

IS THERE A DEVELOPMENTALIST IN THE HOUSE? Using Developmental Theory to Understand the Service Needs of Emerging Adults



note of shifts and changes in the transition to adulthood. In 2000, Dr. Jeffrey Arnett, a developmental psychologist, published a scientific theory contesting the traditional definition of the transition to adulthood, arguing that graduating, getting a job, getting married, and having a child before reaching one's mid-twenties no longer reflected the most common experiences of 18 to 29 year-olds.¹ Rather, he recognized that global economic and cultural forces shifted enough from the 1950s to the new millennium to affect the way young people made transitions to adulthood. As a result, between

adolescence and young adulthood an intermediate stage of development arose—emerging adulthood.

According to Arnett, emerging adults represent a unique stage of development. He sees this age group as distinct because its constituents are so very different from each other: some are in school, others are not; some live with their parents, others do not; some are married, others are not; and some are parents, while others are not. Thus, it is their lack of shared situations that make them different from adolescents and adults. Teens are more similar to each other—most live with their parents, go to school, and are unlikely to have full-time careers, marriages, or children. And then again, after emerging adulthood, when people enter their 30s, there is a homogeneity that describes adults—almost all have moved out of the parental home and are no longer in school; the majority have careers, partners, and families of their own.

Interviewing over 300 emerging adults, Arnett described the way emerging adults experience these years.² The shared experiences of this group led him to conclude that emerging adulthood is an age of feeling “in-between,” experiencing instability, exploring identity, believing in possibilities, and engaging in self-focus. Emerging adults spend these years finding out who they are and where they want to go with their lives. Arnett's survey research^{3,4} supports his conclusion that becoming adult is more about the process than the outcome. Across numerous studies and di-

There is growing interest in identifying and addressing the unique needs of young people who are making the transition to adulthood. Parents and young people themselves are concerned about the challenges that seem to accompany the long and winding, often difficult pathways youth take from adolescence into adulthood, which can even create a “quarterlife crisis” for some. Concern is particularly focused on the additional challenges facing vulnerable groups—homeless youth, youth in foster care, those involved in the juvenile justice system, youth with disabilities, and/or those with mental health conditions.

Recent developmental theory detailing the experiences of this age period provides a useful model for understanding the “new” transition to adulthood. Translating theory into applied models can be a first step in designing policies and programs that help young people who are coming-of-age in different ways from their parents. The lens that we use to design services for this age group will play an important role for determining who has access to services, how services are designed, what the objectives will be, and how we will evaluate success.

ADVANCES IN DEVELOPMENTAL THEORY

Late in the 20th century, social scientists began to take

verse samples (i.e., in terms of age, income groups, and cultures worldwide), the most commonly endorsed markers of “adulthood” are: taking responsibility for oneself, making independent decisions, and becoming financially independent.

Tanner’s developmental model of recentering⁵ accepts that emerging adulthood is an essential stage of the transition to adulthood. Complementing one another, Arnett’s framework describes what occurs during emerging adulthood; Tanner’s work explains what happens as individuals move through this stage. A person is challenged with the primary task of recentering—shifting away from letting others direct his or her life, and gaining agency directing one’s pathway.

To recenter, young people, typically between ages 18 and 29, navigate three stages (see figure 1). In stage 1, adolescents are challenged to renegotiate their relationships with their families and other contexts that supported their dependence. Stage 2, emerging adulthood, involves exploring new ways of connecting with others and roles. Through temporary commitments in work and love, the emerging adult gains first-hand knowledge of how well the reality of choices “fit” their expectations and goals. Last, individuals transition into young adulthood in stage 3 when they make commitments to careers, mortgages, partners, and children. From empirical studies we know that the roads these transitions follow are not always linear; and, some people stop and restart their engines along the way.⁶

IN-BETWEEN BEGETS A RESOURCE GAP

Distinguishing, recognizing, and accepting that there is a stage of development between adolescence and young adulthood has implications for the way we think about the needs of 18- to 29-year-olds. The fact is that services and systems (i.e., schools, community mental health centers, psychiatric treatment programs, social service organizations, juvenile justice programs, and primary health care organizations) were designed mid-20th century to serve youth and adults separately. These bifurcated services were not planned to meet the needs of those “in between.”

Aging out of youth services, emerging adults encounter a “resource gap” due to a lack of services and programs designed to fit their distinct needs. The resource gap is particularly pronounced in terms of health care. As youth turn age 18, in many states, they are no longer eligible for their parents’ employer-sponsored health care; youth who are eligible for state or federally-funded health care programs for low-income families also become ineligible based on age. As a result, one-third of emerging adults are uninsured.⁷ The most profound effect may be in terms of their mental health. While emerging adults are relatively physically healthy, they have high rates of mental health problems. Approximately 50% of emerging adults meet criteria for at least one disorder. Despite this, their use of mental health services drops precipitously, in half, after age 17.⁸

RESPONDING TO THE NEEDS OF EMERGING ADULTS: MULTIPLE PERSPECTIVES

Different approaches to reducing vulnerability during emerging adulthood have distinct advantages. The social service perspective is rooted in the sociological definition of the transition to adulthood, measured by the length of time to and sequencing of commitments to adult roles. Alternatively, the developmental perspective is rooted in theories of human development that are concerned with facilitating and optimizing normal maturation and adaptation. The different perspectives suggest different ways of identifying “at risk” groups, designing programs, setting goals and objectives, and measuring the outcomes of efforts designed to help 18- to 29-year-olds make successful transitions to adulthood.



DEFINING THE POPULATION OF INTEREST

Assuming that targeting and tailoring resources to benefit those who are most vulnerable is of interest to all, identifying those most in need is essential. Therefore, how we define “at risk” or vulnerable groups is of primary concern. Social service programs designed for transition-aged youth identify “at risk” groups based on youth-era risk factors known to predict poor outcomes in terms of establishing independence in adulthood. Programs have been designed for youth involved in: foster care, the juvenile justice system, and programs for youth with disabilities and serious mental health problems. The overarching goal of these programs is to implement a “safety net” to keep them connected to resources and deter the likelihood that they will be disconnected from resources.

The developmental perspective recognizes the plasticity, resilience, and multidimensionality of developmental adaptation. Therefore, identification of individuals as “at risk” prior to emerging adulthood may lead to both under-

FIGURE 1. THE RECENTERING PROCESS⁵

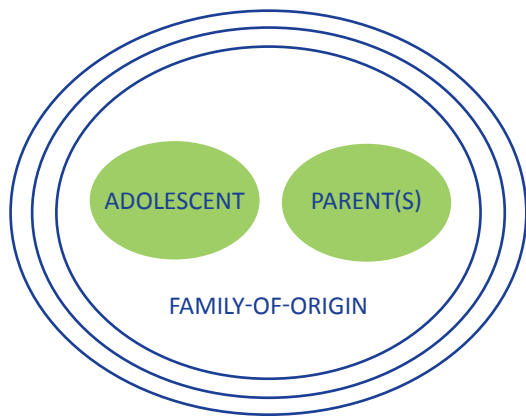


FIGURE 1A: STAGE 1.

Launching position: Adolescent transitions from dependent status into emerging adulthood

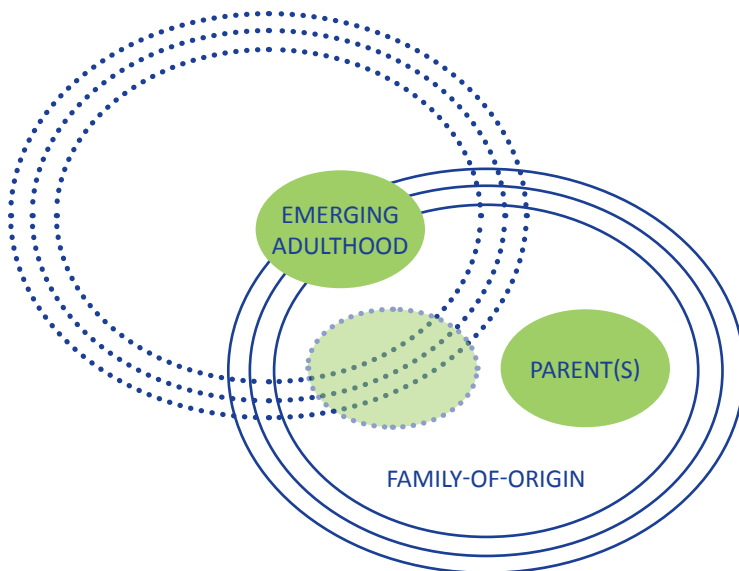


FIGURE 1B: STAGE 2.

Emerging Adulthood proper: The emerging adult is peripherally tied to identities and roles of childhood/adolescence; and, simultaneously, is committed to temporary identities and roles of adulthood

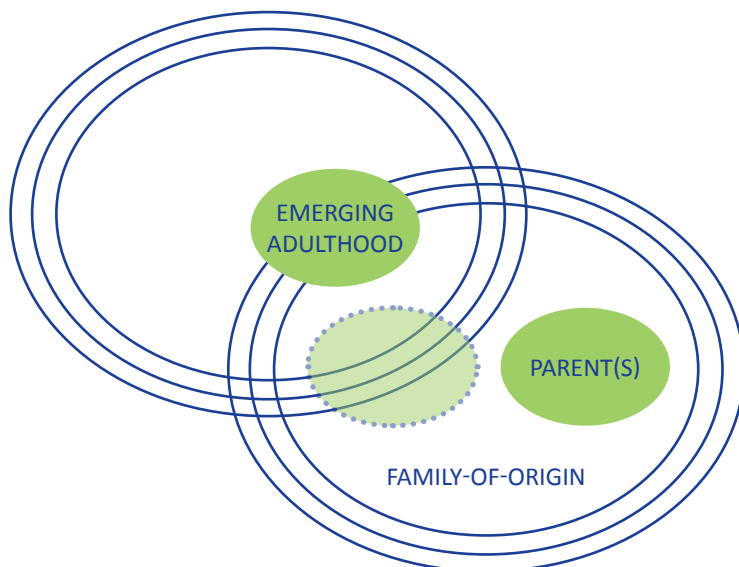


FIGURE 1C: STAGE 3.

Young Adulthood: The emerging adult exits stage 2 via permanent identity and role commitments

and over-allocation of scarce capital. Not all “at risk” youth are identified or receive adequate resources. It is estimated that 80% of children and adolescents who need mental health services receive no or inadequate treatment for their problems.⁹ Thus the majority of youth who need services do not get them, which forecasts, for this group, a double-risk of being under-served in adolescence and again, under-served in adulthood. It is also the case that some “at risk” youth will not be at risk in emerging adulthood. Resilient adolescents continue to be resilient in emerging adulthood and some youth become resilient.¹⁰ In these cases, “targeted” resources may be allocated for those who do not need them.

PROGRAM PLANNING: HARNESSING NATURAL STRENGTHS

The community model has been used to design many of the social services on which youth and adults rely. This same model has been used to design programs for transition-age youth. These services are designed to bridge services and reduce the likelihood that “at risk” youth will “age out” and disconnect from resources that provide help with education, careers, housing, and health care.

From the developmental perspective, there is reason to question the community-based program model. Emerging adulthood is different from other age periods in that tenuous connections to systems provides an opportunity for exploration. Optimally this exploration is self-focused and allows young people to find commitments that “fit” with their goals, values, and lifestyle expectations. When emerging adults fail to explore, or when they get stuck in the exploratory stage, it is important that we be able to see them experiencing these difficulties and understand that they need help. This is the same notion behind the need to let beginning walkers explore and take a few tumbles; falling down teaches lessons and provides the opportunity to learn how to get back up.

DEFINING PROGRAM GOALS: PROCESS VS. OUTCOME

Program objectives are written according to a specified, guiding theoretical framework. The objectives of social services, regardless of age, are to connect individuals to needed resources. This remains the objective of social service programs designed to meet the needs of “at risk” emerging adults. For example, Transition Plans are mandated through the Individuals with Disabilities Education Act (IDEA), Section 300.18. Beginning at age 14, these plans include, but are not limited to: academic, community, related services, independent living, and employment-related goals pertaining to the post-secondary life of the student.

But, programs designed to meet developmentally informed objectives will focus on supporting developmental maturation and adaptation. Objectives will focus on supporting processes, not outcomes. Such programs will need to consider ways of supporting relatively long and non-linear pathways from adolescence to adulthood. Programs may include objectives to facilitate responsibility for oneself, exploring and identifying one’s own belief and value

system, and establishing a plan to achieve financial independence.

Program objectives that do not encourage exploration may further disadvantage already vulnerable populations. Why? Objectives that focus on commitments to careers and lifestyles may cut-short or disallow the exploration that is normative. Peers who are encouraged to take advantage of the exploratory stage before they make commitments are benefitted by this “break” before they take on adult responsibilities. In terms of identity development, for example, research shows that emerging adults who explore before they make commitments scored higher on measures of self-esteem and self-reflection, and lower in depressive symptoms, anxiety symptoms, and self-rumination than their peers who do not explore and fail to make commitments, and also better than their peers who commit without having explored.¹¹

Objectives, by definition, define the criteria used to measure outcomes. Social services help youth stay connected to services. Developmentally-informed programs would focus on facilitating explorations and teaching emerging adults how to connect with services on their own. The former defines success in terms of the outcomes that are achieved (e.g., securing employment); the latter defines success in terms of building skills that are known to predict better outcomes (e.g., learning how to job-see). The approaches also differ with respect to the age at which successful outcomes can be expected. Because social services seek to bridge adolescence and adulthood, anticipated gains are expected in emerging adulthood. The developmental approach expects that gains in emerging adulthood should have both short- and long-term benefits to one’s health and adaptation.

CONCLUSION

Along with changes in the way that young people make the transition to adulthood, we gain an opportunity to learn how to best invest in their futures. Applied developmental models are new to the scene in terms of policy and program design. But there is great promise in integrating and applying developmental theories. Some may argue that developmentalists and social service perspectives are really talking apples and oranges. Perhaps developmentalists put too little emphasis on the power of risk in some cases. It may also be the case that social service approaches underestimate the dynamic ways that humans can adapt and adjust. At the very least, it is important to talk about the ways that the two can work together. What we agree on is that 18- to 29-year-olds have aged into a new stage of life without a road-map and with few resources allocated to their needs. In this respect, we are fortunate that we have identified a way to work together to help.

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2010 STAFF OF THE RESEARCH AND TRAINING CENTER FOR PATHWAYS TO POSITIVE FUTURES

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PROJECTS AND STAFF:

CAREER VISIONS tests an approach to career planning and employment for young adults, ages 21-25, who are receiving SSE or extended special education services.

Jo-Ann Sowers and Heidi Herinckx, Co-Principal Investigators; Michael Parker, Graduate Research Assistant.

BETTER FUTURES tests a comprehensive intervention to assist young people in foster care with serious mental health conditions to prepare to participate in post-secondary education.

Sarah Geenan and Laurie Powers, Co-Principal Investigators; Pauline Jivanjee, Project Advisor; Lee Ann Phillips, Project Manager; Amy Salazar, Graduate Research Assistant; Adrienne Croskey and Zoe Brown, Student Research Assistants.

ACHIEVE MY PLAN studies the efficacy of an intervention to increase young people's participation and engagement in their mental health treatment planning teams, and to build organizational capacity to support youth engagement.

Janet S. Walker and Laurie Powers, Co-Principal Investigators; Liz Thorne, Project Coordinator; Daniel Donohoe and Adrienne Croskey, Student Research Assistants.

TRANSITION POLICY CONSORTIUM will develop an inventory that assesses the level of community support for transition services with a specific emphasis on measuring collaboration and continuity of care between the child and adult mental health systems.

Nancy Koroloff and Janet Walker: Co-Principal Investigators; Barbara Friesen, Project Advisor; Liz Thorne, Project Coordinator; Aakrati Mathur, Graduate Research Assistant.

FINDING OUR WAY furthers the development of a culturally specific self-assessment tool for American Indian/Alaskan Native young people. Developed for youth ages 13-19, the tool will be modified to include issues relevant to transition.

Barbara Friesen and Terry Cross: Co-Principal Investigators; L. Kris Gowen, Project Manager; Abby Bandurraga, Student Research Assistant.

EHEALTH LITERACY is a developmental project that will contribute to a knowledge base about the ways youth and young adults use the internet to find information about mental health care, conditions, symptoms, or medications. The information will be used to develop and test an eHealth literacy curriculum.

L. Kris Gowen, Principal Investigator; Matthew Deschaine, Graduate Research Assistant.

RECOVERY OUTCOMES is a secondary analysis of large national data sets. This project will analyze data from the System of Care National Evaluation related to young people's recovery outcomes.

Eileen Brennan, Principal Investigator.

MEDIATORS OF STIGMATIZATION will analyze data from nationally representative samples of youth and young adults, and use this information to identify potentially effective anti-stigmatization strategies.

Janet Walker, Principal Investigator.

TRANSITION TRAINING COLLABORATIVE will develop graduate and undergraduate course modules appropriate for individuals who plan to work with transition-aged youth, as well as modules for in-service delivery.

Eileen Brennan and Pauline Jivanjee, Co-Principal Investigators; Eliz Roser, Graduate Research Assistant.

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