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COMMUNITY INTEGRATION: STATE OF THE SCIENCE



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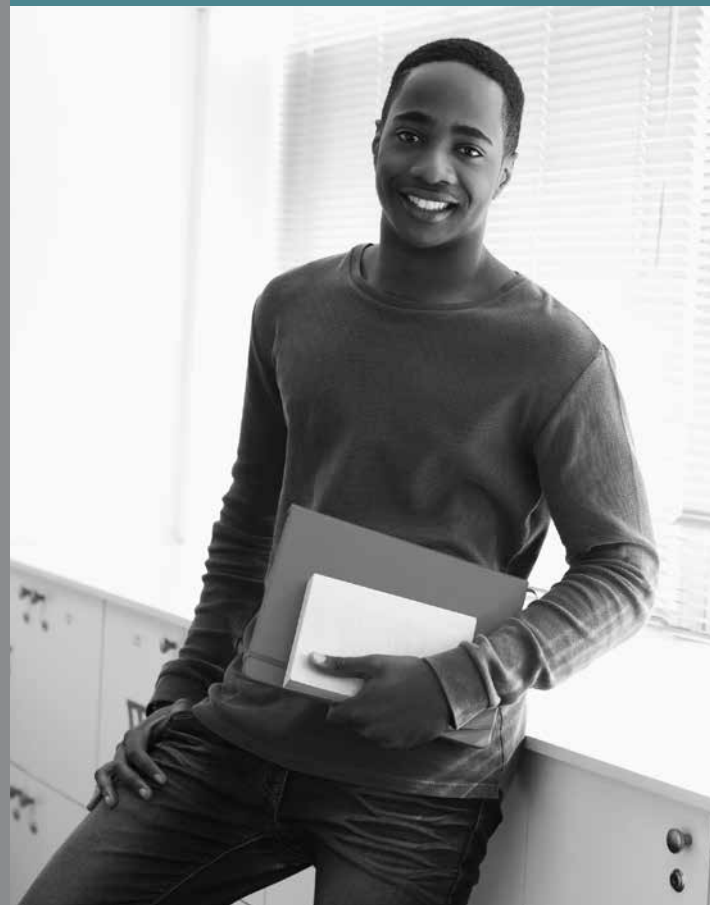
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INTRODUCTION

COMMUNITY INTEGRATION: STATE OF THE SCIENCE



This issue of *Focal Point* includes a series of research summaries that reflect the state of the science and project descriptions focused on the theme of community integration for youth and young adults who experience serious mental health conditions. Our work at the Research and Training Center for Pathways to Positive Futures (Pathways RTC) is rooted in a positive developmental approach to building community integration. In contrast to problem- and deficit-focused approaches, positive developmental approaches focus first and foremost on promoting well-being and flourishing. Positive developmental approaches also stress the importance of promoting self-determination, which means ensuring that people have the skills, confidence, and opportunities they need to direct their own lives and move toward the goals that they find most important.

When people exercise their self-determination, they make choices about the ways in which they want to participate in their communities. For older youth and young adults, this means making choices about the community contexts they want to belong to and

contribute to. Important community contexts include close relationships, as well as workplace, school, and training environments, and affiliation with cultural, spiritual, recreational, advocacy, social, and political groups and organizations. As young people begin to participate in chosen community contexts, they are motivated to acquire the skills and knowledge they need in order to participate successfully and be respected in those contexts. Thus, through their own initiative, they become more and more capable as the drivers of their own positive development and community integration.

From a positive developmental perspective, promoting well-being and flourishing is particularly important for young people who are struggling or at risk. This means that interventions and programs are most likely to be successful when they support young people to develop self-determination and the skills they need in order to guide their own lives toward outcomes they find personally meaningful. Following this line of reasoning, several of the articles in this issue of *Focal Point* focus on what is known about training providers to work with youth and young adults in a way that promotes positive

development, self-determination, and community integration. Additional articles focus specifically on peer support providers, and the unique roles that they can play in promoting self-determination and community integration among youth and young adults who experience serious mental health conditions.

Several other articles focus on youth- and young adult-serving agencies and how they can promote positive development by providing opportunities for young people to participate in improving services. One pair of articles describes research related to best practices for agencies to use as they seek to involve young people in advising and decision making. Another article focuses specifically on the key role that youth-run organizations play in helping agencies and systems ensure that their work more consistently promotes positive youth development.

Finally, several of the articles in this issue focus on important interpersonal relationships through which young people are connected to others. One article summarizes the research on social networks, and a second discusses interventions and programs that are intended

to enhance the social networks and community integration of young people affected by early psychosis. Another article focuses specifically on the relationships between young people and their families, and how these relationships can be strengthened so that families can better support their young people to live successfully in the community.

Space in *Focal Point* is limited, and this has meant that we are only able to include short versions of each of these articles. However, more detailed versions of most of the articles – including extensive reference lists – are available on the Pathways RTC website, at <https://www.pathwaysrtc.pdx.edu/state-of-the-science-articles-2018>. We encourage you to take a look at these longer versions for further detail and a more comprehensive treatment of each of these important topics.

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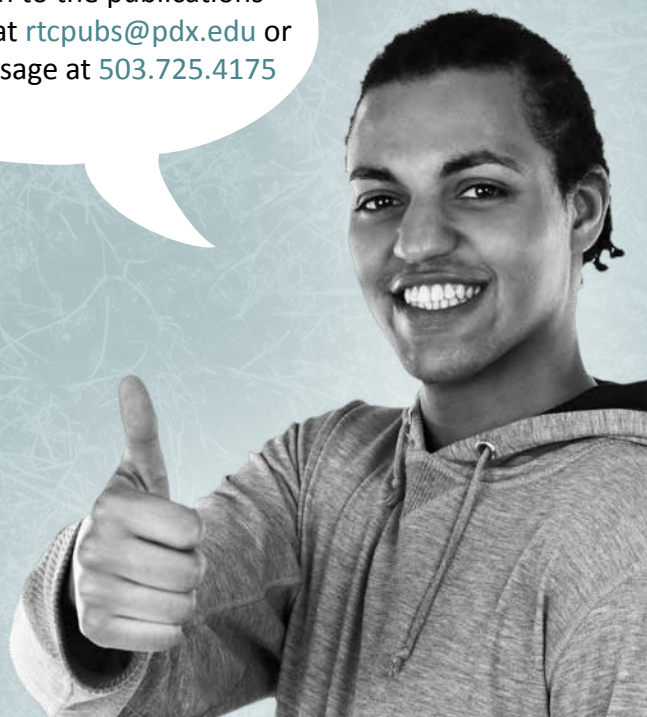
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Peer Support for Youth and Young Adults: An Outline of the State of the Science

Peer support for youth and young adults who experience serious mental health conditions is rapidly growing in popularity as an addition to the mental health service array in communities around the United States.^{1,2} Research focusing on various aspects of the youth/young adult peer support role has been accruing in recent years; however, many questions remain regarding how the role is defined and supported, and what sort of outcomes can and should be expected once peer support is implemented as a service. This article outlines some of the main research findings related to peer support, as well as remaining questions and challenges, and describes work being done at Pathways RTC in response.

IMPACTS OF PEER SUPPORT

Despite the growing popularity of peer support in mental health services, there is only limited evidence of its effectiveness, and research assessing effectiveness comes almost exclusively from studies examining peer support for adults. The most rigorous research available provides “little evidence” of effectiveness. However, less rigorous studies have found that peer support services can have positive impacts in a variety of areas: hope and belief in the possibility of recovery; empowerment and increased self-esteem; self-efficacy and self-management of difficulties; and social inclusion, engagement, and increased social networks.³

Virtually no research addresses the impact of peer support implemented specifically for youth or young

adults with serious mental health conditions (SMHCs). Regarding the 30 programs included in their scoping review, Gopalan, et al.¹ concluded that almost none employed rigorous research designs, and none evaluated the unique contribution of youth peer support services in the context of other program components.

CHALLENGES IN RESEARCH AND IMPLEMENTATION

Discussions of the implications of existing research are remarkably consistent in their descriptions of the challenges that need to be overcome in order to ensure high quality research and implementation for peer support roles in mental health.

Understanding the Role

The most frequently-cited challenge is the lack of specification regarding the peer support role. Indeed, qualitative research confirms that peer support providers are themselves unclear about their roles and tasks.⁴ Regarding peer support for youth and young adults specifically, role clarity is also consistently mentioned as a challenge.^{1,4-6} Challenges stemming from a lack of role clarity are compounded by a lack of clear specification regarding the mechanisms of change and the unique contribution of “peeriness” (i.e., the unique aspects of peer roles) to outcomes, both for adult peer support providers and for youth/young adult peer support providers specifically.^{1,6,7}

Training and Supervision

A lack of clarity regarding the peer support role contributes in obvious ways to difficulty in training and supervising peers to undertake the work. Similarly, the lack of clarity regarding specific mechanisms of change gives rise to challenges around training and supervision for issues related to peerness, and specifically how to operationalize in practice what are generally seen as core functions of the role, such as inspiring hope, role modeling, building social networks, and employing strategic self-disclosure.^{1,6,8}

Regarding youth and young adults specifically, there is recognition that training and supervision should be tailored to young adults' unique needs and stage of development.^{1,6} What is more, young adult peer support providers often have limited or no prior work experience, and thus need support in developing professional skills such as time management and effective communication.⁹ Thus, existing training and supervision strategies utilized in adult and family peer-to-peer models likely need significant adaptation in order to be optimal for young adults.

Relationships with Colleagues

Numerous commentaries in the literature point to significant friction between peer and non-peer staff as one of the central challenges to implementing the role successfully. A lack of role clarity is cited as a significant contributor to this problem. Often, organizations do not clearly understand and/or articulate the role and value of the peer support providers to other staff. This can result in a variety of misunderstandings that can lead to non-peer staff members stigmatizing, ostracizing, or disrespecting peer staff.^{4,10} These tensions are likely even more pronounced for young adult peer support providers, who report feeling ignored and belittled by colleagues, which in turn can lead to increased job stress.⁵

RESPONSE TO CHALLENGES AND NEXT STEPS

Anecdotal evidence and information from the internet indicates that there are a number of stakeholder groups engaged in responding to these challenges. In particular, work is underway to adapt existing adult peer support curricula to be more developmentally appropriate and to better meet the training needs of young adult peer support staff; however, evaluations of these efforts have yet to be published.

Providing high-quality, developmentally appropriate training is not likely to be sufficient for producing skilled peer support, however. It is generally known that training alone, while it may increase knowledge, is extremely

unlikely to produce skilled practice.¹⁰ In contrast, effective training approaches often involve multifaceted strategies including a treatment manual, multiple days of intensive workshop training, ongoing coaching, live or taped review of client sessions, supervisor trainings, booster sessions, and the completion of one or more training cases. The follow-up coaching – provided either by designated coaches or by supervisors – is particularly essential for learning new practice, and should include observation of practice (either live or via audio- or video recording) and provision of feedback in a manner that is connected to the intervention theory and based on objective criteria.¹¹

This kind of comprehensive support is likely even more important for young adults training to be peer support providers, since they do not have prior experience delivering interpersonal interventions. However, providing comprehensive support for skill acquisition is likely to be particularly difficult for young adult peer support providers, since, as noted previously, organizations find it difficult to access coaches, trainers, and supervisors who have provided peer support in the past, and who understand the role and how to build skills that are particular to the unique aspects of the role. More generally, the cost of providing comprehensive support has proven to be a major barrier to implementation of training and coaching best practices.¹⁰

Pathways RTC is exploring a response to these challenges by developing and testing an enhancement for the youth/young adult peer support role called *AMP+*. *AMP+* is an adaptation and extension of the empirically-supported *Achieve My Plan* enhancement¹² (i.e., “original” AMP) that is designed to be implemented by providers who work with youth and young adults to build



self-determination and create person-centered plans (e.g., transition, treatment, Wraparound, or other types of service/support plans). AMP+ responds to challenges noted here by providing: “a clear model for practice and reliable fidelity assessment; comprehensive training and coaching via the internet and a proprietary web-based platform so as to comply with best practices while keeping costs down; training and coaching provided by peers experienced in these roles; and clear definition of skills related to ‘peerness.’”¹³ In a recently completed study, peer support providers participating in the AMP+ enhancement demonstrated significant increase in relevant skills, decreased job stress, and increased confidence in their capacity to promote self-determination and to support young people to create and carry out plans and activities in service of personally meaningful goals.

In sum, while there are many challenges associated with implementing peer support for youth and young adults, there are also well-informed and creative responses to these challenges being developed. This work contributes to optimism that peer support programs can and will be successful when peers are provided with appropriate practice models, training, and supervision; when mental health professionals are educated about the roles and benefits of peer support; and when measures are taken to reduce peer support providers’ isolation by ensuring that they are seen as a critical part of efforts to promote mental health and wellness, as well as successful transitions to adult roles and responsibilities.

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The AMP+ Skills Enhancement Training for Peer Support Providers

The existing research literature identifies a number of key challenges to successful implementation of the Peer Support Specialist (PSS) role for youth and young adults with serious mental health conditions. Among the top challenges are a lack of clarity regarding the role and its specific activities, and a lack of high-quality, developmentally appropriate training and coaching to support the role.

Pathways RTC is exploring a response to these challenges by developing and testing an enhancement for the youth/young adult peer support role called *AMP+*. *AMP+* is intended to be an “enhancement” that complements other, more general trainings that PSSs may have received. *AMP+* focuses on building skills that PSSs need to support young people as they identify and carry out goals, plans, and activities in the community. *AMP+* responds to the challenges noted above by providing: a clear model for practice and reliable fidelity assessment; comprehensive training and coaching via the internet so as to comply with best practices while keeping costs down; training and coaching provided by peers experienced in these roles; and a clear definition of skills related to “peeriness” (i.e., the ways that peer support roles differ from other provider roles, and the how the unique aspects of these roles contribute to outcomes).

AMP+ is an adaptation and extension of the empirically-supported Achieve My Plan enhancement (i.e., “original” AMP) that is designed to be implemented by (non-peer) providers. A randomized study showed that AMP was effective in building youths’ self-determination skills, engagement, and participation and alliance with the treatment team.

AMP+ was adapted from the original AMP intervention in a process in which researchers collaborated with young people who worked as PSSs. *AMP+* is delivered online to trainees in cohorts of about 5-15 PSS trainees. The training includes interactive web conferences spaced across several months. Between the web conferences, PSS trainees complete homework assignments that include accessing an online clip library to view examples of expert – and not-so-expert – practice. PSS trainees also upload video recordings of their work with youth or young adults, and receive individualized feedback and coaching based on a reliable scoring system.

Pathways recently completed a pilot study of the *AMP+* enhancement. Findings show significant improvements in PSS trainee competencies for working with youth/young adults as assessed by raters’ ratings of PSS practice in video recordings, and as assessed subjectively by the PSS trainees themselves. Competencies were assessed in four general areas: using a youth-/young adult-driven approach, promoting skills, using a strengths approach (significant improvement in self-assessment only), and understanding the peer role. Additionally, PSS trainees’ ratings showed a significant decrease in work-based anxiety, and they were also highly satisfied with the training/coaching experience. In future work, Pathways’ staff plan to build on these findings by assessing the impact of *AMP+* on youth and young adult outcomes.

AUTHORS

Janet Walker, Caitlin Baird, and Mary Beth Welch

Assessing the Meaningful Inclusion of Youth Voice in Policy and Practice



Over the past two decades, stakeholders have recognized that young people should have a range of opportunities for meaningful participation and decision-making influence within the systems that affect them.¹ This is particularly true for arenas in which organizations are responsible for successfully engaging young people, such as public service systems, local governance bodies, and community-based programs for youth and emerging adults. Whether referred to as youth voice, participation, advising, governance, leadership, advocacy, or civic engagement, a common underlying principle is that young people have expertise and insight relevant to decision-making within youth-serving systems, agencies, and programs.² However, few tools or frameworks have emerged to assist organizations in evaluating their efforts to include youth and young adult voice. Further, though stakeholders may agree with the idea of including youth voice in principle, they may not be aware of supportive policies and best practices that ensure the consistent and meaningful engagement of young people in decision-making processes. This article uses selected frameworks to help stakeholders think about youth and young adult participation in policy and practice, and introduces two new tools for self-assessment of the conditions that support the meaningful inclusion of youth voice. (Note that the terms youth, young adults, young people, and emerging adults are used interchangeably here, as the literature and principles of meaningful participation are generally applicable for young people ages 14-25.)

There are a number of mechanisms for including youth and young adult voice in systems or organizations,³ including youth advisory boards, seats for young people on governance boards, partnerships between youth-led groups and other stakeholders to drive community action, participatory research, policy change, and employment of young people as youth leaders and ongoing advisors in youth-serving organizations. Involving young people in decision making is also a way to employ positive development principles in mental health treatment systems and settings, where young people can be meaningfully involved in service improvement activities through civic engagement strategies that are widely associated with developmental skill building in general. From this perspective,

Young people have expertise and insight relevant to decision-making within youth-serving systems, agencies, and programs.

we can consider the interpersonal and organizational conditions that engage and support the meaningful participation of young people as stakeholders in the policy and practice decisions that affect them, whether this occurs within youth-serving programs, agencies, and/or systems.

For example, one way for organizations to focus on the process of meaningful youth and young adult participation is to identify and promote interpersonal mechanisms that facilitate contributions to decision-making in a range of contexts. Zeldin and colleagues conceptualize this as *youth-adult partnership* (Y-AP), which is characterized by the explicit expectation that youth and adults will collaborate in all aspects of group decision making from visioning, to program planning, to evaluation and continuous improvement.⁴ Similarly, Y-AP has been framed as a positive youth development practice in which young people and adults are partnering within the program, organization, or community to make decisions or take action, consistent with their own interests and skill.⁵ To create a culture of youth participation and partnership, practitioners can facilitate three distinct aims in their community context – *voice*, *decision-making*, and *leadership* – by building positive relationships, engaging youth in first-hand learning, and supporting developmental progression.^{5,6}

However, it can be difficult for organizations to promote the intentional involvement of young people as an innovative practice without clearly described examples of what meaningful participation looks like when implemented in everyday settings. This can result in a mismatch between stakeholder goals to ensure meaningful participation and the installation of policies and practices to do so, such that the participation of young people is often limited to information gathering from advisory groups of young people, versus empowering young people to influence decision-making. Relevant

organizational frameworks can be used to address the gap between “lip service” and actual power-sharing with young people. For example, Blanchet-Cohen and Brunson describe power-sharing practices at multiple ecological levels:⁷

- *Individual-level* practices support youth capacities to participate (e.g., rapport-building).
- *Group-level* practices foster social interactions and activities that actualize the youth-led approach (e.g., facilitation to support and guard the process).
- *Setting-level* practices create structures that support and protect youth-led group process and activities within the larger organizational setting.
- *Organization/system-level* practices promote a favorable environment for youth leadership (e.g., adopting a youth-led philosophy, providing seats for youth on the board).

Describing the adult role in supporting and/or structuring youth-led processes at different levels underscores the dynamic nature of power-sharing with young people, which is expected to involve ongoing adaptability and responsiveness to youth strengths and needs, as well as regular negotiation of multi-level tensions within and between the youth-led group, the program or setting staff, and the broader organizational administration. This is especially true when participation occurs as part of a satellite youth advisory board or a youth-led program within a larger organization or system, which can selectively block or dismiss youth-involved decisions that challenge the status quo or standard practice.

High-level administrative commitment, resource allocation, and ongoing reflection are required to install and sustain meaningful participation within a larger context. Zeldin and colleagues outline supportive conditions for meaningful participation as an innovative practice for organizational and community change, identifying six managerial guidelines for initial adoption and implementation: (a) gain clarity and consensus on the purpose of partnership between young people and adults; (b) mobilize and coordinate a diverse range of stakeholders; (c) create favorable narratives about partnership; (d) construct theories and stories of organizational change; (e) affirmatively address issues of power; and (f) institutionalize new roles for young people.⁸ This reflects a multi-level effort to build awareness, secure resources, and maintain commitment for a range of approaches to involve young people in decision-making (not limited to creating youth advisory boards, for example).

The multi-level, multi-stage nature of implementation suggests that stakeholders need to embrace meaningful youth participation strategies as “the way we do



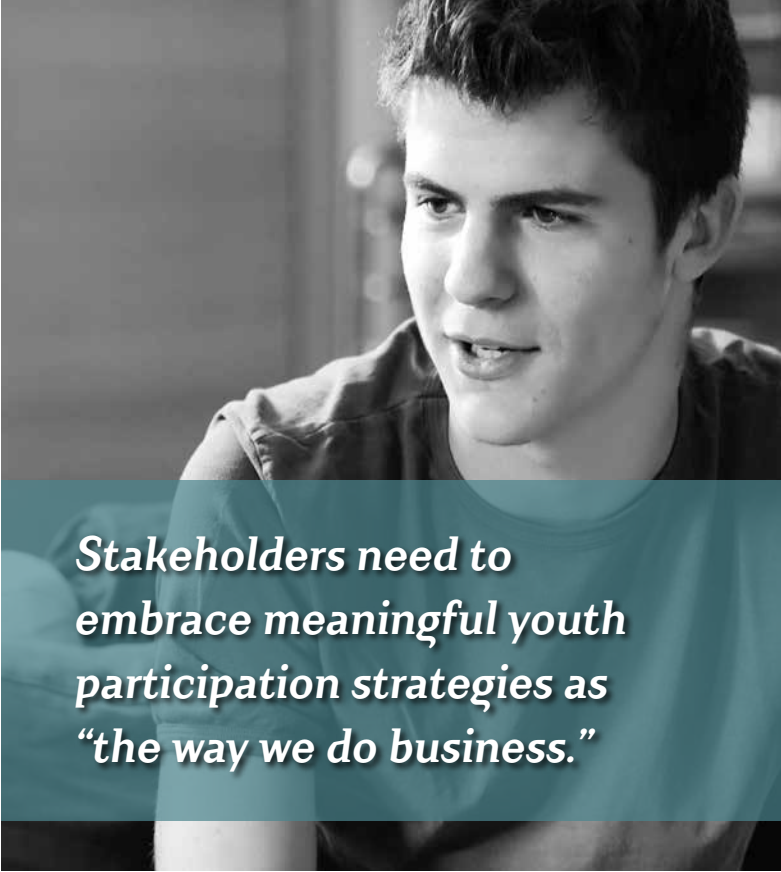
business.” To assist with this process, they can assess the extent of their own understanding, commitment, capacity, and supportive practices to ensure young people consistently have a voice in decision-making. Further, validated assessment tools can be used to evaluate initiatives to increase participation within organizations or systems, as well as for practice improvement, when assessment provides guidance about specific practices that could be further developed in individual agencies or systems. Therefore, researchers at Portland State University have developed two new assessment tools in partnership with Youth MOVE National, and are in the process of establishing measure reliability and validity for both.

The first, the *Youth/Young Adult Voice at the Agency Level* assessment (Y-VAL), was developed in partnership with young people and organizations working to promote meaningful participation in agency-level advising and leadership, and is intended to help such organizations to conduct self-assessment and to identify areas for additional technical assistance. To do this, the Y-VAL assesses the extent to which organizations have installed a comprehensive array of best practice strategies to support meaningful participation and voice in advising and decision-making. This includes mechanisms to initially engage young people (such as youth leadership groups), best practices for including young people in advising and decision-making for planning and evaluation purposes, and activities that support ongoing skill development (e.g., peer-support roles, youth leaders as paid staff). The Y-VAL measures the presence of supportive policies and practices within eight critical dimensions (e.g., overall vision and commitment, empowered representatives, workforce development) and gives examples of fully-developed policies or practices in each dimension.

The second tool, the *Youth/Young Adult Voice on Councils/Committees* (Y-VOC) is currently being finalized and validated for eventual use in the field. The Y-VOC is similar to the Y-VAL in assessing a range of supportive policies and practices for the inclusion of young people on committee and council advising systems. Although the inclusion of young people on system-level advisory groups is becoming a widespread practice, the Y-VOC is expected to be the first validated system-level measure of support for the meaningful inclusion of young people’s voice in these decision-making bodies.

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Stakeholders need to embrace meaningful youth participation strategies as “the way we do business.”

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Assessing Youth/ Young Adult Voice in Agency- and System- Level Advising and Decision Making

Over the last three years, Pathways RTC has worked with Youth MOVE National (YMN), a youth/young adult advocacy organization, to develop and validate an assessment of the extent to which youth and young adults are meaningfully involved in advising and decision making in agencies and organizations that provide services to young people. The *Youth Voice at the Agency Level* (Y-VAL) assessment focuses on the extent to which organizations have put into place specific, concrete types of support – including policies, processes, procedures, and other specific activities – in order to promote, support, and ensure the meaningful inclusion of youth/young adult voice in agency-level advising and decision making.

Development of the assessment was a multi-step process, beginning with an extensive review of both published and unpublished literature and key informant interviews. After revisions, the assessment was reviewed by YMN's best practices committee, a group of young people with significant experience in systems of care as service participants, advocates, and leaders. This feedback was incorporated into yet another version of the assessment.

This version of the assessment was sent out to a national group of experts – including young people and organizational leaders and staff – for a formal review, which was implemented as an online survey. The experts reviewed each item and rated it in terms of how important it was that it be included as a best practice. Findings from this phase of the research indicated a

very high level of endorsement of the importance of the items, with the average item receiving more than 95% endorsement as “essential” to include as a best practice.

After final revisions, a web-based survey containing the Y-VAL items was created, and stakeholders from youth- and young adult-serving organizations and agencies from around the nation were recruited to respond. Analyses based on 251 responses found evidence for both reliability and validity. Reliability was assessed through confirmatory factor analysis testing the structure of the assessment as a scale composed of subscales (i.e., themes). Fit indices show good fit for this model; and fit for the model with subscales is significantly superior to fit of a single-factor model. Validity was assessed through two sets of analyses. First, an analysis of variance showed that scores were significantly higher – as predicted – in agencies focused on youth development and advocacy versus other service-providing agencies. Second, patterns of correlation between subscales from the Y-VAL and other validated measures were also as expected.

Pathways RTC and YMN are currently undertaking a study to validate an assessment of Youth/Young Adult Voice on Councils/Committees (Y-VOC), which measures meaningful youth and young adult participation in system-level advising and decision making through participation on boards, committees, and councils.

A journal article reporting on the development and validation of the Y-VAL is under review. Agencies or organizations interested in using the Y-VAL, or taking part in the Y-VOC validation study, should contact Alice Topaloff at atopaloff@youthmovenational.org for further information.

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The Importance of Youth-Run Programming for Behavioral Health

The authors of this commentary are part of the leadership team of Youth MOVE National (YMN), a youth-run, chapter-membership organization focused on improving services and systems for youth and young adults by uniting the voices of individuals who have lived experience within those systems.

Reflecting a growing evidence base, programs and initiatives aimed at improving outcomes for youth and young adults with serious mental health conditions increasingly recognize the importance of taking a Positive Youth Development (PYD) approach. Organizations run by and for young people with lived experience in behavioral health and related systems play a unique and important role in promoting and supporting systems change that is in line with this PYD vision. Research is needed to support evolution of systems and services so that they are more in line with PYD, and to better understand and document the important role of youth-run organizations in this transformation.

PYD is an intentional, pro-social approach that engages youth and young adults within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; that recognizes, utilizes, and enhances young people's strengths; and that promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths. In recent decades,

youth-serving organizations, including Boys & Girls Clubs, 4-H, the YMCA, and the YWCA increasingly have adopted a PYD focus. Although these organizations continue to serve as cornerstones in communities across the country, they generally lack the funding, capacity, and/or expertise to engage and serve youth and young adults with significant behavioral challenges and to address their unique developmental needs.

YOUTH-RUN ORGANIZATIONS

This gap in PYD programming for youth and young adults is starting to be filled by organizations run by and for youth and young adults who have experienced behavioral health challenges, and are personally knowledgeable about strengths and limitations of existing services and systems. Youth-run organizations are uniquely positioned to support the transformation of youth-serving organizations and systems so that they are more consistent with PYD principles.

Youth MOVE National (YMN; <https://www.youthmove-national.org>) is an established youth-run organization devoted to improving services and systems for youth and young adults by uniting the voices of individuals who have lived experience within those systems. With a chapter network spanning 38 states, 4 tribes, and the District of Columbia, Youth MOVE's membership includes youth and young adults ages 14-29 with lived experiences inclusive of mental health, criminal justice, LGBTQI2-S, child welfare, substance misuse, homelessness, residential treatment, developmental and physical disabilities, and supported employment, as well as

parenting teens, immigrants and refugees, young people with HIV/AIDS, tribal youth, and members of the military.

PROGRAMMING FOR YOUTH AND YOUNG ADULTS

YMN chapters offer PYD programming responsive to the developmental needs of their diverse members, including youth leadership and advocacy training, positive and pro-social activities, skill development groups, research and evaluation, and navigation and referral services.¹ Youth-run organizations are uniquely able to provide a safe, supportive, and positive environment for youth and young adults with lived systems experience to come together. This also promotes the kinds of supportive peer relationships youth are continually seeking, and that are a key element of PYD.

Youth and young adults benefit when they become engaged in activism, advocacy, and other community and civic roles.

Unlike formal, traditional mental health and related services that almost always have barriers limiting access (e.g., referral, diagnostic criteria, health insurance), programming offered by YMN chapters and similar organizations is community-based and easily accessible, at the frequency and intensity that youth find helpful and comfortable.

SUPPORT FOR SYSTEMS-CHANGE WORK

YMN chapters and other similar organizations also play a key role in motivating and supporting the transformation of service systems, making them more in line with PYD principles. Over the past 20 years, behavioral health and associated systems have worked to empower youth and young adults with lived experience to exercise their “voice” to improve systems and services. Great strides occurred within the federally-funded Children’s Mental Health Initiative, more commonly referred to as Systems of Care.² Systems of Care grantees have established standard principles ensuring that youth voice is a critical element of required programming, from service delivery to governance. Commitment to

youth participation in system-improvement efforts has expanded greatly in youth homelessness work, the substance abuse field, and within juvenile justice and child welfare during this time as well.

Youth-run programs, their service provider agencies, and system partners each benefit from collaborating on efforts to meaningfully engage youth and young adults in systems-change work. The youth-run organization can provide training to system partners and agency staff on youth engagement, identify youth with lived experience to join advisory or governance boards, and facilitate development of an invaluable peer network for these youth leaders. Furthermore, young people who have access to the leadership and advocacy training and support from youth-run organizations are prepared to be meaningful participants not only in their own care, but also in leadership and advisory roles within service agencies. Engaging youth and young adults in these roles can benefit systems and agencies by helping them to design and implement new policies and practices that lead to more engaging and effective services.^{3,4}

There is also evidence that youth and young adults benefit when they become engaged in activism, advocacy, and other community and civic roles. Young people point to these roles and activities as a source of increased confidence and self-esteem, as well as an opportunity to learn new skills, including organizational skills, communication and group skills, and a variety of employment-related skills.⁴

HELPING TO BUILD THE PEER SUPPORT WORKFORCE

As youth and young adults have grown more influential in systems-change efforts, they have consistently advocated for increased access to peer support. While research is limited in the area of youth peer support, results from emerging youth peer programs and promising findings from research in adult peer support and youth mentoring programs warrant a growing interest in the field in continued investment in youth peer support programs.

There are important roles for youth-run organizations to play in the growth of youth peer support, most notably in the development of the workforce. In fact, these organizations are perfectly situated to identify and recruit future youth peer providers. Frequently, the peer provider role may feel isolating. Youth-run organizations can leverage their networks to build peer space for youth peer providers to develop relationships and access capacity-building training to support their long-term success in the role.

While the youth movement is continuing to make great strides in building effective support networks for vulnerable youth populations and in improving services, there is much work to be done. The work of youth-run organizations, including Youth MOVE chapters, needs to be driven by the powerful voices of youth with lived experience; and yet, there are essential roles for all partners in the system to play.

LOOKING FORWARD

Investment and commitment from policy makers and service providers is required to shift how services are accessed and delivered, including the adoption of youth-guided planning, advancement of youth peer support programs that are readily accessible, and investment in the infrastructure and operation of youth-run organizations.

Regular and rigorous evaluation and continued research into the effectiveness of youth-run programs are critical factors for their long-term sustainability. The Federal Interagency Working Group on Youth Programs has developed a federal-level research agenda that aims to fill gaps in the literature related to PYD theory and conceptualization, data sources and indicators, program implementation, and effectiveness.⁵ Additionally, research is needed that will demonstrate the value of youth-run organizations and the services they provide. Priority questions for further research relating to youth-run organizations are:

- What program indicators lead to increased and sustainable youth engagement?
- To what extent do youth-run programs offer practices that lead to improved outcomes for youth involved?
- To what extent do youth-run organizations shape policy and practices within helping systems?
- What are the core competencies of an effective youth peer workforce?

The work of most youth-run organizations is still in early development. For long-term sustainability, youth-run organizations will need to strengthen their organizational infrastructure, build the capacity of their teams, and identify a diverse set of sustainable funding sources. Key commitments need to be made by systems leaders at the federal, state, and tribal level, to leverage flexible funding streams to support youth-run organizations. Strong and lasting commitments, cemented in policy, need to be made to ensure the ongoing presence and influence of youth voice and youth-run organizations within systems and services.

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There are important roles for youth-run organizations to play in the growth of youth peer support.

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Mitigating Early Loss of Community Participation in Early Psychosis Services

Psychotic conditions often begin during teenage and young adult years, and can have a rapid, significant, lifelong impact on all aspects of a person's life. Approximately 100,000 new individuals each year in the United States develop psychosis.¹ Youth and young adults in the early stages of psychosis commonly withdraw socially, lose social networks, and stop participating in community activities and relationships, which can result in loneliness. These changes are partly attributable to symptoms, and partly attributable to perceived and real lack of support, negative perceptions, and discrimination from peer groups and social networks. Individuals may internalize negative cultural attitudes and beliefs, which can lead to self-stigma and reduced self-esteem, hope, self-agency, and sense of control.^{2,3}

Research and personal narratives of people in recovery from psychosis show that individuals can not only recover, but also may thrive in a supportive community.⁴ Individuals often describe a turning point at which they begin to experience hope and belief in their ability to have a positive future. This realization of personal agency allows the person to take steps in a positive direction, such as reconnecting with personally meaningful goals, activities, and relationships.³ Engagement with normal

life activities and connections, along with an awareness of the need to pay attention to vulnerabilities and stress, may help the person recover clinically, develop more confidence, and reinforce a positive sense of identity.³ Recovery is also facilitated by development of personally valued goals, proactive decision making, action toward overcoming challenges, and helping others. Recovery-related skills include self-care, focusing on existing or new talents and abilities, engaging in normal activities such as school and work, and cultivating a healthy physical environment. Skills including self-reflection, communication, and expression of thoughts and feelings are important both for recovery and for community participation.⁴

RECOVERY AND COMMUNITY PARTICIPATION IN THE EARLY STAGE OF PSYCHOSIS

Early psychosis intervention programs attempt to identify and engage with individuals as early as possible in the process of psychosis onset in order to provide rapid access to resilience-focused, evidence-based clinical care.^{1,5} In the early stage of psychosis recovery, interventions may help slow or stop the negative cycle of social and personal loss and introduce a hopeful and grounded framework that supports intentional, positive steps toward lasting community participation. By facilitating a sense of agency and competence, and

increasing community connectedness or relatedness, interventions may lay the groundwork for community participation even when the person is unable to engage fully in normal community activities.

Providing targeted psychoeducation may improve communication, offer exposure to a larger group, and support interpersonal relationships. Psychoeducation that allows the individual to incorporate their own experience while focusing on self-determination and self-management skills may increase hope, recovery, and empowerment of those with longer-term illness.⁶

Positively-oriented online materials may provide an easily accessible method to increase the person's feeling of empowerment in treatment relationships, introduce recovery, and provide grounded hope that the person can successfully pursue goals related to community participation and interests. Multiple randomized controlled studies have concluded that use of computer technology among individuals with psychosis can be highly acceptable and relevant.⁷

PEER SUPPORT AS A FACILITATOR OF EARLY RECOVERY

Early psychosis services are increasingly including peer support as a core element of care.⁸ Research suggests that peer support for individuals with psychosis may have an impact on hopefulness, empowerment, and engagement in care, as well as other clinical outcomes.⁹ Exposure to individuals who have had similar experiences or who demonstrate a sustained belief in the person's potential to recover can be an important source of hope in a positive future. With an initial awareness that there is real hope for a positive future, peer support may help facilitate early recovery by assessing the person's values, strengths, and needs; learning about the person's condition and services; supporting recovery skills; and helping the individual reconnect with others. This preparation allows individuals to face the difficult challenges of illness management, pursuing goals, and strengthening their sense of identity.¹⁰

FACILITATING COMMUNITY PARTICIPATION THROUGH PARTICIPATORY RESEARCH

Opportunities to contribute to community and society, such as leadership and participatory research, may further facilitate community participation and support well-being.⁴ Integration of youth and young adult voice into intervention development may not only improve the relevance of interventions, but also provide community participation for individuals.⁸ Community Based Participatory Research (CBPR) provides an equitable opportunity for co-researchers to have their voices heard and to meaningfully shape every phase of the project.¹¹

One example of engaging young adults in community leadership and participatory research is the Early Assessment and Support Alliance (EASA) Connections project. The EASA Young Adult Leadership Council, which is made up of graduates of Oregon's early psychosis services, recognized the challenges faced by individuals entering the program. They initiated a research project called EASA Connections, which is being carried out in collaboration with the Research and Training Center for Positive Futures (Pathways RTC) at Portland State University (<https://www.pathwaysrtc.pdx.edu/p2-easa-connections>). Young adults who have experienced psychosis work as co-researchers. To date, they have collaboratively created 1) an online resource with psycho-educational materials including themes and messages they felt would have been most helpful to them and 2) a study to try out the online resource with peers who



Early psychosis services are increasingly including peer support as a core element of care.

are new to services. Young adult collaborators used their personal experience to engage in research and provide a potentially helpful new intervention for others. The introduction to the online resource is given by members of the Young Adult Leadership Council, and the resource contains narratives and messages based on personal experience, along with tools and information to increase self-determination, connect recovery with personal values and strengths, and engage with support networks.

As researchers and clinicians increasingly target community participation as an outcome for interventions, they will need to address both the clinical and the social aspects of recovery. There is much hope for success through early intervention, engaging young adults who are in recovery from psychosis in leadership and CBPR-driven intervention development, and combining relevant interventions such as psychoeducation, peer support, and web-based approaches. Effective treatment for individuals who have experienced psychosis will more successfully support community participation by offering interventions focused on overcoming negative attitudes and maintaining hope, agency, and social support.

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Effective treatment for individuals who have experienced psychosis will more successfully support community participation.



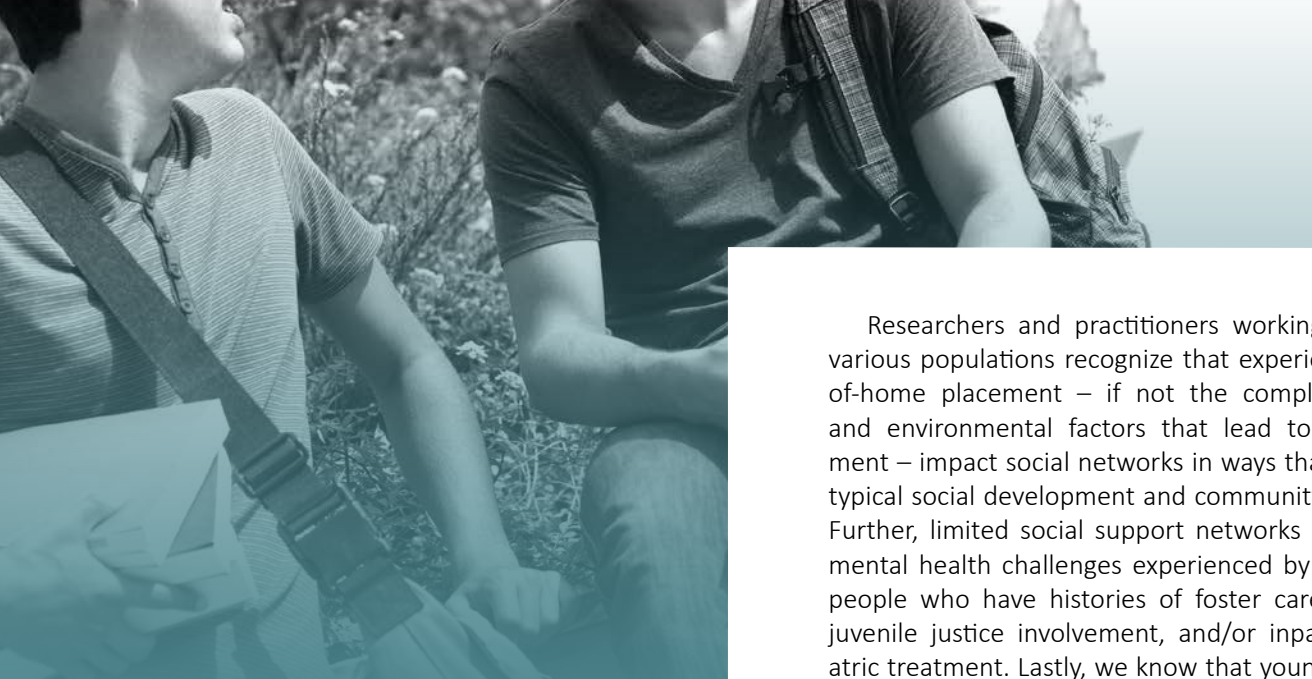
Social Network Enhancement Strategies to Address Limited Support

It is widely understood that social networks profoundly influence individual health and well-being, and evidence links inadequate networks – in terms of social isolation, limited social ties, and network influence on health practices – with a range of outcomes.¹ Although the influence of social networks on physical and mental health is complex, it primarily involves the provision of social support, social influence, engagement and attachment, and access to resources.² It follows that youth and young adults would particularly rely on stable and supportive social networks, and that poor outcomes would be more likely in the absence of such networks. This may be especially true for young people with mental health conditions, particularly those with significant service system involvement during adolescence, which can impact network size and stability. Here, we explore how social network limitations – for example, poor social development, social isolation, and/or limited access to resources – can be addressed through targeted network-oriented approaches with identified populations experiencing social network disruption that may impact mental health and well-being.

Importantly, stable and supportive social networks facilitate psychological and emotional well-being, healthy relationships, and engagement in school, work,

and civic life, and can alleviate poor outcomes in young adulthood.³ We know such support can be lacking due to a wide range of circumstances, so it is helpful to consider specific populations who have experienced known social network disruption due to various kinds of system involvement. For example, we can imagine that out-of-home placement due to child welfare, mental health, or juvenile justice system involvement would be associated with detrimental network disruption. This is because the social contexts that promote health and wellness – e.g., family-based networks, connectedness to schools, prosocial peers – can be disrupted by the circumstances that lead to system involvement, if not by the experience of out-of-home placement itself. Further, elevated mental health challenges are associated with such system involvement.

For example, a large subgroup of older foster youth likely experience repeated network disruption related to placement instability, non-relative foster care or group homes, and residential treatment.³ Such repeated temporary placement experiences likely result in sparse networks, disengagement from services, problem behaviors, and other social adjustment challenges, all of which further impact the support capacity of their networks. We also know that young people in foster care have an elevated incidence of mental health



diagnoses, but are less likely to be engaged in services as they exit foster care, and have fewer informal supports to rely on after exit. Importantly, these young people are also more likely to indicate that it is inadvisable or useless to seek help from others, especially if they have experienced placement instability.⁴

These patterns likely apply more broadly to various types of out-of-home care, especially given the overlap of young people served by mental health, child welfare, and/or juvenile justice systems, and the prevalence of mental health conditions expected across these populations. For example, the experience of inpatient psychiatric treatment may impact youth social development and community participation. Studies report that young people living with mental illness can feel uncomfortable in the world, and may experience fear of rejection by family and friends, and stigma about mental illness in the larger community; these factors may be linked to reliance on both positive and negative coping strategies, and challenges in seeking mental health care.³

These trends apply to young people with juvenile justice involvement, who also experience prevalent mental health diagnoses with limited treatment, where detention can specifically exacerbate these conditions and inhibit typical social integration. Overall, 50–70% of youth involved in juvenile justice have a mental health condition, and rates are higher among those placed in residential or detention facilities.³ Research suggests that incarceration impairs positive development, healthy transitions to adulthood, and community integration for youth who are less equipped with psychological or social skills to live independently, and face difficulties transitioning from the institution and reintegrating into the community.³

Researchers and practitioners working with these various populations recognize that experiences of out-of-home placement – if not the complex individual and environmental factors that lead to such placement – impact social networks in ways that might limit typical social development and community integration. Further, limited social support networks can heighten mental health challenges experienced by many young people who have histories of foster care placement, juvenile justice involvement, and/or inpatient psychiatric treatment. Lastly, we know that young people can be difficult to engage in traditional mental or behavioral health treatment in emerging adulthood, when they are also navigating the transition from child to adult service systems and developing increasing independence.^{5,6}

Thus, many service providers are considering approaches that directly address social development and community integration as a protective factor. For example, social participation strategies—including group skills training, supported community engagement, and peer support models—are a viable approach for directly addressing the isolation that many people with mental health conditions experience, as demonstrated by a new systematic review of social participation interventions for people receiving mental health services.⁷ These promising network-oriented approaches fit into the Pathways to Positive Futures theory of change model, which describes how positive development approaches can increase application of developmental skills as young people with mental health challenges build positive connections to various social contexts (family and friends, community, culture, etc.) and acquire related skills and knowledge that can improve quality of life and well-being.⁸

However, few positive development models exist to specifically address social network deficits among subgroups of young people who have experienced known network disruption due to systems involvement. Some evidence-based models address comprehensive outcomes, such as skill-building interventions with foster youth or Wraparound facilitation in mental health services, but such approaches only tangentially address network deficits as one of many aims.³ New models are needed to specifically introduce a positive development approach to addressing social network deficits among identified populations. The Pathways to Positive Futures RTC is currently piloting two program models that

combine promising social participation, community engagement, and peer support strategies in innovative ways to enhance social development and network integration among young people who have experienced mental health challenges and known network disruption.

The first is a near-peer coaching model to increase self-determination skills among young people transitioning from foster care who experience mental health challenges and are attending college. *Project FUTURES* adapts a skill-building curriculum for young people in foster care and those receiving Wraparound mental health services, using near-peer coaching by young adults in college who also have lived experience with foster care and/or mental health challenges.⁵ FUTURES coaches support students in identifying self-determined goals related to academic achievement, managing mental health stressors, and social integration. FUTURES also recruits Campus Champions, who are faculty and staff from student services and academic departments across campus who serve as identified resources to support students with foster care histories and mental health challenges, as well as other underrepresented groups.

Additionally, we are developing a new *Meaningful Networks Model* (MNM) to guide intervention to enhance social network development and community participation among young adults who are either experiencing, or at risk for, serious mental health conditions, and who are also expected to have limited support networks due to histories of out-of-home placement in the child welfare, juvenile justice, or mental health systems. The model is an innovative group-based intervention that combines a psychosocial skill-building curriculum with supported community participation activities and near-peer mentoring, to enhance social development and network integration in ways that support long-term mental health and well-being. We ultimately envision this as an evaluable enhancement model using materials that can be delivered by community-based skills-trainers and near-peers in existing service settings following a relatively brief facilitator training.

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A SCREECHING HALT:

Family Involvement When a Youth Turns 18

The authors of this commentary are part of the leadership team for FREDLA (Family-Run Executive Director Leadership Association). FREDLA serves as the national representative and advocate for family-run organizations and their executive directors, and supports effective stewardship of family-run organizations focused on the well-being of children and youth with mental health, emotional, or behavioral challenges and their families. Their perspective on priorities for future research reflects not only their appreciation of formal research literature, but also what they have learned through their work with family-run organizations and through connecting with family members and other caregivers around the country.

BACKGROUND

Family involvement for children under age 18 is a long-held value and a cornerstone of the System of Care approach. In 1986 a guiding principle of the System of Care for children stated that “The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services” (p. 17).¹ From a system, clinical, and research perspective, family involvement is considered best practice.² However, when the young person reaches a specific age (18 in most states) they are considered an adult in the health care system. At this point, despite the recognition of the importance of family involvement, efforts to include families often come to a screeching halt.

Major shifts in society have heightened the issue of transition and the changing role of family during this period. In their report on the National Longitudinal Transition Study, Newman et al. state that, “the growing struggles post-adolescents face in becoming economically self-sufficient elongate or postpone the transitions usually associated with adulthood” (p. 1).³ Recognizing this reality, a growing body of research is focusing on the period of “early adulthood” as distinct from adolescence and full adulthood.^{4,5}

The 2014 National Survey on Drug Use and Health reported that among adults with any mental illness, young adults aged 18 to 25 were less likely to receive mental health services than adults aged 26 to 49 or adults aged 50 or older (34 vs. 44 or 50%, respectively).⁶ When young adults were asked to identify one or more reasons why they did not receive the services they felt they needed, cost/insurance issues and the belief that getting services would cause them to experience discrimination were two of the main issues reported. Many young adults also named structural barriers to getting care, such as lack of transportation.⁷

According to the U.S. Census, more young adults were living with their parents in 2016 than was true in 1975.⁸ Economically, many young people are financially dependent upon their families for a longer period of time than in the past.⁹ This trend, combined with the large numbers of young adults with behavioral health needs who do not access treatment, often puts families at the center of caring for them. Many family members report

that they are the de facto case managers for their young person: arranging appointments, taking their young adult to the emergency department, or responding to a call from the police. Family members often mention their role in providing housing and note that they are the ones who help their young adult complete forms, such as college applications or job applications, and navigate complex systems of applying for health insurance or Supplemental Security Income (SSI). In many situations, family members are a major resource for their young person, both financially and in terms of emotional support and advice. Given this, it is perplexing that family members are not asked to contribute their expertise more often in supporting their young adult child.

CHANGING ROLES FOR ALL

Most approaches to working with young adults with mental health challenges encourage independence and self-sufficiency, focusing on further education, stable employment, managing finances, and establishing personal relationships. Often these approaches give little attention to the strengths that families bring to the transition process. Many programs that work with young adults with mental health needs have no specific process for involving families in supporting their young adults, and some even consider families an impediment to the young adults' recovery and independence. HIPAA regulations are cited as the primary reason for not sharing information, as well as the right of the young adult to privacy and to make their own choices. While most families support their young adult being their own decision maker, families often find themselves faced with concerns about the young adult's ability to make decisions without support, to problem-solve without appropriate information, and to follow through on completion of tasks.

As youth transition to adulthood, family members often find themselves navigating a changing landscape. The role of the family member evolves during the transition years, just as the role of the young adult does. Family members have been the primary decision makers for their child for 18 years. Suddenly, as their young person turns a certain age (18 in most states), the family role changes abruptly with the young adult now making all of the decisions – whether they are ready to or not.

GUIDANCE TO THE FIELD

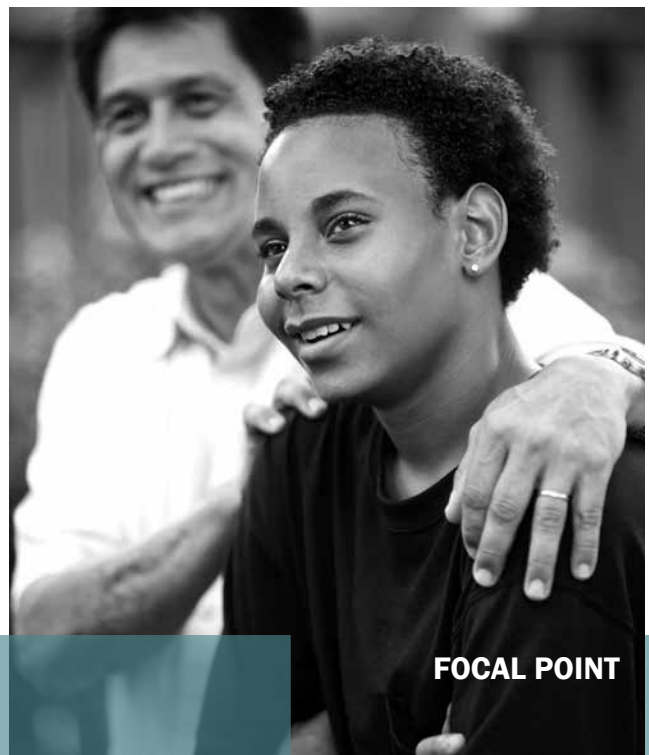
There is a critical need for the field to develop guidance regarding family involvement during the transition years. Because there is a general lack of research about the benefits of involving family members, there

is also little in the way of recognized best practices. The approaches most often utilized with this age group do not emphasize family involvement as a key component of treatment but do not exclude it either. Families should be viewed as a potential resource for the young adult and an asset to treatment with knowledge and history of the young adult's journey. While HIPAA is an important consideration, it is not and should not be a barrier to involving families. Authorization forms, signed by the young adult, allow family members to be informed and offer support. It does not appear that authorization to include family members is routinely discussed with young adults.

It is important that the service system recognize that family members also need support and information during the transition years. Parent peer support, family-run, and advocacy organizations have been shown to be valuable resources for families of young adults. The National Longitudinal Transition Study found that more than half (63%) of the respondents reported they had gotten information about transition from adolescence to adulthood from an advocacy organization.³ Connecting with another parent or caregiver who has similar life experiences can make a difference in helping the parent learn to effectively support their young adult while respecting their autonomy and decision-making authority. Transition isn't easy for the young adult or the family. By supporting both, the chances for positive outcomes can be increased.

NEXT STEPS

The lack of research about the benefits of family involvement for young adults with mental health needs is a major barrier to moving forward. FREDLA (Family Run



Executive Directors Leadership Association; <http://www.fredla.org>) has undertaken an initiative to examine the issue from multiple perspectives, develop guidance for the field, and highlight the importance of family involvement in services and supports for young adults. FREDLA has reviewed current approaches to treatment, and recently hosted an expert convening on this topic with researchers, family and youth leaders, and policy makers.

The expert convening provided an opportunity to discuss what is known about successful programing approaches for young adults of transition age and to identify opportunities for integrating family involvement into current practice. The individuals present explored the strategies and skills needed to improve the way that service providers relate to, engage, and partner with family members when working with young adults. When the results of the expert convening become available, they will provide a starting point for setting a research agenda for this important topic. Other next steps could include a comprehensive review of literature on family involvement with young adults who have diverse disabilities and medical conditions; and surveys of family-run organizations and youth organizations, providers, and family members whose young person has transitioned.

CONCLUSION

Transition to adulthood is a complex and multifaceted process that is difficult and lengthy in the best of circumstances. For young adults with mental health needs, transition can be prolonged and the normal milestones for independence delayed for both the young adult and their family. It is a time during which everyone involved – young adult and family members – must be engaged, supported, and prepared for what lies ahead. Organizations and service providers would benefit from guidance that is informed by families and young adults, that indicates how best to involve families as a support to their young adults, and that reveals how best to provide helpful information to family members on the transition to adulthood.

There is limited research about the impact of family involvement on transition into adulthood for young adults who have mental health needs. Research must be conducted that will identify the most effective ways to involve families appropriately in the transition process. Research must also be conducted to document the impact of family involvement on the outcomes of young adults as they move into adulthood. Information gathered through the initiative undertaken by FREDLA will continue to inform the development of best practice principles and guidelines to support the changes that are needed.

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Building Service Provider Competencies and Skills for Working with Young People

Recognizing that young people in the transition years with mental health needs are not always well served, efforts are underway to improve preparation for service providers so that they can offer developmentally appropriate, culturally responsive, and evidence-supported services. As part of these efforts, researchers and service providers have engaged in developing and testing new interventions and programs specifically designed to meet the needs of this population.¹ Built on shared practice principles, these approaches promote engagement, positive working relationships, and change processes through strengths-based youth-/young adult-driven strategies that respect young people's cultures, and help them to increase their self-determination and skills by building connections with supportive adults and peers in development-enhancing contexts.² Based on a review of relevant research and the lessons learned in Pathways' research and training projects,³ this article outlines the most promising strategies for increasing providers' capacities to deliver effective behavioral health services and supports to youth and emerging adults. Existing training approaches aimed at practice change often fail to include needed elements because of their resource-intensive nature; this review

suggests some emerging solutions that may increase training effectiveness without exhausting resources.

BEST PRACTICES IN TRAINING

For widespread delivery of effective, developmentally-appropriate and culturally responsive services, best practices in training are needed. A review of training research draws attention to principles of adult learning: Adults learn best when they are self-directed, internally motivated, and actively engaged in examining their own attitudes and increasing their own knowledge and skills.⁴ Effective training builds upon what individual participants already know, with content presented in meaningful ways, and with opportunities for active engagement to apply learning to relevant situations.⁴ To meet the needs of individual learners, training takes account of stages of professional development (novice to expert), learning processes, individual learning modality preferences (auditory, visual, sensory, practical), and learning styles.⁵

TRAINING APPROACHES

A range of training methods are used to enhance the skills of service providers, each with strengths and limitations. Face-to-face training can be helpful

for communicating new knowledge and for changing provider attitudes toward new ideas and practices. Workshops, conferences, and self-paced online trainings are popular with service providers (see page 31 of this issue), and have been shown to result in increased knowledge and favorable attitudes toward new practice strategies. However, for new learning to be applied in practice, these short-term training approaches need to be followed by high-quality practice-focused coaching by supervisors, consultants, or expert peers. Effective coaching incorporates observation of practice and the provision of objective practice-focused feedback over time to improve skills.⁶

Web-based training is seen as a cost-effective approach that can reach wide audiences, with self-paced delivery that is convenient, engaging, and with potential to be used across locations, and some research shows positive outcomes of technology-based approaches for service providers in mental health services.⁷ There are also benefits from the addition of components such as treatment manuals, workshops, consultation, review of practice recordings, supervisor training, booster sessions, and/or completion of case reviews.^{8,9}

Supportive organizational structures and systems, management practices, and supervisor and peer support have also been found to increase the application of new learning in practice.¹⁰ Effective training to serve youth and young adults is also enhanced by the inclusion of young people's voices to increase understanding of their situations, needs, and preferences.

BARRIERS TO TRAINING

There are also significant obstacles to the use of training best practices. First, the costs of providing high quality training that will lead to sustainable practice change can be high. Engagement in face-to-face training opportunities involves both travel costs and lost time from work, and organizations may have to balance staff training needs against the requirement for staff to provide billable services.¹¹ Additional organizational barriers include resistance to change in situations of limited resources, and the absence of champions to promote the adoption of new approaches.¹² Staff turnover within organizations also affects the quality of services, as staff members take on new roles, or leave and are replaced.¹³ The lack of a consistently supportive supervisor who fosters the implementation of new knowledge and skills and who is familiar with the new approach may also constrain improvements in practice.¹⁴

In a recent national transition training needs survey (see page 31 of this issue), most participants endorsed

expense, heavy workload, shortage of travel funds, distance to training, and limited time off as barriers to receiving needed training. Nearly half of all participants also reported a lack of organizational support and some participants described inadequate access to technology for online training and a lack of supervisor support. Additionally, organizations may have policies that limit access to technological devices or channels and technology-based training programs may not be accessible on the devices that providers use most, including mobile phones.¹⁵ Providers may have difficulty adapting to training delivered through technology, or lack the time and motivation to complete self-paced, or self-directed online training programs.

NEW APPROACHES TO EFFECTIVE TRAINING

One set of strategies for addressing barriers to the use of training best practices involves creatively combining training modalities and incorporating technology to reduce costs and facilitate training experiences aligned with principles of adult learning. For example, providing "live" trainings partially or fully via web conference eliminates the costs associated with travel for both trainees and trainers. With online delivery of content, training can be spread out over time and skills introduced sequentially, with time to practice and consolidate gains. Similarly, allowing trainees to "observe" real practice by accessing a library of video recordings online eliminates the costs related to bringing in experts. When trainees can access library material as needed, training can be self-paced and matched to individual needs. Additionally, audio or video recordings can be used as a basis for consultation, without the costs of experts shadowing trainees in the field.

Training for specialization in serving specific types of groups or meeting specific needs can be a best practice strategy by allowing service providers to achieve high levels of skill in using technology to provide one or two specific intervention approaches across a wide geographic area.¹⁶ Specialization for the role of trainer and practice consultant/coach can also be facilitated technologically to improve cost-effectiveness.

Another approach is based on the idea that many evidence-based interventions share core elements,^{2,17} and that providers can be trained in these elements (e.g., behavioral contracting, goal setting, guided imagery).¹⁸ Once trained, providers can then apply these elements flexibly to meet individual client needs. Another strategy involves creating and testing structured enhancements (e.g., for engagement or communication) to improve practice elements that are shared across interventions.¹⁸

As reported elsewhere in this edition of *Focal Point*, Pathways Research and Training Center has undertaken a national training needs study, *Supporting You in Supporting Youth*, in collaboration with Youth MOVE National (see page 31 of this issue), and implemented several competency-building approaches that incorporate strategies described here. Specifically, *Achieve My Plan* (AMP)¹⁸ increases providers' competence in building youth strengths, promoting self-determination skills, and basing care on youth priorities via "remote" training and coaching. *AMP+*, also described elsewhere in this issue, is an adaptation of "original" *AMP* designed to enhance key competencies of young adult peer support providers. *Technology-Enhanced Coaching* (TEC) prepares supervisors to effectively coach their staff by providing reliable feedback based on video recordings of providers' work. Finally, *Promoting Positive Pathways to Adulthood* (PPPA; see page 29 of this issue) is a 10-module online training program based on core transition competencies with an accompanying toolkit of team-based practice activities.

CONCLUSION

This review has provided support for training and workforce development strategies that build on principles of adult learning, take advantage of new technologies, and reinforce the application of new learning through on-the-job consultation and coaching. To prepare service providers to be able to improve outcomes for youth and young adults with mental health needs, creative uses of a variety of training methods are needed as well as ongoing studies to identify the most effective combinations of training and coaching approaches for service providers at different stages of professional development and with different learning styles. Pathways is committed to further work to understand and disseminate strategies to increase the potential for service providers to support young people to achieve their self-identified goals through developmentally appropriate and evidence-based practices.³

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PROJECTS AND STAFF

PROJECT FUTURES: FOSTERING UNITY TOWARDS UPLIFTING RESILIENCE, EDUCATION, AND SUCCESS tests an approach to enhancing self-determination and community participation to help young adults with a history of mental health challenges to build skills to navigate the university system and increase postsecondary success and engagement.

Jennifer Blakeslee, Principal Investigator; Shannon Turner, Project Manager; Rebecca Miller, Coach and Graduate Research Assistant; Marin Henderson Posther, Graduate Research Assistant; Trhona Johnson, Near-Peer Coach; Alixaundrea Poli, Student Intern.

EASA CONNECTIONS brings together young adults who have been part of Oregon's early psychosis initiative to develop and test a peer-delivered series of web-based decision support tools for new individuals entering into early psychosis services.

Tamara Sale & Dora Raymaker, Co-Principal Investigators; Ryan Melton, Clinical Consultant; Christina Wall, Young Adult Coordinator; Lai Saephan, Project Coordinator; Angela Poteet, Peer Navigator.

TEC-PD: TECHNOLOGY-ENHANCED COACHING FOR POSITIVE DEVELOPMENT tests a workforce intervention using state-of-the-art technology to implement high-quality coaching and supervision with practitioners employing the Transition to Independence Process intervention with emerging adults with serious mental health challenges.

Janet Walker, Principal Investigator; Caitlin Baird, Project Manager; Mary Beth Welch, Lead Trainer; Esther Manea, Student Research Assistant.

S/PAC: SYSTEM/POLICY ASSESSMENT AND CHANGE PROJECT documents and analyzes processes, strategies, and outcomes by which organized groups of young adults engage in policy analysis and action relevant to transition, and develops knowledge about key systems factors at the state level affecting transition services.

Nancy Koroloff & Barbara Friesen, Co-Principal Investigators.

AMP+: DEVELOPING THE YOUNG ADULT PEER SUPPORT WORKFORCE tests a workforce intervention focused on training and coaching peer support providers who work with emerging adults with serious mental health conditions, and prepares agencies to supervise and support them.

Janet Walker, Principal Investigator; Caitlin Baird, Project Manager; Mary Beth Welch, Lead Trainer.

MEANINGFUL NETWORKS MODEL (MNM) is developing curriculum to enhance social development among young adults whose support networks are limited due to histories of out-of-home placements/system involvement.

Jennifer Blakeslee, Principal Investigator; Caitlin Baird, Project Manager; Janet Walker, Project Consultant.

THE PATHWAYS TRANSITION TRAINING PARTNERSHIP has formed partnerships with service provider organizations that are participating in testing the effectiveness of an online training program, has surveyed service providers regarding their training needs and preferences, and is developing new training materials in response.

Eileen M. Brennan & Pauline Jivanjee, Co-Principal Investigators; Leigh Grover, Project Manager; Claudia Sellmaier, Project Collaborator.

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Promoting Positive Pathways to Adulthood: Outcomes of an Online Training Program

To improve outcomes for young people with mental health needs, transition service providers require competencies grounded in research, with training designed to support applications in practice. Increasingly online platforms have been used to deliver cost-effective, convenient, and engaging training.

Promoting Positive Pathways to Adulthood (PPPA) is a research-based 10-module online program developed to increase the competencies of transition service providers.¹ PPPA was designed to foster mastery of core competencies identified through literature searches, and refined by a collaborative group of service providers, researchers, and young people.² Additionally, a toolkit of practice exercises was developed for staff teams working through PPPA, guided by their team leader.¹

PPPA training outcomes were compared for two groups of service providers from 19 organizations randomly assigned to Group 1 (online training only) or Group 2 (online training plus team-based practice exercises). Most of the 63 participants were female, under 40, had at least a 4-year college degree, and were non-Hispanic White. Nearly half provided mental health (46%), social (49%), and/or transition-planning (46%) services. Participants worked an average of 2.2 years at their current position, and 8.5 years in youth transition services.

Prior to beginning PPPA, participants rated their confidence in performing transition-related practices using the Transition Service Provider Competency Scale (TSPCS).³ They then worked through each module, and were required to pass a knowledge test (KTT) to access the next module. They also completed the TSPCS at the end of Module 5 and Module 10. Group 2 participated in toolkit exercises corresponding to each module, and completed additional measures.

Participants in the two groups were not significantly different on their personal characteristics or TSPCS

scores before the training. Both groups showed substantial improvement in self-ratings of their competence over time, and their knowledge scores. Group 2 participants who worked through team practice exercises had significantly higher knowledge scores than Group 1 had with online training only. There was a significant positive association between the number of exercises Group 2 members completed and their KTT scores after completing Module 10. Activities that were rated as interesting, engaging, and culturally relevant were more likely to be considered helpful for application of learning to practice.

Results of this study demonstrate the effectiveness of online training for improving service providers' sense of competency and knowledge. Practice exercises were reported as helpful for improving knowledge of best practices with young adults with mental health challenges.

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Project Summary: Achieve My Plan (AMP)

Achieve My Plan (AMP) is an enhancement for existing interventions and programs that is designed to strengthen providers' skills in key areas that are typically needed for working successfully with youth and young adults. Specifically, AMP focuses on increasing providers' capacity for working with young people in ways that promote their acquisition of self-determination skills, ensure that care/treatment is based on their perspectives and priorities, and highlight and build on strengths in meaningful ways.

AMP was originally developed and tested as an enhancement to Wraparound, which is a team-based planning and intensive care coordination process. Wraparound is intended to improve outcomes for children, youth, and young adults with the highest levels of mental health and related needs, and their families. Wraparound's first principle stresses that the process should be built around the priorities and perspectives of the young person and their family; however, in practice, the young people's "voice" is often not present to a meaningful extent. The AMP enhancement for Wraparound aims to increase young people's satisfaction, active engagement, and self-determined participation in Wraparound, as well as their alliance with their treatment planning team. Findings from a randomized study of AMP¹ showed that, relative to youth who received "as usual" Wraparound, young people who received Wraparound with the AMP enhancement participated more – and in a more active and self-determined manner – with their teams. They also rated their alliance with their Wraparound teams significantly higher. Furthermore, adult team members in the intervention condition rated team meetings as being more productive, and they were more likely to say that the AMP meetings were "much better than usual" team meetings.¹

Since its initial development, AMP has been used to enhance providers' practice within other interventions

that include a focus on youth/young adult voice, strengths, and self-determination. Current research on AMP is focused on documenting the extent to which training impacts providers' competencies in these areas. Current AMP training is completely delivered via "remote" training and coaching (i.e., via a series of web conferences across several months, and via a secure internet video-based coaching platform) in a way that conforms to best practices. Specifically, to ensure that AMP training will be applied in practice, each group web conference is followed up with individualized coaching that incorporates observation of a provider's work with young people and the provision of objective practice-focused feedback over time. This approach also allows trainees to learn and practice more basic skills (with coaching and feedback) before moving on to progressively more advanced skills.

Data were gathered from 67 trainees who had taken part in online training and coaching for AMP to date. Findings showed significant improvements in trainee competencies for working with youth/young adults as assessed by their practice in video recordings, and as assessed subjectively by the trainees themselves. Trainees were also highly satisfied with the training/coaching experience. Additionally, practice fidelity monitoring was organically integrated into the coaching process, so that no additional investment was required to track it.

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What do Transition Service Providers Need to Know and Be Able to Do? Results of a National Survey

To gain an understanding of the training that service providers need in order to offer developmentally appropriate, culturally responsive, and evidence-supported services to young people with mental health needs, the Pathways Transition Training Partnership and Youth MOVE National conducted an online survey, *Supporting You in Supporting Youth*. In summer 2017, 254 service providers responded to questions about the importance of specific competencies and skills, perceived training needs, preferred training methods, and barriers to training participation.

Participants reported working with young people an average of 12.7 years, and in their current position for 4.7 years, primarily in mental health, family support, transition planning, and/or youth advocacy services. Most identified as female (81%), with at least a four-year college degree, and a median age between 40 and 49. Most participants were non-Hispanic White (70%), with 9% identifying as Black/African American, 8% as Hispanic/Latino, 6% as mixed race, 4% as Native American, and 4% as Asian/Pacific Islander.

On average, participants rated all nine transition provider competencies and eight skills as “important” or “very important.” Average competency training need ratings were ordered: employing trauma informed principles to guide work, engaging youth by understanding youth culture, promoting natural supports, using culturally responsive practices, helping young people navigate transitions, applying positive youth development principles, supporting youth empowerment, using technology to communicate, and collaborating with peer support providers.

In order, average skill development need ratings were: collaborating with providers to access resources for youth, supporting young adult peer support providers, advocating for program improvements, increasing

their organization’s youth-driven practice, employing ethical principles to guide technology use for communication, responding to workplace stress by applying self-care principles, clarifying their role in interdisciplinary teams, and using supervision to support their work.

Responses about underserved populations included desires to learn skills to improve services for specific groups, including young people of color, and young people who are LGBTQ, unhoused and/or impoverished, with co-occurring conditions and/or physical disabilities, and transitioning from systems.

Preferred training methods were: face-to-face workshops, training led by young adults, conferences, guidance from a specific cultural group, and on-the-job coaching. Videos, learning communities, webinars, and self-paced online training were rated as “Somewhat preferred.” Barriers perceived as most limiting access were: expense, heavy workload, shortage of travel funds, distance to training, and limited time off. Nearly half noted a lack of organizational support at least moderately affected their access to training.

Survey findings may be helpful to stakeholders involved in developing new training initiatives. Interestingly, respondents indicated a preference for workshops and face-to-face trainings despite research showing that on-the-job coaching and organizational supports are essential for practice changes to occur (see article on page 25). Information about barriers to training can help workforce development specialists to minimize their impact, and ratings of competencies and skills can guide planning for trainings to support improvements in practice with youth and young adults.

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SOME RECENT PUBLICATIONS:

JOURNAL ARTICLES

Increasing Youths' Participation in Team-Based Treatment Planning: The Achieve My Plan Enhancement for Wraparound. (2017). *Journal of Child and Family Studies*, 26(8), 2090-2100.

FOCAL POINT

Justice and Recovery. (2017), V. 31.

Early Psychosis Intervention. (2016), V. 30.

Trauma-Informed Care. (2015), V. 29.

TIP SHEETS AND MANUALS

Understanding Neurobiology of Psychological Trauma: Tips for Working with Transition-Age Youth. (2017).

What Is Peer Support and What Is NOT Peer Support? (2017).

Changing the Rules: A Guide for Youth and Young Adults with Mental Health Conditions Who Want to Change Policy (2017).

Achieving Cross-System Collaboration to Support Young People in the Transition Years: A Tip Sheet for Service Providers. (2016).