Session 5:
Tackling the Hard Questions

Description of the Session

This session took place on day two of the conference, after a second plenary session. Staff from Pathways RTC had met at the end of the first day of the conference to identify tough issues or challenges that were emerging from the discussions. There were a total of about 120 participants for this session, because attendees from the conference for the Emerging Adult Initiative (formerly the Healthy Transitions Initiative) were invited to attend the session.

Participants were assigned one of twelve discussion tables by month of birth. Each table included an assigned facilitator. The session facilitator distributed a handout with questions to each participant. Participants at each table were asked to complete the first section of the worksheet, which focused on the topic of working with families. The tables could then choose one or more of the three remaining topics to work on for the remainder of the session. The facilitators took notes.

Session 5a:
Working with Families

Description of the Activity

A major premise of the Pathways model is that young people need to become responsible for driving their own lives, yet for many young people with serious

mental health challenges, their families often remain an important source of support. Challenges can arise when young people and families have different perspectives about whether the young person needs help, the goals the young person should be pursuing, other choices, and even whether the family should be involved in treatment or decision making.

Participants were asked to take up to 10 minutes to fill out their worksheets. Following this, the facilitator led the group in discussing the questions and responses regarding families, and in picking themes to report out to the larger group. Facilitators took notes on major points of discussion in their groups and collected the written responses to the questions at the end of the session. The summary that follows is a synthesis of the written responses to the questions and the discussion notes.

Themes from the Responses and Discussion

Question 1: *In your experience, what are the two most common challenges that make it hard for families to provide support for young adults and/or for young adults to receive it?*

Discussion focused on several themes related to difficulties in family relationships, communication, and decision making as emerging adults assert their desires for self-determination and independence while parents struggle to be supportive. Major themes are described with examples below.

Balancing age-appropriate independence with family involvement. Participants made reference to the need for developmentally appropriate expectations for emerging adults to become more independent and "find themselves," while families experience challenges around finding an

appropriate level of involvement. Many families struggle in trying to find a balance between being supportive enough and not pushing too hard so that the young person has some independence. Family members may deal with different emotions during this phase of life, with emerging adults desiring to separate and be engaged in the individuation process and parents experiencing a sense of loss and stages of grief. One participant noted that this can lead to conflict and exacerbate the emerging adult's symptoms.

Families not understanding mental health difficulties. Parents who do not understand their emerging adult's mental health condition may have unrealistic expectations about their capacity to transition successfully into adulthood. If families do not understand mental health issues, they are more likely to have difficulty coping with behaviors. Participants reported that in their experience, some of the difficulties in relationships between emerging adults and their families are related to their lack of accurate information about emerging adult development and mental health. Stigma applied to mental health diagnoses may be linked with family members not understanding, and not even trying to understand, a mental health condition and instead believing that the emerging adult is behaving maliciously, with unfortunate consequences for family relationships.

Parents' lack of preparedness to respond to their emerging adult. Participants reported that in their experience, emerging adults want to break away from the family and the family members are afraid and do not know how to handle this. Many parents want their emerging adult children to be independent, but they have been involved in their child's earlier struggles and are afraid to look forward, which may result in over-protectiveness. Additionally, parents may not see the benefits of emerging adults making mistakes and learning from them, so they try to make decisions for them. Also, they may not

agree with choices the young person is making, and therefore take steps to protect them from adverse outcomes. One participant commented that parents may think that they know best. Although they may have good intentions, they are not always right. Families may try to push young people into decisions that they do not want. When parents try to direct or control the emerging adult who is attempting to be independent (which may occur in the guise of protectiveness), conflict can arise.

Families withdrawing from their emerging adult. Some family members may believe that when a young person reaches 18, s/he automatically become an adult who is supposed to be responsible for making her/his own decisions and therefore they are ready to withdraw from involvement in their emerging adult's life. In some situations, families are reported to have withdrawn from their adult child's life after a long history of mental health difficulties. These parents may be burned out from dealing with the emerging adult's issues and negative behaviors and want her/him to establish control over her/his own life. This may lead the emerging adult to think that her/his family does not care about her/him.

Communication problems. Participants described difficulties related to communication problems such as communication styles that result in parents not really hearing the emerging adult when s/he talks about hopes and dreams. A group participant commented that many parents want to be involved in their emerging adults' lives but they don't know how to ask and young people want involvement from their families but don't know how to ask. As a result, parents may lack the skills to respond to their emerging adult's needs in an age-appropriate way. A parent will not understand where an emerging adult is "coming from," become frustrated, and give up. Another type of communication problem is

associated with parents telling emerging adults what to do, rather than providing choices that will result in self-discovery. Family authority dynamics may make it difficult for emerging adults and parents to have successful relationships at this stage of life, particularly if there have been prior unpleasant experiences and in the presence of a mental health challenge that the parent perceives as behavioral. In these situations, resistance and a lack of healthy empowerment can develop into a combative relationship.

Differences in opinion/expectations about goals related to independence/interdependence, cultural issues. Different cultures may favor supporting emerging adults differently. There are also cohort differences and parents may not realize that what was applicable in their generation is not relevant in the current environment. This may be compounded by unrealistic expectations in the current situation, for example related to limited access to jobs.

Impact of other life stressors on parents' capacity to be involved. Participants reported that many parents become burned out in trying to support their emerging adult because of other stressors in their lives such as poverty, unemployment, parental health or substance abuse problems, and the needs of other children in the family. The challenges of meeting the family's basic needs may be so absorbing that parents are exhausted and there is no energy or time left to focus on the needs of the emerging adult.

History of conflict and/or abuse may make family involvement inadvisable. Family conflict may be related to a history of intergenerational trauma, parental mental health challenges and/or substance abuse and/or ongoing family violence. There is also conflict within some families in response to a young person's disclosure of aspects of identity related to sexual or gender orientation. All of these issues can make young people reluctant to engage with family members.

Young people may define family differently. Where there has been conflict within their family of origin, emerging adults may not want their family involved. Instead, they may identify with and prefer involvement with their "family of choice"—for example, their peers or "street" family.

Additional challenges for emerging adults leaving the child welfare system. Youth aging out of the foster care system may lack guidance about how to re-establish healthy bonds with their birth families. These young people may have attachment difficulties leading to an avoidant or compulsively self-reliant stance, believing that accepting help or relying on others is a sign of failure.

Family involvement is not well-supported by service providers. One participant noted that young people may be in denial that they have a mental health diagnosis or embarrassed by it and would rather talk to a service provider without family involvement. Service providers are less likely to encourage family involvement if they are concerned about the privacy requirement of the Health Insurance and Portability and Accountability Act (HIPAA) and they may prefer to avoid the added complexity of involving families in services after the emerging adult achieves the age of independent decision making. Instead they may see direct services as the primary means of addressing the emerging adult's needs. Service providers may also experience discomfort when parents don't listen to young people, when parents express feeling judged, or lash out.

Question 2: *Do you know of any strategies, tools, or approaches that seem to be helpful in overcoming these kinds of challenges, so as to build and/or maintain positive support between young people and their families?*

Responses to this question clustered around several themes:

Engaging emerging adults in decisions about family involvement. To build positive support between emerging adults and their families, participants recommended encouraging young people to involve family members even in a limited capacity and inviting the young people to identify what they need from family. Participants emphasized the need for services providers to listen, validate perspectives, maintain connections, demonstrate respect, and be open. Specifically, they suggested asking the emerging adult who they want as their "go to" person for appointments, to provide support when they feel they need it, and to participate in discussions related to their diagnoses. Group members also recommended that service providers offer reassurance to young people that having a disorder does not make them less loved—It is not their fault—and to ensure that the family is committed to helping the young person and providing support as they prefer. Where there is ambivalence or resistance either on the part of the emerging adult or family members, participants recommended the use of Motivational Interviewing strategies to explore and move past the resistance.

Promoting young people's leadership in planning. Participants described the advantages of having emerging adults directing team meetings and soliciting input and suggestions from their families. Some participants recommended the use of wraparound team-based planning developed with younger youth and with the emerging adult leading the team.

Building positive support from families in a timely way. Participants noted the importance of retaining and maintaining family support early, while youth are still receiving children's services, and building in the expectations that this will continue, though the parameters of such support will likely need to be renegotiated.

Pre-planning before transitions can be particularly useful in anticipating challenges and sharing expectations. Discussion focused on encouraging family involvement in the youth's plan and planning strategically, with specific tasks identified for families. In all work with families as well as young people, participants recommended building on strengths. One recommended strategy is for the young person to identify her/his strengths while parents listen, then parents identify their own strengths, then they identify strengths in each other. This approach can help families and young people to reduce conflict by admiring qualities in each other.

Enhancing communication between emerging adults and families. Discussion participants emphasized the benefits of improving communication skills between emerging adults and families through showing interest, facilitative listening, validation of perspectives, and reframing concerns as caring. These approaches can be instrumental in supporting the emerging adult and family to identify a common vision and shared goals and to begin the process of planning strategically. Where there has been tension and/or conflict between family members, these participants recommended preparatory work prior to meeting together. This can be followed by modeling and teaching collaboration, collaborative problem solving, compromise, and negotiation strategies through the use of techniques such as those described in Fisher and Ury's classic book, "Getting to Yes."[36] Group members also described the benefits of emerging adults teaching their families how best to support them.

Educational approaches with families. To address relationship difficulties related to families' lack of accurate information about emerging adult development and mental health, participants recommended educational strategies. For example, they recommended providing education about brain development, developmental stages,

and mental illness with a goal of de-stigmatizing mental health difficulties. Specific curricula for educating families about mental health and emerging adult were suggested, such as Navigating the Transition Years developed by Emerging Adult Initiative staff in Maryland for family members, and an evidence-based curriculum from the Family Acceptance Project California to build understanding between families and their LGBTQ youth.[37,38] Additionally, participants suggested making available training on specific topics such as guardianship.

Skills training for families. Families' needs for communication skills and skills to respond to their emerging adults' needs in age-appropriate ways can be addressed through skill development, including SCORA (conflict resolution) methods, mediation, in-vivo teaching, prevention planning, and rationales drawn from Rusty Clark and associates' Transition to Independence Process model,[30] role playing with youth, intentional conversations, non-violent communication, strategies from the Positive Behavioral and Intervention Supports (PBIS) model,[39] and Family Team Meetings.[31] Multi-family psychoeducation groups arranged as part of the Early Assessment and Support Alliance (EASA) approach[40] can help families with structured problem-solving. Other skill development strategies mentioned by participants were RENEW teams[22,23] and Transition Ready (a futures planning curriculum for emerging adults, families, and providers). Group members noted that these strategies can enable families to manage strain and context-related challenges, which they can then model for their emerging adults. Service providers may find it helpful to share their own tools and skills with families to help provide consistency for the young person. Training for crisis management may also be provided to families.

Support for families. Participants emphasized the importance of separate peer support

organizations and groups for both emerging adults and family members to develop their resiliency. They felt that family-to-family support can be particularly helpful to families to accept their new role as a parent of an adult and to understand their emerging adult's perspective. Connections with National Alliance for Mental Illness (NAMI) groups and educational presentations were recommended as helpful for families. Exploring and respecting family preferences regarding support led to suggestions to connect some families with natural sources of support and referring others for separate family counseling was recommended. Another suggestion was to seek emerging adults' agreement for some families to have continuous positive interaction with a third party communicating progress on a regular basis. In these efforts it is helpful to distinguish the different types of supportive roles that are best fulfilled by service providers and families. Parent partners and community-based social workers were also recommended as helpful support providers for some families.

Support for emerging adults. Emerging adults can also benefit from peer-to-peer support and education to gain a better understanding of parents' perspectives and to consider ways that families can be supportive to them. Peer support providers and other service providers may be able to foster a young person's ability to rely on help from others and to provide assistance to others. For emerging adults as well as families, connections with NAMI groups and educational presentations were recommended as helpful. Connections with successful peers can help to foster independence and self-reliance.

A quote from a young adult discussion participant illustrates her experience with a service provider helping her to look at her situation in a different way and re-think the types of support she needed:

• "I know for myself, when I was in my teens, I refused services at first because I didn't

think I needed them, although when I was approached in a gentle caring way, it was pointed out to me that my life could be a lot better and it opened my eyes to how unstable my life truly was."

Themes not directly related to the topic of this session:

• Supporting youth voice, advocacy, and involvement in policy change

• Availability of attractive programs that meet young adults where they are at; keep motivation; "relentless" but not pushy engagement strategies

• Ideally, health coverage will be made available to encourage all parties to engage in Family Team meetings.

• Advantages of supported housing programs that provide basic needs, resources, and support services centered on employment, education, and health/mental health.

Reflections

Conference participants identified many challenges related to engaging and maintaining family support for emerging adults with mental health conditions and some useful, developmentally appropriate strategies. Where there is ambivalence, distrust, or resistance either on the part of the emerging adult or the family member, engaging families may take time that busy service providers may not feel able to invest. Additionally, there is little research to demonstrate the effects of family involvement and support with young people with mental health conditions. Yet, in participants' experiences, many families want to be involved in their emerging adults' lives and are willing to be supportive, if given opportunities, and many young people perceive their families as caring and supportive. But existing policy and legal frameworks and funding mechanisms are designed to

focus specifically on the patient and discourage (or are interpreted to discourage) service providers from promoting family involvement and support. To increase the potential benefits of family involvement and support to emerging adults, there is a need for further research to address the following questions:

- What are the types of support emerging adults prefer from families, and that families are capable of providing? How do support needs vary among emerging adults from diverse cultures and how can they best be met?

- What educational strategies are most effective in preparing families to support their emerging adult children?

- What are the effects of family-to-family support in preparing families to better support their emerging adults to successfully transition to adulthood?

- What types of support are most helpful to emerging adults with mental health conditions who have strong reasons for not involving their families in their lives or whose families are not available?

Session 5b: Making Peer Support Mainstream

Description of the Activity

Young people who have been in systems see enormous potential in peer support as a way to address shortcomings in the current service system, and envision a future system where a sizeable proportion of the workforce is composed of peers offering various forms of support. Currently, however, peer support is only rarely available. This activity focused on what it would take to

make young adult peer support widely available. Participants in five of the 12 breakout groups chose to discuss this topic during Session 4.

Participants were asked to take a few minutes to fill out their worksheets. Following this, the facilitator led the group in discussing the questions and responses, and in picking themes to report out to the larger group. Facilitators took notes on major points of discussion in their groups and collected the written responses to the questions at the end of the session. The summary that follows is a synthesis of the written responses to the questions and the discussion notes.

Themes from the Responses and Discussion

Future of the peer support workforce. Breakout group members supported the growth of the peer support workforce. Of the 35 participants who completed their worksheets on peer support for this breakout session, 25 indicated that they expected there would be a large workforce of peer supporters in the future, and were in favor of this development. Some stated that peer support might look very different than adult peer support, perhaps being delivered through peer-operated centers for young people, and focused on developmentally appropriate skill-building. Currently, day centers with older adult peer support providers do not fit well with the youth culture. They saw the peer supporters providing leadership for systems change, and helping young people make connections to services they needed. Several acknowledged that a substantial workforce depended on the availability of sustainable funding. Funding will need to cover salaries, youth-friendly facilities, and training of peer supporters. Peer supporters require developmentally appropriate training for leadership activities and peer-to-peer support activities. A few group members also

noted that it was important to acknowledge the contributions of informal peer supports as well, especially when there are funding barriers.

Barriers to making peer support more widely available. Securing stable and sustainable funding was widely acknowledged as a major obstacle to growth of the workforce. Policy changes may be necessary to overcome barriers to billing for these services; particularly noted was the difficulty of billing for some of the activities, such as relationship building, that are necessary for peer support to succeed.

Participants also discussed the obstacles to full acceptance of peer support within the medical/ Medicaid model, especially with auditing and accountability requirements. A few people were concerned about the reluctance/resistance of professionals to have peer supporters take a key role, and mentioned stigma as a factor working against their acceptance. Participants also mentioned the difficulty of developing an authentic model of peer support in systems that are oriented toward professionals with graduate degrees and managed care.

Another issue that was mentioned by multiple participants involved preparing young people for these roles; some may not have had the formal education that makes training more accessible. A few indicated that a standard curriculum should be developed, which helps to clarify the balance between the peer and professional roles. Ensuring safety and confidentiality in the peer support process should be a high priority. Training programs for peer support roles need to be shaped to acknowledge both educational and developmental characteristics of the young people, and may require writing clear job descriptions, skill-building, extensive practice, and coaching.

Finally, a few participants noted that there is potential for high turnover in this workforce.

Some may view this role as a resume-builder that provides valuable experience, and intend their tenure to be limited. In the end, they will age out of this role, and so a pool containing people with the potential to take on the work must be developed.

Short-term steps that can overcome barriers. Participants offered several suggestions for steps to be taken in the short-term that can help overcome the barriers that were identified:

- Funding barriers may be overcome by examining and adopting currently successful models where peer support services are funded, and advocating for policy change. One example was offered by participants from the State of Maine, where Maine Youth MOVE has a contract to deliver a training curriculum that will result in certification, and funding is provided for certified peer support providers through MaineCare. Several participants mentioned the importance of changing policies at the state level to insure Medicaid funding for peer support services.

- Developing fidelity measures for peer support models, constructing outcome measures for peer support services, and conducting efficacy studies may be essential for solidifying sustainable funding.

- Training curricula that have been developed and delivered may be used as models. Youth MOVE has a leadership development and peer support curriculum. Wisconsin has completed training for a cohort of young adult peer supporters. North Carolina Families United has developed a curriculum for those staffing the RENEW program that includes roles for peer supporters.

- Authenticity of peer support can be ensured by really connecting with young adults and making sure that they are engaged in defining

peer support and developing peer support models, programs, and research.

Session 5c: Building Relationships

Description of the Activity

Both providers and young people comment that building initial trust in a relationship can take a lot of time—sometimes weeks or even months of "pre-engagement" that may consist primarily of hanging out or recreational activities. Yet limits on funding mean there is usually also a limit on the amount of time a provider can spend with a young person and/or what sorts of activities can be billed. Three groups chose to focus on this topic during session 4.

Participants were asked to take a few minutes to fill out their worksheets. Following this, the facilitator led the group in discussing the questions and responses, and in picking themes to report out to the larger group. Facilitators took notes on major points of discussion in their groups and collected the written responses to the questions at the end of the session. The summary that follows is a synthesis of the written responses to the questions and the discussion notes.

Question 1: *In your own experience, do you think there is pressure for providers to try to force a relationship to happen too quickly?*

Many of the respondents felt that there is pressure to build the relationship, but noted that the relationship-building efforts need to be authentic. Other participants noted that providers have limited time and/or paperwork requirements that can also derail relationship building.

Some participants felt that it was important for providers to have specific skills or knowledge such as: cultural competency, trauma informed care, motivational interviewing, and trust building. However, one participant shared that they felt that their relationship(s) with providers have not felt rushed.

- "No, the providers that I have worked with have never tried to force a relationship too quickly"

Question 2: *Are there things a provider can do to speed up the growth of the relationship?*

Many of the participants discussed the importance of providers being genuine in their approach and really listening to the client and what is important to them. Here are other things participants suggested:

- "Be open, keep showing up"
- "Be genuine, supportive & understanding right away"
- "Become more of a friend than an adult"
- "Understand the youth's perspective: what is important to the young person (maybe not treatment goals)"
- "Show genuine interest in how the person spends their time & engaging at that level; real listening"
- "Be invested, take interest in their hobbies, life, choices"
- "Listen carefully, show sincere interest, talk about interest, tell life story"
- "Be real. Don't worry as much about billing as having a genuine connection with young people"
- "Frequent check-ins, meet with youth outside

the office—focus on strengths, hobbies, successes; ask youth what they want"

Question 3: *Are there policy or funding changes that would address this challenge?*

Some participants suggested outcome-based funding or allowing more engagement time prior to beginning treatment services. Other suggestions included:

- "Tiered rates allowing for engagement periods; inclusion of outreach/pre-engagement as part of the service package"

- "Funding would have to estimate time for foundation of relationship to happen"

- "Allowing/encouraging engagement prior to accepting productive treatment"

- "Allow flexibility in funding reporting requirements (i.e. allow to bill for taking youth to activities that youth chooses)"

Reflections

- Many respondents felt that providers are pressured to build relationships quickly. This appears to be in response to billing hours and paperwork requirements.

- It was also noted that relationship building should feel natural and genuine and not rushed.

- Many respondents shared that listening and understanding what is important to the youth is crucial in relationship building.

- Many respondents also discussed the importance of providers being skilled in motivational interviewing, trauma informed care, strength-based approaches, cultural competency, etc.

Session 5d: Compliance-Oriented Systems

There are significant tensions between the principles of empowerment, youth autonomy, and positive youth development and the goals and approaches of compliance-oriented systems within which many vulnerable young people in the transition years are served. This activity focused on whether or not a Pathways-like, positive development (PD) approach, or even key elements of such an approach, can be implemented in what are typically compliance-oriented systems or settings, such as juvenile justice/corrections, residential treatment centers, or psychiatric hospitals.

Only a few groups chose to focus on whether and how the elements of the model could be implemented successfully in compliance-oriented systems. Participants were given a few minutes to fill out their worksheets. After that, the facilitator led the group in discussing the questions and responses regarding compliance-oriented systems, and in picking items to report out to the larger group. Facilitators took notes on major points of discussion in their groups and collected the written responses to the questions at the end of the session. The summary that follows is a synthesis of the written responses to the questions and the discussion notes.

Question 1: *Can a positive development (PD) model or elements of the model be implemented successfully in compliance-oriented systems?*

Conference participants expressed a wide range of viewpoints on the feasibility of implementing PD principles in these systems. Many cautions

and concerns were described and ideas about potential implementation in specific settings were mentioned. Participants noted that the PD and compliance-oriented models are extremely different, and working with organizations that are compliance driven is often not consistent with person centered planning values. Specifically, fitting the Pathways model, or a similar PD model, within juvenile/adult justice systems was seen as problematic because detainees under the rules of detention have no ability to use their advocacy skills, cannot ask for medications, and cannot be provided access to dependable supports that are part of regular mental health treatment. Though there may be some variation by state and juvenile justice philosophy, in general, strengths based aspects would be tough to introduce in corrections settings.

Participants offered a number of ideas about potential PD implementation in specific compliance-oriented settings. They thought that:

- "Pieces of the model could be implemented but with already existing guidelines and structure it would be hard to implement fully."

- "While many of those situations are too structured and don't allow youth driven programming, changes in how staff interact with young people within those constraints could make a huge difference to youth outcomes."

- "The model could be used in residential care where staff may be more receptive to positive interactions and access to regular supportive treatment is easier to obtain."

- "The model could work if it is possible to get around funding/billing expectations."

- "The model could work in residential treatment or psychiatric hospitals if plans were negotiated."

Question 2: *What parts of the model might translate best?*

Participants proposed ideas about elements of the model that could be adopted or adapted to fit with compliance-oriented systems, as well as system and program changes that would be needed. Examples included:

- Using strengths-based assessments; shared decision making; and person-centered planning.

- Introducing outside supports.

- Increasing trusting relationships.

- Getting program staff and participants involved in the community to increase workforce possibilities.

- Having staff be intentional about having genuine conversations with young people and meeting them where they are.

- Helping young people recognize their strengths and imagine other possibilities even in the context of limited placement situations.

- Creating space for self-advocacy on the part of youth.

- Using strengths-based supports.

- Implementing training in justice facilities around mental health issues and access to medications and consistent supports.

- Creating youth advising boards and reducing hierarchies to promote youth centered planning.

- Using peer mentors.

- Participants also discussed what would need to happen in compliance-driven systems to be able to implement principles or elements of the model:

- There would need to be major changes in the system, including new leadership to provide

support from the top.

- It would be important to address attitudes as well as creating technical "fixes."

- There would need to be a culture change—which could be addressed through training, supervision holding staff accountable, and performance evaluation.

- Incentives for change could be helpful, as well as disincentives for inaction.

- Mental health courts could be helpful; also education of police and courts.

- The negative stigma regarding mental illness needs to be addressed.

- The guardianship process is poorly understood by parents and youth because of a general lack of access to information. This could be addressed by educating parents and youth.

- It might help to pool resources across systems.

- Evaluating training and best practices in quality of implementation would show what is possible.

- Finally, one participant reported that she had heard about a program in Wisconsin that is blending PPS and Juvenile Justice.

In summary, conference participants expressed a wide range of viewpoints on the possibilities of integrating PD principles and model elements into compliance-oriented systems. While some participants were skeptical about possible integration, especially in juvenile justice, others were sufficiently convinced of the potential benefits of a PD approach such that they could imagine integration of many of the values and elements into more structured and compliance-oriented systems and they offered a variety of concrete suggestions about how to do this. Participants suggested that, given the costs and poor outcomes of most compliance-oriented systems, these ideas are well worth considering and could be tested for feasibility through implementation and evaluation of some small-scale pilot projects.

Reflections

Discussions of compliance-oriented systems focused on the feasibility of integrating elements of a Pathways-like PD model in these settings, rather than what changes would be needed to the model for use in these systems. Implications of the discussion seem to direct attention to the need for research into the outcomes of interventions guided by the PD model in regular community settings and the potential benefits in terms of more positive outcomes in compliance-driven settings. This could be followed by implementation and evaluation of some small-scale pilot projects in compliance-oriented settings for youth.