WORKING WITH EMERGING ADULTS

A PLAYBOOK FOR PROFESSIONALS

A COMPILATION OF THE BEST RESOURCES ON WHAT MATTERS MOST TO **EMERGING ADULTS**

INTRODUCTION

Introduction to Working with Emerging Adults: A Playbook for Professionals

Early adulthood is marked as a time of journey toward independence. For the purposes of this guide, the term "**emerging adults**" refers to people **age 16-25**. This playbook is divided into sections by topic, with a full list of resources at the end. Professionals in the St. Louis region who work with **emerging adults** chose each of the topics for this playbook, based on their experience learning what is most important to **emerging adults**. It was written to be a set of **tools and resources** for professionals across Missouri, and beyond, who work with this demographic, regardless of their field or role.

Emerging adults will go through a **wide range of emotions** during this time in their lives due to more independence from parents/caregivers, earning their own money, and making new social circles. Up until this point in a person's life, relationships have been guided mostly by parents/caregivers and friends. As they inch toward adulthood, they may start to develop **intimate relationships** and encounter new **life stressors** like maintaining financial independence, moving away from home, entering the workforce, and new cultural norms outside their household.

This playbook was written for **trusted adults who work with emerging adults.** Some readers may have been trained to work with youth and adolescents or adults, in general - but there are some **niche experiences** of people in this in-between age group that are easy to miss. Though emerging adulthood is a unique developmental stage, there are still relatively few trainings about or programs for this specific demographic. Therefore, it is important that professionals are intentional about understanding the needs, wants, and hopes for **emerging adults**. At a time when the well-being of **emerging adults** is of utmost importance, we hope this playbook provides guidance and support to navigate the complexities of this critical period in lives of **emerging adults**. The development of this playbook signifies a significant step forward in Missouri's commitment to enhancing the care and support for **emerging adults**.

INTRODUCTION

Background

Missouri Transition Age Youth-Local Engagement and Recovery (**MO TAY-LER**) was a 5-year initiative (2019-2024) funded by Substance Abuse and Mental Health Services Administration (SAMHSA) and awarded to the Missouri Department of Mental Health (DMH). As part of this initiative, DMH and key stakeholders in the Greater St. Louis region partnered to improve access to treatment and support services, increase emotional and behavioral health functioning, and maximize potential to assume adult roles and responsibilities for transition-aged youth with serious mental illnesses. Three Certified Community Behavioral Health Organizations, BJC Behavioral Health, Compass Health Network, and Places for People, piloted innovative solutions through evidence-based clinical models; equipped their staff to understand and address **emerging adults'** needs; and participated in a learning collaborative to share successful strategies and ideas. Missouri Institute of Mental Health provided evaluation and reporting services; and Behavioral Health Network of Greater St. Louis provided youth and young adult coordination services and project management. All partners worked in close collaboration with DMH to achieve the grant's goals and objectives.

The ideas for the playbook were the result of MO TAY-LER professionals seeking feedback, and learning - sometimes through trial and error - the topics that are most important to and relevant for **emerging adults**. The collective lessons learned by MO TAY-LER staff served as the foundation for each topic, and local professionals, young adults, and others with expertise in each area were consulted to offer their insights.

CONTRIBUTORS

Regarding the Contributors

This playbook was created through an initiative funded through the Federal Health and Human Services Department (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), grant number H79SM081978. The project, Missouri Transition Age Youth - Local Engagement and Recovery (MO TAY-LER), was overseen by the Missouri Department of Mental Health (DMH) and sought to improve access to treatment and support services for transition age youth with serious mental health disorders.

Key Contributors

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CHAPTERS

WORKING WITH EMERGING ADULTS | OUTREACH & ENGAGEMENT

OUTREACH

Proactively seeking, finding, and interacting with **emerging adults** at high risk who may not already be involved in services or supports.

ENGAGEMENT

A strength-based process to connect with **emerging adults**, by providing goods and services, in order to support their recovery and help people feel connected to care.

CONSIDERATIONS

Additional areas that require thoughtful and deliberate attention as you outreach and engage **emerging adults**.

INTRODUCTION

Emerging Adulthood

Defined by Jeffrey Jensen Arnett, PhD, **emerging adulthood** is between ages 18 - 25 "neither adolescent nor young adulthood" and is "distinguished by relative independence from social roles and from normative expectations... **emerging adults** often **explore a variety of possible life directions** in love, work, and worldviews... when little about the future has been decided for certain, when the scope of independent exploration of life's possibilities is greater for most people than it will be at any other period of the life course."[1]

5 Features of Emerging Adults[2]

Why do outreach, engagement, and considerations matter?

- Incorporating these practices will help **break down barriers** and make it easier to access services for **emerging adults**.
- Many **emerging adults** have **never engaged in services** and you may be their first introduction to working with professionals. Their initial experience may determine if/when they reach out for support.
- Many have **experienced trauma** or a traumatic event and could be less likely to trust others. To increase trust, always follow through and do what you say you are going to do.
- The skills and approaches identified will assist you with **effectively interacting** with an **emerging adult**.
- Utilizing these approaches promote **self-autonomy**, **empowerment**, **optimism**, and **hopefulness**.

OUTREACH

A GATEWAY TO CONNECTION & SUPPORT

The following pages provide examples of potential **outreach** settings and guidelines to assist in those settings. Many of the skills shared can be utilized in multiple settings. Use critical thinking to evaluate the goal of the interaction, priorities of the individual, and your role/response. **No one size fits all - be adaptive**.

Community

Go to places where young people, **who may not be receiving supports**, spend time:

Guidelines

- **No paperwork**, unless the individual pursues services.
- Spend time **talking** and **connecting**.
- Build **rapport**.
- Offer assistance for **basic needs** with **no strings attached** (e.g., food, clothing, obtaining IDs, bus passes, cell phones, provide rides).
- Show them **you care**.
- **Learn** about them.
- **Only discuss services if prompted** by the individual.
- Identify **wants**, **needs**, **interests** (ask, don't assume).

Homeless Shelters

Unhoused Communities
(parks, under bridges, tent cities)

Drop-In Centers

Coffee Shops

Schools & College Campuses

OUTREACH

A GATEWAY TO CONNECTION & SUPPORT

Young Person Identified by Someone Else

You may be contacted by:

- Hospitals
- Law Enforcement Officers/Courts
- Schools & College Campuses
- Professionals/ Other Organizations
- Caregiver/ Family Member

Guidelines

- Prioritize **relationship building** and **connecting**.
- Build **trust**.
- If necessary, discuss **program parameters** and complete paperwork after you have built rapport.
- Allow for **autonomy** (ask permission and give choices).
- Create a **safe space**.
- Consider offering a choice to the **emerging adult** to **complete a questionnaire** if you are having difficulty gaining responses verbally.

OUTREACH

A GATEWAY TO CONNECTION & SUPPORT

Individual Seeks Supports

Emerging adult reaches out to learn about support options:

Guidelines

- **Congratulate** or **praise** them on taking the **first step** and reaching out.
- Get to know their **story**.
- **Normalize** and **validate** their experience.
- Explain next steps and walk them through **what to expect**.
- Say something like: "I am so glad you called, what has been going on that led to you calling today?"
- Be **warm** and **nonjudgmental**.
- Ask what they **already know** about services or what they would like to know.
- Share a **success story** of others who have sought services.

Phone Call

Email Inquiry

Website Inquiry

Open Access / Walk-in

OUTREACH

A GATEWAY TO CONNECTION & SUPPORT

Disengaged

Young person who had previously been connected and/or in the process of connecting with supports:

- Not answering calls, texts, etc.
- Missing appointments & no explanation
- Phone Disconnect
- Housing Instability
- Change in Address
- Transportation Concerns

Guidelines

- Ask for **multiple ways** to contact them (e.g., phone, text, email). Use their **preferred method** of communication to contact them.
- Go to **where they live**, multiple times if necessary. If they are unavailable, leave them a note letting them know you would like to see them and provide your contact information.
- **Avoid traditional termination** letter/forms. If possible, text, call, or send a postcard letting them know you miss seeing them.
- Once contact is made, let them know you **hope they are doing well** and you look forward to seeing them again.
- If you get in touch with them, ask **what has been going** on that **pulled them away** from services - don't assume.
- **Listen** to them and **validate** their experience.
- Offer to assist them with **removing barriers** if you are able to (e.g., get them a cell phone).

ENGAGEMENT

The following principles apply for any interactions with **emerging adults**:

Be Accessible

- Meet them where they are, physically and emotionally.
- Use their preferred communication method.
- Respond as quickly as possible.

Build Rapport

- Just talk; be genuine and personable.
- Get to know each other.
- Be relatable/find common ground.

Don't Judge

- Have compassion.
- Actively listen to them.
- Be aware of your non-verbal communication.

Be Respectful

- Ask their preferred name & pronouns.
- Have an open mind and respect their ideas.
- Be honest and straightforward.

Empower

- Provide education (e.g, symptoms, diagnosis, services).
- Help them make sense of their experience.
- Give options and allow them to choose.

Validate

- Acknowledge emotions & experiences.
- Reflect their feelings.
- Summarize their experience.

CONSIDERATIONS

Culture

- Be **intentional** and **aware** of other cultures and your culture.
- Don't make **assumptions**.
- Be aware of **your own biases**.

Supports

- Gain an **understanding** of their **support system**.
- Learn about their **needs**.
- Discuss this **frequently**, their supports/needs may change.

Don't make **assumptions**, ask questions such as:

- *"What do you value?"*
- *"Who/what are priorities in your life?"*
- *"What is important to your family and friends?"*
- *"What do you want from services?"*
- *"Who are important people in your life?"*
- *"Who do you reach out to when you need something/help?"*
- *"Do you want them involved? If yes, how so?"*
- *"Where do you live? Do you feel safe there?"*
- *"Do you have enough to eat?"*
- *"How do you get around?"*

RESOURCES

EVIDENCE-BASED PRACTICES, MODELS, & MORE

Coordinated Specialty Care (CSC)

CSC is a recovery-oriented treatment program for people experiencing first episode psychosis (FEP). CSC promotes shared decision-making and uses a team of specialists who work with the client to create a personal treatment plan.

Transition to Independence (TIP)

The TIP Model is an evidence-supported practice for preparing and facilitating the transition of youth and young adults to improve their progress and outcomes across the following domains: Transition Domains of Employment and Career, Educational Opportunities, Living Situation, Personal Effectiveness and Wellbeing, and Community-Life Functioning.

Pathways RTC

Pathways RTC's work is grounded in the best available research combined with positive development and recovery approaches. This framework guides an intervention approach focused on building young people's assets in four areas: 1) self-determination and positive identity, 2) youth - and young adult-directed decision making, 3) skills needed for adult roles, and 4) supportive relationships with peers and adults.

RESOURCES EVIDENCE-BASED PRACTICES, MODELS, & MORE

- National Institute of Mental Health (NIMH): What is Coordinated Specialty Care (CSC)
  - https://www.nimh.nih.gov/health/topics/schizophrenia/raise/what-is-coordinated-specialty-care-csc
- OnTrackNY
  - https://ontrackny.org/Our-Program/About-OnTrackNY
- Pathways RTC
  - https://www.pathwaysrtc.pdx.edu/
- Stars Training Academy
  - https://www.starstrainingacademy.com/
- Transition to Independence Process (TIP Model Orientation Workshop)
  - https://www.uww.edu/documents/orsp/NITT18/TIP%20Model%20Orientation%20Workshop%20HANDOUT%20PDF%20012418.pdf
- Missouri Department of Mental Health (DMH)
  - https://dmh.mo.gov/
- National Alliance on Mental Illness (NAMI)
  - https://nami.org/Home
- The Family Run Executive Director Leadership Association (FREDLA).
  - https://www.fredla.org/
- Mental Health America
  - https://mhanational.org/
- American Psychological Association, Emerging Adults: The in-between age
  - https://www.apa.org/monitor/jun06/emerging

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[1] Arnett, J. (2000)
https://jeffreyarnett.com/ARNETT_Emerging_Adulthood_theory.pdf

[2] ibid
https://jeffreyarnett.com/ARNETT_Emerging_Adulthood_theory.pdf

WORKING WITH EMERGING ADULTS | HEALTHY RELATIONSHIPS

INTRO TO RELATIONSHIPS

Learn how healthy relationships are crucial to positive development for **emerging adults**, how they impact their mental health, and the three types of relationships: family, friendships, and romantic relationships.

MARKERS OF HEALTHY RELATIONSHIPS

Identify characteristics that are necessary for healthy relationships and tips to assist communication with **emerging adults**.

UNHEALTHY RELATIONSHIPS

Understand the need to establish boundaries, evaluate current relationships, and consider if an **emerging adult** is in an unhealthy relationship.

INTRO TO HEALTHY RELATIONSHIPS

Healthy relationships in **emerging adults** are vital for positive development, including their mental health. Meaningful connections and **healthy relationships** can foster a sense of security and safety in the world and put young people in a better position to ask for help when necessary. As a professional, you have an important role in helping **emerging adults** examine if their **relationships** are **healthy**.

Relationships & Mental Health

Aim to help them build "stamina for difference," or engaging people different from themselves. This term replaces the typical use of "tolerance" (in word and mindset) with "stamina," putting the responsibility on each of us to move beyond simply tolerating others.

Positive Youth Development

- What do youth **WANT their relationships to look like**, not merely what to avoid.
- **Resilience** is built through stressful situations with the support of our communities, schools, families, and friends.
- **Normalize the experience** of difficult interpersonal situations.
- Focus on helping youth keep themselves **safe** in potentially dangerous situations.

3 Types of Relationships

INTRO TO HEALTHY RELATIONSHIPS

The following pages provide examples of **healthy relationships** between **emerging adults** and their **family**, **friends**, and **romantic partner**(s). Look at these markers as fluid between each type of relationship - they can cross over. Help teach **emerging adults** to create a mental checklist to self-evaluate their relationships.

Family

Markers of healthy family relationships include:

Guidelines

- Keep in mind that the **absence of conflict is not necessarily healthy** - good disagreements and tough conversations are the markers of families that welcome difference ("stamina for difference").
- Healthy conversations involve **feeling safe** to engage in **open communication** so that they are not afraid of getting into trouble for what they say.
- Have a **safe haven** and allow a space for the young person to "be a mess" and to "not be okay."
- It is vital to have **clear rules** and **responsibilities** for parents/caregivers and youth, and that **boundaries** are established and followed.
- A family's **religion, ethnicity, race** and **culture** likely shape family norms. For example, some cultures prioritize interdependence vs. independence, multi-generational homes, and elder respect.

Shared positive experiences

Differences welcomed

Interests supported

Independence encouraged

Open communication

Clear, age-appropriate expectations

INTRO TO HEALTHY RELATIONSHIPS

Friendships

Markers of healthy friendships include:

Sincerity

Mutual Effort

Honest communication

Working through conflict

Support

Guidelines

- **Intentional efforts** to repair after hurt feelings and tough conversations
- Celebrate **achievements** and **successes**
- **Support** each other through hardships and struggles
- Prioritize **spending time together**, having fun, and nurturing the relationship
- Encourage **good choices** and point out when our actions may be bad for us

INTRO TO HEALTHY RELATIONSHIPS

Romantic

Markers of healthy romantic relationships include:

Guidelines

- Spend **time** together.
- Share thoughts, feelings, and **validate** each other.
- Be **supportive** and **caring**:
  - "I'm here for you."
  - "You can be real with me."
- Share **physical** closeness and comfort.
- **Sexual** elements should be **healthy**, such as physical intimacy.
- Establish **clear** and **respectful boundaries** that allow everyone to feel safe, secure, and at ease, both mentally and physically.

Companionship

Closeness

Attachment

Intimacy

MARKERS OF HEALTHY RELATIONSHIPS

Trust

"**Trust** is the foundation of relationships because it allows you to be **vulnerable** and **open up** to the person without having to defensively protect yourself."[1]

Trust in a healthy relationship looks like:

1. Safely sharing thoughts, feelings, and experiences with others
2. Building through conflict and hurts that get healed
3. Keeping each other's best interest in mind
4. Being reliable and responsible, doing what you have said you will do
5. Not sharing things with others told in confidence

Broken trust: cheating, lying, gossip

Rebuild broken trust by changing behavior and taking responsibility for mistakes

Questions to ask Emerging Adults

- "*Are you both cool with spending time apart from each other?*"
- "*Do you feel secure about the relationship?*"
- "*Do you have faith in each other's decisions?*"
- "*Do you feel like your partner shares things you told them in confidence with their friends?*"

MARKERS OF HEALTHY RELATIONSHIPS

Respect

"The **freedom to be yourself** and to be loved for who you are."[2]

Respect in a healthy relationship looks like:

Questions to ask Emerging Adults

- *"Do you both treat each other with respect?"*
- *"Are you proud of each other?"*
- *"Are you kind to each other?"*
- *"Do you listen to each other?"*

1. Affirmation and validation
2. Listening to what others say (and believing them), even if you do not understand or agree
3. Understanding each human possesses dignity
4. Allowing others their own choices

Disrespect: putdowns, criticism, gossip

MARKERS OF HEALTHY RELATIONSHIPS

Honesty

"The quality of always **speaking the truth** and being totally authentic, straightforward, and transparent in our words and actions."[3]

Honesty in a healthy relationship looks like:

1. Courage to express feelings & thoughts
2. Building trust
3. Helping people know the "real" you

Dishonesty: Deception, lying, doubt, insecurity, purposely omitting the truth

Questions to ask Emerging Adults

> *Do you both admit when you are wrong?*

> *Do you both feel like you can tell the truth?*

> *Do you talk openly about feelings, even when it's hard?*

MARKERS OF HEALTHY RELATIONSHIPS

Equality

"Each person's interests and desires are respected and met to a reasonable degree as opposed to just one partner's needs dominating the relationship."[4]

Equality in a healthy relationship looks like:

Questions to ask Emerging Adults

- *"Do you both get to make decisions about your relationship and how you spend time?"*
- *"Do you give and take equally?"*
- *"Do you consider both people's feelings when talking about making decisions?"*
- *"Do you both compromise?"*

1. Using individual strengths
2. Each person contributing the same and their opinions are valued equally
3. Reciprocation with no need to keep score

Inequality: Imbalance of power, not having a say or voice

MARKERS OF HEALTHY RELATIONSHIPS

Good Communication

"The **exchange of ideas, thoughts, opinions, feelings,** and **knowledge** so that the message is received and understood." [5]

Communication in a healthy relationship looks like:

1. Listening and trying to understand what the other person is saying
2. Using "I statements" and taking responsibility for your own feelings
3. Allowing you to share feelings, opinions, and expectations

Negative communication: Name-calling, yelling, belittling

Questions to ask Emerging Adults

- *"Do you talk about your feelings with each other?"*
- *"Can you disagree about something without disrespecting each other?"*
- *"Do you listen without judgement?"*
- *"Do you intentionally repair after conflict or tough moments/conversations?"*

MARKERS OF HEALTHY RELATIONSHIPS

Boundaries

"An invisible line that defines **what behaviors are acceptable** for an individual."[6]

Having boundaries in a healthy relationship looks like:

Questions to ask Emerging Adults

> *"Do you have a trusted adult to talk through boundaires with you and support your decision?"*

> *"Have you stated the boundary as a fact, not a question or point for conversation?"*

> *"Has your partner tried to talk you out of a boundary (as opposed to understanding them)?"*

> *"Do you feel like you are able to make your own choices for yourself?"*

1. Having boundaries in all relationships, regardless of type
2. Helping each person figure out where one person ends and the other begins
3. Knowing your goals, dreams, values, and aspirations (and being able to keep them)
4. Every person having the right to change their mind about what their boundaries are at any given time

Overstepping boundaries: manipulation, sharing personal information, lies or deception

MARKERS OF HEALTHY RELATIONSHIPS

When you help an **emerging adult** consider how **healthy** their **relationships** are, teach them their **ABCs**!

Awareness

Are you aware of what is happening (both good and bad)?

Look, See, and Think

If we are not aware, it is easy to lose objectivity. We may not be able to see clearly what is happening in our relationship.

Balance

Is there a balance between individuals?

Listen, Ask, Consider

- Consider needs/wants of both parties.
- No one person has control or dominates decisions.
- No one feels like they have to agree or give in to the other person.
- There is always give and take.
- Individuals are free to share their opinions and boundaries, even when they differ with the other person.
- Individuals understand power differentials due to: gender, sexuality, income, ability, race, etc.

Creativity

Are individuals free to be creative?

Develop, Learn, Grow

- We change over the course of our relationships.
- We mature and learn from experiences both inside and outside the relationship.
- New interests and hobbies may emerge.
- Individuals allow themselves and their partners the freedom to explore interests of their own.
- Embrace change and support each other through the changes.

UNHEALTHY RELATIONSHIPS

Overall, **unhealthy relationships** are marked by **disrespect** and **control**. Help **emerging adults** recognize the common signs of **unhealthy relationships** and examples of how they look:

Control

One partner **makes all the decisions** and tells the other what to do, what to wear, or who to spend time with. They are **unreasonably jealous**, and/or tries to **isolate** the other partner from their friends and family.

Hostility

One partner **picks a fight** with or **antagonizes** the other partner. This may lead to one partner changing their behavior in order to avoid upsetting the other.

Dishonesty

One partner **lies**, **keeps information**, or **steals** from the other.

Disrespect

One partner **makes fun** of the opinions and interests of the other partner or **destroys** something that belongs to the partner. This could include saying things online or via social media to embarrass.

Questions to ask Emerging Adults

> *"Does your partner ever make you feel like you have no voice in decisions?"*

> *"Do you feel like you have to censor what you say around your partner?"*

> *"Are there times when you catch your partner in a lie?"*

> *"Has your partner ever purposely broken something you own, or made fun of an opinion you've shared?"*

UNHEALTHY RELATIONSHIPS

Dependence

One partner feels that they "**cannot live without**" the other. They may threaten to do something drastic if the relationship ends. Sometimes this is expressed over text message, making it difficult to know the person's true intent and causing more fear and concern.

Intimidation

One partner tries to **control aspects of the other's life** by making the other partner fearful or timid. One partner may attempt to keep their partner from friends and family or threaten violence or a break-up. They may constantly text or call the **emerging adult** to comply.

Physical Violence

One partner **uses force** to get their way (such as stalking online or in-person, hitting, slapping, grabbing, or shoving).

Sexual Violence

One partner **pressures** or **forces** the other into sexual activity against their will or without consent. Sometimes the **emerging adult** will feel like they cannot say no or their body will freeze, making it hard to express themselves. They are still saying no when they do not give an enthusiastic yes.[7]

Questions to ask Emerging Adults

> *"Has your partner ever said, 'I don't know what I would do if we broke up'?"*

> *"Do you feel threatened when you disagree with your partner?"*

> *"Has your partner ever used physical force to get you to agree with them?"*

> *"Has your partner ever forced you to do something you're sexually uncomfortable with?"*

RESOURCES

EVIDENCE-BASED PRACTICES, MODELS, & MORE

- Youth.gov
  - https://youth.gov/youth-topics/teen-dating-violence/characteristics
- Jed Foundation
  - https://jedfoundation.org/relationships-101/
- CTRI Manual
  - https://ctrinstitute.com/certified-trainer/ct-manuals/
- Domestic Violence Resources (National)
  - https://www.thehotline.org/

REFERENCES

[1] Sabrina Romanoff, PsyD - article by Very Well Mind, written by Sanjana Gupta
https://www.verywellmind.com/how-to-build-trust-in-a-relationship-5207611

[2] Loveisrespect.org
loveisrespect.org

[3] Kelly Gonsalves - article by mbgrelationships
https://www.mindbodygreen.com/articles/why-honesty-in-a-relationship-is-so-important

[4] Stephanie Perez - article by onelove
https://www.joinonelove.org/learn/4-signs-your-relationship-is-based-on-inequality

[5] Coursera.org
https://www.coursera.org/articles/communication-effectiveness

[6] University of Illinois Chicago
https://wellnesscenter.uic.edu/news-stories/boundaries-what-are-they-and-how-to-create-them/

[7] RAINN
https://www.rainn.org/articles/what-is-consent

WORKING WITH EMERGING ADULTS | PARENTS/ CAREGIVERS (PCs)

UNDERSTAND THEIR ROLE

Identify levels of involvement the PCs play in the **emerging adult's** recovery.

TRANSPARENCY

Create a safe environment for **PCs** to trust you to work with the **emerging adult**.

PROMOTE SELF-CARE

Remind **PCs** about the importance of taking care of themselves.

EDUCATION & CHALLENGES

Provide information to help the **PCs** understand experiences of their **emerging adult**.

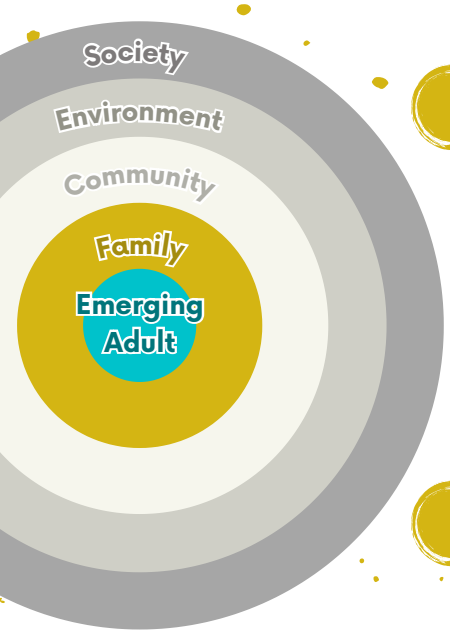
INTRO TO SUPPORTING PCs

The relationship and roles held between the **emerging adult** and **PCs** are often in flux due to the changes occurring within an **emerging adult's** life. As they enter adulthood and "leave the nest," a shift occurs where **PCs** are limited in what in what they can legally know and do.

PCs

"A child's healthy development depends on their parents - and other caregivers who act in the role of parents - who serve as their first sources of support in becoming independent and leading healthy and successful lives."[1]

Ecological Model[2] & Emerging Adults' Behavioral Health



Family serves as significant **natural support system**

Nurturing **parent-child** relationships model **positive healthy behaviors**

Developmental parenting supports **positive parent-child relationships**

Family behavioral health, substance use, and violence **influence family relationships**

Harsh **parenting** practices and discipline have **negative repercussions**

Why focus on supporting PCs?

- **PCs** who have their own behavioral health challenges may have more **difficulty providing care** for their child compared to parents who describe their behavioral health as good.
- Caring for **emerging adults** can create challenges for **PCs**, particularly if they lack resources and support, which can have a **negative effect** on the behavioral health of both **PCs** and **emerging adults**.
- **PCs** and **emerging adults** may also **experience shared risks**, such as vulnerabilities, living in unsafe environments, and facing discrimination or deprivation.
- **PCs** can be the most trusted and consistent relationships for **emerging adults**, even as/after they become independent.

UNDERSTAND THE ROLE OF PCs

The first step to take as a professional working with an **emerging adult** and their **PCs** is to identify the level of involvement the **emerging adult** would like them to play in their recovery. Follow these steps:

1 Learn about their relationship with the PCs

- **Identify** how the **emerging adult** **views** their **relationship** with their **PCs**. Is it supportive? Do they think the **PCs** are willing and able to be involved?

- **Make room** for the **emerging adult** to discuss any **tension** with their **PCs**.
  - Is their relationship strained? If yes, does the **emerging adult** want to work towards repairing that relationship?
  - If they are unsure, assist them in making a list of pros and cons for repairing their relationship.

- If there is tension, consider how **damaged** or **broken** the relationship is.
  - Has the **emerging adult** shared that they do not want their **PCs** involved? If so, **respect their decision**.
  - If they do not want their **PCs** involved, work with them to **identify other adults** in their life that they see as supportive.

- Help them evaluate if the relationship with their **PCs** is harmful or abusive (See **HEALTHY RELATIONSHIPS** chapter of this playbook). Even if their relationship is unhealthy or abusive they may want their **PCs** involved. **This is their decision, be respectful of their choice**.

> *"Do you feel supported by your parent/caregiver?"*

> *"You mentioned you have a difficult relationship with your mom. Do you want to work on making it better it?"*

> *"Who are some supportive adults in your life?"*

> *"How can you make sure boundaries are clear and respected?"*

UNDERSTAND THE ROLE OF PCs

2 Become informed about laws and consent for minors

- Depending on your role as a professional, if the young person is 18 or older, you may need to get **consent** and/or **written permission** from the **emerging adult** to speak to and involve their **PCs**.

- Ensure **legal rules are discussed and clear** between the **PCs** and the **emerging adult**.
  - Legally, if the **emerging adult** is 18 or older **they make the final decisions**.*
  - If under 18, consider **empowering** the **emerging adult** to have a greater role in making decisions regarding their health. This will allow for a better transition when the **emerging adult** turns 18.
  - This can be tricky and challenging because many **emerging adults** have **varying dependence** on their **PCs** for things such as financial support and providing for their basic needs.

- Identify if there are any topics that the **emerging adult** does not give permission for you to discuss with their **PCs**. Ensure that the **PCs** are aware.
  - **Acknowledge** that this can be frustrating for the **PCs** and remind them it is the law.
  - Remember that providing help and support to the **emerging adult** **is your priority**, and it is extremely important to **maintain that trust**, even if it means upsetting a **caregiver**.
  - Ensure the **PCs** and **emerging adult** understand that this does not apply when it comes to **safety concerns** such as a plan for suicide or homicide, regardless of the age of the **emerging adult**. See the **SUICIDE PREVENTION** chapter for more details.

> *"Are you ok with signing this release of information so I can speak with your parents?"*

> *"How do you feel about calling our office to make appointments instead of your dad?"*

> *"Are there certain topics you don't want me to speak with your caregiver about?"*

*There may be circumstances in the **emerging adult's** life where they are not their own legal guardian (behavioral health or developmental disability).

TRANSPARENCY

Building trust with **PCs** **should be a priority**. As a provider, you will be working with their child, and thus they need to feel comfortable with you. This can be done by being transparent through the four steps outlined below.

1 Engage

Engage with **PCs** **as you would during an outreach with the** **emerging adult** and build a rapport with them. The hope is to get them to trust you with their child. They need to feel a sense of safety and believe that you have their child's best interest at heart.

- Conceptualize engagement as the **creation of a partnership** with the **PCs**.
- Better outcomes occur when a group of people **all have the same goal** (e.g., to help someone).
- **PCs** can be a strong support by helping to reduce barriers for **emerging adults** such as providing transportation to appointments, assisting with keeping them engaged, and providing support with skill development.

2 Acknowledge

Take a moment to **acknowledge** **PCs'** **feelings**, such as sadness, anger, and frustration - and allow them to feel those emotions. Reassure them that it is okay to have such feelings and that it does not make them a "bad parent." What they are going through is hard.

- A lot of **tough feelings** can be associated with this stage in their child's life, such as rejection letters from college, difficulty finding a job, or receiving a behavioral health diagnosis.
- Specifically, with an **emerging adult** who experiences psychosis, there can be elements of anger and fear for **PCs**. Acknowledge and validate those emotions.
- Allow them to **feel heard**. Use statements when talking with **caregivers** such as "I hear you" and "You are not alone."

TRANSPARENCY

3 Establish Roles

Explain to them your role as a professional. Ensure them that you are committed to supporting their emerging adult and assisting them with accomplishing the goals of their child, even if those goals differ from the PCs.

- Use a team-based approach to explain how everyone plays a role in supporting the emerging adult.
- As the professional, **you bring the education and experience** necessary to help and support the **emerging adult**.
- As the **PCs**, **they are the expert on the emerging adult**, and they know them best.

4 Communicate

Be consistent, direct, and transparent in your communication with **PCs** and the emerging adult.

- **Do what you say** you will do.
- **Communicate openly and honestly**, but with compassion, to the **PCs**, even if the information may be upsetting.
- Encourage the **emerging adult** to **communicate directly** with their **PCs**.
  - This may require working with the **emerging adult** and **PCs** to improve their **healthy** communication skills.
  - Increasing communication between the **PCs** and the **emerging adult** **decreases the need** for the **PCs** **to reach out to you for information**.
- It may be helpful to **schedule consistent times** to talk with the **PCs** so they remain connected.
- **Establish boundaries**. It is important to let **PCs** know when you are available and when it is okay to reach out to you. You may offer additional forms of communication such as email or text messaging and let them know that you will respond to them during work hours.

PROMOTE SELF-CARE

PCs, just like everyone else, need reminders to **engage in self-care**. Oftentimes, **PCs** may be so **invested** in **providing care to their emerging adults** or other family and friends that they forget to do something for their own wellness.

Self-Care

"Self-Care is what people do for themselves to **establish** and **maintain health**, and to prevent and deal with illness. It is a broad concept encompassing hygiene, nutrition, lifestyle, environmental factors socio-economic factors and self-medication."[3]

Remind about the importance of taking care of themselves

Help them conceptualize what self-care is

Guidelines

- Encourage them to find **emotional support** in their **personal lives**.
  - Some examples include:
    - **Parent/Caregiver** Support Groups
    - Therapy
    - Hobbies
    - Reaching out to their support system
  - Assist them by providing referrals as needed.
- Ask them "What are you **going to do for yourself**?" when ending conversations with them.
  - This may surprise **PCs** since they have been so **focused** and **invested** in **taking care of their emerging adult**.
  - Sometimes it is necessary to remind them that they are **still a person outside of this caregiver role**, and they need to take care of that person too.

EDUCATE

As a provider, **PCs** may gravitate to you for education on resources, tools, or communication skills. Some methods to **effectively educate** include the need to:

1 Build the capacity to understand

- Provide information to help the **PCs** understand what their **emerging adult** is experiencing. Encourage ongoing education on topics regarding their **emerging adult's** behavioral health challenges. There are better outcomes when a **caregiver** understands.

2 Direct conversation

- **Direct conversation** is a great tool for **PCs** to learn. It gives the **topic perspective** and a **real-world approach** that sometimes lacks in other educational forms.
- **Role-playing** with **PCs** is extremely helpful, such as practicing with them how to have conversations with their **emerging adults** so they are better prepared in the situation.
- Find presentations/events that **include presenters with lived experience**. This can be inspiring for **PCs** and give hope.

3 Provide tangible materials

- Provide brochures, reading materials, or websites that educate **PCs**.
  - When you are able to, **review the materials with them** so you can assist them with understanding and help answer any questions they may have.
  - Examples of resources on the web include the following:
    - National Alliance on Mental Illness
      - https://nami.org
    - Mental Health.gov
      - https://www.mentalhealth.gov
    - Substance Abuse and Mental Health Services Administration
      - https://www.samhsa.gov/
    - Missouri Department of Mental Health
      - https://dmh.mo.gov/
    - The book, Gleam of Hope, by Sally Desu, a Missouri parent of an **emerging adult**

EDUCATE

4 Assess abilities

- Be cognizant of the **PCs'** abilities. Ensure that they are able to understand your communication, verbal and written.
- Think about the **PCs** **as people** and be aware of **other responsibilities** they may have, for example:
  - Do they have **other children** in the home to care for?
  - Does **their schedule allow** them the time to read materials and or do research on their own?
  - Do they have **access to the materials** you suggest (e.g., the internet or a laptop)?
  - Are they **capable of understanding** the suggested materials? Sometimes **PCs** have learning disabilities and/or challenges with reading and comprehension.
- Keep it **simple**, be **realistic**, and **never be condescending** to **PCs** **by implying that they are unable to understand.**

5 Discuss other important topics if they are struggling with behavioral health

- Do not treat their child as **their diagnosis**, but rather **WITH a diagnosis**.
  - Use person first language as discussed in the **SUICIDE PREVENTION** chapter of this playbook.
- Help them to understand and identify the **difference between symptoms and behaviors**. Assist them with understanding symptoms: **what is concerning and what is not**?
- Discuss the option of **medications** and **potential side effects**. If this is not your role and/or if you don't have the knowledge, refer and assist them with connecting with a primary care physician or psychiatrist.
- Assist them with learning to **manage their own emotions** and/or refer them to their own therapist. If necessary, remind them physical violence is never okay.
- Discuss **stigma** with them and identify ways to reduce it.
- Remind them to look for **little wins** and **small victories** in their **emerging adult's** progress.

CHALLENGES

It's common to work with families that need additional **redirection**. Some common challenges you may face include:

Frustration

"[Emerging adult] never tries to get better."

Remind PCs we are all on the **same team**.

Egocentricsm

"I'm the parent, I know what's best for my child."

Bring the **emerging adult** back to the **main focus** regardless of disagreements.

Anger

"I yell because I want [emerging adult] to listen."

PCs likely think their actions are for the betterment of their child. It's important to remember that they normally have their child's **best interest at heart** and what they do is usually not out of spite/bad intentions.

PCs Behavioral Health Challenges

"I'm too sad to talk to [emerging adult]."

Recommend separate resources for PCs and remind them that, as the professional you are there for the **emerging adult** and that is the goal.

Exhaustion

"I never have time do anything for myself."

This can be helped by self-care and reminding PCs to take care of themselves (see **page 39** for more info).

RESOURCES EVIDENCE-BASED PRACTICES, MODELS, & MORE

- Centers for Disease Control and Prevention: Children & Prevents Mental Health
  - https://www.cdc.gov/childrensmentalhealth/features/mental-health-children-and-parents.html
- National Alliance on Mental Illness
  - https://nami.org
- Mental Health.gov
  - https://www.mentalhealth.gov
- Substance Abuse and Mental Health Services Administration
  - https://www.samhsa.gov/families/parent-caregiver-resources
- Missouri Department of Mental Health
  - https://dmh.mo.gov/
- Got Transition
  - https://www.gottransition.org/parents-caregivers/
- The National Child Traumatic Stress Network
  - https://www.nctsn.org/audiences/families-and-caregivers
- Anna Freud
  - https://www.annafreud.org/parents-and-carers/self-care-for-parents-and-carers/

REFERENCES

[1] CDC (Centers for Disease Control and Prevention)
https://www.cdc.gov/childrensmentalhealth/features/mental-health-children-and-parents.html

[2] University of Minnesota, Center for Leadership Education in Maternal & Child Public Health
https://mch.umn.edu/resources/mhecomodel/

[3] International Self-Care Foundation
https://isfglobal.org/what-is-self-care/

WORKING WITH EMERGING ADULTS | PEER SUPPORT

WHAT IS PEER SUPPORT

A definition of Peer Support and descriptions of sub-fields.

WHY PEER SUPPORT

Various reasons that describe why Peer Support is a vital piece of working with **emerging adults**.

WHEN TO USE PEER SUPPORT

How to incorporate Peer Support into practice.

TIPS AND CHARACTERISTICS OF PEER SUPPORTS

How to supervise a Peer Support, tips from Peer Supports themselves, and common characteristics.

INTRO TO PEER SUPPORT

Peer Support is an umbrella term used to refer to individuals in roles that share similar lived experiences with a population they serve via "understanding, respect, and mutual empowerment".[1] Within **Peer Support**, there is a spectrum of "peerness" that can be tailored to specific topics or populations such as substance use, family, and youth. In Missouri, **Peer Supports** (**PSs**) can go through certification and training to become a **Certified Peer Specialist**. For the purposes of this chapter **Peer Support** is referring to peers of **emerging adults** who support recovery from behavioral health conditions.

Peer Support

"It is assumed that people who have experienced and overcome a particular type of adversity can serve as source of support, encouragement and hope to others experiencing similar situations, and may also be uniquely positioned to promote service engagement."[2]

"To me, **Peer Support** means to have not just sympathy, but empathy for another person's struggles, aid people in identifying their version of recovery, and finding creative and individual ways to support them in achieving this recovery."

- Certified Peer Specialist at Compass Health Network

Certified Peer Specialist

State of Missouri

Learn more* about becoming a **Certified Peer Specialist**

What kinds of **Peer Supports** are there?

Mental Health Conditions

Learn more* about Peers Supporting Recovery from **Mental Health Conditions**

Substance Use Disorders

Learn more* about Peers Supporting Recovery from **Substance Use Disorders**

Family, Parent, and Caregiver

Learn more* about Peer Support for **Family, Parent, and Caregivers**

*Head to the **Resources** page for website links to learn more about types of Peer Supports and how to become a Certified Peer Specialist in the State of Missouri.

WHY PEER SUPPORT

The following information comes from a variety of professionals in the behavioral health field. Individuals that contributed include **Certified Peer Specialists**, **Youth Peer Specialists**, **supervisors**, and many other roles in order to gain tips and lessons learned from all perspectives regarding this topic. Although the specific roles may differ across the individuals contributing, the **emerging adult** population they serve unites them.

Builds Hope

- **PSs** use **lived experience** to relate to the **emerging adult** and show them there is hope for the future. The **Peer Support's** lived experience is used to empathize, relate, and inspire hope. It is meant to normalize feelings, thoughts, or situations the **emerging adult** might be experiencing to make them feel less alone and alienated. **Peer Supports** make sure to share relevant personal experiences in a way to advocate with or for the **emerging adult** they are working with. See **Resources** for a **Strategic Sharing Guide**.
- The hiring of young people* with behavioral health challenges allows agencies to **promote recovery** and allows the **emerging adults** they serve to have hope that one day that could be them.

Builds Relationships

- **Peer Supports** build relationships through **rapport building**. This includes their ability to be relatable in age and experience, knowledge of culture, and talking with the **emerging adults** one-on-one about their interests, goals, and personal story. Through this healthy relationship between the **Peer Support** and **emerging adults**, the **PS** is helping the **emerging adult** gain skills to build and maintain new relationships in life.

*This is specific for **Youth Peer Specialists** - they are **PSs** who specifically serve adolescents and young adults. Best practice is for Youth Peer Specialists to be near-age of those they serve (18 - 30 years old).

WHY PEER SUPPORT

Individualized Support

- Through relationship building, the **PS** gets to know the **emerging adult** on a **very personal** and **individualized level** which helps the **PS** to assess their unique set of strengths and use those to accomplish the **emerging adults'** goals.

Breaks Barriers

- **PSs** help to break the barriers of feelings of **loneliness**, **shame**, **stigma**, and **low self-esteem** by reminding **emerging adults** that other people experience struggles similar to theirs by sharing their own story and offering their feelings through a genuine shared understanding.

Promotes Resilience

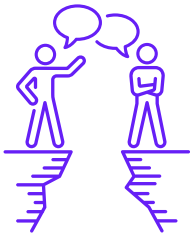
- Individuals that receive **Peer Support** are more likely to acquire a **set of resiliency tools** which set them up for future successes in adulthood. These tools include:
  - Problem-solving
  - Relationship building
  - Self-care
  - Self-advocacy

WHEN TO USE PEER SUPPORT

Support in the community. **PSs** can attend meetings and events out in the community (e.g., Narcotics Anonymous) with the **emerging adult**.

When someone is **ambivalent** or presenting a lot of **barriers** to engaging in treatment, a **Peer Support** might be a great option because they understand the feelings associated with these challenges.

When clients feel **isolated** or **misunderstood** and need a resource that will support them in advocating for themselves and working on their goals.



As a way to **bridge the gap between the clinician and the client**. **PSs** use their empathy to help the **emerging adult** connect with their professional team members and resources.

TIPS FOR SUPERVISING A PEER SUPPORT

If you are a professional that will be overseeing a **Peer Support** during their day-to-day work, here are some tips and resources[3,4] for how to support and help them grow in their role:

Tip

Ask **what their needs are** through a conversation focused on how you can best support them in their role

Be **flexible**

Know when to **support** them, but also when to **back off**

Have an **open-door policy** and make yourself available and approachable

Respect the role of **Peer Support** and treat them as an important part of the team

Remember that this could be their **first 'professional' job** - trainings and professional development are highly encouraged

What this sounds like...

TIPS FROM PEER SUPPORTS

1 Let an emerging adult figure out their recovery

Just because something worked for them in **their recovery does not mean** it will **work** for the **emerging adult** they are now working with.

- Do not get stuck on personal experiences.
- As a **Peer Support** you might think you always know what is best for the **emerging adult**, but it has to be driven by their thoughts. Instead, **help them see opportunities to empower them**.

2 This is not your treatment

You are not there to share every detail of your life! It is okay to talk about you, but don't keep it on you.

- **Let them guide their treatment** - tell a little bit to get a little bit - they are not there for your therapy.
- There is an art to building rapport. You can still give off an "I've been there" feeling without oversharing.
- When sharing personal experiences, ask yourself, "Why am I telling this personal story?"

3 Maintain boundaries!

A lot of **emerging adults** may not have had the opportunity to witness **healthy business relationships**

- Use this as an opportunity to **act as a role model** and teach them how to maintain a good relationship with resources such as behavioral health programs.
- Reach out for support when you need it!

4 Stay up to date on training

"Youth **Peer Support** training allowed to me have a **new perspective** on my job, and I host groups that focus on exploring client's interests because of this training. **Wellness Recovery Action Plan** (WRAP) training allowed me to recognize the importance of using **evidence-based practices**, and I am now capable of supporting my clients in using their **voice** to develop a WRAP for any of their goals."

- **Peer Support staff**

5 Improve and reflect

Ask **yourself** these **questions** when ending a session with a client:

- Did we connect in any type of way?
- What did we talk about?
- Did I make time for self-reflection?
- How much time did I talk versus client?

CHARACTERISTICS OF PEER SUPPORTS

Relatable and Welcoming

- **Mirror** the demographic they serve.
- Able to **speak and understand the lingo** of the population they serve.
- **Not afraid** to go out in the community they work in.

Stable in their own personal journey

- Maintain **regular participation in their own recovery** (e.g., therapy, support groups).
- Practice **self-care**.

Patient

- Understand that things **do not change overnight**.
- This is **not** a job of **instant gratification**, but takes time and effort.

Able to connect

- "I am with you" and "I will talk with you"
- Not just hearing the client's stories but taking into consideration and recognizing **how those stories affect the person they are today**.

RESOURCES

EVIDENCE-BASED PRACTICES, MODELS, & MORE

- Peers Supporting Recovery from Mental Health Conditions
  - https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-mental-health-conditions-2017.pdf
- Peers Supporting Recovery from Substance Use Disorders
  - https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf
- Peers Supporting Family, Parent, and Caregivers
  - https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/family-parent-caregiver-support-behavioral-health-2017.pdf
- Certified Peer Specialists in the State of Missouri
  - https://mopeerspecialist.com/
- Strategic Sharing Guide
  - https://www.pathwaysrtc.pdx.edu/pdf/pbStrategicSharingGuide.pdf
- Resources for Peer Support Supervisors
  - **SAMHSA Resources for the Supervision of Peer Workers** - https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/guidelines-peer-supervision-3-resources-cp4.pdf
  - **SAMHSA Self-Assessment for Supervisors of Peer Workers** - https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/guidelines-peer-supervision-2-self-assessment-cp9.pdf
- Peer Support Services - Missouri Department of Mental Health
  - https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/peer-support-services
- Wellness Recovery Action Plan (WRAP)
  - https://www.wellnessrecoveryactionplan.com/

REFERENCES

[1] Jackson, S., Walker, J., & Seibel, C. (2015)
https://www.pathwaysrtc.pdx.edu/pdf/proj-5-AMP-peer-support-faq.pdf

[2] ibid
https://www.pathwaysrtc.pdx.edu/pdf/proj-5-AMP-peer-support-faq.pdf

[3] SAMHSA
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/guidelines-peer-supervision-3-resources-cp4.pdf

[4] SAMHSA
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/guidelines-peer-supervision-2-self-assessment-cp9.pdf

WORKING WITH EMERGING ADULTS | SUBSTANCE USE

INTRO TO SUBSTANCE USE

An introduction to what substance use is, when it becomes a Substance Use Disorder (SUD), and what influences substance use for **emerging adults**.

KEY SUBSTANCES AND HOW TO START THE CONVERSATION

An overview of frequently used substances, current overdose trends, and a structured method to starting the conversation.

TREATMENT AND RECOVERY

Treatment and recovery options for SUD and common clinical terms used.

INTRO TO SUBSTANCE USE

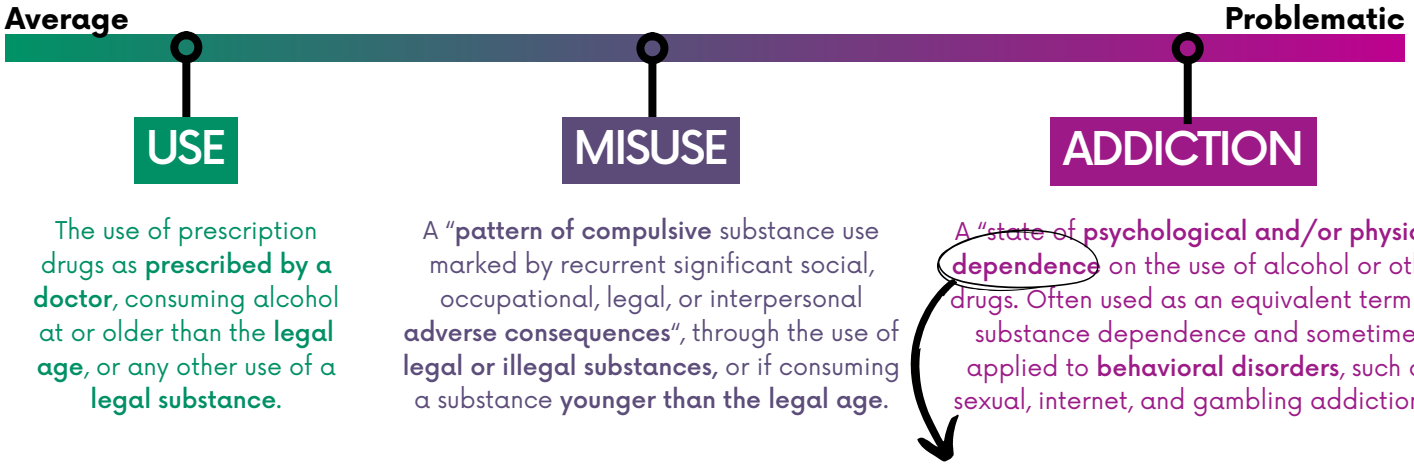
Many western cultures may consider **substance use** (**SU**) in **emerging adults** typical. However, self-reported data by youth and teen tell a different story. In 2023, United States 8th, 10th, and 12th graders reported **less illicit drug use** in the past year than 2022, similar to those of pre-pandemic levels.[1] Similarly, abstention from **illicit drug use rose** for all three grades, and was the highest ever recorded for 12th graders (since 2017).[2]

This chapter begins by defining **substance use** as on a spectrum.

What Counts as Substance Use?

SU is the use of certain substances, such as **alcohol**, **tobacco**, **drugs**, **inhalants**, and **other substances** that can be **consumed**, **inhaled**, **injected**, or otherwise **absorbed** into the body with possible **dependence** and other long-term effects.

Spectrum of Substance Use[3]



Substance Use Disorder

Substance use disorder (**SUD**) is a complex condition in which there is uncontrolled use of a **substance** despite harmful consequences. People with **SUD** have an intense focus on using a certain **substance(s)** such as alcohol, tobacco, marijuana, or illicit drugs to the point where the person's ability to function in day-to-day life becomes impaired.[4]

CULTURE OF SUBSTANCE USE

Often, adults and professionals talking with **emerging adults** about **substance use** err on the side of "just say no." Simple enough, right? Unfortunately, there are many influences in an **emerging adult's** life that may cause them to view **substance use** as a normal, and even helpful, activity. The **Ecological Systems Theory** shown below displays four levels of environmental systems that hold influence over an individual (**emerging adult** in this case), and, in turn, can result in normalization of **substance use**.

Ecological Systems Theory and Substance Use[5]

Society

- Television, movie, music, and social media depiction of substance use as common and normal
- "Rite of passage" when going to college or turning a certain age

Community

- Advertisements for vapes, energy drinks, alcohol, etc.
- Dispensaries, liquor stores, or drug dealers within neighborhoods
- Access to transportation
- Inequitable addiction treatment

Relationships

- Family or peer use of substance use
- Ease of access to substances

Individual

- Underlying mental and/or physical health condition
- Traumatic event
- Brain development

Results in:

Seeing **media** depict teenagers and adults blacking out at a party as "fun," use of vapes without any observable consequences, or drinking after a hard day to relieve stress.

Companies or drug dealers knowing that the best way to gain "consumers" is through making people aware of their product within their **neighborhoods**.

Lack of access to behavioral healthcare due to inconsistent transportation.[6]

Distrust of addiction treatment providers due to **racial and cultural discrimination**.[7]

Seeing **family or peers** using substances without immediate consequences, showing an **emerging adult** that it is ok and safe to use the same amount as that individual.[8] However, that person's tolerance may be much higher than theirs, leading to a potential of overdose.

People with **mental illness** using drugs or alcohol as a form of self-medication.[9]

A unique connection* between **trauma** and problematic **substance use**.[10]

Brain functions not fully developed in areas that are responsible for decision-making until one's mid-20s.[11]

*For many adolescents (45%–66%), **SUDs** precede the onset of trauma exposure. Additionally, several studies have found that problematic **substance use** developed following trauma exposure (25%–76%) or the onset of PTSD (14%–59%) in a high proportion of teens with **SUDs**.

MARIJUANA USE

As more states legalize recreational marijuana, advertisements promoting marijuana are on the rise. However, there are still many misconstrued facts related to its use. So what is marijuana?

Marijuana

"Marijuana refers to the dried leaves, flowers, stems, and seeds from the **Cannabis sativa** or **Cannabis indica** plant."[12] The cannabis plant contains various types of **cannabinoids**, such as the **psychoactive chemical THC** and over 100 chemically-related compounds like **CBD** and delta-8.*

delta-9 tetrahydrocannabinol

The main **psychoactive chemical** in marijuana - creates a "high" feeling.

cannabidiol

A **non-psychoactive chemical** in marijuana - does not create a "high" feeling, and is used to treat some conditions.

There may be **valid medical reasons** for marijuana use and it is important to understand cultural norms before broaching the potentially "taboo" topic of marijuana use. Key facts[13] to remember are:

Marijuana can be addictive

One in 6 people that start using marijuana before they are 18 becomes **addicted**.[14] In fact, about **3 in 10 people** who use marijuana have marijuana use disorder, or an addiction. A study[15] found that **nearly half** of routine marijuana users had **withdrawal symptoms** after stopping use.

Marijuana use has increased, while perceived great risk has decreased

Specifically in Missouri, **self-reported past month marijuana use** among those 18 - 25 **increased** from 21% in 2020 to 26% in 2021. This was also the first year since 2014 that **marijuana use in Missouri is higher than average use in the United States.** Additionally, perceived great risk from smoking marijuana once a month among this age group has **steadily decreased** in Missouri (8%) and the United States (12%) since 2003 (23% and 24%, respectively).[16]

*Delta-8 THC is naturally produced by the cannabis plant, but not in substantive amounts. Due to this, it is manufactured in concentrated amounts from CBD. However, **delta-8 THC products have not been approved for safe use by the FDA**.[17]

MARIJUANA USE

Long-term Impact:	mental health problems, chronic cough, frequent respiratory infections.
Withdrawal Symptoms:	Irritability, trouble sleeping, decreased appetite, anxiety.[18]

Though it is a naturally occurring substance, that does not mean it is safe

The most common reason people use marijuana is to "feel mellow, calm, or relaxed."[19] However, routine use of marijuana **increases risk of mental health issues** (such as depression and social anxiety), and could cause temporary psychosis. In fact, there is a **strong correlation** between using marijuana at a **young age** and developing **schizophrenia**. To add to this issue, the amount of THC in the marijuana flower has **increased over 200%** from 1995 to 2015.[20]

Driving while high is impaired driving

Many people think, unlike alcohol, it is safe to drive while using or under the influence of marijuana. A study[21] assessing seriously injured patients in a car crash found that **25% were positive for marijuana**, while 22% were positive for alcohol.

Medical marijuana has potential benefits for several conditions, but there are still risks

Research has shown that derivatives of marijuana can help with symptoms and conditions, such as Alzheimer's, epilepsy, and glaucoma. **Note: Medical marijuana is ONLY medicinal if consulting with a medical provider and it still has risks and side effects.**[22]

Chronic use of marijuana can hinder brain development

Chronic use of marijuana as an emerging adult can "affect normal brain development, leading to problems in **learning**, **memory**, **coordination**, **reaction time** and **judgment.**" There is also a link between **chronic marijuana use during adolescence and a loss of IQ** that is never recovered as the individual ages.[23]

ALCOHOL USE

Because alcohol is legal for adults in every state and easy to access, it continues to be the most widely consumed substance for emerging adults.[24] Unfortunately, emerging adults do not always understand the true impact alcohol can have on their actions and health.

Alcohol

"Alcohol is a psychoactive substance with dependence-producing properties that has been widely used in many cultures for centuries. The harmful use of alcohol causes a high burden of disease and has significant social and economic consequences."[25]

12 oz beer at 5% alcohol content

5 oz wine at 12% alcohol content

1.5 oz liquor at 40% alcohol content

For this age group specifically, they often **drink more at a time** than adults, or **binge drink**. This is dependent upon age and body size, but is defined as the amount to reach a blood alcohol content (BAC) of 0.08%.[26]

1 Drink x 3 to 5* = Binge Drinking
every 2 hours

*On average it is 3 to 5 drinks depending on a person's age and size.

ALCOHOL USE

Long-term Impact:	mood and behavior dysregulation; heart, liver, and pancreas damage; cancers, and a weakened immune system.
Withdrawal Symptoms:	tremors, sweating, elevated pulse and blood pressure, insomnia, anxiety, nausea or vomiting, and seizures.[27]

Alcohol use early in life greatly increases the chance of alcohol use disorder (AUD) as an adult

Individuals 26 and older who began drinking before age 15 are **3.5 times more likely** to report having an alcohol use disorder in the past year than those who waited until age 21 or later to begin drinking.[28]

Alcohol use inhibits critical thinking

Alcohol impacts the part of our brain that helps with **decision making**, causing us to act on it before we think through the ramifications. This can lead to riskier choices, such as: unprotected and/or nonconsensual sex, aggressive behaviors, drunk driving, or acting on suicidal thoughts.

Car crashes are a top cause of death for teenagers

"In 2021, 27% of young drivers (ages 15-20) involved in fatal crashes had BACs of .01 g/dL or higher; 22% of those young drivers had BACs of .08 g/dL or higher."[29]

There is a correlation between emerging adult violence and alcohol use

Nearly 33% of teens that are arrested for an assault stated they were intoxicated, with "chronic violent young offenders" being three times as likely to drink than their non-violent peers.[30]

VAPE USE

Whether it's the tasty flavors, ease of concealing, or alternative to the conventional cigarette, e-cigarettes/vapes have overtaken cigarettes for the top use tobacco/nicotine product among emerging adults.[31]

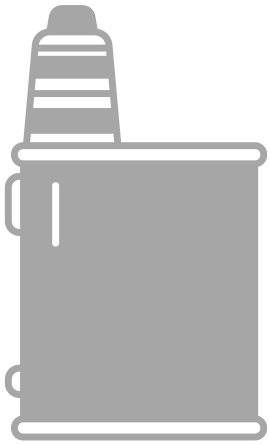
E-Cigarettes and Vaping

"E-cigarettes, vapes, vape or hookah pens, vaporizers, e-pipes, vape watches, and other electronic nicotine delivery products are electronic, battery-powered devices that heat a liquid and allow users to inhale the aerosolized liquid, also known as e-liquid or e-juice."[32]

E-cigarettes come in a **variety of shapes, devices, and types.** Since their inception, e-cigarette companies have come out with new generations of devices, depending on the users choice of disposing/reusing, modifying (i.e., changing how much/quickly the liquid in the vape is burned), flavoring, and liquid contents (e.g., nicotine, THC, or CBD).[33]

1st Generation
Disposable e-cigarettes

2nd Generation
E-cigarettes with prefilled or refillable cartridge



3rd Generation
Tanks or Mods that are refillable

4th Generation
Pod Mods that are prefilled or refillable

VAPE USE

Long-term Impact:	risk of cancer, especially lung cancer; chronic bronchitis; emphysema; heart disease; leukemia; cataracts; pneumonia.
Withdrawal Symptoms:	irritability, attention and sleep problems, depression, increased appetite.[34]

E-cigarettes labeled as "0% nicotine" still have nicotine

"Some vape product labels **do not disclose that they contain nicotine**, and some vape liquids marketed as containing 0% nicotine have been found to contain nicotine."[35]

Emerging adults often view vaping as safe

Surveys for high schools students in Missouri show that these youth **perceive e-cigarettes as safe**, and often do not know that they contain nicotine.[36]

Nicotine damages the developing brain

Nicotine use while the brain is developing "can harm the parts of the brain that control **attention, learning, mood, and impulse control**" and hinders how the developing brain makes new connections (or synapses), leading to slower processing and memory issues.[37]

E-cigarettes can contain more nicotine than cigarettes

More and more e-cigarettes and vapes contain **nicotine salts**, a **more potent form of nicotine** created to lessen irritation to the throat and make it more enjoyable to use.[38]

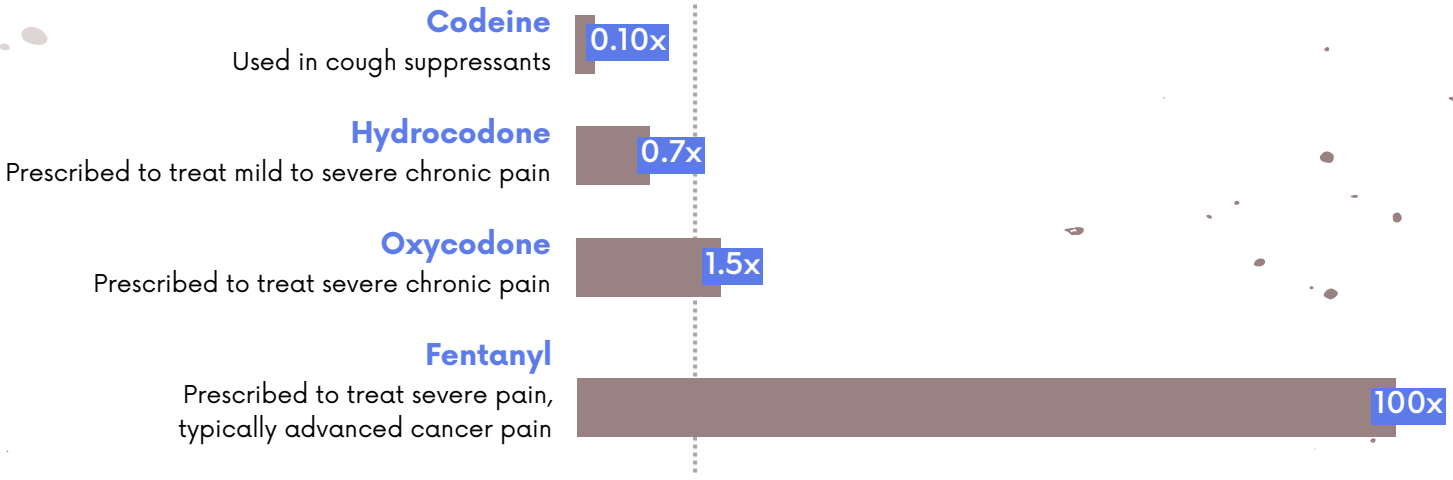
OPIOID USE

Opioid misuse can often start from a legitimate prescription for pain medication following an injury, broken bone, or even wisdom tooth surgery. **Emerging adults** are the **biggest misusers of prescription pain mediation**. In 2016, **20% of emerging adult deaths were related to opioids.**[39]

Opioids

Opioids "are a class of drugs used to reduce pain. Opioids include the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription. Prescription opioids are generally safe when taken for a short time and as directed by a healthcare provider, but because they produce euphoria in addition to pain relief, they can be misused and have addiction potential."[40]

With so many types of opioids, it's important to understand the different **levels of potency for common opioids** as many overdoses are caused by **substances** laced with dangerous levels of opioids. Below are common opioids and their potency as compared to **morphine**:[41]



OPIOID USE

Long-term Impact:	increased risk of overdose or addiction if misused.
Withdrawal Symptoms:	restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps, leg movements.[42]

Prescription use of opioids can lead to misuse

"Research shows individuals who are prescribed opioids prior to graduating high school are **33 percent more likely to misuse prescription opioids** after graduating. Additionally, taking opioids after wisdom teeth removal also increases the odds of long-term use."[43]

Emerging adults usually obtain opioids from friends or relatives

"**Fifty-three percent** of people ages 12 or older who obtained prescription pain medication for nonmedical use **obtained them from a friend or relative**."[44]

Xylazine mixed with fentanyl can create a non-reversible overdose and cause necrotic tissue

Xylazine, a sedative approved for use with large animals, has been increasingly seen mixed with fentanyl. Unlike opioids, xylazine is **not responsive to Narcan**, making this combination particularly dangerous.[45] Additionally, wounds caused by xylazine "often appear on the body's limbs and extremities (i.e., toes, fingers, hands, arms, legs) and are marked by impaired healing and necrotic tissue."[46]

OVERDOSES

Research shows that current rates of **overall** substance use among high schoolers continues to decrease.[47] However, non-fatal and fatal **overdoses** continue to rise, mostly stemming from **fentanyl, a synthetic opioid similar to morphine that is much more potent.** With decreases in overall SU, but increases in overdoses, it is an important time to talk with emerging adults openly and honestly about preventing overdoses. Key topics to prevent overdoses include:

Many overdoses are accidental

Often, someone does not truly know the **potency** of a substance, or thinks that it's okay to take the **same amount as a friend** without knowing that person is a frequent user and has built up a higher tolerance that could be lethal to others. Commonly, **drug dealers will cut a** substance they are selling (e.g., marijuana, oxycodone) with something more potent (fentanyl). This **dramatically increases potency** of the substance without the substance user's knowledge. Overdoses also often occur after a **relapse**. When a person reduces or stops use, it **lowers their tolerance** to that drug. If they use the same level of that drug, they are at increased risk of overdose.

You can reverse an overdose by using Naloxone (aka Narcan)

"**Naloxone** is a **life-saving medication** that can **reverse an overdose from opioids** - including heroin, fentanyl, and prescription opioid medications - when given in time. Naloxone is easy to use and small to carry. There are two forms of naloxone that anyone can use without medical training or authorization: prefilled nasal spray and injectable."[48] However, **xylazine cannot be revered with Narcan**.

When in doubt, use naloxone - if it turns out the individual did not use opioids, **naloxone will NOT hurt them**, but if they did, you might have saved their life.

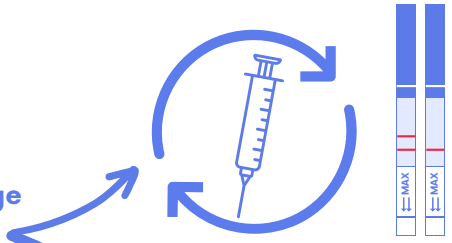
OVERDOSES

Harm reduction messaging helps reduce overdoses[49]

Harm Reduction is "a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use" such as HIV, Hepatitis C, or other **irreversible** conditions.[50] Strategies involve "meeting people where they are" in their treatment journey, and include **needle-exchange services**, **fentanyl test strips**, and **sobering centers**. Usually at these locations treatment options are provided, but never required.

Other key harm reduction messages include: **not using alone, taking turns using**, **doing a test dose**, **not mixing drugs**, and **having naloxone readily available**.

In **Missouri**:



MoNetwork

Behavioral Health Crisis Centers

Laws exist to safeguard individuals using illicit substances in emergency situations

In the state of Missouri, the **Good Samaritan Law** protects people who call 911 from arrest & prosecution for possession of drugs or paraphernalia.[51]

OTHER SUBSTANCES

Though a non-exhaustive list, other common **substances used** by **emerging adults** and key facts about them include:[52]

Types of Substances	Physical and Psychological Response	Bodily impact
Stimulants (prescription): • Ritalin • Adderall	Intense focusing and extra energy	• **Long-term impact**: Heart problems, psychosis, anger, paranoia • **Withdrawal symptoms**: depression, tiredness, sleep problems
Stimulants (non-prescription): • Cocaine (Crack/Coke) • Methamphetamines	Feelings of euphoria and confidence, suppressing appetite, and extra energy	• **Long-term impact**: Nasal damage (if snorted), weight loss, death of bowel tissue, and accelerated heartbeat • **Withdrawal symptoms**: depression, anxiety, tiredness, increased appetite, sleep problems
Hallucinogens: • Ketamine • LSD • Mescaline (Peyote) • PCP • Psilocybin (Shrooms) • Salvia • Ayahuasca	Distortions in a person's perceptions of reality, feelings of euphoria, and intense dissociation from oneself	• **Long-term impact**: randomized flashbacks to when drug was used, hallucinations, intense mood changes, and paranoia. • **Withdrawal symptoms**: depression, anxiety, confusing, and irritability
Inhalants: Solvents, aerosols, and gases found in household products such as spray paints, markers, glues, and cleaning fluids	Slows the central nervous system resulting in euphoria, pleasure, and relaxation	• **Long-term impact**: liver, kidney, brain and bone marrow damage • **Withdrawal symptoms**: nausea, tremors, irritability, problems sleeping, and mood changes
Kratom: A tropical deciduous tree with leaves that contain many compounds (including a mind-altering opioid) that can be bought as tablets, capsules, or extracts	Causes mood-lifting effects, pain relief, and acts as an aphrodisiac; can also cause sedation at high doses	• **Long-term impact**: hallucinations, weight loss, and insomnia. • **Withdrawal symptoms**: muscle aches, insomnia, hostility, aggression, emotional changes, and jerky movements

MYTH BUSTERS

There are many **myths** about **substance use** among **emerging adults**. These are some of the most common ones and their corresponding facts:

MYTH	FACT
____ is not addictive, it's natural!	**Anything can be habit-forming if misused** as a replacement for something (e.g., drinking to replace confidence, cannabis to take the place of loneliness, Adderall to replace tiredness, mushrooms/psilocybin for creativity).
Prescription drugs are safe to use if they are prescribed by a doctor	Prescription drugs are **only safe when they are taken as directed by the intended recipient**. A person's health history, symptoms, current medication regiment, and many other factors weigh into each individual prescription. It is NOT safe to take someone else's prescription drugs even if you think you have the same issue.
The best way to stop using a substance is to stop "cold turkey"	This is **rarely the best way** to stop substance use. Quickly stopping use of substances could be **detrimental** as the body adapts to the sudden absence of the substance. Stopping use should **be discussed with a healthcare provider**, and be a moderate taper, sometimes with medications.
Someone needs to hit "rock bottom" before they can get help	The **earlier** someone gets help, the **easier** it will be to break a substance use habit - though it's never too late to seek support.

STIGMA AND SUBSTANCE USE

"Often unintentionally, many people still talk about addiction in ways that are **stigmatizing** - meaning they use words that can portray someone with a **SUD** in a **shameful or negative way** and may **prevent them from seeking treatment**."[53]

Instead of saying...	Try saying...	Why?
"Addict User Drunk/Alcoholic Junkie"	*"Person with a substance use disorder Person with an addiction"*	Using person-centered language shows that the individual with a **SUD** **"has"** a **problem/illness**, rather than **"is"** the **problem.**
"They have a dirty habit"	*"They have a drug addiction"*	A "dirty habit" can decrease a person's sense of hope for change and implies choice in use/not stopping use. This is inaccurate - the person **has an illness that needs to be medically treated**.
"Substance Abuse"	*"Substance Use (for illict drugs) Substance Misuse (for legal substances being used other than intended)"*	Saying "substance abuse" has a high association with **judgement and punishment**.
"They are on subs/they are on methadone"	*"They are getting medication treatment for their substance use disorder"*	Typically the phrasing of someone "on subs" (short for suboxone) or "on methadone" carries a **derogatory tone** suggesting that someone is "**trading one addiction for another.**" In reality, medication is used to treat a **variety of health issues** and can be very effective at treating some **SUDs**.
"They are clean"	*"They are in remission or recovery They are not drinking or taking drugs"*	"**Clean**" implies an opposite of "**dirty**," which adds to **stigma**.

START THE CONVERSATION

FOR CLINICIANS

FOR NON-CLINICAL PROFESSIONALS, SKIP TO PAGE 75

As a provider working with **emerging adults**, common questions for beginning to speak with **emerging adults** about **substance use** and how it influences their lives may be "how do I bring up **substance use** without accusing?" or "how do I know if their use is severe?" To start this conversation you can practice asking key questions, and know the direction the pathway will head as you learn more about their **substance use**. One model to consider using is the **Screening**, **Brief Intervention**, and **Referral to Treatment,** or **SBIRT**,[54] model.

Screening

Ask questions in a way that will elicit the most honest responses.

1 Explain your role, the reason for screening, and create a safe environment

- "One thing I talk with all my clients about is **substance use**. Would it be okay if we talk about your use for a few minutes? If alright with your parents/caregivers, I would like to talk to you privately as a way for you to take control of your health. "

2 Establish confidentiality

- "As a reminder, whatever we talk about will remain confidential, with exceptions of topics related to safety."

3 Begin with open-ended questions

- "Tell me about alcohol and drug use within your friend groups, peers at school, or in your community."
- "Does anyone in your family drink alcohol or use drugs?"
- "Have you ever tried alcohol, marijuana, or other drugs?"

If you're concerned they're **selling drugs**, the goal may center on:

- **building understanding** for selling (income for themselves, their family, community norms)
- **dangers of continuing** (risk of jail time hurting chances of future goals/jobs)
- **encouraging skills developed** put to use in more legitimate practices

START THE CONVERSATION

FOR CLINICIANS

4 Utilize a screening tool to assess substance use severity

- It is important to choose a screening tool that is right for the **emerging adult**, depending on their **age** and **what you plan to screen them for** (e.g., alcohol, tobacco, marijuana, opioids). You can find a list of tools by going to the National Institute on Drug Abuse website, with some that can be **completed and scored online.**[55]
- "Something I ask everyone I work with is to fill out a questionnaire. Would you like to fill it out yourself, or have me ask you the questions outloud?"

5 Ask permission to review screening tool results

- "Would it be ok to discuss your answers to the questionnaire?"

Brief Intervention

Review screening results, appropriately respond to severity, and help an emerging adult decide the best steps for their health.

6 Review screening tool results

No use/slight experimentation

End here for this path

- **Praise for abstaining/non-harmful use of substances**
  "It's great that you've chosen not to use alcohol or drugs at this stage of your life. What made you make that decision?"
- **Focus on coping strengths**
  "Sometimes people use substances to cope with something going on. Since you aren't using, what do you do to cope instead?"
- **State the benefit of continued abstinence from substance use**

Concerning use

Continue on next page

- **Explore association between substance use and any health factors:**
  "Do you think your use has anything to do with your [anxiety, depression, insomnia, etc.]?
- **Asking questions related to natural consequences and if they've tried to quit**
  "Has your substance use resulted in any decisions you wish you had not made?"
  "What would happen if you tried to stop using _?"
- **Establish if there are signs of addiction and/or signs of acute danger.**
  "If you stop using _ for a day, does your body feel different?"
  "Have you ever used too much that you don't remember?"

START THE CONVERSATION

FOR CLINICIANS

Referral to Treatment

Talk through next steps with an emerging adult and family/friends, decide on best options for care, and create a warm-hand off to a SU treatment provider.

7 Assess readiness to change and build motivation

- "What do you like about using _?" What are some of the not so good things about using _?
- "On a scale of 1 to 10, how ready are you to change your **substance use**? Why not [lower number]? Why not [higher number]?"
- "What are some of the best reasons you can think of to avoid **substance use**?"

8 Reinforce autonomy and elicit emerging adult choice

- "What you choose to do is up to you."
- "What next steps would you like to take to reach your goal/vision?"

9 Talk through next steps for harm reduction and/or treatment

- **Harm Reduction**: "What steps could you take to reduce harms from alcohol or drug use?"
- Discuss that **substance use** treatment is **whatever they want it to be** and that is it not the same for everyone. It will begin with discussing their goals and other things they need help with (e.g., getting a job, stable housing, going to college).

START THE CONVERSATION

FOR CLINICIANS

10 Ask if the emerging adult would like parents/caregivers or friends present while talking through their decision

- "Do you think your parent/caregiver knows about your substance use?" and help them tell their parent about their **substance use** and plan for treatment. Let them know by talking with their parent/caregiver, they are **drastically increasing success** for their plan to lower/abstain for **substance use**.

11 Complete warm hand-off to treatment provider

- Unfortunately a large amount of people slip through the cracks **between identifying a need and connecting with it**. This can be mitigated by you taking on the role of making sure the **emerging adult** successfully spoke with the treatment provider and that the **emerging adult** feels safe with them.

12 Check-in on status of connection

- Ask the **emerging adult** and/or parents/caregivers to sign a release of information so you can communicate directly with the **SUD** treatment provider and check on the status of the linkage.

START THE CONVERSATION

FOR NON-CLINICAL PROFESSIONALS

For persons working with **emerging adults** in a non-clinical capacity, a less formal method is warranted to speak with **emerging adults** about **substance use**. To start this conversation, it is important to approach them with **empathy** and **understanding** by offering **guidance** and **support** rather than judgement or confrontation.

1 Think about how you will frame the conversation about substance use and choose a specified time and quiet place

- **Make a plan** to have the conversation: "I want to talk about drugs at a convenient time for both of us."
- Make sure your approach is **genuine** and **natural**. You should come into this conversation by expressing **kindness**, **empathy**, **support**, and **encouragement**. The conversation should NOT be about punishment or condemnation.
- Let the **emerging adult** know they are **not in trouble** and that this is a topic that impacts many people in some way. Try starting with: "You are not in trouble. I just think it is important to talk about because there is a lot of misinformation out there."

2 Explain concern through a fact-led and honest conversation

- Start by being **honest** and **explaining your reason for the conversation**, "Everyone will be faced with alcohol or drug use in their lives - whether they are asked if they want a drink or are concerned about a friend, loved one, or co-worker."
- Lead with **open-ended questions**: "What have you heard about marijuana from your friends or social media?" This will help you gauge what they know about **substances** and help correct any misinformation.
- **Refrain from lecturing**. Sharing facts is a good thing, but **emerging adults** do not want to be told what to do.
- **Naturally** bring up **family history of** **substance misuse**: "**Substance use disorders** can be genetic, meaning if someone in your family was/is addicted to a **substance**, it can be much harder for you to regulate **substance use**."

START THE CONVERSATION

FOR NON-CLINICAL PROFESSIONALS

3 Be prepared that they may have engaged in substance use

- Since **emerging adults** are in the age of **exploration**, it is possible they will have tried or been offered at least one **substance**. Ask if they have ever **felt pressured to try something**: "What made you feel like you could not say no?"
- Instead of focusing on the outcome of quitting or not using **substances**, help them understand **why** they are **using**/wanting to **try substances**.
- Ask them if they often use/think of using before or after an event. This can help identify a **potential stressor** linked to the **substance use**.
- If you think their **substance use** could be an **addiction**, seek care from a primary care or behavioral health provider. They will help assess the **emerging adult** for a **substance use disorder**.

4 Remember the goal - keep them coming back

- There is no way you can answer and discuss everything to do with **substance use** the first time. Make it a **reoccurring and relevant conversation** that you initiate: "Did you see the increase in overdoses in our city?"
- If you are concerned about any current use, focus on showing them you **care**. They may share they do not want or need your help at this time - and that is their choice. There may be a time that they **do want help,** and they should know they **can come to you** then.

5 Give them resources and facts in case of an emergency

- The **emerging adult** may be in a situation where they need to **think and act quickly**, such as being offered a joint, a friend being too drunk to drive, or witnessing an overdose. Prepare a list of these resources just in case. Focus on **harm reduction resources** provided earlier in this chapter, or engage in role-play for any of the above circumstances.

TREATMENT AND RECOVERY

Emerging adults in Missouri between the ages of 18-25 with a **diagnosable SUD** **doubled** (14% to 28%) from 2019 to 2021, and those needing but not receiving treatment for it increased from 14% to 26%.[56] Knowing where to start for **substance use** treatment can be difficult without a **guiding star**. Common questions could center on:

What care looks like

How long will the emerging adult be at a residential rehabilitation ("rehab") facility? Will they get to see their friends/family? Will they be put on medication to safely withdrawal?

While this varies person-to-person and substance(s) used, here are some common treatment options (from highest to lowest intensity):

Residential Treatment

A facility licensed under state laws to provide intensive **SUD** services, especially for individuals in need of **medication monitoring** for **safe withdrawal management**. Residential treatment often involves group therapy, individual therapy, and other activities to help an **emerging adult** become sober and learn methods to be successful in life-long recovery. Depending on a person's need and the facility's policies, an **emerging adult** can be medically and socially monitored and will stay anywhere from **two weeks to six months**. There are also specialized programs for women and children.[57,58]

Intensive Outpatient (IOP) Rehabilitation

A form of **SUD** rehabilitation in which people visit a treatment center several days a week for a few hours at a time. An IOP is more **time-intensive** than most standard outpatient programs. However, unlike an inpatient program, it does **not** require participants to **live at the facility**.

TREATMENT AND RECOVERY

Outpatient Rehabilitation

A **non-residential**, therapy-based type of treatment for addiction. Outpatient centers for addiction usually include group and individual counseling and behavioral treatments for an array of conditions (mental health included). The **emerging adult** **lives at home** and attends outpatient regularly. Therapies can include talk therapy, but may also include art, nature, or music-based therapies.

Support Groups

A **gathering of people** facing common issues to share what is troubling them. Through sharing experiences, they can offer support, encouragement, and comfort to the other group members and receive the same in return. There are support groups for specific populations, such as parents/caregivers, teens, young adults, or siblings of people experiencing **SUD**.

Peer Support

One-on-one support from someone else who has lived experience with a **substance use** addiction and is in recovery. See **PEER SUPPORT** chapter for more details.

Aftercare

Ongoing or **follow-up treatment** for **SUD** that happens after an initial rehabilitation program. The goals of aftercare are to **maintain recovery** from **substance misuse**, find ways to prevent relapse, and to help the person create a life filled with rewarding relationships and happiness.

COMMON MEDICATIONS

Medical treatment for **SUD**, commonly referred to as **Medication-assisted treatment** (**MAT**), is the use of medications in combination with counseling and behavioral therapy. MAT is often effective in the treatment of opioid use disorders (OUD) and/or alcohol use disorder (AUD), and can help some people to sustain recovery. Some of these medications are only approved for use for individuals **18 and older**.

Buprenorphine
(byoo-pruh-nor-feen)

Also referred to as "Bupe," this is a drug used to help treat **OUD**. Buprenorphine works by helping to stop drug cravings, blocking withdrawal symptoms, and blocking the effects of other opioids a person might try to use to get high.

Naloxone/Narcan
(nuh-laak-sown)/(naar-kan)

A medicine that **rapidly reverses an opioid overdose**. It attaches to opioid receptors and reverses and blocks the effects of other opioids. Naloxone (aka Narcan) can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose. **Naloxone is available at pharmacies and is good to have around, just in case.**

Suboxone
(suh-baak-sown)

Contains a combination of buprenorphine and naloxone. Buprenorphine is an **opioid medication**, sometimes called a narcotic. Naloxone blocks the effects of opioid medication, including pain relief or feelings of well-being that can lead to opioid misuse. The two medications are combined to make suboxone, which is **used long-term for maintenance treatment of opioid dependence**.

Vivitrol
(vi-vuh-trowl)

A **long-acting injectable** form of naltrexone, which is a medication used to treat two substance use disorders - **OUD** and **AUD.** Vivitrol is used as part of a treatment program and helps prevent people who use alcohol or opiates due to a **SUD**. Vivitrol blocks the 'high' that alcohol and opioids cause.

TREATMENT AND RECOVERY

Cost

How much will care cost? Will they accept the emerging adult's or parents/caregivers health insurance?

When in doubt, start with finding a behavioral health non-profit such as a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center CMHC, or a Federally Qualified Health Center (FQHC). These can be great starting points to help a person determine treatment and support options available, and can be low-cost and/or sliding-fee-scale. For inpatient treatment centers, though it does vary person-to-person, there are three main types of SUD treatment facilities:

- **State-funded or government-funded agencies** and rehab facilities receive money from the state to provide addiction treatment services to people who need them. The state's money to fund these programs comes from various sources, including federal grants, Medicaid reimbursement, and the state budget. The cost of some services is fully covered by the state; other services may require a sliding scale fee based on your income.

- **Private pay drug treatment** is exactly what it sounds like: you or your family pays the full amount for care without any assistance from insurance. Rates for private treatment can be quite costly.

- Many recovery centers also accept **private insurance**. If the **emerging adult** is covered by insurance, it is best to start by contacting your insurance provider to find out what services it covers and what resources are available in your network.

Location

Will the emerging adult have to travel across the state or country for treatment?

This will depend on a number of factors like where someone lives, their preferences for treatment, and their needs. However, there is usually a breadth of options to meet people "where they are," meaning a good treatment provider should ask patient preference and try and work with the emerging adult. There are even treatment providers that offer in-home care, telehealth, or offer to meet an **emerging adult** at their choice of location.

COMMON TERMS

The world of **SUD** **treatment** introduces new terminology and concepts. The following are words or phrases you can share with an **emerging adult** and their family/friends to help address any questions:

Behavioral Health

Refers to mental health and substance use disorders, life stressors, and stress-related physical symptoms. **Behavioral health care** refers to the prevention, diagnosis, and treatment of those conditions.

Dual Diagnosis or Co-Occurring

Let the **emerging adult** know that they may hear a medical provider or therapist say a person has a dual diagnosis or co-occurring disorders. These are terms for when **someone experiences a mental illness and a SUD at the same time**. About 60% of adolescents in a **SUD** treatment program also meet diagnostic criteria for a mental illness.[59]

Recovery

The process in which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. Being in recovery is when those **positive changes** and **values become part of a person's life** and includes handling negative feelings without using **substances**.

Medically Supervised Withdrawal

Another way of saying withdrawal management. Medically supervised withdrawal is the process of taking a person off a **substance** to which they are physically addicted. The process can be fast or slow and done under various levels of care and supervision. Withdrawal management works differently for everyone. When supervised by a physician, **medications are available** to help make this process both safer and more comfortable.

RESOURCES

EVIDENCE-BASED PRACTICES, MODELS, & MORE

- Missouri Department of Mental Health - find a Behavioral Health Crisis Center
  - https://dmh.mo.gov/media/pdf/bhcc-infographic
- Substance Use Screening Tools
  - https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools
- Partnership to End Addiction - Addressing Teen Substance Use Course
  - https://drugfree.org/skill-building/
- Child Mind Institute - How to Talk to Your Teen About Substance Use
  - https://childmind.org/article/talk-teenager-substance-use-abuse/
- FindTreatment.gov
  - https://findtreatment.gov/
- Missouri Coalition of Recovery Support Providers
  - https://mcrsp.org/
- Find Narcan in Missouri
  - https://www.nomodeaths.org/where-to-get-naloxone
- MoNetwork
  - https://www.monetwork.org/
- Talk About It - Talking Kit for how to Start the Conversation
  - https://talkaboutitmo.com/talking-kits/
- How to Use the SBIRT Model
  - https://www.samhsa.gov/sbirt

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https://www.nimh.nih.gov/health/publications/the-teen-brain-7-things-to-know

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https://dmh.mo.gov/alcohol-drug/reports/status-report/2023

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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9312454/

18 National Institute on Drug Abuse
https://nida.nih.gov/research-topics/commonly-used-drugs-charts

19 CDC
https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7305a1-H.pdf

20 Stuyt, E. (2018)
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21 Thomas et. al (2022)
https://rosap.ntl.bts.gov/view/dot/65623/dot_65623_DS1.pdf

22 Web MD
https://www.webmd.com/a-to-z-guides/medical-marijuana-faq

23 American Addiction Centers
https://americanaddictioncenters.org/marijuana-rehab/effects-of-marijuana-on-teenage-brain

24 CDC
https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm

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https://www.who.int/news-room/fact-sheets/detail/alcohol

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https://www.cossup.org/Content/Documents/Articles/RTI_Emerging_Threat_of_Xylazine_April_2023.pdf

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https://dmh.mo.gov/alcohol-drug/reports/status-report/2023

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https://www.cdc.gov/stopoverdose/naloxone/index.html

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WORKING WITH EMERGING ADULTS | FIRST EPISODE PSYCHOSIS

OVERVIEW OF FIRST EPISODE PSYCHOSIS (FEP)

An introduction to FEP, including: what it is, risk factors, early signs & symptoms, warning signs, and how to talk about it.

TREATMENT OPTIONS

Early treatment options for those with FEP to obtain fast access to care to identify their personalized care and recovery pathway.

FROM THE FIELD

Perspectives through professionals in the field that currently work with FEP in **emerging adults**.

INTRO TO FIRST EPISODE PSYCHOSIS

Most individuals that experience **psychosis** have their **first episode** between ages **16 to 30**,[1] with the **average age of onset** being **24.**[2] The average age of onset tends to be in the late teens to the early 20s for men, and in the late 20s to early 30s for women. Due to **emerging adults** being part this age group, it is important for them to get help when first experiencing **psychosis**. It commonly occurs at a **critical stage in their life** when they are embarking on education goals, a future career, and developing meaningful relationships with others.

First Episode Psychosis

Early psychosis, also known as **First Episode Psychosis** (**FEP**), refers to the initial time that a person starts to have **psychotic** symptoms. Specifically, they may experience **hallucinations** and/or **delusions**, causing them to question reality. The term "**psychotic episode**" refers to the **duration of time** when symptoms are present and interfere with an individual's daily life.

During **FEP** it is critical to connect the **emerging adult** to the treatment they need. The quicker an **emerging adult** can access services, the likelier they are to have better outcomes and recovery.

To understand FEP, we must first define psychosis. We provide one from the **National Institute of Mental Health**:[3]

> "**Psychosis** refers to a **collection** of **symptoms** that affect the mind, where there has been some **loss** of **contact** with **reality**. During an episode of **psychosis**, a person's **thoughts** and **perceptions** are **disrupted** and they may have difficulty recognizing what is real and what is not."
>
> – **National Institute of Mental Health**

WHAT IS PSYCHOSIS?

Psychosis can express itself in a variety of ways, but commonly it includes one of the two experiences: **hallucinations** and **delusions.**[4] To the **emerging adult**, experiencing these can be very real, which causes many to feel scared and confused.

HALLUCINATIONS

"Seeing, hearing, or feeling things that aren't there."

- Hearing **voices**
- Feeling abnormal **sensations**
- Believing that they are **seeing things** or **people** that are not there or are distorted

DELUSIONS

"Strong beliefs that are not consistent with the person's culture, are unlikely to be true and may seem irrational to others."

- Believing that **external forces** are controlling thoughts, feelings, and behaviors
- Common remarks, events, or objects have **personal meaning** or significance
- Belief they have **special powers**, a **special mission** they have to fulfill, or that they are a **higher being**

Anyone can experience **psychosis**, but everyone's experience is different and unique to them. Currently in the United States,

~3%

of people experience at least **one psychotic episode** during their lives[5]

~100,000

teens each year experience their **first psychotic episode**[6]

24

is the **average age** of **psychosis onset**[7]

RISK FACTORS FOR PSYCHOSIS

There is no singular cause for **psychosis**. It can be a result any combination of the following risk factors:[8]

Family History (genetics)

Psychological or Physical Trauma

These include stressors during critical stages of brain development, such as: death of a person in an **emerging adult's** life, sexual assault/abuse.

Mental Illness

Psychosis can also be a symptom of a serious mental health condition such as schizophrenia, depression, bipolar disorder, and schizoaffective disorder.

Physical Illness

Traumatic brain injuries, brain tumors, strokes, HIV, and brain diseases such as Parkinson's, Alzheimer's and dementia can result in psychosis.

Sleep Deprivation

First symptoms of **psychosis** can occur within 24 to 48 hours of not sleeping.[9]

Substance Use

Marijuana, hallucinogens, and stimulant medications.

Being a Young Adult

Although **psychosis** can begin at any age due to the hormonal changes in the brain during this specific period of their life they are at an increased risk.

Giving Birth

Individuals who give birth are at a higher risk for developing postpartum **psychosis** – symptoms of psychosis usually start quickly within the first 2 weeks after giving birth (most often within hours or days of giving birth).[10]

EARLY SIGNS & SYMPTOMS

Signs and symptoms of **psychosis** can vary in intensity and duration. A psychotic episode can last hours, days, weeks, months, and even years. Many times **families** and **friends** are the **first to notice** and recognize early signs of **psychosis**. Below are the **four overarching domains** that **psychosis signs** & **symptoms** fit within to look for changes in, with specific signs & symptoms[11] under each domain on the next page.

Perception, thinking, and speech

Social

Emotional

Behavioral

These signs can occur in children as young as **eight**. There are **screening tools** that can detect individuals that have a higher risk, such as this one here:

Psychosis & Schizophrenia Test[12]

https://screening.mhanational.org/screening-tools/psychosis/

EARLY SIGNS & SYMPTOMS

Perception, thinking, and speech

- Irrational statements
- Memory problems
- Severe distractibility
- Reduced speech/talking
- Rapid speech that is difficult to interrupt
- They report that things around them seem changed in some way
- Peculiar use of words, odd language structures, or speaking more vaguely than usual
- Unusual sensitivity to stimuli (noise, light, colors, textures)
- Preoccupation with new religion and spiritual practices (not part of their normal engagement)

Social

- Severe decline of social relationships
- Dropping out of activities - or less engagement in their life
- Social withdrawal, isolation, reclusiveness
- Unexpected aggression
- Extreme suspiciousness and paranoid thoughts about other people
- No longer seems to "read" social situations or interactions

Behavioral

- Inappropriate laughter
- Inability to cry, or excessive crying
- Personality changes
- Odd or bizarre behavior
- Feeling refreshed after much less sleep than normal
- Excessive writing that is difficult to understand
- Deterioration of personal hygiene
- Hyperactivity or inactivity, or alternating between the two
- Staring without blinking - or blinking incessantly
- Severe sleep disturbances
- Drug or alcohol use (which may be a coping mechanism)
- Out of character reckless behaviors
- Strange posturing or gesturing
- Significantly decreased activity
- Difficulties functioning at school or work

Emotional

- General personality changes
- Agitation
- Feelings of depression and anxiety
- Inability to express joy
- Euphoric (elated) mood

STARTING THE CONVERSATION

If you are a professional that notices, or hears from a parent or other trusted adult they have noticed, an **emerging adult** showing signs and/or symptoms of **psychosis**, here are some tips and conversation starters[13] to ease into the topic:

Tip

Educate yourself on **psychosis**

Go into a conversation with an **open-mind** without any expectations or outcomes of the conversation

Choose a **location** that is **quiet** and provides no distractions

Do not argue with the emerging adult, and be an active listener

Assure them that they are **not alone**

Provide **hope**

Conversation Starters

TREATMENT OPTIONS

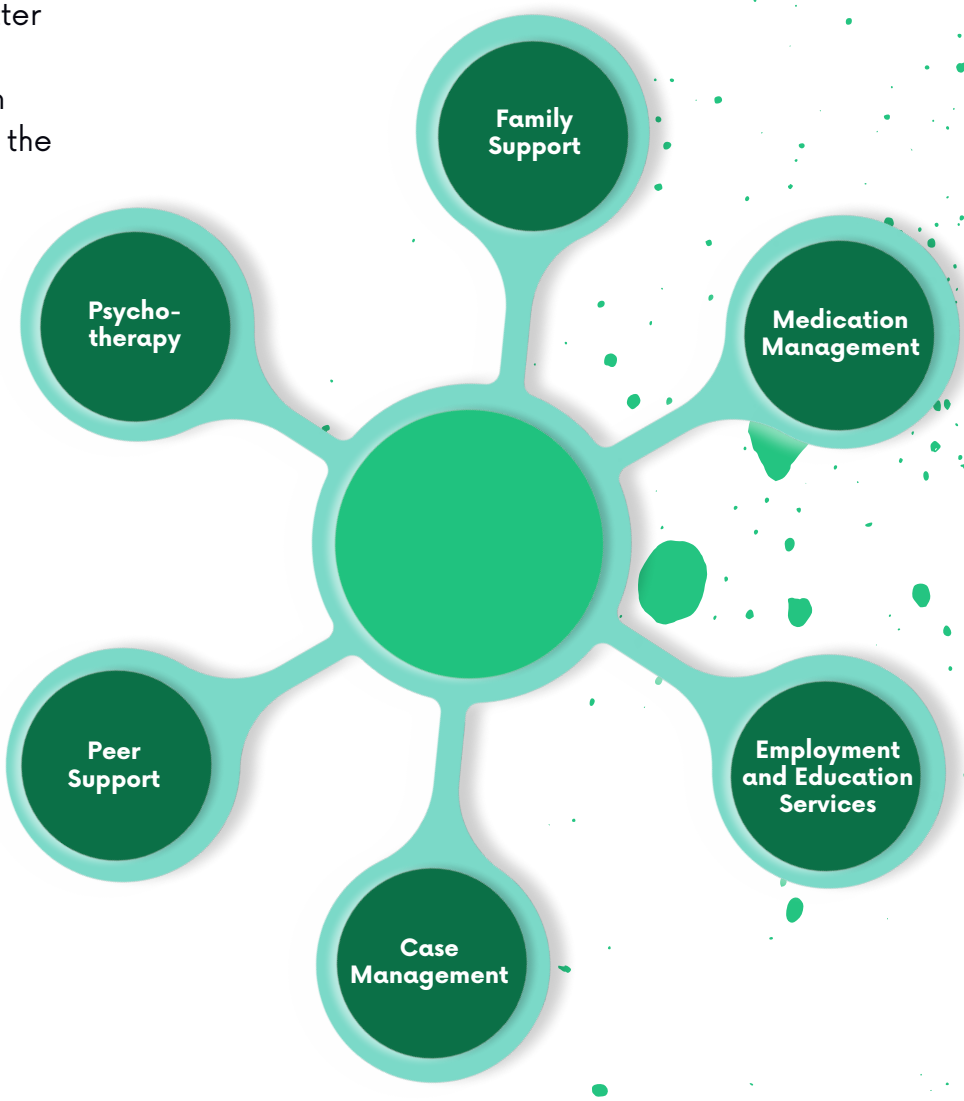
Knowing where to start in helping an **emerging adult** receive treatment for **psychosis** can be hard due to the various intersecting needs they have. However, first and foremost is to help those with **FEP** **quickly access care through early treatment** so that they can create a **personalized care and recovery pathway**.

Early Treatment

Early treatment leads to better recovery - the first step is to **recognize** the **signs** and then help the **emerging adult** get the support they need.

Treatment recommendations might include **psychoeducation**, **therapy**, **medication**, **peer support**, or a combination of these supports. This multi-element approach is called **Coordinated Specialty Care**, which is now the standard of care for **early psychosis**.[15]

Elements of Coordinated Specialty Care[14]



TREATMENT OPTIONS

Coordinated Specialty Care

Coordinated Specialty Care uses a **recovery-oriented team approach** with different elements to promote easy access to care and shared decision-making among specialists, family/caregivers, and **emerging adults**. Elements of **Coordinated Specialty Care** are described below.

Individual or Group Psychotherapy	Focuses on the **emerging adult's personal goals** while developing **knowledge** and **skills** to build resilience and coping mechanisms in response to **psychosis**.
Family Support and Education Programs	Helps to teach **emerging adult's family or caregiver** about **psychosis**. This includes **tools** for **coping** and **communication** for the family and the **emerging adult** so they can better help them in the recovery process.
Medication Management	Focuses on the **emerging adult** choosing the best **medication regimen** for them regarding type and dose. They will need to talk with a **healthcare provider** to discuss the risks and benefits of different types of medications along with side effects, costs, and methods (e.g., pill, injection).
Supported Employment and Education Services	Helps the **emerging adult** with **employment** or potentially **furthering their education** by having a personal guide to help with the process of applying to jobs or schools.
Case Management	Allows an **emerging adult** to work with a **case manager** to **help access needed support services**.
Peer Support	Connects an **emerging adult** to **someone with lived experience** to **offer hope** and **eliminate stigma**. See **PEER SUPPORT** chapter for more details.

FROM THE FIELD

Below are a list of **tips/challenges obtained** from **professionals working** in the field of **mental health**, specifically with **emerging adults** that present with **FEP**:

Recognizing FEP

It can be hard to recognize FEP because it can go unnoticed for a long time. Often, by the time people receive a diagnosis of psychosis, it is actually their 3rd or 4th episode.

- In hindsight, **emerging adults** can see this pattern of "ups and downs" and lack clarity as to why they were doing the things they were doing.
- People often say, "**Psychosis** looks like so many other things until it is not."
- It can be helpful to consider if the changes in personality or behavior cannot be better explained by current circumstances.

Personality change

Pay attention to **warning signs** - for example, the **emerging adult** used to be a rule follower and now they don't seem to care about breaking rules or the consequences.

Physical traits

When an **emerging adult** with **psychosis** is talking to someone **their eyes may trail** around the room as if they are looking at someone else. They also may have a **random smile**. It is very different than someone not paying attention. It is like an **internal battle of staying in contact with reality** and not giving off that they are losing grasps of reality in front of you.

Substance Use vs. FEP

It is important to talk candidly with an emerging adult to help separate out a mental health disorder with psychotic features from substance use induced psychosis.

- Unfortunately, **emerging adults** that experience **FEP** can have a hard time understanding the connection between substance misuse and increased psychotic symptoms, though often both are linked.
- If both are present, it is important to **address substance misuse** through **tailored substance use disorder (SUD) treatment.**[16] Cutting back and/or stopping substances can **drastically decrease psychotic** symptoms.

FROM THE FIELD

Interacting with emerging adults experiencing FEP

Know that behind angry statements there is fear.
Know that the feelings they are experiencing are real feelings. Offer empathy and kindness.

Be clear and direct.

Do not challenge the delusions, but also do not join the delusions. Instead say:

- "I am unable to see what you see - can you describe it for me?"
- "I'm real, I'm here, and I want you to feel safe."
- "It sounds like you are feeling frightened by these experiences."

Be open to what they are saying - what they are describing is real to them.

Address them by the name you both agreed to during your introductory meeting and answer their follow up questions with that name.

Always ask permission.
Ask their permission to talk, to approach, and to ask them questions. Additionally, wait for them to suggest that they "do not feel normal," or that they want "this to stop." Once this occurs, you can ask permission to provide insight by asking, "May I suggest something?"

Identify mutual language to use.

- Give language to the **emerging adult** to **talk about their experience** (i.e., seeing or hearing things other people did not instead of always using clinical terms like "episode" or "psychosis").
- After building rapport, state "I am here for you, how can I help?" However, never say "help get better" or "I'll help make it go away" because then you are insinuating that there is something wrong with them when they may not believe there is anything wrong. Use phrases like:
  - "You are not your diagnosis."
  - "Your diagnosis is a starting point and not an end point."
- Start with what they want and mirror their needs and desires, even if it is just getting out of the hospital ask them, "how can we work to get you out of here?" - always find commonalities and common ground.

People **have the right to experience thoughts not based in reality**, but that **does not give them the right to hurt others**.

FROM THE FIELD

Interacting with emerging adults experiencing FEP

People often do not want pity - they want to be able to help you too.
This is a great outreach tool to find a passion or interest they enjoy and ask them questions. For example they may like video games. Ask them to tell you more and teach you. It gives them self-confidence that they are helping and teaching you.

Maintain a high level of patience.
Offer grace and approach a person whose personality has recently changed with curiosity and care. Validate someone's experience as being real to them.

- Take your ego out. You may be spoken to harshly and feel degraded, but do not take it personally - that is the illness not the person.
- This is why you need to get to know the person outside of the psychosis; you can help them reach those anchors that make them who they are and recognize that they are not their illness.

Be okay with being uncomfortable – the experience is likely more uncomfortable for the emerging adult.

Redefine your idea of progress, and help the emerging adult and their natural supports do the same. Some days, just getting out of bed is the win.

Recognize the emerging adult's biggest fears and realize this is life-altering.

- They are likely thinking to themselves, "What's happening to me?" and "Is this going to happen again?" – reassure them they are **not alone**, **normalize** the experience, and state that recovery looks different for each person.
- **Give emerging adults the space they need.** Asking them to describe symptoms in great detail might be overwhelming and unwelcome.

Avoid being punitive when someone is suddenly exhibiting defiant behaviors.
If you are a professional that must assess for safety, try to **avoid reading symptoms** from a **checklist** and **ask questions** in a way you'd want your loved one to be asked. "Can you tell me more about that experience?"

Involve emerging adults' natural supports (parents, partners, or other people close to them) as they may be more reliable reporters of changes.

RESOURCES

EVIDENCE-BASED PRACTICES, MODELS, & MORE

- Understanding Psychosis
  - https://www.nimh.nih.gov/health/publications/understanding-psychosis
- What is Early and First Episode Psychosis?
  - https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/What-is-Early-and-First-Episode-Psychosis.pdf
- Psychosis Statistics
  - https://www.therecoveryvillage.com/mental-health/psychosis/psychosis-statistics/
- Recovery after an Initial Schizophrenia Episode
  - https://www.nimh.nih.gov/research/research-funded-by-nimh/research-initiatives/recovery-after-an-initial-schizophrenia-episode-raise#1
- Psychosis
  - https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Psychosis
- Symptoms of Psychosis
  - https://www.earlypsychosis.ca/symptoms-of-psychosis/
- Missouri Behavioral Health Council - Treatment Locator
  - https://www.mobhc.org/providers
- Early Psychosis Care - Missouri
  - https://epcmissouri.org/
- Youth Advisory Council focused on Lived Experience of Psychosis (through EPC Missouri)
  - https://epcmissouri.org/youth-advisory-council/
  - Can reach out to JJ Gossrau or Grace Chapel (hghcpc@umsl.edu) to learn more/join
- SAMHSA - Coordinated Specialty Care for First Episode Psychosis Model
  - https://store.samhsa.gov/sites/default/files/pep23-01-00-003.pdf
- Washington Early Recognition Center (WERC)
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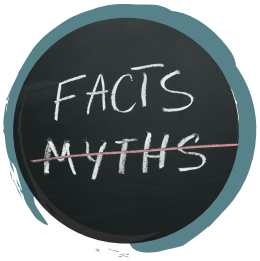
WORKING WITH EMERGING ADULTS | SUICIDE PREVENTION

INTRO TO SUICIDE PREVENTION

A general overview of education, language, and risk versus protective factors for suicide.

HOW TO ENGAGE

Methods to recognize, respond, and connect to **emerging adults** with suicidal ideation.



MYTH BUSTERS

Common myths and facts about suicide.

WHAT YOU CAN DO

Destigmatize current and future conversations related to suicide.

INTRO TO SUICIDE PREVENTION

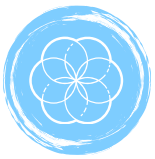
The time in an **emerging adult's** life is full of milestones - changes to living environment, relationships, or employment - resulting in increased risk for behavioral health challenges. **Suicide** is the **second-leading cause of death** for ages 10 - 34, second only to unintentional injuries.[1] However, **suicide** **is preventable**, especially when a trusted adult knows the facts and openly speaks with an **emerging adult**.

Suicidal Ideation

"Thoughts or a preoccupation with killing oneself, often as a symptom of a major depressive episode. Most instances of **suicidal ideation** **do not progress to attempted** **suicide**."[2]

10 Things Learned from **Suicide** Research[3]

Suicide is related to brain functions that affect decision-making and behavioral control



No one takes their life for a single reason

Reducing easy access to a means of **suicide** dramatically decreases **suicide** rates

Asking someone if they're thinking about **suicide** won't "put the idea in their head"

54% of individuals that completed **suicide** did not have a known mental health condition[4]

Certain medications can help reduce **suicidal** thoughts

Depression, bipolar, and substance use disorders are strongly linked to **suicidal** thinking and behavior

If someone can get through the intense & short moment of **suicidal** crisis, chances are they will not die by **suicide**

Certain therapies are proven to help manage **suicidal** ideation (e.g., Cognitive Behavioral Therapy, Dialectical Behavioral Therapy)

Most people who survive a **suicide** attempt (85% - 95%) go on to engage in life

INTRO TO SUICIDE PREVENTION

The following information shows some statistics and disparities among **emerging adults** who considered or attempted **suicide**.

Rates for attempted **suicide** for **emerging adults** has increased

52%

between 2000 - 2021[5]

9%

of high school students reportedly attempted **suicide** in 2021[6]

1 in 8 high school students, and

1 in 4 college students reported seriously considering **suicide** in 2022[7]

Additionally, **suicide** affects sub groups of **emerging adults** disproportionately.[8] Youth of the following groups are more **at risk to die by suicide**:

"**LGBTQ young people** with at least one accepting adult in their life reported significantly lower rates of attempting suicide"

- The Trevor Project[10]

- **BIPOC**
  Black, Indigenous, People of Color
- **VETERANS**
- **RURAL COMMUNITIES**
- **PEOPLE WITH DISABILITIES**
- **THE LGBTQ+ COMMUNITY**
  An acronym for the Lesbian, gay, bisexual, transgender and queer with a "+" sign to recognize additional identities[9]

INTRO TO SUICIDE PREVENTION

Words matter when talking with an **emerging adult** about **suicide**. Being mindful that language is not about being politically correct, it's about **saving lives**. Language can reinforce stigma that prevents people from seeking help when they need it. As a professional, use the following guidelines and language reframes when speaking about **suicide**:[11]

Instead of saying...	Try saying...	Why?
"commit/ committed suicide"	*"died by suicide/death by suicide/lost their life to suicide"*	The word "commit" is associated with crime and bad behaviors such as "commit arson". It is rooted in the historical context of **suicide** being criminal.
"successful/ unsuccessful suicide complete/ failed suicide"	*"fatal suicidal behavior/ non-fatal suicidal behavior"*	Death is never the goal and words with negative/positive meanings should not be linked to **suicide**.
"[Name] is suicidal"	*"[Name] is thinking of suicide/has experienced suicidal thoughts"*	**Suicidal ideation** and actively engaging in **suicide** are two different things.
"They're a schizophrenic She is bipolar They are mentally ill"	*"They're living with schizophrenia She has bipolar They are living with mental illness"*	A person is NOT their mental illness /symptoms.

INTRO TO SUICIDE PREVENTION

It's also important to gain awareness of **risk factors** for **suicidal** **ideation** and **protective factors** that can **deter** a person from **acting on** these thoughts.

Risk Factors	Protective Factors
Stressors (e.g., school, aging and maturation, moving, a relationship ending, starting or changing a job)	**Having a behavioral health professional process how these stressors impact one's behavioral health**
Depression and other behavioral health conditions	**Proper diagnosis and treatment**
Feelings of hopelessness and despair	**Contacting a loved one or a crisis hotline**
Substance use	**Healthy coping skills (exercise, listening to music, talking to a friend)**
Family history of suicide	**Open conversations about what family members went through**
Lack of trusted adults to talk to about emotions and thoughts	**Having an adult that can listen without judgement to an emerging adults express their feelings**
Easy access to a lethal means for suicide (gun, pills, etc.)	**Keeping guns,* pills, or other lethal items locked up or not in household** [12]

*Safe household firearm storage could prevent 6% to 32% of youth firearm deaths (by suicide and unintentional firearm injury).

HOW TO ENGAGE

Knowing how to talk with an **emerging adult** about **suicide** can be anxiety-provoking. It's important to remember the following **3 "How To's" in engagement**: **Recognize, Respond, and Connect** and to always use language that helps instill hope that things can get better:

Recognize

Common signs that someone is at risk for suicide include:

Topics of Conversations

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Feelings like a burden

Changes in Behavior

- Withdrawing from activities
- Sleeping too much or too little
- Telling people goodbye
- Giving away possessions
- Increased use of alcohol or drugs
- Sudden changes/behaviors outside of norm

Displaying New Moods

- Depression
- Anxiety
- Irritability
- Humiliation or Shame
- Relief or Sudden Improvement

How to talk about it

- **Why is it important to engage in the conversation?**
  - One person asking may mean the difference between life and death.
  - Depression and suicidal ideation are treatable.
  - People can and do get better.
- **Talk in private**
  - Find a quiet place to talk.
  - Approach the topic of suicide with care and compassion.
  - Give them your full attention.
  - Ensure them you are there to support them. **Be clear about what can/can't be kept confidential.**
- **Questions to ask directly**
  - "Do you have a plan to end your life?"
  - "Do you have the means?"
  - "Do you intend to kill yourself?"
- **Avoid** [13]
  - Debating the value of life.
  - Offering advice to fix it.
  - Minimizing the person's feelings.
  - Begging/pleading with them to not end their life.
  - Telling them they are selfish.

HOW TO ENGAGE

Respond

How you engage through verbal and non-verbal cues should include:

How to respond

- **Stay calm, nonjudgmental, and hopeful**
  - "Thank you for trusting me enough to share this with me."
  - "I am sorry that you are in so much pain, things can get better and I am here to help/support you."
  - "There are other options, but we need you alive to figure them out."
- **Be a skilled listener**
  - Believe them.
  - Validate their emotions.
  - Be supportive and empathetic.
- **Assure them**
  - "I am here for you."
  - "There is help available."
  - Remain hopeful and give them hope that things can and will get better.
  - Remind them their thoughts don't have to become actions.
- **Practice**
  - It can be scary to ask someone if they are having thoughts of suicide.
  - Practice saying the words to make it easier.
  - Stand in front of a mirror or as a trusted friend or colleague if they will role play.

Be aware of your facial expressions

Get comfortable with asking: "are you thinking of killing yourself?"

HOW TO ENGAGE

Connect

Understand the connection between suicidal thoughts, a plan, and a means so you can connect them to the most appropriate safety steps:

Severity Flow Chart for Suicidal Ideation

SUICIDAL IDEATION

PLAN

MEANS

Do not leave them alone; if you are on the phone, remain on it with them

Assist them with calling 988 Suicide and Crisis Lifeline, or go with them to the emergency department (or a local crisis stabilization center)

Ensure safety for you and the person experiencing suicidal ideation by removing any objects that could be used in a suicidal attempt

NO MEANS

Stay with them; do not leave them alone. If on the phone, remain on it with them

Connect them to a crisis hotline, behavioral health professional, or hospital emergency department

NO MEANS NO PLAN

Refer them to the 988 Suicide and Crisis Lifeline

Refer them to mental health services/a therapist

Encourage and assist them with sharing their suicidal ideation with their support system

Suggest they talk to a family member, case manager, school counselor, or trusted friend

Do your best to ensure they share their suicidal ideation with a trusted family member or friend. If they are a minor, encourage them to share this with a parent/caregiver

Plan — having a decided time, place, and method to complete suicide

Means — having access to a gun, access to pills, or a nearby bridge

MYTH BUSTERS

There are many **myths** about **suicide**. These are some of the most common ones and their corresponding **fact**:[14]

MYTH	FACT
People who talk about suicide are doing it for attention.	People who die by suicide have often told someone about their suicidal thoughts.
Talking about suicide cause a person to have suicidal thoughts or increase the chances they will act upon their thoughts.	Talking about suicide may reduce a person's suicidal ideation and can increase the likelihood that the person would seek treatment.
If someone really wants to kill themselves there is nothing anyone can do to stop them.	Suicides can be prevented and people can be helped.
Barriers to bridges, safe firearm storage and other actions to reduce access to lethal methods of suicide don't work.	Separating someone from lethal means could provide time to think. 40% of attempters take action within 5 minutes of deciding to attempt.[15]
People that self-harm or have self-injurious behavior are always suicidal.	Self-harm isn't the same as attempting suicide. Oftentimes, self-harm is considered nonsuicidal self-injury (NSSI).
Suicide always occurs without warning.	There are almost always warning signs.
Suicidal people want to die.	Suicidal people want the pain to stop and see it as the only option.

WHAT YOU CAN DO

As a professional, there are steps you can take when working with **emerging adults** that have **suicidal ideation**. Key things you can do include:

1 Educate yourself

- Attend trainings such as **Applied Suicide Intervention Skills Training** (ASIST); **Signs of Suicide** (SOS); **Mental Health First Aid; Question, Persuade, and Refer** (QPR); **Conversations for Suicide Safer Homes** (CSSH); and **Ask Listen Refer** (ALR).
- Learn about resources both local and national and have them readily available.
- Sharpen your skills of giving support of empathy.
- Know your responsibility in regards to your role in their life (e.g., licensed professionals must take appropriate steps to ensure their safety).

2 Advocate for an emerging adult to talk openly about suicide with their friends & family

- This may be done by simply asking: "How comfortable are you in talking about **suicide** with your loved ones?," and following up with: "Do you think they understand what it means to have **suicidal** thoughts?"
- You can also offer to help an **emerging adult** talk with their parent/caregiver or other trusted adult in their life. Ask them, "Do you think it might be hard to talk to your parent about what you've told me? Would you like me to help you talk with them together?"

WHAT YOU CAN DO

3 Instill hope

- **Emerging adults** can be prone to feeling hopeless as they transition into adulthood. With so many life factors out of their control, helping to ground them in what they do have control of can help instill hope in overcoming temporary feelings of hopelessness.

4 Help them connect

- **Emerging adults** may feel hesitant to contact a **suicide** hotline without knowing what happens. They may have heard stories from others, have a misperception of what happens, or had a bad experience connecting to resources in the past. You have the opportunity to help them make a call or text, or provide a walk-through/role play of what to expect.

5 Be kind to yourself

- Talking about **suicide** can be difficult, but remember that by simply bringing up the topic with an **emerging adult**, it can help save lives.
- It is important to acknowledge any previous experience you have had with **suicide**, and always keep in mind that you cannot be responsible for what you did not know.

RESOURCES

EVIDENCE-BASED PRACTICES, MODELS, & MORE

- The Jed Foundation
  - https://jedfoundation.org/mental-health-and-suicide-statistics/
- The Centre for Addition and Mental Health
  - https://www.camh.ca/
  - https://www.camh.ca/-/media/files/words-matter-suicide-language-guide.pdf
- American Foundation for Suicide Prevention
  - https://afsp.org/risk-factors-protective-factors-and-warning-signs
- Mayo Clinic
  - https://www.mayoclinichealthsystem.org/hometown-health/speaking-of-health/8-common-myths-about-suicide
- Training for Suicide Prevention
  - SOS: https://www.mindwise.org/sos-signs-of-suicide/
  - ASIST: https://www.samhsa.gov/resource/dbhis/applied-suicide-intervention-skills-training-asist
  - Mental Health First Aid: https://www.mentalhealthfirstaid.org/
  - QPR: https://qprinstitute.com/
  - Missouri Department of Mental Health (Free Suicide Prevention Trainings): https://dmh.mo.gov/behavioral-health/suicide-prevention
  - CSSH: https://mimhtraining.com/event/conversations-for-suicide-safer-homes-a-calm-informed-training/
  - ALR (Free Suicide Prevention Training): https://www.asklistenrefer.org/
- The Trevor Project
  - https://www.thetrevorproject.org/
- MO Suicide Prevention Network
  - https://www.mospn.org/
- 988 (Call or text 24/7)
  - For teletypewriters (TTY) dial 711 then 988
  - When you call/text 988 a message will ask if an individual wants to opt into LGBT specific service (under 25 only)
  - https://988lifeline.org/

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https://www.cdc.gov/suicide/facts/disparities-in-suicide.html

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https://dmh.mo.gov/alcohol-drug/missouri-student-survey

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https://www.cdc.gov/suicide/facts/disparities-in-suicide.html

[9] HRC (Human Resource Campaign)
https://www.hrc.org/resources/glossary-of-terms

[10] The Trevor Project
https://www.thetrevorproject.org/survey-2023/

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https://www.camh.ca/-/media/files/words-matter-suicide-language-guide.pdf

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WORKING WITH EMERGING ADULTS | EMPLOYMENT

INTRO TO GEN Z

An introduction to Generation Z.

FAMILY AND SOCIETIAL EXPECTATIONS

Help an emerging adult consider the impact of familial and societal expectations on their future source of income and normalize the search process.

ENTERING THE WORKFORCE

Learn about a multi-generational workforce and common Gen Z stereotypes.

INTRO TO GEN Z

Emerging adults born between 1997 - 2012 are part of **Generation Z**, often referred to as "**Gen Z.**" As with any generation, **Gen Z** has unique characteristics that influence how they view **employment** and the **workplace**. As they begin to consider the path forward, there are more **varied ways to earn income** than there were for most previous generations coming-of-age. **Note**: not everyone fits into or identifies with the generations described below or their characteristics. This is meant as a basic guide.

Gen Z

"**Generation Z** is responsible for shaping the **workplace** of the future... [**Gen Z**] are starting their careers during a time of **growing inflation**, mounting **student loan debt**, a **housing crisis**, and an **impending recession**. In addition, they have faced catastrophic occurrences like **war**, **social instability**, and an **increase in gun violence**."[1]

Key Work Statistics for **Gen Z**[2]

By 2030

30%

of the **workforce will be Gen Z**

7 in 10 Gen Zers feel **stressed out most of the time at work**

Only **4 in 10 Baby Boomers** (born 1946 - 1964) stated this feeling

77%

of **Gen Zers** stated it was "vital to work for a company whose **values aligned with their own**"

1 in 4 Gen Zers works multiple jobs (25%)

For **all other generations**, it is approximately **1 in 6** (16%)[3]

Gen Zers are nearly

2x

more likely than other generations to be **looking for a new job while already employed**[4]

45%

of **Gen Zers** are concerned about their employment stability (versus 40% for all other generations)[5]

UNIQUE FACTORS ABOUT GEN Z

First generation to grow up with widespread internet access beginning in early childhood

- **Social media** and the ability to **quickly access** a **vast amount of information** has created communication and knowledge-sharing across the globe. Many **Gen Zers feel comfortable voicing their opinions** because of this.[6]
- Early internet usage also caused **Gen Zers** to have the uncanny ability to **multitask and process new information quickly**, making them a vital part of the **work** environment.

The most diverse generation yet

- **Gen Z** is the most racially and ethnically **diverse generation yet**. They factor in **workplace** culture and ability to express their own identities, such as sexual orientation and gender identity, when considering jobs.[7]
- **Workplace** topics centering on **diversity**, **equity**, and **inclusion** are highly valued among **Gen Zers** and are seen as **expected** vs. suggested training topics.

Has lived through a major shift in how to earn income

- **Gen Zers** are part of the first generation where **remote employment is normal**, and being a **social media influencer** is a valid source of income.
- Gen Z tends to work **more jobs** than all other generations.[8]

UNIQUE FACTORS ABOUT GEN Z

Impacted by rising college tuition costs

- **Gen Zers** are **attending post-secondary education** at **higher rates** than previous generations, but are faced with **higher college tuition costs** than generations before, even when adjusted for inflation.
- For older **Gen Zers** with student loan debt in 2022, they had, on average, **13% more student loan debt than Millennials** (the generation before them).[9]

A near-digital recruiting and hiring process

- Finding a job now is very different than when someone could walk into an establishment and get hired the same day. Now the entire process for some jobs is **nearly entirely virtual**, even for jobs that do not require routine computer usage.
- Prior to most previous generations, **Gen Zers** can **research a place of employment online** (e.g., see ratings of the place of employment and anonymous comment). They also have the opportunity to utilize **artificial intelligence (AI) platforms** to prepare answers during interviews and write cover letters or resumes.

Greatly considers their wellness and path for earning income

- **Gen Zers** report liking work environments that offer **creativity**, **intrinsic validation**, **innovation**, **genuine collaboration**, leadership showing **appreciation**, and flexibility for **work-life balance**.[10]
- They are more likely to **leave a job if their ethics do not align with a company's ethics**. Additionally, **Gen Z** looks at benefits like health insurance or paid-time off as a **requirement** versus an added bonus.[11]

FAMILY DYNAMICS AND EXPECTATIONS

It is important to help an **emerging adult** **build autonomy** in finding a source of income that fits their wants, needs, and strengths. They likely have **internalized expectations** set by **family** and **society** about making money. For example, a parent may tell their **emerging adult** to focus on going to college because the parent did not have the opportunity when they were younger. Your role as a professional is to help separate out an **emerging adult's** **goals** versus the **expectations that have been put upon them**. Potential topics that arise include:

Following in a parent's/caregiver's footsteps

- An **emerging adult** may feel like they **need to continue a family legacy**, such as taking over a family-run business, joining a specific branch of the military, or going to the college their family has gone to for generations.
- They may also have parents/caregivers who **have never worked**, due to life circumstances like a **disability** or one parent that **stays at home to take care of their family** while their significant other works.

Going to college

- Some **emerging adults** want to pursue higher education, but feel like they cannot due to **affordability**, **geographic location**, or **test scores.**
- There are also some **emerging adults** that **do not** want to go to **college**, but feel like they need to based upon societal expectations to continue education. As a provider, it is important to provide an **emerging adult** with **examples of various pathways to earning income**.

Disability benefits and employment

- For **emerging adults** who qualify for disability benefits, they may have been told by parents/caregivers or medical professionals that they **cannot work** and also **receive social security disability benefits** (SSDI). It is important to familiarize yourself with state and federal disability requirements before discussing **employment** with an **emerging adult** with a disability as this will likely be a source of concern.
  - For specific questions related to **SSDI** and income, head to the Social Security Administration's (SSA) "Working While Disabled: How We Can Help" guide[12] or contact your local SSA office.
  - For specific questions related to **Medicaid** and working, learn more about the "Ticket to Work" program.[13]
  - For specific questions related to **emerging adults** with a **disability** **working** in **Missouri**, learn more from the World Institute on Disability's Disability Benefits 101.[14]

NORMALIZE JOB SEARCH STRATEGIES

Searching for a source of income can take many forms - wanting a part-time job while in school, applying for state or federal benefits, selling handmade goods online or other entrepreneurial ventures, continuing education, or joining a branch of the military. Regardless of the reason, it is a **stressful time** for an **emerging adult**. Your role as a professional is primed to help tap into a top priority for them - **building independence**. Focus on these **four conversation topics** to help an **emerging adult** explore their **individualized reason** for seeking income, **interests** and **culture** they want in a **workplace**, **professional methods** to income-searching, and **resilience-based** skills they will need.

Find their reason for income

Explore their **short-term desires for a job**.

- "Tell me about your current living situation. Do you live alone or with parent(s)/caregiver(s), roommate(s), a significant other?"
- "Are you hoping to make money to pay for rent, to save, or for another reason?"
- "What is most important to get out of having a job (e.g. earning money, gaining experience, or independence)?"

Explore interests

Emerging adults today are more likely than previous generations to choose only paid opportunities that **fulfill them**. Explore what would fulfill them as a way to make money.

- "Do you know of job types or areas that interest you?"
- "What are jobs you would settle for as a bridge to the job you really want?"
- If they are not sure, help them take a **skill** or **interest assessment test**.[15]
- They may state interest in something, but a lack of experience. Explore realistic ways they can gain this experience such as **internships** or **apprenticeships**.

NORMALIZE JOB SEARCH STRATEGIES

Build skills

Emerging adults' communication skills were greatly impacted by the **COVID-19 pandemic.**

- For many, nearly all of high school or college was experienced at home, in front of a computer, by themselves. They may need to practice interview skills. Simply holding a **mock interview** can help an **emerging adult** explore their **strengths** and **challenge** areas.
- It is also important an **emerging adult** has **clear expectations** in the **job application process**. They are unlikely to receive an interview for every job application, which can be a hard reality to face if they are not prepared.

Give extra support

The **emerging adult** may need additional support - **dress clothes**, **proper workplace hygiene**, **resume writing**, or **advocacy** for disability-related job accommodations - beyond your scope of knowledge or resources. For the state of Missouri, see the **Resources** page.

- Connect them to organizations like a **local career center, employment agency**, **library**, or a **vocational rehabilitation program**.
- Read up on best practice models of supported **employment** for people with serious mental illnesses, such as: Individual Placement and Support (IPS),[16] OnTrackNY's[17] adaptation of IPS for **emerging adults** experiencing FEP, and NAVIGATE Supported Employment and Education (SEE) model.[18]

WORKFORCE COMPOSITION

Currently in the **workforce** there are **5 different generations**, bringing distinct experiences during their formative years that have molded their perspectives on **work**. Consider the various **historical events** or **technology advancements** that occurred during the different generations and how that has shaped them in the **workforce**.[19]

	Silent Generation	Baby Boomers	Gen X	Millennials	Gen Z
Birth Year	**1928 - 1945**	**1946 - 1964**	**1965 - 1980**	**1981 - 1996**	**1997 - 2012**
Technology	Less familiarity with current technology	Less familiarity with current technology	Can usually adapt to current technology	Comfortable with current technology	Comfortable with current technology
Communication Style	Prefers personal interactions	Prefers interactions through verbal communication	Prefers interactions through verbal communication	Prefers digital communication (e.g., email, IMs, and text)	Prefers digital communication (e.g., email, IMs, and text)
Work priorities	Retirement planning, mentorship to younger generations	Mentorship to younger generations, longevity	Pride in what they do	Quality of work and not hours worked	Diversity and creativity in the workplace

REFRAMING STEREOTYPES

There are many **stereotypes** about **Gen Zers** in the **workforce**. Consider if you hold any of these negative stereotypes - and then try to reframe them into attributes.

Instead of:	Consider this:
Lazy "They never work late."	Different from previous generations, **Gen Zers often want to understand the reason for doing a job** a certain way. If they do not agree with the reason, they may feel their values differ from the values of the **workplace**, and thus **do not want to engage more than necessary**. However, if they are given the chance to change the way a job is done, they will likely provide **creative and innovative solutions**.
Not loyal "They won't stay here long."	Job searching has become a much more **competitive** and **lengthy process** than it was for previous generations. **Gen Zers** often want **straightforward answers** to compensation, job expectations, and benefits. They are also **more likely** to state **mental health concerns** due to their job than any other generation.[20] To enhance their mental health, they may seek advancement opportunities more quickly to further their earning potential and gain useful experience.
Entitled "They only care about themselves."	**Gen Z** has grown up during a time of inflation, a housing crisis, climate change, polarizing politics, social unrest, and school violence - all of which they have had **little control over** and will **impact their future**. However, they do have control over how **work** impacts their personal lives, making **work/life balance** a priority for them.
Short Attention Spans "They can't focus on one task."	**Gen Zers** may appear to have short attention spans, but in reality they are **operating with high efficiency** due to how they engage in their personal lives. They have grown up **communicating their thoughts and experiences on social media**, where character counts are emphasized.
Addicted to Technology "They are always on their phone."	**Gen Zers** lived through a time when working-from-home and virtual school was the norm, and still continues to be in many instances. They also are the first generation to grow up using **cell phones** and having access to the **internet** from a **very young age**. Their parents/caregivers may have used phone apps or TV programs to help teach them **important skills**, like vocabulary, shape recognition, and reading. Because of the normalcy and emphasis on technology for communication, **Gen Zers** are a big **asset to workplaces** because of their **knowledge** and ability to **teach generations about newer technology**.

RESOURCES

MISSOURI EMPLOYMENT RESOURCES

- Missouri Department of Mental Health - Employment Services Overview
  - https://www.youtube.com/watch?v=YBEj53NFf50
- Missouri Office of Workforce Development
  - https://jobs.mo.gov/employer/incentives/youth-employment
- Missouri Job Center
  - https://jobs.mo.gov/
- Jobs for Americas Graduates (JAG)-Missouri
  - https://jag-missouri.org/
- MO Careers
  - https://mocareers.mo.gov/hiretrue/mo/mocareers/index.html
- Missouri Department of Social Services - Employment & Training Programs
  - https://mydss.mo.gov/employment-training-programs
- Missouri Department of Social Services - Jobs League Program (for teens and young adults)
  - https://mydss.mo.gov/jobs-league-program
- Missouri Department of Social Services - Missouri Mentoring Program (MMP)
  - https://dss.mo.gov/employment-training-provider-portal/docs/missouri-mentoring-program.pdf
- Missouri Department of Social Services - SkillUP Program (helps Food Stamp (SNAP) recipients get help with skills, training, and employer connections)
  - https://mydss.mo.gov/skillup-program
- Missouri Division of Vocational Rehabilitation
  - Adults: https://dese.mo.gov/adult-learning-rehabilitation-services/vocational-rehabilitation
  - Youth: https://dese.mo.gov/adult-learning-rehabilitation-services/vocational-rehabilitation/youth-services
- Federal Bonding Program (provides Fidelity Bonds for "at-risk," hard-to-place job seekers)
  - https://bonds4jobs.com/

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