Gateway to the World: A Toolkit and Curriculum

Self Directed Assessment and Practice Modules for Youth in Transition.

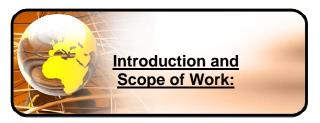Developed and compiled through a partnership between:

Washington's
Mental Health Transformation Project
Partnerships for Recovery & Resiliency

and

THE WASHINGTON INSTITUTE
FOR MENTAL HEALTH RESEARCH & TRAINING

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**Introduction and
Scope of Work:**

Since the issuance of the President's New Freedom Commission on Mental Health (2003), a push has been made to truly facilitate recovery through increasing self directed, strengths based illness management strategies.

This project taps into the transformational spirit of that commission, by augmenting programs already in place through assisting in engagement; providing information supporting families and other informal networks; and delivering developmentally appropriate and appealing services to youth in transition

The intent of this project was to develop a web-based curriculum that could be self-directed and easily accessed by youth in transition. It involved the development of a life skills academy featuring curriculum based best and promising practices. The academy is designed to teach transition aged youth through self-directed learning. The scope of work for this project and the resulting curriculum includes the following topics:

(1) Strategic goal setting and prioritizing;

(2) Employment/career tools, skills, and strategies;

(3) Household management activities such as housekeeping, hygiene, money management, recreation and healthy parenting.

(4) Illness management and recovery practices including medication management, anger management, symptom management, and recovery strategies.

This report includes a copy of the curriculum, a copy of the resources or links to resources, and a distribution plan for the future of this resource.

Brief Overview

Passing from adolescence into adulthood is a challenging time for everyone. The transition years can be even more trying for those who experience emotional and behavioral difficulties or have another disability.

The goal of interventions for youth is to assist them in making a successful transition into adulthood. Successful transition can be different for each

individual. For example, successful transition might mean progressing on one or more personal goals in areas such as employment, education, living situation, personal wellbeing, hygiene, and community and social life functioning . Ultimately, what practitioners and families want when working with youth in transition is for them to achieve their potential by truly experiencing recovery.

Youth in transition face many major decisions. These decisions can focus on career and educational goals; social situations and responsibilities; self-management of behavior and substance use; and maintenance of supportive and intimate relationships. Transition from youth to adulthood is a developmental period of self-discovery and world exploration. Youth with behavioral, mental or physical disabilities are particularly challenged during this transition period, and they experience some of the poorest outcomes. (Vander Stoep et al, 2000; Vander Stoep et al, 2003)

Fragmented services and limited access across programs (e.g., mental health, education, vocational rehabilitation, juvenile justice, child welfare, and housing) and funding mechanisms (e.g., Social Security, state and local appropriations, Medicaid, and federal block grants) further complicate transition for young people and their families.

For the most part, each of these program components has entirely different eligibility requirements. Likewise, the child-serving and adult-serving programs operate under different world views. While each program may provide some essential services individually, together these programs often are impossible to negotiate due to the complexities and fragmentation within and between programs (Clark & Davis, 2000). Given this complexity, many youth fall through the cracks and do not successfully experience a healthy transition to adulthood nor do they experience recovery.

According to Clark et al (2008) to accomplish the goal of successful transition to adulthood, personnel at all levels of the system must: (a) engage young people; (b) involve and support their families and other informal key players (e.g., friend, foster parent, aunt); and (c) ensure the delivery of coordinated, developmentally-appropriate and appealing services and supports to young people and their families.

The curriculum provided in this report is designed to help augment programs already in place through assisting youth in engagement; providing information supporting families and other informal supports; and delivering developmentally matched and appealing services to young people.

This curriculum has the potential to influence and potentially transform how treatment is delivered to transition age youth across the State of Washington. If this curriculum is developed into a website, as envisioned (see page 10), youth will be able to access it from where ever they have an internet connection. This

compiled series of self directed modules will empower youth to do self assessments and self-training. It will support the self-efficacy of those utilizing the resource. Also, it may bridge some of the gaps in services by providing a common resource for youth involved in a variety of settings or programs.

In addition, given the resources used in the development of the curriculum are research based (see page 6), it is more likely the self driven interventions will be effective.

Developing the Toolkit

Professional journals, books and website resources were reviewed for creation of this toolkit. Few of the resources for youth in transition are evidence-based or identified as promising practices. Also, the majority of programs or practices are developed to be used by professionals rather than self-directed by youth. The criteria related to evidence-base practice specified in the scope of work limited the resources available for creating this toolkit.

Some promising research has been conducted on strategic goal planning and illness management and recovery strategies. However, there has not been much research conducted on household management activities or employment/career tools.

Through the process of elimination several core resources became the primary sources for the toolkit and curriculum.

Core Resources

Preparing Adolescents for Young Adulthood (PAYA).
The primary resource used within this curriculum was developed by the State of Massachusetts Department of Social Services called Preparing Adolescents for Young Adulthood (PAYA). PAYA is a foundational curriculum for Casey Life Skills, a promising practice provided by Casey Family Services. Both the validity and reliability for Casey Life Skills are strong. In addition, there is benchmark data available on their website that describes mean score and standard deviations for different groups of users. Those data are available at: http://www.caseylifeskills.org/pages/assess/assess_benchmark.htm.
Further encouraging support includes a longitudinal study currently underway by The Urban Institute. They are utilizing the PAYA curriculum within a programming intervention for youth in transition. The initial results are encouraging and further research findings should be available late next year.

PAYA can be used by the learner alone, or with an adult. Topic areas and brief assessments meet many of the goals addressed in the purposes of the current toolkit. PAYA contains information and exercises by topic area to help develop or strengthen the skills of the learner.

There are five modules available consisting of multiple PDF files:

- Module 1: Money, Home, and Food Management

- <u>Module 2</u>: Personal Care, Health, Social Skills, and Safety
- <u>Module 3</u>: Education, Job Seeking Skills, and Job Maintenance Skills
- <u>Module 4</u>: Housing, Transportation, Community Resources, Understanding the Law, and Recreation
- <u>Module 5</u>: Young Parents Guide

<u>Illness Management and Recovery</u>

Illness Management and Recovery (IMR) is an evidence-based practice promoted through the Substance Abuse Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) and a grant from the Robert Wood Johnson Foundation (RWJF) (SAMSHA, 2003).

More information regarding the evidence-base for Illness management and recovery can be obtained through SAMHSA's website at: http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/illness/,

Few studies directly test the appropriateness of using IMR with transition aged youth. However, some of the IMR research studies have included transition aged youth as part of larger samples. Thus far, the majority of research on illness management has focused on programs developed and operated by professionals. Similar research on peer-based illness self-management programs may inform professional-based services and lead to collaborative efforts. For the purposes of this toolkit adaptations were made to the IMR toolkit developed by SAMHSA to create a self-directed curriculum rather than one that was run by professionals.

Please refer to the Appendix for further resources regarding goal setting, employment, household management, and/or illness management.

<u>Benefits of A Self Directed Resource</u>

It is envisioned this curriculum resource will be self-directed by youth to support and facilitate their development of self determination.

Much data supports self-determination and transition-related services. For instance, self determinism is a key component of evidence based practices, such as Illness Management and Recovery (SAMHSA, 2003) and Motivational Interviewing (Miller & Rollnick, 2002). For a more comprehensive review we recommend the following article by (Wehmeyer et al, 2003).

Self-determination refers to both the right and capacity of individuals to exert control over and direct their lives. Disability advocates have stressed the inherent right of people with disabilities to assume responsibility for and control over their lives and their recovery (Kennedy, 1996; Ward, 1996). In addition, based on evidence gathered during the 1990s, promoting and enhancing the self-

determination of youth with disabilities became a best practice, particularly as a function of the transition planning process (Wehmeyer et al, 1998).

The best practice focused on youth's capacity to exercise control over their recovery by promoting goal setting; problem solving decision making and self-advocacy skills; and focusing on efforts to promote opportunities to utilize these skills.

Self-determination includes applying "a combination of skills, knowledge and beliefs" (Fields et al, p. 2) enabling an individual "to engage in goal-directed, self-regulated, autonomous behavior." An understanding of one's strengths and limitations, together with the belief in that one is capable and effective, are essential in self-determination.

Table 1 Illustrates common attributes of individuals who are self determined as compiled by Fields et al (1998).

Table I
Attributes of Self-Determination

Awareness of:	• Personal preferences • Interests • Strengths • Limitations
Ability to:	• Differentiate between wants and needs • Consider multiple options and anticipate consequences for decisions • Initiate and take action when needed • Evaluate decisions based on the outcomes of previous decision and revise future decisions accordingly • Set and work toward goals • Regulate behavior • Use communication skills, such as negotiation, compromise, and persuasion to reach goals • Assume responsibility for actions and decisions
Skills for:	• Problem solving, • Self advocacy • Self evaluation • Independent performance and adjustment
A Desire for:	• Independence while recognizing interdependence with others
Development of:	• Persistence • Self confidence

	• Pride
	• Creativity

This small overview points to the potential impact tapping into youths self determination through self direction can have. It can play a significant role in helping youth transition successfully into adulthood. Fields et al indicated, when acting on the basis of these skills and attitudes, individuals have greater ability to take control of their lives and assume the role of successful adults in our society" (p. 2).

Envisioning the Website:

Each module of this toolkit and curriculum was designed to be self-directed by youth. It is envisioned t the assessments and modules provided can be programmed into an interactive website. Also, web-links would be used to access further resources. The links would allow individuals to navigate to other websites about youth in transition that are helpful to parents, youth and/or professionals.

The web-based curriculum should be upbeat and positive so youth are attracted to it. It should be user friendly in such a way as to take youth directly to a very specific topic and also provide a more leisurely in-depth view of the topics. For example, if someone just wants to learn how to write a check, the site should direct the youth to that specific page, rather than merely directing them to the money management section.

General Layout
The general layout of the website would include resources for parents, practitioners, and youth about transition topics. The highlight and primary purpose of the website would be the interactive modules based off of the curriculum provided in modules 1-5 of this resource.

Utilizing the Modules
The beginning of each module contains a brief assessment which allows youth to determine which sections of the module would be most helpful to them. Youth should be able to point and click on whichever module they are interested in. For example, a youth could click on the any icon and the program would automatically take them to the sections of the module they want information about.

Utilizing the Resources
The appendix contains information, websites and other resources specific to parents and practitioners, youth, and other general transition topics. It is envisioned these resources will be made available online under the corresponding tabs on the website, such as: Illness Management and Recovery Resources.

Distribution Plan:

The following distribution plan takes into consideration that youth in transition are frequently difficult to contact and provide with resources due to the transitory nature of this developmental life stage. For example, often during this time period youth will move away from their home of origin/foster care, they may begin college, they may move to find employment, or travel for a variety of other reasons. It is important that this resource be made available in a way that is accessible to transition age youth wherever they move or travel.

There are several options for the distribution of this resource. The options described include: development of a website, making digital versions of the resource available for download, and distributing information through email.

Website Development
In order to address the issue that Youth in Transition can and do frequently move, it is recommended that the Mental Health Transformation Grant office contract with a web designer to develop a website for this curriculum. A website will increase the likelihood the resource will be utilized by a broad population of youth rather than just those currently in services. It will ease the ability for youth to be self directive in their transition and recovery process. The majority of youth are familiar with internet usage enabling them to use the website anywhere there is an internet connection rather than traveling to a service provider's office. Youth would be able to determine which section(s) of the modules they would like more information on based on the brief assessment section at the beginning of each module.

A website would enable a quick addition of new programs already without having to revamp the entire curriculum. A more detailed description of how the website might function is described on page 10.

Digital Copies Available for Download
Digital copies of this curriculum could be made available for download on the website. This will enable programs/parents/youth to have the modules available for pen and paper exercise or for augmenting other programming efforts.

If the website is not developed, The Washington Institute for Mental Health Research and Training could make the digital copies of this curriculum available through their website.

Email to Contacts and Programs

Individuals from the Mental Health Transformation Project and from the Washington Institute for Mental Health Research and Training will be able to email the website information to programs working with youth across the state. This includes NAMI, schools, transition programs, mental health/substance use agencies, foster care agencies, professional organizations, etc. In addition, staff from both agencies can email to other individuals in their contact lists encouraging them to continue emailing the information out to others in order to reach an even broader population. An informational email can be sent to these organizations informing them of the availability of this resource.

Other
Individuals from the Mental Health Transformation Project may also have other ideas about how this resource may be utilized and may have a more encompassing vision that those involved in the development process.

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