



HELPING YOUTH ON THE PATH TO EMPLOYMENT DEVELOPMENT MEETING: CONFERENCE PROCEEDINGS

SUMMARY OF THE PREPARATORY MATERIALS, PRESENTATIONS, AND KEY FINDINGS OF
THE HYPE DEVELOPMENT MEETING.

Acknowledgements

I would like to give a very special thank you to everyone who made the HYPE Development Meeting possible. For all of the work done prior to the meeting and all of the work that has followed to develop these proceedings.

Thank you...

- *To our amazing team at Rutgers, without you, this never would have happened:*
 - *To all of our research and administrative assistants: Olga Anagnostis, David Crandall, Sandy Ghaly Ibrahim, Katie Holloway, Sean Karyczak, and Emily Simpson.*
 - *Special thanks to Drs. Kenneth Gill, Ann Murphy & Pat Nemec*
 - *A very special thanks to Dr. Judy Thompson who helped tirelessly in this effort.*
- *To our partners at Transitions RTC, UMASS Medical School: Dr. Marsha Langer Ellison, Dr. Maryann Davis, Rachel Stone, Amanda Costa, Dr. Sloan Huckabee, and Kathryn Sabella.*
- *To our funder, NIDILRR, and Dr. Leslie Caplan*
- *To our committed National Advisory Council*
- *To our growing and dedicated Participatory Action Council*
- *To the very patient Donna Binstein from the Rutgers Inn*
- *To Darrin Harris & Ekhaya Youth Project who supported the travel of all of the young people to attend the development meeting, in addition to the space, and food for this event!*
- *To Katie Holloway and Rachel Stone for their commitment to these Conference Proceedings.*

With Deepest Appreciation,



Michelle G. Mullen

A quick note to the reader: This document is intended to provide an overview of the two-and-a-half-day HYPE Development Meeting where issues related to developing an intervention for young adults were discussed. These proceedings document the presentations, overview of discussions, and key findings from the meeting. Yet more importantly, this document highlights the incredible value of bringing together national researchers and experts with young adults to discuss critical features of a service and identify where there may be meaningful differences in opinions and beliefs in order to refine an intervention to address the unique considerations of young adults with mental health conditions.



The contents of this booklet were developed with funding from the US Department of Education, National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR; PI: M.G.Mullen, 90DP0063). The content of this booklet does not necessarily reflect the views of the funding agencies and you should not assume endorsement by the Federal Government.

Suggested citation: Mullen, M.G., Holloway, K., Stone, R., & Ellison, M.L. (2017). Helping Youth on The Path to Employment Development Meeting: Conference Proceedings. Rutgers University, School of Health Professions.

TABLE OF CONTENTS

Introduction.....	v
Preparatory Materials.....	1
Introduction to the Materials.....	1
Career Development Features Checklist.....	2
HYPE Assumptions: Items that were Removed from the Checklist.....	13
Checklist Results: Items Agreed Upon by All Groups.....	21
DAY 1: WEDNESDAY, SEPTEMBER 30, 2015.....	27
Introduction: Dr. Kenneth J. Gill.....	27
Youth Panel.....	29
Introducing HYPE: Michelle G. Mullen.....	30
Important Differences between Young and Not-young Adults: Dr. Maryann Davis.....	31
The Evolution of HYPE: Michelle G. Mullen.....	36
Scoping Review: Dr. Judy L. Thompson.....	41
Career Development Features Checklist: Michelle G. Mullen.....	45
NAC Break-Out Session: Introduction.....	49
NAC Discussion Items and Guiding Questions.....	49
Developing/Enhancing Motivation.....	50
Generalist vs Specialist.....	52
Enhancing Cognition.....	53
Skill Development.....	54
PAC Break-Out Session: Introduction.....	56
PAC Discussion Topics and Guiding Questions.....	56
Developing Experiences that Relate to Career Goals.....	57
Assistance with Strategically Selecting Academic Pursuits.....	60
Role of Benefits in Long-Term Career Pursuits.....	61
DAY 2: THURSDAY, OCTOBER 1, 2015.....	63
Getting on the Same Page: Michelle G. Mullen.....	63
Survey of Innovative Practices: Dr. Marsha Langer Ellison.....	66
Qualitative Interviews: Michelle G. Mullen.....	72
Group Discussion: Introduction.....	77
Reporting Back:Enhancing Motivation.....	78
Reporting Back: Developing Experiences.....	79

Reporting Back: Enhancing Cognition	80
Reporting Back: Role of Benefits.....	81
Large Group Discussion Topics and Guiding Questions	82
Role of Family	83
Peer Support Groups	84
DAY 3: FRIDAY, OCTOBER 2, 2015	87
Large Group Discussion: Introduction.....	87
Large Group Discussion Topics and Guiding Questions	88
Minimizing Disruptions in School.....	89
Preventing Academic Disruption	91
Wrap-up	93
Appendix.....	a
Participant Biographies	a
Rutgers & UMass Research Team	a
National Advisory Committee (NAC)	e
Contact Information	j

INTRODUCTION

What is HYPE?

HYPE stands for **H**elping **Y**outh on the **P**ath to **E**mployment. HYPE is a joint research venture with Rutgers University Department of Psychiatric Rehabilitation and the University of Massachusetts Medical School, Transitions Research and Training Center. HYPE was born out of a practice in New Jersey that integrated education into supported employment services. The original model was developed in community mental health for adults with mental health diagnoses (anyone 18 or older) who desired assistance with either work and/or school. The HYPE project then aimed to manualized this approach to services and specialize it for young adults in the service system as it became clear to developers and practitioners that younger and older adults have similar and differing needs. Therefore, our goal is to create a set of services that will help young adults to minimize the number of disruptions to achieve their long-term **career goals**. In order to help young adults achieve such goals, strategic support in both school and work is critical to gain competitive employment in the primary labor market and enabling them to live meaningful and self-sufficient lives.

Why did we develop the HYPE Project?

- People with mental health conditions are often “counseled” out of employment, intentionally or unintentionally.
- Very poor vocational outcomes in both employment and education.
- Unemployment is suspected to be a significant contributor to difficulties experienced by adults with mental health conditions, such as: social isolation, poor quality of life, difficulty attaining meaningful goals, poor physical health.
- Eliminate the application for and receipt of Supplemental Security Insurance (SSI).
- Focusing on young people is critical to breaking the chain of poverty and low expectations that is seen with the older adults who are receiving services from the community mental health system.

Our Mission

- To understand the unique experiences and needs of young people that require consideration in career services.
- To seek input from national experts on a continual basis from experts in research and practice as well as through lived experience.
- Utilize feedback in all phases of the project, including:
 - The creation of products/projects,
 - Understanding information collected,
 - Application of the information, and
 - Dissemination of our findings.



- To contribute significantly to changing services for young people with mental health conditions through the implementation of this project.

HYPE is a development project

- We are exploring the who, what, where, why, and how
 - Through formalized exploration
 - By discussions with experts
- This project will lead to more impactful outcomes in:
 - Service development
 - Funding changes
 - Advocacy
 - Future research

How it all comes together



Understanding the Acronyms and Terms in this Document:

- **Participatory Action Council (PAC):** A group of approximately 15 young adults from across the country with lived experience with mental health conditions. The PAC participate in meetings via web conference with members of our research team to help inform all aspects of the project.
- **National Advisory Council (NAC):** A group of national experts in research and practice in psychiatric rehabilitation, social work, higher education, and other related mental health fields. The NAC members contribute their expertise by advising the research team throughout the project.
- **Scoping Review (SR):** A systematic review of the literature pertaining to our focus of education and employment supports for youth and young adults with mental health conditions.
- **Survey of Innovative Practices (SIP):** Interviews with practitioners in supported employment and supported education for youth and young adults to identify innovative practices in the field.
- **Qualitative Interviews (QI):** Interviews with young adults with lived experience having mental health conditions, to identify services and supports that have helped them (or could have helped them) pursue their vocational goals.
- **HYPE Manual:** The culmination of all of these activities, the HYPE Manual will be developed for practitioners in supported employment and supported education services to use as a guide to better serve youth and young adults with mental health conditions.



PREPARATORY MATERIALS

INTRODUCTION TO THE MATERIALS

The materials in the following section were developed prior to the HYPE Development Meeting in order to help the research team prepare the conference agenda and discussion topics. They were also distributed to all of the conference attendees to provide them with a more targeted context in which to frame their discussions at the conference. It will be helpful to review these materials before reading the conference proceedings, as they include important background information about the process of synthesizing the findings of the research activities to identify critical elements of career development services for transition age youth and young adults, as well as the purpose and goals of the Development Meeting.

Career Development Features Checklist (referred to as the “Checklist”): The items in the Checklist were generated by synthesizing the results from the Scoping Review, Survey of Innovative Practices, and Qualitative interviews. Any item from these activities that were identified as helpful to promoting careers of young adults were included in the initial form of the Checklist. After eliminating items, which is described in the below, the Checklist was distributed electronically via REDCap to all of the conference attendees (research team, PAC, and NAC members) and the responses were analyzed to determine agreement and disagreement between and within groups.

HYPE Assumptions: Items that were removed from the Checklist: This document was created to further explain the process used to create the Checklist and to describe some of the existing models that have influenced the development of HYPE.

Checklist Results: Items Agreed Upon by All Groups: This document summarizes the results of the items in the Checklist survey that had the highest level of agreement between and within groups. These items were identified based on each item’s overall means and standard deviations.

Checklist Items for Discussion: This document was included in the materials for all of the conference participants as a quick reference of all of the topics that were planned for discussion, including the break-out discussions with the NAC and PAC, as well as the large group discussion topics.



CAREER DEVELOPMENT FEATURES CHECKLIST

The following text is from a REDCap survey which was completed by all attendees in preparation for the HYPE Development Meeting.

Dear HYPE Development Meeting Attendees,

We appreciate your time, thoughtfulness, and effort that you have already contributed to helping us create the HYPE intervention, a career development service for young people affected by mental health conditions. The Career Development Features Checklist (referred to throughout the rest of the introduction as the "Checklist") is the final step before we meet in September. Your responses to the Checklist will be anonymous. After you submit it, you will receive a thank you email that is automatically generated from the system; this is your confirmation that you successfully completed the Checklist and will not be matched to your survey. We expect for the checklist to take 45 minutes to complete. You can save your work and come back to it later, if you are unable to complete it in at one time.

The first iteration of the Checklist had over 200 items, which were distilled from the Scoping Review, the Survey of Innovative Practices, and the Qualitative Interviews with young people, as well as through the expert opinion of our research team and advisory council members. In an effort to make the Checklist of greatest value to the investigators of this project (and to not waste your time evaluating items that are widely accepted by the field), we relied heavily upon the published research, literature and fidelity scales (when available) to identify the guiding principles and practices of services that we perceived as critical to the creation of a career development model. The services and models that informed our set of assumptions are Boston University's approach to Psychiatric Rehabilitation, the leading Supported Employment model (Individualized Placement and Support; IPS), Transition to Independence Program (TIP) model, Supported Education, and the Transtheoretical Model (TTM; or otherwise referred to as the Stages of Change). These assumptions will serve as a framework on which the HYPE manual will be based. A portion of our Development Meeting will be spent discussing these assumptions as a group but are not the focus of this Checklist.

After removing the assumptions, the remaining items on the original Checklist were evaluated using the following criteria:

- 1) it is unique to young people, meaning that it is not broadly relevant to all ages groups;
- 2) it is unique to career development; or
- 3) it is critical to either young people or career development.

If any item met at least one criterion, then it was retained in the Checklist. Therefore, the Checklist is comprised of additional items to the set of assumptions above and are likely to be essential to career services for young people. We are asking you to carefully evaluate each of these items and decide on how important each is to HYPE. The items that you, our expert raters, unanimously endorse,



we will review at the Development Meeting and will more than likely become a part of the HYPE manual. The items that do not have agreement will be discussed at the Development Meeting.

Once again thank you for your time and careful consideration to the Checklist as well as your on-going support of our project.

Guiding Principles and Practices

In this section, we have identified principles and practices that will influence the philosophy and operation of a career development intervention for young people. We believe that these principles are either unique to young people or career development services. We would like for you to rate how important each item is to implementing a high-quality, career development service for young people.

All items rated on the following Likert scale:

1 = Not at all Important

2 = Slightly Important

3 = Neutral

4 = Important

5 = Very Important

- 1) Career Development Services for young people involve explicitly integrating supported education with employment. Employment and educational pursuits and related outcomes are of equal value to the agency.
- 2) Career Development Services for young people focus on developing vocational experiences in integrated settings. Given the normative tasks of young adulthood regarding the development and refinement of long-term career aspirations, unpaid work experiences, such as internships and volunteer work, are viewed as valuable pursuits that may promote the development of valuable skills related to seeking competitive employment. Thus although competitive employment is viewed as the long-term goal, the emphasis for this age group is on integrated settings, rather than competitive employment, per se.
- 3) Career Development Services are fully integrated with, and considered a core component of, multi-disciplinary treatment for young people with mental health conditions (e.g. mental-health and substance use services).
- 4) Career Development Service that do not offer a full array of mental-health and other services should work to develop collaborative relationships with outside practitioners/teams so that vocational services can be coordinated and integrated with other components of care to the extent possible; this includes working with secondary educational institutions.
- 5) Career Development Services assist young people, based on individual needs, to identify and successfully connect with additional resources that will promote success and satisfaction in their environments of choice (e.g. occupational therapy, pet therapy). If potentially-helpful services do not exist, the program advocates for their development.



- 6) Educational goals are vocationally oriented and relate to the young person's individualized long-term career goals.
- 7) The program supports a variety of training and educational activities (e.g., attaining a GED or high school diploma, attending vocational school, completing apprenticeships, etc.) rather than limiting support to activities related to pursuing post-secondary education in a traditional college setting.
- 8) The program should expect and be flexible in accommodating the developmentally normative process of switching between, or concurrently pursuing, goals related to employment and education.
- 9) Career Development Services uses a blended approach of Prochaska & DiClemente's Stages of Change and the factors that affect the change process (as identified by Boston University) to engage, understand, and support the young person and his/her needs to achieve their long-term career goal(s).
- 10) The agency considers it important to consistently engage the young person in programming and provide assistance with regard to vocational pursuits despite the turbulence associated with this developmental period. A behavior that may be considered high risk is not used as grounds for excluding the young person from program participation (e.g., changes in family or social relationships, exploration of sexual self, substance use, incarceration).
- 11) The program responds in a non-punitive manner to missed appointments and inconsistent (or a lack of) communication. Services are continued even if the young person engages inconsistently in services.
- 12) Services are implemented to be consistent with the developmental stage of the young person by using a flexible approach with regard to multiple jobs being held for a short duration; rather than viewing such job experiences as necessarily problematic, they are considered potentially useful to the "career exploration" process.
- 13) Services are designed to enhance vocational resiliency by helping the young person view challenges and set-backs as normative and as learning opportunities rather than as evidence that work/school is unattainable.
- 14) The team of practitioners who provides Career Development Services includes at least one practitioner who specializes in providing employment services specifically, and at least one practitioner who specializes in providing educational services specifically.
- 15) All staff, regardless of role, are trained in the principles and practices of the Career Development approach, so that employment practitioners are knowledgeable about educational services and supports and visa versa.
- 16) Career Development Services include an emphasis on teaching the critical skills needed to function in the student and/or worker role and successfully complete the chosen educational program or obtain and maintain the chosen job.
- 17) Career Development Services are intended to engage all youth regardless of past or current substance use.
- 18) Career Development Services staff actively encourage and assist the young person to engage in additional resources or specialized services as needed given their specific situations (e.g. abusive parents), preferences (e.g. LGBT housing on campus), or related to their condition (e.g., specialized first-episode psychosis services).



- 19) Service provision is designed to emphasize and promote self-determination and self-efficacy through empowering young people to actively use their voice to shape all aspects of programming (e.g., assisting to interview for new staff, taking part in discussions regarding the types of services offered).
- 20) Career Development Services are provided in the community, at locations where young people feel comfortable and gather naturally.
- 21) The program responds rapidly to the urgent/immediate needs of the young people being served.
- 22) The program considers the engagement in vocational activities, such as obtaining a job or returning to school, as a treatment modality that can improve the young person's long-term trajectory. Vocational pursuits are prioritized and clinical treatment is intended to support such goals (rather than be the focus of service).

Agency and Program

In this section, we have identified agency-level and program-level policies, practices, or procedures that likely influence the operation and delivery of career development intervention for young people. We would like for you to rate how important each item is to implementing a high-quality, career development service for young people.

All items rated on the following Likert scale:

1 = Not at all Important

2 = Slightly Important

3 = Neutral

4 = Important

5 = Very Important

- 1) Age-specific programming is provided such that young people are served separately; programs understand that young people may not be best served by encouraging involvement in program-related activities with older adults.
- 2) The agency and staff have extended evening and weekend work hours to accommodate the scheduling preferences of the young people being served.
- 3) The agency adequately reimburses practitioners for the costs associated with meeting young people in the community (e.g., for gas, food).
- 4) The program implements formal and informal assessments of fidelity to the career-services principles on which services are based; the results of these assessments are used to adjust and improve services in an ongoing way.
- 5) The agency offers art programs to provide a creative outlet for and increase the engagement of the young people they serve.
- 6) The program promotes a sense of belonging and encourages young people to make connections with one another in the program.



- 7) The program makes a point of hiring, when possible, staff who are similar to the young people being served with regard to age, race, gender, and having experienced a mental health condition, to increase the practitioner's ability to relate to and understand the experiences of those being served.
- 8) Career Development Services include peer support groups that are available throughout the young person's involvement with the agency; such groups allow the young person to both offer and receive encouragement and support as they prepare for, initiate, and then work to maintain employment or participation in an educational program.
- 9) The agency identifies and matches mentors to the young people they are serving on the basis of common career or recreational interests; such mentors may include coworkers, tutors, volunteers, and/or community leaders. The young person meets regularly with his/her mentor.
- 10) The agency provides guidance and support to, and recognition of, individuals from the community who formally serve as mentors for the young people being served by the agency.
- 11) Staff use youth-friendly methods to communicate with the young people being served (e.g., texting, social media).
- 12) The program develops an inter-agency team that is individualized for each young person in accord to his/her goals and needs (e.g., housing, clinical services, educational institutions), and is coordinated by the Career Development practitioner; this team assists the young person in accessing and using community-based services and resources.
- 13) The program organizes formal, regularly-scheduled consultation sessions with a career-services expert to review cases and problem-solve implementation issues with all team members, including vocational and clinical staff.
- 14) The program links the young person to regular outdoor and/or sports activities in the community to help the young person develop interests that support a healthy lifestyle.
- 15) All staff use, and written materials contain, person-first/"human experience" language.
- 16) The program is sensitive to confidentiality issues and the preferences of young people who are under the age of 18 with regard to parents/legal guardians accessing service records. (In cases in which a parent or legal guardian requests records to which they have legal access, program staff work with the young person to obtain, whenever possible, "assent" for the release of such records.)
- 17) The program provides, or links the young person to, evidence-based cognitive and/or social-cognitive training activities that are tailored to address cognitive problems that may limit the young person's ability to reach his/her vocational goals.
- 18) The program provides, or links the young person to, socially-focused programming designed to improve or maintain developmentally-relevant social skills.
- 19) The program provides, or links the young person to, specialized clinical services based on presenting problems, including medication management, CBT, individual and group-based trauma interventions, and substance-use services.
- 20) The program works with family members to assist them in supporting the young person as he/she pursues his/her vocational goals.
- 21) The program provides, or links family members, to evidenced-based family interventions (e.g., psychoeducational programs).
- 22) The program offers, or links the young person's family to, family support groups.



- 23) There is a high bar for assisting the young person to obtain disability benefits. Assisting the young person to apply for disability benefits is not a routine component of intake or later services. Staff only assist the young person in obtaining such benefits after the disability has been demonstrated by many failed treatment and vocational attempts despite the involvement in high-quality, flexible services. The program actively avoids sending ambiguous messages regarding the young person's ability to work.
- 24) Program staff actively attempt to address financial barriers faced by the young person (e.g., the inability to afford care, student debt, loss of financial aid due to program withdrawal), by linking to, and assisting the young person to access, various resources.
- 25) The program assists the young person to obtain affordable health insurance as needed.
- 26) The program addresses housing and transportation issues that affect the young person's access to services and vocational outcomes, such as the inability to find inexpensive housing and proximity to supports (e.g., by assisting the young person to apply for housing services).
- 27) The program links and supports the young person to external resources, to assist in meeting personal needs (e.g., food, shower and laundry facilities).
- 28) The program provides services related to the development of community functioning and self-care, such as meal planning and shopping.
- 29) Services are specifically designed to support the young person during service transitions from child to adult programs in areas such as educational services and housing.
- 30) The program engages in thoughtful discharge planning that involves family members, identified supporters, and all members of the clinical team.
- 31) The program maintains a pool of money ("flexible funds") that the young person can access to help him/her cover expenses when other resources are not available quickly enough (e.g., expenses related to housing, transportation, emergency food, college application fees).

Practitioner

In this section, we have identified practitioner-specific roles, tasks and competencies that potentially influence the efficacy of the career development service. We would like for you to rate how important each item is to assisting young people in achieving success in their school or work.

All items rated on the following Likert scale:

1 = Not at all Important

2 = Slightly Important

3 = Neutral

4 = Important

5 = Very Important

- 1) The practitioner is able to be creative and flexible in their methods of outreach, engagement, and support with the young people they are serving, especially with transient or homeless youth. The



practitioner is able to effectively partner with the young person to identify strategies to maintain connectedness during times of difficulty (e.g. no phone, hospitalization, etc.).

- 2) The practitioner is able to cultivate a relationship with the young person, is receptive to youth culture, and relates well to young adults.
- 3) The practitioner works with the young person to develop a shared definition of "progress" towards a goal or overcoming a barrier. This enables both the practitioner and young person to recognize progress or lack thereof, and celebrate success --e.g. "I know I am making progress when XXXX happens."
- 4) The practitioner is able to take on the role of advocate and become the vessel of "youth voice" to represent and promote the young person's perspective in situations in which the young person's perspective is not being heard or considered.
- 5) The practitioner ensures that important, time-sensitive tasks are completed with the aim of helping the young person avoid missing important opportunities and deadlines, the consequences of which may be significant. Such assistance may include enlisting the help of natural supports and other resources for the young person during times of acute symptom exacerbation and other potential disruptions.
- 6) The practitioner provides hands-on assistance with completing tasks related to the pursuit of vocational goals (e.g., accompanying the young person to locate campus resources, being present to provide support as the young person makes phone calls regarding job leads).
- 7) The practitioner provides psycho-education to help the young person better understand his/her mental health condition and related symptoms, and how the condition affects aspects of functioning in variable ways across individuals.
- 8) The practitioner actively works to prevent the development of a "patient identity" by consistently encouraging developmentally-normative pursuits, interests, and activities in vocational, social, and community-participation domains.
- 9) The practitioner assists the young person to identify, select, and habituate to daily wellness strategies to promote success in their vocational pursuits.
- 10) The practitioner and young person collaboratively discuss and identify issues that would be helpful to bring to psychotherapy with the intent of assisting the young person to most effectively use therapy to resolve issues and promote success and satisfaction, including in the vocational domain.
- 11) The practitioner assists the young person to recognize urges to act impulsively (e.g., to quit a job or drop out of school) and develop ways to manage these impulses with the aim of helping the young person proceed in a thoughtful and productive manner that will maintain progress towards the desired goal/outcome.
- 12) The practitioner works to actively address and support the young person in facing the challenges associated with the transition to college, with an understanding that such challenges are often more pronounced for young people with mental health conditions (e.g., managing money, living with roommates, making and keeping appointments, managing routines and time).
- 13) The practitioner supportively encourages the young person to envision and work towards creating a life that holds meaning through employment and education.



- 14) The practitioner assists the young person to develop skills related to meaningful disclosure, including by identifying how aspects of his/her story can be shared with different people in his/her life (e.g., employer, faculty, friends).
- 15) The practitioner assists the young person to develop a long-term but specific vocational goal that is based on his/her interest areas/preferences.
- 16) The practitioner assists the young person to develop a clear plan to facilitate the actualization of his/her long-term career goal(s).
- 17) The practitioner conducts a comprehensive needs assessment that takes into account the young person's strengths and skills to determine the areas in which further development is needed so that the young person is equipped to successfully meet his/her vocational goals.
- 18) The practitioner assists the young person to select an educational direction by helping him/her to choose a major (undergraduate) or graduate degree based on interests, preferences, and career goals.
- 19) The practitioner encourages and assists the young person to explore and understand various options with regard to pursuing school and work sequentially or simultaneously and how such options fit with the skills and experiences the young person needs to meet his/her long-term career goals.
- 20) The practitioner assists the young person to reconcile potentially dissimilar interests and passions as he/she works to develop a meaningful long-term career goal.
- 21) The practitioner guides the young person to consider his/her interests, values, goals, and mental health condition to help determine his/her preferences with regard to the work or school environment (e.g. identifying the preferred school or class size).
- 22) The practitioner helps the young person to identify and address obstacles and fears that may impede the implementation of his/her career plan; potential (and common) barriers are preemptively discussed so that the young person can anticipate and plan for such obstacles.
- 23) The practitioner helps the young person create a manageable schedule that takes into account the young person's life, including his/her tasks and responsibilities (e.g., related to work and/or school) and the effects of his/her mental health condition.
- 24) The practitioner is knowledgeable about how to set up an effective schedule that takes into account all of the tasks and needs of the young person (e.g. building in breaks, task chunking, exercise, sleep).
- 25) The practitioner is able to skillfully and flexibly meet the job coaching needs of young people with college degrees who may be pursuing or working in demanding positions that require advanced skills and/or knowledge.
- 26) The practitioner assists the young person to determine valuable "next steps" in creating a career, such as what do to for summer work, what sort of job to first pursue after graduation if the long-term career goals are not achievable without work experience, and/or determining a course of action if his/her grades are not strong enough to be competitive for the desired graduate program.
- 27) The practitioner creates opportunities for the young person to practice using skills related to work and/or school in simulated environments (e.g., a simulated work setting or classroom), and provides the young person with feedback with the aim of promoting the development of work/school habits and skills, including social skills.



- 28) The practitioner is knowledgeable about how to find resources on campus, such as disability services, helpful advisors, support groups, skill development resources, housing, and financial support.
- 29) The practitioner helps the young person to identify reasonable accommodations and assistive technology to mitigate the disabling effects of his/her mental health condition.
- 30) The practitioner assists the young person with seeking, advocating for, and receiving needed accommodations in secondary and postsecondary educational and work settings.
- 31) The practitioner is knowledgeable about college procedures and policies, and familiar with specific college options and settings.
- 32) The practitioner has advanced knowledge regarding school policies and practices specifically related to withdrawal procedures and implications of disclosure. The practitioner is able to address the young person's fears related to potentially withdrawing due to mental health reasons and/or "being kicked out of dorms" after disclosure regarding his/her mental health condition.
- 33) The practitioner actively advocates for the young person as needed with regard to college enrollment and participation in and accessibility of college services.
- 34) The practitioner helps to provide guidance on the strategic selection of classes for each semester by considering multiple factors, such as school constraints and the young person's preferences, mental health condition, finances, and need to achieve academic progress.
- 35) The practitioner arranges opportunities for the young person to interact with faculty members from local colleges prior to college enrollment or matriculation.
- 36) The practitioner helps to advocate for and work with faculty to better support the young person as student in the classroom.
- 37) The practitioner assists the young person to identify ways to get to know his/her professors (e.g., attending office hours) to facilitate developing relationships with faculty, who can serve as natural supports on campus.
- 38) The practitioner assists the young person to develop natural supports and relationships on campus.
- 39) The practitioner assists the young person to identify and develop academic supports on campus (e.g., study groups, peers who can serve as proof readers and/or study buddies).
- 40) The practitioner works with the local Vocational Rehabilitation office to investigate potential educational funding opportunities and/or additional resources for the young person as needed.
- 41) The practitioner links the young person to community resources and support services as needed, including housing services and recreational options, in part to allow the young person to focus on his/her vocational goals.
- 42) The practitioner keeps family members informed and involved in the process of serving the young person, and invites the young person to bring family members (and other "support people") to appointments and sessions as is helpful.
- 43) The practitioner encourages family members to help promote the financial independence of the young person, in part to motivate the young person to obtain a job.
- 44) If needed, the practitioner identifies resources/supports to help the young person work through/resolve family issues that impact vocational/educational success.
- 45) The practitioner assists parents and other family members to develop healthy expectations that youth can be successful in employment and educational settings, in part by helping them



understand how services and supports, modifications to milestone timelines, and accommodations can facilitate such success.

- 46) The practitioner works with families to help them understand the long-term disadvantages of disability benefits, and actively assists them to pursue alternative mechanisms for insurance, entitlements, and cash benefits as needed.
- 47) The practitioner helps the young person to develop financial budgeting skills and financial awareness in order to promote independence.
- 48) The practitioner teaches the young person principles of financial planning, and in particular assists him/her to understand the short and long-term implications of credit cards, loans, social security, and other financial resources.
- 49) The practitioner actively involves the young person in considering the pros and cons of accessing disability benefits. The practitioner describes the long-term consequences of enrollment, but provides assistance with applying for such benefits if they are needed.
- 50) The practitioner identifies potential sources of financial support for the young person as needed by exploring family and state/federal resources, and assists the young person in accessing these resources (e.g., providing assistance with completing the FAFSA, securing a letter of independence).

Skills & Strategies for Young People

Below are skills or strategies that have been identified that are helpful for young people to possess in order to be successful in either school or work. Please only identify 10 that you believe should be in the manual.

- 1) Enhancing Stamina: methods intended to help young people to increase the amount of time they spend on a task
- 2) Task Management Strategies: methods intended to help young people to identify activities that need to be completed by a specified time
- 3) Time Management Strategies: methods intended to help young people to develop a schedule where all tasks and deadlines are met
- 4) Balancing Priorities: methods intended to help young people to effectively manage the important things in their life
- 5) Prioritizing Tasks : methods intended to help young people identify and meet the most important expectations first
- 6) Calendaring Important Tasks: methods intended to help young people write down events and deadlines, utilization of time and task management strategies
- 7) Creating To-do Lists: methods intended to help young people to organize their daily activities; assist in prioritizing tasks and time management strategies
- 8) Categorizing Information: methods intended to help young people as a memory aid by consolidating information that is related
- 9) Chunking Tasks: methods intended to help young people to break down large or complicated tasks/assignments to manageable pieces
- 10) Developing Concentration/Focus: methods intended to help young people enhance task attention.



- 11) Organizing Spaces: methods intended to help young people to make physical areas in their life conducive for productivity by creating order and clearing clutter.
- 12) Taking Notes: methods intended to help young people enhance effectiveness in writing down important information that they will need later
- 13) Concentrating in Class: methods intended to help young people attend to important material or people in the classroom
- 14) Encoding Strategies: methods intended to help young people learn information
- 15) Information Retrieval Strategies: methods intended to help young people to recall information
- 16) Typing Skills: developing effective keyboarding skills
- 17) Study Strategies: strategies intended to help young people to enhance recall as well as use time preparing for exams/presentations in an effective manner.
- 18) Initiating Social Connectedness: methods intended to help young people to develop relationships in order to feel a part of a larger community
- 19) Developing Meaningful Relationships: methods intended to help young people to initiate deeper relationships with identified/chosen acquaintances.
- 20) Professional Communication Strategies: methods intended to help young people interact with faculty, others on campus, employers, in a manner to accomplish the desired outcome.
- 21) Responding to Feedback: methods intended to help young people react to other's comments, including critical comments, in a manner that respectful and achieves the desired outcome.
- 22) Pro-Social Behaviors for Entering Adulthood: methods intended to help young people develop basic social work and school expectations (includes responding to feedback, initiating conversation, and showing up on time).
- 23) Self presentation: methods intended to help young people being purposeful of how they are presenting themselves.
- 24) Developing Wellness Strategies: methods intended to help young people to create a variety of methods to create a healthy lifestyle
- 25) Managing Anxiety: methods intended to help young people to work through periods of heightened emotions associated with worry, fear, and unease.
- 26) Managing Stress: methods intended to help young people to constructively work through periods of heightened tension to achieve a particular outcome (e.g. project)
- 27) Disclosure: methods intended to help young people to determine how, when, and to whom to share their story related to their mental health condition.
- 28) Financial Literacy: methods intended to teach young people financial options (FAFSA, loans, credit cards, savings plans) and implications of using such options with the intended outcome of making sound financial decisions.
- 29) Financial Planning /Budgeting Money: methods intended to help young people plan how to use their money by identifying all income and costs associated with their lifestyle and choices.



HYPE ASSUMPTIONS: ITEMS THAT WERE REMOVED FROM THE CHECKLIST

While all the items in the Checklist reflect service components that are considered valuable to the HYPE manual development, we did not include all of the service principles and components that we identified through our project activities. Specifically, we have intentionally excluded items that reflect **guiding principles and practices that are either evidence-based (that is, supported by research) or considered part of a “promising practice” or else are widely accepted by the field.** Our team of investigators considers these elements as “givens” or “assumptions,” and thus we did not ask you to rate these via the checklist survey. However, such assumptions often are developed **without the input or careful consideration of the perspectives and experiences of young people themselves. Thus your involvement with this project represents a unique opportunity to discuss these assumptions with you. We want to hear what YOU think of these “givens” – are they on target?**

HYPE: The “Given” Principles

Career Development

Firstly, HYPE is premised on the concept of career development. That is, the HYPE program focuses on developing career goals, with employment and education considerations in tandem. Furthermore, HYPE will provide career supports continuously, even during periods of symptom exacerbation and transition periods (e.g., during the transition from child to adult services). HYPE vocational services are also provided in an individualized and specific manner that is driven by the young person’s goals.

- A single vocational specialist delivers both supported-employment and supported-education services.
- Program focuses on developing career goals, with employment and education considerations.
- All components of treatment, including pharmacotherapy and group therapy sessions, are designed so that “the core purpose of treatment” is to support the young person in pursuing his/her vocational goals.
- Staff work to support and advance vocational goals of the young person as early as possible after mental-health services are initiated. *Shared with IPS*
- The vocational specialist employs creative job-search strategies to create leads and opportunities for the young person he/she is serving, such as approaching donor companies and the agency’s board of directors for job leads and working with the local chamber of commerce.
- Programs provide support continuously, even during periods of symptom exacerbation, bridging over stops and starts of other services or activities (e.g. High school graduation).
- Vocational services are provided in an individualized and specific manner that is driven by the young person’s goals.
- Service provision follows a pattern but is adapted to individual needs and goals, as defined by the individual.



- Programming is flexible, individualized and responsive to participants' current world-view, helping manage situations according to participants' desires and needs without rigid pre-conceived system/mental model/plan of action.
- The program includes internship opportunities for participants, job shadowing, worksite visits, and job experiences.

Wrap-around and Mental Health Community Support

HYPE is grounded in the approaches of mental health community support and in principles found in "wrap-around." "Wrap-around is a philosophy of care with a defined planning process used to build constructive relationships and support networks among students and youth with mental health conditions and their families. It is community based, culturally relevant, individualized, strength based, and family centered.

HYPE is also based on a "systems of care" approach, which refers to "a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families" (Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health). While we recognize that career services may not always be organized into a coordinated network of services, we consider this the ideal standard for quality care, and the HYPE manual will reflect this.

- Program fosters connections with the wider community to broaden array of services and supports available to transition age youth and to reduce stigma (YMCA passes for youth, subsidized housing units, job development, job fairs).
- Program collaborates and creates partnerships with other programs, schools, health care providers, etc. in order to best meet the needs of transition age youth.
- Program facilitates communication between various systems when the individual can't.
- Working within the system and with individual therapist to ensure high quality, effective services are being provided.
- Programs assist participants with accessing various benefits – including finding support to make medication and clinical treatment more affordable.
- The program acts as a hub for connecting YAs to needed resources, i.e. transportation or vouchers for transportation, child care or access to childcare, hosting events to connect transition age youth with agencies, referrals to practitioners, advocating for and with the transition age youth being served, and tutors for academics and training.
- First generation young people feel as if services/groups do not directly address the struggle of being a young person with a mental health condition who comes from a culturally "different" background – thus the program ensures that services are culturally relevant.
- Program develops a plan to keep individuals on track and successful after leaving the program.



Individual Placement and Support (IPS)

HYPE was originally conceptualized as a set of services that would incorporate within and modify high-fidelity IPS programs through the inclusion and emphasis on education. IPS is a specific type of **supported employment** program; it is the most heavily-researched type of supported employment program for individuals with mental health conditions. Because research has indicated that IPS is more effective than traditional vocational rehabilitation programs, AND because many of the principles on which IPS is based are consistent with good psychiatric-rehabilitation and recovery principles, we consider several of these to be essential to effective career-development services. Thus they will be incorporated into the HYPE intervention. These principles include:

- Services are time unlimited (e.g., services are provided throughout the course of the young person's educational or training program);
- Services are delivered in a flexible and individualized manner based on an individual's needs and goals (e.g., the frequency of contact varies based on need);
- A zero-exclusion policy is adopted (i.e., anyone who wants to go to school or work is eligible to receive services);
- There is an emphasis on rapid entry into /pursuit of employment or school (in contrast to requiring service recipients to undergo lengthy "pre-vocational" assessments);
- Creative job-search strategies are used;
- Services include benefits counseling;
- Services are based on the preferences and goals of the person being served;
- Services are provided in community locations when helpful;
- Competitive employment, rather than placement in a segregated setting such as sheltered work, is the goal of services for those seeking employment.

Additional Items that are related to IPS that were identified in the grant activities are:

- Helping a young person get connected to therapy that is helpful.
- Connecting to specialized, affordable therapy (including pharmacotherapy).
- Staff ensure that the young person is receiving treatment (e.g., pharmacological, psychosocial) that addresses clinical symptoms as needed, and actively links the young person to such services as needed.
- The agency provides formal psychoeducation (in group or individual format) to help the young person better understand his/her mental health condition, including regarding the use of medication for illness management and recovery, medication side effects, and the potential implications of side effects for cognitive/work performance.



- Connecting young people to intensive, specialized therapy that addresses underlying issues specifically trauma and “trauma-inducing care.”
- Program provides therapy or access to therapy, using therapeutic techniques like DBT, CBT, OT.
- Program staff know how to assist in crisis planning and intervention.
- Program has a group therapy component and/or offers programming done in a group setting.
- Clinical services of the agency include developing a systematic relapse prevention plan based on early warning signs (e.g., of psychotic-symptom reemergence) with the young person being served.

Psychiatric Rehabilitation

HYPE is also grounded in the principles of psychiatric rehabilitation and more specifically in Boston University’s “Choose, Get, Keep, Leave” approach. Psychiatric rehabilitation stresses that individuals with mental health conditions are provided services so that they can attain valued social roles in the community (e.g., that of student, worker, tenant, citizen). This approach involves the practitioner providing supports and assisting the individual to develop the skills needed so that he/she can function successfully in his/her chosen roles. “Choose, Get, Keep, Leave” describes the sequential process for attaining those valued social roles. Individuals will “**choose**” the role or environment they are seeking, services are provided so that the role is **acquired (“get”)**, services are provided to help the individual **maintain (“keep”)** that role, and services offered to assist in the **transition (“leave”)** into another role.

Choose-related services will include formalized and informal activities to assist and support the young person to explore interests related to work and school. The HYPE practitioner assists the young person to explore and identify his/her aptitudes and skills, and helps the young person to identify preferences based on current and past experiences.

In terms of Get-related services, HYPE will assist the young person to acquire his or her chosen vocational role, for example by assisting with applying to schools with their preferred major.

Keep-related activities include assisting the young person in accessing and using resources and supports so that he/she is able to maintain his/her student or worker role. A key component of Keep activities is helping the young person to meet the requirements of their environment through developing skills and resources. One example is to assist the young person to acquire educational accommodations through Disability Services on campus.

Additional Items that are related to Boston University’s approach to Psychiatric Rehabilitation that were identified in the grant activities are:

- Supported education services should be based on the Choose-Get-Keep Supported Education model (developed at Boston University).
- Engaging in valued social roles is part of treatment and recovery.
- Program is not illness focused rather person-centered and recovery oriented.



- Vocational staff provide a supportive and nonjudgmental environment in which the young person can safely explore options, practice newly-learned skills, and discuss long-term aspirations.
- Helping young person to identify the things they like and dislike from current and past experiences.
- The vocational specialist assists the young person in exploring and identifying his/her aptitudes and skills.
- The vocational specialist assists the young person to identify his/her occupational interests and preferences.
- The vocational specialist assists the young person to research various occupational options.
- The vocational specialist assists the young person to develop a long-term but specific vocational goal that is based on his/her interest areas/preferences.
- Creating a plan that is personally meaningful to accomplish school and work aspirations, but also works with the mental health condition.
- Formal assessments are conducted with the young person to clarify his/her needs so that individualized services can be provided based on these needs.
- Program has methods for evaluating individual's needs as they relate to SMHC.
- Strengths-based assessment tools are used to help the young person identify and delineate vocational interests, goals, aptitudes, skills, and previous experiences.
- Holding mock interviews, practicing interviewing, dressing for interviews.
- Interview preparation activities include video-recording mock interviews with the young person and providing him/her with feedback.
- The vocational specialist assists the young person in writing a resume.
- The vocational specialist provides the young person with support as he/she engages in phone interviews with prospective employers and/or educational-program staff.
- Program provides in-person assistance, including: accompanying to meetings/appointments, in-person support for task completion, etc.

Transition to Independence Program

HYPE will also be based on the principles of the Transition to Independence Program (TIP). The TIP model is a collection of practices used by youth serving professionals to support transition age youth in preparing and planning for their transition from secondary education to postsecondary life. TIP includes four core practices: Strength Discovery and Needs Assessment; Futures Planning; In-Vivo Teaching; and Rationales.



The Strength Discovery and Needs Assessment and the Futures Planning practices are youth centered and strength based methods for engaging young people in planning for postsecondary education, training, and employment.

The practice of teaching Rationales is designed to help young people understand the link between their behaviors and the likely benefits or risks of engaging in these behaviors to enable them to make choices based on these likely outcomes.

The last of the critical TIP core practices is In-vivo Teaching, which involves the instruction and coaching of needed skills in relevant natural or simulated settings.

When implemented, these practices place the young person at the center of the planning process and increase empowerment and self-determination, which are both strong predictors of positive postsecondary outcomes.

Additional Items that are specified or related to TIP that were identified in the grant activities are:

- Program uses specific programming model Transition to Independence Process (TIP).
- Program approach is strengths based rather than deficit based; focuses on the strengths of the individual rather than their weaknesses or deficits.
- Staff focus on strengths of the young person and consciously works to avoid underestimating abilities and potential of the young person.
- In order to promote a greater skills related to decision making, the practitioner will help the young person to recognize when their actions/choices are not in-line with their identified interests, outcomes, or goals.
- Vocational staff encourage and assist the young person to draw upon his/her personal skills and resources to confront challenges related to vocational pursuits.

Stages of Change

Finally, the HYPE program is grounded in the trans-theoretical model of behavior change. We understand that young people may lack motivation to engage in career services. **HYPE services will be designed so that practitioners respond in a supportive and flexible way to this resistance and can help young people move through stages of pre-contemplation to action.**

Additional Items that are related to Stages of Change that were identified in the grant activities are:

- Motivational Interviewing techniques are used to move individuals through the stages of change, to provide motivation for employment.
- Helping young people initiate tasks, overcome emotional barriers to initiating action. "I lost the drive" "The process felt like too much."



Non-unique Items

The following items were determined non-unique by either being (1) sound practices that could benefit any person receiving services and not specific to young people or (2) generic (employment) practices that are not unique to career development (e.g. emphasizing educational exploration, pursuit or accomplishment):

- The vocational specialist meets with the young person individually on a regular basis (e.g., weekly).
- Program will meet the individual anywhere in the community to provide services (e.g. mall, shelter, etc.).
- Participants are able to physically get to the program.
- Program helps with reliable transportation (i.e. bus system), to get individual to program/appointments/etc.
- Program provides support for using transportation, including: obtaining a driver's license, or using public transportation.
- Program addresses the issue of transportation as a barrier to keeping appointments or finding employment (including providing transportation to participants, teaching the individual to use public transportation, giving out bus passes, etc.).
- Programs implement formal fidelity assessments to ensure adherence to the model on which the services are based (e.g., the Supported Employment Fidelity Scale; the Comprehensive Program for Transition-Age Youth Program Fidelity Assessment Protocol used to assess fidelity to the Transition to Independence (TIP) model).
- Program evaluation is conducted to ensure continuous improvements for career development services.
- The program has identified and measures outcomes that are indicators of successful participant outcomes.
- The vocational specialist receives assistance from more senior vocational specialists as needed.
- The vocational specialist receives peer supervision.
- The burden is not on the student but on the college to make education accessible to students.
- The administration and staff of programs are systematic about promoting knowledge of the program and its availability using multiple methods for "spreading the word" (community meetings, gatekeepers for mental health care, social media, web pages, etc.)
- Programs coordinate with vocational rehabilitation to complement employment services, or to add funding.



- Program assists participants in coping with the various aspects of mental illness that act as barriers to functioning (social isolation, multiple hospitalizations, perceived stigma or discrimination, challenges to typical or competitive employment, social skills, denial, distrust, lack of self-confidence, substance use, etc.).
- The program is willing to actively help individual and is able to respond flexibly to any emerging need (flexibility in day and time, i.e. taking them to college orientation, filling out financial aid apps, accompanying them to take accommodations to professors).
- Program provides training and opportunities for peer support and employ young adults with lived experience to provide support and services.
- Practitioner who is on the “side” of the young person- express sympathy and empathy.
- Vocational staff work to cultivate a supportive relationship with the young person that is characterized by mutual respect and affection.
- Program helps individual navigate barriers that stem from “the system” and governmental/organizational processes.
- Practitioner helps the young person reframe negative experiences – e.g., “[Failing a class], it happens. It’s not the end of the world. You’re not going to die...”
- Program helps participants with interpersonal barriers that may arise at work or school, in particular addressing the importance of appropriate language and having good hygiene, etc.
- Services include vocational “prep” groups that focus on beginning or returning to work or school and cover topics such as getting and/or keeping a job, common issues that college students face, transitioning back to work or school after a period of absence, stigma, and disclosure issues.



CHECKLIST RESULTS: ITEMS AGREED UPON BY ALL GROUPS

I. Guiding Principles and Practices		
Item Number and Description	Mean	SD
8. The program should expect and be flexible in accommodating the developmentally normative process of switching between, or concurrently pursuing, goals related to employment and education.	4.83	0.382
1. Career Development Services for young people involve explicitly integrating supported education with employment. Employment and educational pursuits and related outcomes are of equal value to the agency.	4.77	0.49
3. Career Development Services are fully integrated with, and considered a core component of, multi-disciplinary treatment for young people with mental health conditions (e.g. mental-health and substance use services).	4.74	0.505
7. The program supports a variety of training and educational activities (e.g., attaining a GED or high school diploma, attending vocational school, completing apprenticeships, etc.) rather than limiting support to activities related to pursuing post-secondary education in a traditional college setting.	4.74	0.443
13. Services are designed to enhance vocational resiliency by helping the young person view challenges and set-backs as normative and as learning opportunities rather than as evidence that work/school is unattainable.	4.74	0.443
10. The agency considers it important to consistently engage the young person in programming and provide assistance with regard to vocational pursuits despite the turbulence associated with this developmental period. A behavior that may be considered high risk is not used as grounds for excluding the young person from program participation (e.g., changes in family or social relationships, exploration of sexual self, substance use, incarceration).	4.69	0.583
21. The program responds rapidly to the urgent/immediate needs of the young people being served.	4.63	0.598
17. Career Development Services are intended to engage all youth regardless of past or current substance use.	4.57	0.655



I. Guiding Principles and Practices		
Item Number and Description	Mean	SD
18. Career Development Services staff actively encourage and assist the young person to engage in additional resources or specialized services as needed given their specific situations (e.g. abusive parents), preferences (e.g. LGBT housing on campus), or related to their condition (e.g., specialized first-episode psychosis services).	4.51	0.702
19. Service provision is designed to emphasize and promote self-determination and self-efficacy through empowering young people to actively use their voice to shape all aspects of programming (e.g., assisting to interview for new staff, taking part in discussions regarding the types of services offered).	4.51	0.658
4. Career Development Services that do not offer a full array of mental-health and other services should work to develop collaborative relationships with outside practitioners/teams so that vocational services can be coordinated and integrated with other components of care to the extent possible; this includes working with secondary educational institutions.	4.49	0.702
5. Career Development Services assist young people, based on individual needs, to identify and successfully connect with additional resources that will promote success and satisfaction in their environments of choice (e.g. occupational therapy, pet therapy). If potentially-helpful services do not exist, the program advocates for their development.	4.4	0.775
11. The program responds in a non-punitive manner to missed appointments and inconsistent (or a lack of) communication. Services are continued even if the young person engages inconsistently in services.	4.4	0.775
22. The program considers the engagement in vocational activities, such as obtaining a job or returning to school, as a treatment modality that can improve the young person's long-term trajectory. Vocational pursuits are prioritized and clinical treatment is intended to support such goals (rather than be the focus of service).	4.4	0.914
15. All staff, regardless of role, are trained in the principles and practices of the Career Development approach, so that employment practitioners are knowledgeable about educational services and supports and visa versa.	4.31	0.932



II. Agency and Program		
Item Number and Description	Mean	SD
11. Staff use youth-friendly methods to communicate with the young people being served (e.g., texting, social media).	4.77	0.547
24. Program staff actively attempt to address financial barriers faced by the young person (e.g., the inability to afford care, student debt, loss of financial aid due to program withdrawal), by linking to, and assisting the young person to access, various resources.	4.74	0.443
29. Services are specifically designed to support the young person during service transitions from child to adult programs in areas such as educational services and housing.	4.6	0.695
25. The program assists the young person to obtain affordable health insurance as needed.	4.57	0.608
26. The program addresses housing and transportation issues that affect the young person's access to services and vocational outcomes, such as the inability to find inexpensive housing and proximity to supports (e.g., by assisting the young person to apply for housing services).	4.54	0.657
15. All staff use, and written materials contain, person-first/ "human experience" language.	4.49	0.702
30. The program engages in thoughtful discharge planning that involves family members, identified supporters, and all members of the clinical team.	4.49	0.818
3. The agency adequately reimburses practitioners for the costs associated with meeting young people in the community (e.g., for gas, food).	4.46	0.701
16. The program is sensitive to confidentiality issues and the preferences of young people who are under the age of 18 with regard to parents/legal guardians accessing service records. (In cases in which a parent or legal guardian requests records to which they have legal access, program staff work with the young person to obtain, whenever possible, "assent" for the release of such records.)	4.46	0.852
2. The agency and staff have extended evening and weekend work hours to accommodate the scheduling preferences of the young people being served.	4.43	0.608



II. Agency and Program		
Item Number and Description	Mean	SD
19. The program provides, or links the young person to, specialized clinical services based on presenting problems, including medication management, CBT, individual and group-based trauma interventions, and substance-use services.	4.37	1.06
4. The program implements formal and informal assessments of fidelity to the career-services principles on which services are based; the results of these assessments are used to adjust and improve services in an ongoing way.	4.29	0.825
27. The program links and supports the young person to external resources, to assist in meeting personal needs (e.g., food, shower and laundry facilities).	4.26	0.78
13. The program organizes formal, regularly-scheduled consultation sessions with a career-services expert to review cases and problem-solve implementation issues with all team members, including vocational and clinical staff.	4.17	0.923

III. Practitioner		
Item Number and Description	Mean	SD
2. The practitioner is able to cultivate a relationship with the young person, is receptive to youth culture, and relates well to young adults.	4.86	0.355
1. The practitioner is able to be creative and flexible in their methods of outreach, engagement, and support with the young people they are serving, especially with transient or homeless youth. The practitioner is able to effectively partner with the young person to identify strategies to maintain connectedness during times of difficulty (e.g. no phone, hospitalization, etc.).	4.77	0.426
28. The practitioner is knowledgeable about how to find resources on campus, such as disability services, helpful advisors, support groups, skill development resources, housing, and financial support.	4.74	0.505
8. The practitioner actively works to prevent the development of a “patient identity” by consistently encouraging developmentally-normative pursuits, interests, and activities in vocational, social, and community-participation domains.	4.63	0.598



III. Practitioner		
Item Number and Description	Mean	SD
30. The practitioner assists the young person with seeking, advocating for, and receiving needed accommodations in secondary and postsecondary educational and work settings.	4.6	0.736
12. The practitioner works to actively address and support the young person in facing the challenges associated with the transition to college, with an understanding that such challenges are often more pronounced for young people with mental health conditions (e.g., managing money, living with roommates, making and keeping appointments, managing routines and time).	4.57	0.655
3. The practitioner works with the young person to develop a shared definition of “progress” towards a goal or overcoming a barrier. This enables both the practitioner and young person to recognize progress or lack thereof, and celebrate success -- e.g. “I know I am making progress when XXXX happens.”	4.51	0.702
29. The practitioner helps the young person to identify reasonable accommodations and assistive technology to mitigate the disabling effects of his/her mental health condition.	4.51	0.919
38. The practitioner assists the young person to develop natural supports and relationships on campus.	4.51	0.781
49. The practitioner actively involves the young person in considering the pros and cons of accessing disability benefits. The practitioner describes the long-term consequences of enrollment, but provides assistance with applying for such benefits if they are needed.	4.51	0.781
50. The practitioner identifies potential sources of financial support for the young person as needed by exploring family and state/federal resources, and assists the young person in accessing these resources (e.g., providing assistance with completing the FAFSA, securing a letter of independence).	4.51	0.658
14. The practitioner assists the young person to develop skills related to meaningful disclosure, including by identifying how aspects of his/her story can be shared with different people in his/her life (e.g., employer, faculty, friends).	4.43	0.917
48. The practitioner teaches the young person principles of financial planning, and in particular assists him/her to understand the short and long-term implications of credit cards, loans, social security, and other financial resources.	4.43	0.85




III. Practitioner		
Item Number and Description	Mean	SD
39. The practitioner assists the young person to identify and develop academic supports on campus (e.g., study groups, peers who can serve as proof readers and/or study buddies).	4.4	0.775
47. The practitioner helps the young person to develop financial budgeting skills and financial awareness in order to promote independence.	4.4	0.604
9. The practitioner assists the young person to identify, select, and habituate to daily wellness strategies to promote success in their vocational pursuits.	4.37	0.843
16. The practitioner assists the young person to develop a clear plan to facilitate the actualization of his/her long-term career goal(s).	4.37	0.91
19. The practitioner encourages and assists the young person to explore and understand various options with regard to pursuing school and work sequentially or simultaneously and how such options fit with the skills and experiences the young person needs to meet his/her long-term career goals.	4.37	0.91
31. The practitioner is knowledgeable about college procedures and policies, and familiar with specific college options and settings.	4.37	0.843
24. The practitioner is knowledgeable about how to set up an effective schedule that takes into account all of the tasks and needs of the young person (e.g. building in breaks, task chunking, exercise, sleep).	4.29	1.073
26. The practitioner assists the young person to determine valuable “next steps” in creating a career, such as what do to for summer work, what sort of job to first pursue after graduation if the long-term career goals are not achievable without work experience, and/or determining a course of action if his/her grades are not strong enough to be competitive for the desired graduate program.	4.29	0.893
44. If needed, the practitioner identifies resources/supports to help the young person work through/resolve family issues that impact vocational/educational success.	4.2	0.994



DAY 1: WEDNESDAY, SEPTEMBER 30, 2015

INTRODUCTION: DR. KENNETH J. GILL


To open the conference, Dr. Kenneth J. Gill, Ph.D., CPRP, the Associate Dean for Faculty Development at the Rutgers School of Health Professions and Chair and Professor in the Department of Psychiatric Rehabilitation and Counseling Professions, spoke briefly about the purpose of our HYPE development meeting as well as the importance of our mission. Using some examples from New Jersey, he highlighted the needs to better serve young adults (YA) with mental health conditions to support their employment and education goals. For example, less than 1% of the state’s funds for mental health is allocated for supported employment (SE) or supported education (SEd) programs. He also discussed the application of human capital theory, explaining the impact of higher education on long term trajectory and lifetime earnings.



**HELPING YOUTH ON THE PATH TO EMPLOYMENT:
CONSENSUS CONFERENCE**

September 30- October 2, 2015

Rutgers, The State University of New Jersey



**HELPING YOUTH ON THE PATH TO EMPLOYMENT:
CONSENSUS CONFERENCE
DEVELOPMENT MEETING**

September 30- October 2, 2015

Rutgers, The State University of New Jersey




**WELCOME
&
THANK YOU FOR COMING**

Department of Psychiatric Rehabilitation & Counseling Professions



Special Appreciation

- To our amazing team at Rutgers
 - Without you, this never would have happened
 - Special thanks to Drs. Ann Murphy & Pat Nemeec
- To our partners at Transitions RTC, UMASS
- To our funder, NIDILRR, and Dr. Leslie Caplan
- To our committed National Advisory Council
- To our growing and dedicated Participatory Action Council
- To the very patient Donna Binstein from Rutgers Inn
- To Darrin Harris & Ekhaya Youth Project
 - Supported all of the young people, the space, and food for this event

Thank you to all of you for your help and support!!!

Department of Psychiatric Rehabilitation & Counseling Professions



RUTGERS

Logistics & Housekeeping

- Break room (ground floor)
 - Board games, cards, chill out
- Evening Activities
 - Tonight at 8:30pm: Respite Programs for Youth: Ty Smith & Emily Wasserman
 - Tomorrow at 9:00pm: Movie Night
- Group Dinner
 - Tomorrow night at 7:30 at Harvest Moon
 - Shuttle service
- Keeping your hands busy
 - Play with the stuff on the table to keep you focused
 - Use the index cards to tell us how we are doing

Department of Psychiatric Rehabilitation & Counseling Professions 5

RUTGERS

Purpose of the Meeting

- Initially conceptualized as a Consensus Conference
- Re-conceptualized as *reaching understanding*
- The intention of the meeting is to:
 - understand the reasons for the differences in opinion;
 - reach agreement on how the intervention/ manual should manage the differences.

Department of Psychiatric Rehabilitation & Counseling Professions 6

RUTGERS

Structure of the Meeting

- Review the activities of the grant
- Introduce HYPE conceptual framework
- Discuss the creation of the Checklist
- Review Assumptions & "Givens"
- Describe the item analysis process
- Briefly Review items with high levels of agreement
- Separate & Group Discussions
- Discuss the potential impact of Day I & II discussions on the HYPE conceptual framework
- Update on the manual
- Wrap Up/ Open Discussion

Department of Psychiatric Rehabilitation & Counseling Professions 7

RUTGERS

Group Discussions

Today:

- Groups will separate and discuss a small set of Checklist items

Tomorrow:

- Each group will alternate in reporting back to the larger group
- Each group will solicit input and reactions from the other group
- Following the reporting-back period, the larger (full) group will discuss an additional set of items

Friday:

- Discussion of remaining items as a larger group

Department of Psychiatric Rehabilitation & Counseling Professions 8

RUTGERS

OPENING REMARKS

Dr. Kenneth Gill, Chair & Assistant Dean of Faculty Development

Department of Psychiatric Rehabilitation & Counseling Professions 9



YOUTH PANEL

Three of the youth participants, including two members of the PAC and a member of the research team, shared some of their experiences with the group in a youth panel discussion. They responded to questions about how their voice has been heard through their participation in the HYPE project and how they have been able to use their own experiences to make meaningful contributions. We heard a great deal from these individuals about how rewarding it has been to work on the HYPE project. One of the panel members shared that participating in this project has helped her to see that she is not alone in her struggle with mental health, and another explained how it feels incredibly validating to be valued for her experience with a mental illness.

All three talked about how they have been able to use some of their negative past experiences to make a positive impact, with the hope that others might learn how to avoid some of the mistakes that were made or obstacles that they've struggled with. For example, one of the youth described a particularly upsetting experience involving inadequate support she received while she was in college. She had been seeing a therapist on campus regularly for several months, but still having a difficult time managing her symptoms and keeping up with all of her classes. Despite the fact that she was visibly struggling, her therapist did not actively intervene until midterm, when she was on the verge of failing, and was advised by the therapist to withdraw from school completely. Since there was nobody else (to her knowledge) who could help, she took the therapist's advice, and it ended terribly; she received no credit for any of the work she had done that semester, the school refused to refund her tuition, and she lost a great deal of her financial aid. This situation created a major barrier for her to return to school the following semester.

The other members of the panel, as well as several people from the audience, were able to relate to this story. They pointed out the lack of helpful resources they had access to and the seeming incompetence of many existing resources. For many, it seems that they have only found the right supports by luck, rather than being connected by knowledgeable practitioners. The panel discussion clearly emphasized how critical the HYPE project is, and how we can all benefit from working together by including youth with lived experience in the development process.

RUTGERS

PANEL DISCUSSION

Young Adult Participation on the HYPE Project

Department of Psychiatric Rehabilitation & Counseling Professions
10

RUTGERS

Panel Discussion

The direct involvement of young adults with lived experience of mental health conditions has been a critical piece of the HYPE project, ensuring that the youth voice is represented in the intervention we're developing.

By being a part of this project, how has your voice been heard?

How have you been able to use your past experiences in a meaningful way to contribute to this project?

Department of Psychiatric Rehabilitation & Counseling Professions
11




INTRODUCING HYPE: MICHELLE G. MULLEN

Michelle G. Mullen, M.S., CRC, CPRP, an Assistant Professor for the Department of Psychiatric Rehabilitation and Counseling Professions at Rutgers and the Director of CSPR, introduced the development of the HYPE project and the importance of the HYPE logo: the hot air balloon in flight.

In order to make a hot air balloon get off the ground, it takes several people coordinating their efforts. If they don't work together properly, the balloon will not launch. This is very similar to how all services should work, with many practitioners in different roles coordinating to help the young person "launch."

RUTGERS



**HELPING YOUTH
ON THE PATH
TO EMPLOYMENT**

Department of Psychiatric Rehabilitation & Counseling Professions 12

RUTGERS

This presentation was supported by **Ekhaya Youth Foundation** and grants from the National Institute on Disability, Independent Living, and Rehabilitation Research (Mullen, PI: H133A120152 / H133A130092). The contents of this presentation do not necessarily represent the policy of the Health and Human Services, nor endorsement by the federal government.

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Important Things to Note

- We are focusing our efforts, for this discussion and the manual, on young adults, ages 18 to 30
- Language: we took this to council:
 - we use the phrase *mental health condition*, not psychiatric disability or mental illness
- Proposal was written to *integrate education* into supported employment to create an *actual* Career Development service


Department of Psychiatric Rehabilitation & Counseling Professions 14



IMPORTANT DIFFERENCES BETWEEN YOUNG AND NOT-YOUNG ADULTS: DR. MARYANN DAVIS

Dr. Maryann Davis, Ph.D., the Director of the Transition Research and Training Center and a Research Associate Professor in the UMass Medical School Systems, presented on the key differences between young adults and older, or not-young, adults. She outlined several aspects of young adulthood that make it such a unique age group: rapid changes in cognitive, social, sexual, and identity development; increased family tension due to changing relationships; and the strength of peer influence, which is strongest among young adults. Further, each generation has its own youth culture that makes it distinct from other generations, and these cultures are constantly changing.

There are also several issues that are unique to young adults with mental health conditions, which must be considered when developing services for this population. For example, this group often experiences delays in every area of biopsychosocial development compared to their peers without mental health conditions. During such a critical transition period, these types of delays can have devastating consequences for young adults with mental health conditions, since it inhibits their ability to function in mature adult roles.



DIFFERENCES BETWEEN YOUNG AND MATURE ADULTS

Dr. Maryann Davis, Director of the Transition Research and Training Center

Department of Psychiatric Rehabilitation & Counseling Professions

13



Important Differences between Young and Not Young Adults



Each Generation has its Youth Culture

"In America, a *flapper* has always been a giddy, attractive and slightly unconventional young thing who, in [H. L.] Mencken's words, 'was a somewhat foolish girl, full of wild surmises and inclined to revolt against the precepts and admonitions of her elders.'"

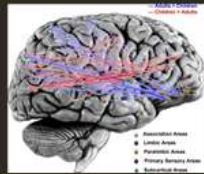
William and Mary Morris'
Dictionary of Word and Phrase Origins



Psychosocial Developmental Changes

Cognitive development (how we think)

- Anticipating consequences of choices and actions
- Complex strategic planning
- Behavior & cognitive control towards emotional or distracting stimuli



Identity formation

- Distrusting authority
- Experimentation
- Self-determination



Psychosocial Developmental Changes

Social development

- Peer influence (positive and negative)
- Mixed ages can be unappealing



Psychosexual development

- Sexuality and sexual relationships
- Resolving gender identity and sexual orientation
- Common age to have children



FAMILY DEVELOPMENT

Balance of self-determination and family support

- More family involvement than older adults
- Less family involvement than younger youths

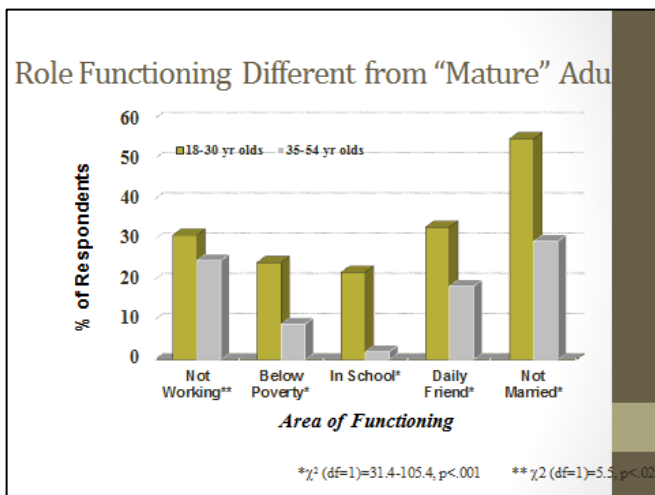
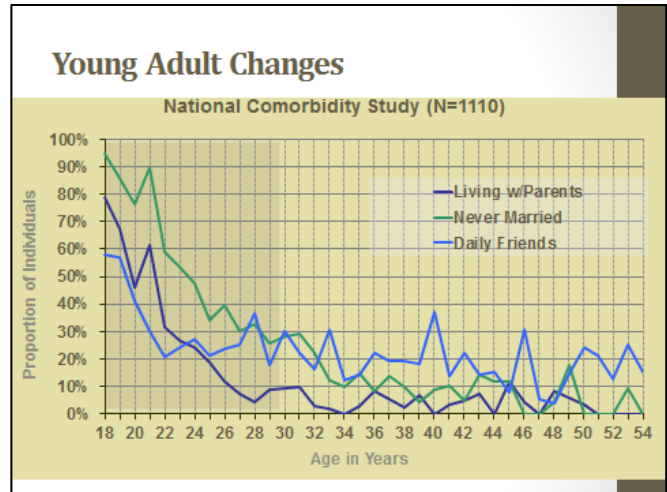
Biopsychosocial Development in Youth with Serious Mental Health Conditions

With the exception of sexual development, as a group, individuals with serious MH conditions prior to adulthood are delayed in every area of biopsychosocial development.



Developmental Changes Underlie Abilities to Function Maturely

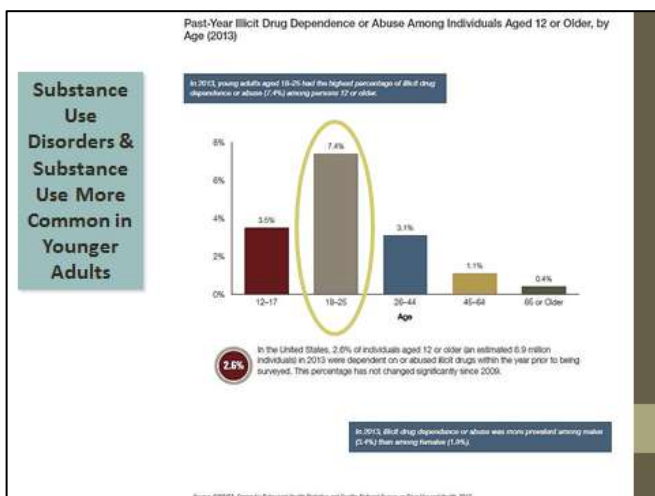
- Complete schooling & training
- Head a household
- Obtain/maintain rewarding work
- Develop a social network
- Become financially self-supporting
- Be a good citizen



Typically Shorter Duration of Illness

50% of psychiatric conditions have onset before age 14 and 75% before age 25 (Kessler et al 2005)

- Duration of illness has been shorter
- Less experience living with condition



Peak Age for Substance Abuse/Dependence

Among young adults ages 18-25 with a serious mental illness

- 48% report past-year illicit substance use
- 36% meet criteria for a Substance Use Disorder

(SAMHSA, 2003)



Starting a career is an important part of entering adulthood. But poor mental and physical health can make it harder to find and keep a job.

Where does health fall on your to-do list?

- Get Anthony at the dentist
- Laundry
- Update resume
- Groceries - bread, bananas, eggs
- Go to gym w/ Kayla
- Schedule physical

Learn more: www.iom.edu/youngadults

INSTITUTE OF MEDICINE AND NATIONAL RESEARCH COUNCIL OF THE NATIONAL ACADEMIES

KEY FINDINGS

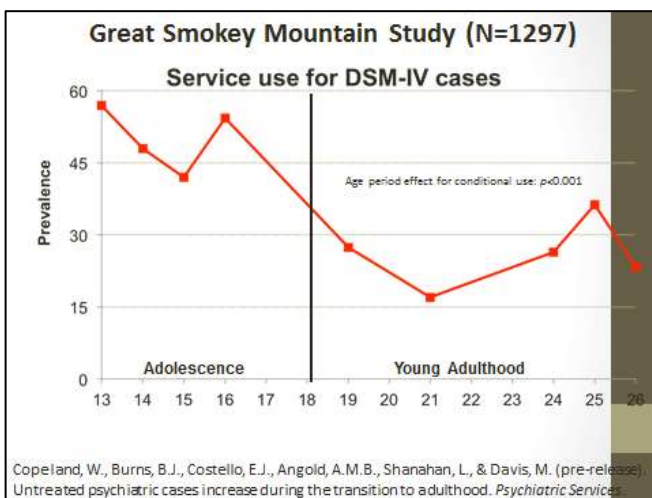
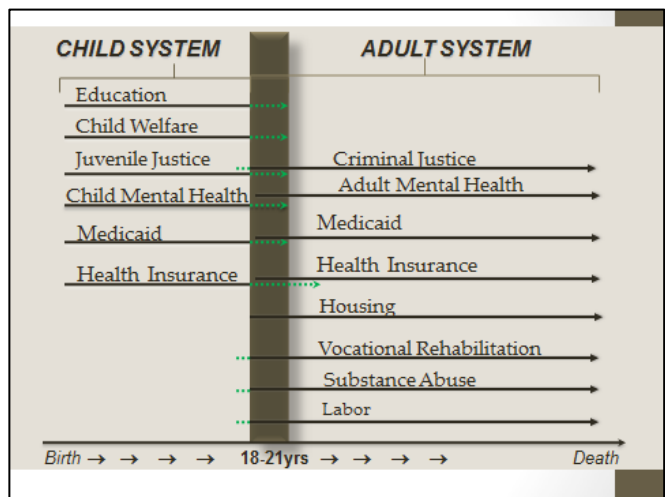
The world has changed in ways that place greater demands on young adults

Economic restructuring, advances in information and communication technologies, and changes in the labor market have radically altered the landscape of risk and opportunity in young adulthood

Young Adulthood Magnifies Inequality

- Earnings prospects of those without any postsecondary education or training credential, and especially for high school dropouts are now very limited (Autor et al., 2008; Card & Dinardo, 2006)
- The additional obstacles posed by the Great Recession (2007-2009) and slow recovery for youth entry into the labor force is of national concern (IOM, 2013)
- Concern is greatest for disadvantaged or vulnerable young people (Edelman & Holzer, 2013)

Autor DH, Katz LF, Lemay MS. Trends in US wages inequality: Revisiting the renaissance. *Rev Econ Stat*. 2008;90(2):300-323.
 Card D, Dinardo J. The impact of technological change on low-wage workers: A review. Working and paper: How economic and policy changes are affecting low-wage workers. 2009-115-340.
 Institute of Medicine (IOM), National Research Council (NRC). Improving the health, safety, and well-being of young adults. Workshop summary. Washington, DC: The National Academy Press; 2013.
 Edelman PS, Holzer HJ. Confronting the disconnected: Improving education and employment outcomes among disadvantaged youth. Institute for the Study of Labor (IZA). 2013.



Age Differences in School & Work

- Age typical to be in school
- Age typical to be a mix of school and work
- More likely to be on campus
- Less likely to assert or identify need for accommodation
- Age typical to have short term low wage job
- Age typical to be working towards establishing "career"
- Age typical to be in volunteer/apprenticeships/internships
- Cognitive elements crystalizing



IOM Key Finding and Recommendation: Health Care

While there are effective behavioral health treatments and strategies for adults, the efficacy of these treatments specifically for young adults is largely undemonstrated

Recommendation: Develop evidence-based practices for medical and behavioral health care, including prevention, for young adults.

(rec 7-4)



THE EVOLUTION OF HYPE: MICHELLE G. MULLEN

After a short break for lunch, Michelle presented more detailed information about the evolution of the HYPE project, including the reasoning behind it, the principles on which the intervention is based, and an outline of the major activities involved. She discussed the critical role of employment and education in detail, emphasizing how important it is for young adults to stay involved in these domains in order to develop their vocational maturity and identity. There was some discussion among the group regarding different types of higher education. A few people pointed out that in some communities, there is a bias against technical or vocational training, as if studying to become an auto mechanic is not as prestigious as a traditional college education.

Michelle shared a video, “Ryan’s Story,” a testimonial from a young man with schizophrenia. Ryan struggled in college and found that he was constantly comparing himself to his peers, wondering why he couldn’t live up to the same social markers or major milestones. At some point, he decided he needed to stop comparing himself to his peers and focus on things he enjoyed. He chose classes that he found interesting, and ultimately excelled in school and earned his degree. This video prompted some lively discussion about career exploration and ambition. For the most part, everyone agreed that exploration and exposure to different types of career paths—through job shadowing or auditing different classes, for example—is extremely valuable for strong career development. Youth should be encouraged to explore their interests and pursue ambitions, while keeping in mind that it’s okay to not succeed; as long as they learn something from their experience, it is always a success.

Next, Michelle explained why we need to focus on career development and described the differences between the primary and secondary labor markets. There was further discussion among the group about how to cultivate higher aspirations in youth without setting them up for failure. The ability to explore education and career options in a risk-free environment is tantamount to empowering youth to take the next step towards career development. With proper planning and strong supports, it’s possible for young people to “go big” with their goals. Several people had ideas about the types of resources that could be helpful, including mentorships with people working in the field of interest, job shadowing, and informational interviewing. There were also some examples of existing programs, such as take a foster kid to work day, and a program in Pennsylvania that offers a free course at a community college to allow people to explore education options without risk.

Finally, Michelle presented the initial framework for the development of the HYPE career development project and a progress update on the outline of the major activities.



RUTGERS

EVOLUTION OF HYPE

Department of Psychiatric Rehabilitation & Counseling Professions 37

RUTGERS

Role of Employment & Education

- Developmentally-relevant to young people*
- Often pursued in tandem
 - Part of normative vocational development
- Critical to vocational maturity
- Involvement, often with specialized supports, enhances:
 - Resiliency, knowledge of self (and others), **identity**
- Absence in either domain has long-term implications
 - vocational opportunities, social networks, **identity**

Department of Psychiatric Rehabilitation & Counseling Professions 38

RUTGERS

Traditional Vocational Perspectives

- Historically, it was believed that people with psychiatric conditions could not work.
- Then we believed that they could only work in part-time, low-level, less "stressful" positions.
- Postsecondary education was also considered too "stressful".
- Vocational models were predicated on uninformed beliefs.
- With the development of stronger employment supports that were specialized for those with mental health conditions, employment outcomes started to change...
 - Rise of Individual Placement and Support (IPS)

Department of Psychiatric Rehabilitation & Counseling Professions 39

RUTGERS

Principles of IPS

1. Focus on competitive employment
2. Eligibility based on choice
3. Integration of Rehabilitation and Mental Health Services
4. Attention to worker preferences
5. Personalized benefits counseling
6. Rapid job search
7. Systematic job development
8. Time-unlimited and individualized support

<http://www.dartmouthips.org/wp-content/uploads/2014/04/ips-practice-and-principles.pdf>

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Shortcomings of Employment Outcomes

- Best outcomes for IPS SE, 55-60% become employed, and becoming employed often leads to years of employment (Becker et al., 2011).
- Wages remain low, job tenure is sometimes short, although a majority of IPS participants who become employed maintain at least part-time employment long-term and entry-level jobs (Becker et al., 2007).
- Otherwise, poor employment picture nationally, with very low workforce participation (Marrone et al., 2008 & 2011)
- Good short-term employment outcomes associated with first episode psychosis programs, unsure of long-term (e.g., Rinaldi et al. 2010, Killackey et al., 2008; Nuechterlein et al., 2008)

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Enhancing Vocational Trajectories through Education

Economic Principles that guide our philosophy:

- Human Capital
- Rate of Return
- Age Earnings Profile

Department of Psychiatric Rehabilitation & Counseling Professions 42



RUTGERS

Career Development focuses on Human Capital

- Sole focus on employment for young people is ill-advised
- An individual's unique set of personal abilities and skills
 - higher education,
 - advanced training, and
 - special skills
- Typically only gained through **employment & education**
- Associated with both increased labor participation and earnings over time.

(Borjas, 2005)

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Focus on Education

- The "rate of return" to measure the effect of each extra year of education on earnings (Becker & Chiswick, 1966).
- Each additional year of education returned, on average, a 9% increase in earnings (Borjas, 2005).
- After formal education, workers can continue developing their human capital by participating in job training.

Measured by Mincer Earnings Function (Mincer, 1974)

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Age Earnings

- The "age earnings profile" stipulates that earnings increase over time but often at a decreasing rate (Borjas, 2005).
- Thus, workers investing in education at an early age realize greater lifetime earnings.
- Particular relevance to transition age youth and young adults with first episode psychosis whose education is interrupted or delayed.

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

A Thousand Words....

Earnings and unemployment rates by educational attainment

Educational Attainment	Unemployment rate in 2014 (%)	Median weekly earnings in 2014 (\$)
Doctoral degree	2.1	1,591
Professional degree	1.9	1,639
Master's degree	2.8	1,328
Bachelor's degree	3.5	1,107
Associate's degree	4.5	792
Some college, no degree	6.0	741
High school diploma	6.0	668
Less than a high school diploma	9.0	488

All workers: 5% All workers: \$839

Note: Data are for persons age 25 and over. Earnings are for full-time wage and salary workers. Source: Current Population Survey, U.S. Bureau of Labor Statistics, U.S. Department of Labor

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Compare it to 2010

Education pays:

Educational Attainment	Unemployment rate in 2010 (%)	Median weekly earnings in 2010 (\$)
Doctoral degree	1.9	1,350
Professional degree	2.4	1,610
Master's degree	4.0	1,272
Bachelor's degree	5.4	1,038
Associate degree	7.0	767
Some college, no degree	9.2	712
High school diploma	10.3	626
Less than a high school diploma	14.9	444

Average: 8.2% Average: \$782

Source: Bureau of Labor Statistics, Current Population Survey

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Summary & Implications

- Work history is predictive of future work (e.g. Burke-Miller et al., 2006; Tsang et al., 2010).
- Educational achievement is predictive of both being employed and income (Gao et al., 2011; Tsang et al., 2010, Current Population Survey, 2011).
- Age earnings profile suggests diminishing returns of completing education as one becomes older; thus offering education supports to only returning students perhaps limits its impact.
- **Early** educational and employment interventions are urgent so that youth and young adults have a longer time span to build human capital and thus avoid a lifetime of poverty.

Department of Psychiatric Rehabilitation & Counseling Professions



RUTGERS
School of Health Related Professions

The Role of Education in Identity Development


Ryan's Story

Rutgers, The State University of New Jersey

RUTGERS

Importance of Higher Education

- Competitive in seeking employment
- Increased options in the workforce
- Better employment
- Higher wages & greater earnings over time
- Benefits
- Career mobility
- Socialization & networking
- Prestigious (and normalizing) role



Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Why Concentrate on Career Development?

- **Workforce Liabilities**
 - Age when returning to workforce
 - Gender
 - Race
 - Poor social networks
 - Lack of higher education
 - Lack of consistent work history
- **Primary Labor Market vs Secondary Labor Market**

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Labor Markets

<ul style="list-style-type: none"> • Secondary Labor Market <ul style="list-style-type: none"> – Entry level jobs – Short job tenure – Low pay – No benefits – No vacation time – Typically little flexibility 	<ul style="list-style-type: none"> • Primary Labor Market <ul style="list-style-type: none"> – Higher pay – Benefits – Flexibility – Vacation time – Sick time – Career Mobility <ul style="list-style-type: none"> • Lateral and vertical <p>(Baron & Salzer, 2002)</p>
---	---

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Summary & Implications

- Postsecondary education provides more than just education.
- People with psychiatric conditions face a unique clustering of known workforce liabilities- **we want to prevent as many as possible.**
- Without postsecondary education, this group is relegated to the secondary labor market, which naturally has very short job tenure.
- The primary labor market **naturally accommodates** to the episodic/cyclical nature of most psychiatric conditions.
- **Greater emphasis** should be provided to assist people to enroll & maintain individuals in postsecondary education.

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Developing Career Services

- Developed in New Jersey in 2008; Pennsylvania 2011
- Trained new staff in strategic educational supports
- Services focus on skill development, resource development, accommodations & assistive technology
 - Helped people to resolve loan default and find financial aid quickly
- Focus shifted from employment to careers
 - Emphasizing both short term and long term educational paths
- Practitioners became reinvigorated
 - Reported that education was more difficult, but more rewarding
- Programs reported seeing greater *employment* outcomes when someone was involved in school
- Crosstrained employment and education staff

Department of Psychiatric Rehabilitation & Counseling Professions



RUTGERS

Career Development : Initial Conceptual Framework

Department of Psychiatric Rehabilitation & Counseling Professions 33

RUTGERS

Developing HYPE

- Based on our work in NJ and PA, set the foundation for the DRRP application
- Informed by current (at the time) studies:
 - “Effectiveness of an Educational Intervention for Postsecondary Students with Psychiatric Disabilities” (Salzer, PI: NIDRR #H133B100037)
 - “A Study of Age-Associated Need, Services, and Outcomes of Participants enrolled in Supported Education” (Davis, PI: NIDRR #H133B090018)
 - “Developing Executive Functioning through Cognitive Remediation for College Students with Psychiatric Disabilities” (Mullen, PI: NIDRR #H133G110239)
- Realized the need to manualize the intervention
- Opportunity to gather data and focus on youth-specific practices
- Funded in 2012

Department of Psychiatric Rehabilitation & Counseling Professions 36

RUTGERS

Major Activities: Progress Update

- A1: Scoping Review: The State of the Science
- A2: Survey of Innovative Practices: The State of the Art
- A3: Qualitative Interviews: The State of the Need
- A4: **Synthesis & Consensus Conference**
- A5: Manual Development
- A6: Implementation Assessment


Department of Psychiatric Rehabilitation & Counseling Professions



SCOPING REVIEW: DR. JUDY L. THOMPSON

The next presentation was from Dr. Judy L. Thompson, Ph.D., an Assistant Professor in the Department of Psychiatric Rehabilitation and Counseling Professions at Rutgers. Judy presented on the Scoping Review (one of the three main research activities of HYPE), which is a detailed, systematic review of the research literature aimed at finding out what are the existing services and supports for young people with mental health conditions that show evidence of supporting career development. She outlined the process that was used to find the sources, from the initial database searches that produced over 10,000 unique sources, to the phases of reviewing each one which resulted in 25 sources that were included in the final review. There were some comments from the group regarding the lack of high fidelity IPS (Individual Placement and Support) in the current literature, and some suggestions for more recently published articles to include in the next phase of the Scoping Review.

RUTGERS



Scoping Review: The State of the Science

Judy L. Thompson, Michelle G. Mullen, Sean Karyczak,
David Crandall, Rachel Stone, Emily Simpson, Sandy Ghaly
& Katie Holloway

**With special thanks to John Westbrook*

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Scoping Review

- **QUESTION:**
What are the services and supports that show evidence of supporting career development for young people with mental health conditions?
- **AIM:**
Based on the published research literature, to summarize available results regarding the efficacy of interventions that target post-secondary education and/or employment outcomes among young people with mental health conditions.

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Identification and Retrieval of Sources

Unique sources
acquired through
databases

Sources obtained
through other
means

- 30 databases were searched (e.g., Pubmed, PsycInfo, Academic Search Premier, Web of Science, ERIC);
- A set of search terms was used across all databases that related to POPULATION, INTERVENTIONS, and OUTCOMES;
- Searches were confined to sources published in English from 1990 to the present (late Fall 2013).

RUTGERS

Identification and Retrieval of Sources

Unique sources
acquired through
databases:
n=10,700

Sources obtained
through other
means:
n=20

- 30 databases were searched (e.g., Pubmed, PsycInfo, Academic Search Premier, Web of Science, ERIC);
- A set of search terms were used across all databases that related to POPULATION, INTERVENTIONS, and OUTCOMES;
- Searches were confined to sources published in English from 1990 to the present (late Fall 2013).



RUTGERS

Review of Sources: Phase 1

- The title and abstract of each source was reviewed using Phase-1 inclusion criteria, which required that the source was:
 - an empirical article;
 - published in a peer-reviewed journal.
- Other criteria related to:
 - population;
 - interventions;
 - outcomes.
- A team of 6 conducted the Phase-1 review.

RUTGERS

Review of Sources: Phase 1

- The title and abstract of each source was reviewed using Phase-1 inclusion criteria, which required that the source was:
 - an empirical article;
 - published in a peer-reviewed journal.
- Other criteria related to:
 - population;
 - interventions;
 - outcomes.
- A team of 6 conducted the Phase-1 review.

RUTGERS

Review of Sources: Phase 2

- The full text of each article retained through Phase 1 was reviewed using Phase-2 inclusion criteria, which specified:
 - sample (age, MHC);
 - intervention;
 - study design;
 - outcome(s).
- A team of 4 conducted the Phase-2 review.

RUTGERS

Review of Sources: Phase 2

- The full text of each article retained through Phase 1 was reviewed using Phase-2 inclusion criteria, which specified:
 - sample (age, MHC);
 - intervention;
 - study design;
 - outcome(s).
- A team of 4 conducted the Phase-2 review.

RUTGERS

Scoping Review: Final Phase

Each source retained for final inclusion was reviewed and summarized based on the following:

- Sample: diagnostic description
- Sample: age
- Study design
- Intervention: treatment components
- Outcomes of interest
- Results

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Study Designs

- 4 randomized controlled trials (across 6 reports);
- Other study designs:
 - 5 quasi-experimental (e.g., "historical control group" studies);
 - 12 pre-post;
 - 2 correlational.

Department of Psychiatric Rehabilitation & Counseling Professions



RUTGERS

Randomized Controlled Trials

Study	Age (years); Sample size	Diagnostic status	Intervention	Outcomes
Bulke-Miller et al., 2012; the multi-site EIDP	18-24 (youth); n=61 25-30 (YA); n=168	Axis I DSM-IV diagnosis that majority met criteria for a psychotic or bipolar disorder	Supported employment (SE, consistent with several core principles of IPS) v. a comparison condition	-YA: Participants receiving SE were significantly more likely to work in competitive employment during the 2-yr follow up compared to controls. -Youth: There was not a significant difference between the SE and control groups.
Eack et al., 2011	M=26, SD=6; n=55	Early-course schizophrenia or schizoaffective disorder	Cognitive Enhancement Therapy (CET) v. Enriched Supportive Therapy (EST) - 2 yrs	Participants receiving CET were significantly more likely to be competitively employed and had greater weekly earnings at 2 yrs compared to EST participants.
Killackey et al., 2008 (also Baksteev et al., 2012); EPPIC	15-25; M=21; SD=2; n=41	First-episode psychosis	IPS + TAU v. TAU alone - 6 months	Participants receiving IPS were significantly more likely to be employed or enroll in a course of education, worked more hours per week, worked a greater number of weeks, and had greater earnings over the 6-month follow up compared to TAU participants.
Gallett et al., 2006 (also McCrone et al., 2010)	16-40; M=26; n=144	Early-stage psychosis	The Lambert Early Onset (LEO) team, a specialized intervention for early psychosis, v. TAU - 18 months	-Groups did not differ in FT work or education status at follow up. -Those in the LEO group were engaged in vocational or educational activities for a significantly greater amount of time compared to TAU participants.

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Additional Studies

- 7 evaluated outcomes related to IPS or IPS-like vocational services; all of these included educational services (in some form).
- 9 evaluated other vocational interventions: 5 included both employment and educational services, 3 only employment services, and 1 only educational services.
- 3 evaluated vocational outcomes related to specialized first-episode psychosis programs.

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Results

- There are very few well-controlled studies of the efficacy of services that target employment and/or educational outcomes for TAYYA specifically.
- Overall, results indicate that interventions based on IPS principles can improve employment outcomes among TAYYA with mental health conditions; results are promising but less clear overall regarding educational outcomes.
- Targeting cognitive and social-cognitive impairments appears to facilitate improvements in employment outcomes among young people with schizophrenia (Eack et al., 2011).
- Results suggest that specialized supported-education services based on psychiatric-rehabilitation principles (including programs using the Choose-Get-Keep framework) can improve educational and employment outcomes.

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Limitations and Gaps

- Limitation of current results: Source identification and retrieval were completed in the fall of 2013; thus following this meeting, we will update this review.
- Short-term follow-up periods (e.g., Killackey et al., 2008) make it more difficult to examine longer-term educational and career outcomes.
- Services evaluated by this literature are multi-faceted, making it difficult to draw conclusions regarding individual service features.

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Education and Career Development

- We did not locate any controlled studies of supported education services that were explicitly based on the Choose-Get-Keep model (as described in SAMHSA's Supported Education Kit).
- Despite the growing awareness of the importance of providing comprehensive vocationally-oriented services to TAYYA, the empirical literature reviewed tended to emphasize employment services and outcomes; there was less of a focus on educational attainment or longer-term career development across this body of work.

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS


THANK YOU!

Department of Psychiatric Rehabilitation & Counseling Professions



CAREER DEVELOPMENT FEATURES CHECKLIST: MICHELLE G. MULLEN

For the final presentation, Michelle described the process for creating the Career Development Features Checklist (the Checklist) and how the results from the Checklist survey helped to inform our discussion topics for this HYPE Development Meeting. She explained that the initial draft of the Checklist included nearly 300 items, and then she reviewed the criteria that was used to eliminate the items that the leadership team agreed did not need to be part of the Checklist survey. Based on the results of the Checklist survey, several items were identified and then organized into topics for discussion at the conference. To wrap up, Michelle briefly explained the plan for structuring the large and small group discussions, and shared all of the topics we planned to cover over the next two days.




School of Health Related Professions

Career Development Features Checklist

Synthesizing the
Scoping Review,
Survey of Innovative Practices,
&
Interviews with Young People

Rutgers, The State University of New Jersey




Career Development Features Checklist

- Derived from the previous three activities
- Evidence in the literature that the practice was effective, or part of an effective intervention
- Given the nature of the activities, someone, somewhere thought it was important
- Nearly 300 items were identified

I slammed my computer shut after looking at the compiled Checklist, I thought, "I am completely overwhelmed...and this is my project!"


Department of Psychiatric Rehabilitation & Counseling Professions 75



A-ha Moment

- My "a-ha" moment to managing items: Career Development
- Seemed silly to ask you what you thought of it– since it is the foundation of our work
- Focus on promotion of employment and education
 - Identification of primary path
 - Cultivation of additional opportunities to enhance human capital
- Idea of removing elements that were initially identified as "no-duh"...
- Removal of items that were "givens"...
- Then the basic approaches to services that would not change the assumptions.

Department of Psychiatric Rehabilitation & Counseling Professions 76



Removal of Items

- Evidence-based, employment supports
 - Individual Placement and Support
- Promising Practices
 - Supported Education
 - Transition to Independence (TIP model)
- Guiding principles
 - Psychiatric Rehabilitation
 - Choose-Get-Keep-Leave approach to developing interventions
- Removed any item that was not unique to young people
 - If it would be a good practice for anyone of any age then it was removed
 - If it was especially important, or critical, to young people we kept it
- Removed any item that was not unique to career development
 - Retain items that converted employment services to career services (e.g. education related)
 - Or fell in above category (e.g. IPS)

Department of Psychiatric Rehabilitation & Counseling Professions 77



RUTGERS

Our Assumptions & “Given” Principles

Look in your folders for Assumptions Handout

- Career Development
- Wrap-around & Mental Health Community Support
- Individual Placement & Support
- Psychiatric Rehabilitation
- Transition to Independence Program
- Transtheoretical Model (Stages of Change)

Department of Psychiatric Rehabilitation & Counseling Professions 78

RUTGERS

CHAT & CHEW

REVIEWING THE GIVENS/ ASSUMPTIONS

Typically based on traditional services and supports for adults

Department of Psychiatric Rehabilitation & Counseling Professions 79

RUTGERS

Wrap Around Services

- Wrap-around is a philosophy of care
- Defined planning process to build constructive relationships and support networks
- Community-based
- Culturally-relevant
- Individualized
- Strength-based
- Family-centered

Department of Psychiatric Rehabilitation & Counseling Professions 80

RUTGERS

Supported Employment

Individual Placement and Support

- Philosophically in-line
 - Don't waste time, help everyone who expresses interest, coordinate supports, etc
- Currently, the best tested model for improving employment outcomes
- Some elements needed modification for a career development approach, which will be discussed later
- Some elements believed to require additional attention and *intentionality* within the IPS model, also discussed later

Department of Psychiatric Rehabilitation & Counseling Professions 81

RUTGERS

Psychiatric Rehabilitation

- Boston University's model
- Widely accepted principles and practices for providing individualized services that are goal-based, individualized, and focuses on achieving maximum participation in chosen environments
- Use of Choose-Get-Keep-Leave as a framework for developing services
 - Typically the normative process for goal development & acquisition
 - How well thought out or prepared...that's a different story
- Believed to be able to be integrated into IPS practices easily (not currently studied)

Department of Psychiatric Rehabilitation & Counseling Professions 82

RUTGERS

Transition to Independence (TIP)

- Emphasizes work and school as well as all the other domains young people are concerned with
- Deeply rooted in the same principles as other psychiatric rehabilitation practices
 - Eg. Family support, person-centered planning, choice, development of social and personal responsibility
- Future-oriented
- Problem-solving/ Solution-finding focus

Department of Psychiatric Rehabilitation & Counseling Professions 83



RUTGERS

Transtheoretical Model

- Prochaska, DiClemente, & Norcross
- Often referred to as the Stages of Change
 - Pre-contemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance
 - Termination/Relapse
- Focuses on creating and working with ambivalence to change
- Intentional practices to engage a person in change
- Actively works to eliminate friction within the relationship
- Matches interventions to place of stage process (“meets the person where they are”)

Department of Psychiatric Rehabilitation & Counseling Professions 54

RUTGERS
School of Health Related Professions

Checklist Item Agreement

Take a Look at Your Handout

Items Sorted by Mean (average rating)

Not at all important (1), slightly important (2), neutral (3), important (4), very important (5)

Rutgers, The State University of New Jersey 55

RUTGERS

Checklist Items

- All of the items on the checklist were identified as important or helpful
- Used the scale of Not at all important (1), slightly important (2), neutral (3), important (4), very important (5)
- Therefore, we didn't expect to see many endorsements of “not at all”
 - We did get them though...
- Neutral was interpreted as: I don't care, I don't know, I don't have strong feelings...

Department of Psychiatric Rehabilitation & Counseling Professions 56

RUTGERS

Identifying the Items for Discussion

- Looked at it a long time, thought about it for a longer time, and asked a lot of people....
- Used 80% agreement to reduce the number of items to 43
 - Evaluated at the frequencies for each group, removed any item with 80% or more agreement within group
 - collapse important and very important (4 and 5)
- Given the nature of the items, the groups present, and the importance of nuances, items were selected and themes developed (for items that seem to be closely related)
- A group of 14 topics are being brought to you for discussion
 - 4 separate topics for Young Adults & Researchers/Practitioners
 - 6 for Group Discussion

Department of Psychiatric Rehabilitation & Counseling Professions 57

RUTGERS

Discussion Structure

- Today: separate discussion Tomorrow: group discussions
- Each room will have three “facilitators”
 - Young Adults: Katie, Rachel, and Sean
 - ~~Old Adults~~ Researchers & Practitioners: Judy, Marsha, & Michelle
- Each room will have two scribes
 - Flip chart scribe: helps to note ideas/considerations/questions
 - Note-taker: helps to catalog responses, complete a note taker form for the reporting back tomorrow
- As a group, you will create a “summary” before moving onto the next item
- You have 45 minutes per topic, identify your main points
 - Young adults- use 45 minutes of your break to read through the question-room F will be available

Department of Psychiatric Rehabilitation & Counseling Professions 58

RUTGERS

Checklist Topics for Each Group

3 hours, 4 items

Topics for Young Adult Participants

- RS8. STRATEGIC SELECTION
- RS2. DEVELOPING EXPERIENCES
- RS1. ROLE OF BENEFITS
- F1. Family Involvement

Topics for Researchers and Practitioners

- RS9. Enhancing MOTIVATION
- sS1. generalist vs specialist
- RS6. ENHANCING COGNITION
- RS7. skill development

Department of Psychiatric Rehabilitation & Counseling Professions 59



RUTGERS

Example of an Item for Discussion: Handout

RS2. DEVELOPING EXPERIENCES THAT RELATE TO CAREER GOALS

How can HYPE practitioners best help develop young people to develop experiences that relate to their long-term goals (e.g. summer employment, internships, and volunteering)?

What are the special considerations about developing short-term or unpaid experiences to inform choices within career development services for young people?

Under what circumstances might short-term or unpaid experiences be most beneficial?
Under what circumstances might short-term or unpaid experiences be problematic?

What is the role of the HYPE practitioner in including families around healthy expectations & planning for work/school experiences?

What do HYPE practitioners need to know about helping young people plan for work experiences?

What do we need to be mindful of as the developers and creators of the manual when addressing work experiences for young people?

What would you like to ask the group of researchers and practitioners?

Department of Psychiatric Rehabilitation & Counseling Professions 90

RUTGERS

Tomorrow's Topics

- Morning: Report Back Period
 - Groups alternate in reporting back the discussion and soliciting input from the other group (30m per item)
- PS1. MINIMIZING DISRUPTIONS
- PS2. JOB SUPPORT
- PS3. DETERMINING A CAREER GOAL
- RS3. COORDINATION OF SERVICES
- RS4. AGE-SPECIFIC SERVICES
- RS5. PEER SUPPORT GROUPS

Department of Psychiatric Rehabilitation & Counseling Professions 91

RUTGERS
School of Health Related Professions

Let's Go Finalize a Career Development Model!!!!

Rutgers, The State University of New Jersey



NAC BREAK-OUT SESSION: INTRODUCTION

The below questions promoted needed discussion about research and practice for experts regarding some of the issues seen in delivering a service to young adults. Young adults were not a part of these discussions.

NAC DISCUSSION ITEMS AND GUIDING QUESTIONS

The following is an overview of the discussion topics and questions used to guide the discussion with the NAC. These conversations were led by experienced members of the research team.

RS9. DEVELOPING/ ENHANCING MOTIVATION

- How should HYPE practitioners support young people who have difficulty maintaining motivation and commitment to successfully engage in education and employment pursuits?
- What are the special considerations when supporting a young person who is ambivalent about pursuing work or school?
- What are the considerations/practices to develop motivation to initiate and the commitment to continue educational and employment pursuits?
- Under what circumstances might these considerations/practices be the most helpful?
- Under what circumstances might these considerations/practices not be helpful (and possibly be avoided)?
- What do HYPE practitioners need to know about the role of motivation in pursuing and maintaining pursuit of long-term career goals?
- What do we need to be mindful of as the developers and creators of the manual when discussing how enhance and maintain motivation and commitment?
- What would you like to ask the group of young adults?

SS1. GENERALIST VS SPECIALIST

- In the ideal situation, how should HYPE programs be staffed to best serve the needs of young people who are pursuing long-term goals that may switch between work and school?
- What are the special considerations about the knowledge and skills of practitioners within career development services for young people?
- Under what circumstances might specialists be the most helpful?
- Under what circumstances might specialists not be helpful?
- Under what circumstances might generalists be the most helpful?
- Under what circumstances might generalists not be helpful?



- What do we need to be mindful of as the developers and creators of the manual?
- What would you like to ask the group of young adults?

RS6. ENHANCING COGNITION

- How should HYPE practitioners support young people who show signs of difficulty with higher-level cognitive process that may create barriers to successfully engaging in higher levels of education and employment?
- What are the special considerations when supporting a young person who struggles with areas such as memory, learning, and attention?
- Under what circumstances might cognitive remediation interventions are particularly helpful?
- Under what circumstances might cognitive remediation interventions are not helpful?
- What do HYPE practitioners need to know about helping young people to develop higher-level cognitive skills that are often required in college degree and higher-level positions?
- What do we need to be mindful of as the developers and creators of the manual?
- What would you like to ask the group of young adults?

RS7. SKILL DEVELOPMENT

- How should practitioners identify the areas of critical skill that require development in order to be successful in school and work?
- What are the special considerations to developing skills for academic and work settings?
- Under what circumstances is skill development most helpful?
- Under what circumstances is skill development not helpful?
- What do HYPE practitioners need to know about helping young people to develop skills related to success in work and school?
- What do we need to be mindful of as the developers and creators of the manual regarding the role of skill development in HYPE services?
- What would you like to ask the group of young adults?

NAC DISCUSSION SUMMARY:

DEVELOPING/ENHANCING MOTIVATION

How should HYPE practitioners support young people who have difficulty maintaining motivation and commitment to successfully engage in education and employment pursuits?

Practitioners need to understand the young person's ambivalence, and really get to the bottom of it. Without understanding the ambivalence it is very difficult to address motivation enhancement because the practitioner doesn't know what's holding the young person back. Frequently ambivalence is seen as



disinterest, but that is usually not the case. A huge piece of ambivalence is often fear, or anxiety that they (the young person) won't be able to successfully complete a goal, or will fail.

What are the special considerations when supporting a young person who is ambivalent about pursuing work or school?

Young people might be ambivalent about pursuing work or school if they are receiving disability benefits. The benefits system is very complicated and young people may be worried that employment will threaten the security of their benefits. They may also be pressured by their families to remain on benefits. It would be helpful for young people to be educated on benefits to help address this concern.

Many youth are receiving benefits or have received benefits, and they might be on the fence about pursuing work or school because of this. Benefits counseling can help pre-contemplators move towards becoming contemplators. They might be content to remain on disability, but the practitioner can help them see the benefits of working or receiving training, such as developing a greater sense of purpose, and providing structure to each week.

What are the considerations/practices to develop motivation to initiate the commitment to continue educational and employment pursuits?

Most of the people in attendance agreed that motivational interviewing can be a valuable tool. Motivational interviewing strategies are evidence-based, and practitioners should be mindful of how those strategies can be applied to initiating commitment to continuing to pursue education or employment. Motivational interviewing can help young people identify their areas of ambivalence and then help them find their own motivations. MI can be helpful in building therapeutic alliances, engagement, and relationship building.

Peer mentors can be helpful in enhancing motivation because they bring hopefulness, shared experiences, and evidence of a way forward.

Goal setting can be difficult, but is an important aspect of motivational interviewing. Young people may have a difficult time making or keeping meaningful goals. Practitioners can cultivate goals by exposing young adults to various opportunities for education or employment. Providing the opportunity to job shadow can be a big motivator for youth to being pursuing a path that they find interesting. If a young person sets a goal that they are passionate about completing, but over time loses interest, the practitioner should revisit the goals with the individual to figure out how to adjust the goals to better motivate the young person. Goals change over time and should be referred to frequently for adjustments to be made. Goals that are directly connected to the individual's interests are more likely to be motivating for the young person.

What do HYPE practitioners need to know about the role of motivation in pursuing and maintaining pursuit of long-term career goals?



Lack of motivation is often a symptom of mental health conditions, and can lead into a cycle of apathy, which greatly impedes any forward movement.

Short-term positive reinforcement along the way can help an individual remain on the path towards their goals because it provides small motivators that push the young person to continue. Becoming discouraged is often an issue, and quitting is an easy solution to this problem.

Building social support networks can be vital in maintaining motivation and helping a young person pursue long-term career or education goals. Informal relationships, personal relationships, and allies who naturally support the individual are important factors.

Additionally, the identification of barriers is extremely important in creating an individualized plan for pursuing long-term goals. Identifying what the barriers are and how they can be addressed helps remove road blockages around the path to employment/education.

Youth and young adults are more likely to drop out of services than other age groups, and are harder to re-engage, so it's important for practitioners to not drop the client when their motivation first drops. Stick with the client and understand their ambivalence so they can appropriately address it.

What would you like to ask the group of young adults?

If you are not able to articulate a goal, what do you want to happen next? Have you ever been in a situation where you weren't clear on a goal? What helped or would have helped? What wasn't helpful?

NAC DISCUSSION SUMMARY:

GENERALIST VS SPECIALIST

In the ideal situation, how should HYPE programs be staffed to best serve the needs of young people who are pursuing long-term goals that may switch between work and school?

It can be helpful to have both generalists and specialists working in the ideal HYPE program, because generalists can internally refer individuals to specialists when necessary. A generalist can be particularly helpful in pointing people in the right direction. For instance, for a headache someone might go to the general doctor, but if the MRI shows a tumor, they would be sent on to a specialist. Specialists are available to support the generalists and can serve as a resource for the generalists. Having a team with a few generalists and a few specialists can provide a balanced, integrated team approach.

Under what circumstances might specialists be the most helpful? Under what circumstances might specialists not be helpful?

A team of specialists that work together can provide specialized knowledge that covers a wide range of topics. However, a team of specialists also means that an individual might be meeting with four different



people - like a housing specialist, an education specialist, an employment specialist, etc. Specialists can fall into a trap of over-specifying, creating an unnecessary number of individual specializations and overwhelming the young person.

Under what circumstances might generalists be the most helpful? Under what circumstances might generalists not be helpful?

Generalists can be helpful because they have the skills to help the same person who may be flipping back and forth between employment and education. A generalist can save an individual from having to change clinicians or practitioners every time their goals or main focus changes.

Generalists can address all issues in transition domains, though due to the vast quantity of information and issues, they generally only have basic, surface-level, knowledge of each subject. Another drawback is that a generalist might not be able to address everything because there are so many items on their checklists.

NAC DISCUSSION SUMMARY:

ENHANCING COGNITION

How should HYPE practitioners support young people who show signs of difficulty with higher-level cognitive process that may create barriers to successfully engaging in higher levels of education and employment?

HYPE practitioners should look at cognitive remediation, although it might be too complex to integrate into the program. Cognitive Enhancement Therapy (CET) addresses cognitive functioning, social skills, and cognitive remediation. It is important for practitioners to provide coping and compensatory strategies to reduce interference caused by cognitive challenges. It would be helpful for young people to be assigned a cognitive specialist who would introduce them and help orient them to the program.

Real work outcomes are often not measured, and instead the focus is often on measuring the level of involvement or engagement. For the portion that are employed, their earnings are higher.

What are the special considerations when supporting a young person who struggles with areas such as memory, learning, and attention?

Special considerations for practitioners supporting a young person struggling with memory, learning, and attention include a lot of compensatory strategies. Study skills instruction, calendaring, planning for assignments, task completion, and scheduling are all areas that should be focused on for young people struggling with memory, learning, and attention. Reasonable academic accommodations may need to be provided to people struggling in these areas, and young people need to be educated about their options when it comes to accommodations and special considerations.



Under what circumstances might cognitive remediation interventions be particularly helpful? Under what circumstances might cognitive remediation intervention not be helpful?

Specific skill instruction is important in enhancing cognition and compensatory skills. Although cognitive remediation is good, it is often too complex to integrate into programs. Literature on cognitive enhancement therapy (CET) indicates that CET does not always work in groups. Another way to enhance cognition, in addition to cognitive remediation and cognitive enhancement therapy, is teaching social skills in an intensive, small group setting.

What do HYPE practitioners need to know about helping young people to develop higher-level cognitive skills that are often required in college degree and higher-level positions?

Young people need to be connected to existing resources, as well as assisted in accessing these resources. It was suggested that practitioners need to collaborate with services in order to best serve this population, although they also need to be wary of referral traps that put young people in a cycle of referrals because their clinicians don't teach those specific services. Practitioners should be able to directly provide these basic skills for teaching strategies around education and employment for young people.

What would you like to ask the group of young adults?

Do you find apps helpful in teaching you tools for calendaring, skill instruction, etc.?

What have you found helpful about apps? What have you found to not be helpful?

What would help you with dealing with cognitive "thinking" challenges? What are the challenges, what helpful, and what would have helped?

NAC DISCUSSION SUMMARY:

SKILL DEVELOPMENT

How should practitioners identify the areas of critical skill that require development in order to be successful in school and work?

Critical skills will be different for different people, and should be addressed on an individualized basis. What is in the way of developing skills? Practitioners need to have an understanding of the roadblocks before they can adequately provide skill development.

An early assessment for skill deficit can be helpful in developing a plan for further skill development. What is the person missing? What tools and skills do they already have? Identifying core skills, such as interviewing or resume building, are important first steps in teaching skills.



What are the special considerations to developing skills for academic and work settings?

The emphasis should be on how to do skills training, how to set up a model, or do a successful role play. Develop strategies to be used in providing instruction in needed skills, like steps to follow, for practitioners to utilize. Identifying coping strategies and developing skills associated with handling anxiety or other mental health symptoms are both necessary and easily taught.

What do HYPE practitioners need to know about helping young people to develop skills related to success in work and school?

Young people need the general work or school skills, like time management, calendaring, study skills, etc. but they also need skills to help manage their mental health condition. It is important for the practitioner to have an understanding of how the condition might affect the acquisition of these other skills, and develop a method for incorporating both skill sets. Teaching young adults how to manage their anxiety is a big example, and coping strategies that can be used in those situations.

What would you like to ask the group of young adults?

Do you have experiences with being referred out? What were the downsides?

What skills are helpful and what skills work? What hasn't been helpful or doesn't work?

Who are you willing to learn from? Peers, practitioners, or others?

If there were skills that you needed, how did you get help with them?



PAC BREAK-OUT SESSION: INTRODUCTION

The below topics generated good discussions about the types of experiences that are helpful for young adults working towards a career goal. There was some disagreement on the subject of social norms and teaching professionalism, but also agreement regarding several topics. Full group agreement was immeasurable, as some young people did not offer opinions on certain topics. The following points were volunteered by members of the group and do not reflect the views of all that were participating. Here are some of the key points from that discussion. To note: “older” adults were not a part of these discussions.

PAC DISCUSSION TOPICS AND GUIDING QUESTIONS

The following is an overview of the discussion topics and questions used to guide the discussion with the PAC. These conversations were led by young adult members of the research team.

RS2. DEVELOPING EXPERIENCES THAT RELATE TO CAREER GOALS

- How can HYPE practitioners best help develop young people to develop experiences that relate to their long-term goals (e.g. summer employment, internships, and volunteering)?
- What are the special considerations about developing short-term or unpaid experiences to inform choices within career development services for young people?
- Under what circumstances might short-term or unpaid experiences be most beneficial?
- Under what circumstances might short-term or unpaid experiences be problematic?
- What is the role of the HYPE practitioner in including families around healthy expectations & planning for work/school experiences?
- What do HYPE practitioners need to know about helping young people plan for work experiences?
- What do we need to be mindful of as the developers and creators of the manual when addressing work experiences for young people?
- What would you like to ask the group of researchers and practitioners?

RS8. ASSISTANCE WITH STRATEGICALLY SELECTING ACADEMIC PURSUITS

- How should HYPE practitioners best help young people to be strategic in their selection of courses, commitments, and workload?
- What are the special considerations about helping a young person who is actively managing a mental health condition to identify the factors that may influence academic performance when selecting/determine academic preferences (e.g. types of school, courses per semester, combination of work and school)?



- Under what circumstances when helping a young person to identify factors that may affect success is particularly helpful? Under what circumstances is this not helpful?
- What is the role of the HYPE practitioner in helping the young person identify factors that may affect success and satisfaction in their academic pursuits?
- What do HYPE practitioners need to know about helping young people evaluate the factors associated with success and satisfaction in school?
- What do we need to be mindful of as the developers and creators of the manual?
- What would you like to ask the group of researchers and practitioners?

RS1. ROLE OF BENEFITS IN LONG-TERM CAREER PURSUITS

- For those young people who have not applied to SSA, how should HYPE practitioners determine with the young person when or whether an SSA application is beneficial?
- What are the special considerations regarding the role of HYPE practitioners in applying for SSA benefits?
- What are the implications of SSA benefits for career development pursuits and for the identity of young people?
- Under what circumstances would applying for SSA benefits be particularly helpful?
- Under what circumstances would SSA be a potential problem that outweighs the potential benefits?
- What is the role of the HYPE practitioner to help family members understand the potential risks and benefits associated with applying/enrolling in SSA?
- What do HYPE practitioners need to know about SSA benefits?
- What do we need to be mindful of as the developers and creators of the manual when discussing SSA benefits?
- What would you like to ask the group of researchers and practitioners?

PAC DISCUSSION SUMMARY:

DEVELOPING EXPERIENCES THAT RELATE TO CAREER GOALS

How can HYPE practitioners best help young people to develop experiences that relate to their long-term career goals (e.g. summer employment, internships, and volunteering)?

Practitioners play a valuable role in assisting young people in developing experiences that relate to their long-term career goals. Four topics were brought about from the young adults about how practitioners can assist in these career goals: providing diverse opportunities for internships and experience, not over-promising their ability to assist, building a presence in the community, and offering and linking to mentorship opportunities.

Practitioners should offer diverse opportunities for internships and experiences for “tagging along,” like job shadowing, to help individuals explore a wide variety of career options. They can help facilitate this



by reaching out to diverse employers in the community. There are also tools on the web, such as O*NET, which can be used to help young people explore potential career paths.

It is important for the young person to learn through failure; it is more important to try and fail than it is to not try. Don't squash the dreams of the young person before they have the opportunity to try. Instead, help them plan and then help them learn from mistakes. New experiences can help build a young person's self-esteem and confidence.

Allowing individuals to have self-determination and developing skills to set their own goals is very important. Helping young people develop problem-solving skills, decision-making skills, and goal-setting skills can assist the young person enhance their communication and social skills through utilizing natural supports. Autonomy can also help the young person develop responsibility.

The practitioner should not over-promise, and should be realistic about what they can actually help the young person with. If a practitioner says they are going to do something and then isn't able to, the young person may begin to doubt or have difficulty trusting the practitioner.

Practitioners can help by building a presence in the community, especially with schools and employers, and developing relationships within the community.

Mentorship, both peer and other, is often overlooked, but can be very valuable. Mentorship allows the young person to interact with peers, and can help them avoid pitfalls and gain deeper understanding of the profession or environment. It also helps the young person see that everyone struggles and everyone is flawed; mentors are humans too.

What are the special considerations for developing short-term or unpaid experiences to inform choices within career development services for young people?

Short-term and unpaid experiences can be valuable for young people, but there are several ways a practitioner can enrich the experience further. Young people brought up the ideas that practitioners can: assist the young person in choosing a position of interest, teach the young person how to take valuable resources from each opportunity, match the young person with a peer for guidance, and provide clear instructions about the position's requirements.

The ownership should be on the young person to pick what is interesting to them. They will not be as engaged if they don't feel like they are doing work that is interesting and fulfilling. Instead of just placing the young person in any available position, the practitioner should learn about the young person's interests and goals, and help the young person seek out experiences that align with these interests and goals.

Having an unpaid experience can be less stressful for a young person, which can be helpful when they are first re-entering the workforce. Also, short-term roles can lead to long-term opportunities, and are great for building one's resume. These experiences can offer certificates of completion, letters of recommendation, as well as tangible skills gained from the volunteer experience. They can also teach skills related to professionalism and work norms.



Since new experiences can be stressful, it is helpful to have peers available to help the young person manage stressors, as well as to enforce that change and the related emotional responses are completely normal and are part of the journey.

It is helpful for the young person to be given clear and specific instructions of what is required of them and why. Some people may need assistance with developing basic skills like shaking hands and introducing oneself, how to dress, and/or how to read social cues; whereas others will only need help with more advanced skills. It is important for practitioners to respect and be able to gauge where the individual is in their personal skill development.

What is the role of the HYPE practitioner in including families around healthy expectations and planning for work/school experiences?

Throw away the book when it comes to including families. Take an individualized approach and adjust the approach as needed along the way. It is important to understand each individual and not have blanket assumptions about young people.

Family members should not be dictating the career choice of the young person. Family should be there to provide support and an outside perspective, but should also only be involved if the youth wants them to be, and to the extent that the youth decides is best.

Family can be helpful in providing support, outside perspective, and resources. The practitioner can be helpful by ensuring that family members have realistic expectations.

What do HYPE practitioners need to know about helping young people plan for work experiences?

HYPE practitioners should address the young person's fears, as well as the fears of the family, if the individual chooses to involve them. The practitioner should help build confidence, provide encouragement, and respect the young person.

Practitioners can help foster hope and motivation in the young person by focusing on what is possible, by providing them opportunities to succeed and build confidence. It is important for the practitioner to treat each person as an individual, and respect the skills they come in with in addition to helping them build more skills and gain new experiences.

What would you like to ask the group of researchers and practitioners?

Where do you draw the line for families being included? Is it based on age?

What does the research indicate in terms of the best practices for including families for individuals between the ages of 18 and 30? Are there times when it is best to do so?

What has worked well for you in terms of assisting youth in developing new experiences?



How are resources being used to motivate youth? How are you using existing resources to motivate youth?

PAC DISCUSSION SUMMARY:

ASSISTANCE WITH STRATEGICALLY SELECTING ACADEMIC PURSUITS

How should HYPE practitioners best help young people to be strategic in their selection of courses, commitments, and workload?

HYPE practitioners need to consider several aspects related to assisting young people in the selection of courses, commitments, and workload. Suggestions offered by the young people included: using an individualized approach, teaching time-management and self-advocacy, and adopting a life coach perspective.

The practitioner should work with each young person on an individual basis. They should let the young person know that they have options, such as taking a lower course load, or utilizing on-campus resources for accommodations. There is no one-size fits all when it comes to academia, and practitioners should cater to the individual's needs and skills.

Practitioners can help teach time management skills, as well as self-advocacy. Some people may need or want help walking through the steps of different plans. It can be helpful for the young person if the practitioner shares their own experiences to normalize the challenges the youth is facing.

It can be helpful for practitioners to develop a life coach perspective and show the young person that "life is for the taking." It can be easy for young people with mental health conditions to become their label, which is a major barrier in moving forward and developing goals. Practitioners can help the youth see the big picture, look beyond their diagnosis, and don't block the individual's potential.

What are the special considerations about helping a young person who is actively managing a mental health condition to identify the factors that may influence academic performance when selection/determining academic preferences (e.g. types of school, courses per semester, combination of work and school)?

Practitioners need to be aware of how to guide the young person in actively managing a mental health condition as well as identifying factors that can influence academic performance. Ideas from young people include: being aware of the changing effects of seasons and course workload on mental health symptoms, the importance of extracurricular activities, and the necessity of an individualized plan for every person.

Practitioners should be aware that depression can be seasonal, and an increased amount of people may need additional services during the shorter, darker, winter months. This is a stressful time academically, and added environmental factors such as shorter and darker days can exacerbate existing symptoms. It



can be hard for young people to access mental health services during those times of year because of waitlists and a greater quantity of people seeking help. Practitioners should be educated about programs on and off campus that provide mental health services.

It is important that practitioners acknowledge that school is not only about academics and classes, but is also about extracurricular activities and participation in student groups.

Every individual has their own learning style and are motivated in different ways. It can be helpful for a practitioner to build on the individual's motivators. Putting the person in contact with disability services in addition to helping the individual develop accommodations that are specific to their needs is important.

What do we need to be mindful of as the developers and creators of the manual?

When discussing the creation of the HYPE manual the young people had suggestions to keep in mind: being mindful of the language, and to remember that there are multiple paths to success.

It is important to be mindful of the language being used. The Office of Disability Services can be a great resource, but individuals may find it stigmatizing and a deterrent to seeking help. Some schools call it the Office of Accessibility, which feels more welcoming and open to young people requesting a wide range of services.

There is no one direct path. Rather, there are many ways to achieve a goal, and various paths should be highlighted for young people. Accommodations should be individualized because every individual requires something different. A generic accommodation might not address the person's individual struggle.

What would you like to ask the group of researchers and practitioners?

What are some interventions for youth that may react strongly, with aggression, or defensively? What are some interventions for youth who may walk away after one set back, hurdle or disappointment?

What are existing accommodations that have been shown to work for individuals with mental health conditions?

PAC DISCUSSION SUMMARY:

ROLE OF BENEFITS IN LONG-TERM CAREER PURSUITS

What are the special considerations regarding the role of HYPE practitioners in applying for SSA benefits? What are the implications of SSA benefits for career development pursuits and for the identity of young people?



HYPE practitioners will be faced with assisting young people who are currently on SSA benefits. The practitioner should consider that each young person has a unique experience, and to provide information about benefits and programs.

It is important for practitioners to remember that each individual's experience is unique; what might work for one person may not work for another.

The biggest issue with SSA is that people are misinformed about available resources, and their options when applying for benefits. Frequently people end up trapped in services because they were not properly educated beforehand. Practitioners should provide general education about benefits, including food stamps, as well as inform the young person of short and long-term impacts. Practitioners should know about resources such as "Ticket to Work," and "NJ Wins."

What do we need to be mindful of as the developers and creators of the manual when discussing SSA benefits?

SSA benefits information will be tied into the HYPE Manual and there should be consideration about the information that is provided. Information should consider that the system as a whole needs reformation, and that there are current models in existence that may offer ways to correct the issues. In addition, practitioners should be well educated and versed in information about benefits and the processes involved.

Primarily, there needs to be a system change effort. Young adults have very little control over the "system" and people frequently feel stuck, uninformed, and taken advantage of. Arizona has a great model in which young adults in the foster system are given a stipend to live in addition to college tuition, which provides them with options other than SSA.

Practitioners need to be educated about benefits in order to help young people navigate them. They are also often not aware of how to help people get off benefits, or other programs that exist in the state or county that offer alternatives to SSA benefits. Also, the process of applying for benefits, maintaining benefits, and getting off of benefits can be confusing and daunting. Practitioners can help make this process easier by helping the young person navigate the systems, provide support, and help them make sure they have all the necessary information.

What would you like to ask the group of researchers and practitioners?

How can people access HYPE services if they don't have Medicaid?

What are the experiences that have shaped your views and beliefs? Why do you think positively/negatively about benefits?

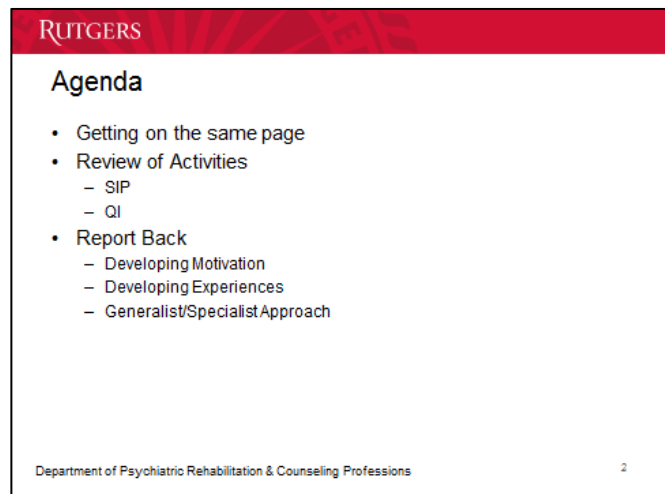
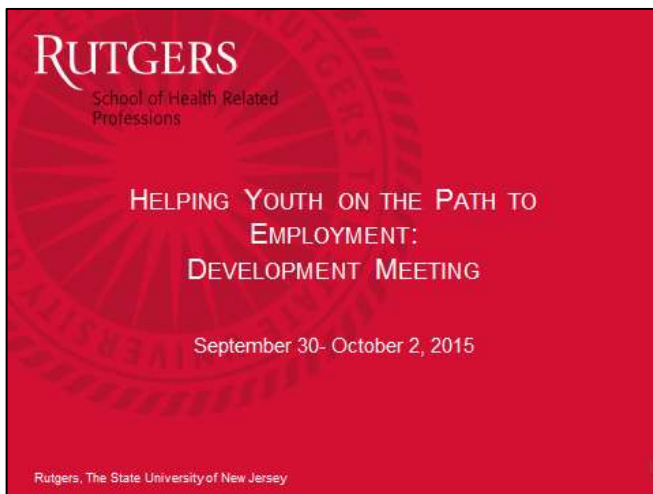
What is the consensus on this topic? What do you know that we, the young people, don't know?



DAY 2: THURSDAY, OCTOBER 1, 2015

GETTING ON THE SAME PAGE: MICHELLE G. MULLEN

Michelle took a few minutes in the morning to ensure everyone was on the same page and then reviewed the agenda for the day. Day 2's agenda was restructured to allow for some content from Day 1 to be reviewed (i.e. SIP and QI) that was unable to be covered given some unexpected time restrictions. To start, Michelle reviewed some of the assumptions, which were excluded from the Checklist, but would help to inform the development of the HYPE manual. [See "[HYPE Assumptions: Items that were Removed from the Checklist](#)" on page 13 for further details.] She also pointed out that, based on the results of the Checklist, several of the Checklist items had already reached a majority consensus among the group and thus did not require much further discussion at the conference. [See "[Checklist Results: Items Agreed Upon by All Groups](#)" on page 21 for further details.] This prompted a few questions from the group, and there was a brief discussion about the importance of individualized and youth-driven services.



RUTGERS

Major Activities: Progress Update

- A1: Scoping Review: The State of the Science
- A2: Survey of Innovative Practices: The State of the Art
- A3: Qualitative Interviews: The State of the Need
- A4: **Synthesis & Consensus Conference**
- A5: Manual Development
- A6: Implementation Assessment

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

THE GIVENS/ ASSUMPTIONS: GETTING ON THE SAME PAGE

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Wrap Around Services

- Wrap-around is a philosophy of care
- Defined planning process to build constructive relationships and support networks
- Community-based
- Culturally-relevant
- Individualized
- Strength-based
- Family-centered

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Supported Employment

Individual Placement and Support

- Philosophically in-line
 - Don't waste time, help everyone who expresses interest, coordinate supports, etc
- Currently, the best tested model for improving employment outcomes
- Some elements needed modification for a career development approach, which will be discussed later
- Some elements believed to require additional attention and *intentionality* within the IPS model, also discussed later

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Psychiatric Rehabilitation

- Boston University's model
- Widely accepted principles and practices for providing individualized services that are goal-based, individualized, and focuses on achieving maximum participation in chosen environments
- Use of Choose-Get-Keep-Leave as a framework for developing services
 - Typically the normative process for goal development & acquisition
 - How well thought out or prepared...that's a different story
- Believed to be able to be integrated into IPS practices easily (not currently studied)

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Transition to Independence (TIP)

- Emphasizes work and school as well as all the other domains young people are concerned with
- Deeply rooted in the same principles as other psychiatric rehabilitation practices
 - Eg. Family support, person-centered planning, choice, development of social and personal responsibility
- Future-oriented
- Problem-solving/ Solution-finding focus

Department of Psychiatric Rehabilitation & Counseling Professions



RUTGERS

Transtheoretical Model

- Prochaska, DiClemente, & Norcross
- Often referred to as the Stages of Change
 - Pre-contemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance
 - Termination/Relapse
- Focuses on creating and working with ambivalence to change
- Intentional practices to engage a person in change
- Actively works to eliminate friction within the relationship
- Matches interventions to place of stage process ("meets the person where they are")

Department of Psychiatric Rehabilitation & Counseling Professions 65




SURVEY OF INNOVATIVE PRACTICES: DR. MARSHA LANGER ELLISON

Dr. Marsha Langer Ellison, Ph.D., the co-director of HYPE and an Associate Professor in the Department of Psychiatry at UMass Medical School, shared a presentation about the Survey of Innovative Practices (SIP). One of the three primary research activities involved in the HYPE project, the SIP is a series of qualitative interviews with programs around the country serving young adults with severe mental health conditions. Dr. Ellison described several of the key features of these programs that are considered innovative in the field, and briefly explained the framework used to organize the information gathered from the interviews.

Helping Youth on the path to employment

**Survey of Innovative practices
for career development:
The State of the Art**

Authors:
Marsha Langer Ellison
Sloan Huckabee
Rachel Stone




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, Systems & Psychosocial Advances Research Center.

Visit us at:

<http://www.umassmed.edu/transitionsRTC>


The contents of this presentation were developed with funding from the US Department of Education, National Institute on Disability, Independent Living, and Rehabilitation Research. The content of this presentation does not necessarily reflect the views of the funding agencies and you should not assume endorsement by the Federal Government.



Survey of Innovative Practices Method

- Nominations of Programs
- Internet Survey
- Semi-structured telephone interviews
- Audio-transcripts
- Open coding using NVivo
- Three person team consensus on first order and second order constructs
- Categorization of codes into Kohler "Taxonomy"¹
- Inter-rater reliability testing of open codes

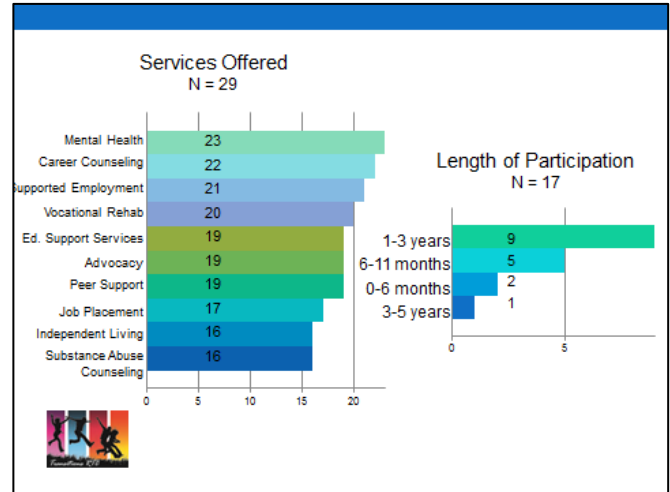
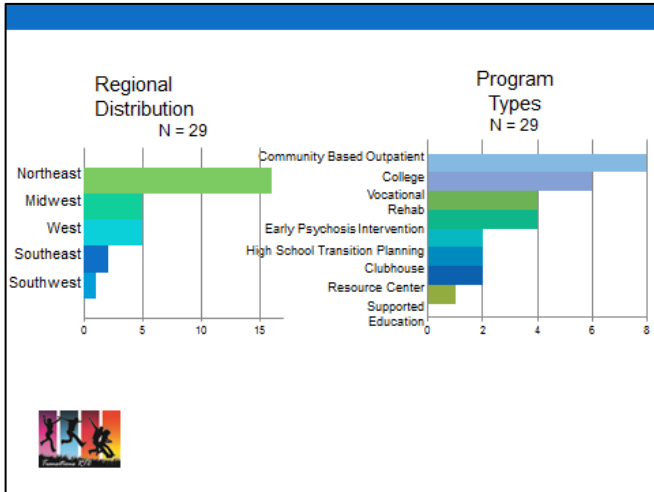
¹Kohler, P. "Taxonomy for Transition Programming". Champaign: University of Illinois



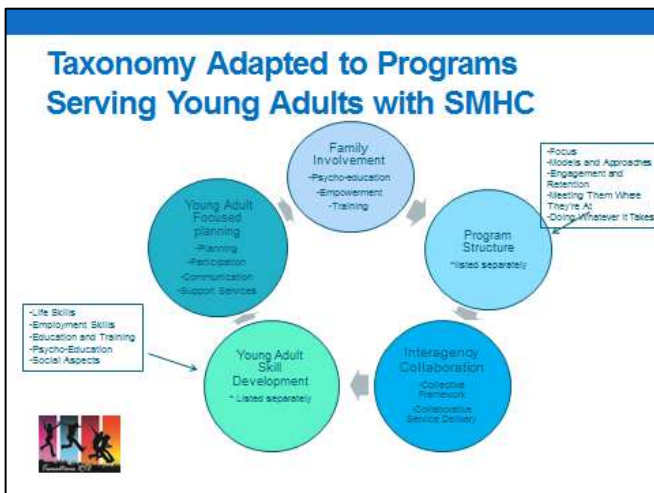
PROGRAM CHARACTERISTICS

Regional Distribution - Program Types -
Services Offered - Length of Participation



Application of Kohler Taxonomy – “Axial codes”



PROGRAM STRUCTURE

Focus - Models and Approaches - Engagement and Retention
Meeting Them Where They're At - Doing Whatever It Takes



Focus

- Educational and vocational supports
- High school completion, post-secondary training, post-secondary retention
- Early intervention and prevention for the early signs of psychosis
- Social goals
- Related independent living supports (housing, transportation, food/nutrition, laundry)
- Recovery and community integration



Models and Approaches

- Transition to Independence Process (TIP)
- Individual Placement and Support (IPS)
- Supported Education
- Student Support Network (SSN at Worcester Polytechnic Institute)
- Environmental/Social Approach to Disability
- A Unique Population/Transition tasks



Specific Practices that are “Unique to the Population”

- Age Specific Programming
- Tolerance for Missed Appointments and Gaps in Services
- Protecting Non-Patient Role
- Adapting Practices to Fit Developmental Changes
- Continuous Support
- Focus on Both Work and School
- Youth-Oriented Engagement Practices



Youth Oriented Engagement and Retention

- Build relationships (trusting, genuine, and understanding)
- Service flexibility for no shows or gaps
- Goal focus
- Assertive outreach – in the community; gentle but proactive
- Non-treatment environment
- Avoiding Diagnosing/Labeling Due to Stigma
- Younger staff, connection with youth culture, willingness to engage with social media, ability to text

“It’s a matter of doing everything you can within your own network ... finding friends, calling ... going to a place where you think they might have been last employed. So the idea is, I basically say to them, it’s like you really should know what they had for breakfast. So the idea is to really keep them engaged.”



Meeting Them Where They’re At

- Literally, service provision in the community, mall, home, school
- “Meet them where they’re at, on their terms, as often as you need to.”*
- Figuratively, responding to their felt needs and goals at that time
- Varying intensity of services according to need

“We’ve had people who were literally unwilling to come out of their room, in fact we had one fellow who was literally in his closet, and we did a series of home visits and we have communicated with people using sticky notes...we’re about as flexible as we can be”



Specific Practices for “Meeting Them Where They’re At”

- Varying Intensity of Services
- Service Provided According to Need
- Rapid Response to Goals/Needs
- Considering all Possible Resources
- Meeting Anywhere in the Community
- Goal Setting is Not Dependent on Assessments
- Using Stages of Behavioral Change Model
- Matching Interests to Jobs
- Varied Education Outcomes are Supported
- Facilitating Communication Between Systems when the Individual Can’t



Doing Whatever It Takes (Hands-on Support)

Time Unlimited Services

Complete service flexibility

Hands-On Support - Providing direct assistance

Client Centered Approach

Individualization



"Soup to nuts is a very non-professional grouping or classification of what we do ... we do whatever it takes basically, whatever the kid needs."

YOUNG ADULT FOCUSED PLANNING

Planning – Participation – Communication - Supports



Planning

- Plan Development
 - Functional Orientation
 - Person Beyond Diagnosis
 - Client Centered
 - Individualization
 - Participant goal driven
 - Strengths Based



Participation and Communication

- Youth Voice/Empowerment
- Participant Administrative Involvement
- Participant Communication
 - Texting capabilities
 - Social Media
 - Flexibility in communication methods



"You can call them all day long and not get a response, but if you text, they get right back to you- they don't like getting on the phone to talk ... [The communication] looks like anything, anytime, anywhere."



Support Services

- Accommodations
- Motivational Enhancement
- Therapy
- Peer Support / Peer Mentors

Value of Peer Support

"A visitor asked one of the (peer) members (of a peer support group) why the group was so important, and the member of the group said, 'well let me put it this way. So I came in a while ago and I had shaved off my eyebrows, and this other person said 'hey dude, what's with the eyebrows' and my response was 'psychosis' and [the other guy said], 'oh cool.' It's like 'okay so you shaved your eyebrows cause you got psychotic, I get it, it's not a problem.'"



Other Support Services

- Substance use counseling
- Crises planning
- Housing, residential services
- Daily living needs (child care, transportation)



FAMILY INVOLVEMENT



Family Involvement

- Psycho-Education
 - Learning about mental illness
 - Illness Management
- Getting Benefits
- Health Insurance



"I would really emphasize again that you have to work with families; there's no way to do this work without working with families."



YOUNG ADULT SKILL DEVELOPMENT


Life Skills - Employment Skills - Education and Training
Psycho-Education - Social Aspects




Life Skills

- Skill Building
 - Coping skills
 - Financial skills
 - Executive functioning
 - Time management & calendaring
 - Self-Advocacy
- Disclosure

"You went from high school to college – no one ever told you that there was something called an agenda, and that you can put all your assignments in it, and help you map out your time."





Employment Skills

- Interview Experience
- Work Behavior and Skills
- Structured Work Experience
 - Internships
 - Supported Employment
 - Job Coaching





Education and Training

- Education Skills
 - Accessing Available Resources
 - Applying for School and Financial Aid
 - Transition to College Stress
- Financial Aid Planning
- Secondary Special Education & Transition Planning
- Vocational Schools and Vocational Training






Psycho-Education

- Help youth understand their diagnosis
- Managing symptoms
- Treatment options (medications) and dealing with providers



Social Aspects

- Youth groups and networks
- Social/Recreational activities
- Inter-personal Skills



INTER-AGENCY COLLABORATION

Collaborative - Service Delivery - Collaborative Framework



Collaborative Service Delivery and Framework

- Community Connections
 - Chambers of Commerce
 - Employers
 - Police
 - Social services
- Mental Health Integration
- Campus Disability and Counseling services
- Vocational Rehabilitation



What we didn't find

- Specified or manualized approaches
- Emphasis on skill development
- Systematic approach to career development
- Well articulated or defined practices
- Systematic program evaluation



For more information on:
the Survey of Innovative Practices contact:


Marsha.Ellison@umassmed.edu



QUALITATIVE INTERVIEWS: MICHELLE G. MULLEN

Michelle shared a presentation about the Qualitative Interviews with Young Adults (QI), another activity of the HYPE research project. Similar to the SIP, the QI is a series of qualitative interviews with young adults who have lived experience with mental health conditions. She explained the purpose and briefly described the methods used for conducting the interviews and synthesizing the data collected; a process which was incomplete at the time of the conference. Also, she shared some basic demographic information about the young people who have been interviewed. There was a bit of discussion about this, and some folks pointed out that people’s experiences could be affected by their geographical location, including whether they live in a rural or urban setting. There was also some discussion about the methods used to recruit participants; several members of the PAC (who had also participated in the QI) mentioned that they heard about the study by word of mouth. Michelle also shared some powerful quotes from the interviews and reviewed the initial impressions and preliminary conclusions gathered from the interviews.

RUTGERS



Qualitative Interviews: The State of Need

Michelle G. Mullen, Judy L. Thompson, Katie Holloway, Rachel Stone, Amada Costa, Emily Simpson, Olga Anagnostis, David Crandall, Sean Karyzszak & Sandy Ghaly
**With special thanks to the PAC*

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Learning from Young People First Hand...

- The educational and employment experiences
- Periods of transition periods (e.g., from high school to college or employment)
- Role of mental health and supports in pursuing and completing their vocational/career goals
- Factors that facilitated and/or hindered the pursuit of career goals
- Understanding the "perfect service"

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Method - Sample

- Recruited nationally, with a focus on NJ and NY metro area;
- Inclusion criteria:
 - Between the ages of 18-35;
 - Current or past (self-reported) DSM-IV psychotic, mood, anxiety, and/or eating disorder;
 - If substance-use disorder reported, the non-SUD Axis-I condition is the "primary" condition affecting functioning;
 - Does not have an autism-spectrum or developmental disability;
 - Does not have a legal guardian;
 - Fluent in English.

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Method

- Individuals who respond to recruitment materials are screened for eligibility by phone.
- Interviews are conducted in person or via Adobe Connect by an interview team that includes at least one interviewer with extensive QI experience.
- Demographic information (e.g., detailed educational and employment history, parental SES) is collected through a structured demographics form prior to the QI.

Department of Psychiatric Rehabilitation & Counseling Professions



RUTGERS

Method

- Focus of questions guiding ~90-minute QI “discussion”:
 - Impact of mental health condition, especially regarding school and work;
 - Participant’s school, work, and long-term career goals & aspirations;
 - Barriers and facilitators: what has helped and what has gotten in the way.

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Super-helpful Input From our PAC

- Recruitment materials – creating more youth-friendly flyers.
- Language – “mental health condition.”
- Adding a specific QI-interview probe regarding stigma / discrimination, including self-stigma.

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Demographic and Clinical Characteristics (N=20)

Mean age (SD)	25.30 (4.61)
Age range	18-33
Gender, n	16 female 4 male
Ethnicity, n	14 Caucasian 3 Asian 4 African American
Self-reported mental health condition(s)	13: depressive disorder 10: anxiety disorder 6: bipolar disorder 3: ADHD (comorbid) 2: eating disorder 2: schizoaffective disorder 2: schizophrenia 1: substance-use disorder (comorbid)

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Education and Work History

Education level

Completed HS	1
Some College	11
Vocational Training	1
Completed BA	2
Some Graduate School	1
Completed Graduate School	3

Years worked over last 5 years

Less than 1	8
1-2+ years	5
3-4+ years	4
5 years	3

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Work and School: Current Status

No School or Work	4
PT School Only	3
FT School Only	1
PT Work Only	4
FT Work Only	3
Both School and Work	5

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Progress: Where we are now

Interviews

- Ideally two people conducted each interview
- Conducted via Adobe Connect (remotely with webcam) or in-person
 - Digitally recorded, transcribed, & de-identified

For Checklist

- Reviewed each transcript (or recording) for philosophy, services, supports, practices, and practitioner traits that promoted positive outcomes

Department of Psychiatric Rehabilitation & Counseling Professions



RUTGERS

Coding Interviews: Incomplete

- Using Grounded Theory as methodology
 - Questions have been refined given experiences with beta testing and early interviews
 - Code, Concepts, Categories, and Theory (potentially)
- NVivo
- Young Adults Coding Interviews
 - Developing consensus codes as a group
 - developing open codes individually
 - Once inter-rater reliability is achieved within the group, independent coding will proceed

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

The folks we have interviewed


- Very diverse in experiences...when considering our sample
- Dropped out of high school and college
- Have attended "self-contained colleges" for students with disabilities
- Have been homeless
- Affiliated with gangs
- Histories of trauma
- Varying levels of family support
- Varying levels of SES
- Varying levels of academic performance & attempts

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

When asking about goals...

To be self-supporting. To just live either by myself for 100% or with roommates so I'm not under my parent's [roof]. You know be financially self-sufficient and just have a house, routine, and a schedule, like I get up and go to work. This is my Monday through Friday, and you know this is what I do. And then maybe some volunteer or something else that's more, I don't know, emotionally stimulating. Like if I don't get that at my 9 to 5, it's kind of like that wellness sticker that's on the bulletin board over there, kind of like checking off making sure these needs are met type deal. So that's kind of my goal and have a dog.




Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Transitions

You know it was a huge transition. You know moving to a new city and not knowing anybody, and starting a new job, and my first job, and that kind of stuff. And there were times when it was really hard, and there were times where everything was okay.




Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Transitions

I felt like I had lost everything and the last thing that I had to lose was my life. And just didn't want to. . . I just felt so low, that I literally went from like – over the night, like I just quit doing everything I was doing and I said like, "fuck this" and just like bounced back.




Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Supports Needed

[talking about DVR] Like they're just like "Get a job." "Oh, congratulations, you're working at Shoprite." That's not a job. I mean it is, but not really. It's not a self-sustaining job. You can't live off that. And I don't think they know how to help because they don't have a lot of clients that are high functioning, but still struggling, they're big time struggling.




Department of Psychiatric Rehabilitation & Counseling Professions



RUTGERS

Supports Needed

I mean my notes started out real great and perfect and pretty and then they would just fall apart. And I'd get frustrated with myself because I'm like I should know how to do this.




Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Barriers

*So like after I entered high school in the beginning it was always like the beginning of the year. Everyone's like all friendly. And then it was almost like a cycle, like **by the end towards the summer, I knew I would feel more disconnected. So then I felt more depressed.** And then back when this—Back in fall I felt better, and then I was up and down.*




Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Barriers

Yes the idle periods have had hospitalizations occur that has robbed me of a balanced sense of time. So even a month or two feels like a robbery. Add them up together with eight or ten hospitalizations, and you have a good year that you're losing of your life, like that could have been used towards my goals you know.



Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Impressions & Implications

- The need for additional support and information is critical
 - Implications for school loans
 - Unaware of existing supports
 - Lack of clear vocational direction— but have a long-term vision
- Periods of absence from work and school corresponded with greater mental health issues for some
 - Disruptions not necessarily prompted by mental health exacerbations
- Families can be amazing supports or real barriers to resiliency
- College campuses need targeted interventions
- Vocational Rehabilitation needs assistance in better understanding young adults and the need for higher education

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

The "State of the Need"

- Some young people know how to get what they want, despite
 - bad services,
 - negative messages, and
 - inadequate supports.
- Some young people don't know where to get help: uninformed about community/campus/employment resources
- Some young people don't know if help is actually available
- Response to the "Service Just For You"
 - Accompaniment, Support, Encouragement, Label-free services

Department of Psychiatric Rehabilitation & Counseling Professions

RUTGERS

Conclusions: Significant Gaps in Knowledge, Services, and Awareness

- Lack of clear articulation of educational supports in the empirical literature
- Lack of specificity of educational supports in the community mental health programs
- Lack of inclusion of college students with mental health conditions within postsecondary disability services
- Lack of expertise of federal/state agencies designed to promote employment outcomes
- Lack of specific knowledge of practitioners to support postsecondary education & higher-level employment pursuits

Department of Psychiatric Rehabilitation & Counseling Professions



RUTGERS

Call for a Blended Model

- Predominant focus on supporting employment, despite:
 - education being a developmentally relevant and normative pursuit during young adulthood that results in better long-term employment outcomes, such as tenure and income
- Current approaches have a strong orientation to employment first
 - Reinforced by traditional funding mechanisms
- Replacing “education” for “employment” is insufficient to develop skills, knowledge, and competencies of the workforce
 - Different focus = re-focusing discussions and services

Department of Psychiatric Rehabilitation & Counseling Professions 59



GROUP DISCUSSION: INTRODUCTION

The rest of the afternoon was spent reporting back about the previous day’s PAC and NAC break-out discussions, adding on to those discussions, and then discussing two new topics with the entire group. It is important to keep in mind that, just as it was with the break-out sessions, the ideas detailed here were volunteered by members of the group and do not necessarily reflect the views of all of those in attendance. The following summary outlines some of the key points made during these discussions, framed within the questions, “What do HYPE practitioners need to know?” and “What do HYPE practitioners need to do?”

RUTGERS
School of Health Related Professions

Reporting Back

Rutgers, The State University of New Jersey

REPORTING BACK:
WHAT DO PRACTITIONER NEED TO KNOW?
WHAT DO PRACTITIONERS NEED TO DO?

- **ENHANCING MOTIVATION**
- **GENERALIST VS SPECIALIST**
- **ENHANCING COGNITION**
- **SKILL DEVELOPMENT**
- **DEVELOPING EXPERIENCES**
- **STRATEGIC SELECTION**
- **ROLE OF BENEFITS**

Department of Psychiatric Rehabilitation & Counseling Professions 67

WHAT DO PRACTITIONER NEED TO KNOW?
WHAT DO PRACTITIONERS NEED TO DO?

- **MINIMIZING DISRUPTIONS**
- **JOB SUPPORT**
- **DETERMINING A CAREER GOAL**
- **COORDINATION OF SERVICES**
- **AGE-SPECIFIC SERVICES**
- **PEER SUPPORT GROUPS**

Department of Psychiatric Rehabilitation & Counseling Professions 68



GROUP DISCUSSION SUMMARY:

REPORTING BACK: ENHANCING MOTIVATION

The conversation from the NAC break-out discussion on enhancing motivation in youth was continued with the entire group. There were a few themes that came up multiple times, including exploration of interests and strategies to motivate youth who are seemingly unmotivated. Several conference attendees pointed out that before youth can choose their long-term career goals, they need to explore available options—exposure informs choosing. Some attendees suggested that practitioners should try to find opportunities that are related to the youth’s interests and help expose them to a variety of options through extracurricular activities, job shadowing, or internships. Students can sit in on upper level classes or meet with professors to learn more about a subject they are interested in and decide if they want to pursue that field of study.

There was extensive discussion about how to motivate youth who seem unmotivated. Some of the youth in attendance explained that sometimes long term goals are not feasible; for example, if someone is feeling suicidal or doesn’t have enough food to eat, it’s tough to get motivated towards long-term career goals. In those situations, practitioners need to make sure that immediate needs are met, then start building towards more long-term goals. They can also try reverse engineering by taking long-term goals and breaking them down into smaller, more easily obtainable short-term goals. It can also be helpful to sometimes take the focus off of work and school, and concentrate on what the youth like to do in order to help them discover their passion. The table below summarizes several of the key points from the discussion on enhancing motivation.

What do practitioners need to KNOW?	What do practitioners need to DO?
<ul style="list-style-type: none"> • How to elicit needs from youth. • How to assist with creating and re-evaluating goals as needed. • If long term goals aren't working, short term goals can help boost confidence and enhance motivation. • Youth directed services are motivating in and of themselves. • How to "find the fun" by connecting interests to potential career paths. • Available resources or people in the community to refer youth to for specific needs. 	<ul style="list-style-type: none"> • Involve experienced peers as support for youth and to maintain hope. • Help youth set and work towards short term and long term goals. • Elicit goals from youth, then provide support and guidance to help achieve. • Provide opportunities to explore interests and try new experiences relevant to goals, i.e. extracurricular activities, job shadowing, internships. • Provide networking opportunities for youth to connect to professionals in their field of interest. • Be patient; support to the point of readiness. • Use humor to be more relatable.



What do practitioners need to KNOW?	What do practitioners need to DO?
<ul style="list-style-type: none"> • How to use and teach Wellness Recovery Action Planning (WRAP). • Strategies to uncover hidden barriers, like fear. 	<ul style="list-style-type: none"> • For youth who are unmotivated or have low expectations, show them potential real life outcomes ("scared straight"), both bad and good.

GROUP DISCUSSION SUMMARY:

REPORTING BACK: DEVELOPING EXPERIENCES

The conversation on developing experiences was continued from the previous day’s PAC break-out session. There was a great deal of discussion about the value of volunteer experiences and how to make them count. Volunteering can be a great way to explore interests and gain some experience in a relatively safe, low risk environment. Youth should not be pressured into unpaid experiences if they are not comfortable with the idea. Some youth may not be willing or able to volunteer, because of the time commitment or because they cannot afford to work without getting paid. In order to maximize the value of volunteer experiences, practitioners should be able to help youth find meaningful opportunities and also make sure they have something concrete to take away from their experience. For example, volunteering at a hospital could be a great way for someone who is interested in studying medicine to develop some relevant skills while learning what it’s like to work in that environment. Then, they should be provided with some sort of documentation like a certificate of completion, reference letter, or list of special skills learned, so that they have something concrete to add to their resume. Below is a summary of the main ideas from this conversation.

What do practitioners need to KNOW?	What do practitioners need to DO?
<ul style="list-style-type: none"> • Know and understand your clientele. • When to introduce paid vs. unpaid experience, based on individual needs and readiness. • Understand the different functions of volunteer experience, such as exploration or building a path towards a career. • How to cluster experiences in a valuable way so that it is reflected favorably on resume. • Activities related to individual youth’s interests. 	<ul style="list-style-type: none"> • Set aside personal biases and focus on needs and wants of the youth. • Provide ongoing opportunities for conversation to debrief and learn from volunteer experiences. • Develop individualized system of communication with youth, i.e. on a scale of 1-5, how much do you feel like talking today? • Be creative and open minded when developing plans to work towards goals, and have back up plans for worst case scenarios. • Encourage youth to pursue their chosen goals: be a dream maker, not a dream killer.



What do practitioners need to KNOW?	What do practitioners need to DO?
<ul style="list-style-type: none"> • There are a variety of paths to a desired goal. • When to talk, when to listen, and when to move on. • Should have a broad knowledge of available opportunities; share knowledge with other practitioners and use each other as resources. • Volunteer experiences should have an end date; know how to tell when a volunteer opportunity has run its course (i.e. youth is ready for paid work) and how to end it well. • How to utilize and connect youth to existing resources in their school and community to avoid duplication of services. 	<ul style="list-style-type: none"> • Provide low risk experiences like volunteering or job shadowing. • Provide tangible takeaways after volunteer experiences to enhance resume. • Help identify possible references and develop networks. • Develop a presence in the community to build meaningful connections. • Assist with securing accommodations as needed. • Model experiences with youth to give concrete feedback in the moment. • Make sure youth are aware of specific expectations in various settings, i.e. work boots okay in a warehouse but not in an office.

GROUP DISCUSSION SUMMARY:

REPORTING BACK: ENHANCING COGNITION

The next discussion, on enhancing cognition, was a continuation of the NAC discussion from the previous day. There was a lot of conversation about using assessments to identify needs, and many people mentioned the importance of addressing and managing potential obstacles to cognition, like stress or fatigue. Most of the group seemed to agree that formalized assessments can be helpful to identify vocational interests and areas of cognitive strengths and weaknesses. However, if such assessments must be used, they should be grounded in specific needs if possible, and the practitioner should always orient the youth to the purpose of it. Furthermore, the practitioner must treat the youth with respect; if they have already learned advanced skills, they don't need to be taught basic skills all over again.

Several members of the group pointed out various factors that can affect cognitive functioning, and recommended that practitioners should know about these factors and understand how to manage them. For example, it can be difficult to focus if basic wellness needs such as sleep, food, and hydration are not met. Some youth may need to be taught how to recognize which factors are affecting their cognition, and how to overcome these obstacles. Practitioners can also utilize a Wellness Recovery Action Plan (WRAP) to help youth create specific action plans for managing stress when it interferes with their cognitive abilities. This might include breathing exercises, relaxation techniques, meditation, or



journaling. A few of the conference attendees emphasized that such strategies are easier to use and more effective if the youth has something concrete to refer to, like tip sheets, notes, or worksheets. Below is a summary of some of the main ideas from this conversation.

What do practitioners need to KNOW?	What do practitioners need to DO?
<ul style="list-style-type: none"> • How to distinguish between youth’s perceived skills and actual skills. • How learning disabilities can affect cognition. • The connection between wellness needs and cognition; different factors that can affect cognition, i.e. stress, hunger, fatigue. • How to use WRAP to enhance cognition in different emotional states, e.g. “how to study when I feel ___.” • How to facilitate discovery of strengths, using Socratic Method rather than just telling youth what their strengths are. • The resources that are available for youth to enhance their cognitive skills. • Standardized assessments can be helpful to determine skills, needs, strengths, interests, etc., but only if they are used appropriately (strengths-based, grounded in specific needs if possible). 	<ul style="list-style-type: none"> • Treat youth with respect; some may need to learn basic skills, but don’t start everyone at square one. • If needed, teach social cognitive skills, esp. telephone skills. • Use targeted, strengths based needs assessments, and explain the purpose of the assessments to youth. • Place youth in safe situations with support to learn, cultivate strengths, and identify needs. • Teach wellness strategies to overcome obstacles to enhance cognition, i.e. exercise, breathing, relaxation, journaling, and provide hard copies of materials for youth to refer to in the future. • Teach youth how to identify and utilize other supports, including mentors, models, and other resources, i.e. YouTube tutorials, seminars at local colleges.

GROUP DISCUSSION SUMMARY:

REPORTING BACK: ROLE OF BENEFITS

The next discussion topic was the role of benefits, which was a continuation of the PAC discussion from the previous day. There were two main themes that came up repeatedly: planning and knowing the right resources. Several conference attendees spoke about the importance of planning at every stage of the process, starting with having a plan to get off benefits before applying. Some shared stories about their own experiences, including the difficulties they had trying to transition off of benefits and their fears about getting “stuck” on benefits. Proper planning can help to avoid negative experiences like disruption of benefits or overpayment, and can make it easier to transition off benefits when the individual is ready.

Several people also acknowledged that SSA is too complex for practitioners to all be benefits experts, so it is best to refer youth to trained benefits counselors, such as Certified Work Incentive Counselors (CWIC). Practitioners need to know the limits of their own competence to avoid giving youth



misinformation that could potentially result in serious consequences like loss of benefits or overpayment. The table below summarizes some of the main ideas from the conversation about the role of benefits.

What do practitioners need to KNOW?	What do practitioners need to DO?
<ul style="list-style-type: none"> • Should know basic information, but know the limits of their own knowledge about benefits. • The resources that are available to help with benefits, i.e. benefits counselors. • Be familiar with the process to apply, how to handle rejection of application, and how to prevent disruption of benefits. • When youth should seek SSI/SSDI and what alternatives are available, i.e. housing assistance, medical coverage. • Understand the individual context of benefit need and receipt, including children and family pressures. • Understand the fear many have about having to rely on the government. • How to plan and encourage youth to move off benefits in the future. 	<ul style="list-style-type: none"> • Refer youth to people trained by SSA for benefits counseling. • Address stereotypes, stigma issues, and fears surrounding benefits use. • Discuss the advantages and disadvantages of benefits ahead of time. • Help create a plan to enter and exit benefits before applying. • Set specific milestones or create a timeline to plan for getting off benefits, then hold youth accountable to their plans. • Plan for potential crises ahead of time, i.e. loss of benefits or overpayment. • Teach self-advocacy and encourage youth to move off benefits; set high (but realistic) expectations, don't say things like "work less so you can keep your benefits."

LARGE GROUP DISCUSSION TOPICS AND GUIDING QUESTIONS

The following is an overview of the discussion topics and some questions that were used to guide the large group discussion on the afternoon of Day 2.

F1. THE ROLE OF FAMILY IN SUPPORTING CAREER GOALS

- How should families be involved in the development, planning, and implementation of employment and education goals for their loved one?
- What are the special considerations about the role of family within career development services for young people?
- In what circumstances would family involvement be particularly helpful?
- In what circumstances would family involvement not be helpful?



- What is the role of the HYPE practitioner regarding including families in planning and service coordination?
- What is the role of HYPE practitioners in helping families to develop healthy and developmentally-relevant expectations for career development for their loved ones?
- What do HYPE practitioners need to know about working with families?
- What do we need to be mindful of as the developers and creators of the manual, when describing family involvement?

RS5. SUPPORT GROUPS

- What are the advantages and disadvantages of support groups in career development services for young people?
- What are the special considerations for using support groups within career development services for young people?
- Under what circumstances would support groups be particularly helpful?
- Under what circumstances would support groups not be helpful?
- What is the role and responsibility of the HYPE practitioner in incorporating support groups in career development services?
- What do HYPE practitioners need to know about support groups?
- What do we need to be mindful of as the developers and creators of the manual when discussing support?

GROUP DISCUSSION SUMMARY:

ROLE OF FAMILY

The next discussion topic was the role of family in supporting youth's education and career goals. While family had been addressed to some extent in several of the previous discussions, this was the first time the group discussed it exclusively. There were many interesting ideas about family involvement, and the overarching theme seemed to be individuality. Most importantly was the fact that one's family should be individually defined, and is not necessarily the same as biological family. Depending on the situation, family could include parents, siblings, children, aunts, uncles, grandparents, cousins, adoptive parents, friends, and so on. Also, for example, someone might live with their biological parents, but refuse to involve their mother because their relationship with her is considered toxic. If there is existing conflict among family members, it does not necessarily mean that family shouldn't be involved. Sometimes conflict is due to healthy caring or simple misunderstanding, which can be transformed into positive, helpful support. The table below summarizes some of the main ideas from this conversation.



What do practitioners need to KNOW?	What do practitioners need to DO?
<ul style="list-style-type: none"> • “Family” is not always biological family, should be defined individually by youth. • If youth is living with their family, it is especially important to establish healthy expectations and boundaries. • How to discern whose goals are whose; is it something the youth wants or something their parents want? • Family psychoeducation should inspire hope; helpful to include strengths-focused recovery stories to show positive outcomes. • How to engage family and facilitate ally type relationships early on. • Transparency is key; youth feel very strongly about being present when family communicates with practitioners, or at least providing consent for different types of communication. • Be sensitive to cultural differences and language barriers. • How to recognize and address family members’ difficulties, i.e. unemployment, parents’ mental illness. • Strategies for bundling services or making it more efficient to coordinate multiple services. 	<ul style="list-style-type: none"> • Create a plan with youth for family involvement: if they want them to be involved, who, when, where, and how. • Establish clear guidelines for communication with family members from the beginning; be transparent. • Clarify expectations of youth and their family, including boundaries, disclosure, support needs. • Provide family psychoeducation and connect family members to other supports as needed. • Assess relationships with all family members (parents/guardians, siblings, children, etc.) to determine appropriate therapeutic relationship. • Be flexible in providing services and supports, e.g. offering quick check-in appointments, availability via text for urgent situations. • Don’t try to be a “fixer”; empower families to help youth, implement “ask three before me.” • Help youth and their family to learn to function as partners and resolve existing conflicts. • If youth are resistant to family involvement, provide examples of how families have been helpful in other cases, but don’t force family involvement if they refuse.

GROUP DISCUSSION SUMMARY:

PEER SUPPORT GROUPS

The final discussion of the day was about peer support groups, a relatively complex topic because it actually has two parts: peer support groups and peer practitioners. Due to the nature of this discussion, the key points are organized differently than the other topics. Instead of dividing the ideas into what practitioners need to know and do, they are organized in the following table according to which item they are specifically related to, with a third column for more general, programmatic items.



Group-Specific	Peer Practitioner-Specific	General Program Items
<ul style="list-style-type: none"> • Youth should be given the option, but never forced to participate in groups. • Introduce the option of groups early, continue to revisit the idea if youth are opposed at first. • Many different types of groups can be helpful, such as: <ul style="list-style-type: none"> ▪ Sharing experiences, group graduates can return to act as a mentor/ray of hope ▪ Teaching each other advocacy or other skills ▪ Advisory, to support each other towards goals ▪ Youth activity or community service focused ▪ “Represent your shine,” share and celebrate accomplishments. • Groups should generally have a goal so youth know what they are working towards. <ul style="list-style-type: none"> ▪ Working with peers for a common purpose ▪ Working with peers on a common issue • Groups should be fun! • Groups can meet need for socialization and support. • Opportunity for peer practitioners to facilitate groups; youth tend to open up more easily with peers as opposed to “clinical” practitioners. 	<ul style="list-style-type: none"> • Peer providers should be able to connect to youth they are serving; the power of “me too.” • Easier for youth to open up to peers because they’ve “been there.” • It’s not just about the paycheck; peer providers should be passionate about their work, do it to invest in youth’s futures. • Peers can fill many different roles, i.e. mentor/role model, subject matter expert, resource, teacher, accompanier. • Peers should be instinctively helpful and engaging. • Not necessary to match past experiences with youth they serve, but should have knowledge of their situation. • Peer providers should be professional, but not clinical; more approachable to youth, but still expected to behave professionally, maintain boundaries, and be held accountable for their actions. • Peers can sometimes provide individual supports that clinicians can’t, e.g. walk someone to the train station. • Peers should be available during crisis/emergency, able to refer youth to warm line, respite, etc. • Peer practitioners should represent the population, including race, gender, and other identities. 	<ul style="list-style-type: none"> • Peer, practitioner, and client should work together as a team. • Mutually beneficial relationship between peer/client and peer/practitioner. • All service providers need to be passionate about their work, otherwise they get in the way. • Role of peer must be well defined with clear expectations; establishes more collegial work environment for all. • Organizations should prepare the work environment to accept peer providers as valuable colleagues. • Peer provider role can be a gateway to higher level employment, if provided with the right support and opportunities for advancement if desired. • Organizations should offer professional development for their peer workers. • Critical for peer providers to prioritize their own wellness first; organization should have built in supports to ensure this and prevent burnout. • Other practitioners need to know the value of peer workers and the services they provide; peers can also educate other providers from their experiences if given the opportunity.



There were also some related topics that came up during the conversation which were set aside for continued discussion in the future. Specifically, the “hot button” issue of professionalism, and the definition of peer support and peer providers. Some people suggested that peers in the workplace should be taught to present themselves as professionals in the way they appear and behave, but not everyone agreed with this idea. There were some youth present who expressed concerns about peers being pressured to conform to certain professional standards. This could alienate peer providers from the youth they are serving or make them feel like they have to change who they are in order to be accepted in the workplace.


The other question that will require further discussion was about how we define peer support and peer providers. This is a fairly complex issue, because it involves so many facets: the kinds of people who should be recruited to be peers; the different roles that a peer can have; the differences between peers working in a professional organization and peers working in an exclusively peer-run organization; training and certification requirements for peer providers; and the constant evolution of the peer workforce. One of the group members posed a question: is there something specific within education and employment services that peers should be providing? A few people suggested that some of these questions could be further explored in future meetings with the PAC, or in smaller committees.



DAY 3: FRIDAY, OCTOBER 2, 2015

LARGE GROUP DISCUSSION: INTRODUCTION

The primary objective for the final day of the conference was finishing the discussion of the previous day’s topics. Due to time constraints, the discussion was limited to two topics: minimizing disruptions in school and preventing academic disruption. Once again, the following summaries of those conversations represents the ideas shared by individual conference attendees, and does not necessarily reflect the opinions of all those in attendance. The key points are organized according to the questions “What do HYPE practitioners need to know?” and “What do HYPE practitioners need to do?”




RUTGERS
School of Health Related Professions

HELPING YOUTH ON THE PATH TO EMPLOYMENT: DEVELOPMENT MEETING

September 30- October 2, 2015


Rutgers, The State University of New Jersey



Agenda: Last Day!!!!

- We will be done by 1 o'clock
- Remaining Items:
 - Minimizing Disruptions at School (30m)
 - Youth Respite (15m)
 - Preventing Disruptions at School (30m)
- What we have learned
- Next Steps
- Pictures & Lovin'

Department of Psychiatric Rehabilitation & Counseling Professions 2




**WHAT DO PRACTITIONER NEED TO KNOW?
WHAT DO PRACTITIONERS NEED TO DO?**

MINIMIZING DISRUPTIONS IN SCHOOL

After someone leaves school, who do we minimize the length of time of their academic disruption?

Department of Psychiatric Rehabilitation & Counseling Professions 4



**WHAT DO PRACTITIONER NEED TO KNOW?
WHAT DO PRACTITIONERS NEED TO DO?**

Preventing academic Disruptions

How do we recognized the “fade to grey”?

Department of Psychiatric Rehabilitation & Counseling Professions 5



LARGE GROUP DISCUSSION TOPICS AND GUIDING QUESTIONS

The following is an overview of the group discussion topics and questions that were used to guide the discussions.

PS1. Minimizing Disruptions

The following set of questions asks about how HYPE practitioners can best help young people minimize the amount and length of disruptions to continuous participation in human capital development (involvement in work and school). The factors that require discussion are resiliency, hope, advocacy, and additional support.

1. PS1a. What are the special considerations for helping practitioners to most effectively support young people in developing their resiliency (i.e., their ability to manage the bumps along the long road of their career development, including both educational and employment pursuits)? What are the related practices?
 - a. Under what circumstances might these practices be the most helpful?
 - b. Under what circumstances might these practices not be helpful (and should possibly be avoided)?
2. PS1b. What are the special considerations for when practitioners should provide additional advocacy by acting on behalf of the young person (i.e., be his/her “voice”)?
 - a. Under what circumstances might this type of advocacy be the most important?
 - b. Under what circumstances might this type of advocacy be a problem?
3. PS1c. What are the special considerations for when practitioners should provide additional support, and what types of additional support might be most important?
 - a. Under what circumstances might additional support be the most important?
 - b. Under what circumstances might additional support be a problem?
4. PS1d. How do the practitioner and young person work with other service providers to provide or arrange for additional ongoing or specialized support?
 - a. Under what circumstances might coordinating additional support with other service providers be most important?
 - b. Under what circumstances might coordinating additional support with other service providers be a problem?
5. PS2. What is the role of the HYPE practitioner in minimizing the disruptions associated with missing important deadlines / tasks during times of loss of hope, low resiliency, inadequate support, or symptom exacerbation?
6. PS3. What do HYPE practitioners need to know about minimizing disruptions?
7. PS4. What do we need to be mindful of as the developers and creators of the manual when addressing the issue of minimizing disruptions?



GROUP DISCUSSION SUMMARY:**MINIMIZING DISRUPTIONS IN SCHOOL**

The first discussion was focused on the following question: After someone leaves school, how do we minimize the length of their academic disruption? This topic generated a lively discussion among the group, and there were several comments on matters beyond the scope of the practitioner, such as general programmatic items, systems issues, and ideas related to universities and their disability services.

For example, some of the youth at the conference mentioned that many schools may include information about disability services during orientation or on course syllabi. However, as some other youth pointed out, the vast amount of information shared during orientation and at the start of the semester can be overwhelming, and by the time they really need support services, students often forget that such services are available. Students who are struggling with a mental health condition may not even know that disability services are applicable to their situation, because they are typically advertised for things like physical conditions or learning disabilities. As a solution to these issues, some of the youth attendees made two suggestions: “disability” should be defined with specific examples, to clarify what types of people could qualify for services and what services and accommodations are available; and schools should send periodic reminders to students about disability services, such as occasional emails or flyers posted near midterm, when many students really begin to struggle academically.

There was also some discussion about integrating HYPE services with the office of disability services at local schools, including the possibility of using HYPE training and mental health first aid to improve the competency of existing disability services practitioners. There was a consensus among the entire group that disability coordinators across the country need to be trained better, and HYPE could be one way to work on improving the system. Some members of the NAC suggested that SED programs could team up with state chapters of the Association of Higher Education and Disability (AHEAD) to facilitate outreach to local schools and spread the word about HYPE. To make the services more visible to students, some of the youth attendees recommended utilizing the HYPE balloon logo or other signage to indicate that a school’s disability services coordinators have been “HYPE-Trained.” Similar to the way that rainbow symbols are used to indicate safe zones for LGBT individuals, the HYPE balloon would be an easily recognized symbol to indicate a safe haven or a place to receive services for individuals with mental health conditions. Several of the main ideas from this conversation are summarized in the table below.



What do practitioners need to KNOW?	What do practitioners need to DO?
<ul style="list-style-type: none"> • For some youth, receiving “over-accommodation” in grades K-12 may contribute to poor skill development or lack of needed competencies for higher education environment. • Disruptions aren’t necessarily bad; sometimes youth just aren’t ready, can use the time for self-discovery and development. Every experience is a learning experience. • People using services don’t always know their legal rights, so practitioners must know about disability services, what they can/will/should provide. • All of the accommodations that are available and how to access them. • Be aware of other services available to youth at their school, including counseling, academic advising, tutoring, financial aid, etc. • On a program level, coordinating contacts within the school through disability services is generally better than direct contact with faculty. • Be aware of financial issues that could occur as a result of poor grades, withdrawals, or repeated attempts. • Also be aware of the exploitation of for-profit universities and potential financial ramifications. • How to coordinate accommodations with non-college post-secondary institutions, i.e. vocational schools, training programs. • Be familiar with the quality of disability services offices at local schools. • Conversation about returning to school after absence should be like salt and pepper: always on the table, even if it’s never used. 	<ul style="list-style-type: none"> • Keep an open dialogue with the youth and their school; all communication should be transparent. • Ensure that withdrawal is done in a way that facilitates re-entry in the future. • Connect students to disability services: teach them what to expect from services and what their legal rights are, get them registered, and advocate on their behalf, e.g. filing complaint with federal office of civil rights if students’ rights are violated. • Assess the need for accommodations as needed, and help youth choose appropriate accommodations. • Plan for crises proactively; put protocols in place in case of emergency as a safety net even if youth think they won’t need it. • Get to know the faculty, or utilize ratemyprofessors.com to help youth make informed course selections. • Inform youth on the quality of disability services at prospective schools, but do not limit their choices of schools based on this information alone. • Help students introduce themselves to faculty and build connections (helpful for student & faculty). • Continually re-evaluate with youth: how they are doing while in school; when/how to return if currently out of school. • Minimize time of separation by taking short leaves of absence or smaller course load as alternative to complete withdrawal. • If youth’s home is far from their school, coordinate plans for communication over the distance, e.g. phone appointments, Skype.



GROUP DISCUSSION SUMMARY:

PREVENTING ACADEMIC DISRUPTION

The final discussion topic focused on preventing academic disruptions, including how practitioners can recognize the “fade to grey.” Several themes were repeated from previous discussions, such as proactive planning, individualized services, and transparency of communication. There were some questions about how to keep youth actively engaged in services when they seem to be avoiding, and some of the youth at the conference offered helpful suggestions. They explained some of the reasons why they have become disengaged from services in the past, and pointed out that humor is a useful tool for keeping youth engaged. Also, several youth attendees emphasized that if the practitioner continues to send them messages while they are avoiding, they still receive the messages and appreciate the practitioner’s efforts to reach out. Even if they don’t respond, practitioners should keep checking in with youth to keep the communication lines open. The table below summarizes some of the key points from the discussion.

What do practitioners need to KNOW?	What do practitioners need to DO?
<ul style="list-style-type: none"> • Learn the individual warning signs of symptom exacerbation; harder to bounce back from a downward spiral. • Faculty may misinterpret “bad student behaviors” (e.g. absences, late assignments, grades dropping), so faculty need to understand warning signs. • Need to have plan in place before crisis happens. • Can plan to take small breaks (1-2 days) throughout semester to manage stress. • People tend to have more significant symptoms during transition periods (first time college student, transfer) and high stress times (midterms, finals); anticipate, normalize, and plan for support. • Be aware of the hierarchy of disclosure and code-switching; it’s easier to disclose less severe or more common conditions/symptoms, so generally assume things are worse than what the youth reveals, and gently dig deeper (ask the tough questions) for the truth. 	<ul style="list-style-type: none"> • Connect students to disability services early as a preventive measure; will be easier to access services when needed if they are already registered. • Plan for disruptions, even if not expected; create a safety net that empowers youth to succeed. • Make the plan as concrete as possible, including: <ul style="list-style-type: none"> ▪ Early warning signs of struggle ▪ Logistics, i.e. forms to sign, who contacts who, planning for potential financial issues ▪ Disclosure plan ▪ How to assess readiness for re-entry ▪ How to explain W’s on transcript • Consider all alternative options to withdrawal, i.e. temporary leave, reduced course load, incompletes. • Set ground rules for contacting emergency services; youth should feel safe to talk about feelings without fear of “being thrown in an ambulance.”



What do practitioners need to KNOW?	What do practitioners need to DO?
<ul style="list-style-type: none"> • There is a real risk of disclosure at times, schools are worried about liability issues, students fear being “blacklisted.” • It’s okay to not disclose, it’s not lying; reframe as selective self-disclosure, effective self-advocacy. • Youth tend to avoid for various reasons, including: <ul style="list-style-type: none"> ▪ Fear, tasks are too big to manage (help break down into more manageable tasks) ▪ Limited amount of time, and program is not seen as valuable • It can be helpful to involve PCP to address physical health concerns. • Know the youth’s peak hours for work, to help select classes and manage schedule strategically. • Peer support (formal and informal) is critical, allows youth to connect to others and share challenges. 	<ul style="list-style-type: none"> • In crises, assess imminent risk and potential for harm, work with youth (transparency is key!) to determine best option, e.g. respite or crisis services, not necessarily hospitalization. • Ask quantifiable questions to help youth think about how they are doing, e.g. how much sleep did you get last night? How many times did you think about suicide today? • Check in regularly and continue to reach out, even if youth do not respond; plan ahead of time for what to do when youth seem to be avoiding, i.e. how to contact, what to say, emergency contacts. • Emphasize that participating in therapy is a strength, helping self is an accomplishment. • Ensure that youth know withdrawing from school doesn’t mean they have to drop out of HYPE services. • Identify individual stressors, help youth keep track of stress levels and other symptoms using some type of concrete scale to monitor changes over time and recognize when things are getting worse.



WRAP-UP

To close the conference, Michelle spoke briefly about some of the things that had been learned from the discussions and how they will be incorporated in the HYPE manual. She explained that there was a great deal of agreement among all the conference attendees on many of the topics on the Checklist. In areas where there was some disagreement, the manual writers plan to approach those topics carefully. Next, she talked about some of the next steps and emphasized that there would still be opportunities to contribute ideas, both formally and informally.

Finally, Michelle asked the youth at the conference what topics they would like to know more about and how they would like to participate further in the HYPE project. Here are some of the responses:

- Financial aid and student loan forgiveness information
- Financial literacy, day to day financial planning
- Wellness planning
- Opportunities and contact information to connect to mentors (NAC and research team members)
- Become ambassadors for HYPE (suggestion to make pins with the HYPE balloon logo), get more people and more states involved, and disseminate information to influence offices of disability services

RUTGERS

What Have We Learned

- Youth Driven... Youth Voice... Youth Informed
- Nothing is implicit!!!!
- Be 100% transparent
 - Be cautious of what you say, how you say it, and when you say it
- Everyone is individual, but we have common experiences
- How much we actually agree... both in the survey and here
- Negotiating, revisiting, and discussing "family"
 - How, when, why, if we involve them

Department of Psychiatric Rehabilitation & Counseling Professions
6

RUTGERS

Next Steps & Expectations

- Our work today will enhance the future PAC/NAC meetings
- Incorporate to bi-annual larger group meeting
- Future discussions to follow up with our discussion
- We have to digest/process this information
 - It's been amazing and A LOT
- Details & examples breathe life into this model
 - Manual & trainings
- To change the world!!!

Department of Psychiatric Rehabilitation & Counseling Professions
7






RUTGERS
School of Health Related
Professions

Young People

What do you want from me/us?
Discussions/Seminars????

Rutgers, The State University of New Jersey



Making This Event Happen!!

- Judy & Marsha!!!
- Darrin Harris
- Our amazing Research Assistants
- All of the Speakers
- Our Scribes
- Our facilitators
- Pat Nemeec & Anne Sullivan-Soydan: Our Manual Developers

ALL OF YOU!!!

Department of Psychiatric Rehabilitation & Counseling Professions

9



APPENDIX

PARTICIPANT BIOGRAPHIES

Note: The PAC bios have been removed to ensure the current and future privacy of our PAC members.

RUTGERS & UMASS RESEARCH TEAM

Appearing in alphabetical order

Amanda Costa is a Research Coordinator at the Transitions RTC within UMass Medical School in Worcester, Massachusetts. In this role, Amanda helps coordinate various research activities that support the education and employment goals of young adults with mental health conditions. Amanda has presented across the US on ways to better support young adults, and is Co-Chair of the MA Department of Mental Health's Statewide Youth Advisory Council. Amanda recently completed her Bachelor's degree in Psychology, and hopes to pursue a public health masters in the near future.

Maryann Davis, Ph.D. is an Associate Director of the DRRP and a Research Associate Professor in the UMass Medical School Systems and Psychosocial Advances Research Center within the Department of Psychiatry. She is Director of the Transition Research and Training Center. Dr. Davis is an internationally recognized expert on services for transition-age youth and young adults with serious mental health conditions. Her work has helped shape the growing national agenda on the struggles this population faces in assuming adult roles, and the overwhelming failure of service systems to provide developmentally appropriate and effective supports at the juncture of adolescence and adulthood. Her research investigates policies, service systems, and interventions that facilitate adult role functioning.

Additionally, Dr. Davis is focused on the development of evidence-based interventions that facilitate mental health and related treatment, reduce antisocial behavior, and increase sustained and rewarding adult work lives. The Transitions RTC emphasizes translating and disseminating this developing knowledge with emerging adults, families, and the field, through a variety of accessible platforms and technical assistance. Throughout all of this work, she and her colleagues at Transitions RTC prioritize working in partnership with young adults with lived experience of mental illness, as they focus on improving educational and career outcomes. Dr. Davis has worked with members of Congress to develop formative legislation to support young adults, provided guidance in the development of transition-age youth and young adult programs at the Substance Abuse and Mental Health Services Administration, and served the Institute of Medicine/National Research Council as a study committee member investigating the health and well-being of young adults.

Marsha Langer Ellison, Ph.D., is the Co-Director of HYPE and an Associate Professor in the Department of Psychiatry at UMass Medical School, where she serves as a mental health services researcher with a focus on career services for transition aged youth. Dr. Ellison is the Deputy Director for the Learning and



Working during the Transition to Adulthood Rehabilitation Research and Training Center (Transitions RTC). She also holds a joint appointment at the ENRM Veterans Hospital in Bedford, Massachusetts, where she conducts research on supported education and recovery supports for veterans with mental health conditions.

Sandy Ghaly graduated from Kean and UMDNJ with a B.S. in psychology and psychiatric rehabilitation and is currently in the rehabilitation counseling Master's program at Rutgers University (graduating in May!). In fall 2016, she will start her classes to earn her PhD in Psychiatric Rehabilitation! After graduating with her bachelors, she received a job as a residential counselor at a transitional home for adults who have mental illness, where she interned a year prior. For the past 2 years she has been working with Michelle Mullen on various research projects. She is very interested in this research and is excited to be part of the process.

Giovanna Giacobbe, BA, is a Faculty Instructor for Rutgers University in the Department of Psychiatric Rehabilitation and also serves as a project coordinator/clinical interviewer on 3 research grants. Giovanna has had almost 10 years experience managing various research projects from the state of NJ, NIDILRR, NIH and NIMH that focused its research on severe mental illness such as schizophrenia, bipolar disorder, major depression, schizoaffective disorders, as well as substance abuse, PTSD, personality disorders, smoking cessation, and college students. Giovanna also serves as a member of the SHP Committee on Research (COR), in which she participates in peer review of all faculty proposals for Rutgers Foundation Grant who sponsors student and faculty research.

Kenneth J. Gill, Ph.D., CPRP, is Associate Dean for faculty Development in the Rutgers School of Health-Related Professions and Chair and Professor in the Department of Psychiatric Rehabilitation & Counseling Professions The first department of its nature in the country, it offers associates', bachelor, master's and doctoral degrees in psychiatric rehabilitation and degrees in rehabilitation counseling and occupational therapy assisting. Dr. Gill is principal investigator of two studies on post-secondary educational supports for persons with serious mental illness. His is also Principal Investigator of *Wellness for Life*, a multi-disciplinary intervention for persons with psychiatric disabilities and metabolic syndrome. His is also PI and Co-PI of several Transformation Transfer Initiative (TTI) grants from SAMHSA to develop and implement peer wellness coaching for persons with serious mental illness. He is a co-author of the text, *Psychiatric Rehabilitation*, in its third edition (2013) and is the author of more than 50 peer-reviewed articles and book chapters. He co-edited *People in Recovery as Providers of Psychiatric Rehabilitation: Beyond the Wisdom of Experience* (2010). He is principal investigator of research studying supports for post-secondary students with psychiatric disorders and wellness promotion interventions for persons with co-morbid psychiatric and medical disorders.

He has won the School of Health-Related Professions excellence in research award twice (1996 and 2012). He oversees evidence-based practice initiatives in both community mental health settings and state psychiatric hospitals. He is a founder and Past President of the Certification Commission on Psychiatric Rehabilitation. Before coming to Rutgers, Dr. Gill worked in community mental health settings. A graduate of Columbia University (B.A., M.Phil., Ph.D.) and Marquette University (M.S.), his doctoral degree is in Measurement, Evaluation, and Statistics. He served as co-editor-in-chief of the *Psychiatric*



Rehabilitation Journal and is an associate editor of the *American Journal of Psychiatric Rehabilitation*. He received USFRA's John Beard and New Jersey's Mort Gati awards, both for career achievement. In 2014, he was inducted into PRA's Dincin Fellows. He serves on the governing and advisory boards of community mental health, professional, and supported housing organizations including the Community Enterprise Corporation.

Katie Holloway is a research assistant in the Department of Psychiatric Rehabilitation and Counseling Professions at Rutgers University. One of her primary responsibilities is to facilitate activities in collaboration with the Participatory Action Council, which is a group of young adults who have lived experience with mental health conditions and have helped to inform the development of HYPE. She earned her BA in Psychology from Ohio Dominican University in Columbus, Ohio in 2014, and she plans to pursue a PhD in school psychology. Ultimately, she would like to work with children and adolescents in a school setting, to help them overcome emotional or behavioral difficulties to succeed in their education, and to provide them with tools to achieve their goals in the future.

Sean Karyczak is a Pre-Doctorial Fellow in the Department of Psychiatric Rehabilitation and Counseling Professions at Rutgers University. He works on several supported education projects promoting education and vocational goals for individuals with severe mental illness. Sean's other research interest includes the impact of exercise and wellness on the lives of those with severe mental illness. His hobbies included playing hockey and cycling.

Derek Malenczak, MS, CPRP, joined the Department of Psychiatric Rehabilitation in 2012, after working previously in community mental health agencies providing recovery-oriented services to adults with severe and persistent mental illness. He also trained community program staff in the provision of effective evidence-based Supported Education services to people with mental illness who wished to enroll in post-secondary education.

Derek is a graduate of Rutgers University for his undergraduate studies, and obtained his Master's Degree in Psychiatric Rehabilitation from the Department in 2008. Derek participates in a wide variety of faculty activities, including research in Supported Education, cognitive remediation, and online learning. In addition, he teaches undergraduate courses and serves on several department and school-wide committees.

Most recently, Derek has worked as the Cognitive Specialist for the *Developing Executive Functioning through Cognitive Remediation for College Students with Psychiatric Disabilities* Study. For the past three years, he has assisted with the development of a cognitive remediation manual, as well as providing individualized cognitive remediation sessions to research participants.

Michelle G. Mullen, M.S., CRC, CPRP, is an Assistant Professor for the Department of Psychiatric Rehabilitation and Counseling Professions at Rutgers, The State University of New Jersey. She is also the Director of CSPR, a Center that focuses on research and training to improve the long-term trajectory and outcomes for college students with psychiatric conditions. In addition to conducting research and



providing training and technical assistance, she has provided educational support services to college students for over 13 years.

Ms. Mullen is has overseen various projects exploring the services and practices of Supported Education and other academic support services. Additionally, she is the PI on a large development project (the HYPE project) seeking to integrate education into employment practices for transition age youth and young adults to better succeed in developing and achieving long-term career goals. Ms. Mullen is the principal investigator of *Developing Executive Functioning in College Students with Psychiatric Conditions* funded by NIDRR, which evaluates the use of a cognitive remediation strategy to promote skills, such as time management and prioritizing tasks. Ms. Mullen is also the co-principal investigator of the first, true experimental study of the educational support strategy aimed at assisting students with psychiatric disabilities, *Effectiveness of Educational Supports on Retention of Postsecondary Students with Psychiatric Disabilities*. Ms. Mullen is the co-principal investigator of *A Study of Age-Associated Need, Services, and Outcomes of Participants enrolled in Supported Education*, which seeks to identify the differences in educational support services and outcomes of TAYYA population and older adults with psychiatric conditions. She is also the PI on a study that seeks to evaluate attitudes toward students with psychiatric disabilities in a health professions university. The study will assess the knowledge of faculty and students about resources and services available to those who have mental illnesses in school.

Ms. Mullen was the statewide technical assistance advisor and trainer for the supported educations (SEd) programs in New Jersey and has provided trainings nationally. Ms. Mullen is also a consultant and trainer for various states and counties to help develop Career Services as well as to enhance First Episode Psychosis services by training staff on education support strategies.

Kathryn Sabella, MA, is a Project Director within the Transitions Research and Training Center (Transitions RTC) located at UMass Medical School within the Department of Psychiatry, Systems and Psychosocial Advances Research Center. The Transitions RTC is a NIDRR/SAMHSA funded center that conducts rigorous research and knowledge translation activities to improve supports for the successful completion of schooling and working goals among transition age youth and young adults with serious mental health conditions. As Deputy Director of Operations within the Learning and Working Center of the Transitions RTC, Ms. Sabella facilitates all aspects of research, training, and dissemination activities in close partnership with Center leadership and staff, including several young adults with lived experience. Her research interests include the psychosocial development during the transition to adulthood, education disparities, and peer-led interventions and she is currently pursuing her PhD in Sociology from UMass Boston.

Rachel Stone is a Research Coordinator at the Transitions Research and Training Center (RTC), part of the University of Massachusetts Medical School in Worcester, MA. In this role she supports research activities that improve education and employment outcomes for young adults with mental health conditions. In this role, Rachel has also traveled across the U.S. to inform audiences about the unique needs of this population. Rachel has her B.A. in Sociology from Clark University, with a concentration in Law and Society.



Judy L. Thompson, Ph.D., is an Assistant Professor in the Department of Psychiatric Rehabilitation and Counseling Professions, School of Health Professions, at Rutgers University. She has a longstanding interest in serious mental illness and the factors associated with illness development and functional outcomes. Dr. Thompson received her Ph.D. in clinical psychology from the University of Pittsburgh in 2006, and completed her clinical internship at University of Illinois-Chicago. After graduate training, she completed a Schizophrenia Research Fellowship in the Department of Psychiatry at Columbia University, and later transitioned to a Research Scientist position there. While at Columbia, she initially conducted research and clinical work in the pre-psychotic prodromal research clinic of Columbia (COPE), and then worked for several years in the Division of Translational Imaging at Columbia, conducting PET imaging research to address questions related to dopamine functioning alterations and cognitive impairments associated with schizophrenia and other disorders.

Based on a growing interest in long-term functional outcomes among individuals with major psychiatric conditions, she joined Michelle Mullen's team in the Center for the Study and Promotion of Recovery at Rutgers to conduct research that focuses on developing and evaluating interventions aimed at improving functional outcomes, particularly in the areas of work and school, among individuals with psychiatric conditions. Dr. Thompson has received excellent training and experience in overseeing the implementation of large-scale research projects, including those involving detailed diagnostic, cognitive, and clinical assessments with individuals with serious psychiatric conditions, primarily schizophrenia. Her current work with Ms. Mullen includes assisting with the implementation of a randomized controlled trial of a cognitive remediation intervention for college students with psychiatric conditions.

NATIONAL ADVISORY COMMITTEE (NAC)

Appearing in alphabetical order

Barbara Blacklock, M.A. holds a Master's degree in Rehabilitation Counseling and is licensed by the State of Minnesota as an Independent Social Worker (LISW). She has worked in Disability Services at the University of Minnesota for over 25 years and has presented locally, nationally and internationally on disability issues. She currently serves as the Disability Services Liaison to the University of Minnesota Academic Health Center Programs. Ms. Blacklock is the co-chair of the University of Minnesota Provost's Committee on Student Mental Health and coordinated the development of a new website, www.mentalhealth.umn.edu.

Along with her role as a direct service provider, Ms. Blacklock was the Project Director of a Marcus Foundation Faculty Education Grant entitled *Taking it to the Next Level: Advancing Awareness and Equity of Medical Students with Invisible Disabilities*. She also was the Project Director of a Fund for the Improvement of Postsecondary Education (FIPSE) grant designed to identify the barriers and opportunities for college students with mental health disabilities. She is the chair of the Association on Higher Education and Disability (AHEAD) Special Interest Group (SIG) on Students with Mental Health Disabilities and was awarded the AHEAD 2001 Professional Recognition Award. In addition, Barbara received the University of Minnesota's President Award for Outstanding Service in 2014.



Crystal Blyler (Ph.D., Psychology, Harvard University), is a senior researcher at Mathematica whose work focuses on improving services, policies, and the quality of life of people with psychiatric disabilities and behavioral health challenges. For the past 20 years, Dr. Blyler has conducted research and evaluation of mental health and related services, systems, and policies, with particular emphasis on provision of evidence-based employment and education supports. At Mathematica, she has been involved with disability and employment-related projects funded by the Social Security Administration (SSA), the U.S. Department of Health and Human Services Assistant Secretary of Planning and Evaluation (ASPE), and the Massachusetts Department of Vocational Rehabilitation, as well as projects focused on evaluation and use of evidence-based behavioral health services funded by the Centers for Medicare & Medicaid Services (CMS), the Substance Abuse and Mental Health Services Administration (SAMHSA), and ASPE.

Before joining Mathematica in 2011, Dr. Blyler spent 12 years as a social science analyst in the Community Support Programs Branch of the SAMHSA Center for Mental Health Services, where she was the agency lead on interagency initiatives regarding evidence-based community mental health services, including supported employment and supported education. In this role, she worked extensively with the National Institute of Mental Health (NIMH), SSA, CMS, and the Departments of Education, Justice, Labor, and Veterans Affairs, on national policy initiatives aimed at increasing employment, independence, and self-sufficiency of people with mental health challenges. Collaborations included jointly sponsored projects on youth transition; SSA work incentives; implementation, research, and funding of supported employment and other evidence-based practices; and early intervention to prevent psychosis. In addition to her work with federal partners, Dr. Blyler directed SAMHSA multisite evaluations of supported employment, consumer-operated services, and state mental health systems transformation. Before working at SAMHSA, she was a schizophrenia researcher and served as an outpatient mental health treatment coordinator and an instructor in a neighboring community college, where she gained personal experience supporting people with serious mental illness in the classroom.

Hewitt B. “Rusty” Clark, Ph.D., BCBA is the Director of the *National Network on Youth Transition (NNYT) for Behavioral Health* and is a Professor Emeritus at the *Department of Child & Family Studies, Florida Mental Health Institute, College of Behavioral and Community Sciences, University of South Florida*. Dr. Clark has developed and researched various innovative programs and has published extensively, with 5 books and more than 130 professional publications to his credit. He is the lead-editor of the book entitled: *Transition of Youth and Young Adults with Emotional or Behavioral Difficulties: An Evidence-Supported Handbook*. His commitment to young people and their parents is reflected in his having them serve as co-authors for each of the chapters. Dr. Clark is also the lead researcher and developer of the *Transition to Independence Process (TIP) Model*. He served as the Lead Guest Editor for a *Special Issue on Transition to Adulthood Research*, published in the *Journal of Behavioral Health Services & Research*. He also recently published an invited chapter illustrating how Implementation Science is guiding his team’s collaboration with communities throughout North American in TIP Model implementation and sustainability.

Darrin L. Harris is the Executive Director for Ekhaya Youth Project, Inc., in New Orleans, LA. Ekhaya Youth Project, Inc. Family Support Organization is dedicated to empowering families and youth experiencing



emotional and behavioral health challenges. It is a family-run, youth-centered organization, and its mission is to develop comprehensive prevention services by collaborating with local providers to deliver compassionate quality care to those affected by mental health challenges.

Kim T. Mueser, Ph.D. is a clinical psychologist and Executive Director of the Center for Psychiatric Rehabilitation at Boston University and is a nationally and internationally recognized expert in psychiatric rehabilitation. Dr. Mueser's clinical and research interests include family psychoeducation, the treatment of co-occurring psychiatric and substance use disorders, psychiatric rehabilitation for serious mental illnesses, and the treatment of posttraumatic stress disorder. His research has been supported by the National Institute of Mental Health, the National Institute on Drug Abuse, the Substance Abuse and Mental Health Administration, and the National Alliance for Research on Schizophrenia and Depression. He is the co-author of over 10 books and treatment manuals, and has published extensively, including numerous peer-reviewed journal articles and book chapters. Dr. Mueser has also given numerous lectures and workshops on psychiatric rehabilitation, both nationally and internationally.

Wayne Munchel, L.C.S.W. has been the Director of the Mental Health Associations' Transition Age Youth (TAY) Academy since 2000. The model program helps young adults (ages 18 to 25) with psychiatric disabilities obtain housing, employment and educational opportunities and learn independent living skills. The TAY Academy currently serves 100 young adults in the Long Beach community and is being reviewed as a promising practice by the Department of Labor. Mr. Munchel has been working in the mental health field for the past 25 years. He was an original, founding staff of The Village, an innovative recovery model serving adults with mental illness. Mr. Munchel also started up the first "AB34" program at The Village in 1999 which focused on helping the homeless mentally ill and, along with other AB34 programs from around the state, were forerunners for the passage of Prop 63, the Mental Health Services Act. Mr. Munchel graduated with his Masters in Social Work from UCLA in 1986. He once was also a transition age youth himself.

Pat Nemec, Psy.D., CPRC, CRC is an internationally recognized trainer in psychiatric rehabilitation, and was the director of the academic specialization in psychiatric rehabilitation at Boston University (now closed). She has played an important role on curriculum development teams for the [Boston University Center for Psychiatric Rehabilitation](#) as well as for regional training projects in psychiatric rehabilitation and academic curriculum development for undergraduate and graduate programs in health and rehabilitation sciences. As an active contributor to the [US Psychiatric Rehabilitation Association](#), Dr. Nemec was a key member of the task force groups that developed the USPRA Language Guidelines, the most recent revision of the USPRA Multicultural Principles, and the 2012 revision of the CPRP Code of Ethics. She is a former Vice President of the Commission responsible for the Certified Psychiatric Rehabilitation Practitioner program, and a founding member of the [Consortium of Psychiatric Rehabilitation Educators](#). She currently is an adjunct Assistant Professor in the Department of Psychiatric Rehabilitation at Rutgers University.

Melissa M. Roberts, PhD, CPRP is a Professor and Director of the Integrated Employment Institute (IEI) in the Department of Psychiatric Rehabilitation and Counseling Professions at Rutgers, The State University of New Jersey. As Director of IEI she oversees the development and delivery of professional



development courses and consultation designed to improve employment services for people with psychiatric disabilities. Additionally, she teaches graduate and undergraduate courses in career services, organizational management, and supervision. She has presented workshops and trainings at conferences throughout the United States and in Canada and Europe. Dr. Roberts has extensive experience in the development and delivery of exemplary employment services. She has provided training to hundreds of service providers, consumers and families. She serves on the board of directors of NJ Psychiatric Rehabilitation Association (NJPRA) and is a former president of the board of NJ Association for Persons in Supported Employment (NJAPSE). Dr. Roberts is a recipient of the NJ APSE Rebecca McDonald Leadership Award, the NJPRA Mort Gati Award for a career that exemplifies the principles of psychiatric rehabilitation, and the UMDNJ Excellence in Research award. Dr. Roberts is a co-author of the textbook *Psychiatric Rehabilitation*, currently in its third edition, as well as author and/or editor of several training manuals and articles on employment for people with disabilities. Dr. Roberts' research interests include employment outcomes for people with psychiatric disabilities, peer provided services, and organizational change. She has conducted research on employment readiness, employment acquisition, employment retention, organizational cultural, and peer employment support.

Anne Sullivan-Soydan, Sc.D., CPRP is an Assistant Professor at Sargent College of Health and Rehabilitation Sciences at Boston University, where she teaches courses in human development and disability, abnormal psychology, and counseling skills, advises occupational therapy students, and serves on the university faculty council. She is also an adjunct professor in the Department of Psychiatric Rehabilitation and Counseling Professions in the Rutgers School of Health Related Professions, where she was a postdoctoral fellow. She is currently the principal instructor for the national Psychiatric Rehabilitation Association preparatory training for the Certification for Psychiatric Rehabilitation Practitioners (CPRP), and serves on the Board of the Directors for the Massachusetts PRA, where she is co-chair of the Education and Training Committee. Dr. Sullivan-Soydan has spent several of the past 30 years developing and disseminating SEd initiatives for young adults with psychiatric conditions as they return to college. She has provided extensive training and technical assistance in the area of psychiatric disabilities in the college population, has authored two SEd manuals, and developed and delivered extensive training in the area of academic support, including an award-winning website in academic accommodations. She is the author and editor of several publications and book chapters, as well as an edited textbook on Supported Education. She completed a postdoctoral fellowship for NIDRR, conducting research on campus mental health as a Mary Switzer award recipient. In spring of 2015, she was awarded PRA's national LeRoy Spaniol Educator Award which is given for outstanding contributions toward educating and mentoring a new generation of leaders.

Luana R. Turner, Psy.D. is a psychologist at the UCLA Aftercare Research Program, a clinical research program for individuals with schizophrenia. Dr. Turner provides therapy, case management, conducts diagnostic evaluations, supervises interns, and is a clinical researcher at the UCLA Aftercare Research Program. Dr. Turner specializes in the Individual Placement and Support (IPS) model, providing training, consultation, and supervision to individuals and organizations utilizing this model of supported employment.



Janet Walker, Ph.D. is a Research Associate Professor in the School of Social Work and the Regional Research Institute at Portland State University. She is Director of the Research and Training Center on Pathways to Positive Futures and was formerly the Director of Research at the Research and Training Center on Family Support and Children’s Mental Health. Dr. Walker also co-directs the National Wraparound Initiative. Her research focuses on exploring how individuals and organizations acquire capacity to implement and sustain high quality practice in human service settings, describing key implementation factors that affect the ability of organizations and individuals to provide high quality services and treatment, and developing and evaluating interventions to increase the extent to which youth with emotional or mental health difficulties are meaningfully involved in care and treatment planning.



CONTACT INFORMATION

For more information about the HYPE project or any of the contents of this document, please contact any of the following:

Michelle Mullen

Michelle.Mullen@rutgers.edu

Katie Holloway

Katie.Holloway@rutgers.edu

Rachel Stone

Rachel.Stone@umassmed.edu

