



Adulting 101:

PSYCHOSOCIAL INTERVENTIONS FOR YOUNG ADULTS
IN TRANSITION

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Objectives



Upon attending this presentation, participants will be able to:

1. Describe problems and situational obstacles of Young Adults with mental illness with respect to NEET Status, and associated factors.
2. Appreciate evidence-based engagement strategies and tactics that help young adults develop necessary skills to successfully transition to adult realization, including employment.
3. Demonstrate pilot interventions that may facilitate young adult transition in the context of individual and group clinical interactions.
4. Understand philosophical and practical underpinnings of mental health service lines directed at young adult populations.

Conflicts of Interest

- ▶ No conflicts of interest to report

Presentation Agenda

- ▶ 1. Introduction and Background (10 min)
- ▶ 2. Audience Survey of Transitional Youth Engagement, Clinical Approaches to prolonged NEET Status, Attitudes, and Resources (15 min)
- ▶ 3. Presentation of Focus Group Data of NEET Status Young Adults, Factor Analysis, and TAY Interventions (30 min)
- ▶ 4. Audience Activity: Participatory Demonstration of TAY Interventions (20 min)
- ▶ 5. Stakeholder Discussion of Potential Future Directions and Questions (15 min)



I. Who are TAY?

INTRODUCTION AND BACKGROUND

Transitional Age Youth Normal Development



What is Normal?

- ▶ Young Adulthood Characteristics
 - ▶ Different from Adolescence
 - ▶ Different from Adulthood of 30-55 year olds
 - ▶ In Research often 15-24
 - ▶ Terms: TAY, Young Adult, Emerging Adult

Survey of Audience

Millennial Biases
Everybody knows Millennials
are just _____.

- A. Lazy
- B. Apathetic
- C. Self-Obsessed
- D. Entitled
- E. Disrespectful



Millennial Memes

- ▶ Millennials: Who They Are & Why We Hate Them - Scott Hess - TEDxSF
- ▶ [Millennials...you've got us all wrong | Ian Abston | TEDxFargo](#)
- ▶ [Why Half of What You Hear about Millennials Is Wrong | Haydn Shaw | TEDxIIT](#)
- ▶ [Millennials are screwed | Stacey Ferreira | TEDxNYU](#)
- ▶ [Millennials -- why are they the worst? | Kelly Williams Brown | TEDxSalem](#)

Clark Emerging Adult Survey 2015

MYTHS ABOUT EMERGING ADULTS

Impatient

Myth **BUSTED**

Lazy

Myth **BUSTED**

Entitled

Myth **BUSTED**

Not Loyal

Myth **BUSTED**

Inseparable from
social media

Myth **BUSTED**

THE TRUTH ABOUT EMERGING ADULTS

- 79% say if they were in a boring job they would be patient and try to move up within the company

- 89% say no matter what job they are doing, they try to do it as well as possible
- 59% think it's a problem to show up to work late occasionally
- 60% disagree with the statement 'On a normal work day, I try to get by with doing as little work as possible.'

- 64% disagree with the statement 'If a job is boring, I don't see any point in doing it well.'

- 60% disagree with the statement 'I don't see any advantage in being loyal to the company I work for.'

- 78% say they would consider taking a job that blocked social media and personal email

Comparing Generations: What is Normal When? 2015 vs. 1965

- ▶ Compared to 50 years ago:
 - ▶ Young Adults start full time work later.
 - ▶ They get married later (median 30yo).
 - ▶ They have children later.
 - ▶ They live at home longer.
 - ▶ They have more jobs before committing to a career (median = 8).
 - ▶ They require more financial support.
 - ▶ They educate and train longer.

First Child Transition

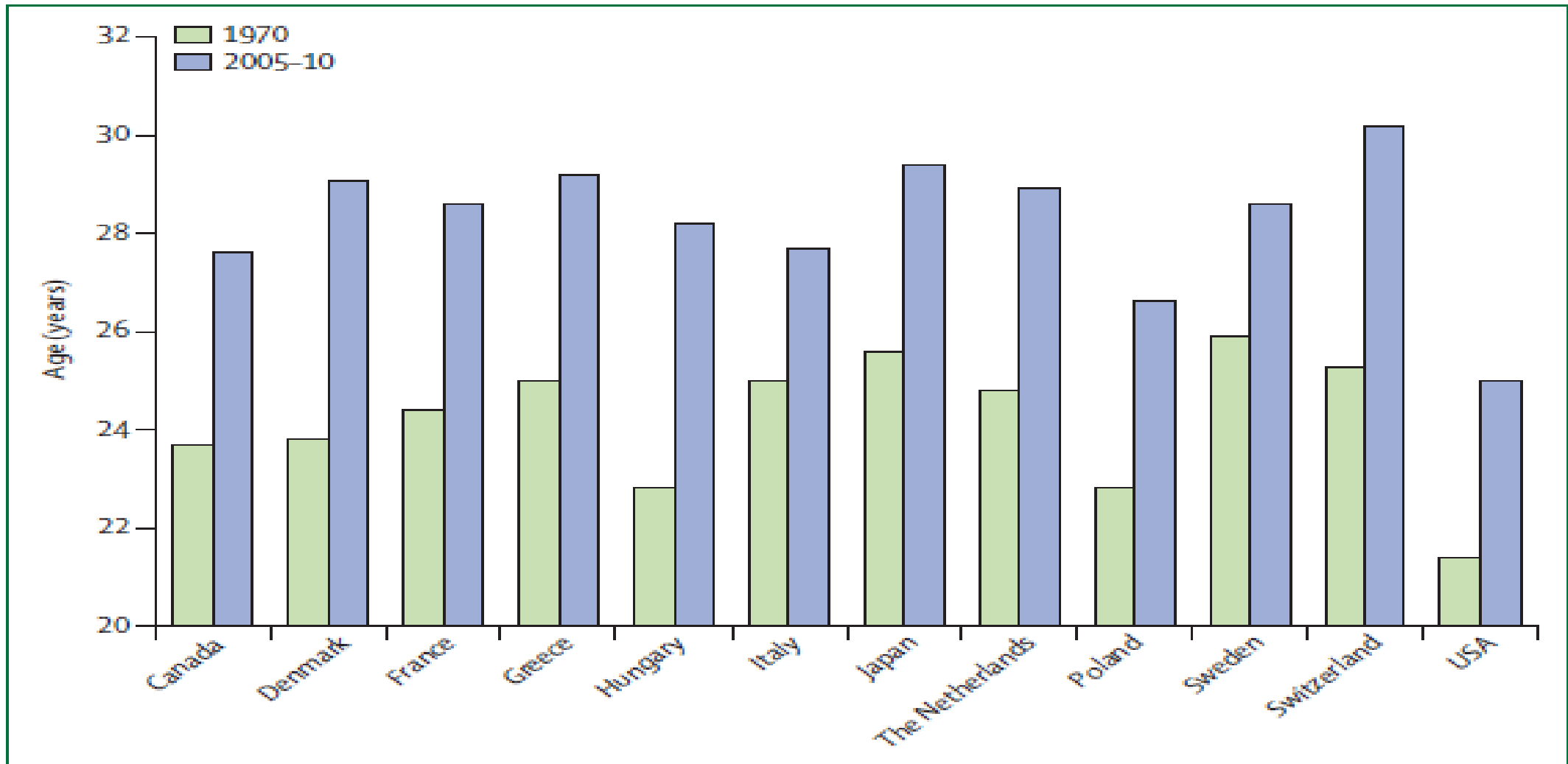


Figure 2: Age of mothers at first childbirth in 1970 and in 2005-10 in selected high-income countries
Most recent year available ranged from 2005 to 2010. Data derived from Central Intelligence Agency US,¹⁶ and Mathews and Hamilton.¹⁷

Parental Financial Support

HOW MUCH FINANCIAL SUPPORT DO YOU PROVIDE TO YOUR CHILD?	% Parents
Little or none	26
Occasional support when needed	30
Frequent support when needed	15
Regular support for living expenses	29

HOW MUCH FINANCIAL SUPPORT DID YOUR PARENTS PROVIDE TO YOU WHEN YOU WERE IN YOUR TWENTIES?	% Parents
Little or none	61
Occasional support when needed	26
Frequent support when needed	8
Regular support for living expenses	6

Living Situation

WHAT'S YOUR CURRENT LIVING ARRANGEMENT ?

Live with (%):

Parents	30%
Husband or wife	23%
Friends or roommates	16%
Alone	14%
Boyfriend or girlfriend	13%

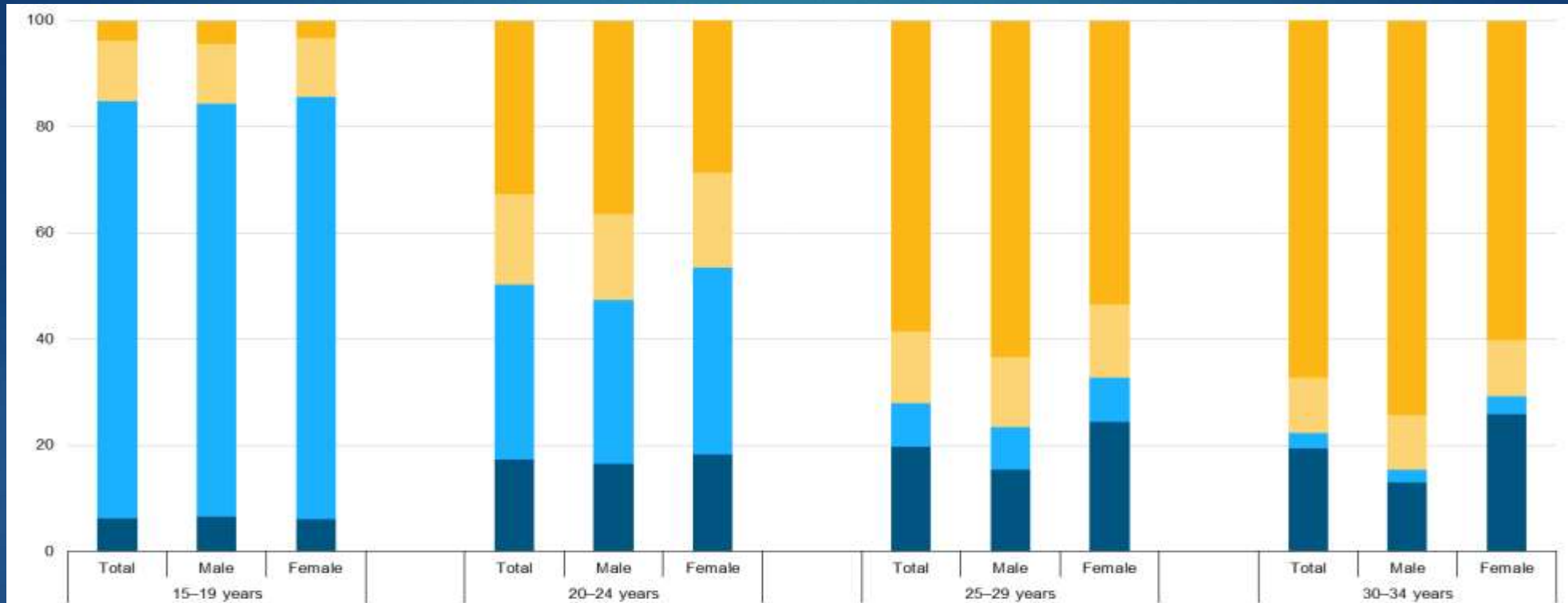
Demographics:

Where are 15-24 year olds now?

- ▶ Total US TAY: 43 million
- ▶ College or High School: 57%
 - ▶ 20.5 million in College (50% of all students)
- ▶ Military: 572,293 (43% of all military active duty)
- ▶ Incarcerated: 410,000
- ▶ Disabled: 10%
- ▶ Severe Mental Disorder: 1.9 Million

Summarized in Martel, Fuchs. TAY and Mental Illness.
Child and Adolescent Psych Clinics of North
America - April 2017

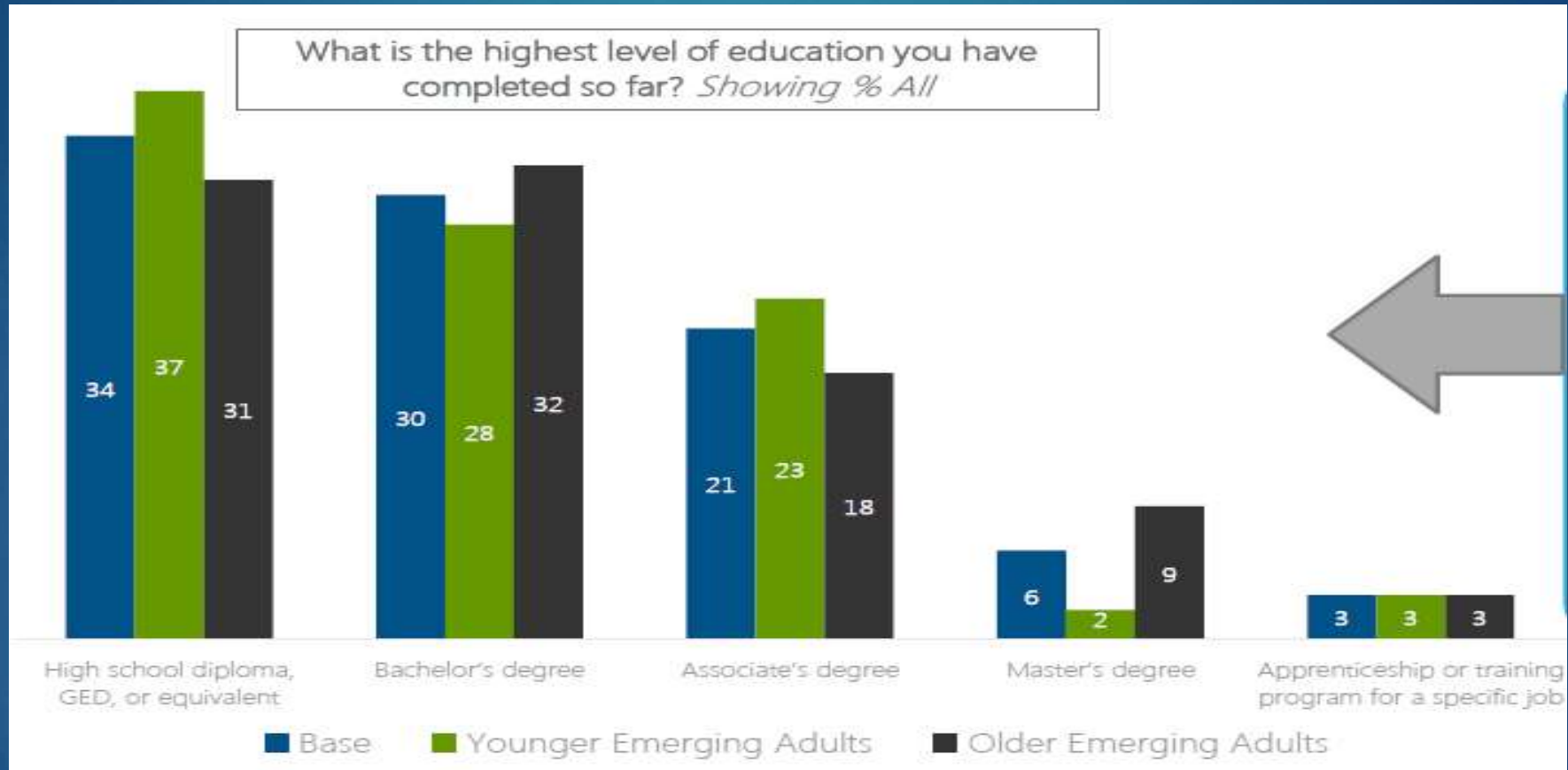
EU Employment Status by Age



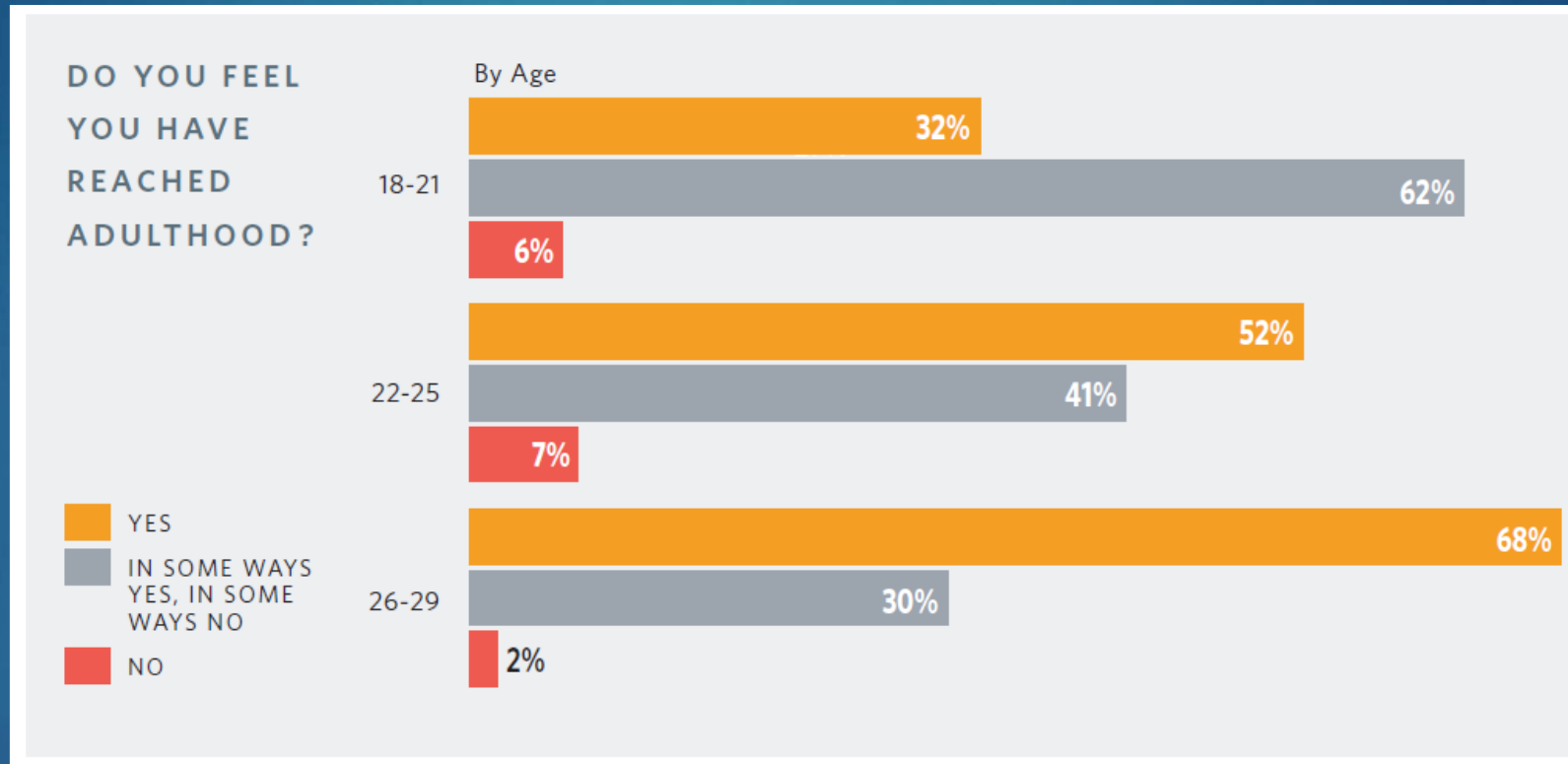
Employed Only - Orange
Employed and Educating/Training - Yellow
Educating Only - Light Blue
NEET - Dark Blue

Note: The shares do not quite sum to 100 % due to the
 Source: Eurostat (online data code: edat_ifse_18)

Epidemiology – TAY Education Rates, U.S. 2015



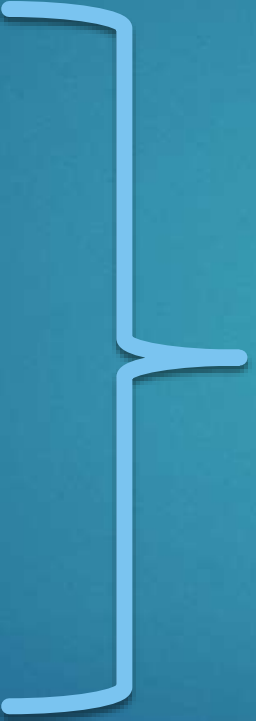
TAY Self-perception



Normal Development

TAY Transitions

- ▶ Financial
- ▶ Educational
- ▶ Social
- ▶ Healthcare
- ▶ Family
- ▶ Occupational



Made much more difficult by presence of mental illness. TAY services must seek to minimize impact of mental illness on these important transitions.

Transition Domains

Table 2. Components of the transition domains

Employment

- Competitive employment
- Transitional employment opportunities
- Supported employment (individual and enclave)
- Work experience opportunities (practicum and paid)

Educational opportunities (career-track training)

- Bachelor's degree or beyond
- Associate's degree
- Vocational or technical certification
- High school completion or general equivalency diploma (GED)
- Workplace education programs

Living situation

- Independent residence (i.e., living where, with whom)
- Residing with natural, adoptive, or foster family
- Other family situation (e.g., girlfriend's family, extended family)
- Semi-independent living (e.g., with non-live-in service coordinator assistance)
- Supported living (e.g., supervised apartment)
- Group or boarding home
- Restrictive living environment (e.g., crisis unit, residential treatment center, detention center)

Community-life adjustment: Skills and activities related to functioning across all of the domains

- Leisure-time activities and fun
- Relationship development and maintenance (e.g., friendships, intimate relationships)
- Social problem-solving skills (e.g., self-advocacy, assertiveness, compromise)
- Community social support (e.g., peer groups, community organizations)
- Emotional/behavioral management (e.g., anger control, relapse prevention, self-medication management, self-monitoring, self-control)
- Safety skills (e.g., prevent victimization, avoid dangerous situations)
- Daily living skills (e.g., nutrition, self-care, leasing an apartment, money management)
- Health care and fitness (e.g., stress management, physical activity, health care)
- Substance abuse prevention and self-management
- Sex education and birth control (e.g., prevention of sexually transmitted diseases and unwanted pregnancies)
- Parenting skills and resources
- Knowledge of community resources and citizenship responsibilities
- Knowledge of and access to legal services
- Transportation resources and skills
- Cultural and spiritual resources

From Clark, H.B., Unger, K.U., & Stewart, E.S. (1993). Transition of youth and young adults with emotional/behavior disorders into employment, education, and independent living. *Community Alternatives: International Journal of Family Care*, 5(2), 22; adapted by permission.



II. Audience Poll

WHAT DOES COMMUNITY MENTAL HEALTH HAVE FOR
TRANSITIONAL YOUTH?

TAY Audience Poll

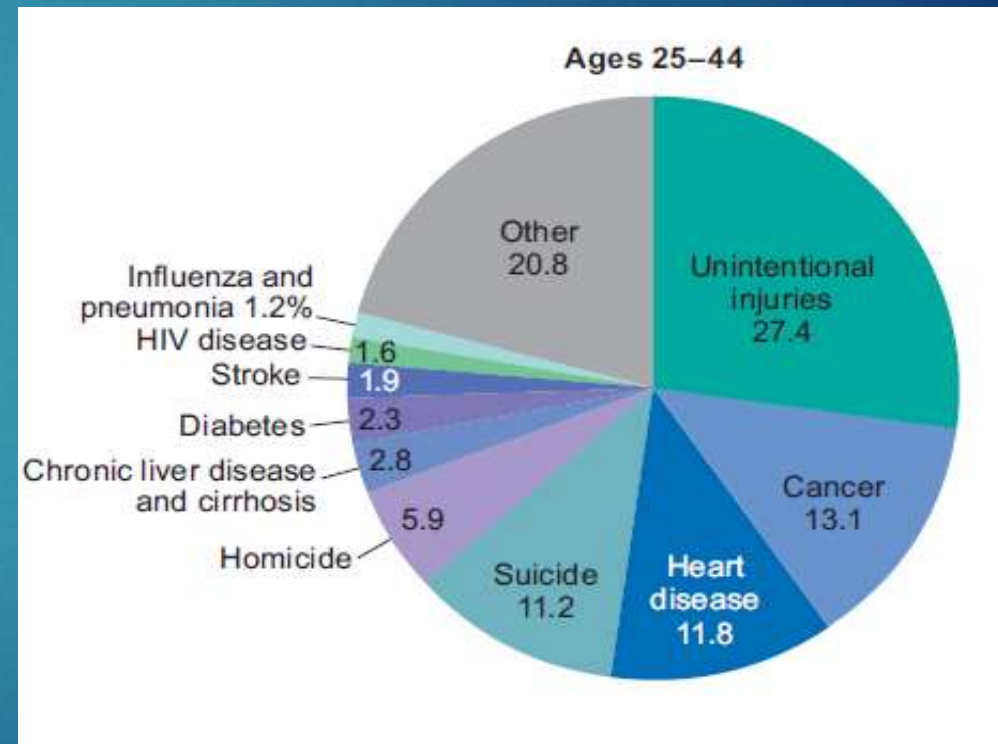
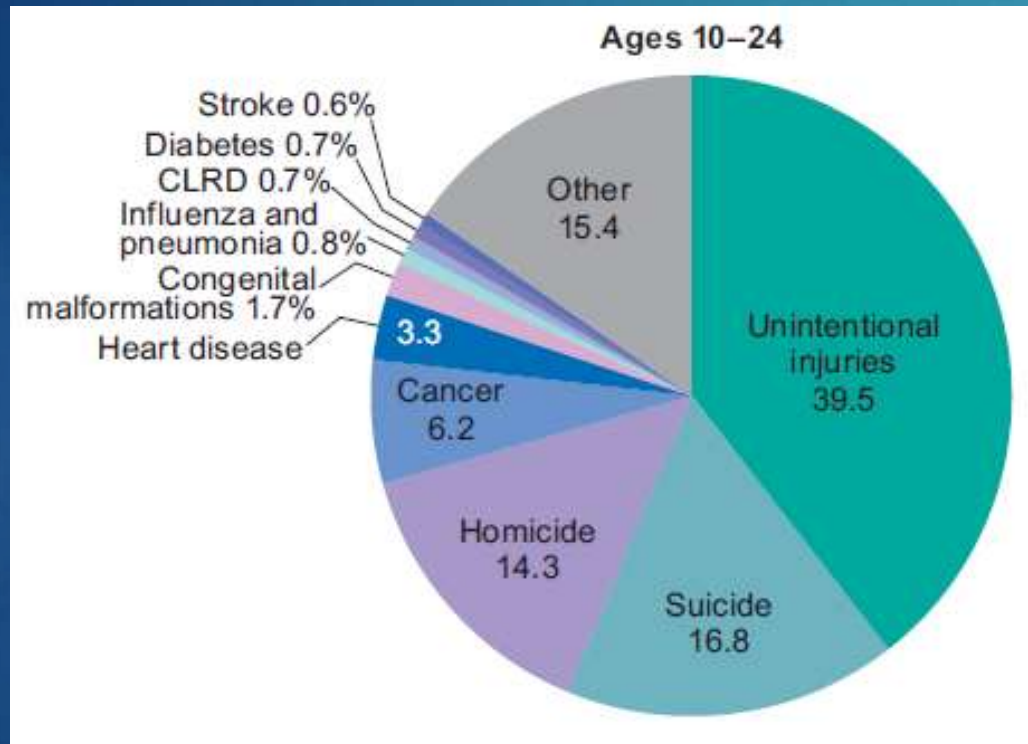
- ▶ Engagement
- ▶ Clinical Approaches to prolonged NEET Status
- ▶ Attitudes
- ▶ Resources

Risks in Emerging Adulthood

- ▶ Mortality
- ▶ Injury, Trauma, and Exposure
- ▶ Addiction
- ▶ Developmental Arrest and NEET status
- ▶ Social System Disruption
- ▶ Poverty and Resource Loss

Epidemiology: Mortality Risk

- ▶ Suicide is the **3rd** leading cause of death month 15-24 year olds and the **2nd** leading cause of death on college campuses.



Mental Health Epidemiology

- ▶ National Comorbidity Survey Replication (NCSR):
 - ▶ Nearly half of the population (**46.4%**) **aged 18 years and older** will experience either a psychiatric or substance use disorder in their lifetime
 - ▶ Half of all lifetime cases start by the age of 14 years
 - ▶ Three-fourths by age 24

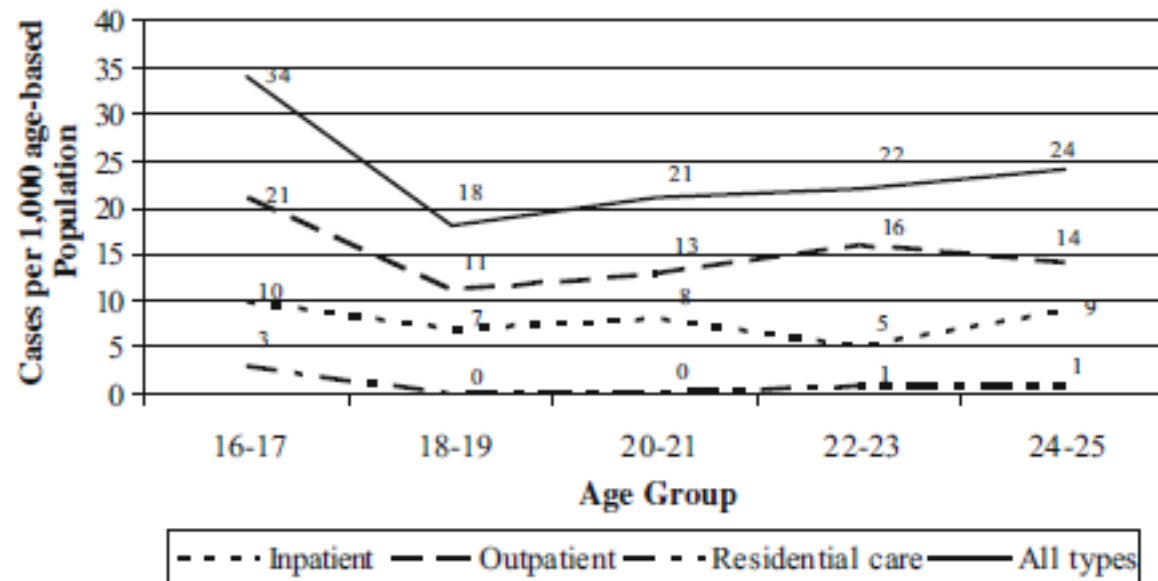
Mental Health Epidemiology

- ▶ Substance Use Disorders: 75% of SUDs have onset before age 25
- ▶ Schizophrenia Onset: before age 25
 - ▶ Males: 62%
 - ▶ Females: 47%
- ▶ Mental Illness in the past year: 20% of 18-25 year olds
 - ▶ 2/3 report no treatment

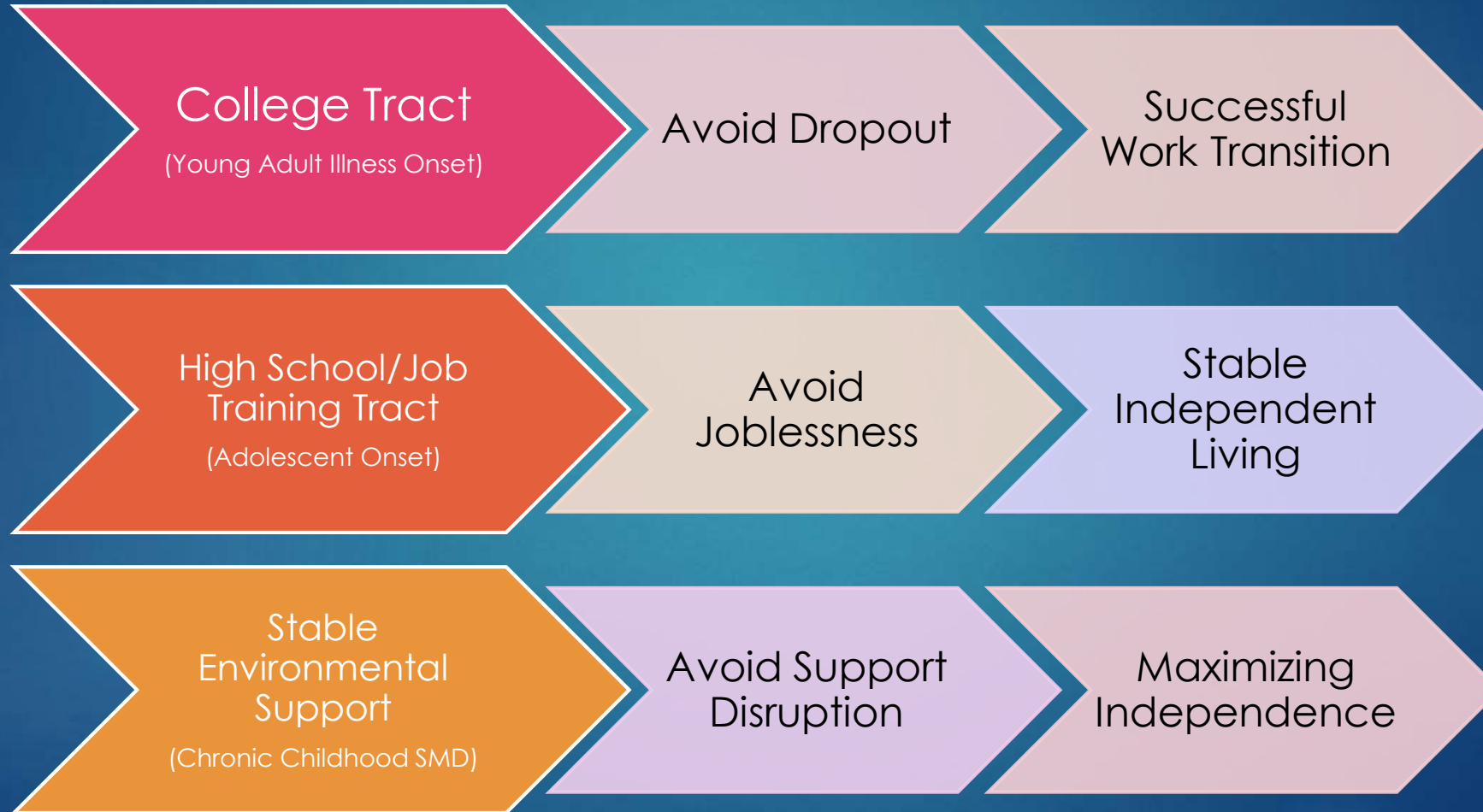
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- April 2017

Mental Health Service Use

Admission rates for mental health services among transition-age persons, by age group, USA 1997.



Prototypical Developmental Tracts



Introduction: NEET Status

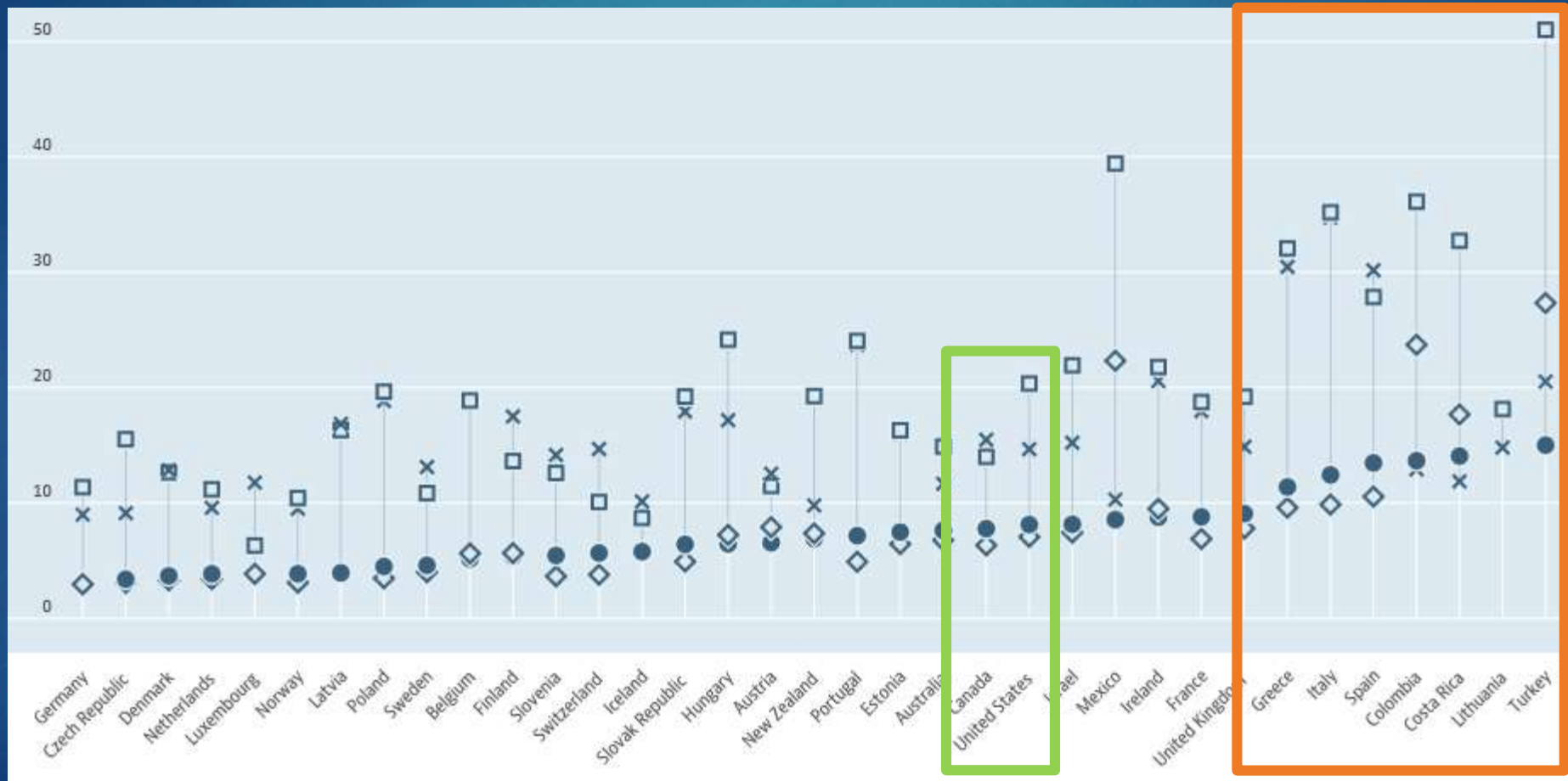
- ▶ Defined by OECD as **Not Employed, Educating, or Training** for a period of >6 months (Excluding Family Caregivers)
- ▶ First used in United Kingdom to stratify population by age with respect to employment, education
- ▶ Typically used to classify people 15-34yo

Introduction: NEET Status Prevalence

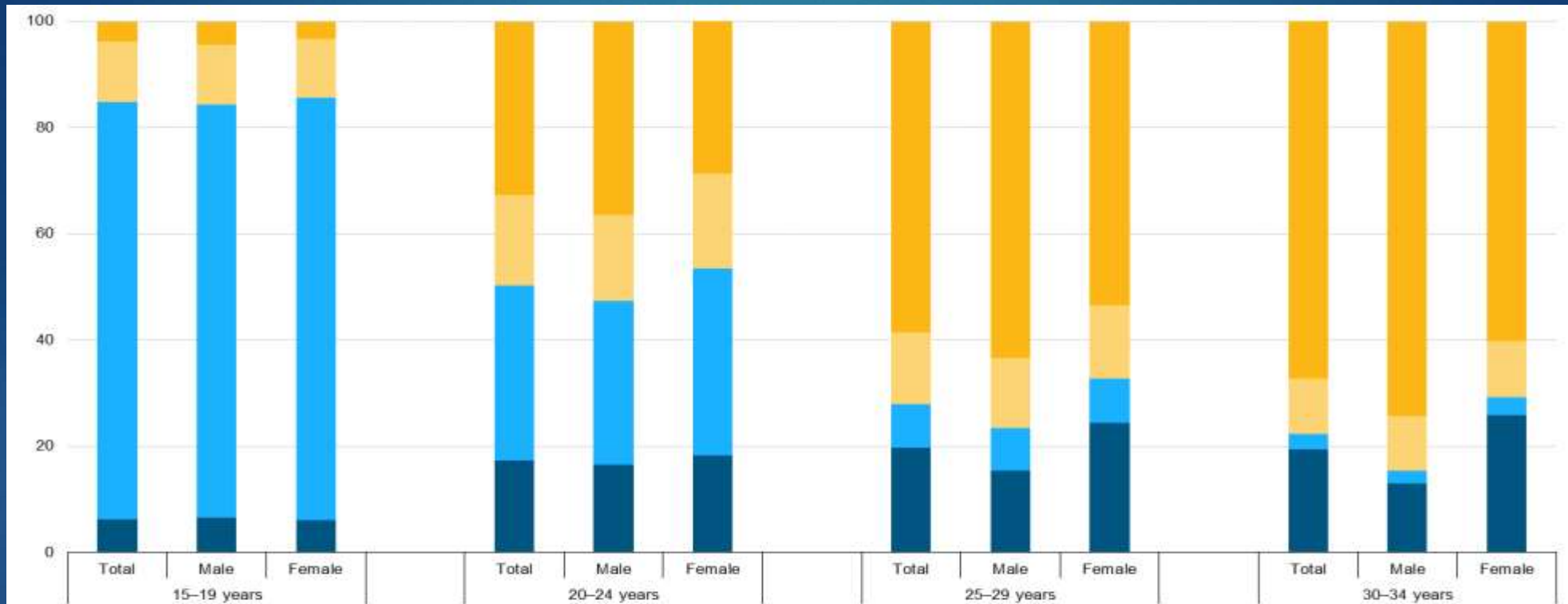
- ▶ Varies by country, socio-economic setting
- ▶ Worsened since global financial crisis of 2007

	Global Averages	USA Male	USA Female
15-19yo	8.4%	8.1%	7.1%
20-24yo	18.7%	14.7%	20.3%

Introduction: OECD NEET Status Prevalence



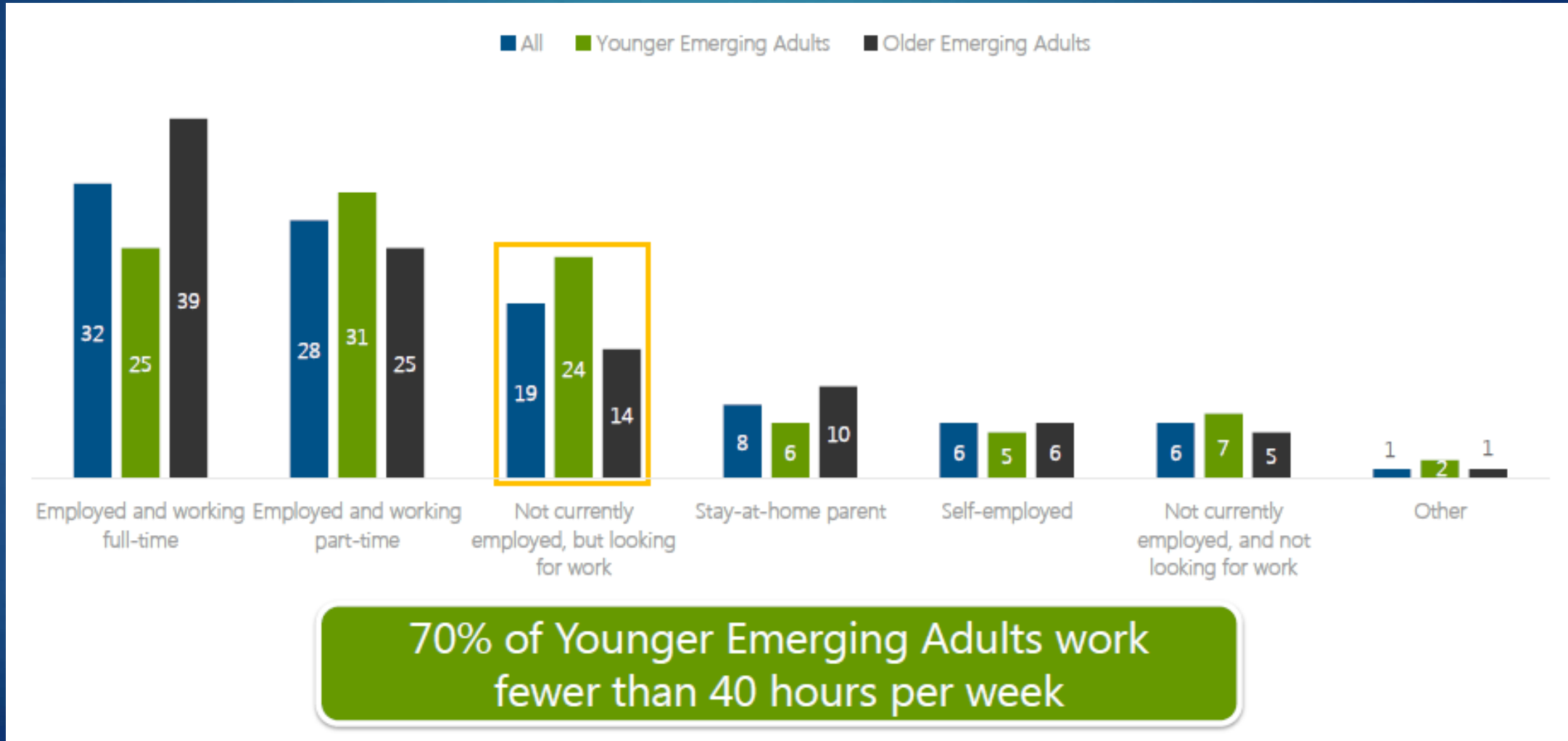
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Source: Eurostat (online data code: edat_ifse_18)

Work Demographics of Average Young Adults

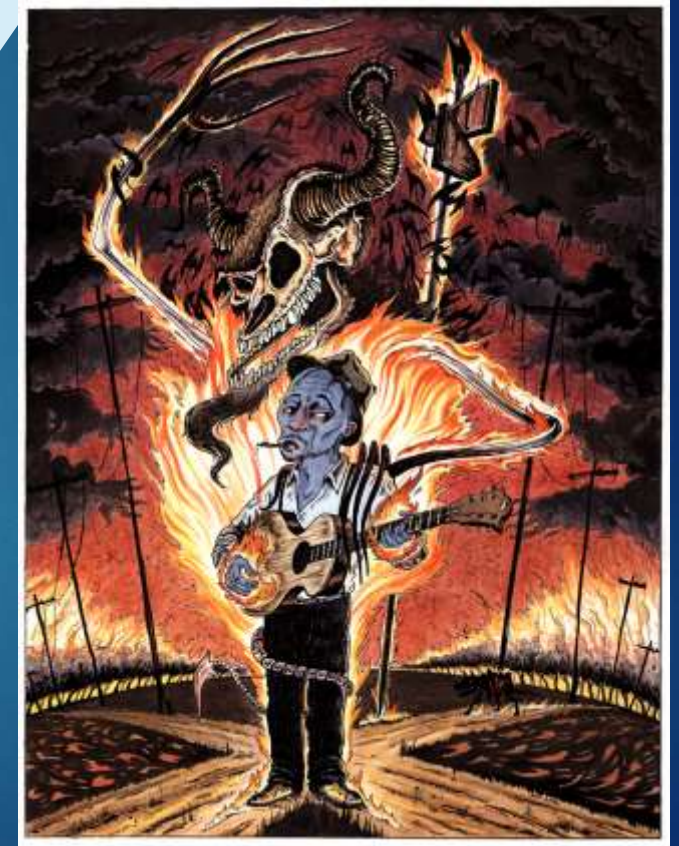
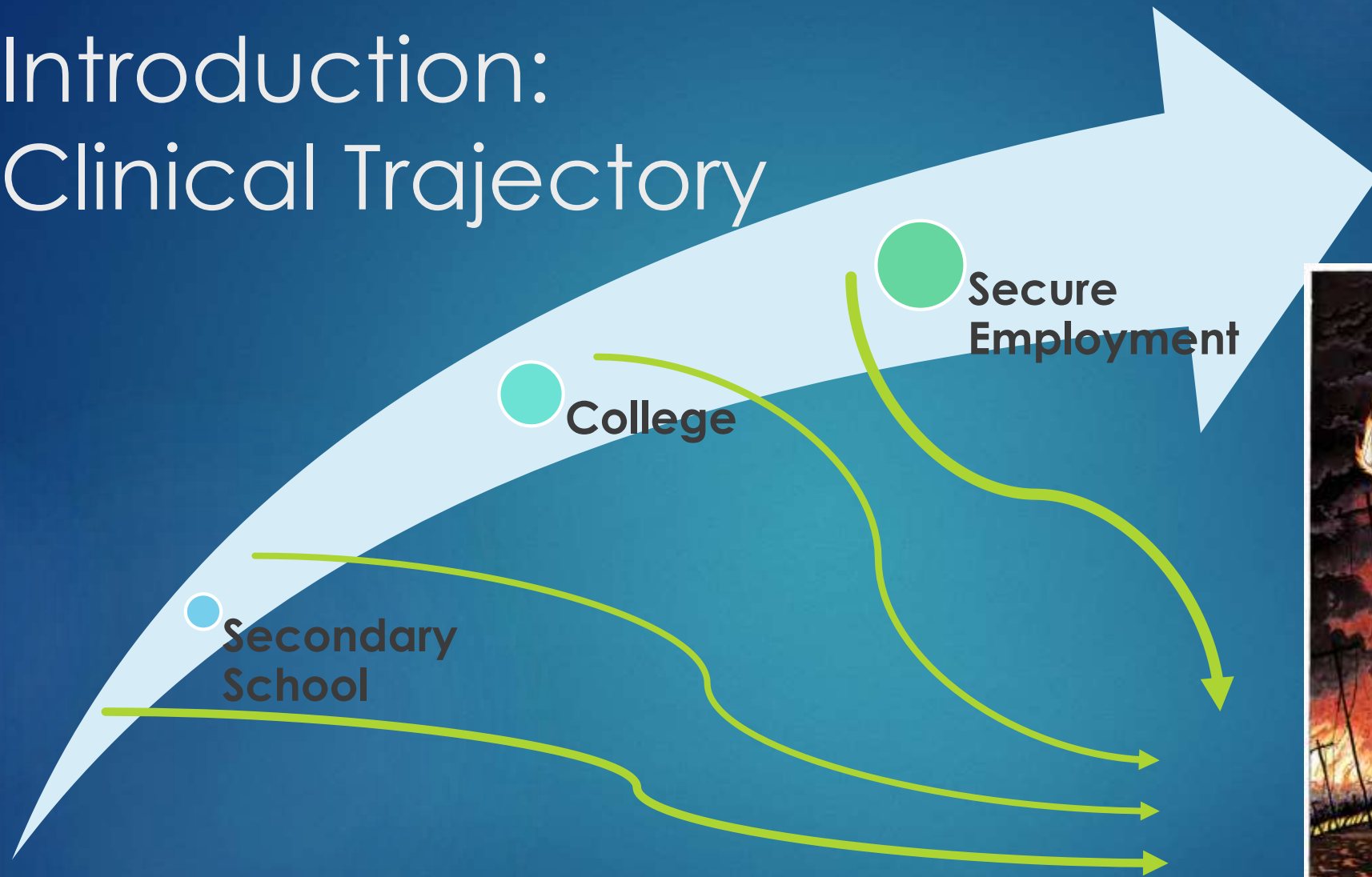


Introduction

Why define NEET Status?

- ▶ Trans-Diagnostic
- ▶ Compares Developed Countries with Similar Social Structures
- ▶ Predictive Value
- ▶ Attempts to Devolve Categories
- ▶ Allows for Cross-sectional and Longitudinal Study
- ▶ Societally Relevant
- ▶ Binary with More Desirable Outcomes

Introduction: Clinical Trajectory

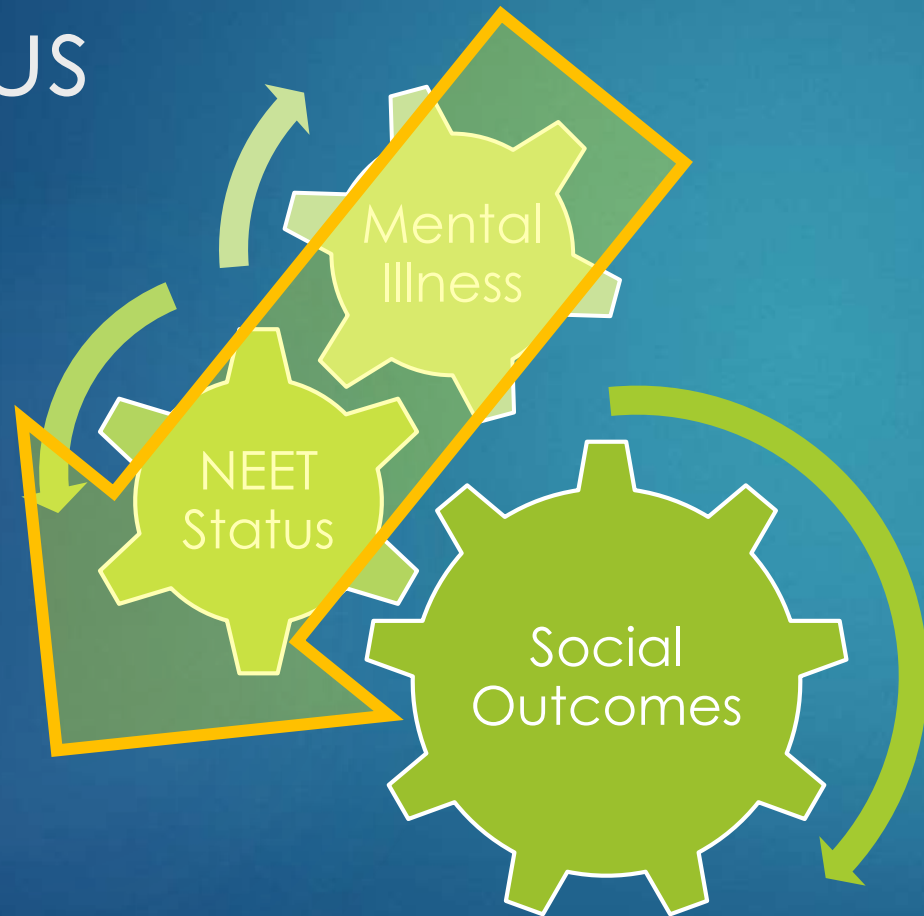


Work and Mental Illness

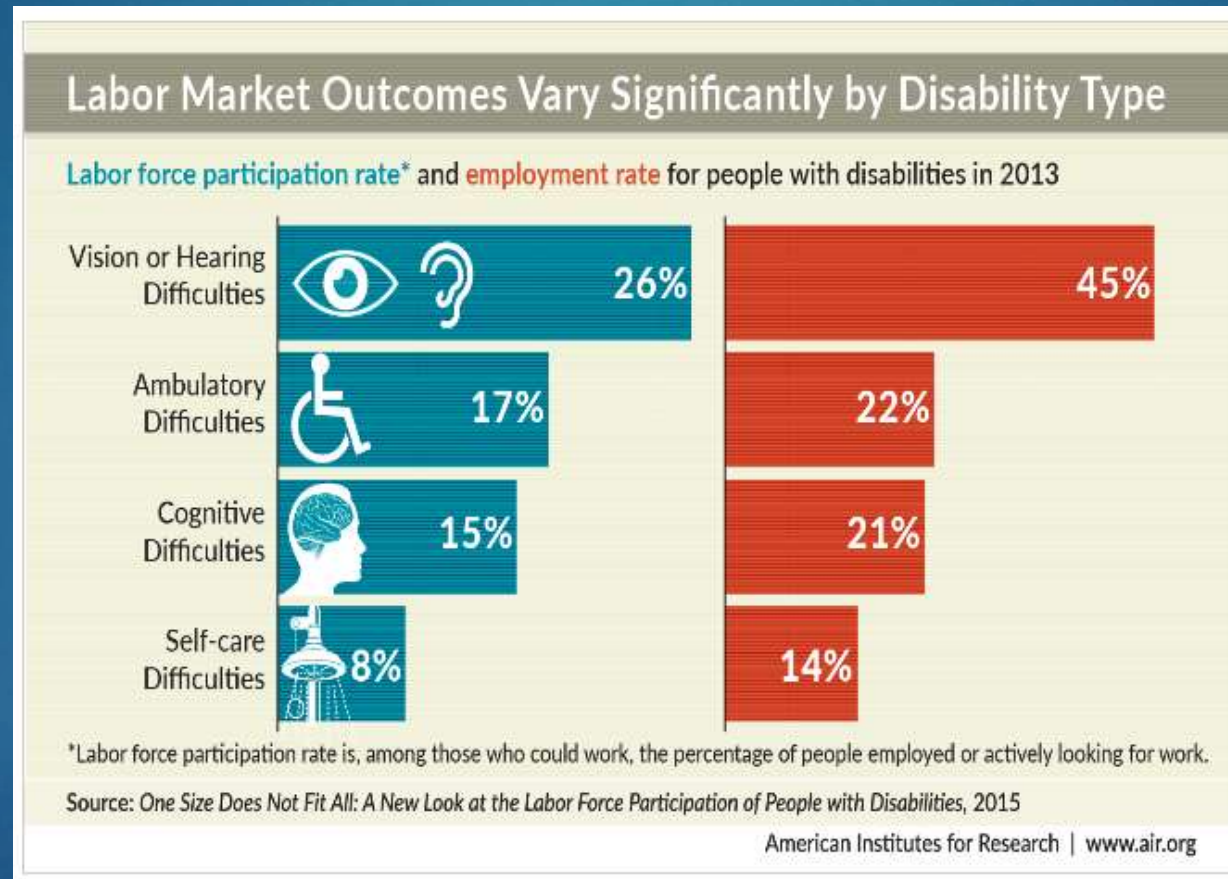
- ▶ People with Mental Illness want to Work
- ▶ There are many documented benefits
 - ▶ Daily Structure
 - ▶ Task Occupation
 - ▶ Fulfillment of Social Role
 - ▶ Relationship Development
 - ▶ Financial



Epidemiology: Mental Illness Impact on NEET Status

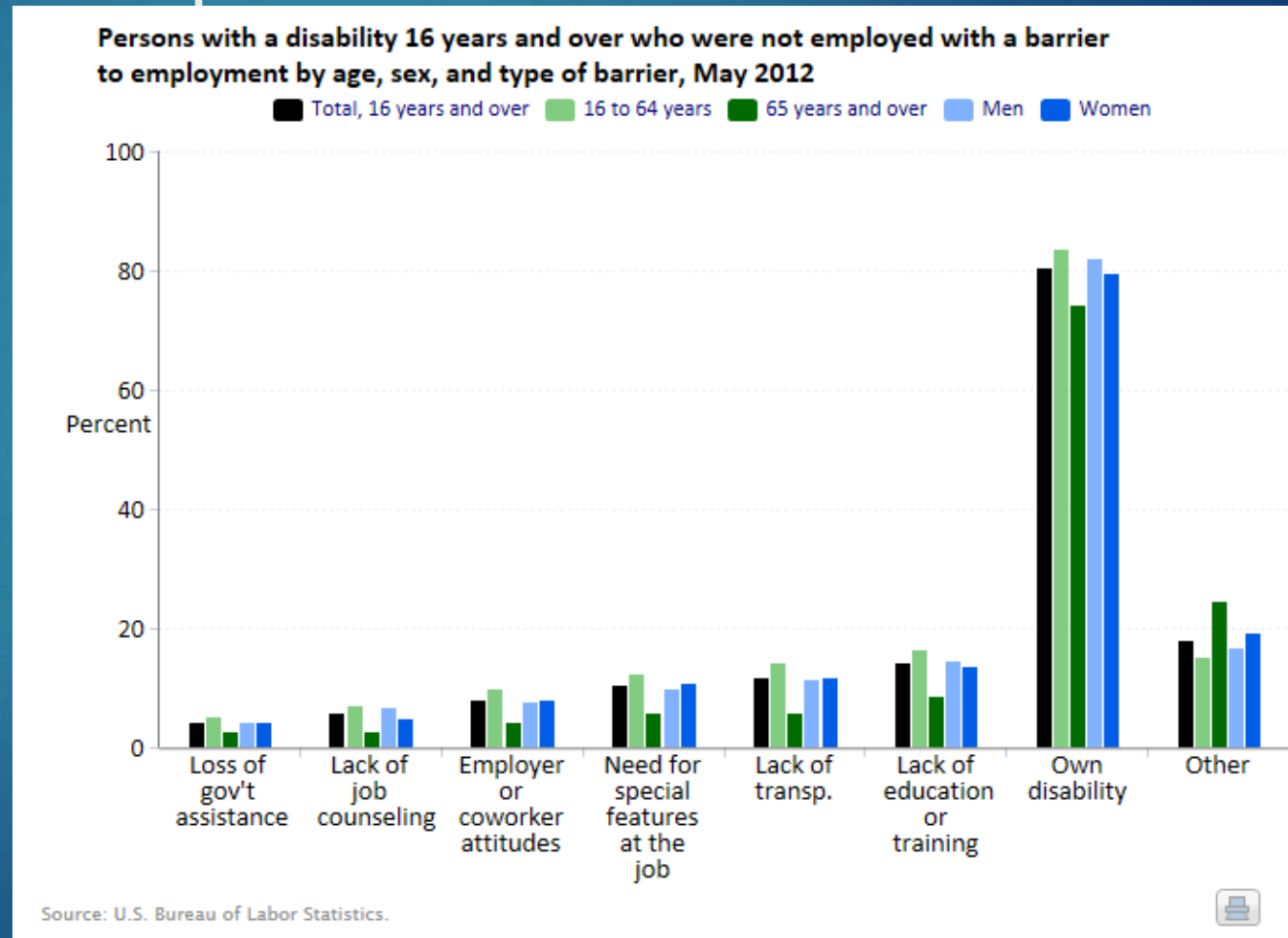


Epidemiology: Mental Illness Impact on NEET Status

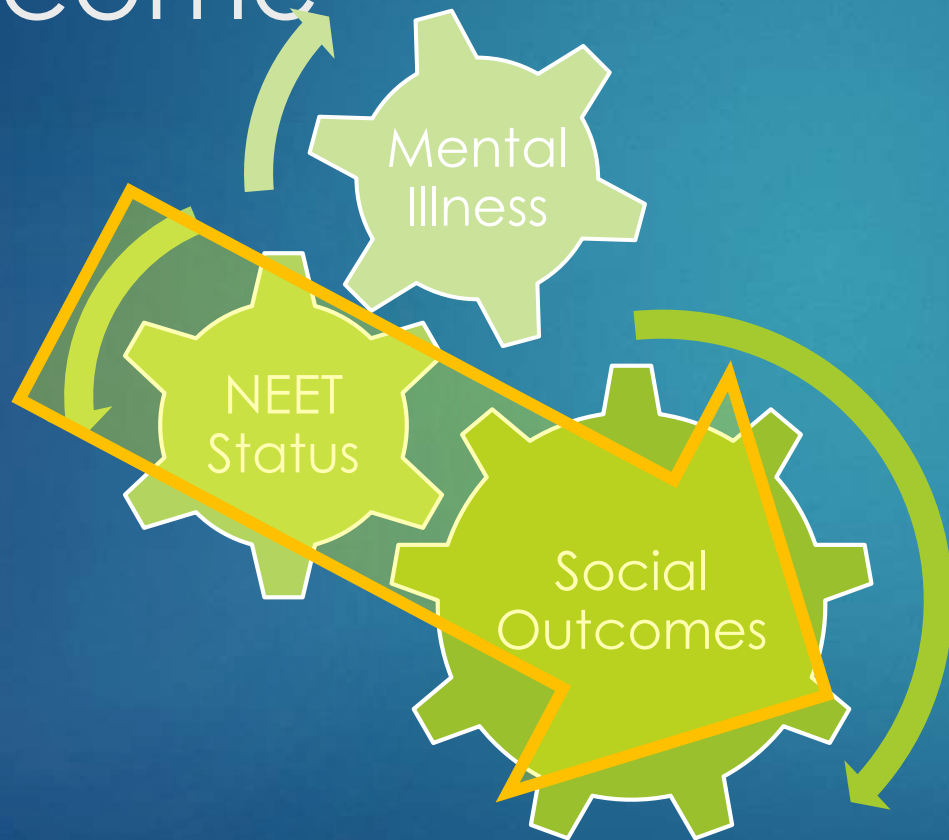


Epidemiology: Mental Illness Impacts on NEET status

- ▶ Only 10-20% of people with psychiatric disabilities are employed in competitive employment

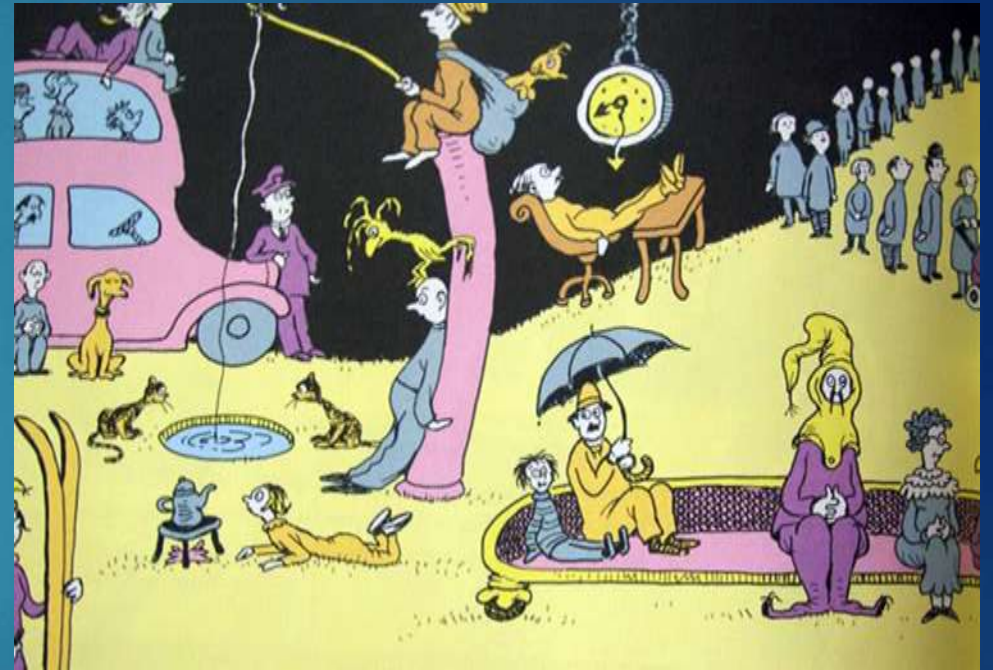


NEET Epidemiology: NEET Status Impact on Social Outcome

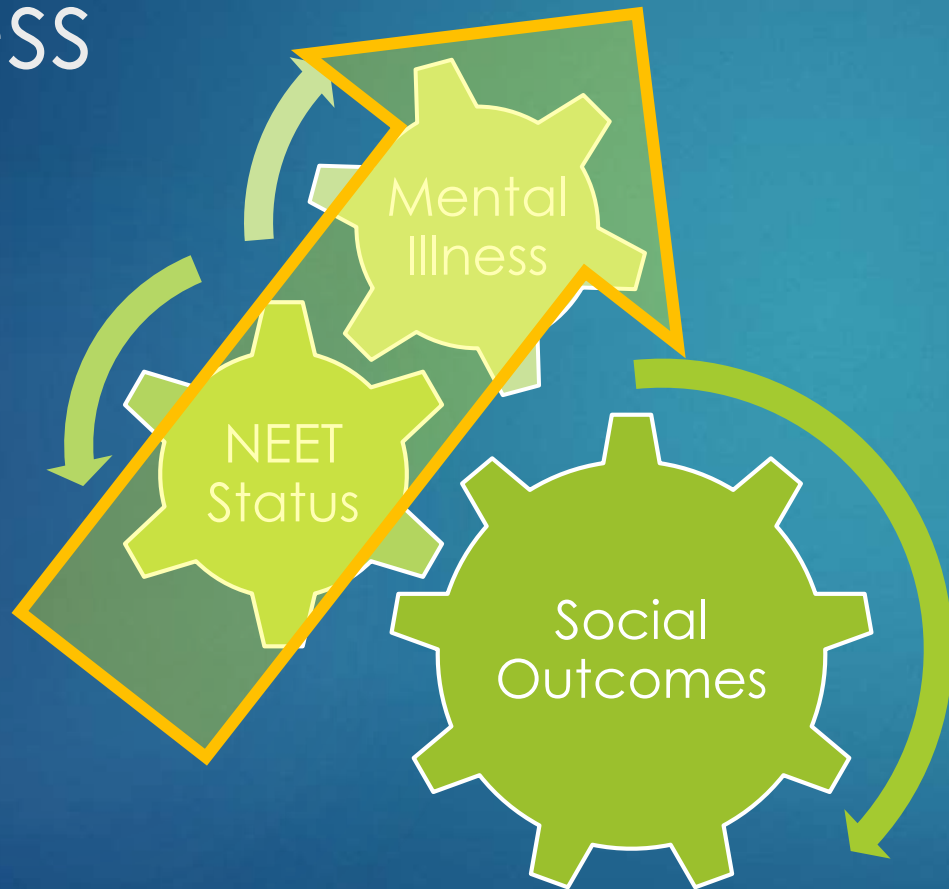


Epidemiology: NEET Status Impact on Social Outcome

- ▶ Chronic Unemployment
- ▶ Depressive Symptoms
- ▶ Lower Educational Outcome
- ▶ Legal Problems
- ▶ Substance Abuse: espec. Cannabis Abuse
- ▶ Disability Status
- ▶ Mental Illness: More chronicity, severity
- ▶ More prolonged NEET status predicts worse outcomes

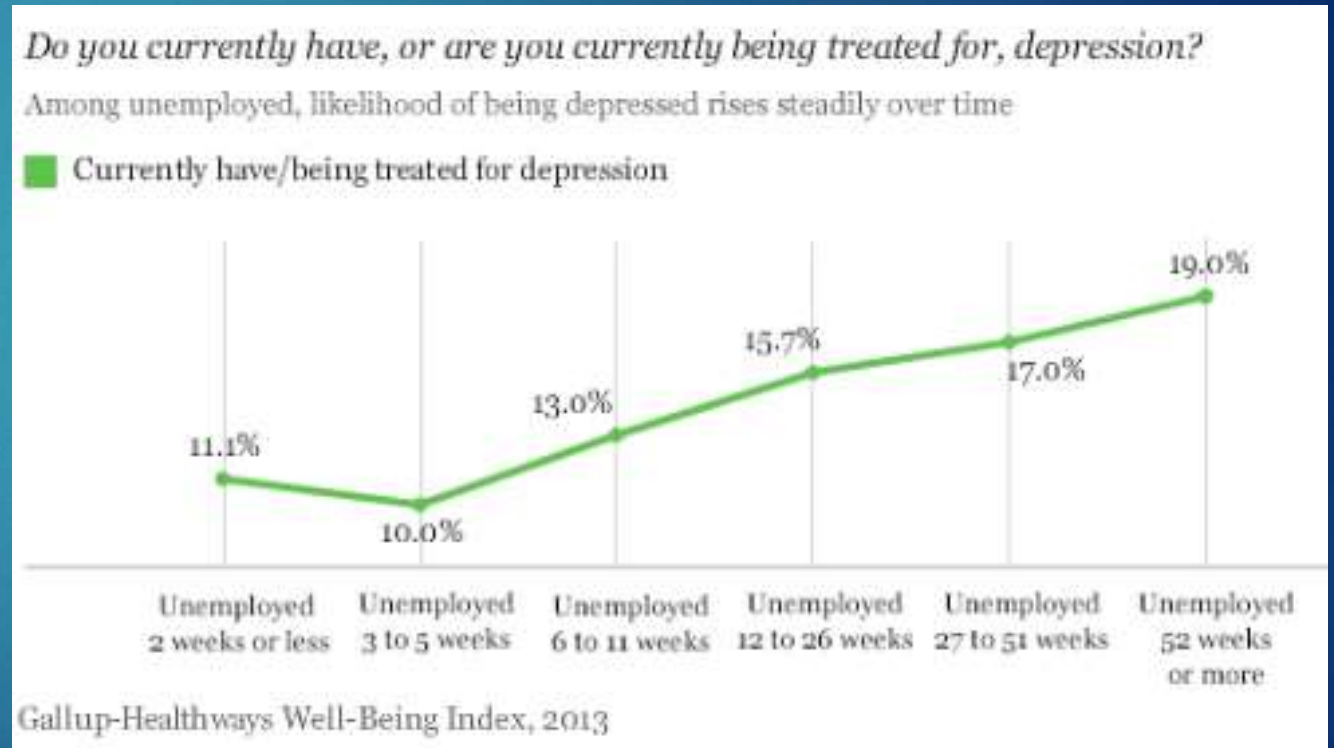


Epidemiology: NEET Status Impact on Mental Illness



Epidemiology: NEET Status Impact on Mental Health

- ▶ The likelihood of Depression increases steadily from 3-5 weeks following unemployment
- ▶ Job Loss is linked to multiple negative social outcomes, including mortality due to suicide



Epidemiology: NEET Status and Mental Health Swedish Longitudinal Study

- ▶ Youth unemployment (18-21 years) was shown to be connected with poorer mental health not only at age 21, but also at ages 30 and 42 years.
- ▶ Later singular unemployment experiences did not have the same long-term negative correlation with poorer mental health.
- ▶ Accumulation in poorer mental health was evident in multiple unemployment experiences.

Epidemiology: Predeterminants of NEET Status

- ▶ Social Class
- ▶ Parent Education
- ▶ Parent Interest in Child
- ▶ Geographic
- ▶ Bad Educational Experiences



Clinical Characteristics of NEET Individuals

DIVERSITY IN A TRANSDIAGNOSTIC CONSTRUCT



Audience Poll: What Diagnoses are represented in your NEET Status clients?

Clinical Characteristics: NEET Status and Diagnosis

- ▶ All DSM Disorders are associated with occupational and educational outcome modifiers
- ▶ Avoidance or Social Withdrawal/Maladaptation is a criteria in multiple DSM V Disorders
 - ▶ Schizophrenia Spectrum Disorders
 - ▶ PTSD
 - ▶ Social Anxiety Disorder
 - ▶ Depressive Disorders
 - ▶ Personality Disorders
 - ▶ Autism Spectrum Disorders

Clinical Characteristics: NEET Status and Diagnosis

- ▶ Thirty-five percent of NEET participants suffered from depression compared to 18 percent of non-NEET youths
- ▶ 14 percent had generalized anxiety disorder, compared to six percent of their non-NEET peers.

Epidemiology: NEET Status Diagnosis - Schizophrenia

- ▶ Employment rates ranged from 4% to 50.4%
- ▶ USA Average: 20%
- ▶ 43 international studies
- ▶ Factor Analysis
 - ▶ Positive Symptoms
 - ▶ Negative Symptoms
 - ▶ Cognitive Symptoms
 - ▶ Treatment Setting/Environment
 - ▶ Age of Onset
 - ▶ Course of Illness Remission
 - ▶ Duration
 - ▶ Substance Use
 - ▶ Sex
 - ▶ Education Level

Psychological Factors Theoretical Subtypes

- ▶ Overdependent
- ▶ Maladaptive Interdependent
- ▶ Counterdependent

Psychological Factors NEET-Hikikomori Rating Scale

- ▶ Freeter Lifestyle Preference
- ▶ Lack of Self-Competence
- ▶ Unclear Future Vision



NEET Focus Group Study

	NEET Youth
Research Question	What are the attitudes, experiences, and opinions of young adults experiencing NEET about their NEET status, with respect to physical and mental health symptoms, their treatment, and their parents' role in their lives?

NEET Focus Group Study

Inclusion

- ▶ Young Adults 18-27 years old
- ▶ History of Mental Health Treatment for one or more DSM V Diagnoses
- ▶ Participant has experienced or is experiencing a period of >6 months during which they were not employed, training, or attending school.

Exclusion

- ▶ Cognitive Impairment/Non-verbal
- ▶ Mild to Severe Intellectual Disability
- ▶ Active Psychotic Disorder

NEET Focus Group Study

Topic of Questions

1. Preceding Symptoms, Causes, Predictors

2. Events Connected to NEET Status

3. Perpetuating Factors

4. Daily Activities while NEET

5. Future Expectations

6. Parental Relationship/ Role in NEET status

7. Efforts/ Interventions

8. Opinion of NEET Terminology

Results: Preceding Symptoms, Causes, Predictors



Results: Events Connected to NEET Status



Results: Perpetuating Factors



Results: Daily Activities while NEET



Results: Future Expectations



Results: Parental Relationship/ Role in NEET status



Results: Efforts/ Interventions



Results: Opinion of NEET Terminology





Clinical Approach

Audience Poll

How many have been taught specific tactics
for working with TAY?

Barriers to Care

▶ Individual

- ▶ Illness Characteristics, Stigma, Help-Avoidance
- ▶ 8X more likely to terminate treatment than older adults

▶ Systemic

- ▶ Insurance, Homelessness, Discoordination, Legal, Child-Adult Service Transition, Eligibility Disruption

Treatment Considerations

- ▶ What strategies do we have specifically for TAY?
- ▶ What to do with parents?
- ▶ What to do with NEET, or nearly NEET youth?
- ▶ How to navigate resource transitions?
- ▶ What about technology?
- ▶ How do we prevent disruption of mental health care?



EBP Guidelines and Models

- ▶ Just do you
- ▶ TIP Model
- ▶ Navigate
- ▶ Achieve my Plan
- ▶ MST Emerging Adult
- ▶ Better Futures

TIP Model Guidelines

- ▶ Engagement
- ▶ Tailored Service Lines Building on Young Adult Strengths
- ▶ Acknowledge Personal Choice and Social Responsibility
- ▶ Support Social Network Safety Net
- ▶ Enhance Strengths to achieve greater Self-Sufficiency
- ▶ Outcome Focus at Individual, Program, and Community Level
- ▶ Involve Young People in the Process of Program Development

Clark HB, Unruh DK. Transition of Youth and Young Adults with Emotional or Behavioral Difficulties. 2009.

TIP Core Practices

- ▶ Strengths Discovery and Needs Assessment
- ▶ Futures Planning
- ▶ In-Vivo Teaching, Developing Rationale
- ▶ Social Problem Solving
- ▶ Prevention Planning
- ▶ Mediating Relationships with Support Network

Clark HB, Unruh DK. Transition of Youth and Young Adults with Emotional or Behavioral Difficulties. 2009.

Transitions Workshops

From Zero to One: Self-Management, Goal Setting, and Starting New Things

- Starting New things
- Setting Goals that Work
- Shaping New Behaviors
- Analyzing Outcomes and Revising Goals

Dealing with Humans: Friendship, Workplace, and Family

- Creating Fulfilling Conversations
- Peers, Bosses, Mentors and Mentees
- Changing Parental Roles
- Negotiating and Collaborating

Adulting 101: Becoming an Active Healthcare, Financial Consumer

- Identifying and tracking Symptoms
- Talking to Providers
- Self-Initiation of Feedback
- Understanding Diagnosis and Health Information

Knowing Yourself: Values, Identity, and Fulfillment

- Love, Work, Play
- Linking Values, Goals, Actions, Experiences
- Stuck vs. Growing as a Person
- Domains of Long-term Happiness

Transitions Workshop

▶ **Philosophy:**

- ▶ 1. Young Adults need new skills to traverse the threshold from parental home to a self-managed lifestyle.
- ▶ 2. Young Adults can learn these skills to overcome barriers to developing autonomy and achieving self-management.
- ▶ 3. Autonomy is of high value to individuals, increasing pleasure, stability, and success in young adulthood.
- ▶ 4. Group Settings provide opportunities for enhanced learning of these skills.

Mentorship Process

▶ Check-in

- ▶ Facilitate Mentees talking about values, goals, needs, resources
- ▶ Active Listening for feelings, motivations, internal and external obstacles
- ▶ Ask constructive clarifying questions
- ▶ Ensure safety of Mentee's privacy

▶ Mentorship

- ▶ Are there situations with which you can identify?
- ▶ What wisdom can you offer from your own experience of similar situations?
- ▶ Can you identify helpful next steps?
- ▶ Formulate recommended training in Knowledge and Skills Needed

▶ Workshop and Analysis

- ▶ Ask constructive questions to deepen understanding
- ▶ Teach Skills and Content tailored to Group Priorities
- ▶ Identify Core Obstacles
- ▶ Clarify Possible Outcomes
- ▶ Recommend Revisions and Enhancements to Goals
- ▶ Increase confidence and motivation based on Mentee Values

Intervention: Stuck vs Developing

Stuck		Developing
Lacking	Experiences	Achievements
Inefficient	Actions	Goal-Directed
Flawed, <u>Unprioritized</u>	Choices/Decisions	Effective, Prioritized
Not Defined, Irrelevant	Goals: Event/Time	Well-defined, Connected to Values
Unclear, Disconnected	Values	Explicit, Connected

Intervention: Activation Shaping Initiation and Curiosity

- ▶ Initiating behavior that the baseline is zero begins with thought
- ▶ Start by increasing thoughts
- ▶ Shaping: Using positive reinforcement (rewards) to increase positive baby steps
- ▶ Applaud Approximate Successes in moving toward desired behavior



Fulfillment: Domains of Positive Experience

- ▶ **1. Safety** – difficult to feel happy without this.
- ▶ **2. Pleasure and Satisfaction**
- ▶ **3. Being part of a Group** – Belonging
- ▶ **4. Feeling Empowered and Capable**
- ▶ **5. Accomplishing Things**
- ▶ **6. Enriched Relationships** – Teachers, Peers, and Students
- ▶ **7. Excitement** – New Things and Positive Anticipation
- ▶ **8. Follow** – Accept Good Rules and Respect Others
- ▶ **9. Freedom** – Choosing Your Own Path
- ▶ **10. Be Spiritual** – Feeling Eternal, Feeling Cared-for, Feeling Connected
- ▶ **11. Find a Big Picture View** – The View from the Mountaintop
- ▶ **12. Altruism** - Give, Help, Be Loyal, Show Gratitude
- ▶ **13. Growth** – The Process of Development
- ▶ **14. Identity** - Uphold Values and Have Integrity

Interventions:

Role Induction: Medication

- ▶ Being a Good Healthcare Consumer
- ▶ Communicating with Providers Effectively
- ▶ Understanding Medication as a Tool, not a Cage
- ▶ Self-Prescribed Adherence
- ▶ Maximizing Alertness and Minimizing Symptoms

Intervention: Family Intervention - Parents

- ▶ Self-Mastery
 - ▶ Doing For
 - ▶ Doing With
 - ▶ Stand By and Approve
 - ▶ Acknowledge Self-Mastery



Intervention: Family Interventions

- ▶ Decrease Control
- ▶ Increase Emotional Support

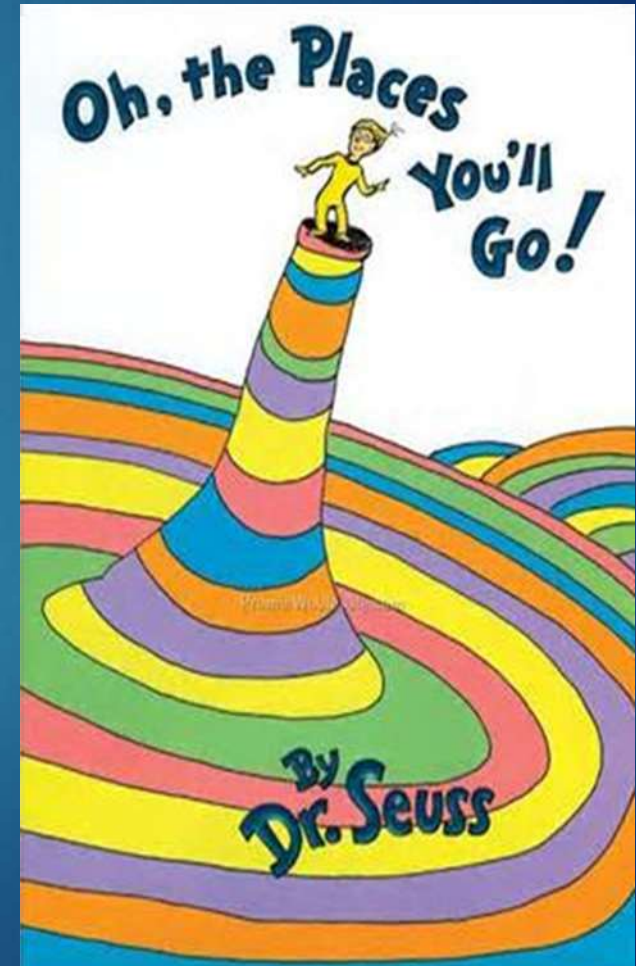


TAY Initiative: Training

ENLIST IN THE FUTURE!



Guiding Principles and Future Directions



Summary Points

- ▶ Normal TAY Development is highly varied, and changing historically.
- ▶ Mental Illness onset is prevalent in TAY populations, and can pertain to instability in social support.
- ▶ NEET Status may be an important target for research and intervention.
- ▶ The Role of Parents in Youth Transition is Significant
- ▶ The Bifurcation of Child and Adult Services is a largely artificial and potentially problematic divide.
- ▶ Treatment of TAY is Primary and Secondary Prevention.

Clinical: Service Line Development

- ▶ Group and Individual Young Adult Targeted Psychotherapy
- ▶ ADHD Specialized Consultation Services
- ▶ Community Service Line Development
 - ▶ I.e. CMHCs, Training Programs, Supportive Employment, First Episode Psychosis
- ▶ Integrated Care with Adult/Pediatric Specialty Clinics
 - ▶ I.e. Sickle Cell, Endocrine, HIV, IDD, Cystic Fibrosis

Research

- ▶ Develop and Test Effective Psychosocial Interventions for NEET Status
 - ▶ Prevention
 - ▶ Resilience
 - ▶ Re-integration
- ▶ Young Adult Stakeholder Engagement and PBRN Frame
- ▶ Primary Health Prevention in Young Families
- ▶ CAE and Adult Healthcare Transition
- ▶ Youth Directed Participatory Action Research

Appreciation

- ▶ Felipe Amunategui, PhD
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