ANNOTATED BIBLIOGRAPHY

Youth in Transition:
Resources for Program Development and Direct Service Intervention

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INTRODUCTION

Transitions are a normal aspect of everyday life and require a variety of skills and abilities to adapt to the demands presented during the transition process. Preparation of adolescents with an emotional handicap for the transition to adult role responsibilities is a complex task facing many professionals providing services to this vulnerable population. This annotated bibliography is an attempt to provide information to practitioners and program planners about a variety of approaches to address the transition needs of emotionally handicapped adolescents. The annotated bibliography was developed from a literature search conducted over three broad areas: 1) transition oriented programs for handicapped children and adolescents; 2) a skills based, functional approach to interventions; and 3) vocational development and programs which connect adolescents to the world of work and adult roles. The focus of this literature search was on the transition needs of emotionally handicapped adolescents. As our search progressed, it became apparent that the literature addressing transition needs of emotionally handicapped adolescents was limited and, for the most part, non-existent. Because of this lack of literature, the review was expanded to include the literature related to other handicapped populations, particularly children and adolescents who are developmentally disabled.

The bibliography is divided into five sections which are by no means mutually exclusive, but represent an attempt to focus the literature into specific content areas. The summaries of the articles or books presented here are written in such a manner to present the concepts or information so that the material will be useful to the practitioners who may not have access to the articles cited. However, the summaries are not intended to fully capture the essence of the article and the reader is encouraged to read the original article to fully comprehend the intent of the author(s).

The first section, Transition Issues, Educational and Vocational Approaches, contains the literature addressing specific models, issues or programs which have applicability to transition issues of emotionally handicapped adolescents. Articles and books in this section address programs in educational settings (Hobbs, 1982; Johnson, 1981; Kriechman, 1985), living environments (Cometa, Morrison & Ziskoven, 1979; Denkowski & Denkowski, 1985; Furrh, 1983; Kriechman et al., 1982; Mauzerall, 1983), hospital based services (Bloom & Hopewell, 1982; Krupnick & Corbin, 1980; Moscowitz, 1980; Neffinger, 1981; Silverman & Val, 1975), issues related to educational and vocational linkages (Corthell & VanBoskirk, 1984; D’Alonzo, Marino & Kaus, 1984; McCarthy et al., 1985; McKinney & Okeafuer, 1984; Walsh & Rosen, 1979; Wehman, Kregel & Barcus, 1985), and family involvement (Burroughs, 1985; Christenson & DeBlassie, 1980; Halpern, 1983). The work of Anthony and his colleagues (1980) articulates a psychiatric rehabilitation perspective which has implications for assessment and skills training approaches related to service delivery.

The next two sections focus on specific program elements which appear to be critical in designing transition services to prepare adolescents with various life skills needed to adjust to the demands of adult role assumption. Included in these sections is literature on assessment (Eaves, 1982; Halpern & Fuhr, 1984; Meyers, Pfeffer & Erlbaum, 1985), curriculum development from both an educational and vocational perspective (Boyan, 1978; Brolin & D’Alonzo, 1979; Brolin, 1978; Brown et al., 1979; Donnellan & Mirinda, 1983; Small & Schinke, 1983; Webster, 1981), skills training approaches (Euster et al., 1984; Goldfried
Goldfried, 1980; Goldstein et al., 1980), and interpersonal relationships and problem solving (Bates, 1980; Douglas, 1980; Spivack & Shure, 1974).

Articles which provide an overview of organizational and residential issues, and specific evaluation efforts are presented in the fourth section. The literature in this section is limited and relates primarily to identifying broad issues focused on specific populations and summary articles such as the work of Hirshoren and Heller (1979) which review program efforts for adolescents with behavior disorders.

The final section, Vocational and Work Linkages, identifies specific programs or approaches to connect handicapped youth with work opportunities. Bellamy, Rhodes and Albin (1985) advocate for supported employment opportunities. A number of articles (Hastings, Hill & Kindinger, 1983; Samulevich & Curcio, 1984) describe vocation preparation and issues as they relate to potential employment. The major theme of the articles presented in this section is the importance of vocational opportunities in "real world" settings to enhance future employability.

The information presented in the articles reviewed will require that program planners and direct service providers be able to translate the material to the specific context of their own community and work environment. Preparing emotionally handicapped adolescents to function in adult roles is a complex task. The information provided here represents an attempt to highlight specific strategies and models which may facilitate the development of transition oriented services for this handicapped population.
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A model for school consultation by psychologists was developed in Massachusetts which shifted the emphasis away from consultation about specific students and toward bringing topics of interest and concern to inservice sessions and Parent Teacher Organization meetings. The model has been successful because it provides information that is of interest to a wider range of professionals and because it is developed with staff input regarding topics for presentation. The model described might be used with staff in facilities serving emotionally handicapped adolescents in transition to more effectively address specific issues of concern.


This book is one of a series of six books designed to facilitate the teaching of various psychiatric rehabilitation skills. The book utilizes a skills-learning process context which involves an explanation of the skill, and a demonstration and practice format. Book 2 is concerned with the components of rehabilitation programming. The definition and purpose of a rehabilitation programming model is described, as well as the articulation of the specific program steps and the implementation of these steps in the rehabilitation efforts. Various forms are provided for the practitioner to facilitate the implementation of the model. The book provides a number of useful ideas for program design and planning to impact on the transition issues faced by adolescents who are emotionally handicapped.


This text is one of a series of six books designed to facilitate the teaching of various psychiatric rehabilitation skills. This series of training manuals evolved from a lengthy analysis of the practitioner skills that seemed to facilitate the rehabilitation outcome of persons with psychiatric disabilities. The series of books are written within a skills-learning process context which involves an explanation of the skill and a demonstration and practice format. Book 1 is concerned with the diagnostic and planning phase of psychiatric rehabilitation. Diagnostic planning refers to the interviewing and assessment process by which the practitioner explores the client's strengths and deficits, understands how these strengths and deficits affect the client's ability to function in specific environments, and assesses in an objective manner the level of client skills in relation to what the client needs to function in these specific environments. The book has implications for those practitioners...
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working with emotionally handicapped adolescents in the identification of skills needed to function and live more independently. The expectation of the receiving environments (school, work, home) are viewed as critical components of the assessment process.


Borderline personality disorders are defined and a treatment approach combining ecosystems theory, object relations, and structural family therapy is described. The use of paid and unpaid job opportunities to enhance self-esteem is encouraged, as are social skills groups and family therapy. Although the article does not address transition issues directly, the model’s use of the various theory bases may be taken into consideration when planning a transition program.


In examining successful reintegration into the community vs. recidivism in seriously disturbed and hospitalized adolescents, the authors discovered several factors that are related to successful re-entry. These factors included the presence of at least one biological parent in the home, shorter hospitalization, and the absence of hospitalization of other family members. Among the most significant differences between recidivist and non-recidivist individuals are educational and vocational placements. Adolescents who are placed in a public school following hospitalization have a lower rate of recidivism than those without a vocational or educational placement. The study emphasizes the importance of quality vocational and educational planning as part of the transition process for emotionally disturbed youth. Placement in a functional and age-appropriate program facilitates a smoother transition with less chance of rehospitalization.


In working with handicapped adults, special consideration and planning on the part of educators must occur. The authors examine the lack of training of educators in this area and make recommendations regarding the development of teacher training curriculum. The use of age-appropriate skill acquisition and reinforcers is stressed. Teachers of this population need to familiarize themselves with the unique skills needed by the handicapped adult to become a contributing member of the community. A knowledge of the legal rights of these adults is also important in working with this population. A lack of teacher preparation in working with handicapped adults indicates a gap in services for the disturbed adolescent about to enter the adult world. As teachers are
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trained to work with exceptional adults, disturbed adolescents will have appropriate instruction available to them as they make the transition into the vocational and social world of the adult.


The author discusses the use of structural family therapy with families of disturbed children. Case studies are provided and analyzed. By using a systems approach with these families, improved functioning may occur within the family as well as for the individuals composing the family unit. Issues will arise within any family whose adolescent member is facing transition into adulthood. Whether the family of an emotionally handicapped adolescent is directly or indirectly involved with the youth, it is important to consider the needs of the family as well as those of the adolescent. The use of family therapy may enable the family to play a supportive role in the adolescent's emancipation and transition into adulthood.


The parents of handicapped children generally experience a predictable series of stages during the process of coming to terms with their child's handicap. The authors identify several researchers in this area and summarize their work. Exhaustion, anxiety, guilt and ambivalent feelings are but a part of the complex array of reactions parents often experience when they learn that their child is handicapped. Issues of denial vs. acceptance of the existence of the handicap and the various effects the entry of a handicapped member has on a family system are discussed. The importance of self-awareness on the part of the counselor in the area of reactions to handicaps and handicapped individuals is stressed, and the roles of the counselor in working with these parents are described.


Halfway houses are examined in terms of their rehabilitative efforts in developing vocational skills and self-sufficiency and in preventing future hospitalization. The authors criticize current literature for not addressing vocational programs or the need for an atmosphere conducive to increased autonomy. Weaknesses in data synthesis relating to reinstitutionalization is also brought to light. The authors recommend that in order to be complete, future research on halfway houses needs to include more complete data collection and interpretation about the effectiveness of halfway houses in the areas described. The halfway house is one model used with emotionally handicapped
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adolescents in transition. This article points out weaknesses in the evaluation of this system. Further research regarding the applicability and effectiveness of this model with severely emotionally handicapped adolescents would be beneficial.


The intent of this monograph is to improve transition options for students with disabilities. A systems orientation is presented to encourage networking and collaborative strategies for the purpose of creating an environment which enables students to develop their own skills, talents and abilities in a manner which will be both beneficial to themselves and to society. A continuum of care is advocated to achieve this end. Implications for practitioners include: 1) how to advocate for change, 2) strategies for interorganizational collaboration, and 3) information on the roles of special education and vocational rehabilitation in the transition process.


A model for the education of special needs students through postsecondary settings is described. Four principles form the foundation of the model. 1) Parallelism refers to the variety of needs occurring simultaneously and the implementation of two or more services. 2) Coordination describes the involvement of various professionals to achieve the defined goals. 3) Concentration refers to the most appropriate placement in one of the many possible settings. 4) Feedback between professionals involved in a student’s program enhances the development of a more comprehensive plan. The Mesa model consists of five components to include: curriculum development, career guidance and placement, a Community Resource Service, staff development, and evaluation. The vocational process occurs through the use of a Pre-Occupational Exploration Unit, Vocational Instruction, Vocational Resource Support, and On-The-Job Training. The model described is designed specifically for handicapped adolescents and young adults. When combined with special considerations for emotionally handicapped population, the model provides a comprehensive format for addressing transition issues within a public school setting.


Two treatment models for reducing aggressive behavior in mentally handicapped adolescent offenders are compared and contrasted. Both models utilize a token...
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economy system and time-out program. Treatment I includes house rules to maintain an orderly environment and uses the time-out room only for situations in which a client is out of control. In addition, all non-office areas are accessible during the day. Treatment II divides the point system into training and social categories and correlated the two types of points with low or high reinforcers. Any acts of physical aggression are consequenced immediately with time-out. One wing of the Treatment II model is closed off and secured using locks and fixed (immovable) furniture. In comparing the two models, Treatment II was found to be more effective in reducing aggressive behaviors. Because the population being studied was mentally retarded as opposed to emotionally handicapped, further research targeting the implementation of the approaches is necessary; however, aspects of each model may be used in various treatment models with adolescents in transitional residential programs.


The Training in Community Living Program, developed in Madison, Wisconsin, is a model by which chronically mentally ill (CMI) persons are provided treatment in the setting where they spend the most time during the day (school, work, home, etc.). The program is composed of five areas: 1) employment, 2) family interaction, 3) interpersonal skills, 4) leisure skills, and 5) activities of daily living. Treatment and intervention is available seven days a week. Program components include teaching coping skills in natural settings, providing reality-oriented treatment, emphasizing the use of assertiveness by the staff (with clients and community agencies), and incorporating advocacy and networking by the staff for the clients. Adjustment of the model for use in rural areas by training local mental health workers in the application of the basic framework is described. The concept and implementation of treatment in the natural environment is important in planning transition for emotionally handicapped adolescents as well as for the CMI population.


The Supervised Apartment Living Program of the Hope Center in Houston, Texas serves adolescents who have previously lived in wilderness camps, group or foster homes, residential or institutional facilities, or local detention centers. The program is classified as a halfway house program and is set in centrally located apartment complexes. The philosophy and curriculum of the program is based on Glasser's Reality Therapy, and focuses on real-life living situations, problem-solving skills, and appropriate social interactions. Each adolescent is involved in school and/or a vocational setting, and has an individualized treatment plan. In addition to providing a concise overview of the program, the author includes a list of goals and objectives related to the student's skill acquisition. The curriculum described would be useful in developing other transition programs.
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Due to the wide variety of services that are designed to serve handicapped individuals and their families, gaps frequently occur in connecting families to appropriate programs. Direction Service, a project of the United States Office of Special Education, is designed to reduce the existence of such gaps. The functions of Direction Service include networking people with services as described above, providing outreach to families of a handicapped individual who may not know where or how to begin looking for assistance, and helping with transition issues as service needs change. An important philosophy of the program is that it focuses on enabling a family to play a strong role in determining and acquiring needed services. It was found that by appointing handicapped individuals and families to the staff of a team, a sense of involvement and self-worth is created. Direction Service is a helpful program for families of emotionally handicapped adolescents who are about to make the transition into the adult world. By utilizing Direction Service and developing similar models, these families are better able to explore the various options available to them.


Intercultural Research Incorporated (IRI) developed a program for job search and job training skills for hard-to-place individuals. A nontraditional classroom format consisting of videotaped role plays, field testing of practiced behaviors, and group time to discuss the results of job hunting are among the components of the training process. Specific job interviewing skills are taught as well. The IRI program was developed with ex-convicts, unemployed adults, and minority and high school youth in mind. The process described may not provide enough structure for the emotionally disturbed client; however, adaptations may be made to accommodate the particular needs of this population.


This book describes an approach to working with children and youth who have been labeled emotionally disturbed, behavior disordered, or mentally ill. The approach described is known as "reeducation" or commonly referred to as "Re-Ed." The Re-Ed orientation incorporates educational, psychological, and ecological principles to help children and adolescents make use of normal sources of affection, instruction, and discipline. The approach is based on an articulated set of principles and views emotional disturbance as a symptom not of individual pathology but of a malfunctioning human ecosystem. Core components of the Re-Ed approach include: 1) giving primary treatment responsibility to frontline teachers/counselors working in the classroom, 2) building the children's
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strengths and competencies, 3) the avoidance of psychiatric labeling, and 4) a commitment to work with the child's environment (parents, teachers, significant others).


Troubled adolescents are described by the author as being persons between the ages of 13-20 who are alienated and unable to adapt to contemporary American society. They represent various racial, ethnic, and religious backgrounds, and are socially, emotionally, and behaviorally maladaptive. A unified approach involving the school, community, and family is suggested in working with this population. A study of a Washington, D.C. school district revealed weaknesses in combining the three facets described above. Counseling was the most common form of intervention, with emphasis on remediation rather than prevention. The article serves as a reminder that a multi-faceted approach is most effective in working with troubled adolescents, and that it is important to include all of the primary systems in which these youth and young adults function in a treatment or transition program.


The achievement place group home model was developed in Lawrence, Kansas. It utilizes behavioral principles and is based on the philosophy that strongly reinforcing adult models (usually a married couple) are effective in reducing deviant behavior, increasing positive behaviors, and enhancing the self-concept among delinquent youth. A comparison was done between achievement place models and other group home programs to examine the effectiveness of the programs during and after treatment. Court and police records as well as information provided by the programs indicated that criminal behavior during treatment was lower in achievement place homes than in other group homes; however, there were no significant differences in terms of non-criminal behavior during treatment or the level and number of offenses committed after release. In order to determine the potential effectiveness of this model with emotionally handicapped adolescents, further studies relating to other types of behavior would be necessary. Depending on the outcome, this model may be one to be considered for transitional placement with this population.


The Brookdale School Program, established in 1971, serves elementary and intermediate level schools. It provides a program of diagnosis and treatment which is based in the school and community rather than in a mental health center. Its placement is less threatening to families than traditional settings.
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and encourages participation. The model described would be helpful in working with emotionally handicapped adolescents in transition. By utilizing a natural setting for diagnosis and planning, those involved with the adolescents would be better able to address issues which might not be visible in a mental health or residential setting.


Ten adolescents were hired with federal funds to participate in a program designed to bring community youth together with patients of an adolescent psychiatric ward. The purpose of the program was to alleviate the discomfort experienced by patients and non-patients during interactions and to reduce the stigmatization of the patients by the outside community. Although the program was somewhat successful in attaining these goals, placement of the group in the hospital reduced the opportunities for the patients to receive exposure to and become integrated into the community. An effective transition program for severely disturbed adolescents and adults involves as much integration into the community as possible. By developing programs similar to the one described, but incorporating the group in the community during hospital placement, interaction between handicapped and non-handicapped persons may be enhanced.


Adolescents in foster care do not come from a background characterized by a loving, stable environment. As a result, emancipation may be particularly difficult for this population, as their low self-esteem and conflicting feelings interfere with the formation of identity and purpose as they enter adulthood. The Casey Family Program in Idaho utilizes a groupwork approach to initiate the educational process directed toward emancipation. This component is followed by a halfway house approach in the way of a small group home. During their stay in this setting, the adolescents further refine and then apply the skills introduced during the group work stage. Upon completing six months in the halfway house, the youths are generally ready to move into the community. Although the techniques used in the emancipation program described would require revision for work with emotionally handicapped adolescents, its basic philosophy and curriculum are useful in considering transition issues.


This monograph examines various aspects of transition and provides models for use with handicapped individuals who are about to enter the workplace. It is
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divided into four sections, each section addressing a specific area within the transition field. Section I is an introduction to transition. Section II discusses the transition process from school to work, including parental involvement and cooperation between professionals. Section III looks at models for vocational training in the schools. Section IV describes several supported work models. This monograph is an excellent overview and examination of the transition process. Because it addresses the many complexities of the transition process and provides useful strategies for the professional, it would be well utilized in developing new transition programs.


Severely handicapped graduates of public school programs experience long delays before entering a supported work program, if such a program is available at all. In order to facilitate parental involvement in the process, a questionnaire was distributed to parents of handicapped youth to gain information regarding post-school needs for their children. Results indicated that 65% of the respondents received information regarding transition planning. Vocational planning ranked first on the parents' list of priorities for their children's post-school planning, followed by income support and residential planning, in that order. Criteria for selecting a vocational program were based on the amount of job training, job security and level of interest in the job. Residential placement decisions were based on the amount of training available in that placement rather than on related social issues such as community integration and contact with non-handicapped persons. The study indicates the need for parental involvement and education regarding the transition process for their handicapped adolescents.


This article addresses the transition of handicapped adolescents and young adults and describes a model by which these individuals may move from secondary education to postsecondary vocational placement. A field coordinator acts as a liaison between state advisory and local steering committees and facilitates the development of inservices for the teams of school and community members that work with each individual. By bringing together professionals from a wide array of backgrounds (regular and special educators, rehabilitation specialists, family, employers, union representatives, counselors, etc.), the individual's needs are more completely addressed. The purpose of the state advisory and local steering committees is to further expand the range of resources available to the handicapped individual. A package of materials designed to allow replication of the model has been printed.
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A comparison study of non-handicapped and emotionally handicapped children in a classroom revealed that emotionally disturbed children respond primarily to the affective nature and skills of the teacher while their non-handicapped peers related to the teacher in terms of academics. The author proposes a model of empathy training for teachers working with emotionally handicapped children to better meet the needs of this population. The model divides the use of empathetic skills into four categories including: organization of environment, management of instruction, responses to feelings and emotional well-being, and interpersonal qualities. By incorporating empathetic processes in each of the four areas, the teachers of emotionally disturbed children are more effective in teaching academic and social skills. Although designed for use by classroom teachers working with emotionally handicapped children, the model's basic philosophy stresses the importance of the use of empathy and affective skills by all professionals in working with this population. The affective needs and responses of disturbed adolescents may differ from that of children; however, this is an issue which should not be neglected when addressing transition.


Day hospitals generally serve four functions: 1) as an alternative to inpatient treatment, 2) as a transitional setting for patients who have been hospitalized and are moving into the community, 3) as outpatient treatment for those who need daily support, and 4) as long-term support and maintenance to prevent initial or recurring hospitalization. Day hospitals have been shown to be most effective with clients exhibiting depressive and schizophrenic conditions, whereas those who lack motivation, require constant supervision or care, or pose a risk to themselves or others are not considered to be good candidates. The treatment provided through day hospital settings appears to reduce the chance of rehospitalization, and its clients make easier transitions into vocational settings than do those transitioning from inpatient settings. Because day hospital treatment is optimistic in terms of community and vocational adjustment, it is one model to consider when planning for disturbed adolescents who are in the process of transitioning into the community.


The author hypothesized that the use of psychotherapeutic techniques in a classroom would create a healthier, more secure environment than would a straight, linear approach to learning. By exposing a group of classroom teachers to psychotherapeutic theory and applying the concepts to realistic classroom situations, awareness of the affective as well as the cognitive needs of the students is increased. The teachers were also taught methods to
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increase their coping mechanisms. By utilizing this model with trainers and other staff working with disturbed adolescents, affective components may be included in a transition model and an increased ability by the staff to handle daily problems will occur.


Partial hospitalization is defined as a mid-range approach between inpatient and outpatient treatment. Day hospitals, day treatment and day care centers fall under this broad definition, each with its own function in the mental health planning field. Guidelines by which these three programs are designed include: treatment goals, treatment modality, symptom intensity, client age, staffing patterns, patient/staff ratio, treatment duration, and organizational relationships. A historical overview of partial hospitalization is provided, and issues of underutilization of the approach and financial considerations are discussed. As severely disturbed adolescents makes the transition from residential treatment to integration into the community, various forms of partial hospitalization may be part of their transition and treatment plan.


Board and care facilities are one type of setting developed for persons transitioning out of an in-patient hospital setting. The strengths of this type of setting include a family-style atmosphere and placement in the community. Many weaknesses plague the system, however, including the absence of vocational and rehabilitation opportunities and opportunities to interact with community members, subsequently resulting in isolation. Little or no access to telephones providing contact with families and lack of transportation to and within the community are other problems inherent to the model. Board and care facilities as described by the author would not be a viable transition setting for emotionally handicapped adolescents due to the lack of important resources. Although the home-like atmosphere is a positive aspect of the model, major adaptations to correct the absence of vocational and socialization possibilities would be necessary to meet the needs of handicapped adolescents in transition.


Foster group homes provide an alternative to institutionalization and/or aftercare for youth who require a structured living situation with continuity of care. Its advantages over institutional placement include the opportunity for enhanced social adaptation by living in a community and in a warmer, more homelike atmosphere while still having access to professional services.
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Although resistance to such a home is common in a community, education and involvement of community members are effective in reducing this problem. Foster group homes are one foundation from which emotionally handicapped adolescents may make the transition into adult living. By examining the structure of this type of program and developing available resources in the community, the preparation for adult living may be enhanced.


Systems theory is examined theoretically and procedurally in terms of programming for psychiatric patients and in implementing a community development project. The seven stages of the theory in procedural implementation are described and discussed, and include: overview, needs assessment, goal setting, resource organization, action, reviews and outcome statements. In applying the stages to an individual, consideration of the client's environment is made as a basis for assessment and treatment strategies. Systems theory is a viable foundation for the development of programs for severely disturbed adolescents. By taking into consideration strengths and weaknesses of the relationship between the individual and the systems of which they are a part, a more effective transition plan may be developed. This article is a good review of the application of systems theory, and includes a relevant example of application for psychiatric patients.


Black male adolescents involved in a CETA program in central Detroit participated in a Youth and Self-Esteem Study. Older black men who had become successful in the community met with the younger men for the purposes of sharing information and providing encouragement and support. The project was met with a positive response, and recommendations were made that it continue. The article demonstrates the impact of positive role models on adolescents. Disturbed adolescents would benefit from successful adult and young adult role models as they prepare to make the transition into the adult world.


The formation of day hospitals is a growing trend. Its functions include acting as an intermediary between in- and outpatient treatment and providing services for patients who are in transition. It is appropriate for clients who need structure and therapy during the day but who are able to return to their homes in the evening. The patients of a day hospital come from throughout the region in which the program is located. The day hospital is a model worth
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investigating for emotionally handicapped youth who are ready to begin making the transition into the community but who still require a significant amount of structure and treatment during the day.


The results of a study performed in Ohio indicated that community attitudes toward the placement of a residential program for disturbed adolescents within a neighborhood are generally negative. The main reasons for opposition included a fear of disruption and lack of safety in a family-oriented neighborhood. According to the respondents, the presence of adolescents with a disability would be annoying or bothersome to the members of the neighborhood. In order to provide an effective transition program for disturbed adolescents and young adults, community exposure and integration must occur, as it is community placement which is the goal for these youths. It is vital that communities be educated in order to lower resistance to the entry of handicapped persons. A continuation of educational efforts would decrease the stigmatization of the handicapped population by the non-handicapped community.


The article discusses the long term goals of psychiatric treatment with adolescent population and describes a multiaxial model for treatment which targets the following areas: symptomology, history of disorder, social and relations functioning, and school/work functioning. The individual's sense of identity and the family or alternative living situation are additional areas recommended for inclusion during treatment. The axies described by the authors pertain to a treatment rather than a transition model; however, the areas described are overlapping components and deserve consideration when planning a transition program for emotionally handicapped adolescents.


The Adolescent Treatment Complex (ATC) is located in Worcester, Massachusetts. It consists of three programs utilizing different approaches toward the treatment of seriously disturbed adolescents. The inpatient ward at the state hospital is described as an open transition ward. Its patients are preparing for community and/or residential placement. Adolescents involved in this program attend school and the Adolescent Day Program, the latter consisting of clinical services and a Socialization-Activity Program. Social learning theory is the day program's philosophical base. The second program is Community Living Education Aiding Teens (CLEAT), and is a family-style, community-based residence utilizing behavior modification techniques. The third program is the Co-op,
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which consists of a cluster of apartments for adolescents who have demonstrated the ability to live in the community. All of the programs are ultimately directed toward enabling disturbed adolescents to become as independent as possible as they enter adulthood. Various aspects of each program are useful in developing a transition model for this population. It should be noted, however, that the article did not include a discussion of vocational needs.


The authors have developed a three stage transition model based on school instruction, early planning for transition, and placement into meaningful work situations. Emphasis is placed on the need for functional curriculum, parental involvement and input, a multi-disciplinary approach and community based instruction. Vocationally-related social skills such as money management, transportation, and interactions with co-workers are included in the transition plan. Cooperation between various agencies including public schools, rehabilitation centers, adult day programs, and vocational-technical schools is encouraged in order to provide a comprehensive array of services. Various types of employment are described, including competitive, competitive with support, enclaves, and specialized industrial training. A discussion of evaluation to measure progress in transition is included at the end of the article, and the importance of follow-up is emphasized. Although the article does not refer specifically to seriously emotionally disturbed adolescents and is school rather than residentially based, it provides an excellent overview of the components necessary to create an effective vocational transition program for populations with various handicaps. It is a good reference to begin the process of developing a transition model for disturbed adolescents as well as for other populations.


A study was performed in Michigan to determine the similarities and differences of adolescents being treated at a state hospital, a long-term private hospital, a short-term private hospital, a group home, a community mental health center, and a school-based day program. Results of the study indicated that similarities existed in the areas of family background in all six settings. All but the outpatient and state hospital groups shared similarities in the amount of previous treatment the adolescents had received. M.M.P.I. and Peabody scores were similar for short-term hospital, group home and state hospital groups. Noticable differences included a higher amount of personality disturbance measured in the long-term private group and lower academic scores in the day treatment group. Social class, referral source, and onset of symptoms appear to have some effect on the type of placement. Although the authors recommend additional research to substantiate their findings, these results indicate that attention should be paid to the previous placement of a disturbed adolescent when planning a transition program for that individual.

The weakness of residential and day treatment programs for emotionally handicapped children lies in the lack of incorporation of the family, school, neighborhood, and peer group in the treatment process. The authors examine the basic foundations for a recommended model of treatment, define the population, and present the main features of a treatment program. A multidimensional approach combining behavioral, social learning and psychodynamic theory is suggested. Transition into the community is achieved through home visits and contacts with parents, schools, recreational facilities, and the courts. The article is directed toward the improvement of treatment facilities for the emotionally handicapped young child. By developing programs that focus on community involvement at an early age, emotionally handicapped adolescents may later encounter a smoother transition as they enter adulthood.


The authors present and describe the Oregon High School (OHS) model which is currently operating in nine locations in Oregon, with programs recently implemented in Utah and Washington as well. The model consists of six aspects: curriculum, Individualized Educational Plans (IEP), instruction, classroom organizational procedures, administrative policies and procedures, and transition planning. The target population of the model includes trainable mentally retarded individuals whose IQ's have been tested to be 50 or less. Other handicapping conditions included for use with the model are moderately, severely or profoundly retarded, autistic, deaf-blind, or multiply handicapped. The model utilizes the benefits of a normal high school setting to include the social benefits of interaction with non-handicapped peers. Extra-curricular activities that non-handicapped persons would engage in are included in the IEP goals. The IEP is comprised of community based skills in the areas of work, leisure, and personal management, rather than trial and error training toward clinical and non-functional goals. The use of the community setting, including on-the-job training, addresses the issue of transition planning far more effectively than "pre-voc" activities which frequently become synonymous for "no-voc."

In order to provide a comprehensive array of educational and vocational services for the handicapped population, it is necessary that a wide variety of agencies work together. Four projects at the national level have produced models for state and local level planning. A survey was sent in 1980 to all fifty states to determine the amount of interagency cooperation occurring at that time. Results indicated that although the number of states with formal agreements was relatively low, attempts were being made to increase such collaboration. The authors conclude the article by making recommendations for improvement in this area. An increase in interagency communication and cooperation would have a beneficial impact on the development of programs for disturbed youth in transition by increasing the range of possible resources for this population in the realms of work and community involvement.


The authors examine the role of public school education in terms of employment-directed services in the areas of curriculum organization and evaluation of services. Curriculum should include: job skills training, work support skills, choice-making, advancement and mobility, and job placement. The need for individualization in programming is emphasized and the barriers to meeting that need are discussed. Organizational factors, including physical location of services, financial investment, and time limitations (length of school day and year) are also examined. The importance of follow-up studies and the difficulty in collecting accurate data regarding student achievement and classroom processes are cited as factors to consider in transition planning. Additional considerations include the existence of job possibilities and work-related services not directly related to the public schools.


In examining rehabilitation for mentally retarded individuals, the author expresses concern that emphasis has been placed on vocational skill acquisition while the instruction of independent living skills has been overlooked. He cites fifteen areas which require attention in the development of a living skills curriculum and suggests that these skills should be taught during as well as after the school years. Educational centers, community residential facilities and other community locations provide potential settings for the
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continuation of life skills instruction once a handicapped person is in the community. Boyan's list of general subject areas for life skills curriculum development and his suggestions for community settings for the continued instruction of these skills are helpful contributions to the development of a transition model for disturbed adolescents.


Career education for handicapped students is examined in terms of philosophy, development, and delivery. The authors describe two approaches to career education for these individuals. One definition concentrates on job preparation and job participation. The second model, the one to which the authors subscribe, views a person's career as being a life process consisting of occupational, social, leisure, and interpersonal aspects. The responsibility for career development ideally rests on all of society rather than solely on special educators. By including as many resources as possible from the community and from the business world, a greater pool of vocational possibilities will emerge for handicapped individuals. The wider the range of resources, the greater the opportunity is for a handicapped individual to use his or her unique talents and to be able to meet particular needs. In considering vocational issues as part of a transition model for severely disturbed adolescents, it is important to develop as many resources in the community as possible.


This manual provides guidelines for developing curriculum and student materials in the context of daily living, occupational, and personal-social skills. Curriculum models are outlined addressing various life domains which can be implemented in treatment programs serving emotionally handicapped adolescents. The curriculum guide is not intended to present everything you need to know to teach students. It does, however, provide a framework in which to build a comprehensive and systematic effort for career development that will facilitate successful adult adjustment. Copies of forms and rating scales are provided for use in guiding the implementation of the curriculum.


The article discusses the high dropout rate of handicapped adolescents and young adults in postsecondary vocational programs and proposes a model to reduce the occurrence of such problems. The basic philosophy of the model is that by enhancing the compatibility between the individual and the working environment and by troubleshooting problems areas as soon as they develop, a more successful
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transition will occur. The model consists of four stages to include assessment, planning, implementation, and evaluation. Assessment may be informal or formal and is done soon after the individual is placed so that initial problems may be alleviated as soon as possible. Planning occurs after assessment and may involve correction, compensation, and/or circumvention. Implementation involves the use of strategies developed through assessment and planning, and evaluation determines the success of the model's previous steps. The model's emphasis on early intervention and congruency between individual and workplace are invaluable concepts in working with emotionally handicapped adolescents and young adults as they enter the workplace.


Until recently, curriculum for handicapped individuals has been based on developmental stages or the "mental age" of the targeted individual. The components of this non-referenced curriculum has consisted of non-functional, age-inappropriate activities based in clinical settings. By examining the functional nature of the targeted skills and the generalizability of those skills across natural settings, the development of a more meaningful curriculum is possible. Emotionally handicapped adolescents who are facing transition require functional, age-appropriate curriculum in order to utilize their strengths in a community and/or work setting.


Many IEPs (Individualized Educational Plans) for handicapped individuals are restrictive, non-functional, and non-age-appropriate. The authors critique the construction of such plans and suggest that in order to be effective, IEPs should meet the following criteria:
1) provide opportunities for the handicapped individual to interact with non-handicapped peers;
2) Include age appropriate skills and activities in a natural setting;
3) Involve parents and guardians in the educational process;
4) Contain functionally appropriate methods to determine skill levels and needs of the student;
5) Contain strategies that can be used over a range of activities, persons, and settings;
6) Include instructions regarding the teaching of the targeted skills; and
7) Clearly state performance criteria.

In order to write IEPs which meet the described requirements, the authors suggest that the following six-stage process be used to gather the neccessary
information prior to the development of the plan:
1) Organize the curricular content;
2) Complete an ecological inventory;
3) Complete a student-repertoire inventory;
4) Work with the parents/guardians to complete an inventory of the student’s abilities and limitations;
5) Prioritize the curricular content; and
6) Design and implement an instructional process. Severely disturbed adolescents have been instructed through the use of an IEP or similar program. By following the steps described here and by including transition issues into the educational process of disturbed preadolescent and adolescent population, entry into employment and adult living will be easier.


Until recently, generalization skills have been thought to be most easily acquired by mildly or moderately handicapped students. Donnellan and Mirenda examine techniques by which severely handicapped individuals may be taught to generalize skills as well. Analysis of present and future environments in which the student will live and function is important to create a functional, age-appropriate curriculum. Once that has been achieved, the use of real or concrete representations of objects is helpful. Pairing an anticipated response with a natural cue rather than an artificial one increases the likelihood of generalization. Exposure to a variety of trainers provides for generalizing skills across a number of people. Natural reinforcers or consequences are more effective than artificial ones, and concurrent rather than serial training is helpful. These concepts are useful in working with emotionally handicapped adolescents as well as with other populations, and may be adapted for use in vocational or community living settings. Consistency in approach would facilitate transition.


One reason emotionally disturbed children are underserved may be due to unclear or vague diagnosis. Such problems in diagnosis may be traced to unclear or overlapping definitions of emotional disturbance. Eaves attributes such ambiguity to four causes, including the impact of conflicting theory, unclear boundaries of appropriate social behavior, lack of specific criteria with which to assess social/emotional adjustment, and the avoidance of the collection of normative data in using measurement instruments. A model for diagnosis of emotional disturbance is suggested for use as a way of creating a more consistent diagnosis process. By systematizing the diagnosis of emotional disturbance, treatment methods will be more effective. As a result, disturbed adolescents may have an easier transition into the adult community.
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In 1983 the Girls Club of Santa Barbara published a workbook entitled Choices: A Teen Woman's Journal for Self-Awareness and Personal Planning. The course material, which is being implemented in school curriculums, addresses the following issues: attitudes and awareness, destigmatization of non-traditional jobs and the monetary benefits of pursuing such jobs, financial planning, decision making, values clarification, assertiveness, and goal setting. It also addresses the importance of flexibility in effectively resolving various issues encountered by the individual over a lifetime. Choices is a contemporary approach to educating adolescent women in the area of vocational planning while increasing the awareness about one's interests and talents. The curriculum would be helpful in working with emotionally handicapped adolescent girls if adapted according to that population's particular needs.


Adolescents and young adults, though protected by PL 94-142 and Section 504 of the 1973 Vocational Rehabilitation Act, continue to be underserved in the special education field, particularly in the area of vocational education. The authors examine instructional design of programs for this population and stress the importance of addressing personal-social, daily living, and vocational skills to create a well-balanced model of instruction. They also examine weaknesses in evaluation and assessment of student progress, and make suggestions for improved evaluation design. The article provides an overview of the strengths and weaknesses of special education for adolescent and young adult population. By examining and revising special education curriculum for handicapped adolescents to address transition issues, more adequate preparation for entry into the adult world may be achieved.


This book presents a selective review and analysis of work that has been done in the United States by a variety of authors on the topic of functional assessment in rehabilitation. The chapters in the book represent four levels of generality: 1) a complete historical overview, 2) several topical reviews within the field, 3) a sample of specific research efforts, and 4) an analysis from the perspectives of the client being evaluated. Although there are no chapters specifically addressing functional assessment as it relates to emotionally handicapped adolescents, chapters 1, 4, 13, and 14 provide excellent information about a functional assessment orientation and process that can be adapted to emotionally handicapped adolescents.
A model for psychoeducational assessment which focuses on the process of learning rather than outcomes or products of learning is presented in this paper. Various assessment methods are discussed and presented as alternatives to standardized testing currently being used in educational settings. The assumption underlying process assessment is that a child can learn. The goal is to utilize information obtained about how, when and where children learn, and why they have had difficulties in prior learning, so that learning conditions can be constructed to optimize the probability that they will learn. A specific model that focuses assessment on the characteristics of the task, the child, and the setting, as well as the interactions between these three factors is presented. Implications of this approach for the practitioner include: 1) a broadening of the concept of assessment, 2) an increased awareness of the total learning environment of the child, 3) a movement away from labeling or classifying children, and 4) process assessment can serve as an interactive framework for planned educational interventions.


Physical fitness is as important for the well-being of handicapped individuals as it is for the non-handicapped. The author describes different types of activities and includes assessments and curriculum ideas for use with handicapped populations. She addresses the problem of continued participation in activities and suggests the use of a point system as a reinforcer. The client system described in the article is one of ambulatory, mentally retarded adults; however, the information given is easily adapted for use with emotionally handicapped adolescents. The inclusion of a physical fitness component in a transition model is important in order to encourage these individuals to maintain physical fitness as would non-handicapped peers.


It is assumed that if people are educated about health issues and realize that they are largely responsible for their own health, improved physical condition and less illness will occur. A lack of health education in special education programs results in a higher degree of externalization (attributing one's health to outside causes) by educable mentally retarded adolescents. By providing health education as a component in educational programs for handicapped persons, a greater degree of responsibility for self-care is assumed. Health care is an important process for the emotionally handicapped adolescent and should be included in a transition program.

Special education and vocational education are two types of services which have developed career planning programs for handicapped adolescents. The author examines each of these approaches in terms of strengths and weaknesses and makes recommendations. The special education approach has developed a work experience sequence which includes: prevocational training, job analysis, in-school work experiences, community placement, and post-graduation placement and follow-up. The author cites one of the major weaknesses of this approach as being the lack of effective follow-up. She also criticizes the removal of the handicapped worker from all but entry level jobs as being a problem. Vocational education is generally provided in conjunction with mainstream high school classes. It is often an inappropriate model for vocational planning for the handicapped adolescent because of its late start (the client is usually 16-17 years old at time of entry) and because many of the concepts are taught in classrooms rather than in functional settings. The author suggests that career education begin early in a person's life, and that adjustments be made to vocational or special education programs to better meet the needs of the handicapped adolescent. These suggestions are helpful in developing the groundwork for a transition model for disturbed adolescents.


Forty-five emotionally disturbed preadolescents were divided into several groups to determine the effects of different approaches toward social competence training. Each group used one of several training methods, including problem-solving skills training, discussion, or a combination of problem-solving skills training and interpersonal skills training. A fourth group which acted as a control group participated only in an assessment process. Results of the study indicated that the combination of problem-solving and social skills training was the most effective approach for promoting the development of social competence. In developing transition programs for emotionally handicapped adolescents, the use of social skills and cognitive problem-solving training in combination may enable members of this population to generate solutions to everyday problems more independently.


This handbook is written as a procedural document to operationalize educational definitions of serious emotional disturbance, behavioral disorders and social maladjustment of children in educational settings. This work represents the
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effort of many educational and mental health professionals in California. The differences between mental health and educational definitions of emotional disturbance are presented. An assessment process to identify serious emotional disturbance in educational settings is outlined and described. This process represents a useful tool for consistency in the diagnostic process.


Trends in vocational training and placement are compared using 1971 and 1980 figures. The results indicated a strong increase in enrollment of women and girls in agriculture, with a slight increase in health occupations. Office occupations and home economics continue to show a high percentage of female participants, although men are also beginning to enter the home economics arena. The field of marketing and distribution is the most balanced in terms of the male/female ratio at this time. The importance of vocational training for young women is stressed, and the positive results of such education are described. Although the figures presented stem from a non-handicapped population, the current trends may be used as a reference with which to begin transition planning for seriously disturbed adolescent women.


The Alternative Vocational School (AVS) is located in Connecticut and is designed for emotionally disturbed adolescents. It provides an alternative to after-school work programs, community work-study programs, and programs involving early dismissal from school. It is founded on the principles of reality-linked curriculum (designed to increase generalization) and multimodal and experiential learning processes. It places strong emphasis on the acquisition of social and work-related skills. The program is also characterized by consistency in discipline and a success-oriented approach to learning. New students enter a hands-on program allowing exploration in various voc-tech fields and are taught the social skills necessary for successful vocational entry. The exploratory program is followed by specialization in a chosen area and utilizes an unpaid real work experience program. Three hours of instruction and theory are provided daily, directed toward clarifying the relationship between academic skills and work experience. After-school work experiences with pay are used as reinforcement for appropriate school behavior. A job preparation and placement component completes the program, and is directed toward helping the student make the transition into the work world. Although Webster does not go into detail regarding the transition component of the model, he emphasizes that the AVS is designed specifically for emotionally disturbed clients. The model is a valuable one in that it addresses problems of generalization, motivation, and vocational-social skills, all of which are major issues in the process of transition.
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Although handicapped adolescents face many of the same issues as their non-handicapped peers, they may experience more conflicts than the non-handicapped individual in coming to terms with self-identity. The authors describe three dialectics encountered by these youth, including acceptance vs. rejection, independence vs. dependence, and expectation vs. performance. Acceptance-rejection refers to social compatibility and acceptance. Independence-dependence issues are related to social conditions and attitude by family members and others which partially determine the level of self-confidence and independence exhibited by the individual. Expectation vs. performance is correlated with the self-fulfilling prophecy concept regarding the perceived ability and resulting performance of the individual. The authors believe that these issues deserve attention in the childhood and adolescent years so that as adolescents enter adulthood they will be equipped with appropriate survival skills. They suggest the use of modeling, role plays, and self-instruction to teach those skills. Their suggestions may be incorporated into a transition plan for emotionally handicapped adolescents.


Youth who are in the process of moving from substitute care such as residential placement or institutionalization to independent living as adults generally go through a series of emotional changes resulting from the emancipation process. Reactive depression is a common response to a sense of loss or disappointment, both of which are likely to occur as an adolescent moves into independent living. The Oregon Independent Living Subsidy Program (ILSP), developed in 1973, utilizes casework to help individuals move through the sequential reactions of anxiety, elation, fear and loneliness, and quiet confidence as the emancipation process develops. The article is significant in considering a transition model for disturbed adolescents in that it examines the affective issues of moving into adulthood. Although ILSP has its drawbacks, it provides a model for the development of an affective component of a transition model.


Archer examines adolescence as a developmental stage and presents both historical and contemporary perspectives on the development of identity and role definition for adolescent girls. As young women become increasingly involved in an occupational orientation, there is potential conflict resulting from a desire for both traditional and contemporary roles. Traditional, liberated and transitional orientations directed toward resolving the conflict are discussed. Following a study which ascertained adolescent women's desire for a career as well as a family, it was determined that increased support systems are important for a young woman to achieve her goals. Issues of work and family affect
disturbed adolescents as well as their non-handicapped peers. In developing a transition program for emotionally handicapped adolescent girls, it is necessary to include components that enable a young woman to explore her feelings and develop direction in attaining goals in the realms of work and family.


A program based on work by Salter (1949) and Wolpe (1958) was designed and implemented with mentally retarded adults to increase their level of social skills. Four areas of social competence were addressed, including 1) introductions and "small talk", 2) asking for help, 3) differing with others, and 4) handling criticism. Initial instruction was done in a clinical setting following a baseline assessment. Incorporating information from the baseline and from each client's caregivers and supervisors, two situations within each of the four areas were chosen as a framework for role plays in the clinical setting. One of these role plays was used primarily to assess generalization of the skill. Four weeks of simulated role plays in the clinical setting were followed by a trip to a convenience store. A shopping task was presented to the clients and their responses within the four target areas were assessed. Results indicated an acquisition of the targeted social skills in the clinical setting, but a low level of generalization to the natural setting. Weaknesses of the experiment are examined at the end of the article. This experiment was based on work with psychiatric patients (Bellock and Hersen, 1977). Adaptations to include more effective generalization to an "in vivo" environment would create a potential learning situation for disturbed adolescents.


Difficulties in providing rehabilitation services (including counseling, training, and job placement) for seriously disturbed individuals may occur due to communication and social skills deficiencies. Using an adapted desensitization technique, the author describes a program to help these individuals increase personal assertiveness. Enhanced communication skills result in improved functioning in social and vocational settings. The technique described is one approach to a social skills component in a transition program for disturbed adolescents.


Adolescent foster children frequently experience gaps in their personal development resulting from the issues which led to the placement and from a sense of impermanence or not belonging to a group or family. Taking these issues into consideration, a model for a Life Skills Group for Foster
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Adolescents was developed in South Carolina. The purpose of the program is to teach adolescents skills which will result in more positive interactions with peers and better relationships with those in positions of authority. In addition, the program targets skills necessary in making a successful transition to adulthood. The program is based on five principles: The need for stability and security, a lack of pressure on the adolescents to self-disclose, the provision of activities that allow individuals to decide on their level of participation, an awareness of appropriate responses to sensitive issues, and consideration of the developmental level of the group when planning activities. Topics included in the curriculum include foster care issues, development of friendships, sex and sexuality, substance abuse, and problem-solving. Disturbed adolescents, whether in foster or residential care, experience many of the same issues that non-handicapped adolescents face. In developing a transition model for emotionally handicapped adolescents, components discussed in this article would be useful.


Behavior therapy changed during the 1970's to include cognitive as well as behavioral methodology. The authors describe two cognitive change methods that may be used with clients in changing behavior. Systematic Rational Restructuring is based upon correcting a person's labeling of a given situation or event. By learning to label more accurately, an unnecessarily emotional reaction may be avoided. Techniques involve teaching clients how their perception affects emotional reaction and how to change unrealistic thinking patterns. Problem Solving Training is used to enable the individual to process a problem and make decisions about handling that problem. Problem definition, generation of alternative solutions, and decision making are components of the problem solving process. The authors conclude the article by discussing the application of each approach. The techniques discussed may be used as part of a life skills training component for emotionally handicapped adolescents and young adults.


The book's major focus is the presentation of a structured learning approach to teach adolescents social skills, skills for dealing with feelings, skill alternatives to aggression, and skills for responding effectively to stress. The concept of prescriptive intervention is presented to take into account the adolescents' strengths and weaknesses in order to individualize the structural learning approach. This is an excellent book for special educators, mental health interventionists and program planners who work with emotionally handicapped adolescents. Identified principles which guide the structured learning process, and examples detailing the implementation of the process are presented.

A behavioral approach utilizing role plays and practice sessions followed by "in vivo" situations was used with mildly retarded adolescents to increase job interviewing skills. The three areas targeted by the study included: 1) presenting background skills effectively, 2) asking the interviewer appropriate questions about the job, and 3) appropriately expressing interest in the potential position. The success in increasing skills in these three areas was rated by taping interviews with a manager at a McDonald's restaurant before and after treatment. The outcome of the study was a marked increase in the acquisition of job interviewing skills in the targeted areas. Although some adaptations may be necessary to use this program with disturbed adolescents, the basic framework of the model is valuable. The use of role plays and "in vivo" interviews would provide direct feedback to adolescents in transition who are preparing for entry into the work force in the community.


Adolescent mood swings have been attributed to psychosocial disequilibrium and the inability of individuals in this age bracket to control the stress in their lives effectively due to immaturity. The authors used a time sampling method with a group of adolescents and a group of adults to determine similarities and differences between the two groups in terms of mood range and the length of time experienced in various moods. Results indicated that adolescents experience a wider range of moods than adults, and that their attention span and length of time absorbed in a mood tends to be shorter than that of adults. Findings led the researchers to believe that it is adolescent lifestyle and interactions with peers that correlate most closely with mood variability rather than disequilibrium. It would be helpful to compare these findings with similar research done with emotionally handicapped adolescents. By understanding mood variability in disturbed youth, more effective structuring of educational and socialization activities may be achieved.


This study focused on training approaches for mentally retarded adults in ten areas: travel, money management, clothing and personal care, telephone use, housekeeping, self-medication, leisure, social interaction, and conversation. Results of the study indicated, that in most areas, *in vivo* training was more successful than simulated training. Some difficulties may arise in generalizing money management, housekeeping, and food preparation skills. Systematic training procedures used in conjunction with *in vivo* experiences enhanced the
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training of clothing and personal care and self-medication. Social skills training is particularly important as deficiencies in this area may cause handicapped adults to lose their jobs when in a competitive employment setting. Although the article was written in reference to mentally retarded individuals, many of the processes described are transferable to a disturbed adolescent population. Effective social skills training is important in planning for transition into the community for disturbed adolescents as they enter adulthood.


A socialization group directed toward improving communication patterns and social interaction skills is described. The group meets once weekly for ten weeks, and during the cycle examines difficult personal social situations and interactions with others. Each member sets goals in these areas and works toward those goals. Role plays, journals, video tapes and group discussions are used to clarify the process and accomplish the goals. The group described is used with patients of a partial hospitalization program and may be useful for work with emotionally handicapped adolescents in a transition program.


Social problem-solving training was used in an elementary school to determine the effectiveness of several different approaches to acquisition of this skill. Children were divided into one of four groups: a group using video modeling tapes, a group using discussion in addition to the video tapes, a role play group, and a control group. Results indicated that all three methods improved the children's problem-solving skills; however, the use of role plays was shown to have the greatest generalizability. The techniques described may be used as a component of a transition program for emotionally handicapped adolescents. The results of the study indicate that role plays are particularly helpful in generalizing problem-solving skills to real life situations.


By learning to instruct and reinforce oneself rather than to depend on a trainer's cue, more independent performance by handicapped individuals in vocational and social settings is achieved. Self-reinforcement is taught using tokens, eventually leading to increased self-control. Self-instruction is taught using a series of steps beginning with cognitive modeling and progressing to overt guidance, faded self-guidance, and covert self-instruction. Another training program takes students through a six step procedure including:

1) Deciding what the teacher wants done;
2) Deciding upon a specific task;
3) Determining sequential ordering of steps needed to complete the task;
4) Self-reinforcing success;
5) Learning to ignore distractions;
6) Determining how to cope with failure.

These techniques would be easily modified for effective use with emotionally handicapped youth who are making the transition into a vocational setting. By providing a model utilizing the individuals' abilities to reinforce themselves, transition may be smoother and more independent.


A study of two classroom models used with emotionally disturbed children was done in order to compare and contrast the development of help-giving behaviors, self-control, and responsibility. The Humanistic-Psychoeducational Model is based on the assumption that affective development is equally important as, and contributes to, cognitive development. The Behavioral/Learning Model focuses on behavior control and academic skill acquisition. The results of the study revealed that students in the Humanistic/Psychoeducational Model classroom demonstrated a higher degree of empathy (indicated by spontaneous help-giving and affective responses to others), an increased level of self-control (demonstrated by fewer acting out behaviors), and a higher level of responsibility (as shown by a lower incidence of off-task behaviors) than students in the Behavioral/Learning classroom. The importance of working with emotionally disturbed youth in the areas of affect and empathy is stressed, as development in these areas leads to improved social functioning, self-control, and responsibility. The ideas presented in this article may be adapted for use in a transition model for seriously disturbed adolescents.


The authors examine the differences in response to mixed messages by normal adults, disturbed adults, and children. Results of the study indicated that although normal adults rely on a variety of cues to determine the theme of a message, children and disturbed adults rely primarily on verbal content and tend to overlook other cues which give additional information about the overall message. The study may be significant in planning transition for seriously disturbed adolescents by providing information about the importance of communicating clearly with these individuals. By taking into consideration the difference disturbed adults display in the receptive mode of communication, misunderstandings in the home or workplace may be avoided.
An experiment involving word association exercises was performed with a group of adolescents, some of whom were socially isolated. Results indicated that socially isolated adolescents tend to give idiosyncratic, rather than common or popular, responses to cue words. The author concluded that isolated individuals are more likely to exhibit idiosyncratic behavior when in an unclear or unfamiliar situation. Deviant behaviors may also be related to social isolation, especially in adolescent females. The results of this study indicate that care should be taken in transition planning for disturbed adolescents in terms of isolation and communication. By decreasing social isolation and increasing concrete commands in social and vocational settings, the incidence of deviant behaviors should drop.


The use of a behavioral-training and a discussion approach toward the acquisition of social skills are compared in terms of effectiveness and generalizability. Findings indicated that the behavioral-training approach utilizing modeling and role plays is more effective in both acquisition and generalizability of group interpersonal social skills. The study supports the trend toward the use of functional and natural settings in the education and socialization of handicapped individuals. Emotionally handicapped adolescents coming from a background of training in a functional setting should encounter less difficulty during the transition to adult living and employment.
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According to Margaret Mahler, a toddler often goes through a stage of development characterized by a push-pull flavor, such as "leave me but don't go too far." During adolescence this rapprochement crisis occurs again to some extent as the adolescent simultaneously views his childhood and impending emancipation. Emotionally handicapped adolescents may experience this second rapprochement particularly strongly as they examine not only their emancipation but also the instability of their childhood environment. The author recommends societal support and increased funding for treatment of these issues. By addressing rapprochement and related issues, professionals working with emotionally handicapped adolescents may facilitate a more successful transition for these youth.


This book outlines an approach to increase the problem solving repertoire of young children in order to reduce impulsive behavior. This approach is applicable to adolescents and has implications for curriculum development. The focus of the book is on the cognitive process as applied to real life situations to enhance social adjustments. Seven fundamental principles are identified which are then operationalized into a training program to impact on cognitive problem solving behavior. Summarized, these principles are: 1) to teach prerequisite language and thinking skills before teaching problem solving strategies, 2) to teach new concepts in the context of a familiar content, 3) to base program content on people and interpersonal relationships, 4) to teach generally applicable (real world) concepts, 5) to teach the habit of seeking solutions and evaluating them on the basis of their potential consequence, 6) to encourage creativity in problem solving, and 7) to teach problem solving skills, not as an end in themselves, but rather in relationship to their adaptiveness.


Children demonstrating deficient social skills (such as aggression, lack of assertiveness, and/or social withdrawal) are more likely to have academic and social-emotional problems during childhood and adult years. The authors define social skills in terms of behaviors and assess the use of behavioral approaches to improve poor social skills. Weakness in a behavioral approach include lack of generalizability, lack of a classification system by which socially isolated children may be described, and lack of empirical data directed toward determining the most significant skills needed. Problems regarding consistent maintenance of treatment are also discussed. The authors recommend combining a behavioral approach with developmental theory and integrates the participation of parents, teachers, and the child's other adult models. Information provided
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in the article indicates that a behavioral approach in conjunction with consistent treatment and attention to developmental issues of adolescence would be helpful in forming a social skills component of a transition model for emotionally handicapped adolescents.


The author examines the developmental tasks involved in the process of separation between young adults and their parents. The Separation-Individuation process is described as being a period when the young adult moves away from the family physically and psychologically and is torn between value systems and lifestyles. This phase is followed by the Integration of Intimacy and Effort. By developing the capacity for intimacy, the young adult develops a new-found sense of self-confidence. Parent-child relationships may be difficult during this transition, especially for emotionally handicapped adolescents, who often come from a family system lacking in security and stability. Wechter recommends family therapy for families experiencing difficulties in separation, and gives helpful suggestions for the therapist. In addition to providing an overview of separation issues for emotionally handicapped and non-handicapped adolescents and their families, the article includes a case study of an emotionally handicapped youth and his family going through the separation process. The article contains information that is helpful in developing a social/emotional component of a transition plan for emotionally handicapped youth.
Bederow, L.S. & Reamer, F. (1981, April). Treating the severely disturbed juvenile offender: A review of issues and programs. Unpublished manuscript, the University of Chicago, School of Social Service Administration, Chicago.

Severely disturbed juvenile offenders are frequently treated through corrections or mental health systems. Six programs which evolved in isolation from each other are described. Although all of the programs are modeled after residential treatment centers and are in secure settings such as on prison grounds, they vary in terms of admission criteria, size, program structure, and follow-up care. Two types of discharge and transition planning emerged from the study. The first type was developed and implemented by the program staff. The other model was a cooperative effort between the program and the source of referral. In either case, development and utilization of community resources is needed. Aftercare and transition issues are described by the authors as being the weakest areas of the programs. The development of transition programs for the emotionally handicapped juvenile offender, like the development of such programs for other disturbed adolescents, requires further study and planning to include the use of available community resources. By taking this and other issues into consideration, effective planning for this population may occur.


The author critically examines the various offshoots of deinstitutionalization which have developed as a result of this trend in the mental health field. Community mental health programs are blamed for the perpetuation of the two-class system of mental health care and for increasing governmental and professional power rather than placing the program into the hands of the community. State hospitals are criticized for careless discharge and follow-up planning. The Health Maintenance Organization model tends to neglect the needs of those who require long-term treatment. Nursing and boarding homes have been faced with potential overload due to the greater number of clients in the community. The author recommends that the splintered agencies become united into a more cohesive and effective structure. He supports community programs which are run by and for the community. Although the article does not deal directly with transition issues of emotionally handicapped adolescents, it provides an examination of some of the issues resulting from deinstitutionalization, which affects adolescent as well as adult clients of the mental health system.


The structure of an organizational system and the definition of its priorities in terms of service to its clients differs according to the roles of its staff. A study of one organization revealed discrepancies between the administration's priorities and that of the front-line workers in terms of the needs of the
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program and the corresponding roles of the workers. When planning a transition program for severely disturbed adolescents, care must be taken to insure that as much cohesiveness as possible exists between the administration and the staff regarding program objectives and implementation.


In order to assess the progress of services for disturbed adolescents as a result of the passage of P.L. 94-142, a survey was mailed to the directors of special education in each of the fifty states, the District of Columbia, Puerto Rico, and American Samoa. The survey covered a range of topics including the definition of emotional disturbance, the types of educational programs available, eligibility and placement information, and rates of return to mainstream educational programming. Analysis of the data from the survey revealed weaknesses, including inconsistency in definition and a lack of educational services. On the other hand, the use of an interdisciplinary approach to identification and placement and the provision of services to older adolescents indicate a positive step toward more comprehensive services for this population. Recommendations include the implementation of a more systematic evaluation and record keeping system. As transition programs for severely disturbed adolescents and young adults are developed, consistent evaluation methods will be important in order to measure effectiveness and to promote progress in the field. This article provides a frame of reference for further study in the area of evaluation of transition programs for this population.


Patients served in a rapid discharge program were compared to those served in a multi-faceted treatment program consisting of in- and outpatient treatment, employment services, community housing, and sheltered work situations. A higher rate of reintinstitutionalization was indicated for those in the rapid discharge program. The article is not specifically directed toward transition issues for the seriously emotionally disturbed adolescent; however, components of the multi-faceted program described in the article may overlap with those of a transition plan for this population.


At the time the article was written, residential treatment of children was plagued by inconsistent definitional clarity, unclear diagnosis and treatment approaches, and lack of research regarding the outcome of such placements. The
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authors recommend a community-based setting staffed by a multi-disciplinary team, the substitution of a sociological approach for a psychological approach, and an examination of placements other than institutionalization. Although the article is somewhat dated, it presents the issues that have become the focus of changing treatment for emotionally handicapped children and adults. As treatment becomes more community-based and functional, the prospect of effective transition programs for this population becomes more promising.


The author examines the concept of transitional treatment centers and their role in mental health planning. Although the goal of such centers is to enable an individual to function successfully in the community and to become a productive working member of society, this is often not the case. Rasmussen examines possible reasons for this failure and describes them. One reason for lack of effectiveness in transitional programming is the gap between training and "in vivo" experiences in the areas of vocational and personal living skills. Another weakness is the absence of input from community members to the center; that is, clients are often sent into the community but rarely do members of the community come to the center. Rasmussen also points out the split that occurs between staff and client functions which creates a gap in the center. Possible solutions to the problems described include the use of volunteers and invitations to neighbors, businessmen, and community groups to visit and/or use the facilities. Providing the clients experiences in failure as well as success serves to create a more realistic picture of everyday life.
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Sheltered workshops and work activity programs were originally designed to create a continuum by which handicapped individuals would gradually increase work skills and eventually be placed in a work situation. According to recent statistics, less than 5% of participants in these programs advance to a work level each year, with most being placed on waiting lists. The authors discuss the unsuccessful generalization of "pre-vocational" skills to actual work situations and give the following reasons for failure: 1) the faulty design of pre-voc skills which are not transferrable to real-life job skills, 2) the assumption that pre-voc skills must be learned before going into a work setting, 3) difficulties in funding, and 4) the growing number of individuals needing effective transition planning and services. Supported employment is described as placement in real jobs with on-the-job skills training rather than prerequisite training. Employment in workplaces that hire handicapped and non-handicapped workers is stressed, as are ongoing support, job security, benefits, and job attractiveness. Implementation of supported employment programs requires stable funding, which does not currently exist. This type of program is an important vocational option to consider when developing a transition program for severely emotionally handicapped adolescents.


The Community-Based Linkage Model Project was designed to combine the efforts of educational facilities, social service agencies and potential employers in order to meet the vocational needs of mildly handicapped individuals. The roles of administrators, educators, support service personnel and parents are delineated. Overlapping roles are discussed and a diagram is presented to better illustrate the model. Although the model is directed specifically toward placement of the mildly handicapped, the basic concepts are useful for development of a model for emotionally handicapped adolescents in transition.


The Tappan Zee sheltered workshop in New York is a long-term program which includes aftercare, daily living skills training and socialization opportunities. A follow-up study with clients who had been in the program revealed a strong rate of employment and a low rate of reinstitutionalization. The study stresses the need for a wide scope of services in addition to vocational training for the mentally ill, emotionally disturbed and other handicapped populations. By providing socialization, daily living skills training and consistent followup, disturbed adolescents may be served better as they make the transition into adulthood.

Until they begin to work, adolescents are socialized primarily through school, home, and peer groups. Work should provide opportunities for socialization with adults that other settings lack. A study done by the President's Science Advisory Committee (PSAC) examined areas of personal responsibility, social responsibility and contact with adults in the workplace. Results indicate that through work, adolescents learn how to handle their finances and have some opportunity to develop independence. Most of the adolescents in the study met the basic requirements for job performance but did not go beyond the call of duty. A sense of interdependence with other workers was low, contributing to a sense of isolation. An important finding in the study revealed a lower amount of socialization with adults than was expected by the researchers. For adolescents who are severely disturbed, the workplace can be invaluable for teaching a wide range of skills including money management, vocational skills and appropriate socialization. It is important, however, to take care in structuring the setting so that these benefits may occur.


A study was done with a sample of adolescents in California to determine the effects of part-time employment on family and peer relationships as well as to examine the quality of relationships that develop with co-workers. Findings revealed that the amount of time spent with the family decreases but that the time spent with peers remains relatively constant. The quality of the relationships with both groups is not affected. Despite the potential opportunity for making new contacts through the workplace, the adolescent who works part-time generally does not form close relationships with co-workers. Further research is necessary to determine the effects of work on the relationships of emotionally disturbed adolescents who are moving into the workplace. This study provides one source of information with which to conduct further research.


This article describes a vocational preparation model for handicapped persons which concentrates on an individual's skills and work habits, and how that individual functions under different types of supervision and in various work environments. Individuals work on different tasks and are evaluated in terms of their skill suitability to that task. Different styles of supervision are used with each individual to determine the most compatible style for each person. Individual meetings are held between worker and trainer to troubleshoot problem areas. The final step of the model is goal setting by the worker to further
refine skills in order to become more employable. Emotionally handicapped students, like other workers, have different needs and different skills. This model addresses the uniqueness of the individual worker and is directed toward facilitating a smoother transition into the workplace by taking these differences into consideration when doing vocational planning.


This article examines the issues and problems experienced by handicapped persons as they make the transition from school to work. The authors cite employer discrimination, a lack of competitive labor market abilities, federal welfare system disincentives and the threat of removal of paid medical benefits as being key obstacles to employment of handicapped persons. The Project ACCESS employability model and the Job Training Tryout model (JTTO), implemented in Maryland, address the vocational needs of handicapped individuals in transition. Job search, job readiness and training skills are provided, as are unpaid (tryout) work experiences. Assistance in paid job placement follows the tryout phase. Other facets of the program include followup, outreach, and support services.


Project Explore provides services to handicapped students, including vocational exploration and assessment. The model is based on the philosophy that handicapped students benefit from receiving exposure to various vocational clusters and that the assessment process should include the development of an awareness of particular interests and abilities as well as the implementation of vocational interest, aptitude, achievement, and dexterity tests. Commercially produced work sampling systems are used in the program. Project Explore is designed for use with a wide range of handicapped and disadvantaged youth, including the severely emotionally handicapped.


Four models for supported employment for handicapped individuals are described, including the Supported Jobs Model, the Enclave Model, the Mobile Crew Model, and the Benchwork Model. The Supported Jobs Model utilizes job placements within service businesses such as restaurants, offices, and hospitals. Individuals are given on the job training while employed and generally work three to six hours each day. Levels of performance lower than the expectation for non-handicapped employees are allowed by the employer in exchange for certification allowing payment of less than minimum wage. The establishment of a certain level of
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productivity then becomes the basis for payment. Staff from the not-for-profit community agency work with the handicapped individual, providing ongoing support as needed. The Enclave Model has been implemented in electronics companies. Disabled individuals work side by side with non-handicapped workers and are treated equally in terms of wages and access to work. Staff members who provide ongoing support are within proximity of the disabled workers at all times. The Mobile Crew works at service jobs such as groundskeeping and custodial work. A supervisor works with a crew of approximately five people. Rather than using an office, the crew operates out of a van which travels from site to site as needed. The Mobile Crew Model is effective for use in rural areas. The Benchwork Model is based on contract work from electronics and related firms. A workspace maintained by the parent agency is used by the handicapped workers. A problem inherent to this model is that the use of a separate workspace reduces the opportunity for contact with non-handicapped workers. A second weakness of the program is the potential lack of contract work at certain times. The employment alternatives described serve as various ways emotionally handicapped adolescents may become gainfully employed in a setting which meets their unique requirements. The development of least restrictive work placements is an integral part of a transition model for this population.


Plata's study sought to determine whether the results of research done by Telford and Sawrey (1977), in which vocational aspirations were determined to be lower for handicapped persons than non-handicapped, would hold true for emotionally disturbed adolescents as well. Using the Occupational Aspiration Scale (OAS) with disturbed and non-handicapped youth, he found that the vocational aspirations of disturbed youth vacillated, hence reconfirming earlier findings. Plata's results indicate the need for special counseling and training for emotionally handicapped youth in transition. By providing for the unique needs of this population and helping them to gain a greater understanding of their abilities, a more successful vocational placement may occur.


The enclave model is a type of supported employment which is designed for severely handicapped individuals who would normally be unable to work in a competitive industrial setting. This approach places handicapped workers alongside non-handicapped individuals and assigns the same work tasks to both groups. The handicapped workers receive the identical benefits as the other employees. A non-profit organization is developed which works with the company as a support structure to place the workers in situations appropriate to their needs and abilities and to act as a liaison between the workers and the parent company. The handicapped workers are supervised by non-handicapped employees. When the handicapped workers reach a particular level of productivity, they are hired by the company. Until then, the support organization is legally
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responsible for the employees. The worker's pay is based on the amount of work completed. The enclave approach is a model which could be effective with emotionally handicapped adolescents, as it provides socialization with adults in a vocational setting and a less restrictive, more natural environment than sheltered workshops.


The Vocational Exploration Program (VEP), developed by the Children's Home of the Wyoming Conference, is located in Upstate New York. It serves emotionally disturbed adolescents who are in need of institutional care. Its goals are threefold: to provide life skills training and prevocational instruction, to help adolescents develop a realistic approach toward achieving their goals, and to assist the individual in successfully adapting to community living. These goals are achieved in two stages. The first stage is a classroom approach toward survival skills training. Each adolescent is paid a small amount for each hour of classroom participation. After six weeks of this approach, a vocational component begins, which consists of on-the-job training. The adolescent's wages are paid first by VEP, and then by the employer. Depending upon the severity of the handicap, the classroom approach may or may not be beneficial for use with some disturbed adolescents. In any case, the use of wages and on-the-job training are important components in developing transition programs for this population.


Steinberg examines three contexts from which adolescents typically gain work experience skills: career education through the schools, youth employment and training programs, and generic part-time employment (employment which is sought by the youth on their own rather than through a program). He criticizes the adolescent employment situation as not attaining the goals of having beneficial effects on the educational process, not providing the expected opportunity for socialization, and not serving as the groundwork for further employment as an adult. He cites one reason for these failures as being the absence of stimulating tasks requiring formal instruction. He notes that most adolescents do not experience difficulty in making the transition from school to work; however, he adds that for those for whom transition is difficult, the work experiences that could alleviate the problems occur too late in school and are too narrow in scope. Steinberg repeats a common theme present in transition literature for disturbed adolescents when he comments on the lack of preparatory skills which could be taught at an earlier age. Because his article is a critique of current services rather than a presentation of alternatives, it provides support for the argument of a functional curriculum for this population.
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A study in Australia examined the reactions to unemployment by persons over and under the age of twenty. Using a psychosocial model for adolescent maturity, it was hypothesized that unemployment would negatively affect normal development in adolescents. A series of scales was used with unemployed adolescents and adults to determine levels of anger, alienation, anxiety, loneliness, and other emotional states which could be affected by unemployment. Results indicated that adolescents experience higher levels of anger (internalized and externalized), helplessness, and anxiety than adults. Intolerance of others, directly related to inappropriate expression of anger, was also evident. Although this study was done with non-handicapped adolescents, it has implications for working with emotionally handicapped youth as well. If this population has a lower frustration level than their non-handicapped peers, extra support during times of unemployment would be helpful.


The advantages of competitive employment over sheltered workshops settings for handicapped individuals includes exposure to a community, placement in true-to-life work experiences, the opportunity to interact with non-handicapped peers, and more desirable wages and benefits. The authors describe a model program for such placement which includes job training, service delivery and staffing plans, and evaluation guidelines. The job training and placement design includes an examination of potential job possibilities in the community, client assessments, and the establishment of performance objectives. The development of an appropriate employer-employee match is discussed, as is the need for follow-up once the individual has been placed. The article is a solid overview of the process which occurs in establishing an effective employment program for handicapped individuals. Its framework may be utilized in developing a vocational training model for disturbed adolescents and young adults.


The need for meaningful work experiences for the handicapped is described. One solution to improve the current lack of such programs is the formation of supported work situations. The supported work model is characterized by intensive on-the-job training in community settings. It may be used in both urban and rural areas by individuals with little or no history of competitive
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employment. The workers in this type of setting receive assessments to insure an appropriate placement, consistent monitoring of performance, and follow-up services designed to maintain job satisfaction. The model is one which may be implemented during the school years and which carries through transition into living as an adult in the community. Supported work situations are designed for use by various populations, including emotionally handicapped adolescents.