

# **Improving Education, Training and Employment Outcomes for Youth and Young Adults with Serious Mental Health Conditions**

**2018 State-of-the-Science  
Conference Proceedings**



**CONDUCTED BY:**

**THE LEARNING & WORKING DURING THE TRANSITION TO  
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The Learning & Working During the Transition to Adulthood Rehabilitation Research & Training Center is a part of the Transitions to Adulthood Center for Research (Transitions ACR). Learn more about the Learning & Working Center and the Transitions ACR by visiting our website at [www.umassmed.edu/TransitionsACR](http://www.umassmed.edu/TransitionsACR).

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# Executive Summary

The Learning and Working During the Transition to Adulthood Rehabilitation Research & Training Center (Learning & Working Center; LWC), University of Massachusetts Medical School, conducted a state-of-the-science conference, “Improving Education, Training and Employment Outcomes for Youth and Young Adults with Serious Mental Health Conditions.” The State-of-the-Science Conference was held during and at the end of the 31st Annual Research and Policy Conference on Child, Adolescent, and Young Adult Behavioral Health (a.k.a. The Tampa Conference) in Tampa, Florida sponsored by the University of South Florida between March 4-7, 2018. The LWC held a post-Tampa Conference “think tank” session with 28 participants to summarize the current knowledge base on the education, training, and work lives of youth and young adults with serious mental health conditions (SMHCs) and to identify future research needed to move the field forward.

## Conference Goals

There were two main goals for the state-of-the-science conference. The first was to describe the current state-of-the-science that informs practice and policy supports for strong educational and employment outcomes in youth and young adults (ages 14-30) with SMHCs. The second was to engage all attendees in prioritizing the knowledge that future research should address to most rapidly and robustly lead to improvements in these outcomes.

## Expert Listeners

Thirteen “Listeners”, who are experts from different roles in the field of young adult mental health, were invited to participate in the state-of-the-science conference. Listeners represented a wide range of perspectives and areas of expertise, including psychiatric rehabilitation in adults, lived experience, justice system involved youth and young adults, the foster care system, and policies (see the participant list in Section V). As a starting point for conference discussion, the Listeners were asked to attend specific research presentations related to the-state-of-the-science during the Tampa Conference (see the presentation list in section III).

To ensure that each Listener had a similar point of reference for the state-of-the-science in the field of education, training, and work lives for youth and young adults, they were provided with an annotated bibliography highlighting the current knowledge base about employment and education for young adults with SMHCs, including research from the LWC and beyond (see Section I). They were also provided executive summaries from the LWC’s 2013 State-of-the-Science Conference.

While attending each specified research session during the Tampa Conference, Listeners were asked to think about two questions. They were instructed to keep in mind that all questions should be answered regarding research-based knowledge that improves education and career outcomes for youth and young adults with serious mental health conditions (SMHCs). These questions were:

1. What important contribution does this session make to the research-based knowledge about educational and career outcomes for youth and young adults with SMHCs?
2. What are important weaknesses in this work that would hinder the current state of knowledge?

## “Think Tank” Process

Listeners then attended the LWC’s March 7 State-of-the-Science Conference Think Tank meeting. Twenty-eight individuals, including the 13 Listeners, participated in the Think Tank meeting. Participants included federal and state directors and administrators of disability service systems, especially in the areas of employment and education, as well as those with experience and expertise as family and young adult representatives and researchers.

The Think Tank took on the form of small workgroups to which participants were assigned. Each workgroup discussed the three questions identified below, shared their thoughts about the nature of the current field of research and priorities for future research, came up with two or three key takeaways as a group, and had time for reporting out and for a larger workgroup discussion.

### Workgroup Discussion Questions:

1. How would you describe the current state-of-the-science from what you have heard or read so far?
2. From your area of expertise, what is missing in the knowledge of the current-state-of-the-science? Is there research available in your field that should be brought to bear that is not being considered?
3. What research is of the highest priority to be conducted in the near future that will most rapidly and robustly lead to improvements in these outcomes?

## Think Tank Results

**Goal 1: Describe the current state-of-the-science that informs practice and policy supports for strong educational and employment outcomes in youth and young adults (ages 14-30) with serious mental health conditions (SMHCs).**

There is:

- An emphasis on peer coaching and participatory action research.
- Strong qualitative work in collecting the education and employment histories of youth and young adults with SMHCs.
- Strong focus on psychiatric rehabilitation principles.
- Explorative work in the development of promising new intervention models.

**Goal 2: Have a group discussion to prioritize what future research should address to most rapidly and robustly lead to improvements in education and employment outcomes for this population.**

- Move promising models from exploratory trials to efficacy studies and beyond.
- Expand educational focus to include high school, vocational training programs, and 2-year colleges.

- Increase efforts to fight discrimination and the stigma associated with having a mental health condition by focusing on public education, careful use of language and promoting youth and young adult self-advocacy and empowerment.
- Increase research efforts for marginalized, low-income, minority, and justice-involved populations.
- Develop a research policy agenda and adopt a top-down approach to pursuing policy change and best practices.
- Build on current dissemination strategies and create strategic plans for sharing findings and materials.

The state-of-the-science conference ended with a wrap-up and conclusions. The proceedings herein include all conference papers and responses as well as final considerations for the future research directions in education, employment and policy and practice.



Dear Distinguished Colleagues,

Welcome to our 2018 state-of-the-science conference “Improving Education, Training and Employment Outcomes for Youth and Young Adults with Serious Mental Health Conditions”. We are the Rehabilitation Research and Training Center on Learning and Working During the Transition to Adulthood, of the University of Massachusetts Medical School. We are honored that you are taking time from your very busy schedule to take part in this important endeavor with us.

We have two main goals for this conference. The first goal is to describe the current state-of-the-science that informs practice and policy supports for strong educational and employment outcomes in youth and young adults with serious mental health conditions. The second is to engage you in prioritizing the knowledge that future research should address to most rapidly and robustly lead to improvements in these outcomes.

We hope to achieve these goals by absorbing the many presentations at the 31st Annual Research and Policy Conference on Child, Adolescent, and Young Adult Behavioral Health that contribute to this current state of the science, by sharing recent publications that also inform this topic, and by querying your expertise for additional research that should be included in the “state-of-the-science”. From this foundation, we hope to engage in productive discussions from multiple perspectives about what research would move the field, and these outcomes, along most rapidly.

We thank our funders, the National Institute on Disability, Independent Living, and Rehabilitation Research, the Substance Abuse and Mental Health Services Administration, and the University of Massachusetts Medical School.

We look forward to your participation in our conference, and in what we hope will be a lively discussion about the current state of the science and where it should go in the near future.

Thank you for being with us and enjoy the conference!

A handwritten signature in black ink, appearing to read "Maryann Davis".

Maryann Davis, Ph.D.  
Professor

Director of the Transitions to Adulthood Center for Research and the Implementation Science and Practice Advances Research Center (iSPARC)



**Section I.**  
**Annotated Bibliography**  
**2014 – Present**



# Introduction

This annotated bibliography highlights publications relevant to school and work supports for youth and young adults with serious mental health conditions that were published after 2013 through the present. Selected publications are limited to those specifically addressing serious mental health conditions; literature related to other disability groups is not included. This bibliography is intended to supplement the Learning and Working During the Transition to Adulthood RRTC's (L&W RRTC) previous State-of-the-Science Paper (2013). We have also provided executive summaries from our 2013 State-of-the-Science Conference. To see proceedings from that conference, please visit [https://www.umassmed.edu/TransitionsACR/publication/state\\_of\\_the\\_science\\_conference](https://www.umassmed.edu/TransitionsACR/publication/state_of_the_science_conference).

## Methods

We started with a sample of relevant publications in our field identified by the L&W RRTC faculty and staff. Within the PsycINFO (1967-present) database, we located the subject headings and key words associated with these publications and sorted them according to four key domains in our field of study: education, employment, young adulthood, and mental health (see Table 1).

In PsycINFO, we 'exploded' these search terms and key words (i.e. their related terms were searched as well). We sought all relevant publications that were categorized under the following:

- At least 1 'young adulthood' subject heading or key word;
- At least 1 'mental health' subject heading or key word; and,
- At least 1 'education' or at least 1 'employment' subject heading or key word.

Publications were further refined to include only those which were (1) published 2014 through present, (2) published in peer-reviewed journals, and (3) written in the English language.

Abstracts were reviewed to determine if search results were relevant. All relevant publications found using the above search criteria were included in this bibliography in addition to our initial sample of relevant publications.

**Table 1. Subject headings and key words used**

EDUCATION	EMPLOYMENT
Academic achievement	Disabled personnel
Educational quality	Meaning of work
Student engagement	Work
Education	Occupational health
School attendance	Management personnel
Educational program	Social security
College(s)	Unemployment
Educational placement	Employment
Academic under(over)achievement	Reemployment
Academic environment	Vocational rehabilitation
School-based intervention	Occupational guidance
Higher education	Career development
Educational aspirations	Supported employment
Schools	Income (economic)
Campuses	Occupations
University/universities	Jobs
YOUNG ADULTHOOD	MENTAL HEALTH
Life changes	Early intervention
Adult development	Treatment
Adjustment	Major depression
Peers	Counseling
Decision-making	Mental health
Self-concept	Help seeking behavior
Emerging adult	Mental disorders
Emerging adults	Psychotherapy
Emerging adulthood	Psychosis
Young adult	Psychological stress
Young adults	Dual diagnosis
Young adulthood	Adolescent psychopathology
Transition age youth	Mental health services
College students	Psychiatric disabilities
High school students	Psychopathology
University students	Stigma
University student	Mental illness (attitudes toward)
	Mental illness
	Symptoms
	Health insurance
	Schizophrenia
	Psychiatric symptoms
	Onset (disorders)
	Community mental health services

## Format

This bibliography is sorted into two major sections: national publications (publications on research conducted in the United States) and international publications (publications on research conducted abroad). Within the national sources, we have sorted by the following categories:

1. Prevalence of serious mental health conditions among students or workers in this age group or school/work outcomes
2. Postsecondary education/training supports (these supports focus on academic success or coping skills or stigma, they do not include treatment of serious mental health conditions)
3. Employment supports for young workers
4. Supports for both education/training and working or career development (readiness for work)

An annotated bibliography is available for national publications. A reference list of international publications is provided.

# National Publications

## 1. Prevalence of Serious Mental Health Conditions Among Students or Workers in This Age Group or School/Work Outcomes

**Beiter, R., Nash, R., McCrady, M., Rhoades, D., Linscomb, M., Clarahan, M., & Sammut, S. (2015). The prevalence and correlates of depression, anxiety, and stress in a sample of college students. *Journal of Affective Disorders, 173*, 90-96.**

**Background:** Over the past four years, the Franciscan University Counseling Center has reported a 231% increase in yearly visits, as well as a 173% increase in total yearly clients. This trend has been observed at many universities as mental health issues pose significant problems for many college students.

**Objective:** Investigate potential correlates of depression, anxiety, and stress in a sample of college students.

**Methods:** 374 undergraduate students between the ages of 18 and 24 attending Franciscan University in Steubenville, Ohio completed a survey consisting of demographic questions, a rating of their the levels of concern associated with challenges pertinent to daily life (e.g., academic, family, sleep), and the 21 question version of the Depression Anxiety Stress Scale (DASS21).

**Results:** The results indicated that the top three concerns of student survey respondents were academic performance, pressure to succeed, and post-graduation plans. Demographically, the most stressed, anxious, and depressed students were transfers, upperclassmen, and those living off-campus.

**Conclusions:** With the propensity for mental health issues to hinder the success of college students, it is vital that colleges continually evaluate the mental health of their students and tailor treatment programs to specifically target their needs.

**Leppink, E. W., Odlaug, B. L., Lust, K., Christenson, G., & Grant, J. E. (2016). The young and the stressed: Stress, impulse control, and health in college students. *The Journal of Nervous and Mental Disease, 204*(12), 931-938.**

**Objective:** Examine potential associations between perceived stress, academic achievement, physical/mental health, and impulse control disorders in young adults and better understand the mental and physical health status of the student population.

**Methods:** A total of 1,805 students from a large, state-affiliated Midwestern university completed an online survey in the spring of 2011. The survey collected information related to students' demographics, academic performance, and mental and physical health status. The survey included clinically validated screening tools and scales related to perceived stress, internet addiction, patient health, and impulsive disorders. Respondents were grouped by their overall score on the Perceived Stress Scale into mild, moderate, and severe categories.

**Results:** Severe perceived stress was associated with worse academic achievement and worse physical health, as well as higher rates of psychiatric and impulsive disorders. Female students,

non-Caucasians, and non-heterosexual students endorsed significantly higher levels of perceived stress.

**Conclusions:** These findings may suggest associations between stress and numerous aspects of mental/physical health in young adult college students. College clinicians can work with students to establish effective and efficient coping strategies to address multiple concerns linked to perceived stress, including academic performance. Additionally, proactive stress management programming would appear to be a beneficial standard practice on campuses as a means of improving academic performance and mental health.

**Zaff, J. F., Aasland, K., McDermott, E., Carvalho, A., Joseph, P., & Pufall Jones, E. (2016). Exploring positive youth development among young people who leave school without graduating high school: A focus on social and emotional competencies. *Qualitative Psychology*, 3(1), 26.**

**Objective:** Explore a component of the positive youth development (PYD) process, an individual's social and emotional competencies, among 27 youth (57.64% male' 45% African American and 24% Hispanic) who had previously left school without graduating.

**Methods:** An interpretive phenomenological approach was utilized in combination with the competency framework proposed by the Collaborative for Academic, Social, and Emotional Learning to examine whether (and if so, how) these youth expressed these social and emotional competencies.

**Results:** Contextualized within their lived experiences, we found that youth exhibited multiple competencies, including making responsible decisions, creating and implementing strategies for goal pursuit, and understanding how their thoughts, feelings, and experiences related to their development.

**Conclusions:** These findings could frame intervention strategies that recognize a young person's competencies and seek, for instance, to guide these competencies toward educational, vocational, or social goals. The passage of the Workforce Investment and Opportunity Act (WIOA), which is focused on the educational, workforce development, and life needs of reengaging youth, represents a chance to utilize this framework.

**Burke, J. D., Rowe, R., Boylan, K. (2014). Functional outcomes of child and adolescent oppositional defiant disorder symptoms in young adult men. *Journal of Child Psychology and Psychiatry* 55(3), 263-272.**

**Background:** Oppositional defiant disorder (ODD) is considered to be a disorder of childhood, yet evidence suggests that prevalence rates of the disorder are stable into late adolescence and trajectories of symptoms persist into young adulthood. Little examination of functional outcomes in adulthood associated with ODD has been undertaken.

**Method:** Data for the present analyses come from a clinic referred sample of 177 boys aged 7–12 followed up annually to age 18 and again at age 24. Annual parental report of psychopathology through adolescence was used to predict self-reported functional outcomes at 24.

**Results:** Controlling for parent reported symptoms of attention deficit hyperactivity disorder (ADHD), Conduct disorder (CD), depression and anxiety, ODD symptoms from childhood through adolescence predicted poorer age 24 functioning, including having no one who would

provide a recommendation for a job. CD symptoms predicted workplace problems, lower academic attainment, and other difficulties.

**Conclusion:** Oppositional defiant disorder is a disorder that significantly interferes with functioning into young adulthood, and is associated with poor employment and academic outcomes.

## 2. Postsecondary Education and Training Supports

*(These supports focus on academic success or coping skills or stigma, they do not include treatment of serious mental health conditions.)*

### Supported Education

**Biebel, K., Mizrahi, R., & Ringeisen, H. (2017). Postsecondary students with psychiatric disabilities identify core services and key ingredients to supporting education goals. *Psychiatric Rehabilitation Journal*. Online publication.**

**Objective:** Conduct a case study examining the experiences of individuals with psychiatric disabilities receiving targeted, postsecondary education supports.

**Methods:** Three supported education sites were selected. The first site had a first episode psychosis focus and followed the principles of a specific supported education model (choose-get-keep). The second site was in a community mental health setting and did not adhere to a specified model. The third site was in a postsecondary education setting and did not adhere to a specified model. Four focus groups were held with 20 individuals receiving supported education across the 3 sites. Three focus groups included only young adults (ages 16-30) and one focus group included individuals over the age of 30. Focus group probes asked participants about what they thought were helpful services and “key ingredients” within effective supported education programs.

**Results:** Helpful supported education services identified through the focus groups were access to specialists (e.g., occupational therapists, education specialists), an emphasis on wellness (e.g., mindfulness), providing organizational skills support (e.g., help with time management, organizing class schedules, ensuring time for both academic and social activities), and facilitating accommodations (e.g., roleplaying conversations with professors about accommodation needs). “Key ingredients” identified included authentic and connected relationships, especially supported education program staff, flexibility and reliability (e.g. program staff visit individuals’ homes or campuses), and support of peers (e.g., sharing stories and experiences with others with psychiatric disabilities).

**Conclusion:** Findings can help develop an understanding of the wants and needs of students with psychiatric disabilities as they pursue their postsecondary goals. Findings can inform the modification or enhancement of supported education initiatives to ensure that they are as relevant, compelling, and effective as possible for the students they serve.

**Ringeisen, H., Langer Ellison, M., Ryder-Burge, A., Biebel, K., Alikhan, S., & Jones, E. (2017). Supported education for individuals with psychiatric disabilities: State of the practice and policy implications. *Psychiatric Rehabilitation Journal*. Advance online publication.**

**Objective:** Supported education (SEd) is a promising practice that supports and encourages educational goals and attainment among individuals with psychiatric disabilities. This paper provides insights into how SEd objectives are pursued in different settings, assesses the evidence base, and discusses policy implications.

**Method:** Insights from 3 data sources were synthesized: published literature, an environmental scan, and 3 site visits to programs that support the education goals of individuals with psychiatric disabilities.

**Results:** While setting, target populations, level of coordination with supported employment, and financing strategies varied, common SEd components emerged: specialized and dedicated staffing, one-on-one and group skill-building activities, assistance with navigating the academic setting and coordinating different services, and linkages with mental health counseling. The evidence base for supported education for individuals with psychiatric disabilities is growing; however, many published studies to date do not employ rigorous methodology.

**Conclusions and Implications for Policy and Practice:** Continued specification, operationalization, and testing of SEd core components are needed. The components of the evolving SEd model would benefit from rigorous testing to evaluate impact on degree completion and other key impacts such as employment; health, mental health, or recovery; and community participation. In addition to funding streams from special education and Medicaid, new opportunities for increasing the availability of SEd include the Workforce Innovation and Opportunities Act (WIOA) reauthorization, which requires state vocational rehabilitation agencies to fund pre-employment services for transition-age individuals. Additionally, new “set-aside” requirements for the Mental Health Services Block Grant will increase funding for early intervention services for individuals with serious mental illness, potentially including SEd.

## Vocational Rehabilitation

**Honeycutt, T. C., Anand, P., Rubinstein, M., & Stern, S. N. (2017). Public provision of postsecondary education for transition-age youth with mental health conditions. *Psychiatric Rehabilitation Journal*, 40(2), 183.**

**Objective:** We examine the role of state vocational rehabilitation (VR) agencies (SVRA) in providing postsecondary education support to transition-age youth with and without mental health conditions (MHC) to provide insights into who receives such supports and the association between the receipt of postsecondary education support and successful VR exits.

**Method:** We used data from SVRA administrative records (fiscal years 2002 through 2013) for a secondary analytical approach that relied on descriptive and regression methods, resulting in the identification of 436,883 VR youth clients who applied from 2002 to 2004. Linear regression models examined the relationships between youth demographic and service characteristics and each of 4 binary outcomes derived from the administrative records: (1) receipt of VR services, (2) receipt of college support (conditional on receiving services), (3) receipt of vocational training support (conditional on receiving services), and (4) exiting with employment.

**Results:** SVRAs had a wide range in the provision of postsecondary education support to clients with MHC, from almost none receiving such supports to more than half. VR youth clients with MHC were less likely than those without MHC to have received any VR services or college support. Receipt of postsecondary education support was positively associated with being employed at

the time of VR exit, and the associations for those with MHC were not statistically different from those without MHC.

## Postsecondary Transition Planning Interventions

**LaPorte, T. M., Haber, M. G., & Malloy, J. M. (2016). Wraparound team composition, youth self-determination, and youth satisfaction in transition services. *The Journal of Behavioral Health Services & Research*, 43(4), 611-629.**

**Objective:** Examine the relationships between team composition and youth's perceptions of self-determination in the service planning process and youth service satisfaction in school-based programs using a specialized form of wraparound for transition services.

**Method:** Participants were 36 high-school students who were enrolled in seven RENEW school-based programs (RENEW is a Positive Behavioral Interventions and Supports (PBIS) approach to improving academic achievement, safety, general positive school culture, and reducing behavioral problems) for at least 6 months. The Youth and Family Involvement in Teams (YFIT) Survey was completed by youth and their parents to assess satisfaction with a variety of program features and objective experiences of service delivery, including the frequency of team meetings and team composition. Data analysis included a profile analysis and covariate analysis.

**Results:** Meeting participation by caregivers and professionals from both inside and outside of schools was common and regular participation by combinations of these types of adults was related to youth self-determination in the service planning process and youth service satisfaction.

**Conclusions:** This small sample study provides support for the capacity of secondary school-based wraparound programs that are developmentally tailored to transition age youth to involve various types of adults in the service planning process (e.g., teachers, human service professionals, parents).

**Phillips, L. A., Powers, L. E., Geenen, S., Schmidt, J., Wings-Yanez, N., McNeely, I. C., ... & Bodner, C. (2015). Better Futures: A validated model for increasing postsecondary preparation and participation of youth in foster care with mental health challenges. *Children and Youth Services Review*, 57, 50-59.**

**Introduction:** There are many economic and social benefits to engaging in higher education, yet foster care youth enroll in higher education at lower rates than the general population and face many impediments to enrollment in higher education. Many foster care youth experience mental health challenges. Policy and practice enhancements in recent years have been aimed at promoting higher education for foster care youth, particularly those with mental health conditions. However, there are just a few promising, validated programs in support of foster youth preparation and enrollment.

**Better Futures Model:** The Better Futures model is grounded in self-determination enhancement and is adapted from My Life self-determination enhancement model. The Better Futures Model design and implementation was guided by an Advisory Board of young people with foster care, mental health system, and higher education experiences, and adult professionals from relevant fields. The Better Futures intervention was delivered over approximately 10 months and consisted of: (1) a four day, three night Summer Institute on a university campus; (2) individual, bi-monthly peer coaching in identifying and pursuing self-defined postsecondary



and related goals; and (3) five mentoring workshops attended by participants, peer coaches and professionals with expertise in foster care, mental health and postsecondary education.

**Fidelity and social validity evaluation:** Youth in foster care who lived in the targeted geographic area, were within a few years of secondary school completion, and had a diagnosed mental health condition were recruited through a listed created by a state child welfare agency. 36 eligible youth who agreed to participation were randomly assigned to a treatment group in a randomized clinical trial to receive the Better Futures model. There was high fidelity to the model based on high levels of participation by youth and coaches in all model components. On a project evaluation questionnaire, the vast majority of youth reported enjoying the program and finding it useful. Participants reported learning the most through peer coaching. They also reported it was most influential in helping them believe they could enter and be successful in college.

**Discussion:** Better Futures is the first model to be experimentally validated as effective for increasing the higher education participation and other related outcomes of young people in foster care with mental health challenges. Further research on the model is needed, particularly in regards to when in high schools students could most benefit from the program, and to find out how to more effectively assist youth in identifying and connecting with adult allies to support their educational goals. It is essential that promising models, such as Better Futures, continue to be rigorously tested so that the interventions that are most efficacious in making high education attainable for youth in foster care are clearly identified and further refined.

**Conclusions and Implications for Practice:** SVRAs have the potential to play a large role in the provision of postsecondary education support. Although those who received postsecondary education support were more likely to be employed at the time of VR exit, the provision of that support came at a cost—the high financial costs of that type of support relative to other services offered by SVRAs, as well as the opportunity cost of the client’s time.

## Supports on College Campuses

### *Academics*

**Mullen, M. G., Thompson, J. L., Murphy, A. A., Malenczak, D., Giacobbe, G., Karyczak, S., ... & Gill, K. J. (2017). Evaluation of a cognitive remediation intervention for college students with psychiatric conditions. *Psychiatric Rehabilitation Journal*, 40(1), 103.**

**Objective:** Given the poor educational outcomes associated with psychiatric conditions, we developed Focused Academic Strength Training (FAST), a 12-week strategy-focused cognitive remediation intervention designed to improve academic functioning among college students with psychiatric conditions. Here we report initial results from a randomized controlled trial of FAST.

**Method:** Seventy-two college students with mood, anxiety, and/or psychotic disorders were randomized to receive FAST or services as usual and were assessed at baseline and 4 months (posttreatment).

**Results:** Repeated-measures analyses of variance indicated FAST-associated improvements in self-reported cognitive strategy use ( $p < .001$ ), self-efficacy ( $p = .001$ ), and academic difficulties ( $p = .025$ ). There were no significant treatment-related improvements in neuropsychological performance.

**Conclusions and Implications for Practice:** FAST may lead to an increase in self-efficacy and cognitive strategy use, as well as a reduction in academic difficulties among students with psychiatric conditions. Future analyses with follow-up data through 12 months will address the potential of FAST to improve academic functioning among this population.

*Interdepartmental communication respecting confidentiality*

**Moss, L. S. (2017). Collaboration, confidentiality, and care. *Psychological Services, 14(4)*, 443-450.**

**Objective:** Gain a greater understanding of how interdepartmental work is carried out on university campuses without compromising or breaching ethical or legal regulations as set by the Family Education Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and/or organizational standards like that of the International Association of Counseling Services Inc.

**Method:** Semi-structured conversations via telephone were conducted with 3 university housing and residence life professionals who were the author's colleagues while working in the university housing and residence life field. The case studies presented are an amalgamation of the author's personal experiences working in university housing and residence life as well as an aggregate from the information gathered during the telephone interviews.

**Results:** 3 case studies – Abe, Brian, and Viktor's staff

*Abe* - Abe, an Assistant Director for Housing and Residence Life, met with Amanda about alcohol and marijuana found in her dorm room. Abe noticed Amanda seemed to self-harm by actively picking scab during the meeting and Abe probed about self-injury Amanda confirmed she was actively self-injuring. Abe immediately connected Amanda with counseling services regarding the self-harm without mentioning her substance violations to counseling staff. Then, Abe filled in an electronic log that could be accessed by the campus's Student Care Team, thus activating another layer of institutional support for Amanda (academically, psychologically, spiritually, and socially).

*Brian* - Brian was found distraught by an RA and revealed he was actively suicidal due to various stressors in his life. Brian refused to consider speaking with a counselor when the RA suggested it. The RA reached out to their supervisor according to protocol, and this initiated a sequence of contacts to professionals from Residence Life, campus ministry, college counseling, and campus police who all became engaged in Brian's transport to a local hospital after he refused to agree to a safety contract. After the fact, incident reports were shared with a variety of on-campus departments.

*Viktor's staff* - Viktor is a Graduate Residence Coordinator who worked with a staff of RAs to develop a week of activities with a focus on healthy behaviors after RAs reported concerns about their residents' wellness habits. The RAs shared these concerns with Viktor without sharing any private or confidential information about their residents. Individuals from the counseling center, campus ministry, faculty, and a representative from the fitness center were invited as speakers during the week's activities.

**Conclusions:** The case studies examined highlight a few ways higher education professionals can carry out collaborative work, safeguard private and confidential information, and concurrently create an environment of care for each other and the student population.

### *Stress management/wellness interventions*

**Bettis, A. H., Coiro, M. J., England, J., Murphy, L. K., Zelkowitz, R. L., DeJardins, L., Eskridge, R., Adery, L. H., Yarboi, J., Pardo, D., & Compas, B. (2017). Comparison of two approaches to prevention of mental health problems in college students: Enhancing coping and executive function skills. *Journal of American College Health, 65(5), 313-322.***

**Objective:** College students face a significant number of stressors, increasing risk for internalizing and externalizing psychopathology. This study examined two promising avenues of intervention aimed to reduce stress and prevent psychopathology in this population: a coping skills group and a cognitive training program.

**Methods:** 62 undergraduate students from two universities were recruited from 2013-2015. Students were randomized to a 6-week coping skills group or a cognitive training program and completed measures of stress, coping, executive function, and symptoms of anxiety, depression and Attention-Deficit Hyperactivity Disorder (ADHD) at pre- and post-intervention.

**Results:** Participants in both conditions reported significant decreases in social stress, executive function difficulties, and anxiety symptoms post-interventions. Students in the cognitive program improved significantly more on measures of behavior regulation and ADHD symptoms compared to the coping group at post-intervention.

**Conclusions:** Brief stress management interventions targeting coping and executive function may benefit college students at risk for psychopathology.

**Hazlett-Stevens, H., & Oren, Y. (2017). Effectiveness of mindfulness-based stress reduction bibliotherapy: A preliminary randomized controlled trial. *Journal of Clinical Psychology, 73(6), 626-637.***

**Objective:** This randomized controlled investigation examined the effectiveness of a self-help bibliotherapy format of the evidence-based mindfulness-based stress reduction (MBSR) intervention.

**Method:** College students seeking stress reduction were randomly assigned to a 10-week MBSR bibliotherapy (following A Mindfulness-Based Stress Reduction Workbook) intervention group (n = 47) or a no-treatment control group (n = 45). Self-report measures were collected at baseline and post-intervention.

**Results:** A total of 25 bibliotherapy and 43 control group participants provided final data following the intervention period. Compared to the control group, bibliotherapy participants reported increased mindfulness following the intervention. Significant decreases on measures of depression, anxiety, stress, perceived stress, and anxiety sensitivity also were reported post-intervention as well as increased quality of life in physical health, psychological, and environmental domains. No statistically significant group effects were found for social relationships quality of life domain, worry, and experiential avoidance measures.

**Conclusion:** This MBSR workbook may provide an acceptable and effective alternative for motivated individuals seeking to reduce stress, at least for a select group of individuals who are willing and able to sustain participation in the intervention.

**Hintz, S., Frazier, P. A., & Meredith, L. (2015). Evaluating an online stress management intervention for college students. *Journal of Counseling Psychology, 62*(2), 137.**

**Objective:** Assess the feasibility and effectiveness of a theory-based online intervention designed to improve stress management in undergraduate students. The intervention focused on increasing present control because it has been found to be associated with a range of positive outcomes, including lower levels of depression, anxiety, and stress, controlling for a range of other variables.

**Method:** Two pilot studies were first conducted to confirm that the intervention could increase present control. Psychology students (n= 292) who were prescreened to have lower scores on the present control subscale of the Perceived Control Over Stressful Events Scale were then randomly assigned to 1 of 3 conditions: present control intervention, present control intervention plus personalized feedback via email at predetermined points throughout intervention, and stress-information only.

**Results:** The 2 present control intervention groups had lower levels of stress, depression, and anxiety symptoms (on the Depression Anxiety Stress Scale; Lovibond & Lovibond, 1995) and perceived stress (on the Perceived Stress Scale; Cohen, Kamarck, & Mermelstein, 1983) relative to the stress-information only group at posttest and 3-week follow-up. Further analysis showed that these effects were mediated by changes in present control.

**Conclusions:** The intervention showed that present control can be increased using a brief online intervention, with medium to large effects. The hypothesis that the intervention would result in greater increases in present control relative to an intervention that only contained information about stress was confirmed. This intervention represents a potentially valuable tool for college mental health services and constitutes a strong foundation from which to develop future iterations of this program.

**Nguyen-Feng, V. N., Greer, C. S., & Frazier, P. (2017). Using online interventions to deliver college mental health resources: Evidence from randomized control trials. *Psychological Services 14*(4) 481-489.**

**Objective:** Evaluate the efficacy of internet-based stress management programs for college students.

**Method:** Students (n=365) were randomly assigned to a mindfulness plus present control intervention, a mindfulness only intervention, or a stress management information condition that served as an active comparison. Outcome measures were self-report measures of stress, anxiety, depression, and perceived stress completed online at pre-intervention, post-intervention, and 2 follow-ups (2-3 weeks and 4-5 weeks post-intervention). Linear mixed modeling was used to assess change over time.

**Results:** Participants in all 3 groups reported significant decreases on all primary outcomes. All time-by-intervention group interaction effects were nonsignificant, suggesting that the 3 conditions were equally effective.

**Discussions:** Results suggested that Internet-based interventions are effective for lowering distress among college students and that specific approaches may be differentially effective for certain subgroups of students. They also suggested that providing students with stress management information without providing training in 1 specific skill may be helpful.

**Melnyk, B., Kelly, S., Jacobson, D., Arcoleo, K., & Shaibi, G. (2014). Improving physical activity, mental health outcomes, and academic retention in college students with Freshman 5 to thrive: COPE/Healthy lifestyles. *Journal of the American Association of Nurse Practitioners*, 26(6), 314-322.**

**Objective:** To assess the preliminary effects of a new course entitled Freshman 5 to Thrive/COPE Healthy Lifestyles on the cognitive beliefs, knowledge, mental health outcomes, healthy lifestyle choices, physical activity, and retention of college freshmen.

**Methods:** Measures included demographics, nutrition knowledge, healthy lifestyle beliefs, healthy lifestyle perceived difficulty, healthy lifestyle choices, Beck Youth Inventories-II (anxiety, depression, anxiety, and destructive behavior), step count via pedometer, and college retention.

**Results:** The experimental COPE (Creating Opportunities for Personal Empowerment) group had greater intentions to live a healthy lifestyle ( $p = .02$ ) versus the comparison group. COPE students also significantly increased their physical activity ( $p = .003$ ) from baseline to post-intervention and had a higher college retention rate than students who did not take the course. In addition, there was a significant decrease in depressive and anxiety symptoms in COPE students whose baseline scores were elevated.

**Conclusions and implications for practice:** The Freshman 5 to Thrive Course is a promising intervention that can be used to enhance healthy lifestyle behaviors and improve mental health outcomes in college freshmen.

### 3. Employment Supports for Young Workers

#### Supported Employment

**Bond, G. R., Drake, R. E., & Luciano, A. (2015). Employment and educational outcomes in early intervention programmes for early psychosis: A systematic review. *Epidemiology and Psychiatric Services*, 24(5), 446-457.**

**Objective:** Young adults with early psychosis want to pursue normal roles – education and employment. This paper summarizes the empirical literature on the effectiveness of early intervention programmes for employment and education outcomes.

**Methods:** A systematic review of employment/education outcomes for early intervention programmes was conducted, distinguishing three programme types: (1) those providing supported employment, (2) those providing unspecified vocational services and (3) those without vocational services. We summarized findings for 28 studies.

**Findings:** Eleven studies evaluated early intervention programmes providing supported employment. In eight studies that reported employment outcomes separately from education outcomes, the employment rate during follow-up for supported employment patients was 49%, compared with 29% for patients receiving usual services. The two groups did not differ on enrollment in education. In four controlled studies, meta-analysis showed that the employment rate for supported employment participants was significantly higher than for control participants, odds ratio = 3.66 [1.93–6.93],  $p < 0.0001$ . Five studies (four descriptive and one quasi-experimental) of early intervention programmes evaluating unspecified vocational services were inconclusive. Twelve studies of early intervention programmes without vocational

services were methodologically heterogeneous, using diverse methods for evaluating vocational/ educational outcomes and precluding a satisfactory meta-analytic synthesis. Among studies with comparison groups, 7 of 11 (64%) reported significant vocational/ education outcomes favoring early intervention over usual services.

**Conclusion:** In early intervention programmes, supported employment moderately increases employment rates but not rates of enrollment in education. These improvements are in addition to the modest effects early programmes alone have on vocational/educational outcomes compared with usual services.

**Ellison, M. L., Klodnick, V. V., Bond, G. R., Krzos, I. M., Kaiser, S. M., Fagan, M. A., & Davis, M. (2015). Adapting supported employment for emerging adults with serious mental health conditions. *The Journal of Behavioral Health Services & Research*, 42(2), 206-222.**

**Objective:** In order to meet the need for effective services to assist young people with serious mental health conditions, especially those who had intensive adolescent mental health service utilization, successfully transition to employment or education, a modification of the IPS model, the Supported Employment/Supported Education Emerging Adult (SE/SEd EA) IPS model, and its feasibility were tested.

**Method:** SE/SEd EA was implemented at the Thresholds Young Adult Program (YAP), a residential psychiatric treatment program for young adults in Illinois. Adaptions made to IPS for the SE/SEd EA modification included: (1) Employment specialists were trained in the principles of supported education in addition to supported employment - their title was changed to SE/SEd specialists, (2) YAP program graduates were hired and thoroughly trained to provide peer mentorship to and (3) Employment specialists adopted a career-focused philosophy.

**Results:** Participants were 17-20 years old. Most were African American, under the custody of the state, and had a primary mood disorder diagnosis and substantial educational impairments. Two additional and unplanned modifications were made to SE/SEd EA: (1) creating a separate Education Specialist role instead of having combined SE/SEd specialists. SE/SEd specialists were found to focus on employment instead of becoming comfortable providing educational assistance; and, (2) removing the requirement for peer mentors to be YAP graduates. Hiring qualified graduates and retaining them proved difficult; hiring peer mentors who were not YAP graduates, a little older (28-30 years old), and shared characteristics with participants proved more successful. Most participants chose to meet with both an employment and an education specialist at least once over the 12 months. Approximately 50% of participants worked or enrolled in an education program.

**Conclusions:** This study's service engagement findings suggest that the adapted SE/SEd model of IPS can be implemented successfully in a specialized emerging adult psychiatric treatment program. Creating a separate education specialist role was beneficial but education outcomes could still use considerable improvement. Utilizing peer workers in SE/SEd programs necessitates culture shifts within an organization.

## The Recovery After Initial Schizophrenia Episode (RAISE) Intervention

**Humensky, J. L., Essock, S. M., & Dixon, L. B. (2017). Characteristics associated with the pursuit of work and school among participants in a treatment program for first episode psychosis. *Psychiatric Rehabilitation Journal* 40(1), 108-112.**

**Objective:** Examine the pursuit of education and employment among participants in the Recovery After Initial Schizophrenia Episode (RAISE) Connection Program (Dixon et al., 2015; Essock et al., 2015), a first-episode psychosis (FEP) treatment program emphasizing participation in school and work.

**Method:** Data were collected between 2011 and 2013 from all 65 individuals in the RAISE Connection Program. Descriptive statistics, analysis of variance, and multinomial logit random-effects models were used to examine rates and predictors of work/school participation.

**Results:** Most participants who eventually engaged in vocational activities did so within the first year of participation. Many engaged in both school and work. Those working (alone or with school) had better premorbid functioning and cognition and less severe concurrent symptoms.

**Conclusion and Implications for Practice:** Participants in FEP programs emphasizing school and work can have high rates of vocational participation and early engagement, often simultaneously in work and school.

**Kane, J. M., Robinson, D. G., Schooler, N. R., Mueser, K. T., Penn, D. L., Rosenheck, R. A., ... & Marcy, P. (2015). Comprehensive versus usual community care for first-episode psychosis: 2-year outcomes from the NIMH RAISE early treatment program. *American Journal of Psychiatry*, 173(4), 362-372.**

**Objective:** The primary aim of this study was to compare the impact of NAVIGATE, a comprehensive, multidisciplinary, team-based treatment approach for first-episode psychosis designed for implementation in the U.S. health care system, with community care on quality of life. The NAVIGATE treatment approach is a part of the Recovery After Initial Schizophrenia Episode (RAISE) Initiative.

**Method:** Thirty-four clinics in 21 states were randomly assigned to NAVIGATE or community care. NAVIGATE is an experimental treatment with four components: medication management, family psychoeducation, resilience-focused individual therapy, and supported employment and education. In this way, school and work supports are embedded within this treatment program. Community care was treatment as usually provided in a participant's community. Participants (mean age, 23) with schizophrenia and related disorders Participation in work or school was captured during monthly interviews with participants completed by research assistants utilizing a Service Use and Resource Form.

**Results:** The 223 recipients of NAVIGATE remained in treatment longer, experienced greater improvement in quality of life and psychopathology, and experienced greater involvement in work and school compared with 181 participants in community care.

**Conclusions:** Comprehensive care for first-episode psychosis, including supported education and employment, can be implemented in U.S. community clinics as a means to increase the rates of work and school involvement for young people who have experienced a psychotic episode. Effects are more pronounced for those with shorter duration of untreated psychosis.

**Rosenheck, R., Mueser, K. T., Sint, K., Lin, H., Lynde, D. W., Glynn, S. M., ... & Kane, J. M. (2017). Supported employment and education in comprehensive, integrated care for first episode psychosis: Effects on work, school, and disability income. *Schizophrenia Research*, 182, 120-128.**

**Objective:** Contribute to previous first episode psychosis (FEP) research by (1) examining whether participation in supported education and employment (SEE) mediates gains in instrumental functioning when offered in an effectiveness study as one component within a comprehensive specialty care program and is compared to usual care; (2) extending FEP outcome analyses to include employment earnings and receipt of public income supports (including payments from Social Security Disability and Supplemental Security Income programs); and (3) examining the broader relationship between receipt of public support income receipt and work-school participation.

**Method:** FEP participants (N = 404) at thirty-four community treatment clinics participated in a cluster randomized trial that compared usual Community Care (CC) to NAVIGATE, a comprehensive, team-based treatment program that included  $\geq 5$  h of SEE services per week, grounded in many of the principles of the Individual Placement and Support model of supported employment combined with supported education services. The NAVIGATE treatment approach is a part of the Recovery After Initial Schizophrenia Episode (RAISE) Initiative. All study participants were offered SEE regardless of their initial interest in work or school. Monthly assessments over 24 months recorded days of employment and attendance at school, days of participation in SEE, and both employment and public support income (including disability income). General Estimation Equation models were used to compare CC and NAVIGATE on work and school participation, employment and public support income, and the mediating effect of receiving  $\geq 3$  SEE visits on these outcomes.

**Results:** NAVIGATE treatment was associated with a greater increase in participation in work or school ( $p = 0.0486$ ) and this difference appeared to be mediated by SEE. No group differences were observed in earnings or public support payments.

**Conclusion:** A comprehensive, team-based FEP treatment approach was associated with greater improvement in work or school participation, and this effect appears to be mediated, in part, by participation in SEE.

## Vocational Supports

**Klodnick, V. V., Sabella, K., Brenner, C. J., Krzos, I. M., Ellison, M. L., Kaiser, S. M., Davis, M., & Fagan, M. A. (2015). Perspectives of young emerging adults with serious mental health conditions on vocational peer mentors. *Journal of Emotional and Behavioral Disorders*, 23(4), 226-237.**

**Objective:** Explore the feasibility of vocational peer mentors for early emerging adults with serious mental health conditions.

**Methods:** Peer mentors were added to the Individual Placement and Support model of supported employment for 17- to 20-year-olds receiving residential and psychiatric care. Open-ended satisfaction surveys and the Working Alliance Inventory were administered to mentees at 12 months. Survey results underwent thematic analysis.



**Results:** Findings indicated it is important for peer mentors to be authentic, flexible, and a graduate of a mental health program where vocational services are based. Valued relational processes include the act of talking in the community, feeling understood, and forming a bond with peer mentors. Mentees with positive peer mentoring experiences reported stronger working alliances.

**Conclusions:** This study sheds light onto near-age mentoring relational processes for this population, which can inform future research of mentoring processes and intervention design.

**Davis, M., & Sheidow, A. J. (2018). Vocational coaches for justice-involved emerging adults. Under review - *Psychiatric Rehabilitation Journal*.**

**Objective:** The purpose of this study was to determine whether vocational supports for emerging adults with serious mental health conditions who are at high risk for re-arrest are more effectively served using Multisystemic Therapy for Emerging Adults (MST-EA) through vocationally enhanced MST-EA Coaches or through referral to state vocational rehabilitation services for vocational supports.

**Methods:** A pilot randomized control trial examined two MST-EA coaching approaches. In the Standard Coach + VR condition (n=16), MST-EA Coaches delivered standard skills curricula to participants and referred them to state vocational rehabilitation (VR) services for vocational supports. In the Vocational Coach condition (n=16), MST-EA Coaches delivered the standard skills curricula enhanced with extensive employment components. Analyses included pre- to post-treatment comparisons of vocational outcomes, and between groups comparisons of fidelity, satisfaction, and service utilization.

**Results:** Those in the Vocational Coach condition had a twelve-fold increase in post treatment employment compared to this in the Standard+VR condition.

**Conclusions and Implications for Practice:** The Vocational Coach will be included in all future clinical trials of MST-EA to maximize impact on reducing recidivism, and supporting emerging adult functioning.

**Torres Stone, R. A., Delman, J., McKay, C. E., & Smith, L. M. (2015). Appealing features of vocational support services for Hispanic and non-Hispanic transition age youth and young adults with serious mental health conditions. *The Journal of Behavioral Health Services and Research*, 42(4), 452-464.**

**Objective:** to identify unique and common perspectives of the general vocational needs of Hispanic and non-Hispanic transition age youth and young adults (TAYYAs) to

1. inform the future direction of vocational support services for this population and
2. build prevention programs that could help stem the high unemployment rates for TAYYAs.

**Methods:** In person qualitative interviews were conducted with 57 non-Hispanic and Hispanic TAYYAs with SMHCs enrolled in three vocational support programs in MA (Vocational Rehabilitation, Individual Placement and Support; the Clubhouse Model as described by the International Center for Clubhouse Development).

**Results:** Six themes emerged from the data: three themes were identified as social capital (supportive relationships, readily available workplace supports, and vocational preparation), two

themes related to human capital (effective educational supports and work experience), and one theme related to cultural capital (social skills training). Unique features (Spanish-speaking staff and/or familiar in Latino culture, familial-like staff support) were frequently noted by Hispanic TAYYAs.

**Conclusion:** Findings indicate that social, cultural, and human capitals play crucial roles in determining the success of TAYYAs. TAYYA were concerned with negative judgement or discrimination (e.g. loss of hours, being fired, not being trusted) as a result of their mental health condition. Vocational support programs that serve TAYYAs do not directly address these concerns. As a result, if employed, many were hesitant to disclose their condition or request accommodations, and if unemployed, many did not feel ready for a job. TAYYA appreciated workplace relationships that were respectful and responsive to their needs. Compared to their white counterparts, Hispanics viewed workplace relationships as reaching the level of family.

## Career Planning/Development

**Luciano, A., & Carpenter-Song, E. A. (2014). A qualitative study of career exploration among young adult men with psychosis and co-occurring substance use disorder. *Journal of Dual Diagnosis, 10(4), 220-225.***

**Objective:** Explore the meaning and importance of career exploration and career development in the context of integrated treatment for young adults with early psychosis and substance use disorders (i.e., co-occurring disorders).

**Method:** Twelve young adult men (aged 18 to 35 years) with co-occurring disorders recruited from a private treatment center completed a series of three semi-structured in-depth qualitative interviews. Data were transcribed verbatim and analyzed using thematic analysis. Purposive sampling ensured participants represented a range of substance abuse treatment stages.

**Results:** Participants had a mean age of 26, identified as white, came from middle- to upper-class families, and were diagnosed with a range of mental health conditions (two-thirds were diagnosed with schizophrenia-spectrum disorders) and substance use disorders (e.g., cannabis, cocaine, alcohol). Participants described past jobs that did not align with future goals as frustrating and disempowering, rather than confidence building. Most participants began actively developing their careers in treatment through future-oriented work or school placements. They pursued ambitious career goals despite sporadic employment and education histories. In this way, treatment engagement and satisfaction appeared to be linked with career advancement prospects.

**Conclusions:** Integrating career planning into psychosocial treatment is a critical task for providers who serve young adults with co-occurring disorders. Whether integrating career planning within early intervention treatment planning will improve clinical, functional, or economic outcomes is a promising area of inquiry for rehabilitation researchers and clinicians.

**Nochajski, S. M., & Schweitzer, J. A. (2014). Promoting school to work transition for students with emotional/behavioral disorders. *Work, 48(3), 413-422.***

**Objective:** The purpose of this model demonstration project, funded by the US Department of Education, was to develop a program based on identified best practices to facilitate successful school to work transition for students with Emotional Behavioral Disturbance (EBD).

**Methods:** 47 students with EBD between the ages of 14 and 19 were participants in this project. The majority of participants in the project were white males with a generic diagnosis of a disruptive personality disorder. Five cohort groups of students participated in a four phase program; Phase 1 – School-based Learning, Phase 2 – Community Involvement, Phase 3 – Paid, Supported Work Experience, and Phase 4 – Competitive Employment and Follow-Up.

**Results:** At the conclusion of the project, 30% of the project participants were competitively employed. Students had the most difficulty in Phase 3, but 81% of those who successfully completed Phase 3 obtained and retained competitive employment for a least one year. Four case studies are presented to illustrate findings.

**Conclusions:** The School to Work Transition Program model shows promise for providing interventions to promote successful transition for students with EBD. Further research on the effectiveness of the overall model, as well as specific components of the model, is needed.

**Sowers, J. A., & Swank, P. (2017). Enhancing the career planning self-determination of young adults with mental health challenges. *Journal of Social Work in Disability & Rehabilitation, 16(2), 161-179.***

**Objective:** Study the impact of an intervention on the self-determination and career planning engagement of young adults with mental health challenges.

**Methods:** 67 young adults, 20 to 30 years of age, with mental health diagnoses (e.g., depression, bipolar disorder) and who had received mental health services in the prior 2 years were randomly assigned to intervention and control groups. Those assigned to the intervention group received a career visions guide, intervention description, and weekly meetings with thoroughly trained and supervised career advisors. Control group participants meet with a career advisor only once shortly after enrollment to review the career vision guide. Participants were asked to complete instruments related to self-determination, career planning activity engagement, career decision self-efficacy, and mental health recovery at baseline and at varying time points throughout the study.

**Results:** Statistically significant greater increases were made by the intervention group versus the control group for self-determination and career planning engagement, and self-determination at least partially mediated increases in career planning engagement.

**Conclusions:** With career planning self-determination interventions, young adults with mental health challenges might be able to achieve better career and life outcomes than is typical for this population. This study adds to existing evidence that teaching individuals with disabilities the component skills of self-determination and how to apply these skills to career and other life planning can increase their level of self- determination and engagement in activities.

## International Publications

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## **Section II.**

# **Executive Summaries from the Learning and Working Center's 2013 State-of-the-Science Conference**

Education  
Employment

These summaries were prepared with support from the Transitions Research and Training Center (Transitions RTC; now known as the Transitions to Adulthood Center for Research) at the University of Massachusetts Medical School. The Transitions ACR is funded by the US Department of Education, National Institute on Disability & Rehabilitation Research, and the Center for Mental Health Services, Substance Abuse & Mental Health Services Administration - SAMHSA (NIDRR grant H133B090018). The content of this report does not necessarily reflect the views of the funding agencies and you should not assume endorsement by the Federal Government.



# Abstract

The Learning and Working During the Transition to Adulthood Rehabilitation Research & Training Center, University of Massachusetts Medical School, successfully conducted a state of the science conference, “Tools for System Transformation for Young Adults with Psychiatric Disabilities.” The conference was held at Georgetown University National Technical Assistance Center for Children’s Mental Health on September 24-25th, 2013.

Please see [https://www.umassmed.edu/TransitionsACR/publication/state\\_of\\_the\\_science\\_conference](https://www.umassmed.edu/TransitionsACR/publication/state_of_the_science_conference) for the proceedings from this conference.

We had two goals for this conference. Our first goal was to share and discuss the current state of research knowledge regarding practice and policy supports for strong educational and employment outcomes in young adults (ages 18-30) with psychiatric disabilities. We focused on implications for adult mental health and rehabilitation service systems, and the young adults with psychiatric disabilities in those systems. Our second goal was to engage all attendees in prioritizing the knowledge that future research should address, to guide these systems’ efforts, to better launch and support these young adults’ long-term careers.

The process of the conference included, presentations of three state of the science papers that were written and completed prior to the event in the domains of employment, education, and system and policy as well as an introductory framework paper. Subsequently, a summary of written responses to each paper were prepared and presented by a panel of stakeholders which included: researchers, young adults, family members, and individuals representing underserved populations. The papers, responses, and an introductory framework were made into a compendium which was distributed to all conference participants, both before, and at the conference.

In attendance at the state-of-the-science conference, were federal and state directors and administrators of disability service systems, especially in the areas of employment and education, as well as those with experience and expertise as family and young adult representatives and researchers.

The structure of the conference included:

- Welcoming remarks from Charlie Lakin, Director, National Institutes on Disability Rehabilitation Research (NIDRR)
- Welcoming remarks from Jim Wotring, Director, National Technical Assistance Center for Children’s Mental Health
- Welcoming remarks from Paolo Del Vecchio, Director, Substance Abuse and Mental Health Services Administration
- Presentation by Maryann Davis, Director, Transitions Research and Training Center, on conference goals and framework for understanding young adults with psychiatric disabilities

# Supporting the Education Goals of Young Adults with Psychiatric Disabilities

By: Marsha Langer Ellison, Ph.D.,  
E. Sally Rogers, ScD., and  
Amanda Costa, B.A.

## State-of-the-Science 2013 Conference Proceedings

### *Executive Summary*

#### **The opportunity:**

Over time, higher educational attainment leads to better employment, higher wages, and opportunities for careers, among all adults, including young adults with psychiatric disabilities.

#### **The challenge:**

Students with psychiatric disabilities struggle with educational attainment at the high school and post-secondary levels including high drop-out rates and poor retention in college. The educational trajectory of post-secondary outcomes for students in special education with psychiatric disabilities suffers compared to typical students.

While increasing numbers of students with psychiatric disabilities attend college, many barriers to successful college completion exist, such as, unsupportive campus policies, cultures, or services.

#### **Current attempts to improve education outcomes:**

Research has shown recent gains in high school completion among special education students with serious emotional disturbances and there are other promising interventions in the secondary education arena.

There are numerous recommendations made for campus-based initiatives to improve the retention of college students with psychiatric disabilities. However, none have undergone systematic evaluation or rigorous testing. Some of these initiatives include: modification of campus policies regarding mental health, adjustments to “campus culture” such as communication to increase awareness of mental health needs, efforts to reduce stigma, and improved provision of supports such as educational accommodations, peer support groups, and suicide prevention efforts.

There may be significant opportunities for increasing young adults’ educational outcomes through the services offered by state agencies of vocational rehabilitation.

Supported education services for young adults with psychiatric disabilities is a critical policy and research issue. Supported education has the potential to address normal young adult developmental tasks, as well as to prepare young adults for careers rather than low-wage jobs. However, there is no systematic body of evidence demonstrating its success, nor its long –term impact on employment and careers.

Testing of some adaptations of supported education to meet the specific needs of young adults is underway, but more innovation is needed to address the sub-populations of young adults with psychiatric disabilities and the variety of systems that serve them.

## **Future Research Needs – Education**

- 1. Additional data about the barriers to and facilitators of increased educational attainment for youth**
- 2. New models of educational support services that address the needs/wants of this stage of life**
  - a. Combining supported education and supported employment to address the many young adults with SMHC who need to alternate between school and work, or do both simultaneously
  - b. Developing more supports for high school dropouts with serious emotional disturbance
  - c. Continued testing and evaluation of transition services for secondary students with serious emotional disturbance
- 3. Specification and rigorous testing of supported education services for young adults**
  - a. Supported education needs adaptation and trials for different populations of young adults with SMHC (high school drop-outs, foster care, criminal justice involvement) and in systems other than mental health.
  - b. Adaptation of supported education for secondary education to have a remedial focus and thus improve high school completion rates.
  - c. Long-term longitudinal follow up studies of supported education services through college completion (certificate/2 year/4 year) and through to employment and career launch.
- 4. Innovation and rigorous evaluation of approaches for supporting students with psychiatric disabilities on campuses. Approaches such as:**
  - a. Modification of campus mental health policies to better support the retention of students with psychiatric disabilities
  - b. Changes in campus culture such as communication strategies, training of “frontline” staff and faculty anti-stigma campaigns, and campus “mental wellness” programs

# **Employment and Careers in Young Adults with Psychiatric Disabilities**

By: Maryann Davis, Ph.D.,  
Jonathan Delman, Ph.D., J.D., M.P.H., and  
Tania Duperoy, B.A.

## **State-of-the-Science 2013 Conference Proceedings**

### ***Executive Summary***

We examined peer- and non-peer-reviewed research, and communicated with other -researchers to assess findings about the development of strong work lives during young adulthood (ages 18-30) among those with psychiatric disabilities, and practices during young adulthood that support strong career development. The following is a summary of the findings from that examination:

- Young adulthood is a critical time for launching careers, but employment is compromised in young adults with psychiatric disabilities. We use the term career to describe occupations undertaken for a significant period of a person's life that provide opportunities for growth. Developing the foundation of strong careers at this stage of life, when typical young adults are doing the same, should prevent or reduce later financial dependency and unemployment. Thus, interventions need to both support young adults' immediate employment goals and help them develop the necessary tools for successful careers and financial independence. Research is needed to better understand how to help young adults with psychiatric disabilities achieve strong careers.
- Adult vocational support interventions for those with psychiatric disabilities that have been researched include general vocational rehabilitation (VR) services, Clubhouses, Assertive Community Treatment, and supported employment focused on the Individualized Placement and Support (IPS) model. IPS is for individuals who want to work. One of the hallmarks of IPS is a place-then-train approach in which the aim is to help individuals succeed while on the job rather than delaying entry into work through lengthy preparatory activities.
- Because of the success of the place-then-train approach, adult vocational supports have moved away from historical practices that employed an array of "career development" approaches that slowly prepared individuals for competitive employment. In practice, these approaches appear to have non-beneficially delayed adults' entry into competitive employment.
- Though research has established that the IPS model and other supported employment improves employment in adults with psychiatric disabilities compared to usual services and other models, the jobs obtained remain mostly part time and low wage. Evidence supporting other widely available vocational interventions is nonexistent, or suffers from weak methods or outcomes.
- There is no evidence that any career or vocational intervention improves careers (i.e. satisfying jobs and income that improve over time) in individuals with psychiatric disabilities of any age.
- The impact of standard adult vocational models on the employment of young adults with psychiatric disabilities is not well studied. The limited research suggests that standard IPS produces better employment outcomes in young adults than standard services but, for the most part, these outcomes are still only part-time, low-wage jobs with many weeks not employed. Other research suggests that supported employment has no better impact than usual services in the

youngest adults (i.e., ages 18-24), but heightened impact in older young adults (i.e. ages 25-30).

- An adaptation of IPS supports both employment and education in young adults with early psychosis (IPS-EP-1) and has encouraging evidence for its ability to improve employment outcomes among this group of young adults. Its ability to improve educational outcomes is less clear. The success of IPS-EP has not yet been examined in sites where these young adults are receiving typical (rather than cutting-edge) clinical services.
- Another IPS-EP model (IPS-EP-2) added a concurrent course in workplace skills and knowledge, and family information sessions to supported employment and education with encouraging outcomes in both schooling and working. Either version of IPS-EP may be a good basic model for other young adults with psychiatric disabilities. An IPS model is under development that adds Peer Mentors to assist young adults with a history of intensive mental health treatment in adolescence. Elements to specifically enhance career development, such as using the work experience to explicitly enhance cognitive underpinnings of careers (e.g. self-efficacy, outcome expectations) may also improve the long-term outcomes of IPS and its versions.
- Unnecessarily delaying employment for purposes of career development is detrimental at any age. However, typical young adults have access to a variety of career-enhancing activities, such as summer internships, apprenticeships, Job Clubs, career coaching/ mentoring, and formal career training through postsecondary education or training opportunities. These activities are based on a deeply researched theoretical literature on career development in typical individuals. Though not rigorously researched, there is consistent evidence in typical youth of the positive impact of some of these activities on important career elements such as making a good career choice, developing career-related skills, or conducting successful job searches. Some of these activities overlap with those viewed by VR counselors as centrally important for students transitioning out of high school. The degree to which these types of career development activities enhance career outcomes is a promising avenue for future research in this age group.
- Several new vocational approaches for young adults with psychiatric disabilities are in the early stages of research. These approaches share an emphasis on career exploration, assessment, and planning, and support of concurrent employment and education or training. These approaches put young adults in the captain's seat for making career choices, and teach skills for developing and implementing career plans. Several also actively include family members as potential supports. These models need to progress through the research stages of developing strong evidence for their efficacy for employment or careers in young adults with psychiatric disabilities.

## Future Research Directions - Employment

1. **Identifying factors unique to young adult career paths.** It is difficult to develop interventions when the target[s] of the intervention is not well understood. Research to date does not reveal what the factors are in young adults with psychiatric disabilities that impede competitive employment, employment that supports fiscal independence, or strong longer-term careers (i.e. satisfying employment that involves better jobs and better income over time). Many factors that have been found to relate to successful competitive employment in mature adults, such as job placement, likely apply to young adults as well, but should be confirmed. The factors associated with strong careers in typical young adults should be examined in young adults with psychiatric disabilities. Factors that may be unique to young adults or immature careers may hold the keys to more effectively helping them launch successful careers. Research should focus on factors that interventions could impact.

2. **Applying research findings to improve interventions.** Research from #1 should be used to develop or adapt interventions to target those factors. These interventions should undergo rigorous testing.
3. **Research to improve young adult career outcomes with IPS.** Since IPS has the strongest evidence of employment efficacy in young adults, several lines of research examining IPS could help elucidate alterations to it that could strengthen outcomes.
  - a. The longitudinal impact of each IPS version on young adults' careers should be examined, including the quality of employment and the capacity for employment to improve over time.
  - b. The research that can fully establish their efficacy should be completed for the young adult IPS versions.
  - c. Research in young adults in IPS is needed to identify subgroups that experience better or worse outcomes, and/or conditions associated with better or worse outcomes. Findings could inform IPS modifications, or the development of alternative or complimentary approaches.
  - d. Research is needed to illuminate the specific mechanisms of IPS that produce better employment outcomes in young adults. Findings would also help inform improvements in IPS or other approaches.
4. **Continue research with developing models to test their career development efficacy.** Current developing models that show promise need to establish their efficacy for improving current employment and developing careers. Those that establish efficacy and/or effectiveness should be further examined for the issues identified in points 3a, c, & d relative to the new intervention.



**Section III.**  
**Abstracts from the**  
**2018 State-of-the-Science**  
**Conference Presentations**

This section of this provides information on conference sessions that were available during the 2018 State-of-the-Science conference. These sessions contribute to the state of the science in employment and education research that identified listeners were expected to attend. These are listed below:

### **Sunday, March 4, 2018**

*Transition Researchers Networking Event and Listener Check-In*

### **Monday, March 5, 2018**

*In Their Own Words: Navigating School and Work in Young Adulthood while Living with a Serious Mental Health Condition (90-minute Symposium)*

Symposium Chair: Maryann Davis, PhD, Transitions to Adulthood Center for Research, Department of Psychiatry, UMass Medical School, Worcester, MA; Discussant: Michelle Munson, PhD, Case Western Reserve University, Cleveland OH

Previous research illustrates that young adults with serious mental health conditions (SMHC) struggle to succeed in school and work. However, very little research has captured their subjective experiences which could invaluablely inform services and supports. Based on 61 qualitative interviews with young adults with SMHC, this symposium will summarize their school and work activities, positive and negative influential factors on these activities, how they interpret these experiences, and the role of stigma on help-seeking behaviors.

*Can You Hear Me Now? Strategies, Tools & Resources to Enhance Young Adult Voice in Research (30-minute Paper)*

Kathleen Biebel, PhD; Amanda Costa, BA, Transitions to Adulthood Center for Research, University of Massachusetts Medical School, Worcester, MA

Engaging young adults in the co-production of research is critical to developing and implementing policies and services that meet their unique needs. Participatory Action Research is a strategy that ensures integration of meaningful young adult voice into research. Presenters will propose a framework of meaningful young adult involvement in research, and provide real-world tools and strategies to support researchers and organizations to prioritize, plan, and be purposeful about engaging young adults in their work.

*Vocational Rehabilitation Leaders' Perceptions of Collaboration with Child and Adult Mental Health for Successful Employment Outcomes in Transition-Age Youth (30-minute Paper)*

Maryann Davis, PhD; Raphael Mizrahi, BA, Transitions to Adulthood Center for Research, Department of Psychiatry, University of Massachusetts Medical School, Worcester, MA

Helping transition-age youth with serious mental health conditions successfully navigate their adult work lives requires state vocational rehabilitation systems (VR) to work with child and adult mental health systems serving these youth. Qualitative interviews were conducted with local leaders of VR in communities that had received grants to improve services for this population. Interviews probed factors that impede or facilitate collaboration with mental health systems and revealed numerous contributing factors in this uniquely challenging collaboration.



*The Quarterlife Crisis: Supporting Young Adult Mental Health and Wellbeing During the College-to-Career Transition (30-minute Paper)*

Laura Golden, BA, Transitions to Adulthood Center for Research, Department of Psychiatry, University of Massachusetts Medical School, Worcester, MA; John MacPhee; Victor Schwartz, MD; Jenna Scott, PsyD, The Jed Foundation, New York, NY; Kathleen Biebel, PhD, Transitions to Adulthood Center for Research, Department of Psychiatry, University of Massachusetts Medical School, Worcester, MA

The college-to-career transition is a crucial developmental period; however, limited attention has been paid to the mental health of college seniors and recent graduates as they transition into the workplace. Results from a national survey of college seniors, recent graduates, and employers (n=1,929) highlight young adults' mental health experiences as they enter the labor market and employer-based strategies to support the mental health and wellness of their young adult employees.

*Developing & Testing Helping Youth on the Path to Employment (HYPE) Manual: The Process of Modernizing IPS by Prioritizing Education (60-minute Symposium)*

Symposium Chair: Marsha Ellison, PhD, Transitions to Adulthood Center for Research, Department of Psychiatry, University of Massachusetts Medical School, Worcester, MA

This symposium will showcase the Helping Youth on the Path to Employment HYPE, the manualized intervention is intended to develop career services for high quality supported employment (SE) programs for those who are interested in incorporating supported education (SEd) programming. This session will discuss the development of HYPE, show examples of the manual (including the fidelity assessment), and discuss the field-testing conducted to pilot its feasibility within SE programs. A portion of the presentation will be focused on the lessons learned in manual development as well as in the feasibility pilot.

## **Tuesday, March 6, 2018**

*Mental Health Symptoms and Employment in Adolescents with Mental Illness in the Justice System (30-minute Paper)*

Edward Mulvey, PhD, Department of Psychiatry, Western Psychiatric Institute and Clinic, University of Pittsburgh School of Medicine, Pittsburgh, PA

There is widespread concern about the needs of adolescents with mental illness involved in the justice system. Yet little is known about the relationship between employment and mental health status to guide these efforts. This paper presents intraindividual analyses that examine how mental health symptoms affect employment and vice versa. Results indicate that symptoms negatively affect employment, but employment does not affect symptoms. These findings indicate a need for supported employment for these adolescents.

*Developing Academic Self-Management Skills among College Students with Mental Health Conditions: Executive Functioning Skills that Promote Success (30-minute Paper)*

Michelle Mullen, MS; Amy Banko, MS; Brittany Stone, MS, Psychiatric Rehabilitation & Counseling Professions, Rutgers University, Scotch Plains, NJ

Students with mental health conditions are at greater risk of attrition than any other student disability group. Many people believe that the classic symptoms of a mental health condition are the reasons why these students struggle with their coursework. Recent research from Rutgers University suggest that while mental health symptoms play a role that perhaps the greater issue associated with academic performance is underdeveloped executive functioning (EF) skills. This session will briefly describe common academic implications to under-developed EF skills. The session will describe a manualized cognitive remediation intervention (FAST) that focuses on developing skills and strategies to enhance academic performance among college students with mental health conditions.

*Elevating Young Professionals with Lived Expertise Through Coaching (30-minute Paper)*

Lacy (Kendrick Burk) Dicharry, MS, MBA, Elevate YP, Baton Rouge, LA; Stephanie Sikes, Elevate YP, Frankfort, LA

Elevate YP will share experiences in coaching young people with their lived experience to push forward and reach their potential in their profession. This workshop provides insight to best practices in coaching, anecdotal experiences, and data from surveys of young adult coaches and coachees; defines coaching, coaching strategies and lessons learned; and coaching tools that can be easily applied. Join us for an experience that will transform the way you support lived-expertise in your agency.

*Adapting Supported Employment (IPS) for High School Age Youth: How, What, and What For? (60-minute Discussion Hour)*

Marsha Langer Ellison, PhD, Transitions to Adulthood Center for Research, Department of Psychiatry, University of Massachusetts Medical School, Worcester, MA; Michelle Mullen, MS, School of Health Professions, Rutgers University, Scotch Plains, MA; Vanessa Klodnick, PhD, Research, Thresholds, Chicago, IL

Individual Placement and Support (IPS) supported employment is an evidence-based model that effectively improves employment outcomes for adults with serious mental health conditions (SMHC). But can this widely adopted model be made relevant to High School (HS) age youth with SMHC that also have an employment goal? What adaptations are needed to this model? The presentation will discuss some of the quandaries in the adaptation of supported employment for HS age youth.

*Navigating the Ups and Downs of Caps and Gowns: Creating a Path to Academic Success for College Students with Mental Health Conditions (90-minute Symposium)*

Symposium Chair: Maryann Davis, PhD, Transitions to Adulthood Center for Research, Department of Psychiatry, University of Massachusetts Medical School, Worcester, MA; Discussant: Dori Hutchinson, ScD, CPRP, CFRP, Boston University Center for Psychiatric Rehabilitation, Boston, MA

Young adults with mental health conditions make up a growing percentage of students on college campuses, yet they continually struggle academically and have one of the highest dropout rates of any disability group. This symposium will describe findings from a qualitative study that paints an intimate picture of the academic barriers college students face. This symposium will also share preliminary findings from implementation of an innovative peer-to-peer academic coaching intervention designed to mitigate challenges identified in the research findings.

## **Wednesday, March 7, 2018**

### *Emerging Adults with Serious Mental Health Conditions and Disclosures in Educational Contexts (30-minute Paper)*

Laura Murray, PhD, Graduate School of Education, University of Pennsylvania, Philadelphia, PA

This study investigates how emerging adults with psychiatric disabilities make disclosures related to mental health in educational contexts. Seventy-eight emerging adults, ages 18 to 25, with self-reported mood, anxiety, and/or psychotic disorders were recruited through online youth mental health resources nationally, and asked to report on their high school and college mental health disclosure thoughts, attitudes, and behaviors via anonymous online survey. The current paper reports some of these findings.

### *Programming for Building Collegiate Resilience and Readiness for Young Adults Living with Serious Mental Health Conditions (60-minute Discussion Hour)*

Dori Hutchinson, ScD; Paul Cherchia, LMHC, Center for Psychiatric Rehabilitation, Boston University, Boston, MA

Presenters will facilitate a discussion around collegiate resilience and various models of wellness, academic, and resilience skills-building programming. Presenters will also examine collegiate mental health wellness programs that support students living with a serious mental health condition cultivate the resiliency, health, and academic skills needed to thrive in college, specifically programs at the Center for Psychiatric Rehabilitation at Boston University.

### *The Learning and Working Center State-of-the-Science Think Tank*

The mission of our State-of-the-Science is to incorporate your leadership and expertise through your input to our summary of the state of our current knowledge on the educational and work-life goals of youth and young adults with serious mental health conditions (SMHC) and the identification of future research that is needed to move the field forward.

In doing so, we have identified three overarching questions for each participant to think about each day. Please keep these questions in mind as you attend specific sessions at the Conference and be prepared to participate in a guided discussion around high priority research, based on these questions, during our post-conference Think Tank meeting on Wednesday afternoon.

We have also identified two additional questions that you should think about closely during each session that you attend. Keep in mind that all questions should be answered in regard to research-based knowledge that improves education and career outcomes for youth and young adults with serious mental health conditions.



**Section IV.**  
**Think Tank Meeting**

# About the Think Tank Meeting

## A. Introduction

The Learning & Working During the Transition to Adulthood Rehabilitation Research & Training Center (Learning & Working Center; LWC), which is part of the Transitions to Adulthood Center for Research (Transitions ACR), held a State-of-the-Science conference on March 4-7, 2018 during the 31<sup>st</sup> Annual Research & Policy Conference on Child, Adolescent, & Young Adult Behavioral Health in Tampa, Florida (a.k.a. The Tampa Conference). The LWC invited 13 individuals who are experts in fields related to youth and young adult mental health to attend each of the LWC's State-of-the-Science presentations and serve as "Listeners" (see the Participant List in Section V). At the close of the Tampa Conference, the LWC hosted a State-of-the-Science "Think Tank" meeting to gather feedback from the Listeners, LWC faculty and staff, and other invited guests about the work presented during the Tampa Conference and advice on future directions.

Listeners were provided with an annotated bibliography highlighting the current published knowledge base about employment and education for youth and young adults with SMHCs, including research from the LWC and beyond (see Section I). They were also provided executive summaries from the LWC's 2013 State-of-the-Science Conference.

The Think Tank meeting was in the form of small workgroups. Each workgroup discussed the three questions identified below, shared their thoughts about the nature of the current state-of-the-science and priorities for future research, came up with two or three key takeaways as a group, and had time for reporting out and for a larger workgroup discussion.

### Questions proposed to the workgroups:

1. How would you describe the state-of-the-science from what you have heard so far?
2. From your area of expertise, what is missing in our knowledge of the current state-of-the-science? Is there research available in your field that should be brought to bear that is not being considered?
3. What research is of the highest priority to be conducted in the near future that will most rapidly and robustly lead to improvements in these outcomes?

The following reflects the reactions of the Think Tank members (Listeners and other attendees). There were no reportable conflicts in perspectives among the Think Tank members — there was general agreement on the areas of strength within the work and areas for growth.

## B. Condensed Notes

### Key Points of Agreement:

Many Think Tank members mused about definitions within the current field of knowledge or lack thereof. One member mentioned a desire for a concrete theoretical framework for the field to be defined. There was also discussion about the difficulty in having a single definition and understanding of youth and young adulthood since there is no single trajectory from youth and young adulthood to adulthood. Think Tank members said that researchers need to know more about their target populations. A few Think Tank members were curious about whether researchers could expand the scope of their work to include models that combine employment and education with other domains such as treatment/medication, financial literacy, and physical health/self-care to form coordinated care models.

### Goal 1: Reflections on the Current State-of-the-Science

Existing research is wide-ranging multidisciplinary, and strengths-based in nature and has practical implications for service providers. Since the last State-of-the-Science conference, significant progress has been made on addressing research priorities about supported education, supported employment, and campus interventions.

**The State-of-the-Science Think Tank led to the identification of 4 noticeably strong components in the current research:**

1. Use of participatory action research methods
2. Peer mentoring/peer coaching
3. Psychiatric rehabilitation principles
4. Exploratory work in new model development

Think Tank members described **Participatory Action Research (PAR)** as important, strong, promising, valuable, and vital. PAR is a collaborative approach that equally involves all partners in the research process and recognizes the unique strengths that each brings. The LWC was characterized as a leader in PAR for youth and young adults with serious mental health conditions (SMHCs) and incorporating their voice into research. Think Tank members believe that to move the science forward youth and young adult voice must continue to drive the research agenda. Think Tank members pointed out that the LWC has learned many recruitment lessons about how to engage youth and young adults with SMHCs in research, and that these lessons should be compiled and shared with the field. The field was encouraged to use all the data it has obtained through authentic youth and young adult involvement to inform the framework on how to support youth and young adults with SMHCs achieve their school and work goals. Some Think Tank members mentioned that while the increase in youth and young adult voice is vital; it is also important to include the family voice in future research and policy development.

Think Tank members identified **peer mentoring/peer coaching** as a strong theme in current knowledge. There is little research on peer support for young adults with SMHCs, so Think Tank members encouraged that more research be done to determine how effective it can be as both a way to increase engagement and support recovery in young adults with SMHCs. Researchers should connect with peer-run organizations that are doing truly innovative work. Defining the roles of the supervisor and peer

mentor/coach was described as extremely helpful as well as guidance on how to be a good peer mentor/coach and the mechanism of change within peer work. Think Tank members believes it would benefit the field for researchers to do a deeper dive into the literature around effective peer mentoring/coaching.

Several Think Tank members expressed their enthusiasm for the field's **psychiatric rehabilitation outlook**. These members noted that promoting these principles continues the fight for enhanced societal acceptance of youth and young adults with SMHCs and combats a discriminatory attitude towards these youth and young adults. They further noted that it is important to not put adult psychosocial rehabilitation principles onto youth and young adults because what is appropriate and helpful to adults might not be to youth and young adults.

Think Tank members observed that several **promising new models** have been developed (e.g. PASS academic peer coaching for college students, HYPE supported employment program, Maryland IPS). One Think Tank member noted that these models include services she wished she had as a young adult and that these models could truly change youth and young adults' lives for the better. Interventions that integrated school and work were identified as a high priority.

## Goal 2: Future Directions

Think Tank members identified many areas for growth and potential opportunities for expansion. Think Tank members highlighted 6 high priority areas that need further research or work to improve education and employment outcomes in youth and young adults with serious mental health conditions (SMHCs). The areas are:

1. Scaling-up of research and intervention work
2. Strategy around policy and systems change
3. Expanding the educational focus to include high school, vocational training programs, and 2-year colleges
4. Addressing discrimination
5. Investigate populations underserved or ethnic, racial, linguistic minorities
6. Strategic dissemination activities

Perhaps the biggest need identified during the Think Tank is the **need to scale-up research and intervention work**. The current state-of-the-science is mostly comprised of exploratory research and feasibility-testing of new service models. Many of these projects have been conducted with small sample sizes. The research and models appear promising but need to be taken to the next level. The next step is to work on gathering evidence on the efficacy of these intervention models through randomized controlled trials with larger samples, and more longitudinal data gathering, and large-scale demonstration projects. Getting funding for these projects might be more difficult but is essential. The VA system is currently encouraging efficacy and scalability testing being performed simultaneously – this is a valuable approach that should be used more to quicken the movement from feasibility to broad implementation. Another suggested approach to larger-scale work is to utilize pre-existing national data sets regarding youth and young adults.

Think Tank members noted the need for greater research to guide **policy and systems change**. A research policy agenda is needed that adopts a top-down approach to pursuing policy change and best

practices. More research is needed to identify strategies about how to motivate policymakers and what to use as leverage to meet the needs of youth and young adults with serious mental health conditions (SMHCs).

Think Tank members identified the need for **expanding research on education to include more high school, vocational training programs, and 2-year colleges**. The need to prevent college failure and accruing college-based debt was also noted. It was suggested that adapting supported employment to be more applicable to high school students and focusing on skill building, peer coaching, and screening of middle and high school students to prevent poor trajectories, could help combat college failure and debt. The need to explore how relevant interventions can interface with school systems and how Vocational Rehabilitation Agencies interface with school systems around this population was also noted. There was consensus that there are promising postsecondary career pathways that do not involve attending college, and that these pathways need to be de-stigmatized and appropriately encouraged. These paths include attending vocational training programs. Thus, the field also needs effective supported education interventions for 2-year colleges and vocational training programs.

**Discrimination** is a key concern in the lives of youth and young adults with SMHCs, and many Think Tank members highlighted this. One Think Tank member was especially passionate about the need to promote the use of language that is not discriminatory, which has become troublesome in the coverage of recent mass shootings. This member expressed a need for the field to provide the public with an accurate portrayal of youth and young adults with SMHCs. Additionally, to combat discrimination and mistreatment, several Think Tank members suggested that the field increase efforts around youth and young adult self-advocacy and empowerment and ensuring youth and young adults know the pros and cons of disclosure in different contexts. The University of Michigan Healthy Minds, Bazelon Center, and the Jed Foundation all do strong work to fight discrimination against youth and young adults with SMHCs.

Think Tank members noted that not enough is being done to address the needs and experiences of several **different populations that need to be included in research**. One member summarized that a lot of the innovations the field has presented thus far are applicable in general to all youth and young adults with SMHCs and some of the models are most applicable to white youth and young adults in more privileged positions than any other group. Think Tank members emphasized the importance of putting effort into the inclusion of the following populations in the work moving forward:

- Justice system involvement – youth and young adults involved in the justice systems, especially those leaving jails and prisons and attempting to reintegrate into the community.
- Racial and ethnic minority groups – youth and young adults who belong to racial and ethnic minority, taking into consideration that mental health stigma varies across racial and ethnic groups and therefore engagement and retention efforts must vary.
- Addressing poverty – youth and young adults living in poverty and their engagement with economic empowerment programs such as the new Workforce Innovation and Opportunity Act (WIOA), ABLE savings accounts, and Job Corps, their participation in the growing trend of self-employment and the “gig economy” and their rates of SSI enrollment (the field should also think about how to decrease SSI dependence and promote economic self-sufficiency in youth and young adults).
- Family involvement – “family”, meaning the individuals that youth and young adults consider their family regardless of blood relation - inspiration for family involvement can be drawn from



the Beach Institute at the University of Kansas.

- Provider and employer perspective – providers and employers should be engaged to inform how to change provider habits to better support youth and young adults with serious mental health conditions (SMHCs), how to encourage employers to diversify their workforce to include youth and young adults with SMHCs, and to enable the field to perform a cost-benefits analysis on various levels, including the societal level, of keeping youth and young adults well.

**Strategic dissemination activities** were highly encouraged by many Think Tank members. Some commented that they liked the use of social media, written products (e.g. briefs, tip sheets), videos (e.g. Comeback TV), and webinars and think that dissemination efforts can be enhanced by thinking even more creatively about how to reach the right audiences. Currently, research findings, written products, and webinars do not have the reach that Think Tank members think they should. To improve reach and impact, some questions to consider are:

- Who are the different audiences that are being missed?
- How can they be provided with information?
- How can the level of impact be improved?
- Who can be targeted to implement change?

Some research on dissemination exists and the field can tap into that literature to inform such efforts. It is also important to be conscious that different parts of the field's work should be targeted to different populations.



## **Section V. Participant List**

## State-of-the-Science “Listeners”

In planning this event, we invited multiple representatives and stakeholder perspectives from the field who would not usually attend this conference, but whose input we wanted to ensure in our thinking about the state of the science.

These areas of expertise cover various perspectives including youth, families, researchers in transition age youth, vocational supports, special educations, postsecondary education supports, multicultural, and mental health and vocational policies.



**Fabricio E. Balcazar, Ph.D.**, is a Professor in the Department of Disability and Human Development at the University of Illinois at Chicago. His primary interest is in developing methods for enhancing and facilitating consumer empowerment and personal effectiveness among individuals with disabilities. Dr. Balcazar has conducted research over the past 30 years on the development of systematic approaches for effective involvement of people with disabilities in consumer advocacy organizations. He has directed several federally-funded projects to develop and evaluate intervention models to prevent dropout and promote successful transitions among minority youth with disabilities graduating from high school; and to promote entrepreneurship and economic self-sufficiency among youth and other individuals with disabilities, among many others. Dr. Balcazar is the director of the Center on Capacity Building for

Minorities with Disabilities Research and in this capacity he has led an effort to promote culturally competent service provision for minorities with disabilities. Dr. Balcazar has published over 80 peer-reviewed journal articles and published a co-edited book entitled *Race, Culture and Disability: Issues in Rehabilitation Research and Practice*. Dr. Balcazar is a Fellow of the American Psychological Association (APA) and former president of Division 27 of the APA, Society for Community Research and Action.



**Joshua Calarino** serves as the current President of Youth MOVE National and works to support youth voice in systems change. He has previously served on the Youth M.O.V.E. Miami Executive Board of Officers as Vice President and is a certified peer specialist in Florida. Joshua was previously a lead peer specialist at Federation of Families Miami-Dade Chapter Inc., In his role as a youth leader in the community, Joshua represents youth voice for system of care expansion grants, mental health,

education, juvenile justice and more. Joshua also played an integral role in providing youth leadership programming at the Federation of Families of Miami-Dade Chapter Inc. and the Youth and Family Center. During Joshua’s term as vice president, Youth M.O.V.E. Miami was awarded the Youth M.O.V.E. National Rockstar Chapter of the Year Award in 2014. He was also awarded the SAMHSA VOICE Award for Young Adult Leadership in 2016. His experience includes presenting at national conferences, such as the Georgetown Training Institutes and Annual Research & Policy Conference on Child, Adolescent, and Behavioral Health. Joshua works on Youth M.O.V.E National’s Best Practice Committee. As a national youth representative from Youth M.O.V.E. National on the Got Transitions National Young Adult Transition Advisory Group, Joshua infuses youth voice into the work of Got Transitions future plans, tool development, and resource dissemination. He also works to expand the availability of high-quality health care transition services in pediatric and adult health care practices and health policies.



**Judith A. Cook, Ph.D.**, is Professor of Psychiatry and Director of the Center on Mental Health Services Research and Policy at the University of Illinois at Chicago. She is an internationally recognized authority on mental health services research, specifically the study of clinical and rehabilitation outcomes of children, youth and adults receiving community-based care. She directs a federally funded research center along with grants focused on intervention science and psychiatric epidemiology. She designs and implements innovative programs to enhance the health and behavioral health of vulnerable populations, and works with federal, state and local authorities on behavioral health service system reconfiguration and alternative financing strategies. Her work in the area of youth includes multi-site research on supported employment services for transition age youth, multi-site outcomes and service utilization of youth with served in behavioral health managed care vs. fee-for-service settings, and supported education services for post-secondary achievement. Dr. Cook served as Expert Consultant on Employment and Income Supports to the President's New Freedom Commission on Mental Health, and as an Advisory Committee member and Reviewer of the Surgeon General's Report on Mental Health. She consults with federal agencies including the National Institutes of Health, Social Security Administration, Department of Labor, Government Accountability Office, Substance Abuse and Mental Health Services Administration, Centers for Disease Control and Prevention, Health and Human Services Office of the Inspector General, and Veteran's Administration. Dr Cook's published research includes over 150 books, edited volumes, and peer-reviewed journal articles in areas such as disability and labor force participation, models of vocational rehabilitation, outcomes of supported employment services, the peer service delivery workforce, and employment approaches for youth with serious emotional disturbances. Her honors and awards include the William Foote Whyte Distinguished Career Award from the American Sociological Association in 2003, the National Association of Rehabilitation Research and Training Centers Award from NARRTC in 2004, the John Beard Award for Outstanding Contributions to the Field of Psychiatric Rehabilitation from the U.S. Psychiatric Rehabilitation Association, in 2008, and the Distinguished Faculty Award from the University of Illinois at Chicago College of Medicine in 2012.

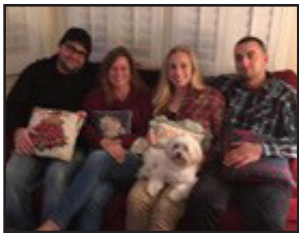


**Susan Foley, Ph.D.**, is a Senior Research Fellow at the Institute for Community Inclusion in the School for Global Inclusion and Social Development at the University of Massachusetts Boston. She leads multiple multi-year national research projects on vocational rehabilitation, public policy, and the employment of people with disabilities including a multi-state study of Vermont Progressive Employment, use of a labor market information dashboard in Alabama Department of Rehabilitation Services, and multiple initiatives with Nebraska Vocational Rehabilitation. She tested a rapid engagement coordinated team approach in Kentucky Office of Vocational Rehabilitation and in Minnesota Vocational Rehabilitation Services determining that a randomized controlled vocational rehabilitation practice improved wage and employment outcomes for persons receiving Social Security Disability Insurance (SSDI). She is partnering with Massachusetts Rehabilitation Commission and Maine Division of Vocational Rehabilitation to implement work-based learning model demonstrations for youth with disabilities. Dr. Foley received her doctorate in Social Welfare Policy from the Florence Heller School of Advanced Social Welfare Policy at Brandeis University.



**Larke Nahme Huang, Ph.D.**, a licensed clinical-community psychologist, is a Senior Advisor in the Office of Policy Planning and Innovation at the Substance Abuse and Mental Health Services Administration in the U.S. Department of Health and Human Services. In this position she provides leadership on national policy for mental health and substance use issues for children, adolescents and families and leads the agency's strategic initiative on Trauma and Justice. She is also the Director of SAMHSA's Office of Behavioral Health Equity which was legislated by the Affordable Care Act. In 2009, she did a six months leadership exchange at the Centers for Disease Control and Prevention (CDC).

For the past 30 years, Dr. Huang has worked at the interface of practice, research and policy. She has been a clinical provider, on faculty at U.C. Berkeley and Georgetown Universities, and in leadership roles to improve service delivery in states and communities for young people with behavioral health disorders and to improve population outcomes for diverse communities. She has worked across multiple sectors, including behavioral health, education, primary care, and criminal and juvenile justice. She has developed federal policy documents with the Centers for Medicare and Medicaid Services addressing behavioral health service delivery and financing for mental health and substance use prevention and treatment; developed policy and programs based on research connecting trauma and health/behavioral health disorders; and crafted policies to reduce disparities in access to quality care. She oversees SAMHSA's programs on trauma, criminal justice, and children/youth and families. She received her doctorate from Yale University.



**Sloan Smith Huckabee, Ph.D.**, is a teacher, special educator, and mother of three transition age youth (one of whom was diagnosed with a serious mental health condition with its onset during high school). Dr. Huckabee completed a two-year postdoctoral fellowship with Boston University and the Transitions Research and Training Center at UMMS. She currently is serving as a consultant assisting with the development, implementation, and dissemination of secondary school transition activities based on previous research regarding

practices that demonstrate improved post-school outcomes for transition age youth. Her work on behalf of young people includes providing training on the nature and needs of transition age youth with EBD and mental health concerns, strategies for conducting Functional Behavior Assessments and implementing Behavior Intervention Plans for students served under IDEA, facilitating connections between various services providers for this population, supporting families of transition age youth with EBD and mental health diagnoses, and helping bridge the gap between mental health and school based services. Dr. Huckabee's work as a consultant for the Transitions to Adulthood Research Center continues on the current grant for two more years. She has recently accepted a position with Morningside Middle School, a Title I school in North Charleston, South Carolina. Her responsibilities there will include teaching, supporting, and mentoring students with emotional and behavioral disturbances. In addition, she volunteers time each year to act as a state transition team facilitator at the National Technical Assistance Center for Transition's annual Capacity Building Institute.



**Dori S. Hutchinson, Sc.D., CPRP, CFRP** has worked at the Center for Psychiatric Rehabilitation at Boston University for 34 years. She currently serves as the Director of Services Division, which serves women, men and college-aged young adults with serious psychiatric conditions. Her programs have included: Boston University Campus Suicide Prevention Program, The NITEO College Re-entry Program, College Mental Health Coaching Program, the Recovery Center- a Holistic Health Adult Education program that helps people develop readiness to change; and The Training for the Future Computer Program. She serves as an Associate Professor at Sargent College of Health and Rehabilitation Sciences at Boston University and is currently appointed as a Faculty in Residence, living amongst the first year students to develop community. Dori

was the 2000 recipient of the International Association of Psychosocial Rehabilitation Services Association's (IAPSRS) Early Career Research Award for her contributions on health issues for persons with serious psychiatric conditions and in 2010, received the Armin Loeb Award from the United States Psychiatric Rehabilitation Association (USPRA) for her work in promoting the health of people with psychiatric conditions. She is a Board of Director member (served as Chairwoman, Treasurer and Secretary) of the Psychiatric Rehabilitation Association, a global recovery workforce association and now serves as Chairwoman of the Psychiatric Rehabilitation Foundation. She is a member of the Board of Directors and (is past Chair) of Employment Options, a recovery-oriented clubhouse in Massachusetts. Dori has developed and implemented recovery-oriented service initiatives that assist people who have psychiatric conditions assume their rightful roles as students, employees, residents and members of their communities. She provides training nationally to providers and programs who seek to deliver recovery-oriented services and practices. Over the last 34 years, Dori has also developed rehabilitation service initiatives in community rehabilitation settings, inpatient settings and educational settings that provide health promotion knowledge and skills to empower individuals who live with psychiatric conditions recover their functional health and valued roles.



**Maya Ingram** is a research interviewer for UMass Medical School and Boston University, working on the PASS research study. She has a passion for working in the mental health field and is a peer mentor intern at the NITEO Program at Boston University, as well as an outreach intern for the Michael Project. Maya majors in psychology and completed her sophomore year at Georgetown University. Currently, she is taking classes at the Harvard Extension School. Her other interests include playing rugby, hiking, and listening to podcasts.



**Michelle R. Munson, Ph.D.**, is an Associate Professor of Social Work at NYU Silver School of Social Work and an internationally recognized expert in mental health services and interventions for adolescents and young adults. She is also the Director of NYU Silver's Youth & Young Adult Mental Health Group and is the Saul Z. Cohen Chair in Child and Family Mental Health at The Jewish Board.

A widely published scholar in the field, she serves on the editorial board of the *Journal of Emerging Adulthood* and as a consulting editor/article reviewer for more than a dozen peer-reviewed journals.

Dr. Munson's research focuses on three inter-related areas of inquiry: (1) mental health decision-making among marginalized youth and young adults, (2) development, refinement, and testing of 'engagement' and 'treatment' interventions for youth and young adults with serious mental health conditions, and (3) understanding the type and development of 'working' mental health narratives.

Among her current research projects, Dr. Munson is Principal Investigator of two National Institute of Mental Health-funded studies of interventions she co-developed: Cornerstone and Just Do You. Both use innovative and empirically-based communication strategies, creative arts that facilitate mental health conversations, and dual provider teams comprised of a social worker and a peer to capture transition age youth's attention and engage them in their care.

Dr. Munson is a strong advocate for mental health services, research and a social movement to end mental health stigma. She can be followed on Twitter at @MMunsonPhD.



**Laysha Ostrow, Ph.D.**, is the CEO of Live & Learn, Inc., a California-based social enterprise that provides research and technical assistance to behavioral health systems. Live & Learn specializes in the meaningful inclusion of people who have used mental health services in research and policy projects. Dr. Ostrow holds a Ph.D. from Johns Hopkins School of Public Health and a Master of Public Policy from Brandeis University. She completed a postdoctoral research fellowship at University of California, San Francisco and she received the Psychiatric Rehabilitation Association's

2016 Carol T. Mowbray Early Career Research Award. Central to her work is a commitment to cultivating active engagement by community members. Dr. Ostrow's research over the past several years has focused on how grassroots approaches like peer support, entrepreneurship, and medication discontinuation present safe and effective pathways to independence from the mental health system. She has published more than a dozen papers on recovery-oriented approaches in peer-reviewed journals, and her work has been covered in the popular press, such as Pacific Standard Magazine, Psychology Today, and Huffington Post. She has served on several federal workgroups, including SAMHSA's Optimizing Data Collection for Peer Programs, and has been an invited speaker at the Carter Center, Kennedy Forum, and the U.S. Senate HELP Committee's 2014 roundtable on the Higher Education Act. As a person who experienced mental health and disability service systems that are often ineffective at promoting recovery and community inclusion, Dr. Ostrow is passionate about advancing the use of evidence in real-world settings.



**Karrie A. Shogren, Ph.D.** is Professor and Director of the Kansas University Center on Developmental Disabilities. Dr. Shogren's research focuses on self-determination and systems of support for people with disabilities and she has a specific interest in the multiple contextual factors that impact outcomes particularly during the transition from school to the adult world. Dr. Shogren has published 130 articles in peer-reviewed journals, is the author or co-author of 15 books, and is one of the co-authors of *Intellectual Disability: Definition, Classification, and Systems of Support*, the 11th Edition of the American Association on Intellectual and Developmental Disabilities' seminal definition of intellectual disability as well as the Supports Intensity Scale-Children's and

Adult Version. Dr. Shogren is also the lead author of the newly developed Self-Determination Inventory, a validated measure of self-determination for adolescents with and without disabilities. Dr. Shogren has received grant funding from several sources, including the Institute of Education Sciences (IES) and National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). Dr.

Shogren is co-Editor of *Inclusion and Remedial and Special Education*.



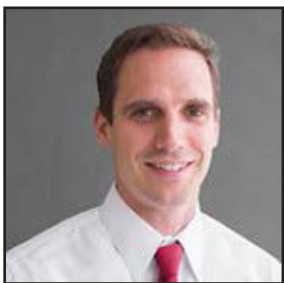
**Gwendolyn Watkins White, M.A.**, is a content expert around the transition to independence and successful adaptation of adult roles and responsibilities for youth and young adults with serious mental health conditions and their families. She provides technical assistance to jurisdictions on system reform strategies that involve improved outcomes for youth and young adults.

Ms. White is active in national transformation activities, presenting and writing in the field. She has worked developing innovative approaches to mental health service delivery for over thirty-five years for children, young adults and families. Ms. White has played many roles in multiple settings and systems including: medical, education, early intervention, child welfare, and behavioral health.

In October 2014, Ms. White became a part of the staff of the Healthy Transitions Training and Technical Assistance Center at the Center for Applied Research Solutions (CARS). She serves as the Healthy Transitions Team Lead and as the Technical Assistance Liaison supporting the efforts of five jurisdictions who received the Healthy Transitions (HT) awards. In this role, she continues to support better outcomes for young adults with behavioral health concerns.

Previously Ms. White was faculty at the Georgetown University, National Technical Assistance Center for Children's Mental Health (NTAC) from 2009 to 2016. She was the Senior Policy Associate and content specialist on young adults of transition age. During this time (2009 to 2014) she served as the Project Director for the Healthy Transition Initiative (HTI). As the HTI Project Director, Gwen provided and coordinated technical assistance from a diverse group of content specialists and facilitated training and technical assistance for 7 states. She also provided technical assistance to other states on system reform strategies that involve improving outcomes for youth and young adults of transitional age.

Gwen has a Master's degree in Social Work and began her career in Pennsylvania where she still lives. She served in a leadership role as the Project Director for three Systems of Care Initiatives, funded by SAMHSA, in Allegheny County, Pennsylvania.



**David Wittenburg, Ph.D.**, is an expert in evaluating interventions to promote employment for people with disabilities, especially youth transitioning into adulthood. He has worked on several large evaluation projects over the past 20 years for several federal agencies, where he has led research using a combination of survey, administrative, and qualitative data for the Social Security Administration, Health and Human Services, and Department of Labor. A focal point of this research has been to identify options to improve service delivery and enhance incentives that will allow people with disabilities to live independently.

He has also participated in expert panel meetings and briefings on the findings, including as an expert panel member for an ongoing National Academy of Science panel to improve health outcomes of transition age youth and Congressional testimony on options to improve outcomes of youth who receive Supplemental Security Income. He has published his work in several journal articles, including two recent special journal volumes that he edited on employment topics related to people with disabilities for the *IZA Journal of Labor Policy* and the *Journal of Disability Policy Studies*. He is a member of the National Academy of Social Insurance and was formerly a senior associate at the Urban Institute and the Lewin Group. He has a Ph.D. in economics from Syracuse University.



## The Learning & Working During the Transition to Adulthood RRTC Collaborators, Special Guests, Faculty and Staff



**Amanda Costa, B.S.**, is a Research Project Director at the Transitions to Adulthood Center for Research (ACR) located at UMass Medical School Department of Psychiatry, Implementation Science and Practice Advances Research Center (iSPARC). In this role, Amanda provides support on multiple research studies focused on improving the education and employment goals of young adults with lived experience. Amanda travels nationally to help inform audiences about the importance of meaningful youth voice and participatory action research and has authored several products developed to support young adults in recovery.



**Maryann Davis, Ph.D.**, is a Professor of Psychiatry (Psychology) and the Director of the Implementation Science and Practice Advances Research Center (iSPARC), and the Transitions to Adulthood Center for Research (Transitions ACR). She is a clinically trained research psychologist, with a distinguished career studying transition age youth and young adults with serious mental health conditions. This research has focused on those who have or should receive services from public systems, such as mental health, special education, foster care, and the justice system. Her research informs, develops, and tests interventions, and informs policy and system change. She has received grant funding from the National Institute of Mental Health, the National Institute on Disability, Independent Living, and Rehabilitation Research, the National Institute on Drug Abuse, and the Substance Abuse and Mental Health Services Administration. In much of this research Dr. Davis has accumulated significant experience developing real-world strategies for successful and genuine partnerships with transition age youth and young adults with lived experience of mental health conditions in the design, conduct, and dissemination of research.

As Director of the Transitions ACR, Dr. Davis has gained extensive experience in effective strategies for sharing research-based knowledge to key stakeholders, including transition age youth with lived experience of serious mental health conditions and their families, administrators, policy-makers, and service providers. She has shared her expertise in testimony before Congress, in her appointments to multiple committees of the National Academy of Medicine, and the Federal Interdepartmental Serious Mental Illness Coordinating Committee. She is also a founding member of the International Association for Youth Mental Health and the International Youth Mental Health Research Network. Committee. As a national youth representative from Youth M.O.V.E. National on the Got Transitions National Young Adult Transition Advisory Group, Joshua infuses youth voice into the work of Got Transitions future plans, tool development, and resource dissemination. He also works to expand the availability of high-quality health care transition services in pediatric and adult health care practices and health policies.



**Marsha Ellison, Ph.D.**, is an Associate Professor in the Department of Psychiatry at the University of Massachusetts Medical School and a Health Research Scientist at the Bedford MA Veterans Administration Hospital. Currently she serves as a Deputy Director for the Learning and Working During the Transition to Adulthood Research and Training Center funded by the federal National Institute on Disability, Independent Living, and Rehabilitation Research. This Learning and Working RRTC is part of the Transitions to Adulthood Center for Research. This center conducts research on interventions that

speed the recovery and community integration of youth and young adults with serious mental health conditions. Recently, Dr. Ellison was co-Director of a contract with the federal office of the Assistant Secretary of Planning and Evaluation on the state of practice in supported education.

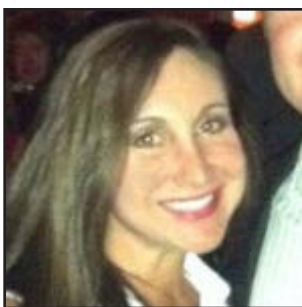


**Laura Golden, B.A.**, is a Research Coordinator II from the Transitions to Adulthood Center for Research within the University of Massachusetts Medical School. In this role, Laura organizes the day-to-day activities of various research projects regarding young adults with mental health conditions' pursuit of their school and work goals. Laura is also involved in many of the center's writing projects which share the center's research findings with the community. Laura's personal research interests include occupational health psychology, quality of work life, work-life balance, holistic approaches to mental health care, mindfulness, and career development of young adults with lived experience.



**Vanessa V. Klodnick, Ph.D., LCSW.** Vanessa is a Senior Researcher at Thresholds, the largest community mental health provider in Illinois, where she blends, adapts, and examines evidence-based practices to meet the complex needs of transition age youth (TAY) with mental health challenges. Vanessa also is a co-investigator, consultant and trainer with the University of Massachusetts Transitions to Adulthood Center for Research and a faculty affiliate at the UT-Austin Texas Institute for Excellence in Mental Health (TIEMH). Vanessa conducts mixed-methods research projects to better understand vulnerable, marginalized TAY and loves partnering with university research teams, community mental health providers and state systems to systemically adapt and evaluate evidence-based practices for this population. Vanessa is

especially interested in understanding multidisciplinary team-based treatment engagement, developing quality improvement practices that leverage data in real-time within TAY-serving programs, building the empirical evidence base for young adult peer mentoring and vocational support, and developing new developmentally- and culturally-attuned TAY practice paradigms. Vanessa is a recipient of the 2017 NIH Loan Repayment Program (LRP) Award, 2015 NIDILRR Switzer Fellowship, and 2014 PRA Early Career Researcher Award. Vanessa has published and presented her work at national, state, and local conferences across the fields of psychiatric rehabilitation, social work, children's mental health, emerging adulthood and child welfare. Vanessa received her MSSW from The University of Texas at Austin and her Ph.D. from the University of Chicago.



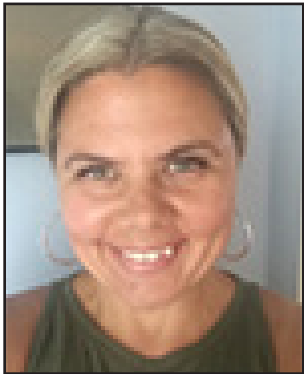
**Emily K. Lichvar, Ph.D.**, is an Applied Developmental Psychologist and is currently a Public Health Advisor in the Child, Adolescent and Family Branch of the Center for Mental Health Services at the Substance Abuse and Mental Health Services Administration (SAMHSA). In this role she provides program oversight, guidance, and leadership to contracts and cooperative agreements for the Now is the

Time Healthy Transitions and Children's Mental Health Initiative. Prior to joining SAMHSA, Dr. Lichvar held academic appointments at Washington State University, Manhattan College and conducted treatment services research at the National Center on Addiction and Substance Abuse at Columbia University. Dr. Lichvar received her B.A. in psychology

from University of Delaware, M.A. in clinical psychology from Teachers College, Columbia University, and Ph.D. in applied developmental psychology from Fordham University. She lives in Washington DC and is enjoying everything the nation's capital has to offer.



**Sandra Miller, M.S.** is the Transition Coordinator for the Delaware Division of Vocational Rehabilitation (DVR). She graduated from the University of Wisconsin-Madison with a master's degree in rehabilitation psychology and has over 16 years of experience working in the field of employment for individuals with disabilities in both non-profit and state Vocational Rehabilitation (VR) agencies. Prior to moving to Delaware, Sandra worked in both Madison, WI and Lexington, KY providing supported employment and placement services to individuals with disabilities. Upon moving to Delaware, she worked as a Vocational Rehabilitation Counselor for the Division for the Visually Impaired (DVI). In 2007, Sandra became the Training Coordinator for DVR and provided oversight for the agency's supported employment programs. In her current position, Sandra manages the programs related to pre-employment transition services, general transition and supported employment services.



**Michelle G. Mullen, M.S., CRC, CPRP**, is the developer of HYPE (Helping Youth on the Path to Employment) and Principal Investigator of the NIDILRR funded Promoting Careers Among Transition-Age Youth and Young Adults with Psychiatric Conditions. Michelle was a faculty member at Rutgers University and is joining the Transitions to Adulthood Center for Research at the University of Massachusetts Medical School. Her interests focus on standardizing services supporting college students with mental health conditions; evaluating the effectiveness of various educational supports; testing a cognitive remediation intervention for college students; and evaluating the services that are effective for young people to develop meaningful, long-term careers.



**Edward P. Mulvey, Ph.D.**, is a Professor of Psychiatry and Director of the Law and Psychiatry Program at the University of Pittsburgh School of Medicine, where he has been on the faculty since 1983. Dr. Mulvey has directed numerous funded research studies on the link between mental illness and violence, the development of juveniles in the justice system, and the impact of sanctions and interventions for young people who have committed serious crimes. He also works with practitioners and policy makers on the provision of services to individuals at risk for involvement in violence.

Dr. Mulvey is a Fellow of both the American Psychological Association and the American Psychological Society, a recipient of a Faculty Scholar's Award from the William T. Grant Foundation, and a visiting scholar at the Russell Sage Foundation.

He has served as a member of two MacArthur Foundation Research Networks (one on Mental Health and the Law and another on Adolescent Development and Juvenile Justice), and two National Academy of Science panels on adolescent development and juvenile justice. Dr. Mulvey currently serves on the Pennsylvania Commission on Crime and Delinquency and is the chair of the Science Advisory Board for the Office of Justice Programs at the United States Department of Justice. He received his B.A. in psychology from Yale University in 1973, his Ph.D. in Community/Clinical Psychology from the University of Virginia in 1982, and post-doctoral training in quantitative methods in criminal justice at

Carnegie-Mellon University.



**Emma Pici-D'Ottavio, B.A.**, is a Research Coordinator at the Transitions to Adulthood Center for Research located within the UMass Medical School Department of Psychiatry. In this role, Emma facilitates the day-to-day activities for multiple research projects that aim to improve services for young adults with mental health conditions. Emma is also involved in the analysis and dissemination of research findings. Emma's personal interests include expressive art therapy, strengths-based approaches to mental healthcare and research, and treatment engagement strategies for youth and young adults.



**Kimberly E. Reeder** has been employed by the University of Maryland School of Medicine's Department of Psychiatry for over three years as a Supported Employment and Education Consultant and Trainer. She works with several programs throughout Maryland that are providing supported employment and education services to young people experiencing Serious Mental Health Conditions (SMHC) based on the Individual Placement and Support (IPS) model. Ms. Reeder is an integral part of the University of Maryland's Early Intervention Program Training and Implementation

Support Services initiative by working with the staff of Early Intervention Teams as they implement IPS interventions for youth and young adults experiencing first episodes of psychosis. Ms. Reeder also provides technical assistance for programs providing supported employment and education services to participants of the University of Massachusetts Medical School's Improving Outcomes of Youth and Young Adults (ages 16-21) with SMHC with Adapted Individual Placement and Support study. The primary goal of this study is to adapt, and pilot test the IPS model to support young working age individuals with SMHC by incorporating components of supported education into the IPS model. Ms. Reeder has over twenty years of experience providing evidence-based practices as a program director, supervisor, and practitioner in recovery-oriented behavioral health and vocational rehabilitation programs. She has designed, implemented and monitored all phases of IPS services for several agencies, while achieving fidelity to the model within 6 months of program implementation. Ms. Reeder is also a Certified Rehabilitation Counselor (CRC) and Health Education Specialist (CHES).



**Heather Ringeisen, Ph.D.**, is director of the Center for Behavioral Health and Development in RTI International's Survey Research Division. She was trained as a child clinical psychologist and now serves as a mental health and child welfare researcher with expertise in both surveys and program evaluations focused on children, youth, young adults and families. Her research specialties include identifying and treating youth and young adults with emotional or behavior problems in non-specialty service setting settings and examining evidence-based practices in mental health. She has published

in leading journals, including well-cited articles examining the unmet mental health needs of youth and young adults. Dr. Ringeisen currently leads SAMHSA's Healthy Transitions national evaluation and serves as co-investigator for the National Survey of Child and Adolescent Well-Being (NSCAW), the largest study of children, youth and young adults involved in the child welfare system. She also served as the Project Director for a tele- phone-based children's mental health surveillance study conducted with parent and adolescent National Health Interview Survey (NHIS) participants. Dr. Ringeisen has led several analytic tasks using data from the National Survey of Drug Use and Health (NS-DUH) focused on young adults, mental health treatment access and developmentally-relevant functional outcomes.

Prior to her work at RTI, Dr. Ringeisen served as chief of the Child and Adolescent Services Research Program at NIMH, where she directed a research program that examined the quality, organization, and financing of services for children with mental disorders. She has served on multiple federal committees that coordinate activities related to children's mental health.



**Kathryn Sabella, Ph.D.**, is an Instructor within Transitions to Adulthood Center for Research in the Implementation Science and Practice Advances Research Center (iSPARC), Department of Psychiatry. The Transitions to Adulthood Center for Research (Transitions ACR) conducts rigorous research and knowledge translation activities to promote the full participation in socially valued roles of youth and young adults (Y&YA) with serious mental health conditions (SMHC). Dr. Sabella has helped design and implement several research studies at the Transitions ACR and helped oversee operations of the center. Until recently Dr. Sabella partnered with RTI International to lead the national cross-site process evaluation of the Now is the Time – Healthy Transitions SAMHSA-funded initiative that provides funding to 16 communi-

ties nationwide to improve supports and outreach for young adults (ages 16-25) with or at risk of developing a serious mental health condition. She received her doctorate in Sociology at the University of Massachusetts Boston. Her research and teaching interests are in sociology of mental health with an emphasis on mental illness during young adulthood, public perceptions of mental illness, and mental health disparities. Dr. Sabella's dissertation aims to provide a more complete understanding of personal and contextual factors that impact the employment and educational activities of Y&YA with SMHC by interviewing young adults (ages 25-30), including young parents, who have experienced a life disruption (e.g. hospitalization, leave of absence from school) due to their mental illness.



**Joann Starks, M.Ed.**, is a senior technical assistance consultant at American Institutes for Research (AIR) where she works with the NIDILRR-funded Centers on Knowledge Translation for Employment Research (KTER) and Knowledge Translation for Disability and Rehabilitation Research (KTDRR). Starks is the liaison for KTER's Technical Working Group on transition for youth and young adults with disabilities and is KTDRR's training lead. She is an adviser to the University of Massachusetts Medical School's Transitions RTC and TEST projects. Since 2017 she has served as a Co-chair of the Disability Coordinating Group of the international Campbell Collaboration, which promotes positive social and economic change through systematic reviews and other evidence

synthesis for evidence-based policy and practice. She has over 30 years' experience in knowledge translation, dissemination and utilization, research, development, and training and technical assistance activities. Her expertise covers a broad range of issues, particularly equity and multicultural issues for individuals with disabilities, and including employment, independent living, special education services, communities of practice, systematic reviews of disability and rehabilitation research, web accessibility, and copyright concerns. In 2014 she earned the Knowledge Translation Professional Certificate through the University of Toronto and the Hospital for Sick Children.



**Jennifer Whitney** is a Research Technician Assistant at the Transitions to Adulthood Center for Research located at UMass Medical School Department of Psychiatry. In this role, Jennifer helps with Knowledge Translation activities including authoring tip sheets and other published products geared towards young adults. She also provides behind-the-scenes support on the Technical Assistance team. Her research interests include disseminating findings and mental health information to the community.





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