

# TRANSITIONS RTC

THE LEARNING & WORKING  
DURING THE TRANSITION TO ADULTHOOD  
REHABILITATION RESEARCH & TRAINING CENTER

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# Acknowledgements

The Transitions RTC aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions who are trying to successfully complete their schooling and training and move into rewarding work lives. We are located at the University of Massachusetts Medical School, Worcester, MA, Department of Psychiatry, Center for Mental Health Services Research.

Visit us at:

<http://labs.umassmed.edu/transitionsRTC/index.htm>

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# TRANSITION AGE YOUTH FRIENDLY SERVICE PROVISION

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# Transition Age Youth

- The transition to adulthood is a continuous process of rapid developmental change that starts accelerating at age 16, and for most, is completed by age 30.
- It is estimated that 6-12% of young adults struggle with a serious mental health condition (2.4-5 million individuals)
- Serious mental health conditions (SMHC) are psychological in origin and result in significant functional impairment.
- **“Transition age youth”** or **“TAY”**: young adults (ages 16-30) with a SMHC



# A “Youth friendly” “aging out” process

When asked what kinds of help could have made the aging out experience better, most commonly mentioned were:

- Training for adult independent skills during their transition period, such as money management, socialization skills, and job search skills;
- Advanced planning for the transition;
- Involvement in planning for the transition;
- Consistent level of support for young people before and after they “age out,” with a strong independent living skills training component throughout

- Delman J, & Jones A. (2002). *Voices of youth in transition: The experience of aging out of public mental health services in Massachusetts. Practice and policy implications.* Available online at [http://www.cqi-mass.org/pdfs/Youth-in-Transition-Final-](http://www.cqi-mass.org/pdfs/Youth-in-Transition-Final-Report.pdf)



# Challenges for TAY I

## 1. **Developmental Turbulence (“Aging out”)**

- Housing
- Educational/vocational
- Family and relationship.

## 2. **Limited Self-efficacy (Self-advocacy)**

- As adolescent often have limits on decision making
- Some being in a restrictive environment
- Lack of awareness of the concepts of empowerment and recovery

## 3. **Generation(s) gap(s)**

- Energy

Social Media



# Challenges for TAY II

## 4. **Adult services typically transition age youth *unfriendly***

- TAY perceive their needs and circumstances as different from those of older adults.
- Adult mental health services in fact may not meet the needs of young adults
- Staff not trained to understand psychosocial problems from a developmental perspective
- TAY generally do not want to attend programs with older adult.



# Research

- Limited
  - Youth perspective
  - Engagement





# Foundational Principles for Transition Age “Youth Friendliness”<sub>1</sub>

- ❖ TAY active participation in:
  - ❖ Program development
  - ❖ Making care/treatment decisions
- ❖ Vocational/Educational supports
- ❖ Staff skills and attention to specific developmental stage
- ❖ Just TAY
- ❖ Assistance with service access, coordination and practical living



# Youth-guided and youth driven

Peer youth advocates should be equal members of the team

- Youth Engagement & Involvement- bringing youth together to guide program development (eg, advisory board)
- Youth Group Facilitation
- Peer Advocacy
- Peer Support
- Systems Advocacy and Activism
- Public Speaking
- Youth Coordination and partnering

- *Peer Youth Advocates in Residential Programs (Handbook)* can be downloaded at

[www.buildingbridges4youth.org/products](http://www.buildingbridges4youth.org/products).



# Promoting TAY Self efficacy

- Clinicians- next slide
- Education on service options
- Decision supports
- Choice of groups
- Looking beyond the program- flexible supports



# Clinicians who are TAY Friendly

(prescribers in particular)

- Clinician
  - Is knowledgeable
  - Is nice and respectful
  - *demonstrates* his/her interest in the client's mental health
- The relationship is built on mutual trust
- The relationship is ongoing
- Clinician is seen as interested in the client's perspective on treatment, and is not merely a good listener
- Clinician is available immediately outside of their regular meeting format if there are medication problems, and follows through on that promise



# Vocational Supports

- Pre-vocational
- Employment specialists who are part of a larger treatment team
  - Particularly for TAY whose lives are most unstable
- Social Security guidance
- Job coaching
- Supported Education



# Staff skills and attention to specific developmental stage

- Patience
- Listen and encourage participation
- Self-efficacy, Activation, Empowerment
- Understanding youth culture, Young activities  
Adventure therapy
- Peer mentors guidance
- Vocational/Educational support trainings
- Trauma-informed care

Favoritism



# Just TAY

- Culture
- There should be age appropriate congregate living services for youth in transition



# Assistance with service access, coordination and practical living

- Phone/text reminders
- Transportation guidance
- Housing
- Sundries, such as laundry
- Family care
- Help coordinating care.
  - set up appointments
  - Transportation





# Building/Space (if applicable)

- Comfortable
- Computers
- Notification of rights and complaints/concerns process
- Elements of privacy
- Peer Support

*Important but not sufficient*



# Core Change Strategies

- Active personal commitment of the program director
- Agency support of initiative
- Workforce Development
- Youth guided and driven
- Structure leadership to demonstrate commitment to “youth friendly”
  - Significant position for TAY peer mentor(s)



# Organizational commitment to active participation of TAY

- Program's leaderships' history of support for youth friendly, guided and driven services
- Buy in and support of organizational leadership
- Effective hiring and supervision practices
- Resource Flexibility
- Inclusive (accessible) and supportive infrastructure



# References

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