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## Supporting Transition-Aged Youth: One State's Efforts

L. Kris Gowen

*Portland State University*, [gowen@pdx.edu](mailto:gowen@pdx.edu)

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## DATA TRENDS

# SUPPORTING TRANSITION-AGED YOUTH: ONE STATE'S EFFORTS

## SOURCE

Styron, T. H., et al. (2006). Troubled youth in transition: An evaluation of Connecticut's special services for individuals aging out of adolescent mental health programs. *Children and Youth Services Review*, 28, 1088-1101.



### INTRODUCTION

Young adults need specialized services as they age out of children's mental health care and into adult services. Starting in 1997, Connecticut began to address this need by creating a Young Adult Services (YAS) program, designed to assist those over 18 who had moderate to severe symptoms of mental illness. YAS provides comprehensive service delivery that includes clinical, residential, case management, vocational, and social rehabilitation supports. Major principles that guide the YAS program include: (1) services must be comprehensive and integrated—focusing on one issue without supporting a young adult in other aspects of his or her life is ineffective; (2) it is challenging, yet essential, to facilitate young adults' transitions from highly supervised and structured programs into community settings in which they experience higher degrees of autonomy, and; (3) given the traumas experienced by many of these young adults, it is particularly important to provide them with opportunities to form secure attachments; therefore, YAS programs should not reject or remove clients.

The clients served by YAS have aged out of institutional settings and have complex needs: 95% have known histories of severe and sustained abuse, 95% have been in foster

and/or residential care, half have diagnosed learning disabilities, and many have been incarcerated. The purpose of this study was to identify aspects of the YAS program related to positive psychological functioning and well-being in its young adult clients.

### METHOD

Participants in this evaluation were randomly selected from the young adults who received YAS services in six Connecticut locations (N=60). Average age of participants was 20 years, and 78% were male; 55% identified as Caucasian, 23% as Hispanic, and 12% as African-American. Participants had been in the program an average of 20 months (SD=12.56) and had worked an average of 3.4 days (SD=6.8) in the past 30 days.

Data were gathered through the following methods: (1) structured interviews consisting of standardized measures completed by participants; (2) surveys completed by participants' clinicians; and (3) in-depth qualitative interviews conducted with a sub-sample of participants. Youth outcomes assessed using these methods included mental health symptoms, quality of life, satisfaction with services, anger symptoms and management, overall functioning, jail

time, and hospitalizations. In addition, chart reviews were conducted to obtain information about services and five aspects of treatment planning: strengths-focused treatment planning (SFTP), incorporation of attachment style, consideration of trauma history, attention to developmental tasks, and community-focused treatment planning (CFTP). SFTP was defined as assessing a client's social and cognitive strengths, and incorporating them into the treatment plan; CFTP was defined as setting a goal of increasing client residential and community supports. Length of time in YAS and the five treatment planning variables were the independent variables in the following analyses.

## RESULTS

**Qualitative findings:** Results from the interviews reveal that adjusting to YAS programs was difficult for participants. Many YAS clients stated that they came from environments such as residential placement settings that were highly structured and supervised; the contrasting independence of the YAS program left some with ambivalent feelings regarding this new independence. One participant said, "I've never been on my own and I didn't know what to do. People usually told me what to do" (p. 1099).

While negotiating this new independence, many clients appreciated staff support and concern. Several participants

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stated that they felt cared for, which was a new experience for them. They described staff as friends, coaches, and role models. Many clients also stated they appreciated the staff teaching them independent living skills, such as cooking and shopping.

Regarding their hopes and dreams, most participants stated that they simply wished for a "normal life" (p. 1099). From their perspectives, this meant being able to live independently, take care of their finances, have a job, and have a long-term relationship.

**Quantitative findings:** Three treatment variables were related to improved outcomes in this sample of young adults. After controlling for demographic variables, longer tenure in a YAS program was significantly associated with a higher quality of life, greater satisfaction with services, client reports of higher functioning, and less loneliness. After controlling for both demographic variables and time in programs, two additional characteristics of YAS predicted positive outcomes. SFTP was significantly associated with higher quality of life; CFTP was significantly associated with fewer arrests and fewer symptoms.

## CONCLUSION

The qualitative portion of this study found that young adults with complex needs report a difficult time transitioning from often highly structured environments into one in which there exists a fair amount of independence. However, with the support of caring staff, these youth feel that they can work towards their goals of having productive, fulfilling lives. Accepting responsibilities for one's self and making independent decisions are two key components to transitioning to adulthood,<sup>1</sup> so the roles that staff seem to be filling are important to healthy development.

**Regarding their hopes and dreams, most participants stated that they simply wished for a "normal life."**

Quantitative analyses revealed that certain characteristics of transition services for young adults are associated with improved outcomes. More specifically, a longer time spent in a program, incorporating a client's social and cognitive strengths into the treatment plan (SFTP), and working towards increasing client residential and community supports (CFTP) were found to be associated with higher quality of life and/or better integration into the community. However, causation cannot be established. It may be possible that higher functioning young adults were more likely to stay in the program longer and receive more integrated services, accounting for the positive outcomes. However, these findings may point to the potential importance of including strengths- and community-focused treatment components in programs for young adults transitioning out of more restrictive settings into the community.

This study found encouraging results that comprehensive transition programs such as Connecticut's YAS, which not only treats problems and symptoms, but also works to build personal strengths and supports, can improve the outcomes of young people with very complex needs.

## REFERENCES

1. Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55, 469-480.

## AUTHOR

*L. Kris Gowen* is Research Associate and incoming Editor of *Focal Point* at Pathways to Positive Futures.