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NEEDS OF TRANSITIONAL AGE YOUTH

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Kelli Evelyn Ensman

June 2013


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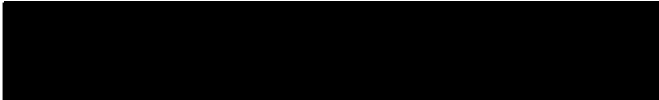
June 2013

Approved by:


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5/21/13


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ABSTRACT

The purpose of this study was to gain insight into needs of transitional age youth by interviewing experts in this field. This study used a Post Positivist methodology. Using this method the researcher was able to interview seven experts on transitional age youth. Research findings suggest that professionals need to engage more deeply with the transitional age youth, including the development of youth mentoring programs. Further research may want to explore in detail how social service agencies can better tailor their services and interventions to fit needs of the transitional age youth.

ACKNOWLEDGMENTS

I would like to acknowledge the support from all those at Bilingual Family Counseling Services, INC who made this study possible. I want to thank you all for your time and contribution you made to this project. In addition, I would like to acknowledge Dr. Tom Davis for his interest, enthusiasm, and support throughout the development of my research project.

DEDICATION

I would like to dedicate this project in loving memory of my grandmother whose caring heart and spirit has never left my side. In addition, a dedication to my parents who have been there for me throughout my life endeavors. Your motivation, encouragement, and support grant me the strength to never give up on my dreams. Lastly, to my cohort for all your support during this incredible journey we have shared together.

TABLE OF CONTENTS

| | |
|--|------|
| ABSTRACT | iii |
| ACKNOWLEDGMENTS | iv |
| LIST OF TABLES | viii |
| CHAPTER ONE: ASSESSMENT | |
| Introduction | 1 |
| Research Focus | 1 |
| Paradigm and Rationale for Chosen Paradigm | 2 |
| Literature Review | 3 |
| Drop-in Centers | 4 |
| Housing | 6 |
| Mental Health Services | 7 |
| Career Development Programs | 9 |
| Mentoring Programs | 11 |
| Lack of Youth Involvement | 12 |
| Stigma Reduction | 14 |
| More Expertise | 15 |
| Theoretical Orientation | 17 |
| Potential Contribution of Study to Micro and Macro Social Work Practice | 18 |
| Summary | 19 |
| CHAPTER TWO: ENGAGEMENT | |
| Introduction | 21 |
| Engagement Strategies for Each Stage of Study | 21 |

| | |
|--|----|
| Self Preparation | 22 |
| Diversity Issues | 24 |
| Ethical Issues | 25 |
| Political Issues | 26 |
| The Role of Technology in Engagement | 27 |
| Summary | 27 |
| CHAPTER THREE: IMPLEMENTATION | |
| Introduction | 28 |
| Study Participants | 28 |
| Study Site | 29 |
| Selection of Participants | 29 |
| Data Gathering | 30 |
| Phases of Data Collection | 31 |
| Data Recording | 34 |
| Data Analysis Procedure | 34 |
| Summary | 35 |
| CHAPTER FOUR: DATA ANALYSIS | |
| Introduction | 36 |
| Data Analysis | 36 |
| Top Core Domains | 37 |
| Data Interpretation | 40 |
| Client Engagement | 40 |
| Youth Involvement | 42 |
| Mentorship | 44 |

| | |
|--|----|
| Expertise | 46 |
| Implications of Findings for Micro and Macro Practice | 49 |
| Summary | 50 |
| CHAPTER FIVE: TERMINATION AND FOLLOW UP | |
| Introduction | 51 |
| Termination of Study | 51 |
| Communicating Findings to Study Site and Study Participants | 52 |
| Ongoing Relationship with Study Participants | 53 |
| Dissemination Plan | 53 |
| Summary | 53 |
| APPENDIX A: DATA COLLECTION INSTRUMENT | 55 |
| APPENDIX B: INFORMED CONSENT | 57 |
| APPENDIX C: DEBRIEFING STATEMENT | 59 |
| APPENDIX D: RAW DATA TABLES A. 1-6 | 61 |
| REFERENCES | 69 |

LIST OF TABLES

| | |
|----------------------------------|----|
| Table 1. Client Engagement | 37 |
| Table 2. Youth Involvement | 38 |
| Table 3. Mentorship | 39 |
| Table 4. Expertise | 40 |

CHAPTER ONE

ASSESSMENT

Introduction

This chapter discusses the research focus and the needs of the transitional age youth (TAY). This chapter explains the post-positivist paradigm that will be used in this study, as well as the theoretical orientation. An overview of past literature will be discussed to help develop an understanding as to what the transitional age youth population need. Lastly, this chapter will discuss the potential contribution this study can make to the field of micro and macro social work practice.

Research Focus

The focus of this research project was to examine the current needs of the transitional age youth population by obtaining expert knowledge in the field of TAY. Experts that work with the transitional age youth were interviewed about their perceptions on what the TAY population needs. For this study TAY will be defined as young adults between the ages 16-25, who are at-risk (Find Youth Info, 2011). Typically this includes youth who are recently emancipated from the foster care system

or juvenile system, homeless youth, those with mental health illnesses, substance abuse problems or those otherwise at high risk. There has been a knowledge gap regarding the needs of the transitional age youth and appropriate supportive services. The researcher proposes that experts working with the youth have a deep understanding and knowledge that can provide insight into the needs of this population.

Paradigm and Rationale for Chosen Paradigm

The post-positivist paradigm was used to conduct this study. The "post-positivism paradigm assumes that measurement and hypothesis testing only provides a part of the picture; the rest must be uncovered by open exploration" (Morris, in press, para. 3). This paradigm will permit qualitative data that can provide a more accurate representation of the problem being studied from the point of view of the study participants. This paradigm is committed to gathering qualitative data in a naturalistic setting, as the way to capture the complexity of human experience (Morris, in press).

A post-positivist paradigm was chosen because it is the most effective approach to openly explore the needs

of the transitional age youth through qualitative measures. It allows the study participants to openly explain what they feel the needs of the transitional age youth are. As stated, personal interviews with the experts in the TAY population was conducted and viewed as the source of qualitative data. Furthermore, this paradigm was chosen since it allows for a naturalistic setting. Interviewing the study participants in a natural setting will allow for greater insight into the research focus.

Literature Review

The literature states that transitional age youth have many unique challenges placed on them as they struggle to make a successful transition into adulthood. There has been a recent growth of the TAY as a distinct population whose needs are better addressed with services designed specially towards them. It was found through the literature that some needs of the transitional age youth are; additional drop-in centers, supportive housing options, mental health services, more youth involvement, career development programs, mentoring programs, stigma

reduction programs, and more expertise in the field of TAY.

Drop-in Centers

TAY centers are drop-in centers have become a popular concept among the TAY population. Drop-in centers provide a safe and fun atmosphere for youth to come socialize, obtain resources, and build upon their life skills. These centers are seen as a secure environment in which the TAY can make new friends, partake in social activities, have access to books, music and games and access to staff that can link them to services they may need in order to work toward stability and recovery (MHSA, 2012). These youth-friendly centers are especially in need for youth who may feel like they have nowhere to turn.

In a study done by the California Council on Youth Relations (2007) suggest that youth participants frequently asked for youth centers and jobs that could offer them a safe atmosphere and a sense of purpose. Many young adults need people that they can trust in and a sense of direction in life. Bernstein and Foster (2008) did a study on homeless youth and found that "close to one-fifth of the respondents said the most useful help they had received had come from a drop-in program, close

to 15 percent cited transitional or other housing” (p. 7). This show that an increasing number for youths are seeking services at drop-in centers.

Many programs have seen the need for drop-in centers. The County of San Bernardino has recently created a TAY Center. This center provides a safe environment along with crisis housing and services for youth who need assistance in transitioning to adulthood (Dougherty, 2012). These TAY centers provide not only a fun environment, but a plethora of healthy activities and services for the youth to engage in. Mercier et al. (2000) state that drop-in centers are welcoming settings that are used as a means to attract youth and decrease time that otherwise would be available for high-risk activities. Drop-in centers are seen as an appealing way for the youth to feel more comfortable engaging into treatment. Slesnick et al., (2008) studied an urban drop-in center and suggested that mental health services can be successfully integrated into drop-in services for homeless youth. These centers have the potential to provide integrated services to transitional aged youth.

Housing

The shortage of safe and affordable housing for youth transitioning into adulthood is alarming. Many of these youths have little social or family support to help them obtain stable housing. Durham (2003) state that there is great pressure for these youths to achieve economic self-sufficiency in a marketplace with minimal affordable housing. In addition, the number of youths in need of supportive housing programs will continue to grow. It was found that approximately one in five youth who age out of foster care will experience homelessness (U.S. Department of Health and Human Services, 2009). Homeless and runaway youth experience a wide range of crises, due the instability from life on the streets. Homelessness creates a state of disequilibrium in young people lives by disturbing their sense of control, belonging, and identity (Hodza, 2012). Thus, efforts should be made to try to create and develop programs that offer stable housing to the youth.

While the growing rate of homeless youth has been recognized, there is a gap in the resources available to help alleviate the problem. Durham, (2003) further states while some programs do provide housing support for youth

aging out of the foster care system, runaway and homeless youth, they are radically underfunded, and limited in scope. Unfortunately, many agencies that do provide these services often struggle to find adequate funding. Further support comes from a study done by Gilmer et al., (2012), which implies that youth, parents, and providers all expressed the need for additional housing options. By providing alternative housing options it gives many youths the opportunity to make a successful transition into adulthood. Durham (2003, p. 3) state that...

When provided with decent, safe, and affordable rental housing, along with access to an array of relevant, flexible, and responsive services, young people can begin to heal past traumas, create community, and build the skills needed to live more stable, productive lives.

Mental Health Services

Providing comprehensive mental health services and substance abuse services to youth transitioning into adulthood can be essential to their success. Many of these young adults are dealing with mental illnesses and substance abuse issues. It was found that more than 3 million transition age youth have been diagnosed with a

serious mental illness (Vander Stoep et al., 2000). Many of these youths turn to drugs or alcohol as means of coping with their mental health illness or painful emotions. The Children's Advocacy Institute (2010) found that youth aging out of the foster care system are seven times more likely to experience the rate of drug dependence and almost twice the rate of alcohol dependence as the general population. This demonstrates the high demand for services; however, many youths encounter barriers as they try to navigate through mental health services.

Foremost, there is a break in services since there is no system or agency that is responsible for youth with mental illness that are transitioning into adulthood (Davis & Vander Stoep, 1997). They are often ignored and fall through the cracks of society. Youth with mental illnesses may be involved in systems such as child welfare or juvenile justice and are frequently disregarded as they age out of their youth respective system (Davis & Vander Stoep, 1997). Many of these youths are not getting the mental health services they need.

In addition, mental health services provided to this population should be age appropriate. Durham (2003) state

that the challenge is trying to serve 18-year olds in transitional mental health setting that is designed for much older adults. These youth are at a different level developmentally and cognitively. It is noted that the transition to full biological and cognitive maturity is not usually achieved until at least the mid-20s (Walker & Gowen, 2011). These youth are in a transitional period and are experiencing many changes. The most significant change is the maturation of the frontal lobe, which is the part for higher functions such as self-control, emotional regulations, organizing and planning (Walker & Gowen, 2011). Given that this population has special needs; an effort should be made in providing appropriate mental health services.

Career Development Programs

Many youth are faced with daunting obstacles as they struggle to complete their education or enter the workforce. It was found that more than half of youth identified with mental health needs will drop out of school, and only 5 to 20% will enter postsecondary education (National Collaborative on Workforce and Disability, n.d.). Programs need to be in place to provide the youth with educational opportunities and

fundamental job skills. Atkinson (2008) looked at former foster transitional age youth exiting the system can greatly benefit from services, such as job training, educational scholarships, mentorship, life skill training, housing support, healthcare, and counseling services. It is clear that the need for employment and education opportunities should be offer to the youth.

In addition, it was suggested that unemployment and poverty-level wages are typical for youth aging out of foster care and those leaving incarceration (The Children's Advocacy Institute, 2010). All youth, especially those with additional challenges need career options and guidance as they make their way towards adulthood. According to the National Collaborative on Workforce and Disability for Youth (2009) all youth need the following: career assessments, exposure to postsecondary education and other life-long learning opportunities, and training intended to improve job skills. These services can help the youth with their educational opportunities.

Durham (2003) state some critical services to the youth along with supportive housing includes; "vocational training programs, transitional employment opportunities,

stipend internships, or paid positions" (p. 12). A common theme in the literature supports the need for career development programs to help youth achieve a successful transition to adulthood.

Mentoring Programs

This population of youth needs positive role models to help them during this critical transition into adulthood. Having positive adult support can help guide these youths towards a healthy adulthood. There is mounting evidence that today's youth receive less social and emotional support (Christopher, Kurtz, & Howing, 1989). Mentoring programs could particularly been beneficial for young adults needing sources of social support. Mentoring relationships are based on connections built by empathy and trust, which have the potential to positively impact the youth. Gilmer et al., (2012) state that the youth themselves emphasized professional mentoring and indicated that they would prefer someone who could help them negotiate the struggles of both the mental health system and their live. These mentors could help the youth feel like they are not alone and have someone they can confide in.

Courtney (2009) state that foster care youth exiting the system need to have help developing a personal transition plan that includes detailed options on: local opportunities for mentoring, housing, health insurance, education, workforce supports and continued services. Mentoring programs can be a factor of support for these youths. Furthermore, the California Council on Youth Relations (2007) research implies that youth respond positively to adult mentors who can both relate to their challenges and model successful life transitions. Mentors can help instill hope and provide support to the youth as they make their way to establish themselves as adults.

Lack of Youth Involvement

The literature has also found that the youth perceive that they have little to no voice in the course of their mental health treatment. It was found that the youth believed they had little influence in their mental health care, and that such decisions are made by the authority figures in their lives including, social workers, psychiatrist and judges (Delman & Jones, 2002). It was also identified that the youth had limited mental health literacy and did not understand their diagnoses or available treatments (Delman & Jones, 2002). This may

contribute to the reasons why the youth withdrawal from treatment. Further research also shows that effective programs have incorporated the youth's voice into the decision making process (Find youth Info, 2011). Having the youth voice their opinions can really help empower this population. Furthermore, Son (2002) note that runaway and homeless youth benefit from programs in which they are actively engaged as participants.

Additionally, Bernstein and Foster (2008) state that young people have much to say not only about the problems they have encounters with the mental health care system, but perceptive solutions to the problems they encounter. The youth need to have the opportunity to voice their opinions and collaborate during their course of treatment. Wagner, Blase, and Fetzer (2004) discuss a strength-based assessment is valuable when working with the youth, which supports a collaborative relationship between the worker and young individual. This provides the opportunity to have the youths input and ideas incorporated into their treatment planning. While some programs and service providers are now looking to the youth for their input, further efforts still need to be

made by increasing in the youth's involvement around their mental health treatment.

Stigma Reduction

Individuals receiving mental health or other supportive services often come across stigma that society or peers place on them. Youth are found to be especially sensitive in receiving negative messages around their mental health conditions. It was suggested in a study of transitional age youth that the words "mental health" and "depression" carried stigma that turn young people away (California Council on Youth Relations, 2007). The fear of being labeled is significant among the youth. Davis et al., (2012) postulates that the stigma of needing mental health treatment is strongly felt because of the need for peer acceptance at this age. Fellow peers may have negative attitudes and beliefs about mental health issues and treatment. Further research states that stigma discourages individuals from seeking out help and can hinder healthy recovery (LeBel, 2008). This is critical because many youths may not be reaching out for help due to the fear or being judged or stigmatized.

These negative perceptions and interactions may place a barrier for youth's receiving mental health

services. Stigma reduction program or strategies targeted specially towards the youth are in need. Additional education and outreach programs about mental health may help lower the stigma placed on the youth.

More Expertise

Service providers that are considered experts in the field of TAY services can play a significant role in helping the youth. However, it is necessary for these experts to know what the youth need in order to help them succeed in the transition process (National Collaborative on Workforce and Disability for Youth, 2009). These experts should have a critical understanding of the transitional age youth. Unfortunately, universities that train professional in the field of human services usually do not provide training in the non-conventional approaches that seem to be the most effective with this population (Davis, 2003). Traditionally it appears that this population has been underserved and unrepresented.

In addition, it is imperative that service providers working with the transitional age youth are knowledgeable in establishing a positive relationship with the youth. Kurtz et al., (2000, p. 11) state that "reaching youth who are at risk requires an investment in human capital;

helpers who have the time and talent to form trusting stable relationships and address the multiple needs of youth". The youth need people who are dedication and have the expertise needed to help them.

Lastly, expertise is always highly valued within any type of organization. McDonald (2001) states that having expertise in the workforce is in high demand. There needs to be further training to service providers on the TAY population. The more knowledge about the TAY population, the more experts there can be in this field. There needs to be additional research on effective strategies working with TAY, as well as the barriers and solutions in providing services to TAY. Additional expertise in the field of transition youth services is of the essence.

The literature review has identified multiple needs of the transitional age youth. The literature states that the transitional age youth need; drop-in centers, supportive housing options, mental health services, more youth involvement, career development programs, mentoring programs, stigma reduction services, and more expertise in the field of TAY. These young individuals compared to the general youth population have distinctive needs as they prepare to take on adult social roles.

Theoretical Orientation

The theoretical orientation of this research study is The Stages of Change Model. This model is posed for the experts to use when working with TAY. The stage of change model includes five stages of change:

1) precontemplation 2) contemplation 3) preparation 4) action 5) maintenance. The model reflects the thought process that many individuals go through when making a behavior change (Crime and Justice Institute, 2006). This model helps identify how ready an individual is to make change in their life.

This model was adopted since it can help explain how an expert in TAY can identify a youth's position to change and matches their needs appropriately. Norcross, Krebs, and Prochaska (2011) describe how the stages of change have proven useful in adapting or tailoring treatment to the individual. By identifying where a youth is at in the change cycle, interventions can be tailored to that individual. The stage of change that the individual is in will affect what needs they are willing to work on. A young individual may be identified as having the need for substance abuse treatment, but may not be ready to make that change in life. If the person

is pushed too hard before they are ready, it can generate resistance and hinder change. This model can help explain how not all of transitional age youth are at the same stage in life.

Furthermore, an important characteristic of this model is that it recognizes that individuals have a possibility for relapse and in many cases several attempts might be made before change will become permanent (Crime and Justice Institute, 2006). Applying that concept to the research study can explain how some youths may cycle back and forth through the stages of change. They may struggle in many areas and might relapse several times before they are able to make a permanent change in life.

Potential Contribution of Study to Micro and Macro Social Work Practice

This study has the potential to contribute to the knowledge of social work practice at both the micro and macro levels. On a micro level the exploration of TAY needs can greatly assist in understanding this population. Experts among this population will be able to provide insightful knowledge about what the TAY need.

This research has the potential to discover what is happening in this population.

One a macro level gathering knowledge about current needs of the transitional age youth population has the potential to improve the services that are provided to the TAY. Organizations may utilize this research to employ more effective strategies or approaches that address the specific needs of the transitional age youth. Exploring these areas of concern may help shape future services that are relevant to the specific needs of transition-age youth.

Summary

Chapter one provided an overview and key concepts of the research focus. It discussed the experts in the TAY field as having deep insight into the needs of this population. A post-positivism paradigm was reviewed as the necessary approach to this research. The theoretical orientation was explained in relation to this research study. The literature discussed some of the current findings about the needs of the TAY population. The literature review gives the researcher knowledge on what is already known about TAY needs. Lastly, the potential

contributions to the social work micro and macro practices were addressed.

CHAPTER TWO

ENGAGEMENT

Introduction

Chapter two discusses the engagement process for this study. It describes how establishing rapport with the gatekeeper was an essential part of the process. This chapter also reviews the self preparation that was done. Lastly, the potential diversity, ethical and political issues in working with this particular population is addressed.

Engagement Strategies for Each Stage of Study

The researcher identified a potential study site that worked with the transitional age youth. The researcher initially contacted the program director of the site through email. The researcher informed her briefly about the nature of the study, the strong interest she had with the TAY population and asked if she would be willingly in discussing it further. The gatekeeper did express interest in discussing the study further.

In order to help gain official support from the gatekeeper the researcher described the following: the

study focus, time lines, impact of the study and potential benefits of this study (Morris 2006). This helped clearly explain the research study to the gatekeeper. The researcher also used social work micro practice skills such as, active listening to help further build a relationship with the gatekeeper.

Furthermore, the researcher explained to the gatekeeper that data collection would begin upon the approval of the Institutional Review Board Committee. The process of informed consent and debriefing was also reviewed. The researcher's objective was to build a positive and trustworthy relationship with the gatekeeper. The gatekeeper then agreed to study and allowed the researcher to interview staff members at the site. She provided the researcher with a list of staff members that the researcher could interview. The gatekeeper graciously offered herself as a study participant as well. The researcher deeply thanked the gatekeeper and continued to maintain a positive relationship throughout the study.

Self Preparation

Self preparation for this research study began by the researcher being sensitive to the study participants

(the experts), since their experiences will greatly contribute to this study. The researcher was aware that the study participants may be strong advocates towards the TAY population, given that they are experts in the field. Therefore, it was important for the researcher to be aware of the intense feelings the study participants may have towards the TAY population.

In addition, it is essential to understand the TAY culture, as well as the community of experts who work with them. To prepare the researcher developed a better insight of the study focus through the literature review. This literature review helped the researcher build a deeper understanding about the needs of the transitional age youth. The literature review continued to grow as the study progresses. Furthermore, the researcher prepared by becoming familiar with the post-positivism paradigm that this study has adopted. A key aspect for post positivist interviewers is that "they prepare themselves by being knowledgeable about the topic and having a set of prepared questions. They also work on developing a consciousness of their own biases..." Morris, 2006, p. 97). Therefore, preparation was made in regards to understanding the TAY population and being aware of any

potential impact the researcher could impose on this study. By understanding the post-positivist framework it will help the researcher stay true to that paradigm.

Diversity Issues

Addressing diversity issues is a critical component in this study. According to Morris (in press, para. 4) "the intense involvement with study participants demands a commitment to sensitivity and competence in addressing the diversity issues that are identified." Foremost, the transitional age youth population appears to be very culturally diverse. It is important to recognize that this population comes from a wide range of backgrounds. In addition, the TAY is a vulnerable population, which the researcher was aware of. It is important to know that the TAY population has unique characteristics. Many of these youths have been in the foster care or juvenile system, been homeless, struggle with mental illnesses, substance abuse issues or had to deal with other life hardships. The researcher acknowledged the background and struggles of the TAY population.

Another issue around this study is the personal background of the experts. The researcher does not know

if the experts have ever experienced the same hardships the TAY struggle with. It is important to be aware that these experts are a diverse population as well. The researcher was sensitive to these factors when conducting the interviews.

Ethical Issues

The ethical issues of this study are around the intense engagement with the study participants. The researcher was aware of the study participant's anonymity. Morris (in press, para. 3) state "we always have face to face contact with study participants in this form of research, and thus there is a potential to betray any promised anonymity and confidentiality". The researcher explained to the study participants that their identities will remain confidential. This was demonstrated by the use of informed consent. Furthermore, to address ethical issues the researcher underwent a human subject's review through the Institutional Review Board.

Another potential issue is that the researcher has previous experience among the TAY population. The researcher has past experience working with both the

transitional age youth and the experts. It may have been appealing for the researcher to utilize that previous information in this research study; however this would be unethical. The researcher did not get the IRB approval for that information to be used in this study. All information collected and gathered from study participants must first be granted permission through the IRB.

Political Issues

A major political issue around this study is how the experts may have differences in the perception of power. Due to the fact that they are considered experts in the field of TAY, they may be inclined to feel a sense of power over the direction of the research. Although these experts are essential to the focus of this study; Morris (in press, para. 6) suggest that "the researcher keeps the power to decide which data shall be collected and how data will be used". While the experts are providing quality knowledge on the TAY population, they do not control the research study. They may feel a sense of duty to act as a TAY activist rather than a source of knowledge

about the TAY. The researcher considered the potential impact of this issue.

The Role of Technology in Engagement

The role of technology was important in the study's engagement process. The researcher initially communicated with the gatekeeper through email. In person contact is not always feasible and technology can be used as a means of establishing and maintaining contact with the gatekeepers. Although, technology can play a necessary role the need for face-to-face connect is also greatly needed. After meeting with the gatekeeper, the use of email was mainly be utilized in order to maintain continual communication.

Summary

This chapter included the plans for engagement with the research site and the gatekeeper. The researchers self preparation for this study was described in length. The study's potential diversity issues, ethical and political issues were also reviewed. Lastly, the role of technology in this research study was acknowledged.

CHAPTER THREE

IMPLEMENTATION

Introduction

Chapter three discussed the implementation process of this study using a qualitative approach. It also includes the study participants and study site. The reasoning behind why study participants were chosen through a criterion sampling strategy is described. Lastly, the study methods for collecting, recording, and analyzing data will be addressed in-depth.

Study Participants

The study participants for this research study are the employees that work with the transitional age youth population. These employees are considered to be experts in the field of TAY. These experts are employed at the Bilingual Family Counseling Service, INC. These experts help the TAY population meet their needs and guide them towards a successful future. Thus, these experts can provide pivotal knowledge on the transitional age youth. The study participants consisted of: Licensed Clinical Social Workers, Masters level Social Workers (MSW), and Marriage and Family Therapists (MFT).

Study Site

The research site for this study was Bilingual Family Counseling Service, INC located in Ontario, California. It is a non-profit behavioral health-care organization that provides a wide range of services to individuals and families. Some of the services they provide are substance abuse education, child abuse treatment, school-based counseling service and mental health services for transitional age youth. The mental health program for TAY was of particular importance to this study. It offered early intervention services such as, mental health services, short-term counseling, case management, psycho-educational groups, and workshops. This study site offers a wide range of services to the TAY and had several experts that have experience working with this population.

Selection of Participants

This study adopted a post-positivist approach, which uses purposive sampling method to select study participants. Morris (in press) describes that for a post-positivist the most appropriate sampling method is purposive sampling because it will ensure that the

researcher obtains study participants who can give the most accurate data about the study focus. There are many different strategies of purposive sampling and they all have different goals. The sampling strategy that was chosen for this study was criterion sampling, which is based on a particular characteristic in a population of interest (Morris, in press). For this research study the participants were chosen by having an attribute that links them all together: being experts among the transitional age youth population. Adopting this method of sampling allows for all the study participants to have commonality, which is their experience working with the transitional age youth.

Data Gathering

The primary source of data gathering was through the use of personal interviews with the study participants. A post-positivist is looking for commonalties and patterns from the data that can then be formed into a theory (Morris, in press). Thus, this researcher identified patterns of regularity by asking study participants what they knew about the transitional age youth. The researcher prepared for the interviews by developing the

questions in advance. Morris (in press) says that for a post-positivist interviewer it is fitting that they develop a structure set of questions, which allows for regularities and patterns to be identified.

In addition, this research study included the possibility of gathering data through telephone interviews from the study participants. The researcher was informed by the gatekeeper that time might be an issue in regards to conducting personal interviews. The researcher learned that some study participants may be extremely busy and might not be able to dedicate a lengthy amount of time. Given this information and the time constricts of this study, phone interviews were considered. Morris (in press) states that telephone interviews are more efficient when it comes to time, but typically cannot last longer than 15 to 20 minutes. Thus, the researcher used phone interviews when the study participants appeared to be more readily accessible by telephone.

Phases of Data Collection

Conducting interviews with study participants is a process, which needs to be closely examined. Morris (in

press) state that the interview is divided into phases, which creates comfort and familiarity. The phases are broken down into the following: engagement, development of focus, maintaining focus and termination. The first phase is the engagement phase, which begins before the interview. The researcher engaged with the potential study participants by fully explaining the purpose of this study, the use of confidentiality and any risk or benefits associated with being in this study. The written audio consent form was also discussed in order to obtain permission to record the interviews. In addition, the researcher addressed any questions that the participants had about the study, which was conducive to the participants feeling at ease.

The researcher developed and maintained the focus by asking certain types of questions to guide the interview process. The types of questions that were asked are: throw away questions, essential questions, extra questions and probing questions. The researcher began by asking some throw away questions, such as "do you have any concerns before we begin?" This assisted the researcher in building more rapport with the participant. The researcher then asked essential questions, which are

pertinent to the development of the study focus. An example of an essential question is "from your experience and knowledge about the TAY population what do you believe there biggest need is? These types of questions began to address the specific research topic. The researcher also used extra questions to help maintain the study focus and check the consistency of responses. Lastly, the researcher used probing questions to give the participants the chance to clarify or elaborate if needed. An example of a probing question is "tell me from your experience what do think the transitional age youth really need? (See Data Collection Instrument in Appendix A)

The termination phase of the interview was just as important as the engagement phase. The researcher eased out of the interview towards the end by summarizing overall what the participant had said. During this time the researcher also asked for feedback from the participant and covered any additional concerns they still had. A debriefing letter was then given, which had the name of the researcher and the contact information in case any of the participants have further questions about this study. Lastly, the researcher provided a Starbucks

gift-card to the study participant to thank them for their time.

Data Recording

Through informed written consent from each participant, the data was recorded digitally. The sound recording method was negotiated with the participants before the interview, as mentioned in the data gathering section. In addition, the researcher kept two research journals; a narrative account and a reflective journal. The narrative account was for all of the transcribed interviews. The second journal was the "reflection journal". This journal had the researcher thoughts and reactions to how they feel the interview went. Morris, (in press) states that after the interview it is important to take some time to write in the research journal about reactions, both thoughts and feelings, to the experience. Thus, the researcher reflected on how the interview process and the transcribing process went.

Data Analysis Procedure

This research study used a post-positivist qualitative data analysis. In a post-positivist study the researcher analyzes the data after each interview is

conducted because new themes can emerge that the researcher may want to look at. Thus, the researcher analyzed the data after each interview was complete through the use of qualitative data analysis software called ATLAS.ti. The researcher started by developing a list of codes or themes, which is called open coding. This means that the researcher identified words or portions of responses from the interviews and analysis them in greater detail. Next the researcher did axial coding by finding connections between the codes and linking them together. In this process the researcher developed statements on the commonalities of the codes. This helped the researcher find the most important top core domains of the study.

Summary

This chapter discussed the implementation process of this study. It illustrated the study's site and who will be in the study. It described the study participants as being selected using criterion sampling strategy. This chapter also described in great detail how the qualitative data was collected, recorded, and analyzed.

CHAPTER FOUR

DATA ANALYSIS

Introduction

This chapter explains how the researcher analyzed the qualitative data. Tables of the data are included, along with the researcher's interpretation. Specially, the four core domains of the data: client engagement, youth involvement, mentoring and expertise are interpreted in depth. Lastly, the implications for macro and micro social work are outlined.

Data Analysis

The first qualitative data table is the raw data (see appendix D). The researcher chose valuable quotes from the participants and categorized them into five categories: people, places, things, ideas, and themes. The 'people' category describes therapists, colleagues, clients, or any other people that the study participants mentioned. The category 'places' is any agencies, programs or other places that are referred to. The 'things' category is in relation to any behaviors, or items that the participants discussed. Next the 'ideas' category describes the participant's perceptions, views,

recommendations, or ideas. Lastly, the 'themes' category is in relation to common factors that were found by most participants. These five categories laid the foundation for the researcher to identify the top core domains. The researcher suggests that these top core domains are the most pertinent in conceptualizing the data. The top core domains tables: client engagement, youth involvement, mentoring and expertise, will be thoroughly discussed under the data interpretation section.

Top Core Domains

Table 1. Client Engagement

- | |
|--|
| <ul style="list-style-type: none">• "We must engage them in that process and make that connection" (Participant #3, personal interview, February 2013).• "You have to make that connection with them" (Participant #1, personal interview, January 2013).• "Adolescents and youth can be the toughest to engage. Absolutely there needs to be more professionals that can engage and work with the youth effectively" (Participant #5, personal interview, February 2013).• "I think of the most important things with the youth is building the relationship, building that rapport; that to me is the most important thing that we need to do as professionals" (Participant #2, personal interview, February 2013).• "A misconception about the youth I think is that in order to really connect with them you have to be like them. No you don't, what I think they appreciate more is that you are genuine, be yourself and making that connection" (Participant #7, personal interview, March 2013). |
|--|

- "You cannot pick someone and say here this is your mentor because there is no connection. There has to be an earned trust" (Participant #4, personal interview, February 2013)
- "Again it's all about keeping them engaged. So having professionals that are aware of the youth developmental process and needs would help to provide the most effective treatment" (Participant #5, personal interview, February 2013).

Table 2. Youth Involvement

- "It's the job of the clinical to make the person/youth to feel that they have a voice. It's their treatment plan; they should be involved. I ask them what they want to work on" (Participant #1, personal interview, January 2013).
- "You're going to get more resistance if the treatment plan is imposed. I think for the youth especially its quite empowering to have them have a say. It's not what the therapist wants; it is about what they want to work on" (Participant #4, personal interview February 2013).
- "If you are effective therapist or counselor than of course in my opinion you're going to include or give that child /youth a voice. A lot of time what we fail to recognize is that kids sometimes don't know how to voice their needs, so we have to learn how to get those needs out of them" (Participant #2, personal interview, February 2013).
- "It's learning how to give the client the voice and if we don't than a lot of times it becomes what we think the needs are" (Participant #5, personal interview, February 2013).
- "Being a licensed therapist it is one of our ethical obligations to make a treatment plan that is appropriate for the client and my style of therapy is very collaborative. When I speak with a client my question is what they would like to work on" (Participant #7, personal interview, March 2013).

Table 3. Mentorship

- "We had college students mentoring high school at-risk kids and I saw how that made a huge difference in their lives. It gave them a vision of what is possible. I think the closeness in age really helped a lot" (Participant #5, personal interview, February 2013).
- "We most defiantly need more mentors out in the community for the youth. They really respond to it" (Participant #3, personal interview, February 2013).
- "As far as a need I think the youth need more mentoring programs. These kids are lacking something in their home environment. They lack the proper care and attention often from their parents specifically, so I think a mentoring program aside from a lot of other needs is huge" (Participant #2, personal interview, February 2013).
- "Every client is individual and going to face unique challenges, but certain themes emerge. I would say the biggest is the lack of role models and guidance" (Participant #7, personal interview, March 2013).
- "One of the common themes I have seen for these youths is separation and divorce among their parents and that definitely affects them. There is a huge need for some type of mentorship, the need for that relationship and a strong connection" (Participant #1, personal interview, January 2013).

Table 4. Expertise

- "In my experience a lot of youth reject these programs or kind of supports because they are not truly effective, they don't understand their needs" (Participant #1, personal interview, January 2013).
- "We (therapists) need to have knowledge; we need to be trained to better understand where these at-risk youths are coming from, why they use substances and the choices they make. I would say we need to learn more about the at-risk population" (Participant #6, personal interview, February 2013)
- "We need more knowledge as clinicians, it is important for us to know the resources and what's out there for the youth" (Participant #4, personal interview, February 2013).
- "We do need more professionals that work with this population because developmental they are going through a difficult period; especially because they are going through a lot of transitions in their live" (Participant #2, personal interview, February 2013).
- "So the misconceptions are they don't care, they are not open, they act up and are not willing to receive the help but that's not true, a lot of times we as professionals don't know how to go about it" (Participant #5, personal interview, February 2013)
- "I would say the more training the better. You can't just say you don't know how to connect with the youth so I'm just going to give up" (Participant #6, personal interview, February 2013).

Data Interpretation

Client Engagement

The study suggests that client engagement means that professionals need to know how to build rapport and trust with the youth. The researcher implies that client engagement is necessary to sustain treatment, entails

better treatment for the youth and higher motivation to participate in treatment. The youth need to be genuinely engaged by the professionals if they are to continue with their treatment. Especially, for transitional age youth who may have issues related to trust. "I think of the most important things with the youth is building the relationship, building that rapport; that to me is the most important thing that we need to do as professionals" (Participant #2, personal interview, February 2013). This supports that engagement can be seen as one of the most fundamental aspects for the youth to sustain treatment.

In addition, client engagement suggests it can improve treatment for the youth. If professionals can engage and really build rapport with the youth they may feel more comfortable opening up. The youth may have multiple needs and complex issues; thus, it is only when professionals make a connection with them that they are able to provide more beneficial services. "Again it's all about keeping them engaged, so having professionals that are aware of the youth developmental process and needs would help to provide the most effective treatment" (Participant #5, personal interview, February 2013). The greater engagement made with the youth, the more the

professionals are going to be aware of their needs and be able to provide the best treatment.

Furthermore, the researcher implies that client engagement can increase the youth's participation in treatment. Youth who feel they have a genuine connection with the professional may feel more likely to participate in their treatment. "We must engage them in that process and make that connection" (Participant #3, personal interview, February 2013). If the youth are truly engaged in the process and make an authentic connection with that professional, they may be more motivated to contribute in their course of treatment.

Youth Involvement

The researcher suggests that the core domain 'youth involvement' is giving the youth a voice and valuing their input. It implies the following: it highlights self-determination, engages the youth as active participants, and can lower retention rates. Firstly, having the youth be more involved in the development of their treatment plans and goals promotes self-determination. By incorporating the youth's voice it gives them more control about the types of goals they want to work on. "It's the job of the clinical to make

the person/youth to feel that they have a voice. It's their treatment plan; they should be involved" (Participant#1, personal interview, January 2013). By including the youths input and feedback it really fosters greater self-determination for them.

In addition, youth involvement has the potential to engage the youth as active participants rather than just passive recipients of services. By having the professionals embrace their ideas, views and perceptions it permits the youth to be seen as more equal partners in the process. "Being a licensed therapist it is one of our ethical obligations to make a treatment plan that is appropriate for the client and my style of therapy is very collaborative, when I speak with a client my question is what they would like to work on" (Participant #7, personal interview, March 2013). By coming from a more collaborative approach it welcomes the youth to be an active participant of care.

Furthermore, the researcher implies that youth involvement can aid in lowering retentions rates. As stated in the literature this population of youth has high treatment drop-out rates for several reasons. It can be postulated that by having the youth more directly

involved in their treatment planning it will help them be more invested and less likely to drop-out. "You're going to get more resistance if the treatment plan is imposed. I think for the youth especially its quite empowering to have them have a say. It's not what the therapist wants; it is about what they want to work on" (Participant #4, personal interview, February 2013). It can be empowering for the youth to have their input valued and truly incorporated into their treatment process. They may take a greater investment in their treatment plans if it includes their ideas and views. By not having something forced upon them, it could help the youth feel a greater sense of pride and more inspired to stay in treatment.

Mentorship

The core domain 'mentorship' suggests that mentorship can have a positive impact on the youth. The researcher implies that youth can benefit from mentorship by: having healthy role models, it provides hope and guidance and social support in their lives. Firstly, it can offer the youth more healthy role models in their life. The youth need individuals that can set a good example for them. "As far as a need I think the youth need more mentoring programs. These kids are lacking

something in their home environment. They lack the proper care and attention often from their parents specifically" (Participant #2, personal interview, February 2013). This supports that a mentoring program could help really model what a successful adulthood looks like, especially if they are missing that in their home life. Having someone model successful adult transitions can make a difference in their lives.

Another aspect that mentorship implies is that provides the youth with guidance and hope. They may not get much structure and support in their home lives, thus, having a mentor could help in that area. These youth are at a sensitive developmental point and are transitioning into adulthood. A mentor can help provide some much needed guidance and support in their life during this critical time. "We had college students mentoring high school at-risk kids and I saw how that made a huge difference in their lives. It gave them a vision of what is possible" (Participant #5, personal interview, February 2013). This supports that having college students mentoring the at-risk youth could help give them hope for a brighter future. Adults mentoring the youth

could also can have a positive benefit and help them navigate into a successful adulthood.

Social support is another critical aspect that mentorship can offer to the youth. Some youth may lack emotional and social support in their lives. By having a mentor it could give them greater social support. "There is a huge need for some type of mentorship, the need for that relationship and a strong connection" (Participant #1, personal interview, January 2013). This provides further evidence that having a mentor could help offer some type of connection and positive support in their life.

Expertise

Lastly, the study interprets expertise as having exceptional knowledge in the field of transitional age youth. This core domain of 'expertise' implies that: it can provide a greater understanding of the youth's needs, reduce misconceptions about the youth, help to tailor programs more towards the youth and provides more awareness about this population. Firstly, this study took the approach that experts in this field can provide essential knowledge on transitional age youth needs. The researcher implies that this domain of expertise supports

that assumption and offers a greater understanding of TAY needs. "Therapists need to have knowledge; we need to be trained to better understand where these at-risk youths are coming from, why they use substances and the choices they make. I would say we need to learn more about the at-risk population" (Participant #6, personal interview, February 2013). This offers critical support for the need of expertise. Expertise in this field is in high demand and can help advance our knowledge about this population of youth.

The research also suggests that expertise can combat some common misconceptions about the youth. "The misconceptions are they don't care, they are not open, they act up and are not willing to receive the help but that's not true, a lot of times we as professionals don't know how to go about it" (Participant 5, personal interview, February 2013). This implies that sometimes society can have negative views about the youth, when in reality we just do not have enough knowledge about what they need. Thus, having expertise can help fight myths about the youth and how to effectively go about addressing their needs.

In addition, expertise can help programs and services be more tailored to fit TAY needs. The researcher implies that programs should be altered to be more beneficial to the youth based on a better understanding of the youth. "In my experience a lot of youth reject these programs or kind of supports because they are not truly effective, they don't understand their needs" (Participant # 1, personal interview, January 2013). This is a valuable point if we are to truly help the youth. It is essential that programs be adjusted to the youths needs. The youth cannot be treated like children or adult populations; they are special in their own right and must have services that cater to that.

Lastly, the study proposes that expertise can help generate knowledge and awareness about the TAY population. As stated in the literature review this population of youth has been typically underrepresented until most recently, thus, by having more expertise it can help bring more awareness about the needs and resources of this population. "We need more knowledge as clinicians, it is important for us to know the resources and what's out there for the youth" (Participant #4, personal interview, February 2013). This is imperative

because professionals need to know what research, resources and knowledge is out there, so they can better help the transitional age youth.

Implications of Findings for Micro and Macro Practice

This study suggests that the implication for micro practice is having a more tailored approach when addressing needs of the transitional age youth. Standardized treatment is not going to be the most effective, as the youth have multifaceted and individual needs. By tailoring services to their needs it will help professionals be more effective when working with the TAY. In addition, by listening to experts in the field it gives other newer professionals greater insight into this population.

The potential implication for macro practice is organizational policies changes that lend more towards a client-centered approach. The researcher implies that the youth can deeply benefit from services that are tailored to their needs. By agencies using a more client-centered approach in their programs or interventions it could help enhance the delivery of services for the youth.

Summary

This chapter included the study's evaluation of the data. It displayed how the researcher analyzed the data and provided interpretations for the top core domains: client engagement, youth involvement, mentoring, and expertise. Lastly, it discussed the implication for micro and macro practice in regards to the findings of this study.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

This chapter explains how the researcher terminated the relationship with the study site, using a post-positivist perspective. It also includes how the findings of this study were communicated to the study participants. Lastly, the researcher's dissemination plan is reviewed.

Termination of Study

The termination process of this study first involved sending all the study participants thank you cards for their time and involvement in this study. A post-positivist approach is sensitive to the termination process. Morris (2006, p. 127) states "that a post-positivist makes sure that the intense personal engagement is honored by appropriately saying 'goodbye' to the people who have contributed to the success of the study". Thus, the researcher expressed a great deal of gratitude to the gatekeeper and to the participants in this study. Thank-you cards were given to all those who contributed to this study. This expression to the

gatekeeper and participants was the final phase of terminating the relationship with Bilingual Family Counseling Service, INC.

Communicating Findings to Study Site and Study Participants

The post-positivist perspective states that the researcher should report back on the study's findings (Morris, in press). Thus, the researcher made attempts to ensure that the study's findings were made accessible to the study participants. Firstly, the researcher explained to the participants that this research study can be located at the California State University San Bernardino's library. In addition, the researcher proposed that she could present the study findings through the use of a power-point presentation at the study site. Lastly, the researcher invited the gatekeeper and study participants to come to California State University, San Bernardino 'poster day'. This event will give the researcher the opportunity to present and discuss the study's findings.

Ongoing Relationship with Study Participants

The researcher does not have any plans for an ongoing relationship with the study participants. Aside from possibly presenting to the study participants at the university's poster day, the researcher has concluded and terminated the relationship with the study participants. The researcher does though consider seeking employment with this population of youth. The researcher believes this project has been an optimal learning experience and can use the knowledge learned when working the TAY population.

Dissemination Plan

The researcher's dissemination plan is to call and email other agencies that work with the transitional age youth, such as the Pacific Clinics Rancho TAY site to see if they would be interested in learning about this research study and findings. This allowed the researcher to network with other agencies in order to further generate the findings of this study.

Summary

This chapter discussed the termination process of the study site through the use of personal thank you

cards and a discussion with the gatekeeper. Communicating the research findings from a post-positivist perspective was reviewed. Though the researcher has no plans for ongoing relationships with the study participants she feels that she has learned valuable information from the study participants. Lastly, the researcher's dissemination plan in contacting other transitional age youth agencies was mentioned.

APPENDIX A
DATA COLLECTION INSTRUMENT

DATA COLLECTION INSTRUMENT

Data Questionnaire: Questions Posed to experts

- Do you have any concern before we start the interview?
- What is your job title here at Bilingual Family Counseling Services, INC?
- How many years have you been working with the transitional age youth population?
- From your experience and knowledge about the TAY population what do you believe there biggest need is?
- Do you think that there is a shortage of safe and affordable housing options for the TAY?
- Have you seen a growing demand for TAY drop-in centers?
- Do you think there is a need for mental health services among this population?
- What are your thoughts about the need for career development programs for the TAY?
- Do you believe that the TAY needs more mentoring programs?
- From your experience have you found that the youth have enough say about their treatment goals and plans?
- Have you seen that youth face increasing stigma?
- Is there a need for stigma reduction programs for the transitional age youth?
- Do you feel that there is a need for more experts, like yourself out in the field working with this population?
- What do you believe the most common misconceptions about the needs of TAY are?
- Do you use Motivational Interviewing when working with the transitional age youth?
- Tell me from your experience what do you feel the transitional age youth really need?

Developed by Kelli Evelyn Ensman

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

Thank you for considering being a part of this study. The purpose of this study is to examine the current needs of the transitional age youth population through the knowledge and experience of employees working with this population. This study will be carried out using a post positivist approach to research by conducting interviews with participants. Interviews will last approximately 20 to 30 minutes per person.

Benefits from this study will contribute to both micro and macro practice as the data collected will help the researcher gain a deeper understanding of the specific needs among the transitional age youth. There are no foreseeable risks for participating in this study. Names of participants will remain anonymous to protect participant confidentiality and results from the study will not be used to negatively reflect the employees at Bilingual Family Counseling Service, INC.

This study is a graduate level project. This study has been approved by the Department of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino. This study is entirely voluntary; participants are not forced to participate and those who do chose to be a part of the study may leave at anytime.

If you have any questions or concerns about this study, please feel free to contact Professor Tom Davis at 909-537-3839.

By placing a check mark in the box below I indicate that I have read the following information, understand its purpose, and agree to be a participant in the study. I also acknowledge that I am at least 18 years of age.

Place a check mark here ☐ Today's date: _____

Audio Written Consent Form

My placing a check mark in the box below I agree to be recorded throughout the interview. I am aware that what I say during the interview will be recording, typed out, and used in the final write up paper.

Place a check mark here ☐ Today's date: _____

APPENDIX C
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

Thank you for your participation in this study. This study you have just completed was designed to examine the needs of the transitional age youth by using expert knowledge and insight. If you have any questions about this study, please feel free to contact Professor Tom Davis at 909-537-3839. If you would like to obtain a copy of the results of this study, please refer to the California State University, San Bernardino, John M. Pfau Library.

APPENDIX D
RAW DATA TABLES A. 1-6

Demographics: Study Participants

Table A.1

| | |
|---|--------------------------|
| <u>Average years of experience in the field</u> | 10.3 years |
| <u>Professional title</u> | 2-LSCW 4-MSW 1-MFT |
| <u>Gender</u> | 3-Female 4-Male |

Raw Data

Table A.2

| | |
|---------------|---|
| <u>People</u> | <ul style="list-style-type: none"> • “In my experience a lot of youth reject these programs or kind of supports because they are not truly effective, they don’t understand their needs” (Participant #1, personal interview, January 2013). • “I think it is more than just about having support groups it’s about having support groups that truly meet the needs of at-risk youth and it takes a lot of understanding of where these kids come from and what their needs are” (Participant 4, personal interview, February 2013). • “For me it’s not something you can learn from a book, you have to have the heart to work with adolescences/ the youth” (Participant #5, personal interview, February 2013). • We (therapists) need to have knowledge; we need to be trained to better understand where these at-risk youths are coming from, why they use substances and the choices they make. I would say we need to learn more about the at-risk population (Participant #6, personal interview, February 2013) • “We need more knowledge as clinicians, it is important for us to know the resources and what’s out there for the youth” (Participant #4, personal interview, February 2013). • “We do need more professionals that work with this population because developmental they are going through a difficult period; especially because they are going through a lot of transitions in their |
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| | <p>live” (Participant #2, personal interview, February 2013).</p> <ul style="list-style-type: none"> • “We need a lot of young people in the field working with this population” (Participant #3, personal interview, February 2013). • “I think it takes a special skill and mind set to work with the youth. It takes experience, but very experienced practitioners may not be of the same generation. So what I have seen from really experienced practitioners who work well with this population has a way of connecting to the youth that is beyond age and generation” (Participant #5, February 2013). • “I would say the more training the better. You can’t just say you don’t know how to connect with the youth so I’m just going to give up” (Participant #6, personal interview, February 2013). |
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Table A.3

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| <u>Places</u> | <ul style="list-style-type: none"> • “As a matter of fact we could defiantly benefit from Drop-In centers” (Participant #4, personal interview, February 2013). • “Drop-in centers can be a great place to meet others people that can give them resources and also a place they can relax, get skills, and socialize with peers. It gives them hope that there are answers are out and someone is paying attention to that population” (Participant #1, personal interview, January 2013). • “I think drop-in centers may need to be advertised better and not wait until the child gets incarcerated or get in trouble” (Participant #5, personal interview, February 2013). • “A lot of youth that I worked with were homeless or living in hotels, so yes housing is absolutely a need. The other problem is at times what is affordable is not the best environment” (Participant #2, personal interview, February 2013). • “If they don’t have family, they often live on the streets. They have no stability and are going to be exposed to drug” (Participant #3, personal interview, February 2013). • “There is definitely a lack of housing options for them. Actually in terms of shelters for the youth there is like none in the inland empire” (Participant #7, personal interview, March 2013). |
|---------------|---|

Table A.4

| | |
|----------------------|---|
| <p><u>Things</u></p> | <ul style="list-style-type: none"> • “It gets to a point even in the school system we look at their behaviors and we target the kid’s behaviors but some time those behaviors are just an indication of a mental health issue” (Participant #4, personal interview, February 2013). • “The numbing out with drug use or cutting themselves is a big issue for these youth” (Participant #3, personal interview, February 2013). • “A lot of the times the substance abuse is like a coping mechanism, a way that the youth deals with their struggles and chaotic home environment” (Participant #6, personal interview, February 2013). • “I think that when we just look at substance abuse alone there is always underlining issues. I tend to perceive substance abuse as a symptom, so to me it is more about what is the main problem for them” (Participant # 4, personal interview, 2013). • “Some of the youth I work with were selling drugs, so for them that short term quick gain produced money but that’s the only option they thought they had” (Participant #1, personal interview, January 2013). • “So many people come in and they have a dual diagnosis. In some situation the youth might have a conduct disorder, borderline traits, or early onset of schizophrenia. Because all those symptoms of the disorders they often self medicate” (Participant #5, personal interview, February 2013). • “For these youth who are engaging in substances, especially multiple substances it really affects their developmental, their neurological development. In these stages they are learning to socialize, to problem solve and self regulate, which is critical to their development in becoming an adult” (Participant #2, personal interview, February 2013). • “A misconception is that substance abuse is mind over matter. That if the youth wants to stop they can. That’s why psycho-education to family members is so important to help them understand addiction” (Participant #6, personal interview, February 2013). • “The way they are marketing groups or programs can be seen as a punishment, especially for court mandate clients. They are spent to these groups as punishment, so I think can create a stigma for receiving services” (Participant #4, personal interview, February 2013). • “Stigma can come from broader society. Absolutely there is stigma that is attached to youth receiving mental health services” (Participant |
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| | <p>#7, personal interview, March 2013).</p> <ul style="list-style-type: none"> • “Judgment can invade the soul of the kid” (Participant #5, personal interview, February 2013). |
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Table A.5

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|-------|---|
| Ideas | <ul style="list-style-type: none"> • “I would say mental health services are the biggest need” (Participant #4, personal interview, February 2013). • “I use a lot of narrative interventions, rewriting their stories and motivational concepts” (Participant #3, personal interview, February 2013). • “Motivational Interviewing strategies can really help get to know the client and explore what drives them” (Participant #7, personal interview, March 2013). • “I definitely try to pull on a strengths based, finding out their interests, what they are good at when working with the youth. I think that the best way to approach this population, especially because there are issues with their self esteem and self confidence” (Participant #2, personal interview, February 2013). • “To me it’s definitely client centered on how I approach assessment and intervention. There is some level of shame, a level of guilt, so how can align with them and connect with them. I’m there with the client; I see it as a collaborative approach” (Participant #1, personal interview, January 2013). • “I believe that if we can connect them to mental health services so they can find out the root of the problem, why I’m feeling angry, sad or whatever the feeling is they can better cope with it instead of turning to drugs and alcohol” (Participant #5, personal interview February 2013). • “I think prevention is huge. The program we have one of the main goals is to reduce the stigma. We work towards community wholeness and enrichment, bringing awareness and providing support” (Participant #4, personal interview, February 2013). • “We had college students mentoring high school at-risk kids and I saw how that made a huge difference in their lives. It gave them a vision of what is possible. I think the closeness in age really helped a lot” (Participant #5, personal interview, February 2013). • “We most defiantly need more mentors out in the community for the |
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| | <p>youth. They really respond to it” (Participant #3, personal interview, February 2013).</p> <ul style="list-style-type: none"> • “As far as a need I think the youth need more mentoring programs. These kids are lacking something in their home environment. They lack the proper care and attention often from their parents specifically, so I think a mentoring program aside from a lot of other needs is huge” (Participant #2, personal interview, February 2013). • “Every client is individual and going to face unique challenges, but certain themes emerge. I would say the biggest is the lack of role models and guidance” (Participant #7, personal interview, March 2013). • “There is a huge need for some type of mentorship, the need for that relationship and a strong connection” (Participant #6, personal interview, February 2013). • “One of the things I think is real important for the youth is to take them out of this small world they live in where it just breeds negativity and to give them hope, a sense or vision, something to look forward to. A career development program can do that; it can give them something to work towards” (Participant #1, personal interview, January 2013). • “For these youths to be able to transition into society they need social skills, communication skills, and problem solving skills. They are going to need some career development, coaching and mentoring” (Participant #5, personal interview, February 2013). |
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Table A.6

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| <u>Themes</u> | <ul style="list-style-type: none"> • “We must engage them in that process and make that connection” (Participant #3, personal interview, February 2013). • “Adolescents and youth can be the toughest to engage. Absolutely there needs to be more professionals that can engage and work with the youth effectively” (Participant #5, personal interview, February 2013). • “I think of the most important things with the youth is building the relationship, building that rapport; that to me is the most important thing that we need to do as professionals” (Participant #2, personal interview, February 2013). • “A misconception about the youth I think is that in order to really connect with them you have to be like them. No you don’t, what I think they appreciate more is that you are genuine, be yourself and |
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| | <p>making that connection” (Participant #2, personal interview, February 2013).</p> <ul style="list-style-type: none"> • “You cannot pick someone and say here this is your mentor because there is no connection. There has to be an earned trust” (Participant #4, personal interview, February 2013). • “If I saw a bigger need it would be family structure and family support. We need to engage the family in the youth’s treatment” (Participant #2, personal interview, February 2013). • “Another thing we need is to understand addiction is a family problem. Part of that progress in terms of wellness for transitional age youth is involving their families, their groups” (Participant #3, personal interview, February 2013). • “I think this most certainly needs to be a family dynamic approach” (Participant #6, personal interview, February 2013). • “I think tailoring to the youth is a must and making it cooler to get health, cooler not be depressed. It needs to have a better feel to it; it is not a bad thing that you have mental illness. It would be a dream to have that perception that going to therapy is cool” (Participant #4, personal interview, February 2013). • “Having more programs that are tailored for this population is a big need” (Participant #7, personal interview, March 2013). • “Again it’s all about keeping them engaged. So having professionals that are aware of the youth developmental process and needs would help to provide the most effective treatment” (Participant #5, personal interview, February 2013). • “There needs to be more resource center that would be user friendly and tailored to the youth and that they could relate to. The music in the background would be theirs, a positive place to hang out” (Participant #1, personal interview, January 2013). • “I do think they need support groups. The problem with 12 step meetings is that they are fairly successful for the adult population, but it’s hard for the transitional age youth to relate” (Participant #2, personal interview, February 2013). • “It’s the job of the clinical to make the person/youth to feel that they have a voice. It’s their treatment plan; they should be involved. I ask them what they want to work on” (Participant #1, personal interview, January 2013). • “You’re going to get more resistance if the treatment plan is imposed. I think for the youth especially its quite empowering to have them have |
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| | <p>a say. It's not what the therapist wants; it is about what they want to work on" (Participant #4, personal interview, February 2013).</p> <ul style="list-style-type: none"> • "If you are effective therapist or counselor than of course in my opinion you're going to include or give that child /youth a voice. A lot of time what we fail to recognize is that kids sometimes don't know how to voice their needs, so we have to learn how to get those needs out of them" (Participant #2, personal interview, February 2013). • "It's learning how to give the client the voice and if we don't than a lot of times it becomes what we think the needs are" (participant #5, personal interview, February 2013). • "Being a licensed therapist it is one of our ethical obligations to make a treatment plan that is appropriate for the client and my style of therapy is very collaborative" (Participant #7, personal interview, March 2013). |
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