

# **Transition to Independence Process (TIP) System:**

## **A Community-Based Model for Improving the Outcomes of Youth and Young Adults with EBD**

Young adults experience dramatic changes across all areas of development during their transition to adulthood. Young people's decisions, choices, and associated experiences set a foundation for their transition to future adult roles in the domains of employment, education, living situation, and community-life functioning. This period of transition is especially challenging for the more than three million youth and young adults with *emotional and/or behavioral difficulties (EBD)* (Clark & Davis, 2000; Vander Stoep, Beresford, Weiss, McKnight, Cauce, & Cohen, 2000). This population of young people have higher secondary school dropout rates, higher rates of arrest and unemployment, and lower rates of independent living compared to their peers without disabilities (Davis & Vander Stoep, 1997; Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2005). One community-based study found that young adults with severe psychiatric disorders were nearly 14 times less likely to complete secondary school compared to their peers without disabilities, and 44% of the failure to complete school was attributed to their disorders (Vander Stoep et al., 2000; Vander Stoep, Weiss, Kuo, Cheney, & Cohen, 2003). Additionally, young adults with EBD have significantly higher unemployment rates after exiting high school in contrast to their peers without disabilities (34% compared to 82%). This difference is largely attributed to the lack of social skills necessary to maintain employment (Bullis & Fredericks, 2002; Carter & Wehby, 2003; Chadsey & Beyer, 2001; Gresham, Sugai, & Horner, 2001; Rylance, 1998).

Difficulties in accessing appropriate supports and services continues to plague young people and their parents and providers. Fragmented services, varying eligibility criteria, different funding mechanisms, and distinct philosophies across the child and adult mental health systems offer challenges to obtaining appropriate services for young people with EBD (Pottick, Bilder, Vander Stoep, Warner, Alvarez, 2008). The fragmentation and silo nature of services systems complicate access to other needed services related to employment, career training and postsecondary education, housing (Clark & Davis, 2000).

### **Overview of the Transition to Independence Process (TIP) Model**

The TIP system prepares youth and young adults with EBD for their movement into adult roles through an individualized process, engaging them in their own futures planning process, as well as providing developmentally-appropriate services and supports. The TIP model involves youth and young adults (ages 14-25), their families, and other informal key players in a process that facilitates their movement towards greater self-sufficiency and successful achievement of their goals. Young people are encouraged to explore their interests and futures as related to each of the transition domains: employment and career, education, living situation, personal effectiveness/wellbeing, and community-life functioning.

The TIP system is operationalized through seven guidelines that drive practice-level activities with young people – and provides a framework for program and community systems to support and facilitate this effort (Clark & Foster-Johnson, 1996; Clark,

Deschênes, & Jones, 2000). Please refer to Table 1 at the end of this overview for a listing of these TIP system guidelines.

The TIP guidelines synthesize the current research and practice knowledge base for transition facilitation with youth and young adults with EBD and their families. The TIP model is a “practice model,” meaning that it can be delivered by personnel within different “service delivery” platforms, such as case management or in a team format (e.g., Assertive Community Treatment [ACT]). At the heart of the TIP practice model are proactive case managers with small caseloads (i.e., transition facilitators, aka: life coaches, transition specialists, or coaches, serving 15 or fewer youth/young adults). The TIP transition facilitators use core practices in their work with young people (e.g., rationales, social problem solving, in-vivo teaching, prevention planning on high-risk behaviors), to facilitate youth making better decisions, as well as improving their progress and outcomes. The TIP system also provides for the use of other evidence-supported interventions (e.g., CBT, SPARCS/DBT), for certain clinical interventions to address critical needs of individual young people.

The following provides a description of the approach that has been taken in working with Kendra at one of the TIP sites. See how many of the TIP guidelines you can identify that are being applied in this work with Kendra.

#### **Description of a Young Person to Illustrate How the Transition System Functions**

Kendra, a 17 year-old-girl, was diagnosed with bipolar disorder and was refusing to take her prescribed medications. Her use of street drugs was possibly her way of self-medicating. Although she was in high school, her attendance, disciplinary record, and grades were all on the edge. Kendra’s transition facilitator, Ronda, began meeting with her in settings such as Starbucks and neighborhood parks. While taking walks together Ronda began conducting informal Strength Discovery assessments and person-centered planning. Over the first six weeks, Ronda was earning Kendra’s trust and learning about her interests, strengths, needs, resources, challenges, dreams, and social connections from Kendra, as well as from other conversations with her mother and an older sister who also lived at home. During this period, Ronda was also prompting, cajoling, and supporting school attendance, as well as teaching Kendra to manage her anger when someone is “in her face” or teasing her.

School continued to be a major challenge and Kendra continued to use drugs on occasion, as well as experience episodes of severe depression. Although she seemed to be developing more of a trusting relationship with Ronda, she continued to refuse to attend any therapy or medication reviews. Ronda continued to reach out to her and after about two-and-a-half months, Kendra revealed that the loss of her grandmother a year ago was devastating to her, since she was the only family member who Kendra found to ever show that she loved her. Ronda also learned through the informal Strength Discovery conversations that Kendra dreamed of being a nurse as her grandmother had been.

Based on this new information, Ronda worked with Kendra to explore how she might be able to improve her sense of family with her mother and older sister, and also to

get a sense of what options Kendra would have in the nursing profession. Ronda arranged for Kendra to visit the community college program for nursing and to meet with the program coordinator. She gave Kendra a tour, discussed program options, and arranged for Kendra to sit in on a class on several occasions to see what was being studied and to meet some of the students. Kendra was very inspired by what she experienced and learned about the AA Degree program option.

Concurrently, Ronda and Kendra also met with a mental health therapist to see if Kendra would be willing to engage in individual therapy and try a new type of medication that might not have the side effects that she had experienced previously. She reluctantly began attending individual therapy twice a week, often wanting Ronda to attend with her. Over the course of the next month, Kendra was stabilized on a new medication and decided to expand her therapy to include her mother and sister in an attempt to create a sense of family.

Ronda worked with Kendra on developing a resume and teaching her interview skills so that she might interview more successfully for a reception position at a doctor's office for the summer. Ronda had also learned from conversations with Kendra and her mother and sister that Kendra and her sister used to do a lot of roller skating when they were younger. Ronda explored with Kendra and her sister if they might want to do some rollerblading at the local rink. Ronda was able to get a couple of passes to cover rink costs for a few months. Kendra and her sister really enjoyed their time together on the rink and began to do more things together.

Now in her senior year of high school, Kendra is working, making good progress in completing high school, taking one class at the community college, making some new friends there, and living with a better sense of family. Ronda facilitated this through informal strength assessments and person-centered planning that engaged Kendra, and revealed her strengths, needs, and dreams. Ronda then provided tailored supports and services to assist Kendra in addressing her needs and achieving her goals. This process has allowed Kendra to find a new trajectory for her life and future.

## **Wrap Up**

The TIP model is the only evidence-supported practice that has been shown to be effective in improving the outcomes of youth and young adults with EBD. We have four outcome studies that have been conducted by our research team at the National Center on Youth Transition for Behavioral Health (NCYT) and two other outcome studies conducted by other researchers. Our program development and research efforts have been guided by the voice and perspectives of young people, parents, and practitioners in the field.

If you are interested in learning more about the TIP model or related research, please visit our websites and feel free to contact us. Our team provides training and technical assistance to agencies, communities, and states. It is our goal to assist in advancing the field's ability to improve the outcomes for transition-age youth and young adults with EBD.

## **NCYT: Purveyor of the TIP Model**

### **Websites:**

- Transition to Independence Process (TIP) website: <http://tip.fmhi.usf.edu>
- National Center on Youth Transition for Behavioral Health (NCYT) website: <http://ncyt.fmhi.usf.edu>

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## Table 1. TIP System Guidelines

1. Engage young people through relationship development, person-centered planning, and a focus on their futures.

- ◆ Use a strength-based approach with young people, their families, and other informal and formal key players.
- ◆ Build relationships and respect young persons' relationships with family members and other informal and formal key players.
- ◆ Facilitate personal-futures planning and goal setting.
- ◆ Include prevention planning for high-risk situations, as necessary.
- ◆ Engage young people in positive activities of interest.
- ◆ Respect cultural and familial values and young persons' perspectives.

2. Tailor services and supports to be accessible, coordinated, appealing, developmentally-appropriate, and build on strengths to enable the young people to pursue their goals across all transition domains.

- ◆ Facilitate young persons' goal achievement across all transition domains.
  - Employment and Career
  - Educational Opportunities
  - Living Situation
  - Community-Life Functioning
- ◆ Tailor services and supports to be developmentally-appropriate, and build on the strengths, and address the needs, of the young people, their families, and other informal key players.
- ◆ Ensure that services and supports are accessible, coordinated, and appealing.
- ◆ Balance the transition facilitators' role with that of the young people, their parents and other informal and formal key players.

3. Acknowledge and develop personal choice and social responsibility with young people.

- ◆ Encourage problem-solving methods, decision making, and evaluation of impact on self and others.
- ◆ Balance one's work with young people between two axioms:
  - Maximize the likelihood of the success of young people.
  - Allow young people to contact natural consequences through life experience.

