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Righteous passage : youth with emotional and behavioral difficulties making the transition to adulthood

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CHAPTER I

INTRODUCTION

“...we have the social responsibility to increase the goodness of fit between social institutions and the people they serve.”

-Eugene Edgar (1998, pg 164)

A couple of years ago, I had the opportunity to work with teenagers. They were kind, rude, selfish, generous, know-it-all, anxious and hopeful— like adolescents you might find anywhere. They stood poised at the edge of adulthood, a transition they both hungered for and viewed with great trepidation. Or maybe the trepidation was mine as I witnessed their struggles and imagined the path still before them. These particular teens all attended a high school program specifically designed to provide educational services to individuals identified as having severe emotional and behavioral difficulties.

This thesis is inspired by the daily hopes and struggles of these young people. It seeks to address the needs of youth marginalized by their emotional and behavioral presentations and the awesome task they each face to make a place for themselves as adults before they quite have the tools and internalized skills they need in communities that do not seem welcoming. One way or another, these young people will take their place at the table; and to a great extent, we have the power to set that place. It is important to carefully consider the options we make available to the most marginalized, most vulnerable among us.

Young people in transition to adulthood roughly describes individuals between 16 and 22-years of age. Institutions mark adulthood in concrete benchmarks, at 14-years a young person can directly participate in the creation of his or her individualized education plan (IEP), and at 18-years, vote and sign legal documents. In some states, that person can also legally purchase and consume alcohol, while in other states he or she will have to wait another 3 years. Developmental and functional maturation are not so rigid, each individual maturing at a unique pace. The difficulties faced by this population often come out of the collision between institutional benchmarks of adulthood and the functional and developmental realities experienced by individuals and the failure of public systems to bridge the gap between the two.

Emotional and behavioral difficulties covers a wide range of presentations. Some young people who have these sorts of difficulties carry DSM diagnoses, while others may not. Some individuals engage in externalizing behaviors like physical or verbal aggression. They may carry diagnoses of attention deficit and hyper activity disorder, conduct disorder, or oppositional defiant disorder. Other individuals may demonstrate primarily internalizing behaviors such as anxiety, panic, or depression. Whatever their presentation, as a group they encounter tremendous challenges both academically and socially. They have some of the highest rates of academic failure and school dropout. From secondary school on into early adulthood, as often as they are the bullies and victimizers, they are even more often the victims of assault and other physically violent crimes. Once youths with emotional and behavioral difficulties have left school, they characteristically lack the social skills necessary to obtain and then keep jobs, or to

participate pro-socially in their communities. As group, they are notoriously difficult to treat and resistant to change.

The purpose of this paper is to review the challenges faced by youth with emotional and behavioral difficulties as they ready themselves for adulthood, to identify extant best-practice interventions, and to explore some new theoretical perspectives with potential to inform more comprehensive future interventions. When referring to these young people, I have chosen to use emotional and behavioral difficulties or E/BD, and to use that term in a way that indicates that it is something they experience, rather than something that they are. Policy and research sometimes uses different terms to refer to these individuals, and when reporting or sharing that information, I will use their term.

It is hoped this thesis will, in some small way, help social workers and interested others act and advocate on behalf of youth with E/BD more effectively, and with a more comprehensive developmental understanding. In order to understand more about this diverse and heterogeneous population, Chapter II will review the literature that describes the characteristics of youth with E/BD. Chapter III will look at the development of extant best practices related to transition programming for youth with E/BD. Finally, chapter IV explores promising directions for more effective transition programming.

By the time they reach secondary school, youth with E/BD have already experienced a high degree of marginalization and failure. The diversity of this population, and their resistance to intervention makes the definition of problems and strategies for problem solving a challenging undertaking. But make no mistake, youth with emotional and behavioral difficulties in transition to adulthood need effective and

appealing opportunities to find their way into productive, thriving adult roles in the community, because ready or not...

CHAPTER II
YOUTH WITH E/BD MAKING THE TRANSITION TO ADULTHOOD: A REVIEW
OF THE LITERATURE

Youth with emotional or behavioral difficulties in transition to adulthood are a relatively unstudied population. They only began to emerge as a distinct group of individuals requiring the careful attention of professionals and policy makers in the last twenty-five years, following the passage of the Education for All Handicapped Individuals Act in 1975. As changes in policy, and changes in how we think about the rights of individuals with disabilities fundamentally altered public education, children and adolescents with emotional and behavioral difficulties became more visible. Who were these children and youth who didn't appear to respond well to even our best efforts? Who threw chairs? Refused to come to school at all? Were they doing this on purpose? Should we punish them? Treat them? A thorough understanding of the characteristics and needs of any population is an essential basis for providing appropriate services (Davis & Vander Stoep, 1997), and researchers and other professionals are still actively investigating the characteristics of this population—who, exactly, they are; how they develop over time; and what can be done to improve their outcomes.

This chapter is divided into two sections. The first section begins to answer the demographic questions, presenting as complete a picture of the characteristics of this population as the research supports. The second section reviews five key longitudinal studies that provide the foundation of what we know about youth with emotional and

behavioral difficulties making the transition to adulthood. Three of the five studies (Carson Sitlington & Frank, 1995; Malmgren, Edgar & Neel, 1998; and Neel, Meadows, Levine & Edgar, 1988) were regional or statewide longitudinal descriptive studies of individuals identified as special education students. Blackorby and Wagner (1996) drew their data from the National Longitudinal Transition Study of Special Education Students (NLTS) and Greenbaum et al. (1996) conducted the National Adolescent and Child Treatment Study (NACTS). The NLTS represent the first national study ever funded to investigate the characteristics of the larger population of special education students; the NACTS was the first nationally funded study to focus on children and adolescents with Serious Emotional Disturbance (SED).

Definition Of Terms

Youth in Transition to Adulthood

People who study transition differentiate between developmental and institutional transition (Mallory, 1995). *Developmental transition* refers to natural maturational processes that begin in late adolescence through emerging adulthood and into young adulthood. It has physiological and psychological dimensions and never occurs in exactly the same way for any two individuals (Vander Stoep, Davis & Collins, 2000).

Developmental changes are tied to cultural norms and expectations and are celebrated in rites of passage. *Institutional transition* refers to legal or bureaucratic changes in status for an individual. Examples of these includes things like gaining the right to sign legal documents and vote at age 18, or losing eligibility for special education services.

For the purposes of this paper, youth in transition to adulthood refers to individuals between 16 to 22-years of age negotiating both the developmental and

institutional dimensions of the transition. Within that age range, any particular youth will be somewhere along their unique developmental track to adulthood, gaining the right to vote or losing access to child services as they cross the institutional benchmarks, regardless of developmental maturity. The poignancy of their predicament comes out of the disjunction between the two transitions.

Emotional and Behavioral Difficulties

In the research literature, the terms referring to the difficulties experienced by these individuals have included serious emotional disturbance (SED) (Armstrong, Dedrick & Greenbaum, 2003; Blackorby & Wagner, 1996; Davis & Vander Stoep, 1997; Greenbaum et al., 1996), behavioral disorders (BD) (Blackorby & Edgar, 1991; Frank & Sitlington, 1995; Malmgren, Edgar & Neel, 1998), emotional disturbance (ED) (Bullis, Moran, Benz, Todis & Johnson, 2002), and emotional and behavioral disorders (EBD) (Bullis & Cheney, 1999).

Across federal agencies, the same term may be in use, but the definition of the term will vary. For example, the Center for Mental Health Services had used the term *serious emotional disturbance* (SED) and has defined it as diagnosable conditions that affect the ability of an individual to function at home, school, or in the community (Substance Abuse and Mental Health Services Administration, 1993) while the Department of Education's definition of SED refers to conditions adversely affecting school functioning without necessarily meeting criteria for psychiatric diagnoses (Knoblauch & Sorenson, 1998). Up until 1997, federal special education policy defined SED in the following way:

A condition exhibiting one or more of the following characteristics, displayed over a long period of time and to a marked degree that adversely affects a child's educational performance: An inability to learn that cannot be explained by intellectual, sensory, or health factors, An inability to build or maintain satisfactory interpersonal relationships with peers or teachers, Inappropriate types of behavior or feelings under normal circumstances, A general pervasive mood of unhappiness or depression, A tendency to develop physical symptoms or fears associated with personal or school problems. This term includes schizophrenia, but does not include students who are socially maladjusted, unless they have a serious emotional disturbance. (Education for All Handicapped Children Act, 1975, 20 U. S. C. 1401 (8)).

The 1997 amendments to special education policy changed serious emotional disturbance (SED) to emotional disturbance (ED) to eliminate any negative connotation of the word serious (Knoblauch & Sorenson, 1998).

Different entities use different definitions for different purposes. Researchers may want to learn more about the characteristics of a population, or how to change or enhance some quality in that population. Federal lawmakers define terms in federal policy, but states and localities operationalize those definitions through the regulatory process. States and regions will vary in their interpretations of the Department of Education's definition in setting eligibility standards for access to special education services (Armstrong et al., 2003).

When referring to specific studies, or policies this paper will use the terminology used by the investigators or policy makers. Otherwise, I will follow Clark and Davis (2002) and refer to these young people as having emotional or behavioral difficulties, or youth with E/BD. This is in an effort to recognize that these young people experience difficulties that are consistent with but not limited to mood or anxiety disorders, attention-deficit and hyperactivity disorder, disruptive behavior disorders, personality disorders, or psychotic disorders.

For this thesis, transitional youth with E/BD are defined as individuals between 16 and 22-years who experience significant functional impairment in academic or social realms. These individuals may or may not be involved with the mental health system. They may or may not have been assessed and identified as eligible for special education services.

Number of Transitional Youth with Emotional or Behavioral Difficulties

Variability in the definition of disability, and the individual variability in the transition phase (Vander Stoep et al., 2000), makes it difficult to say precisely how many transition-aged youth experience emotional or behavioral disturbances. Additionally, professionals in special education do not agree on the exact criteria applied to the label emotional disturbance. One significant point of tension is the degree to which the behaviors demonstrated by this population reflect volition that should be punished rather than a disability or mental illness that should be treated (Bullis & Cheney, 1999). This tension persists on all levels—from parents and citizens, to educators and administrators, researchers and lawmakers— and it can negatively impact the timely assessment and identification of students to determine eligibility to receive special education services. This is especially true for individuals who present with disruptive or aggressive behaviors.

On the other end of the spectrum of youth with E/BD are the individuals who present with more internalizing behaviors, such as anxiety or depressive symptoms. Because internalizing behaviors are less obviously destructive or disruptive, students with these issues also may not be properly assessed and identified. Insufficient data exist to

give precise numbers, but best estimates indicate the population of transitional youth with emotional or behavioral difficulties is significant.

The U.S. Department of Education (2002) reported that in the 2000-2001 school year, 473,663 children and youth with emotional disturbance were provided special education and related services in the public schools. Bullis and Cheney (1999) reported just less than 1% of the school population had been assessed as having emotional or behavioral disturbances and received special education services because of the disability. The investigators went on to estimate that between 2 and 4% of the total school population could receive such a label. Using a prevalence estimate of 5 to 9% of children or adolescents with serious emotional disturbance, and applying that to the total number of transition age youth (aged 16- 25-years) in the United States, Vander Stoep et al. (2000) put the number of transitional youth with E/BD at 1 to 3 million.

General Characteristics of Transition-aged Youth with E/BD

For youth with emotional or behavioral difficulties, the period of transition from adolescence to adulthood can be particularly arduous (Clark & Davis, 2000; Davis & Vander Stoep, 1997; Greenbaum et al., 1996), as their emotional and behavioral dimensions of development affect sexual and social behavior, health and the ability fulfill societal expectations.

As a group, youth with E/BD tend to have lower IQ scores than their non-disabled peers, and they are often delayed in their cognitive development, demonstrating concrete operations until well into adolescence (Blackorby & Edgar, 1991; Davis & Vander Stoep, 1997). Measured intelligence levels for children and adolescents with SED were in the low-normal range, with a mean IQ of 85.8 (Greenbaum et al., 1996).

Youth with E/BD have notoriously poor social skills (Vander Stoep et al., 2000). Social competence was one of four areas specifically investigated in the National Adolescent and Child Treatment Study (NACTS) (Greenbaum et al., 1996), the first nationally focused study to look specifically at the characteristics of and outcomes for children and youth with serious emotional disturbance. Greenbaum et al. utilized the Vineland Adaptive Behavior Scales (VABS), a 297-item semi-structured interview instrument that has been normed on a representative national standardization sample of 4,800 individuals with and without disabilities. The VABS measures adaptive behavior in four areas, and then sums the scores in the four areas to yield a total, or Composite score, where standard scores have a mean equal to 100 and lower scores indicate fewer adaptive skills. Participants in the NACTS showed a mean Composite score of 78.0.

Wagner and Cameto (2004) found that 55% of youth with E/BD attending secondary school have a behavior management plan or participate in some sort of behavior management program. Despite these services, 42% of youth with E/BD get into physical fights, and 44% have been suspended. Poorly developed reasoning ability, inappropriate affect and inattention can interfere with their ability to obtain and sustain employment (Carter & Wehby, 2003). Even while having social difficulties, the majority of youth with E/BD are sexually active. Of those reporting sexual activity, only half said they were practicing safe sex. When questioned further, many of those reporting they practiced safe sex were not using condoms (Davis & Vander Stoep, 1997).

Demographic information

Among the general population ages 14 to 24 in 2000, 51% were male. Of the children and adolescents labeled with emotional disturbance, 77% were male (Wagner &

Cameto, 2004). Evidence suggests that after age 15, females are overrepresented for some conditions, especially depression and anxiety disorders (Knitzer, 1982; World Health Organization, 2007). Studies have not sufficiently established the prevalence of emotional disturbance among different ethnicities. However, the available data indicates that White male and African-American male youth are overrepresented relative to their numbers in the general population (Blackorby & Edgar, 1991; Wagner & Cameto, 2004).

Although E/BD occurs across socioeconomic categories, a disproportionate number of families of transition-age youth with E/BD live below the poverty level. Many of these families depend on some form of public assistance, are headed up by a single parent, and have lower levels of parental educational attainment (Wagner et al., 1991). For families receiving aid based on the number of dependent children living in the household, income decreases once that child reaches majority age. Children-cum- adults unprepared to live independently, or contribute to the household, put more strain on family resources.

School Performance

By the time many youth with E/BD get to high school, they have already experienced tremendous difficulties with school. Forty percent have already attended five or more schools since kindergarten and 38% of youth with E/BD will have been held back at least once in their school careers. Almost 75% of them have been suspended or expelled. Youth with other disabilities are suspended or expelled at less than half that rate (Wagner & Cameto, 2004). By the time participants in the National Adolescent and Child Treatment Study (NACTS) reached high school, they lagged behind their non-disabled

peers, with more than 58% reading below grade level, and 93% below grade level in math (Greenbaum et al., 1996).

Once in high school, students with E/BD are more likely to receive failing grades than their peers with other disabilities, 14% vs. 8% (Wagner & Cameto, 2004). They have higher rates of absenteeism than either their disabled or non-disabled peers, and students with E/BD drop out of school altogether at an alarming rate (Carson et al., 1995; Greenbaum et al., 1996). Blackorby and Edgar (1991) found that youth with behavior disorders represented 14% of the special education population, but only 8% of the graduates. Other studies demonstrated similarly dismal rates of graduation.

Wagner and Cameto (2004) found that students with E/BD are twice as likely to bully others than their peers with other disabilities, 36% vs. 16%. They are also more likely than students with other disabilities to be bullied, 42% vs. 29%. Forty-two percent of youth with E/BD had been in at least one fight compared with 23% of peers with other disabilities. Greenbaum et al. (1996) found that before leaving high school, 2/3 of youth with E/BD will have had at least one contact with law enforcement where they were thought to be the perpetrators of a crime.

Postschool adjustment

Youth with emotional or behavioral disturbances make some progress with adjustment to adult roles, but research has consistently shown their accomplishments lag far behind their non-disabled peers, and behind other mildly disabled peers in employment (Blackorby & Wagner, 1996; Carter & Wehby, 2003; Neel et al., 1988) participation in post secondary education or vocational training (Blackorby & Wagner, 1996; Neel et al., 1988), residential independence (Carson et al., 1995), and in more

broadly defined aspects of adult adjustment such as participation in pro-social or recreational activities in the community (Carson et al., 1995).

The transition from school to work for the majority of youth with E/BD is marked with disappointing outcomes. While they do make some progress in their careers, E/BD youth experience considerable difficulty obtaining and maintaining competitive employment (Carter & Wehby, 2003). Some of the research suggests that the rates of employment for youth with E/BD stay flat while rates of employment for the general population rise (Blackorby & Wagner, 1996).

In the work world, researchers reported that anywhere from 43% to 68% of youth with E/BD found work (Blackorby & Wagner, 1996; Carson et al., 1995; Malmgren et al., 1998; Neel et al., 1988). Malmgren et al. (1998) further noted that youth with E/BD fared about as well as their non-disabled peers. Findings from other research, however, demonstrated youth with E/BD lagged significantly behind their non-disabled peers (Blackorby & Wagner, 1996; Neel et al., 1988).

The picture of postschool outcomes looked more pessimistic when other factors were considered concomitant with employment. Youth with EBD participated in post secondary vocational training or education at rates far lower than the general population. The National Longitudinal Study (NLTS) found 17% of youth with E/BD vs. 53% of the general population at 2 years out of high school had participated in post secondary training or education, and 25.6% vs. 68% at 3 to 5 years out of school (Blackorby & Wagner, 1996) while Neel et al. (1998) found 17% of youth with E/BD enrolled in some sort of training compared with 47% of the general population.

Neel et al. (1988) further combined the variables of employment and enrollment in some sort of postsecondary training or education to look at rates of participation in some sort of structured activity. Youth with E/BD were engaged at a rate of 69% compared with a rate of 92% for their non-disabled peers. While initially encouraging, the rate of employment of youth with E/BD remained essentially flat, and rates of participation in postsecondary training or education stayed very low. In contrast, the rate of employment for individuals in the general population climbed more sharply. They participated in postsecondary training or education at much higher rates, and took their skills with them when they entered the workforce.

Carson et al. (1995) created a composite of several variables as indices to measure successful adult adjustment. Variables included employment information, living arrangement, financial independence and participation in recreational activities. High levels of success included full employment at minimum wage, paying for all living expenses, living independently and participation in 3 or more leisure activities. Low levels of success included part time work at minimum wage, paying for some living expenses, living independently or in supervised housing and participation in at least 1 leisure activity. Three years after the date of graduation, 2 of the 89 individuals in the study had met the criteria for high levels of success, and 19 had met the criteria for low levels of success. Sixty-eight individuals had not met been able to meet the criteria for even low levels of success.

Overall, the research suggests youth with E/BD make poor adjustment to adult roles in the community. While anywhere from 43% to 68% find employment within 5 years of leaving school, this leaves a significant percentage of individuals who do not

find work. And the rates of employment stay flat for youth with E/BD. Employment is only one variable, and the data suggests that one area of success does not mean the individual has the overall ability to make a successful transition to adulthood.

Making the Transition to Adulthood: Data from Five Key Longitudinal Studies

There are some problems associated with longitudinal follow-up studies of youth with E/BD. Group data tend to mask the heterogeneity of the population in terms of presenting problems and severity of impairment. Additionally, this is a low-incidence population by official classification and any study will have the problem of small numbers of participants. Compounding this problem is the high rate at which these individuals drop out of school and other programs, which makes them difficult to include in research investigations, and contributes to an incomplete picture of this population once they leave school. Even so, there is significant core data from several studies following the youth to adulthood transition over time.

Neel, Meadows, Levine and Edgar (1988)

Neel et al. (1988) interviewed a group of 160 individuals with behavioral disorders (BD) who graduated from public schools in Washington State between 1978 and 1986. The investigators looked at employment, living situation, contribution to society and general quality of life. For comparison, Neel et al. collected the same data set on a cohort of 793 non-handicapped students who had attended vocationally tracked programs and graduated in the same years as the special education students.

Of the 160 students with behavioral disorders, 17% (n = 27) were currently in some sort of postsecondary school program compared with 47% (n = 253) of the non-disabled group. Sixty percent (n = 96) of students with BD were employed at the time of

the interviews, while 70% (n = 398) of the comparison group of students were employed. Neel et al.'s (1988) review of wage reports showed that 62% (39) of students with BD earned above minimum wage compared to 49% (139) of the students from the general population.

In reporting on living arrangements for the two groups of students, 58% (93) of students with BD lived at home with their families, and 66% (358) of the comparison group lived with their families. Neel et al. (1988) also reported that 72% (115) of individuals with BD had never used any agency or service since leaving school. The agencies utilized most often were community colleges (7%), vocational schools (5%), the department of vocational rehabilitation, and 1% mental health facilities.

The data show two-thirds of individuals with BD found work, and without much assistance from schools or agencies. On the surface, this seems encouraging, but the analysis of the data by Neel et al. (1988) revealed a more complicated and pessimistic picture. Their analysis showed that less than one-fifth of the cohort with behavioral disorders had been involved with postsecondary training compared to almost one-half of the comparison cohort. The cohort with BD were earning higher wages, but this was due in part to the fact that a larger percentage of the comparison cohort were working part time and going to school to improve their skills.

Interestingly, Neel et al. (1988) created an engagement variable by combining information regarding employment and enrollment in training or education to measure participation in some sort of structured activity. Percentage of youth with BD engaged in some sort of structured activities was 58%, compared with 92% of their non-disabled peers. With almost 1/3 of youth with BD unengaged and so few utilizing public services

after leaving school, Neel et al. concluded more research was necessary to determine both the needs of youth with BD and the effectiveness of current transition programming.

Also, they recognized a clear need to design mental health, vocational and other services more relevant to the population of youth with BD.

The limitations of this study include the problem of small numbers. Additionally, this study did not gather information on individuals who had dropped out of school. This is significant considering the high numbers of youth with BD that leave secondary school with no diploma, GED or other modified certificate of completion (Blackorby & Edgar 1991).

Carson, Sitlington and Frank (1995)

Carson et al. (1995) examined the adult adjustment of students with behavioral disorders (BD), both graduates and dropouts, whose class had been out of school for 3 years. The investigation was part of the larger 5-year Iowa statewide follow-up study designed to study a random sample of special education students. Variables addressed in the study included employment, living arrangements and contribution to household. The investigators combined several variables into composites to create a measure of successful adult adjustment. Participants were randomly selected from lists of special education students from each of 15 education areas in the state on Iowa. Both the graduates (n = 57) and dropouts (n = 25) were surveyed in year 1 and then again in year 3 of the study. School records were also examined.

At year 1, 40% of graduates and 50% of the dropouts had attended some type of postsecondary education or training. At year 3, these numbers increased to 49% for graduates and 60% for dropouts. These percentages are higher than those of Neel et al.

(1988) who reported a 17% postsecondary school attendance rate for graduates who were 1 to 9 years out of high school. They were also higher than those of Wagner et al. (1991) who reported a 32.5% rate for graduates 3 to 5 years out of school. Carson et al. (1995) reported that the type of employment for this population was notable for remaining in the labor and service industries with few fringe benefits, including health insurance or paid vacation.

The employment data showed that 55% of the graduates with BD and 36% of the dropouts with BD were employed at year 1. These rates had increased to 68% for graduates and 60% for dropouts by year 3 (Carson et al., 1995). Neel et al. (1988) reported a similar rate of 60% for graduates with BD 1 to 9 years out of school. Wagner et al. (1991) reported graduates with BD 3 to 5 years out of school were employed at a rate of 61%.

Carson et al. (1995) created two separate composite variables for year 1 and year 3 to measure successful adult adjustment. In year 1 a high level of success was composed of employment in the community (not a sheltered workshop), some sort of living arrangement where the individual was living independently, paying some or all living expenses and involved in more than three leisure activities. A low level of success was comprised of employment in the community, a living arrangement where the individual either lived independently or in a supervised apartment or group home, not necessarily paying part of their living expenses and involved in at least one leisure activity.

For year 3, Carson et al. (1995) described a high level of success as composed of full time employment at minimum wage, independent living arrangements, paying for at least half of their living expenses and involvement in at least three leisure activities. The

low level of success was comprised of employment in the community at least half time and earning at least minimum wage, living either independently, in a supervised apartment or group home, paying at least some living expenses and involvement in at least one leisure activity.

Very few individuals in either year 1 or 3 achieved a high level of success as defined by Carson et al. (1995). In year 1, 18% of graduates (n = 10) had achieved the low success criteria compared to 23% of dropouts (n = 4). Only 3% of graduates (n = 2) achieved the high success criteria compared with 1% of dropouts (n = 1). In year 3, 25% of graduates with BD (n = 14) achieved the low success criteria compared with 20% (n = 5) of dropouts with BD. No graduates with BD achieved the high criteria while 8% of the dropouts with BD (n = 2) did achieve the high criteria for success. Three years after their class exited high school, only 25% of graduates and 28% of dropouts had met the criteria for either low or high success.

Like other regional, or statewide studies, the research done by Carson et al. (1995) looked at a very small number of individuals. However, their findings basically supported the outcome information of previous and subsequent follow-up investigations that show that individuals with E/BD have nominal levels of success in transitioning from adolescence to adulthood (Blackorby & Wagner, 1996; Malmgren et al., 1998; Neel et al., 1988). Because the rates of employment for dropouts had caught up with the graduates by the 3-year mark, Carson et al. called into question the accuracy of graduation as a measure of success for this population. They suggested schools should examine and overhaul programming to reflect the real skill sets needed for this population to succeed.

Blackorby and Wagner (1996)

Blackorby and Wagner (1996) used data from the National Longitudinal Transition Study of Special Education Students (NLTS) to describe trends in employment, wages, and postsecondary education for youth with disabilities in their first 5 years out of high school.

The NLTS was the first major longitudinal study to be conducted on special education students (Blackorby & Wagner, 1996). Congressionally mandated in 1983 and sponsored by the Office of Special Education Programs (OSEP) of the Department of Education, the NLTS included more than 8,000 youth ages 13 – 21 enrolled in special education in secondary school in 1985.

Blackorby and Wagner (1996) used a subsample of NLTS participants who were (a) enrolled in special education at a secondary school in 1985-86, (b) had left secondary school by September 1987, (c) had a parent or guardian complete an interview in the first wave of NLTS data collection, and (d) whose parent or who themselves had completed an interview during the second wave of NLTS data collection in the fall/winter of 1990. The investigators obtained data across 1, 815 special education students who fit the criteria, 185 of whom had serious emotional disturbance (SED). Notice how the problem of small numbers persists right through national studies. Blackorby and Wagner then weighted the sample to reflect estimates for the population of youth with disabilities as a whole and for those in each of the 11 federal special education categories used in 1985. A comparison group was drawn from the National Longitudinal Survey of Youth.

In the area of employment, Blackorby and Wagner (1996) found that of youth with SED who had been out of school for 2 years or fewer, 40.7% were competitively

employed. At the 3 to 5 year mark, that percentage rose to 47.4% competitively employed. The percentage of youth with SED earning more than minimum wage within two years of leaving school was 9.1%. At the 3 to 5 year mark, 48.7% of youth with SED were earning more than minimum wage (n = 87). These rates lagged behind the rate of the comparison group at both less than 2 years (40.7% vs. 59%) and 3 to 5 years out of school (47.4% vs. 69%).

In postsecondary education, 17% of youth with SED who had been out of school less than 2 years were enrolled in some sort of training or education program. At the 3 to 5 year mark, 25.6% of youth with SED participated in postsecondary training or education. This is in contrast to the general population of youth where 53% participated in postsecondary training within 2 years and 68% within 3 to 5 years (Blackorby & Wagner, 1996).

Malmgren, Edgar and Neel (1998)

Malmgren, Edgar and Neel (1998) conducted a 5-year longitudinal study in western Washington State that investigated post-high school employment and postsecondary school degree attainment and engagement outcomes for youths with behavior disorders (BD) who had successfully graduated from high school. Engagement outcomes were measured by determining the percentage of graduates in each cohort who were employed and/or enrolled in some sort of postsecondary education or training at the time of each interview. Subjects included graduates with BD (N = 20) and a random stratified sample of their non-disabled peers (N = 315). The study tracked two cohorts, 1985 graduates and 1990 graduates, with annual data collection from 1990 to 1995. The

data set used in the investigation was part of the First Decade Project, a larger study of all special education graduates in that region.

In the area of employment, Malmgren et al. (1998) found no statistical significance in years 1-5 for the 1990 cohort of youth with BD in comparison to their non-disabled peers. For the 1985 cohort, rates of employment differed significantly at years 6 and 10, with 43% of graduates with BD employed as compared to 80% of non-disabled graduates in year 6, and in year 10, with 43% of graduates with BD employed vs. 88% on non-disabled graduates.

Rates of degree completion of any type of post secondary education were analyzed by Malmgren et al. (1998) at year 5 (the 1990 graduates) and year 10 (the 1985 graduates) and showed significant differences between the cohorts with BD and the cohorts without. At year 5, 23.1% of the graduates with BD ($n = 13$) had completed some sort of post secondary degree compared with 44.7% of the graduates without disabilities ($n = 161$). At year 10, 28.6% of graduates with BD ($n = 7$) had received some type of certificate or degree compared to 66.9% of the cohort without disabilities ($n = 154$).

Significant differences between the two cohorts also became evident when rates of engagement were analyzed. Recall, rates of engagement were calculated by determining the percentage in each cohort who were employed and/or enrolled in some sort of postsecondary training. Malmgren et al. (1998) found differences in rates of engagement between graduates with BD and their non-disabled peers at 6 of 10 data collection points, demonstrating graduates with BD lagged behind.

Malmgren et al. (1998) showed that graduates with BD fare about as well as their non-disabled peers as far as their rates of employment are concerned. However, most

graduates with BD did not complete any form of postsecondary education or training, nor did they attend postsecondary training programs at rates comparable to their non-disabled peers. Following Neel et al. (1988), Malmgren et al. combined the data to form an engagement variable. By adding postsecondary school enrollment to employment, they found significant differences between outcomes for youth with BD in comparison with their non-disabled peers. Additionally, the investigators found that engagement rates for non-disabled peers started out high (98.1% at year 1) and remained high (91% at year 10), while their employment rates climbed (63% at year 1 and 88% at year 10). In contrast, the employment rates of graduates with BD were essentially flat while engagement rates for this group declined (85% in year 1 to 57 % in year 10). This suggested that the non-disabled group left postsecondary training and education programs, entered the workforce and increased the rate of employment. In contrast, when those graduates with BD who attended post secondary training left those programs, their employment rates were not boosted.

The small number of participants with BD in the Malmgren et al. (1998) study should be noted, and the findings considered with caution. However, the overall findings were consistent with the literature. The trends produced by the investigators' use of the engagement variable illustrated the resistance of this population to intervention and change.

National Adolescent and Child Treatment Study (1996)

The National Adolescent and Child Treatment Study (NACTS) (Greenbaum et al., 1996) is the second of the national studies that investigated special education students. In 1984, the National Institute on Disability and Rehabilitation Research and the National

Institute of Mental Health called for proposals, specifically requesting that a study be designed that would describe children and adolescents with SED and their families

The NACTS (Greenbaum et al., 1996) compiled rich and detailed descriptive data on young people with serious emotional disturbance (SED), including demographic and family characteristics, level of psychological and adaptive functioning, services received, and outcomes over time. Data were collected annually over a 7-year period. The sample consisted of 812 children ages 8 to 18 years who had been identified as having SED, and were being served either in the mental health system (46%) or public school system (54%). Findings indicated that children already had serious problems in many domains at entry into the study, and that these problems remained serious 7 years later when the study was completed.

Greenbaum et al. (1996) collected data from several sources. In the first year, all participants were administered a series of instruments in face-to-face interviews. Their parents or guardians were also interviewed at this time. Parents or guardians continued to be interviewed over the phone annually up until year 6 of the study. The young people participated in face-to-face interviews again at year 4 and year 7. Teachers also completed three instruments and the investigators reviewed any clinical records available on study participants.

At the beginning of the NACTS, Greenbaum et al. (1996) found participants' emotional and behavioral problems were extensive. The distribution of DSM-III disorders at or above a mild to moderate level was as follows: Conduct disorder, 66.9%; anxious disorder, 41.0%; depression disorder, 18.5%; attention deficit disorder, 11.7%; and schizophrenic disorder, 4.7%. Multiple disorders were common, with 41.0% of

participants having 2 or more disorders. Among children with conduct disorder, the prevalence of co-morbidity rose to 66.7%. Participants in the NACTS lagged behind their non-disabled peers academically, with more than 58% reading below grade level, and 93% below grade level in math. Measured intelligence levels for children and adolescents with SED were in the low-normal range, with a mean IQ of 85.8.

By the end of the study, Greenbaum et al.'s (1996) longitudinal findings with regard to social and adaptive behavior, academic skills, and performance were not encouraging. In year 7, 75.4% of the sample who were 18 years of age or older were below their appropriate grade level in reading, and 96.9% were below their appropriate grade level in math. 40.4% of this group did not have a high school diploma, or GED, and were not currently enrolled in school. 17.4% had received their GED and 16.4% were still enrolled in some educational program.

Notably, the families of the students who had dropped out of school for situational reasons and of the students who left for other special programs or correctional settings were significantly below the median of the entire NACTS sample on income (Greenbaum et al., 1996). This suggests a lower income level is a risk factor for an already vulnerable population.

Greenbaum et al. (1996) noted heavy involvement with the criminal justice system for the sample subjects. In years 5 through 7, two-thirds of participants had at least one contact with law enforcement where they were thought to be the perpetrators of a crime. During the same period, 75% of participants discharged from mental health placements were either readmitted to mental health placements or incarcerated. The individuals most likely to be incarcerated were males with externalizing behaviors who

came from families with a history of involvement with the criminal justice system. The youngsters most likely to be readmitted to mental health placements were more likely to be non-white, have more difficulty with adaptability, and present with more internalizing behaviors.

The most striking implications to emerge from the NACTS findings was the high degree of interrelatedness of the problems, their persistence over time, and the overall trend towards negative outcomes in school, involvement in the criminal justice system and placements in mental health facilities or jails and prisons (Greenbaum et al., 1996). A national survey conducted by the Center for Effective Collaboration and Practice (Quinn, Rutherford, Wolford, Leone & Nelson, 2001) corroborated the high incidence rate of involvement with the criminal justice system and subsequent placement in jails or prison. The survey found 32% of youth in juvenile corrections had disabling conditions, compared with a prevalence rate of 9% in the general population. 45% of the youth with disabilities were identified as having an emotional disturbance. Greenbaum et al. concluded the data underscored the need for comprehensive and integrated services to be provided an extended period of time.

Conclusion: What Does the Literature Tell Us?

In summary, despite the methodological differences in the longitudinal studies cited above, the data clearly show that youth with E/BD approach adulthood as a vulnerable population; they experience multi-dimensional difficulties and risks across multiple areas of development, behavior and cognition. Developmentally, socially and academically, youth with E/BD lag behind their non-disabled peers. The particular characteristics of emotional and behavioral disabilities bears directly on the capacity of

these individuals to make maturational progress throughout their school years, leaving them ill prepared to transition to more adult roles in the community. Their developmental immaturity often compromises their capacity to complete school, obtain and keep employment and live independently. Furthermore, their reduced social competence leaves them more vulnerable to criminal behavior, victimization, and additionally leaves them vulnerable to unplanned pregnancy or disease through risky sexual behaviors. For individuals marginalized in other domains, such as living in poverty, or living in foster care with few or no family relationships, the disadvantages compound.

Chapter II has begun to answer the questions of who, exactly, youth with E/BD are, and how they develop over time. With this greater clarity regarding the characteristics of youth with E/BD making the transition to adulthood, and a grounding in five of the key longitudinal studies describing the population, chapter III follows with a look at some of the efforts made so far to improve their outcomes.

CHAPTER III
TRANSITIONAL SUPPORT PROGRAMS FOR YOUTH WITH E/BD: EXTANT
BEST PRACTICES

In this chapter, we will look at four different programs (JOBS Design, YTP, ARIES and Project RENEW) developed and implemented since 1989 to address the needs of youth with E/BD making the transition to adulthood. Not surprisingly, no clear consensus exists amongst educators, policy makers, or the myriad professionals from diverse community service agencies as to the best way to work with this population. As noted earlier, children and youth with E/BD were only identified as a distinct group of individuals with unique needs within the larger population of students with disabilities requiring attention since the 1980's. Research attempting to describe the predicament of youth with E/BD in transition to adulthood evolved from examination of singular data streams such as employment, or graduation from high school to more complex combinations of variables, such as the "engagement" variable to more accurately capture the severity and persistence of their difficulties assuming adult roles in the community (e.g. Malmgren et al., 1998; Neel et al., 1988; see Chapter II). Transition programs for youth with E/BD have necessarily followed a similar evolution. While the evidence supporting one way of intervening over another is in no way definitive or complete, the available research strongly suggests the direction and shape our future efforts should take.

From Focus on Employment to System of Care

The earliest federal position papers and policies that emerged in education, vocational rehabilitation and mental health in response to aging out set the agenda. The overall goal was to improve outcomes for all youth with disabilities making the transition to adulthood, and youth with E/BD were subsumed within that larger population.

Amendments made to the Education for All Handicapped Children Act in 1983 (P.L. 98-199), the policy forerunner of the Individuals with Disabilities Act, provided funding for research and model demonstration programs to improve the school-to-work transition for all students with disabilities (U.S. Department of Education, n.d.). A year later, the U.S. Department of Education's Office of Special Education and Rehabilitation Services (OSERS) published a position paper, *OSERS programming for the transition of youth with disabilities: Bridges from school to working life* (Will, 1984), that stressed the importance of improving transition services for all disabled students on a national basis. The particular concept of transition articulated by Will focused on employment instruction and outcomes, in part because outcomes for students from programs developed for such a narrow focus could be easily measured for efficacy (Johnson, Stodden, Emanuel, Luecking, & Mack, 2002).

In contrast, Stroul and Friedman (1988), specifically concerned about the multidimensional needs of children and youth with what they called severe emotional disturbance (SED), articulated the principles of the system of care model. The philosophy of this comprehensive and coordinated service delivery system expressed two core values: (a) The system must be driven by the needs of the child and his or her family, and (b) The system of care for emotionally disturbed children should be community

based. This child-focused, family-centered view put the onus on service systems to adapt to the needs of individual children and families rather than expecting them to conform to pre-existing service configurations.

Elements of both positions, the more narrow focus on employment from Will (1984), and Stroul and Friedman's (1988) recognition of the importance of community-based service systems adapting to the needs of youth and families, are present from the beginning in transition program development. Even so, early transition model demonstration programs focused more narrowly, emphasizing employment. Even where elements of a more comprehensive view were included, services centered firmly on employment, leaving the unique multi-dimensional needs of youth with E/BD making the transition to adulthood inadequately addressed.

In the next section, three transition programs are described that emphasize employment over other aspects of the transition to adulthood: the Jobs Design Program, the Youth Transition Program, and the ARIES Project.

School-to-work

Jobs Design Project

The Jobs Design Project (Bullis, Fredericks, Lehman, Paris, Corbitt & Johnson, 1994) was a 3-year federally funded model demonstration effort to provide vocational training and support specifically to youth with E/BD in transition to adulthood. The program based operations on the grounds of a residential facility located just outside a small university town in western Oregon. The facility served adolescents 12- 18 years of age with emotional and behavioral difficulties who had been removed from their homes by orders from juvenile or child welfare authorities. The facility maintained a census of

90 youth, usually with a 4:1 male to female ratio and an average stay of between 6 to 12 months. Residential services were provided through seven cottages of 12 to 16 residents each, grouped by age and gender. Individual and group counseling was offered to residents and their families, where appropriate. An on-campus high school provided educational instruction. As treatment progressed, individual youth had the opportunity to attend school in the local community. The Jobs Design Project was designed to result in competitive employment averaging 20 hours a week at above minimum wage. Initially, however, the project offered only an on-campus work program focusing on facility grounds work such as clean up or landscaping. As the project got underway, the emphasis shifted to securing competitive employment for participants.

In total, Bullis et al. (1994) reported that 82 adolescents with E/BD were referred to the project. Twenty-four referrals were not processed for various reasons (did not have a disability, moved, or expressed disinterest). Over the 3 years, the project served 58 individuals, where 39 (69%) were referred from the residential facility and 19 (31%) from schools or other community service agencies. The average age of the youth at the time of referral was 16.63 years. The majority of participants were male (79%, n= 46) and white (81%, n= 47). Most had been arrested at least once (79%, n= 46) and had a history of substance or alcohol abuse for which they had received treatment (39%, n= 67%), and carried a psychiatric diagnosis (53%, n= 31, including schizophrenia, bipolar depression and pedophilia). A significant number had a history of foster care placements (41%, n= 24) and had learning disabilities (33%, n=19). A majority of participants (83%, n= 48) had some work experience, though virtually all the jobs had been of short duration and/or were unpaid work experiences in the home or school setting.

Two senior staff members of the facility oversaw the administration of the project and conducted its evaluation on a part-time basis (Bullis et al., 1994). Three additional staff members provided direct services. All project staff met weekly to review the progress and problems of participants. One project coordinator, employed half time, assumed responsibility for day-to-day activities, developed job leads, promoted coordination of services with other agencies and collected program data. The remaining 2 staff members worked full time as Vocational Trainers. Their responsibilities included primary job development, placement and training for specific individuals, on-going support and coordination of services between agencies. Each Vocational Trainer maintained a caseload of 8 to 15 youth, where 5 to 10 would be actively employed and an additional 3 to 5 would be at varying points along the way to securing a job.

The Vocational Trainers developed job placements through phone contact. Sometimes, an employer initiated contact, but typically these were cold calls. Service management was typically required between the residential facility, the high school where the individual was placed and various community service agencies (Fredericks, Bullis, Nishioka-Evans & Lehman, 1993). For example, the Jobs Design Project had no educational component and any training in job-related social skills had to be coordinated through the high school attended by the particular individual. Likewise, coordination with the residential facility was required to schedule off-site times for interviews and work.

At intake, basic demographic information including social history, educational background and record of anti-social behavior, was gathered (Bullis et al., 1994). A structured interview asked questions related to an individual's personal strengths and skills, immediate job placement desires as well as long term career goals. From referral

through intake and into job placement took roughly 10 weeks. Students with little to no work experience would secure employment in one of the job placements developed by the Vocational Trainers. Youth with work histories were encouraged to seek jobs on their own. The Vocational Trainers provided on-going support to the youth in the workplace, in some instances working right alongside the young person, and decreasing on-site support to weekly visits as proficiency increased. When a particular individual did not demonstrate the social skills necessary for their job, the Vocational Trainer worked 1:1 to teach the necessary skills through direct instruction and role-playing.

Bullis et al. (1994) evaluated the project through the collection and analysis of three levels of data. First, Vocational Trainers collected employment data for each participant on a monthly basis, and at exit from the program; each participant completed a 53-item summary checklist of work, education and social experiences. Second, an exit interview in the form of 4 close-ended questions was administered to each participant over the phone. Three of the questions used a Likert-like response scale (1-low, 4-high) and the last used a yes/no response. Third, employers were surveyed once a year using a survey instrument developed by project staff. The 6 short answer questions designed to elicit subjective impressions of the project, were mailed to employers at the beginning of summer each year. If a completed survey was not returned in two weeks, a second packet was mailed.

Bullis et al. (1994) collected and evaluated program data documenting individuals' program experiences. Areas of investigation included evaluation of whether or not employment was secured, termination of jobs, characteristics of the participants

associated with job outcomes and subjective experiences of participants (employers and youth).

Of the 58 youth, 46 (79%) secured competitive jobs; 17 of the 46 secured more than one job (Bullis et al., 1994). On average, project participants spent 7.68 months (SD= 2.99) in the project. The average duration for all jobs was 2.86 months (SD= 2.99). Over the three-year demonstration, the average number of hours worked per week rose from 16.65 (SD= 9.65) in the first year to 23.52 hours (SD= 11.81) in the final year. In the same time period, the first year's average hourly wage went from \$4.51 (SD= .33) to an average hourly wage of \$6.01 (SD= .44) in year 3. The majority of these jobs were service jobs, fast food or manual labor. A few participants secured professional jobs including bank teller, meat cutter, and secretary. While most jobs ended appropriately, 22% ended through termination, and 35% of jobs ended unsuccessfully. Additionally, of the workers who were fired, 61% were fired or quit inappropriately from more than one job.

Bullis et al. (1994) utilized correlational analysis to determine whether or not a relationship existed between participant characteristics or program experiences and job outcomes. The independent variables came from a review of the literature on E/BD where the variable was associated with long-term adjustment; these included items such as basic demographic information as well as primary disability/diagnosis, family history of abuse, history of antisocial behavior, substance or alcohol abuse. Investigators chose a dichotomous dependent variable of successful and unsuccessful to represent vocational outcomes. Only four variables appeared salient to job outcomes; a history of alcohol/substance abuse before entering Jobs Design, history of running away from

residential or school programs before entering Jobs Design, use of alcohol/substances while participating in the project, and social problems with work supervisors and/or co-workers while participating in the project.

Subjective data collected on both employers' and participants' experiences in the program were analyzed through simple descriptive statistics (means and frequencies)(Bullis et al., 1994). The one open-ended question posed to employers, "What can we do to improve the program?" was analyzed by assigning answers into three categories that seemed apparent from the responses: (a) issues pertaining to staff or program, (b) issues relating to the workers, (c) no stated problem/positive statements. These were then coded and then summarized through descriptive statistics. Overall, youth participating in the program were positive about the services provided, the staff and their experiences; 94% stated they would recommend the project to others. The investigators noted that participants had the fewest positive responses to the question, "Did you gain important work skills through the program?" Employers offered positive feedback about the project. Their responses suggested they would have preferred more background information on the workers, and minimal unobtrusive supervision on the job by program staff.

In summary, the Jobs Design Project was a service delivery model designed to address the specific needs of youth with E/BD making the transition to adulthood. The project maintained a narrow focus on the school-to-work transition. Overall, the results showed that most of the youth participating in the Jobs Design Project were able to secure and maintain employment at or above minimum wage, and that employers and participants were positive about the project. However, on average, jobs were maintained

for short periods of time, and overall, youth reported that they did not feel they had learned important work skills. Given their work histories, the job placements tended toward entry-level positions, and may not have appealed to the youth. Also noteworthy, project operators found that many of the youth required coaching on the social and group skills necessary for success in the workplace.

Youth Transition Program

In the spring of 1990, the Youth Transition Program (YTP) began as a pilot effort in seven Oregon school districts to improve both education and employment outcomes for transition aged youth with disabilities (Benz, Lindstrom & Latta, 1999). Financially supported through a combination of seed funds from the Oregon state legislature and a federal grant, this school-to-work transition model demonstration project operated as a collaborative effort between the Oregon Department of Education, local schools, the Oregon Office of Vocational Rehabilitation and the University of Oregon. The YTP received national recognition as an exemplary school-to-work transition model in 1994, and after further evaluation from the Office of Educational Research and Improvement, it was listed in the national registry of Educational Programs That Work. By 1999, the original seven sites of operation had grown to 26 (Benz et al., 1999). For the two-year cycle 2005-2007, informational materials available to prospective participants on-line reported the YTP currently operates out of 44 sites, serving 120 high schools and 1,467 youth (“Transition Toolbox,” n.d.).

Several key features of the YTP were presumed to have brought about its success. Benz et al. (1999) described these as state level support for local YTP sites, secure ongoing financial support through matching funds from key stakeholders, dedicated staff

time to provide transition services and individualized transition planning, collaboration between social service agencies and coordination of services and planning, career development and an emphasis on paid employment, and flexibility to adapt elements of the YTP to diverse communities (rural vs. urban).

The YTP assists students with disabilities to complete their secondary education and transition to employment or post-secondary education through the creation of partnerships among youth, parents, schools, employers and representatives from adult service agencies. Benz et al. (1999) reported one of the most crucial elements of the YTP's success has been their ability to forge effective and enduring interagency cooperation between the school system and the vocational rehabilitation system.

At the local level, a three-member team consisting of a teacher/coordinator from the school, a transition specialist, and a vocational counselor from the local rehabilitation agency, implements the program (Benz et al., 1999). The local school district supports the salary and benefits of the teacher/coordinator while the Vocational Rehabilitation Division supports the actual provision of services making the funding of YTP a part of the collaboration. Once the initial seed money from the Oregon state legislature and the federal grant money for YTP as a model demonstration project ended, this shared funding secured the on-going operation of YTP.

At the state level, the Oregon Departments of Education, and Vocational Rehabilitation and the University of Oregon co-manage the YTP (Benz et al., 1999). Additionally, the University develops materials and procedures to support the program and assists in adapting the materials to particular sites, provides on-site technical assistance to local schools to implement and integrate the program into their district's

larger service offerings, develops and conducts regional and statewide workshops for local schools and VR staff on a variety of relevant topics, and finally takes responsibility for evaluation of program data to determine program effectiveness and impact. Benz et al. attribute the development of effective procedures across the YTP's referral, eligibility determination, and planning and service delivery process to the strength of interagency cooperation.

Note that the YTP is designed to serve a diverse range of students with disabilities, of which youth with E/BD make up only a fraction. In 1999, Benz et al. reported only 9% of YTP participants had a primary disability of serious emotional disturbance. Typically, the young participants enter the program in their last year of high school, and continue for 1 to 3 years after high school depending on their needs (Benz et al., 1999; "Transition Toolbox," n.d.). The school and Vocational Rehabilitation staff review student information and make the initial decision about which students most need additional support. Potential students and their parents then receive information about the program and are invited to consider participation in the YTP. Students expressing an interest then enter a process to determine eligibility for Vocational Rehabilitation services.

Benz et al. (1999) reported typical demographic characteristics of students entering the YTP. Of the total participants (n= 1,511), most were 18-years old (n=1,006) white (n= 1,335) males (n= 949) with a specific learning disability (n= 937) as their primary disability. Students with serious emotional disturbance as their primary disability were relatively few (n= 136). Concomitant with the eligibility determination process, the

youth participate in activities to develop a positive vision of the future, and then to translate that vision into concrete goals and objectives.

Once eligibility is determined, the young person receives encouragement and support to complete their secondary school education, as well as instruction in transition-related areas such as job skills and career exploration (Benz et al., 1999; “Transition Toolbox,” n.d.). The YTP assists participants to obtain competitive employment, and then provides intensive 1:1 support to help individuals succeed in a job placement, or post-secondary school training program. Typically, students exit the program once they have stabilized in their employment and/or continuing education placement. The YTP then provides follow-up services for two years in the form of regularly scheduled contacts every 6 months to document client experiences and referrals to, or provision of support services as requested by the youth.

Benz et al. (1999) compared employment outcomes for YTP students who left school during the 1989-90 school year with a statewide sample of Oregon students with disabilities who left school at the same time, but did not participate in the YTP. The sample of non-YTP students came from a larger follow-along study being conducted by the University of Oregon. This study took a 20% stratified random sample of all students with disabilities and examined the school services and post-school outcomes they achieved. The YTP sample of students (n= 75) and non-YTP sample of students (n= 276) were geographically representative of the state of Oregon and similar to one another with regard to gender, age and primary disability. The YTP students were more likely to earn a higher average hourly wage than the non-YTP students (\$5.65/hour vs. \$5.31/hour). YTP participants were less likely to have lost their job due to quitting, being laid off, or being

fired (27% vs. 40%). All findings were statistically significant at conventional levels or higher ($p < .05$).

The researchers also compared outcomes of a sample of YTP participants ($n = 330$) from the fiscal years 1990 and 1991 to a sample of Oregon Vocational Rehabilitation clients ($n = 1,439$) of similar age and type and severity of disability during the same time period (Benz et al. 1999). The two samples were similar with regard to gender and age, but differed with regard to primary disability. The YTP individuals had more cognitive or psychiatric disabilities (62% vs. 46%), and fewer physical or sensory disabilities (10% vs. 27%). Compared to non-YTP participants, YTP participants were more likely to be determined eligible for rehabilitation services and have a plan developed (80% vs. 51%) and to be earning higher weekly wages at the time of exit from respective programs (\$177/week vs. \$143.00). Again, all findings were statistically significant at conventional levels or higher ($p < .05$).

In summary, the Youth Transition Program is an on-going interagency model of service delivery developed to address the employment needs of the general population of youth with disabilities making the transition to adulthood. The evaluation of program data on employment outcomes compares favorably to state and national rates of employment for transition-aged youth with disabilities. Benz et al. (1999) considered the quality of collaboration among all stakeholders in the YTP one of the most fundamental program features responsible for its success, in particular the development of relationships, structures and procedures between the Oregon Department of Education, the Oregon Office of Vocational Rehabilitation and the University of Oregon. The strong 1:1 support provided to participants by staff specifically dedicated to the transition

process, the eliciting of participant's needs and interests in creation of their particular transition plan, and the 2 years of follow-up services after exit from the program were equally important to the YTP's strong outcomes as reported by Benz et al. (1999).

Despite the fact that the YTP serves the general population of transition-aged youth with disabilities without specialization of programming for youth with E/BD, attributes of the YTP model show promise for creating more effective transition programs for youth with E/BD.

ARIES Project

The ARIES (Achieving Rehabilitation, Individualized Education and Employment Success) Project (Bullis, Moran, Benz, Todis & Johnson, 2002), specifically designed for adolescents with E/BD, operated from 1995 through 1999 with grant funds from the Rehabilitation Services Administration. The University of Oregon and the Springfield, Oregon school district jointly ran the ARIES Project. The Springfield district already had a Youth Transition Program in operation since 1989. Controlled studies of the YTP suggested that youth with disabilities who participated earned more, had higher rates of employment and higher post-secondary training rates. Springfield district staff were clear, however, that youth with E/BD served in the YTP earned less, and experienced more social difficulties than youth with other disability labels.

The school-affiliated project operated out of a small house off campus in hopes of providing a non-threatening environment for youth with negative associations with school (Bullis et al., 2002). The staff consisted of three certified and experienced special education teachers who worked as Transition Specialists (TS). Each TS maintained a case load of 12 to 15 students that would allow them to develop a close personal relationship

with the students, provide intensive service management and allow each student multiple chances to succeed in school and work.

Bullis et al. (2002) emphasized self-determination, competitive vocational placements, and educational supports through the following specific program features: (a) Functional skills assessment, (b) Person centered planning, (c) Individualized educational placement and support, (d) Service coordination, (e) Multiple opportunities for success, and (f) Service “label” determination. This last program feature came out of investigators’ two-fold concerns relating to what they regarded as the overuse of, and negative connotations associated with the special education label ED (emotional disturbance); and the fact that the label of ED would not be recognized by adult service agencies. The transition specialists reviewed the records, and worked closely with participants to clarify presenting difficulties or diagnoses to facilitate transition to adult services.

Most referrals to the ARIES Project came from the school district and included enrolled students as well as students who had been expelled or had dropped out (Bullis et al., 2002). Some referrals came from corrections or community mental health agencies. Of 120 initial referrals, 85 adolescents formally entered the program.

Demographically, 63 males and 22 females participated in ARIES (Bullis et al., 2002). Roughly a third of participants had primary disabilities of specific learning disability or emotional disturbance, over two-thirds of participants also had secondary disabilities. A criminal history was present in 47 (55%) of participants and 29 (43%) had a history of substance abuse treatment. Other notable risk factors for the group were no prior job experience (62%, n= 53), no means of transportation (73%, n= 62), unstable

living situations (47%, n= 40), difficult family circumstances (48%, n= 41), school drop out status (26%, n= 22), and judged at-risk for dropping out, or dropping out again (84%, n= 71).

Bullis et al. (2002) collected quantitative and qualitative data to evaluate program outcomes. Three standardized forms were developed from those already in use in the YTP for structured data collection during three phases of the ARIES project, at entry, subsequent 2-month intervals, and again at exit. The entry form collected demographic information including barriers to transition in three areas: school, skills and family/personal. The update form collected data on employment (e.g. currently employed), education (e.g. enrolled in school), and personal/social experiences (e.g. arrests). The exit form specified work, school, and living status of the individual upon leaving the project.

Evaluation of the quantitative program data showed Bullis et al. (2002) that educational services assumed a primary focus in the project. Out of 61 participants formally exiting the ARIES project, educational data were available for 59. Of these, 36 (61%) completed an educational program and received documentation either in the form of a high school diploma (n= 13), a General Equivalency Degree (n=10), modified high school diploma (n= 7), vocational certificate (n= 4), or certificate of high school attendance (n= 2). At exit, 53% of ARIES participants (n= 31) indicated they had no interest in pursuing educational goals in the future.

Two fundamental factors limited Transition Specialists' efforts to seek competitive job placements for program participants. First, the lack of prior work experience led to a shift in emphasis to securing entry level positions. Second, ARIES

participants presented with multiple challenges in many domains that had to be addressed before employment could be considered (e.g., homelessness). Even with those limitations, 47 of the 84 participants (55%) worked in some capacity during the project. The majority of these were service jobs lasting an average of 2.22 months, with an average hourly wage of \$5.44. Of the 47 participants who found work, 14 (30%) were fired from a job. Out of the 61 individuals formally exiting the program, 22 (36%) were working in some capacity (Bullis et al., 2002).

The ARIES project researchers hired an independent qualitative researcher to evaluate the project through a series of semi-structured interviews with various stakeholders, including students, school administrators, teachers, community agency personnel and family members (Bullis et al., 2002). Three major themes emerged across respondent groups, (a) the importance of the personal connection between the Transition Specialist and each participant, (b) the importance of the efficiency of the Transition Specialist in providing service management and coordination, and (c) the non-traditional nature of the program.

Conclusions regarding the ARIES project must be tempered by the fact this was not an experimental study with a control standard of performance against which to compare the achievements of program participants and by their small numbers. Even so, the ARIES Project focused specifically on transition programming for youth with E/BD in a way that began to grapple more fully with the severe and multi-dimensional challenges they experience on the way to adulthood. Noting what proved to be the fundamental importance of the personal relationship between the Transition Specialists and each young person, as well as the on-going need for intensive service coordination,

Bullis et al. (2002) suggested a rethinking of the service delivery ideal from a time period of weeks to months, or even years.

However easy it may be to track simple employment or school enrollment data, transition programming for youth with E/BD suffers when conceived as a narrow school-to-work undertaking. Halpern (1985, 1991) and Knitzer (1993) argued that the goals of transition should encompass all appropriate dimensions of adult adjustment and involvement in the community. The preceding three transition programs all share a basic school to work emphasis. After evaluation, each of them, the ARIES project in particular, concluded that a broader, more comprehensive focus on education, and functional social skills might be required for youth with E/BD to make a more successful transition to adulthood.

Beyond the World of Work: Project RENEW

Project RENEW (Rehabilitation, Empowerment, Natural Supports, Education, and Work) was a three-year demonstration service delivery program in Manchester New Hampshire funded by the US Department of Education's Rehabilitation Services Administration designed to improve transition outcomes for youth with emotional disturbance (ED) and youth with mental illness (MI) (Cheney, Hagner, Malloy, Cormier & Bernstein, 1998). Project RENEW was one of 10 such projects funded nationally between 1995 and 1998 to develop and implement model demonstration projects addressing the needs of youth with E/BD in transition to adulthood. In particular, projects receiving these funds were to focus on improving community adjustment as well as vocational and educational outcomes. Additionally, recipients of these grants were

directed to develop structures and strategies that could provide effective interagency case coordination and service delivery that the youth could easily access.

Cheney et al. (1998) based the project's operations at the New Hampshire Community and Technical College, a site chosen as a normative setting for young people that would reinforce the importance of high school completion and post-secondary education. Full time RENEW staff included a director, two Career and Education Specialists (CES), a graduate assistant from Keene State College, and a clerical assistant. Each participant worked closely with an assigned CES to develop and accomplish personal goals in the areas of high school completion, employment, post-secondary continuing education and community adjustment.

Referrals to Project RENEW came from the Manchester School District, the local Vocational Rehabilitation office and the Manchester Mental Health clinic (Cheney et al., 1998). All youth between the ages of 16 and 22-years with a special education label of emotional disturbance (ED), or with a diagnosis of chronic mental illness (MI) who were referred, and who voluntarily agreed to participate were accepted into the program. Eighteen participants enrolled (11 males, 7 females), and participated in the project for at least two years. In addition to their psychiatric diagnoses or special education label, three of the participants had secondary diagnoses of mental retardation (n=2) or cerebral palsy (n=1). As a group, the mean age was 18 years 11 months at the time of entry, and all were White. Also, 7 (43.7%) had completed high school or obtained a General Equivalency Degree (GED), and 2 participants (12.5%) were working. Thirteen participants (72%) had been police or court involved in the preceding 3 months (Hagner, Cheney & Malloy, 1999; Malloy, Cheney & Cormier, 1998).

The investigators evaluated Project RENEW utilizing both quantitative and qualitative measures. The quantitative data consisted of the demographic information collected at the time of entry in the program, and data forms subsequently completed by the CESs each time a participant experienced a change in employment status (e.g., change in salary, termination from employment), education status (e.g., beginning tutoring, completion of requirements), involvement with the police or court system (e.g., arrests) or experienced some other significant event (e.g., periods of hospitalization). Each participant also completed a questionnaire related to their level of satisfaction with housing, education, employment, physical health, ability to handle problems, and progress toward life goals upon entry into the program, and again at 6-month intervals. An external evaluator collected qualitative data on project implementation and impact by sitting in on weekly staff meetings and conducting in-depth interviews with each CES and a sample of the youth participants (Hagner et al., 1999).

Every participant developed a personal futures plan of realistic, yet challenging goals within two months of beginning program participation (Hagner et al., 1999). CESs helped the participants set short-term objectives and identify specific activities to attain the goals, such that these objectives and activities served as the transition plan. Four of the young people developed a second plan because they had accomplished their initial goals and were ready to develop a new plan (Cheney et al., 1998).

Out of 18 participants served by the program for 2 or more years, fifteen (83%) secured paid jobs (13 competitive, 1 supported, and 1 self-employed) (Hagner et al., 1999) and 11 maintained this employment for more than 6 months. Of these 11, all but one job was community-based with direct supervision by the employer. Hourly wages

averaged \$6.19 per hour, with an average of 27.7 hours of work per week. Competitive jobs included lube-oil technician, plumber's apprentice, auctioneer's assistant, model, bicycle repair technician, cook, assembler and construction assistant. The self-employed youth worked in a home woodworking shop and sold his crafts at shops and fairs. Four of the five participants without employment focused their efforts on high school completion (Cheney et al., 1998). Throughout the project, those who secured employment have held an average of 3.2 jobs per person. Most jobs ended appropriately; 74% of jobs ended through resignation either to accept a new job (11%), through other resignation (37%), or due to layoff or ending of temporary job (26%). The average job duration was 14.1 weeks (Hagner et al., 1999).

Educationally, of 18 participants, 12 (75%) received documentation for completion of a high school diploma or other certificate. Nine of the 12 (75%) went on to engage in postsecondary education with one enrolled in a bachelor's degree program in nursing, four enrolled in 2-year associates' degree programs, one was taking college preparatory classes at the community college where Project RENEW was housed, one enrolled in a certified acting program at a local art institute, one worked with a woodworking tutor and one was a registered apprentice. Of the 6 participants who had not completed high school 3 were enrolled in nontraditional high school programs and expected to complete requirements by the end of the second project year (Hagner et al., 1999; Cheney et al., 1998).

All of these results compare favorably with the outcomes reported for the ARIES Project. Even more compelling than the positive results from a relatively small sample, Project RENEW represents a critical conceptual step forward in effective transition

programming for youth with E/BD. Project RENEW made an effort to organize seven major components suggested by the literature as showing promise for an integrated, multi-dimensional approach to transition for youth with ED or MI: (a) personal futures planning, (b) interagency coordination, (c) naturally supported employment, (d) flexible high school programming, (e) social skill building, (f) mentors, and (g) flexible funding to support an individual's successful transition. Cheney et al. (1998) intended these components as a concrete expression of a philosophy of self-determination, unconditional care, and competency-based support services that could be accomplished in naturally supported living, school and work environments.

The completion of a personal futures planning process within 2 months of enrolling in Project RENEW helped ensure that the interests and needs, as determined by the individual her or himself, directed the creation of the transition plan. Together, the individual participant and the CES explored the individual's characteristics, personal dreams, and fears, and then translated the elicited information into concrete goals. Other key actors (e.g., a parent, friend, agency representative) identified by the young person as important sometimes participated in the process. The 3-month set of objectives with specific activities and tasks created to meet each goal emphasized the participants' self-determination as the impetus driving their transition plans (Cheney et al., 1998; Hagner et al., 1999; Malloy, Cheney, Hagner, Cormier & Bernstein, 1998).

Interagency collaboration and naturally supported employment contributed to building effective system of care support for program participants. Project RENEW's efforts to provide effective, flexible case management between diverse agencies echoed the successful innovation of the YTP by implementing cooperation between agencies

both the level of direct service and middle level agency administration. An interagency service team based on the personal futures plan was developed and coordinated by the CES. This team met regularly. A team of mid-level agency administrators also met regularly. During the first 6 months, these team members learned about one another's agencies and developed a common mission, meeting monthly afterwards to identify system barriers and work toward solutions (Cheney et al., 1998). These included issues like unstable housing, lack of family resources, and lack of flexibility in public school programming (Malloy, Cheney, Hagner, Cormier & Bernstein 1998).

The stated program goal of providing naturally supported employment meant developing occupational objectives that matched a participant's interests, seeking out employers who already provided good supervision and support to all their employees, identifying and supporting on-the-job mentors and providing ongoing consultation and support to the employer on accommodation strategies (Cheney et al., 1998).

The other four strategies—mentoring, social skill building, flexible high school programming and availability of flexible funds—represent a fundamental recognition of the highly unique, diverse and multi-dimensional needs of youth with E/BD transitioning to adulthood. Mentoring for Project RENEW participants helped them to build social supports in multiple community settings (e.g. work, education). A weekly peer support group, and the availability of individualized coaching, provided opportunities for social skill building. Many youth with E/BD have histories of educational failure; flexible high school programming allowed for creative, non-traditional and appealing ways for participants engage in learning. They were able to use career exploration, internships,

apprenticeships, tutoring and other methods to earn high school credits. (Cheney et al., 1998).

Project RENEW's comprehensive and coordinated service delivery model was able to begin to provide youth with E/BD the highly intensive and individualized care necessary for more successful assumption of adult roles in the community. The inclusion of community adjustment and education as well as vocation in the definition of successful transition comes closer to the understanding necessary to work effectively with youth with E/BD.

Summary

From programs coming out of the school-to-work initiative's relatively strict focus on employment, to more comprehensive transition programs addressing community adjustment and education as well as employment by implementing system of care service delivery models, this chapter has discussed in detail four intervention programs representing best practices for youth with E/BD making the transition to adulthood. Clearly, each of these programs (Jobs Design, YTP, ARIES, Project RENEW) was well conceived, each achieved some positive outcomes, and each (particularly Project RENEW) generated evaluative data supporting the conclusions that a focus on vocational outcomes alone is insufficient to assure positive outcomes in the face of the multiply complex needs youth with E/BD bring to the table. Programs utilizing a more broadly conceived system of care approach, such as Project RENEW, show promise for improving outcomes. Yet even with our best efforts, youth with E/BD remain a vulnerable population requiring patience, careful attention, and a dedication of resources for a longer period of time than we, as a society may prefer. The central idea of this thesis

is that transition programming for youth with E/BD would benefit from a more explicit developmental perspective and increased emphasis on social and emotional skill building grounded in practice theory. Chapter IV expands these ideas.

CHAPTER IV

ADAPTING SYSTEMS TO PEOPLE: STEPS TOWARD MORE EFFECTIVE TRANSITION PROGRAMS FOR YOUTH WITH E/BD

The effectiveness of transition programming for youth with E/BD would benefit from a more explicit developmental perspective and increased emphasis on social and emotional skill building. The startling body of research that emerged in the 1980s describing the severe and multidimensional challenges faced by transitioning youth with E/BD led to some focused efforts throughout the late 1980s and 1990s to create effective transition programs for these individuals. While the evaluative research is not definitive, results from best practice and demonstration projects suggest that even small improvements in transition outcomes for youth with E/BD require surprising increases in the intensity of supports and services across multiple domains for extended periods. More comprehensive intervention models are clearly needed, and two areas of practice theory may be very useful here.

A New Developmental Paradigm: Emerging Adulthood

The transition from adolescence into adulthood marks a critical period when the choices and experiences of a young person fundamentally shapes his or her adult life. For youth with emotional or behavioral difficulties, the challenges of transition are particularly arduous. Developmentally, these individuals tend to lag behind their peers, lacking the very skills necessary for successful navigation into adult roles while

institutionally they attain legal adulthood and lose eligibility for child services, thus rendering an already vulnerable population even more vulnerable.

Adolescence

The developmental challenges of adolescence take place across physical, psychological and cultural domains where development in any one domain impinges upon, and shapes development in all other domains (Davis & Vander Stoep, 1997). Cognitive developments of this age include the shift from concrete to more abstract representation, from singular to multi-dimensional thoughts, from more absolutism to more relativism, and from little or no to increasing self-reflection and self-awareness (Davis & Vander Stoep, 1997). Alongside these cognitive changes, moral development evolves from simplistic, concrete, externally reinforced concepts of right and wrong, to internalized abstract principles that the individual applies more generally (Gilligan, 1982).

The adolescent's reference group shifts from parents to peers (Berzoff et al., 1996). Friendships become more complex, sexuality becomes central and the increased need for independence from the family weighs daily against the still pressing need for family support and guidance (Davis & Vander Stoep, 1997). Adolescents begin the task of deciding which family values to internalize and make their own by engaging in a process of experimentation and exploration.

Identity or character formation is one of the tasks particularly associated with adolescent development. Erickson (1950) described the psychosocial task of adolescence, which we tend to think of as occurring roughly from 11- 18 years, as the achievement of a stable sense of self, called in his schema *identity vs. role diffusion*. For Erickson and

others, the emergence of a stable character or identity marked the termination of adolescence, and the assumption of adult roles in the community. Blos (1968) understood character as an essential intrapsychic mechanism providing the young adult with a coherent sense of self across past, present and future possibilities regulating internal and external stimuli, like a homeostatic device.

Although the vigorous labor of identity formation is largely intrapsychic, society and cultural norms mediate the task. Adolescents prepare themselves to enter the adult roles offered by particular societies at particular times. Erickson (1950) put it in the following way:

...youths, faced with this physiological revolution from within them, are now primarily concerned with what they appear to be in the eyes of others as compared with what they feel they are, and with the question of how to connect the roles and skills cultivated earlier with the occupational prototypes of the day. (p. 228)

The more successfully adolescents have navigated earlier developmental stages, the more equipped they are to engage the next. Individuals marginalized in one or multiple domains—poverty, mental illness or school failure, for example—may approach the tasks of adolescence from a distinct disadvantage. The role of society and culture cannot be underestimated. Taking their conceptions of themselves, their understanding of how they are perceived by others, and the adult roles effectively offered by their communities, adolescents lay the foundations of their adult lives.

In later writings, Erickson (1968) discussed a phenomenon he called *prolonged adolescence* based on his observations of people from industrialized countries. Erickson described a *psychosocial moratorium* granted to young people in western cultures characterized by free role experimentation, during which the young person figures out

who he is and how he will take his place as an adult in the community (p. 156). Halpern (1991) wryly described this youth-to-adult transition as, “a period of floundering that occurs for at least the first several years after leaving school as adolescents attempt to assume a variety of adult roles in their communities” (p. 203).

Emerging Adulthood

Thirty years after Erickson’s description of a prolonged adolescence, Arnett (2000) looked at demographic changes since 1950. He noted a delay in the age of marriage, and the age of first having children as well as an overall increase in the number of young people obtaining higher education. This led him to suggest a new stage of development between adolescence and young adulthood for people growing up in the western, or industrialized nations. Arnett conceptualized a period of development occurring between 18- 25 years he called *emerging adulthood* (p. 469). Arnett distinguished emerging adulthood as a unique developmental stage by its relative independence from social roles and from normative experiences.

Where Erickson (1950) thought of adolescence as the time of tremendous exploration and experimentation before settling into the young adult role, Arnett (2000) argued that in the emerging adult, the task of identity formation continues, and in fact intensifies. He further argued that the experimentation and exploration that is the hallmark of identity formation also intensifies during emerging adulthood.

Arnett (2000) noted that before taking more enduring adult roles in the community, young people within this demographic seek out a broad range of experiences. They experience the highest degree of residential mobility of any age group. Similarly, emerging adulthood is the time to explore a variety of romantic or sexual experiences,

and unusual work or educational possibilities (p. 474). Notably, Arnett showed certain risk behaviors peak during emerging adulthood concomitant with the intensification of exploration and experimentation. The particular risk behaviors included engaging in unprotected sex, substance abuse and binge drinking and unsafe driving behaviors (p. 475).

Emerging Adulthood and Transition-aged Youth with E/BD

As noted earlier, the emotional and behavioral dimensions of development affect sexual and social behavior, health and the ability to fulfill societal expectations (see Chapter II). The research amply demonstrates the relative social and emotional immaturity of youth with E/BD when compared with their peers in the general population in the kind and severity of the challenges they encounter as they make their way to adulthood. Arnett's (2000) description of emerging adulthood's task of identity formation as the intensification of exploration, experimentation and risk-taking within the context of a psychosocial moratorium requires exactly the skills youth with E/BD have not yet acquired. Their already higher incidents of risky sexual behavior, substance abuse, victimization, and poor social skills make emerging adulthood treacherous terrain.

Arnett's (2000) theory of emerging adulthood has potentially important implications for how we think about programming for transitioning youth with E/BD. From the developmental point of view, youth with E/BD have not attained sufficient maturity to successfully navigate the tasks of emerging adulthood, and are at greater risk of harm than their peers without E/BD. Probably more than other peer age-mates, youth with E/BD need a personal relationship with a caring, effective adult to see them through the tasks of development that will help them along the way to adulthood.

Thus, any transition program will need to emphasize relationship, teaching and mentoring as primary features, rather than as supportive ones. In addition, one of the important aspects of Erikson's (1950) model of development is the articulation of the interaction between the person and his or her environment that assumes the integral influence of culture and society on identity formation (Berzoff et al., 1996). This assumption reinforces many of the program features of the more comprehensive approaches such as Project RENEW (Cheney et al., 1998). The use of flexible, highly individualized and intensive programming within a context of personal relationship for extended periods in all domains of community life has the potential to help youth with E/BD attain the developmental maturity necessary for successfully taking on the tasks of emerging adulthood and later, assuming adulthood roles. The developmental view in combination with the research on transition suggests the best outcomes will come from treating youth with E/BD like treasured sons and daughters in need of nurture and support on their way to taking their place amongst us as adults in the community.

Social and Emotional Learning: Lessons from the Reclaiming Youth Movement

Reclaiming Youth (Brendtro, Brokenleg & Von Bockern, 2002) is part of a larger, more broadly based movement of educators, mental health professionals and others who believe our basic orientation to all children and youth needs radical transformation. Whether it is expressed through promoting peaceable schools, multiculturalism, increased civic engagement, ecological intelligence or the creation of more vital communities for learners and their families, each of the philosophies and practices coming out of this movement set out to create, in their diverse ways, a positive culture for children and youth that enhances social and emotional learning (Brendtro et al., 2002; Lantieri & Patti,

1996; Seymour, 2004). Positive culture means an open and welcoming environment that intrinsically values the social, emotional, spiritual and intellectual dimensions of young people, and provides them with opportunities, skills and recognition. In this whole person view, the ability to manage emotions, make meaning, resolve conflicts and interrupt biases is as fundamental to children and youth preparing themselves to enter the world as competent and able adults (Seymour, 2004) as the ability to read, write and perform mathematical calculations (Lantieri & Patti, 1996).

The whole person view, and stressing the importance of social and emotional intelligence for all children and youth have important implications for transition-aged youth with E/BD. They soften the tendency to pathologize youth with E/BD and their path to adulthood, and in a way, allow the perspective that these vulnerable young people are the canaries in the coal mine signaling danger to us all.

At the center of this movement is the debate about how children and young people should be valued, what they should learn and how their learning should proceed.

Carlsson-Paige (2004) offered this critique of schools increasingly driven by standards and tests:

In the climate of school as giant test prep centers, the aspects of the school curriculum that young people needs most for the world they are living in and will inherit are disappearing: the social curriculum, multiple ways of knowing and being, multi-cultural curriculum and civic engagement. (p. 208)

Among many things, the practices and programs coming out of this movement stand as responses to school violence (Lantieri & Patti, 1996), academic failure, at risk youth (Brendtro et al., 2002), environmental destruction (Berry, 2004; Smith & Williams, 2004) and a belief that new global realities of world health, global interdependence, and

economic and social injustice are not adequately reckoned in conventional education or youth programming (Berman, 2004; Carlsson-Paige, 2004; Lantieri, 2004; Lantieri & Patti, 1996).

In *Reclaiming Youth at Risk: Our Hope for the Future*, Brendtro et al. (2002) distinguished between deficit-based models that alienate and pathologize youth, and positive models that engage and empower youth.

Wolins and Wozner (1982) first articulated the concept of reclaiming, which they understood as the ostensive purpose of institutions— e.g. schools, monasteries, prisons, hospitals, and residential treatment facilities. Beginning with the basic premise that all societies have general expectations of mastery for virtually all its members, and the concomitant objective of “expansion of mastery and social normalization” (p. 18), Wolins and Wozner were interested in society’s use of institutions as instruments of change, especially for individuals who either do not fit in, or lack sufficient mastery. They defined “Reclaiming as a function of Mastery interacting with Activity, Goals, and Consequences” (p. 38). Wolins and Wozner’s ideal reclaiming institution humanely met both the needs of society and the individual, and maximized the potential for the increased mastery of the individual while minimizing his or her pain. Additionally, as individuals gained mastery, the truly reclaiming institution would relinquish control to the individual, who would in turn be expected to not only exercise increased self-authority, but also to offer increased help to others considered less able.

Brendtro et al. (2002) applied and developed Wolins and Wozner’s ideas of reclaiming specifically to children and youth at risk. They described ideal reclaiming environments for children and youth as those that recovered, redeemed and revalued that

which had been devalued. Characteristics of reclaiming environments included: (a) experiencing belonging in a supportive community, (b) meeting one's need for mastery, (c) involving youth in determining their own future while recognizing society's need to control harmful behavior, and (d) expecting youth to be caregivers, not just passive recipients of care by adults (p. 4). For Brendtro et al. (2002) these characteristics of reclaiming environments stood in contrast to the ecological hazards of discouragement and alienation through (a) destructive relationships, (b) climates of futility, (c) learned irresponsibility, and (d) loss of purpose or values (p. 8).

Brendtro et al. (2002) describe reclaiming environments for youth occurring in schools and childcare agencies with positive cultures. They proposed the circle of courage as their model of positive youth development (p. 45). Portrayed as a medicine wheel, the four elements of reclaiming environments become the four directions: independence, mastery, belonging and generosity. The inspiration and example of positive culture comes from Native American child rearing philosophies developed over thousands of years where fostering self-esteem and empowerment in children is understood as primary. Brendtro et al. validated what they described as, "perhaps the most effective system of positive discipline ever developed" (p. 44) using theories and practices developed in western psychology, including work from such pioneers in youth programming as Fritz Redl (1966) who gave us the life space concept and technologies, and Albert Trieschman (Trieschman, Whittaker & Brendtro, 1969), who stressed the importance of relationship and intervention in the context of daily life.

The Resolving Conflict Creatively Program (RCCP) (Lantieri & Patti, 1996) exemplifies the reclaiming model. RCCP is a school-based conflict resolution and

emotional literacy program that grew out of the desire of a group of educators (Educators for Social Responsibility) to help students engage in critical thinking about important contemporary issues and a New York school district looking for a district-wide program in peace education. The RCCP started in 3 schools in Brooklyn in 1985, and by 1996, was serving over 150,000 students in 325 schools nationwide. Students, teachers, administrators and parents at participating schools learn specific conflict resolution skills, and skills to interrupt bias and prejudice to utilize in the classroom, schoolyard, and beyond. But the people behind the RCCP intend lasting and positive change in attitudes and behavior, a goal that cannot be realized if the RCCP is only an add-on in the classroom. Less a process of mass production, implementing the RCCP relies on eliciting the vision, and then commitment of the hearts and minds of particular people in circumstances particular to their communities.

When it is most successful, the RCCP brings about the transformation of a school into a positive culture that socially, spiritually, emotionally and intellectually engages all school members (students, teachers, parents, administrators alike) in a process related to issues fundamentally relevant to their lives, that then radiates outward. As integral parts of community, schools implicitly express our regard for children and youth. One of RCCP's founders, Nancy Carlsson-Paige (2004) puts it this way, "Schools can be places where children of ages connect to themselves and others in their communities in meaningful ways" (p. 213).

One of the growing edges for programs and projects that come out of the reclaiming youth movement is the tremendous need to continue to follow up innovations in philosophy and practice with scientific research. The evidence base supporting the

efficacy of whole person, positive culture approaches in education and youth programming is promising, but small.

SAFE

The RCCP's enhancement of social and emotional competence through direct instruction is an approach supported by a growing body of evidence. As part of a Positive Youth Development project that was funded by a grant from the William T. Grant foundation, Durlak and Weissberg (2007) conducted a meta-analysis to evaluate the impact of afterschool programs that attempt to enhance the personal and social skills of children and youth. Grounded in previous research that indicated (a) children and adolescents can be taught personal and social skills, and (b) that learning is more likely to occur when evidence-based approaches are used, the investigators hypothesized that programs that used evidence-based approaches to promote youths' personal and social skills would be more successful than those that did not. The evidence suggested the most effective approaches to skills development are sequential, active, focused, and explicit (SAFE). The objective of Durlak and Weissberg's analysis was to answer two research questions: what types of outcomes can we expect from after-school programs that attempt to foster young people's personal and social skills, and can we identify program characteristics that are associated with better results?

A search of published and unpublished studies of outcomes for afterschool programs yielded results for 73 programs from 49 studies that Durlak and Weissberg (2007) were able to subject to analysis. To be included, the afterschool programs in the original studies had to have a goal of the development of one or more personal or social skills. Additionally, the studies had to have a control group, and sufficient data for Durlak

and Weissberg to run their analysis. In order to substantiate findings, efforts were made to control for the possible influence of several methodological features found in the reports. Also, 60% of the reports included in the meta-analysis appeared after 2000, making the data current and relevant.

The two most important findings were: (a) Youth who participate in after-school programs improved significantly in three major areas: feelings and attitudes, indicators of behavioral adjustment, and school performance. This included a reduction in aggression, noncompliance and drug use. (b) It was possible to identify effective programs. The use of evidence-based skill training approaches (SAFE) consistently produced multiple benefits for youth, while programs that did not use such approaches were not successful in any outcome area Durlak and Weissberg (2007).

Reclaiming Transition-aged Youth with E/BD

The programs, philosophies and practices coming out of the reclaiming youth movement potentially have important implications not only for how we think about effective programming for transition-aged youth with E/BD, but for how we think about educational programming for all youth. From the reclaiming perspective, the challenges encountered by youth with E/BD make obvious the failure of standards-based, test-driven education and deficit-based models of child and youth intervention to ameliorate failure and harm. Youth with E/BD also show the strain of violent, impoverished, degraded and oppressed communities more readily than their peers without E/BD, acting as sort of a social early-warning.

The most effective of transition programs for E/BD youth are those that manage to create positive cultures that engage and empower young people. Explicit focus on

enhancing social and emotional learning for all youth de-pathologizes the predicament of youth with E/BD by placing them on a continuum that does isolate their difficulties from the challenges all our children face in an increasingly diverse global community. Research coming out of the reclaiming movement regarding social and emotional competence suggests these skills can be taught, and are most effectively taught in a sequenced, active, focused and explicit manner (SAFE).

Toward Restructured Interventions for Transition-Aged Youth with E/BD

In summary, I believe we have clear directions for creating new and more effective transition programs for youth with E/BD. First, future transition programs should include the key attributes that have already shown the most promise. These include:

- Personal futures planning such that each young person drives the creation of his or her transition plan
- Transition specialists who work directly with particular young people
- Traditional and non-traditional ways of completing secondary education
- Encouragement to continue learning beyond secondary school
- Vocational options directly related to the needs and interests of the young people in naturally supported environments
- Integrated service management
- Opportunities for social skill building

On the systems side, transition programs work best when they have sufficient and secure funding. Additionally, they require positive and effective interagency cooperation, both at the level of direct service, with coordinated service delivery by the case manager/transition specialist; and at a middle administrative level where key stakeholders

meet regularly to forge a positive working alliance to identify and respond to service needs.

Second, programming should be developmentally informed such that the personal relationship between each young person and his or her transition specialist is a primary component of the intervention. Relationships between participants and their mentors and teachers are also critical, and should be programmatically supported and nurtured. Additionally, transition specialists should look to identify and then foster a least one enduring relationship between a young person and someone in his or her natural environment to act as a primary transition supporter once a young person's participation in the formal transition program comes to a close. Given the persistent, multidimensional and developmental nature of the challenges transitioning youth with E/BD face, this relationship would continue to support youths' transition between relatively formal, prescribed community structures like schools and transition programs, and full participation as an adult member connected to the community. Immediate or extended family members would be ideal candidates, but in circumstances where that is either not possible or appropriate, the role of primary transition supporter could be fulfilled by any established, interested member of the young person's community— a teacher, a business person, a family friend.

Third, programming should emphasize social and emotional learning as integral to preparing youth for adult roles in the community. Social and emotional learning should take place in groups utilizing evidence-based approaches to increase effectiveness. Durlak and Weissberg (2007) demonstrated that the most effective methods of teaching

social and emotional skills are in programs where skill building is SAFE (sequential, active, focused and explicit).

Fourth, all transition programs for youth with E/BD need fundamental re-conceptualization away from remedial to the reclaiming. Approaching any youth from a deficit-based model will fumble our efforts and distort our intention. Seeing transition-aged youth with E/BD as fundamentally flawed gets in the way of our taking responsibility to empower and support these young people to take their rightful place as valued members of our community.

RIGHTEOUS PASSAGE:
YOUTH WITH EMOTIONAL AND BEHAVIORAL DIFFICULTIES
MAKING THE TRANSITION TO ADULTHOOD

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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Robin A. Smith
Righteous Passage: Youth
with Emotional and
Behavioral Difficulties
Making the Transition to
Adulthood

ABSTRACT

This thesis focuses on the transition to adulthood of young people with emotional and/or behavioral difficulties (E/BD). These young people present complex, multi-dimensional challenges at the nexus of social work, special education and mental health practice. Through there is growing recognition of the many difficulties this population experiences, there is much less clear consensus about evidence-based, best practice for intervention with this population. The present paper highlights the importance of the challenges faced by E/BD youth for practice and social policy; summarizes what is known about this population and these challenges through a comprehensive review of the literature; identifies extant, best practice intervention models; and concludes by offering a theory-informed template for future research and program development.