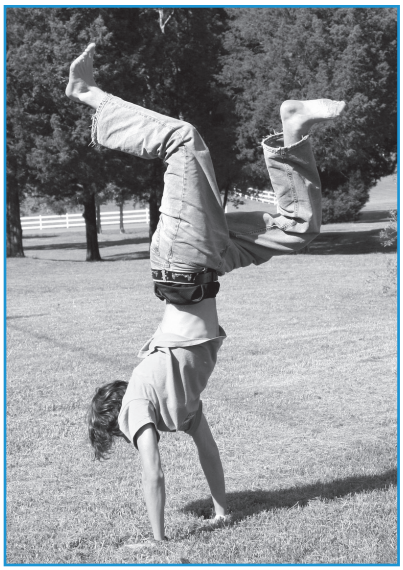
Improving Outcomes Through Interventions that Increase Youth Empowerment and Self-Determination

Young people with serious mental health conditions are at high risk for experiencing poor outcomes as they grow into adulthood. Compared to peers without such conditions, these young people are more likely to drop out of school, experience chronic unemployment and underemployment, have contact with the judicial system, and be disconnected from their communities.[8]

Schools and agencies that serve these youth often create treatment, service or transition plans that are intended to help the young people make a successful transition into adulthood. Unfortunately, these plans are typically created *for* youth, with little input or buy-in from the young people themselves. For example, federal legislation requires that schools provide transition planning—via an individualized education planning (IEP) process—for high-school age youth who receive special education services. Despite this mandate, it seems that most students do not participate meaningfully in the IEP/transition planning process. Many do not even have a transition plan, and many students who attend their IEP meetings do not participate at all.[9]

The failure of schools and agencies to engage young people in planning for their futures represents a lost opportunity. Properly implemented, an individualized planning process can provide young people with the kinds of experiences that directly contribute to increases in self-determination, empowerment and self-efficacy. People who have higher levels of self-determination, empowerment, and self-efficacy have confidence that, through their own decisions and actions, they can reach goals that are personally meaningful. What is more, these people actually are more successful in reaching their goals. Overall, they also tend to have better general mental health and well-being,



and cope better with stressful circumstances. Existing research strongly supports the idea that young people with serious mental health conditions who have higher levels of self-determination, empowerment, and self-efficacy are more likely to have successful transition outcomes.[9]

This article describes two research studies that are underway at Portland State University. Both studies are testing interventions designed to increase young people's self-determination, empowerment and/or self-efficacy by supporting them to take an active, leading role in their own treatment, care, or transition planning. While both of these studies are still underway, initial data is showing positive results.

Achieve My Plan! (AMP)

Achieve My Plan! (AMP) is an intervention that is being developed at the Research and Training Center on Family Support and Children's Mental Health at Portland State University. One of the most unique aspects of AMP is that the intervention and related materials were developed in collaboration with an advisory board that includes youth, caregivers and service providers. (See Thorne article, p. 17.)

AMP is designed to be used in any context where a young person with a mental health condition is involved in a team planning process. Human service and educational agencies and systems often convene teams to work collaboratively on plans for serving young people as they approach the transition into adulthood. This is particularly true for youth who are involved with multiple systems or who are felt to be in need of intensive intervention. These kinds of planning teams include IEP (Individualized Education Plan) teams, wraparound teams, foster care Independent Living Program teams, transition planning teams, youth/family decision teams, and other teams that create service, transition or treatment plans. AMP is designed to have an effect both at the level of individual youth and at the level of the agencies that serve the youth.

Youth-level intervention. The intervention with youth begins with a series of individual sessions with a designated "AMP coach." The coach helps the young person work through a series of structured exercises and activities that lead up to the first "AMP meeting." During the AMP meeting, the youth takes an active role in leading portions of the meeting and shaping the content of the team plan. The AMP meeting is not a separate meeting from the regular planning meetings, and it does not result in a separate plan. Instead, it is the same meeting and the same plan; however, there are differences from typical planning meetings in that both the plan and the planning process are somewhat adapted to reflect the youth's participation and goals.

The youth's initial preparation before the first AMP meeting takes

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approximately three hours, and is typically divided into three sessions at one-week intervals, though this schedule is flexible and can be tailored to meet individual needs. In the first two sessions, the coach facilitates a process that begins with the youth exploring his/her long-term goals and dreams. Gradually, the focus is brought into the shorter and shorter term, until the young person is able to identify a small number of concrete, short-term activities that he/she sees as important first steps in moving toward a long-term goal. At least one of the activities must be connected to academic or vocational goals, and another connected to behavioral/mental health. The coach and the youth also develop and implement a plan for sharing the activities with the youth's parent or other caregiver prior to the AMP meeting, and gaining the caregiver's support for the activities.

The third coaching session focuses on preparing the youth 1) to present the activities to the team during the AMP meeting, and 2) to participate effectively in other aspects of the meeting. The youth learns about how the meeting will be structured and who will be there, how to communicate positively and how to manage his/her stress, anxiety or other emotional reactions. The youth also has the opportunity to review items placed on the agenda by other team members, and to prepare his/her input for those items.

The coach attends the AMP meeting to support the youth's participation. After the first AMP meeting, the youth and coach meet to debrief and develop strategies to ensure that team members follow through on their commitments for the plan. Youth preparation and follow up for subsequent team meetings is less intensive, but coaches continue to work with the youth as needed.

AMP coaching can be done by people who have a variety of other roles with the agency. The coach can be a therapist or care coordinator, but the coach may also be a young person who is a peer or near-peer of the youth who receive services.

Agency-level intervention. In addition to focusing on individual youth, AMP focuses on the agencies that provide treatment, care or transition planning. A basic level of training and consultation is provided to all agency staff. This training focuses on the importance of encouraging youth to take an active role in developing and carrying out the plans. The training also provides information demonstrating that including youth with serious mental health conditions in planning is both feasible and beneficial.

More intensive training is provided to agency staff who have key roles on planning teams and/or who participate on multiple planning teams. This intensive training teaches the adults how to create planning meetings that will support youth participation. The training provides examples of common things that go wrong in meetings and that discourage youth participation. The examples are drawn from video recordings of real team meetings. Participants learn how to recognize these common problems, and learn strategies for avoiding and remedying them. Follow up consultation is provided to these staff members during the early months of AMP implementation.

Evaluation. To date, AMP has been tested with youth in a wrap-around program and with youth in a high school/day treatment program. Despite the relatively small sample size, the data show positive results. Several of these positive findings come from data gathered by coding videotapes of team meetings. This data reveals that, while youth did not necessarily speak more frequently on average during AMP meetings, the quality of their verbal contributions increased significantly. Thus, during team meetings, youth who had received AMP were more likely to make high quality contributions, such as suggesting strategies, goals, or action items for the plan. (This contrasts to lower-quality contributions such as single-word responses to questions asked by others.) The AMP intervention appears to have an impact on the adults in the meeting as well. Adults in AMP meetings were significantly more likely to respond to youth contributions in ways that supported the youth and/or encouraged the youth to provide further ideas, information or explanation. (This contrasts to responses such as ignoring or interrupting the youth.) Finally, the data also indicate that teams were working more effectively during AMP meetings. Overall, the teams in AMP meetings spent significantly more time "on task," and team members were more likely to encourage one another to focus on moving through the agenda and adhering to the ground rules.

AMP's impact was also evaluated using data gathered from youth prior to AMP and afterwards. These data show significant increases in youths' perceptions that they were involved in preparation for their planning meetings and that their teams were more accountable to the plan. The data also show significant increases in youth empowerment as assessed with the Youth Empowerment Scale-Mental Health (YES-MH, see page 17). After AMP, youth described themselves as more confident both in managing their own mental health and in working with service providers to optimize their services and supports. Their overall empowerment scores also increased.

On the basis of these positive initial results, the researchers and advisors working on AMP are currently seeking funding for a larger-scale study that also examines outcomes in areas such as mental health, education/employment and service continuity.

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My Life

Among youth in foster care, serious mental health conditions are extremely common. In the Casey National Alumni Study, more than half of young people who had exited foster care had mental health challenges, with 25% experiencing post-traumatic stress disorder and 20% experiencing major depression.[6] Foster youth in general tend to experience relatively poor outcomes as they age out of care. In comparison to their same-age peers in the general population, youth emancipated from foster care are less likely to have stable housing, to be connected to a caring adult, to graduate from high school, to go to college, or to be employed.[1, 6, 5] Youth in foster care who also have mental health conditions appear to face even higher levels of risk as they reach the age of emancipation and leave the foster care system. For example, research by Smithgall and colleagues showed that only 16% of foster youth in special education with a primary disability classification of emotional disturbance graduated from high school; even more worrisome, they found that 18% left school because they were incarcerated.[7]

Transition planning within the foster care and special education systems is intended to serve as the youth's roadmap from school to adult life, ensuring that services and supports are in place as the young person moves towards his/her goals for the future and self-sufficiency. However, a study by Geenen and Powers (2006)[3] found that the transition plans of foster youth with disabilities were poor in quality, both in absolute terms and in comparison to the plans of youth in special education only. Many of the foster youths' plans were developed without a parent advocate or educational surrogate, documented limited expectations for the foster youth, did not specify accountability for plan implementation, and reflected little to no collaboration between the child welfare and special education programs. The findings from this study highlight the need for student-directed, individualized and collaborative transition planning for youth in foster care and special education, and serve as an impetus for a pilot study entitled My Life.[4]

My Life is the first study investigating the benefits of a self-determination enhancement intervention for youth in foster care and special education. Sixty youth, age 17, were randomly assigned to either a comparison group that received typical services and supports, or to an intervention group that participated in the My Life intervention. The intervention lasts for approximately 12 months and the youth's self-determination and transition outcomes are measured before they begin, at the end of the intervention, and 12 months after the intervention ends. Intervention youth receive about 50 hours of coaching in the application of self-determination skills to achieve their personal transition goals. They participate in 3-4 mentoring workshops with young adults who have foster care experience and who are working or in college. Additionally, each youth develops an individualized transition plan that he or she presents in an inter-agency transition planning meeting (e.g., with school and child welfare representatives). My Life's approach for promoting the involvement of foster care youth in transition planning is based on the belief that youth need to acquire skills and beliefs necessary to design, implement and oversee their transition process, and foster parents and professionals must be mobilized to support youths' efforts. Thus, youth and their coaches regularly communicate with, and solicit support from, foster parents, special education staff and child welfare case workers; and the youth nurture connections with other supportive adults in their lives with whom they develop agreements for specific forms of support (e.g., stay at the adult's home during a college holiday break, help the youth fill out job applications). The My Life transition planning process includes nine key steps.

Transition planning within the foster care and special education systems is intended to ensure that services and supports are in place as the young person moves towards his/her goals for the future.

1. Identify dreams and set transition goals: Youth identify their dreams for the future (graduate from high school, apply to college, get a driver's license).
2. Share dreams and goals with others: Youth learn how to share their dreams and transition goals during individual discussions with foster and biological families, important peers, and professionals.
3. Identify steps and supports to reach goals: After youth identify their broad transition goals, they identify specific steps they can carry out and supports needed from others to achieve them.
4. Formalize planning objectives: Youth present their goals and proposed steps and supports needed in a formal transition planning meeting.
5. Agree on responsibilities and timeframes for carrying out plans: The youth and other team members formulate specific plans for goal achievement, clarify responsibilities, and define monitoring procedures to ensure progress.
6. Problem-solve strategies to achieve goals: Youth learn to apply problem-solving and planning strategies to overcome barriers to goal achievement.
7. Carry out plans: The youth carry out the strategies to achieve their selected goals, regularly evaluate their success, and use problem-solving to address new barriers.
8. Monitor and manage support for achieving goals: Youth learn and apply steps for building partnerships and managing help from others.
9. Celebrate success and resilience: Youth learn how to self-monitor

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and celebrate their goal achievement and resilience to barriers (e.g., frustration and discouragement by others).

Outcomes being measured include youth self-determination; involvement in transition planning; employment; educational participation and achievement; and quality of life. Data are still being collected at one-year follow-up so findings are only preliminary at this point. However, initial findings suggest the intervention is having a positive impact in several areas:

- *Self-determination:* Youth in the intervention group reported significantly higher levels of self-determination following intervention and one year after intervention, in comparison to youth in the control group. Differences between the groups appear to be widening over time.
- *Transition planning:* Youth understanding and involvement in transition planning meetings and related activities are higher for youth in the My Life intervention than youth in the control group; the difference between the groups widens further at one-year follow-up.
- *Quality of life:* Youth completed a quality of life measure with four domains. Overall, youth in the intervention group reported significantly higher quality of life than youth in the control group, both following intervention and one year later. Intervention youths' scores on three of the four domains are significantly higher (Scores on the fourth domain are higher but not statistically significant).

Youth who participated in the My Life intervention also appear to have better outcomes in terms of employment (particularly at one-year follow up) and placement stability.

Conclusion

The initial findings from the AMP and My Life interventions suggests that it is quite possible to increase the extent to which young people are involved and engaged in making decisions and carrying out plans for their futures. The findings also indicate that youth who take this active role experience gains in empowerment or self-determination. Ultimately, both of these interventions aim to have an impact on other outcomes, such as education, employment, and mental health. The current AMP study is preliminary and so has not examined these types of outcomes; however, the My Life study appears to be having just these sorts of effects. More generally, these findings support the idea that youth-driven planning is a feasible and effective strategy for promoting better outcomes for young people as they move into early adulthood.

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