Multisystemic Therapy for Emerging Adults with Mental Illness

Maryann Davis
Ashli Sheidow
Michael McCart
Thank You!

Funders:
- National Institute of Mental Health (R34MH081374, R01MH108793)
- National Institute on Disability and Rehabilitation Research and the Substance Abuse and Mental Health Services Administration (H133B090018)
- National Institute on Drug Abuse (1R01DA041425)

Collaborators:
- Sara Lourie & Anne McIntyre-Lahner, Connecticut Dept. of Children and Families
- Charles Lidz, Edward Mulvey, Mary Evans, & Scott Henggeler
- MST-EA/TAY Team - North American Family Institute
- The emerging adult participants and their social network members


Malleable Causes of Offending & Desistance - General Population

**JUVENILES**

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

**ADULTS**
Standard MST
(with juveniles 12-17y/o, no SMHC)

1. Intensive home-based treatment
2. Team of 3-4 therapists; 1 therapist = 4-6 families
3. Promote behavioral change by empowering caregivers/parents
4. Individualized interventions target comprehensive set of identified risk factors across individual, family, peer, school, and neighborhood domains
5. Interventions integrate empirically-based clinical techniques from the CBT and behavioral therapies
6. Duration: 3-5 months
MST-EA Treatment Focus
(17-21 yr olds w MI)

- Antisocial behavior, mental illness, & substance abuse
- Leveraging, developing & strengthening the social network
- Targeting housing & independent living skills, career goals, & parenting (as needed)
- Integrating a Life Coach & Psychiatrist/PNP for EA’s into the MST Team
1. **Intensive home-based treatment**
   - Team of 3 therapists: 1 Therapist = 4 clients
   - 4 coaches, one psychiatrist/nurse practitioner

2. Promote behavioral change by empowering emerging adults

3. **Individualized interventions target**
   - Comprehensive set of identified risk factors across individual, family, peer, school, and neighborhood domains and work domains

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

5. **Duration:** 4-12 months w Therapist, +2 months w Coach
MST-EA Team

- 4 Therapists
- On-Site Supervisor
- Off-Site Consultant
- 0.2 Psychiatrist/Nurse Practitioner
- Coaches (4, totaling 1.0FTE)
- Full Team Caseload = 16
Treatment Elements

- Individualized assessment of “drivers”
- Social Network Assessment
- Intensive Focus on Safety
- Cognitive Behavioral Therapies
- Motivational Interviewing for Engagement
- MI & Contingency Management for SA
- Schooling and Vocational Focus
- Prosocial & Recreational Activities
Focus on Substance Use

- Ecological approach to assessing drivers:
  - Neighborhood, community, family
  - Target as many as possible
  - Individual
  - Motivational Interviewing Strategies & MET from the CYT study
  - Fishbowl version of Contingency Management (Petri) if needed

- Intensive Safety
Focus on Substance Use cont'd

- Intensive Safety Focus
  - Urine Tox Screen assessed baseline & randomly every 4-6 weeks for all
  - Urines used in CM and MET
  - Functional analysis: triggers, time, context of abuse
  - Heightened monitoring for substances with lethality
  - For opioid use; EA’s ecology has NARCAN
  - Highly protected treatment confidentiality so client can disclose
More information

Ashli Sheidow, Ph.D. Or Michael McCart, Ph.D.
Phone: (541)485-2711
Email: ashlis@oslc.org
MikeM@oslc.org