



FOCAL POINT™



Youth in Transition: A Framework for Program Development

Adolescents with emotional handicaps experience multiple challenges as they leave youth serving systems and attempt to find their place in society. Without adequate preparation or established linkages to the adult system to facilitate this transition, they are bound to fail or become lost until their symptoms dictate intervention. Service delivery efforts must be sensitive to these issues and begin to realistically address the transition needs of this population. A framework which can be used as a guide for developing transition oriented programs and nine integrative principles will be discussed here as a means to stimulate thinking about the provision of transition services.

The concept of transition as it relates to adolescents can be viewed from two distinct perspectives. First, from a developmental perspective, adolescents are experiencing an identity crisis in an attempt to decide where they fit in society. Second, from a situational or contextual perspective, adolescents must move from the world of school to the world of work and/or initiate more independent behavior in a variety of settings. Seriously emotionally handicapped adolescents represent a population group that will have difficulty coping with both developmental and situational transitions. Their behavior, the debilitating effect of the illness process, financial hardships and family stress, the lack of developed coping and social skills, and the lack of vocational skills or options for employment create barriers which make the adjustment to various transitions extremely difficult.

A system of care perspective (Stroul & Friedman, 1986) has been proposed as one alternative to address these barriers. This orientation to service delivery implies that services be "wrapped" around a child or adolescent and that a continuum of services be available as the child or adolescent's needs are identified. From this perspective, as service needs change, new services and environments are often required to meet the changing needs of emotionally handicapped children and adolescents. We assume that they will adjust to these new situations or settings without prior preparation. We must keep in mind that seriously emotionally handicapped children and adolescents are the least equipped to succeed in the transition process generally required by our service delivery system.

Given this dilemma, the system of care needs to incorporate a transition perspective in order to specify our intervention efforts and their relationship to the identified goals of service delivery. Seriously emotionally handicapped children and adolescents are always going through a period of adjustment and transition as they move through the system of care. They experience new environments, new care providers and their developmental abilities and the expectations associated with their abilities change over time. A focus on these adjustments and transitions should be maintained throughout our intervention efforts.

If we are to develop a transition focus across the entire system of care, then transition must be viewed as a progressive, developmental

process towards the assumption of adult role responsibilities. Assuming this perspective would require that each step in the transition process or progression be specifically defined. By defining these steps, services can be designed to meet the changing, progressive and anticipated needs of adolescents as they move through the system of care.

Building on the psychiatric rehabilitation model (Anthony, 1979), a transition framework is presented to help specify these steps at the service delivery level (see figure 1). In this framework, it is important that the current environmental context and the projected environment in which the adolescent is expected to function be taken into consideration when assessing the strengths and needs of the individual. By identifying the skills required to function in the projected environment the delineation of specific service goals is made possible within the current environment. After the goals of intervention are established, services can be selected which will address the desired goals of intervention. This framework provides a mechanism by which treatment planning efforts on

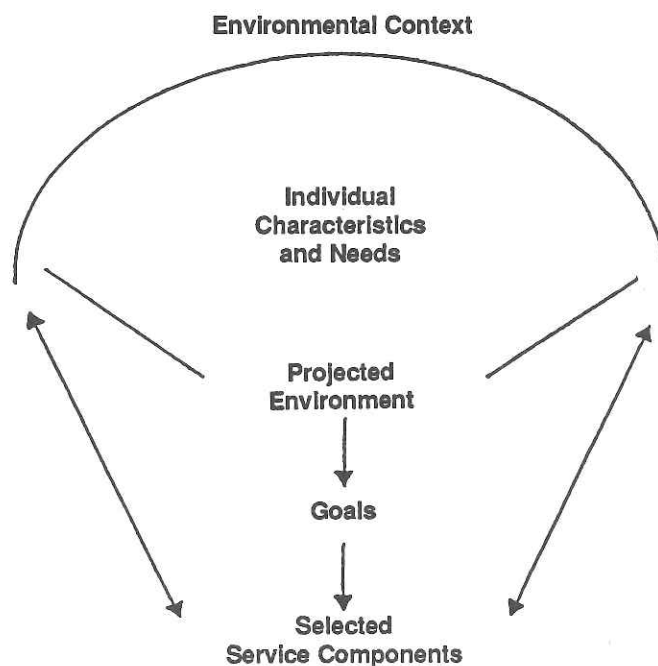


Figure 1: Transition Framework

RESEARCH AND TRAINING CENTER

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We invite our audience to submit letters and comments.

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behalf of emotionally handicapped adolescents can incorporate a transition orientation.

For example, a sixteen year old female who is currently in a residential treatment facility (current environment) will be discharged to a foster home (projected environment) once treatment is completed. To facilitate this transition, it is imperative that the current treatment address the skills required of the adolescent to successfully function in a more independent setting. A number of variables (see figure 2) need to be assessed to determine the goals of the current treatment effort as they relate to the requirements of the projected environment(s). In all likelihood, the adolescent will be attending school in the community (educational environment), socializing with friends (community environment) and living in a new environment upon discharge.

What are the skills required in each of these environments? What strengths or skills does the

adolescent currently possess and what deficits need to be addressed in the current treatment setting? What treatment needs will facilitate the acquisition of the needed skills? What can be accomplished in the length of time the adolescent will be involved in the current placement? Is the adolescent involved in the setting of treatment goals as they relate to a more independent status? What community resources exist to help facilitate the transition process? How involved is the family in the planning effort? Anticipating and addressing these questions will specify the goals of treatment within the current environment. By anticipating the needed skills, current efforts can become more focused and viewed as one aspect of a continuum of services to meet the varying needs of the adolescent.

Environmental Context	Individual	Projected Environment Goals	Service Component	
Living	Age	Living	Education	
Hospital	Developmental Ability	Education	Community	
Residential		Treatment	Vocational	
Group Home	Disability Diagnosis Duration Intensity Prognosis	Community	Residential	
Foster Care		Employment	Treatment	
Home				
Apartment				
Educational	Coping Styles and Skills			
Special Education	Cognitive Skills			
Alternative School				
Vocational Program				
Regular Class	Cultural Demands and Expectations			
Treatment	Financial Restraints and Resources			
Hospital	Family Involvement			
Day Treatment				
Outpatient Therapy				

Figure 2: Transition Variables

Integrative Principles

Nine tenets or propositions have been proposed (Modrcin, 1987) to serve as a guide for implementing the transition framework in a variety of settings. These tenets can be used as guidelines to structure programs so that transition is a continual focus of treatment efforts, and to insure that services are viewed in a comprehensive and integrative manner on behalf of adolescents with severe emotional handicaps. Briefly summarized, these propositions are:

1. Program efforts must be individualized. As service providers, we must resist fitting individuals into existing program "slots" but be flexible in program design and orientation.
2. Transition oriented services must be anchored in the next progressive step in the transition effort. Programs do not operate in isolation. We need to assess where our treatment efforts fit within a comprehensive service effort on behalf of the individual.
3. Transition oriented services must begin early in the treatment process. As soon as an emotional handicap is identified, professionals must begin working with the family and individual toward understanding the nature of the disability and the implications of the disability on current and future role functioning.
4. Intervention efforts must be directed at multi-environmental dimensions. It is the interrelationship of the various environments in which an individual functions which appears to be crucial for the successful assumption of adult roles in the community. Program efforts must not be narrowly focused.
5. Service efforts must be skill and goal oriented. Those skills necessary for community living, adjustment and adaptation must be taught and/or enhanced through our intervention efforts.
6. Transition oriented services must be community and environmentally based. Intervention efforts must maximize the use of community resources and create opportunities for learning in the living environment of the adolescent.
7. A vocational component or interagency collaboration with vocational rehabilitation programs and/or staff must exist in order to create viable transition oriented services.

8. Parents and other caregivers must be involved in the planning and development of transition services. Caregivers have valuable information about the types of services needed to facilitate the transition process. Their input and involvement is critical.
9. A person must be identified who assumes responsibility for work with the adolescent and oversees the transition process. This person must be able to objectively assess the services provided, identify gaps in service provision, advocate on behalf of the adolescent and his/her family, and insure that the various components of the habilitative process work together in a concerted effort.

Practice Implications

A number of practice implications will emerge by incorporating a transition orientation into our intervention efforts. First, the assessment process must be articulated. Assessment is a critical component and should inform the intervention process. A functional or process oriented assessment that focuses on both the strengths and deficits of the adolescent in the social, living, and work/educational environment is consonant with the transition philosophy which has been articulated. The assessment process must be a usable tool and involve the adolescent and his or her family in transition planning.

Second, individualizing goals within the context of a program is a critical struggle for service providers. Individualization of goals requires programs to evolve and be flexible in the types of services they provide. There are no right or wrong program activities and schedules. A program philosophy or management structure that encourages staff input and creativity may generate an evolutionary approach to program delivery which is client rather than program driven.

Third, treatment plans need to incorporate a life domain and community based perspective. Building on the assessment, treatment planning may need to address skill enhancement in community living, health, recreation, interpersonal relationships, family living, educational and/or vocational domains in which the adolescent is expected to function. This has implications for the documentation and accountability of the services provided. For example, treatment plans, assessment procedures and intervention strategies will need to focus on a skills based

perspective and be written to reflect this orientation.

Fourth, intervention strategies must facilitate the generalizability of the intervention and the subsequent learning to the world in which the adolescent lives. Curriculum material must offer real life examples and alternatives. The educational format must be community and culturally relevant to the population and community context where the program is located. Treatment staff will likely need to modify and adapt standardized curriculum materials for use in their programs.

Fifth, a therapeutic focus that provides the interweave between program components and community resources is a critical aspect of transition services. How this focus is operationalized in all likelihood will depend on the skills and training of the staff involved. Individual, group, and family therapies conducted from a developmental, "pragmatic" perspective in the context of a particular theoretical frame of reference may be most appropriate. All interactions have the potential to maintain, negatively influence, or enhance the helping process. Program staff must anticipate how this interweave will occur.

Finally, advocacy strategies to acquire services or bridge service delivery agencies must be

devised and sanctioned from a programmatic perspective. A proactive rather than a reactive approach should be a component of service delivery. How this approach is implemented or what strategies are given agency sanction will depend on the orientation of staff to these activities. Minimizing the importance of this component may dilute the transition efforts on behalf of the emotionally handicapped adolescent.

References

- Anthony, W.A. (1979). *The Principles of Psychiatric Rehabilitation*. Baltimore, Maryland: University Press.
- Modrcin, M.J. (1987, July). *Emotionally Handicapped Youth in Transition: Issues and Principles for Program Development*. Portland, Oregon: Research and Training Center to Improve Services for Seriously Emotionally Handicapped Children and Their Families, Portland State University.
- Stroul, B.A. & Friedman, R.M. (1986). *A System of Care for Severely Emotionally Disturbed Children and Youth*. Washington, D.C.: CASSP Technical Assistance Center, Georgetown University, Child Development Center.

Transition Program Implemented

Youth In Transition project staff have worked with administrative and line staff at the Rosemont Residential Treatment Center and School in Portland, Oregon for the past year to develop an integrated transition services component for Rosemont's treatment program. Rosemont is a residential treatment center and school licensed to serve girls between the ages of thirteen and eighteen. Sixty girls live at the center's semi-secure facility. All of these adolescents have previously been unsuccessfully placed in less structured facilities. Typically, girls are in residence at Rosemont for a period of ten to twelve months. Rosemont employs a staff of seventy which includes a consulting psychologist and psychiatrist, a nurse, teachers, social workers, child care workers and administrative and support personnel.

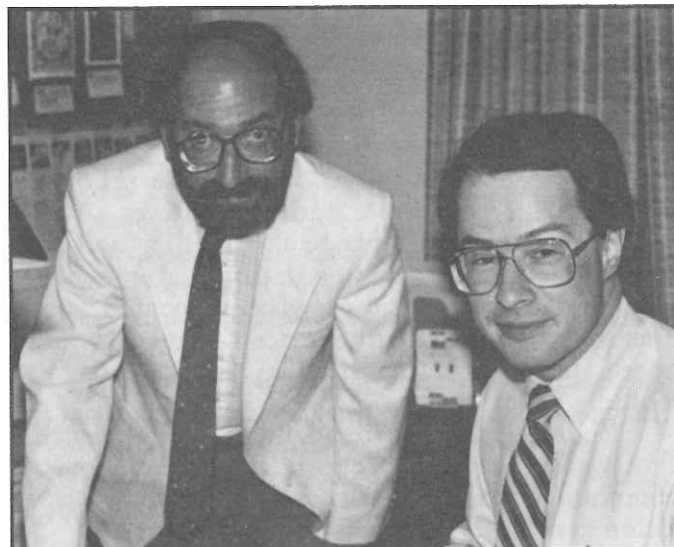
Rosemont administrators were contacted in the summer of 1986 to discuss using Rosemont

as a model site to implement transition concepts into their program. A transition planning committee was formed with representatives from the various disciplines and treatment teams within the agency. Administrative sanction was given to meet as a group on a weekly basis to: (1) examine the current treatment and educational programs, and (2) revise the structure of these programs and administrative forms to reflect a transition oriented approach to service delivery. The transition committee met for five months. Formal implementation of the committee's recommendations occurred in January 1987.

The transition planning committee's recommendations addressed six core areas:

1. Intake and referral criteria were revised to reflect specific goals for admission to the program. Responsibility for planning at the time of discharge was identified at the time

- of admission in order to keep the referring source involved throughout the treatment process and updated regarding discharge needs and plans;
2. The assessment process and treatment plans were revised to reflect a life domain, skills based perspective. The skills and skill deficits for this perspective include:
 - a. assessing adolescents in various life areas such as health, recreation, education, personal relationships and vocational interests, and
 - b. planning programs on the basis of the assessment to meet individual needs. Individual staff members were assigned to each adolescent to involve each girl in identifying goals and to assist her in achieving the goals identified;
 3. The high school educational curriculum was expanded to include career development and community living skills classes;
 4. The job descriptions for an identified worker on each treatment unit were rewritten to include responsibility for transition planning. Additionally, all job descriptions were revised to include a requirement of attentiveness to transition needs;
 5. The use of community resources was expanded to include the use of public school system, vocational placement and recreational facilities to teach skills in a community setting; and
 6. Biweekly transition coordination meetings were initiated to staff difficult cases and address specific transition needs of identified adolescents in the program.



Assistant Director Benson M. Meyers and Executive Director Allen L. Hunt, Rosemont Residential Treatment Center and School. (Photo by Marilyn McManus.)

Through our work with Rosemont, a number of strategies emerged which proved helpful in implementing and monitoring organizational change. These strategies are:

- Administrative support is critical.
- Direct service staff should be involved in both the planning and implementation of the project.
- An outside consultant is helpful in facilitating the planning and implementation effort.
- All current administrative forms used should be reviewed from a transition planning perspective and revised as needed from a transition orientation.
- Staff training needs will emerge throughout the implementation of the project. Short

training seminars should be provided as needs are identified.

- A random sample of treatment plans should be reviewed on an ongoing basis to monitor the project's implementation.

The transition approach developed at Rosemont is currently being evaluated. Individuals interested in obtaining further information about the collaborative transition services effort undertaken by staff members of the Youth in Transition Project and Rosemont Residential Treatment Center are invited to address inquiries to us c/o Marilyn C. McManus, Resource Services Coordinator.



Rosemont student.

Supported Employment

Supported employment is one approach to developing employment opportunities for individuals with severe disabilities. Supported employment combines paid employment with ongoing support and services to help maintain the individual in a work setting. This approach has been developed and used successfully primarily with individuals who have developmental disabilities.

A publication entitled *Perspectives on Supported Employment* prepared jointly by the Virginia Commonwealth University Rehabilitation Research and Training Center and the Specialized Training Program at the University of Oregon summarizes key issues and employment models associated with supported employment. Six characteristics of supported employment programs that help to differentiate this approach from traditional vocational services are identified as:

1. Employment with wages, benefits and job security;
2. Ongoing support to help an individual secure and maintain a job;
3. Real jobs as opposed to skill or vocational training;
4. Full participation in the work environment;
5. Social integration with non-handicapped workers; and
6. Variety and flexibility in the range of jobs available;

Four employment models developed by the Specialized Training Program at the University of Oregon are described. Briefly, they are the following:

- **Enclave Model** - Small groups of four to eight persons are employed in a regular industry setting with support provided by both the host industry and the placement agency.
- **Supported Jobs Model** - Individuals are placed in competitive community jobs. The placement agency assumes responsibility for providing support and training to the persons placed.
- **Mobile Crew Model** - A small group of individuals work with one supervisor performing service oriented work in the community.

- **Bench Work Model** - The model emphasizes on site employment for a group (between 15 and 28 people) to perform some type of assembly work in a structured environment.

Some or all of these models may be applicable for emotionally handicapped adolescents. These approaches will need to be adapted to meet the diverse needs and characteristics of this population. Additional avenues and models must also be generated to expand the range of employment opportunities for adolescents with emotional handicaps.

Resources

Incentive Community Enterprises, Inc.
P.O. Box 810

Northampton, MA 01061

Telephone: (617) 584-1460

(Uses a supported employment approach with an adult emotionally handicapped population.)

Specialized Training Program

College of Education

University of Oregon

Eugene, OR 97403-1211

Telephone: (503) 686-5311

Rehabilitation Research and Training Center

Virginia Commonwealth University

1314 West Main Street

Richmond, VI 23284-0001

Telephone: (804) 257-1851

Reference

Specialized Training Program, College of Education, University of Oregon; Virginia Commonwealth University Rehabilitation Research and Training Center. (1985, August). *Perspectives on Supported Employment*, 2(2).

Parents and Transition

Parents of children with disabilities face a number of stresses and problems as their handicapped adolescents reach the age (often 18 or 21) when they are no longer eligible for secondary education and children's social services. Goodall and Bruder (1986, April) cite personal stresses including financial difficulties, stigma, exhaustion, isolation, increased child care responsibilities, pessimistic feelings about the future, difficulties in handling behavioral problems and problems accomplishing household routines as some of the stressors parents experience. In addition, parents may feel confused and frustrated as they gather conflicting or incomplete information in their search for new services. Early parental involvement in transition planning is essential.

It is vital for parents and professionals to work together to plan for the transition of severely emotionally handicapped youth into the community. Professionals must be sensitive to parents' concerns about an unpredictable future for their handicapped son or daughter.

Parents concerned about the future of their high school age children can also be actively in-

involved in developing appropriate transition planning and services. The Parents Graduation Alliance (PGA) in Oregon is an example of parent-professional teamwork. Funded by the U.S. Department of Education, the project supports teams of parents and professionals throughout the state. The teams provide information, referral, training and advocacy services to parents and professionals. Project goals are to: (a) improve secondary programs for students with severe handicaps; (b) expand the range of adult services available to students after graduation; and (c) ensure coordinated service delivery between school and adult service agencies.

Although the PGA is funded to serve adolescents with mental retardation the concepts can be easily adapted for youth with serious emotional handicaps.

Reference

- Goodall, P. & Bruder, M.B. (1986, April). Parents and the Transition Process. *The Exceptional Parent*, 16 (2), 22-28.

Transition Survey

We need your help. The Youth in Transition Project has designed a survey to assess a selected group of innovative transition oriented programs from around the country. The purpose of the survey is to identify the key characteristics, funding strategies, vocational and or employment components, staffing patterns and program philosophies of successful programs. For purposes of this survey, transition oriented programs are defined as a service or group of coordinated services for emotionally handicapped adolescents that prepare youth for adult roles and responsibilities. These programs are located in a variety of settings, such as schools, mental health centers, hospitals, residential services or vocational training centers.

The survey will be conducted by telephone with a selected number of site visits made to obtain further data when needed. After the in-

formation is obtained, we will develop a monograph summarizing the data and distribute it nationally for use by program planners and policy makers.

Please nominate those transition programs you believe are preparing emotionally handicapped adolescents to assume adult roles in the community. We will contact representatives from all programs nominated to assess their willingness to participate in the survey.

We believe the information provided by the survey will be helpful in encouraging the development of transition programs throughout the country. Your help is the key to the success of this project. Please forward responses to: Matthew J. Modrcin, Youth in Transition Project Director, Research and Training Center, Portland State University, P.O. Box 751, Portland, Oregon 97207-0751.

Respite Services

Respite services for children with special needs may be defined as temporary care for the child, with the primary purpose of providing relief to parents. The provision of respite services to families of children with handicaps is increasingly recognized as an important part of the child's and family's system of care. Researchers and service providers have found respite care to be instrumental in reducing family stress, preventing abuse and neglect, and avoiding placement in institutions. Respite services are often unavailable, however, to families of children with emotional or behavioral problems. As these families and the professionals working with them realize the benefits of respite care, which go far beyond merely giving parents a "break," advocacy for the development of respite services is increasing.

Research and Training Center staff have been reviewing programs, policies and funding sources related to respite services. We have found few programs designed specifically for families of children with emotional handicaps. Accordingly, we are drawing on the respite care experiences of parents, researchers, and service providers in the fields of developmental and physical disabilities. Programs such as crisis nurseries and emergency respite homes have also proven to be useful resources for information and service models. A bibliography summarizing literature on respite care is currently being compiled at the Center. A monograph describing program, funding, and other issues will follow.

In response to feedback from parents, state Child and Adolescent Service System Program (CASSP) directors have identified development of respite services as a high priority. In Oklahoma, CASSP director Rock Richardson has been working with state vocational and technical schools (similar to community colleges) to develop a training curriculum for respite care providers. This curriculum, designed specifically for working with children having emotional handicaps, will be incorporated into existing health and child care training programs. In October, Oklahoma CASSP is sponsoring a meeting of parents from around the country to gather their input into the design of the respite curriculum.

In Kansas, Families Together, Inc., has contracted with the state to explore existing respite care curricula. These will be adapted for training respite providers to work with children having emotional handicaps. A minimum of two educational facilities, probably one urban and one rural, will be chosen as demonstration sites. Barbara Huff, of Families Together, has designed the program so that once the curriculum is in place that organization will provide ongoing consultation and training to instructors. They will also oversee student recruitment, and administer scholarship funds.

Other states have also begun efforts to plan and implement respite services. Barbara Thomas, of Kentucky CASSP, brought together a statewide respite care task force in September. This group will lay the groundwork for planning respite programs. In the state of Washington, Assistant CASSP Project Director Dennis Olson is exploring the possible development of a respite program designed and operated by parents.

Staff from all of these projects have been sharing information and encouragement with each other. Their efforts are leading to programs providing respite services to families of children with emotional handicaps; and reflect the growing recognition of the role those services can play in the overall system of care.

NOTES & COMMENTS

REVISION - NATIONAL DIRECTORY OF PARENT ORGANIZATIONS

In July 1986 the Research and Training Center published the *National Directory of Organizations Serving Parents of Seriously Emotionally Handicapped Children and Youth*. The directory listings were compiled from a 1985-86 survey of parent organizations conducted by the Families as Allies Project. Organizations listed in the directory were sent a complimentary copy. Another 435 directories were disseminated between August 1986 and May 1987 through orders from *Focal Point* readers. Copies were also made available to mental health, child welfare, juvenile justice, and special education agencies throughout the country.

A number of new parent supported advocacy groups have been started since the publication of the directory. The Research and Training Center is preparing to bring the Parent Organization Directory up-to-date by revising current directory listings and adding new ones.

Newsletter readers are invited to send information on parent organizations that provide one or more of the following services to parents of children and youth with emotional handicaps:

1. education and information;
2. parent training;
3. advocacy, either at the case or systems level;
4. support groups, or;
5. direct assistance such as respite care, transportation, or child care.

The order form and mailing list printed on page 11 of *Focal Point* may be used for this purpose and should be returned to the Research and Training Center on or before November 20, 1987. Each organization will be contacted directly to complete an inventory of its services.

PARENT SURVEY

Families as Allies staff members distributed their Survey of Parents of Children with Emotional Handicaps throughout the summer months. The purpose of the survey is to identify parental concerns about services needed and received, interactions with service providers, and the helpfulness of various sources of formal

and informal support. Child and Adolescent Service System Program (CASSP) directors, as well as State Mental Health Representatives for Children and Youth (SMHRCY) and parent support groups have been very helpful in distributing the questionnaires. We urge those helping to disseminate the survey to complete the distribution as soon as possible and encourage those completing the survey to promptly return it to us. More questionnaires are available from the Families as Allies Project at the Research and Training Center. We extend our thanks to everyone who has helped in this effort.

FAMILIES AS ALLIES TRAINING COORDINATOR ON BOARD

The Research and Training Center recently hired Richard Vosler-Hunter, M.S.W., as Training Coordinator with the Families as Allies Project. Richard is responsible for developing training materials aimed at promoting and enhancing parent/professional collaboration. He will be using these materials to provide a one week intensive training workshop in Portland to parent/professional teams selected from the five Families as Allies regional conferences held throughout the country. Following the Portland training, these teams will return to their regions to provide similar training to parents and professionals. Richard will provide support and consultation to the participating parent/professional teams as they work in their regions.

Richard is a social worker with a range of experience in settings providing services to families. He most recently worked with Oregon's Children's Services Division, the primary child welfare agency in the state. He has also worked in the public schools, juvenile justice system, and private youth and family service programs. Over the years he has provided training in a variety of subjects to various professional and parent organizations.

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Research and Training Center Resource Materials

- Annotated Bibliography. Parents of Emotionally Handicapped Children: Needs, Resources, and Relationships with Professionals.* Covers relationships between professionals and parents, parent self-help, support and advocacy groups, parent participation, parents' problems and guidelines. \$3.00 per copy.
- Annotated Bibliography. Youth in Transition: Resources for Program Development and Direct Service Intervention.* Transition needs of adolescents: educational and vocational issues, programs and curriculum, research overviews, interpersonal issues, skills training. One copy free while supplies last.
- Child Advocacy Annotated Bibliography.* Includes selected articles, books, anthology entries and conference papers written since 1970, presented in a manner useful to readers who do not have access to the cited sources. \$7.00 per copy.
- Families as Allies Conference Proceedings: Parent-Professional Collaboration Toward Improving Services for Seriously Emotionally Handicapped Children and Their Families.* Held in April 1986 and attended by delegations from thirteen western states. Includes: agenda, presentation transcriptions, biographical sketches, recommendations, worksheets, and evaluations. One copy free while supplies last.
- Gathering and Sharing: An Exploratory Study of Service Delivery to Emotionally Handicapped Indian Children.* Findings from Idaho, Oregon, and Washington, covering current services, successes, service delivery barriers, exemplary programs and innovations. \$2.00 per copy.
- Glossary of Acronyms, Laws, and Terms for Parents of Children with Emotional Handicaps.* Glossary is excerpted from the *Taking Charge* parents' handbook. Approximately 150 acronyms, laws, and words and phrases commonly encountered by parents of children with emotional handicaps are explained. \$1.00.
- Making the System Work: An Advocacy Workshop for Parents.* A trainers' guide for a one-day workshop designed to introduce the purpose of advocacy, identify sources of power and the chain of command in agencies and school systems, and practice advocacy techniques. \$5.00.
- The Multnomah County CAPS Project: An Effort to Coordinate Service Delivery for Children and Youth Considered Seriously Emotionally Disturbed.* A process evaluation of an interagency collaborative effort is reported. The planning process is documented and recommendations are offered. \$3.00 per copy.
- National Directory of Organizations Serving Parents of Seriously Emotionally Handicapped Children and Youth.* The U.S. organizations included provide one or more of the following services: education and information, parent training, case and systems level advocacy, support groups, direct assistance such as respite care, transportation and child care. \$5.00 per copy.
- Parents' Voices: A Few Speak for Many* (videotape). Three parents of children with emotional handicaps discuss their experiences related to seeking help for their children (45 minutes). A trainers' guide is available to assist in presenting the videotape. Brochure describes the videotape and trainers' guide and provides purchase or rental information.
- Taking Charge: A Handbook for Parents Whose Children Have Emotional Handicaps.* This self-teaching workbook for parents addresses topics such as parents' feelings about themselves and their children, labels and diagnoses, types of professionals and treatments, and legal issues. Single copies free to parents of children with emotional handicaps while supplies last. All others, \$3.00 per copy.
- Working Together: The Parent/Professional Partnership.* A trainers' guide for a one-day workshop for a combined parent/professional audience. Designed to identify perceptions parents and professionals have of each other and obstacles to cooperation; as well as discover the match between parent needs and professional roles, and practice effective listening techniques and team decision making. \$5.00.

ORDER FORM AND MAILING LIST Research and Training Center

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and Training Center, Regional Research Institute for
Human Services, Portland State University,
P.O. Box 751, Portland, Oregon 97207-0751,
(503) 464-4040

CHOOSING A THERAPIST

The Summer 1987 issue of *The Advocate*, the newsletter of the Mental Health Association of Summit County, Ohio, contains an excellent discussion of how to select a therapist for one's child. The issue also contains an article offering suggestions for adults seeking psychotherapists for themselves. Behavioral indicators suggesting the need for mental health services are described. Tips are offered on resources to use to obtain referrals to therapists. The twenty-five rights set forth in the Bill of Rights for the Consumer of Psychotherapy (developed by the National Organization for Women) are listed. Common titles used by therapists as well as common therapists' credentials are described. A copy of the newsletter may be obtained by sending a stamped, self-addressed business envelope to: The Mental Health Association of Summit County, P.O. Box 639, Cuyahoga Falls, Ohio 44222.

FOCUS

The next issue of *Focal Point* will highlight ideas and activities related to the five Families as Allies conferences held around the country during the past year. We will include information from states about their progress in implementing action plans developed by each state delegation at the regional conferences. The issue will also feature our approach to parent/professional training and report on our first week-long training session for parent/professional teams.

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