Standard MST  
(with juveniles 12-17y/o, no MI)

1. Intensive home-based treatment
2. Team of 3-4 therapists; 1 therapist = 4-6 families
3. Promote behavioral change by empowering caregivers/parents
4. Individualized interventions target comprehensive set of identified risk factors across individual, family, peer, school, and neighborhood domains
5. Interventions integrate empirically-based clinical techniques from the CBT and behavioral therapies
6. Duration: 3-5 months
MST-EA
(MST with justice-involved Emerging Adults who have MI)

1. Intensive home-based treatment

2. Team of 3-4 therapists + Coaches; 1 therapist = 4 youth

3. Promote behavioral change by empowering emerging adults & their social network

4. Individualized interventions target comprehensive set of identified risk factors across individual, family, peer, school, work, and neighborhood domains

5. Interventions integrate empirically-based clinical techniques from the CBT and behavioral therapies that have evidence/likely effective in emerging adults

6. Duration: 4-12 months w therapist, +2-4 with Coach
MST-EA Overall Goals

• Reduced:
  • Recidivism
  • Mental illness symptoms
  • Substance use, and
  • Interpersonal conflict

• As well as improved:
  • Educational and vocational achievement
  • Social network and family functioning
  • Physical health care, and
  • Independent living skills
MST-EA Targets

- Safety
- Social Network
- Housing & Independent Living
- Career Goals (Education/Vocation)
- Mental Illness & Antisocial Behavior
- Substance Use and Trauma Problems
- Medical and Psychiatric Care
- Relationship Skills, Conflict, & Prosocial Peers
- As needed, deliver parenting curriculum
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
# Skill Menus

## Standard Coach Domains

<table>
<thead>
<tr>
<th>Domain</th>
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</thead>
<tbody>
<tr>
<td>Domain 1: Goals &amp; Values</td>
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<tr>
<td>Domain 2: Education</td>
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<tr>
<td>Domain 3: Housing</td>
</tr>
<tr>
<td>Domain 4: Transportation</td>
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<tr>
<td>Domain 5: Nutrition &amp; Meal Planning</td>
</tr>
<tr>
<td>Domain 6: Money Management</td>
</tr>
<tr>
<td>Domain 7: Legal Issues/Social Services</td>
</tr>
<tr>
<td>Domain 8: Household Management</td>
</tr>
<tr>
<td>Domain 9: Health &amp; Safety</td>
</tr>
<tr>
<td>Domain 10: Stress &amp; Coping</td>
</tr>
<tr>
<td>Domain 11: Social Skills &amp; Relationships</td>
</tr>
<tr>
<td>Domain 12: Sexual Health</td>
</tr>
<tr>
<td>Domain 13: Pregnancy &amp; Parenting</td>
</tr>
</tbody>
</table>

## Additional Domains for Vocational Coach

<table>
<thead>
<tr>
<th>Domain</th>
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<tbody>
<tr>
<td>Domain 1: Career Exploration &amp; Preparation</td>
</tr>
<tr>
<td>Domain 2: Resume</td>
</tr>
<tr>
<td>Domain 3: Job Hunting</td>
</tr>
<tr>
<td>Domain 4: Interviewing</td>
</tr>
<tr>
<td>Domain 5: Keeping a Job</td>
</tr>
</tbody>
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**MST**
Emerging Adults

PATHWAYS RTC
Population Studied Thus Far

- 17-20 year olds with a diagnosed serious mental health condition
  - Mood, Anxiety, and/or Psychotic Disorders
  - May also have substance use, trauma, etc.
- Recent arrest or release from incarceration
- Living in stable community residence (i.e., not homeless)
Demographics (N=48)
Demographics cont’d

- **Education**
  - <10th
  - 10th
  - 11th
  - 12th/GED

- **Housing**
  - Detention
  - Tx Facility

- **Employment Hx**
  - NO
  - YES

- **Referral Source**
  - Child Welfare
  - JJ
  - Adult Probation

- **Research**
Significant History

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psych Hosp</td>
<td>56</td>
</tr>
<tr>
<td>SA Hosp</td>
<td>17</td>
</tr>
<tr>
<td>Juv Detention</td>
<td>61</td>
</tr>
<tr>
<td>Jail/Prison</td>
<td>35</td>
</tr>
<tr>
<td>Homeless</td>
<td>15</td>
</tr>
</tbody>
</table>
Research Retention

• 90% completed the post tx interview

• Reasons for missing:
  – 2 not locatable
  – 1 formally withdrew
  – 2 completed last interview but tx no complete

• 91% of all interviews were completed
Treatment Retention

<table>
<thead>
<tr>
<th>Ending Type</th>
<th>Median (weeks)</th>
<th>Range (weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Tx</td>
<td>36.5</td>
<td>14.8-64.8</td>
</tr>
<tr>
<td>Mutual Agreement</td>
<td>34.8</td>
<td>21.2-47.8</td>
</tr>
<tr>
<td>Lost Engagement</td>
<td>15.7</td>
<td>6.5-27.8</td>
</tr>
<tr>
<td>Restrictive Placement</td>
<td>19.1</td>
<td>8.7-49.6</td>
</tr>
<tr>
<td>Moved away (n=2)</td>
<td>12.2</td>
<td>10.4-13.9</td>
</tr>
</tbody>
</table>
Therapist Fidelity Scores
(possible score 1[never]- 4 [always])

<table>
<thead>
<tr>
<th></th>
<th>Thpst 1 (N=15)</th>
<th>Thpst 2 (N=20)</th>
<th>Thpst 3 (N=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership</td>
<td></td>
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<tr>
<td>Clarity</td>
<td></td>
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<tr>
<td>Social Cntxt</td>
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<td></td>
<td></td>
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<tr>
<td>Main</td>
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</tbody>
</table>
Coach Fidelity Scores

# skills addressed per 2 weeks

- VCoach 1 (N=22)
- Vcoach 2 (N=6)
- Coach 1 (N=33)
- Coach 2 (N=4)

* p<.05  ** p<.001

Research
Recidivism -
Arrests 6 months Pre vs. 6 month Post treatment (N=48)

Mean # Charges

(Wilcoxon, p<.01)

Arrested Pre Tx=38%
Arrested Post Tx=19%
Pre/Post 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.

NOTES: 22 + screens: 21 THC, 3 opiate, 1 cocaine
Vocational Outcomes With Vocational Coaches vs. Standard Coaches + VR

**LEGEND**
- Red = Not Working, not In School
- Green = Working & In School
- Light Green = Working Only
- Yellow = In School Only

**VOCATIONAL COACH (n=14)**

PRE:

POST:

**STANDARD COACH + VOCATIONAL REHABILITATION SERVICES (n=14)**

PRE:

POST:

VCoach vs Coach, Post Tx $\chi^2$ p<.05
RCT Effectiveness Trial of MST-EA for EAs with Mental Illness

- NIMH (1R01MH108793) Co-PI’s Davis & Sheidow
- 240 17-21 yrs olds with SMI (or co-occurring)
- MST-EA vs. Enhanced Treatment as Usual
- 16 month follow-up from baseline
- EA & Collateral Report & Records
- Conducted in CT
- Started 4/1/16
- Recruitment started 12/1/16
RCT Effectiveness Trial of MST-EA for EAs with Substance Use Disorders

- NIDA (1R01DA041425) Co-PI’s Sheidow & Davis
- 240 17-21 yrs olds with SUD (or co-occurring)
- MST-EA vs. Enhanced Treatment as Usual
- Similar research design (enhanced SU screening)
- Site being negotiated
- Started 7/1/16
- Recruitment anticipated for 6/1/17
Conclusions

• The adaptation to MST for Emerging Adults with Serious Mental Health Conditions successfully engages and retains young adults
• Outcomes across all domains are in the desired direction
• Large scale randomized control trials will test the effectiveness of MST-EA for EAs with Behavioral Health Conditions
• Mechanisms of the treatment also will be examined


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Questions?
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