

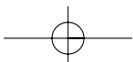
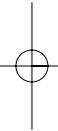
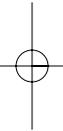
SECTION



**Improving Practice, System, and Policy**



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# Prevention Planning

## Collaborating with Youth and Young Adults to Reduce Risk Behavior and Related Harm

## CHAPTER

## 8

Mason G. Haber, Hewitt B. "Rusty" Clark,  
and Ryan Parenteau

The transition to adulthood is a period in life where risk taking becomes increasingly common. Many consider this increased risk taking, including particular types of behaviors leading to increased risk or *risk behaviors*, to be a normative and in some respects necessary aspect of development (Hall, 1904; Siegel and Scovill, 2000). Despite this, for a variety of reasons, young people with emotional and/or behavioral difficulties (EBD) are extremely vulnerable to harm related to risk behavior. Some have psychiatric diagnoses, including disruptive or substance-abuse disorders, in which risk behavior has an ongoing pervasive impact on their functioning. Even among those with other types of EBD, however, risk behaviors can lead to temporary setbacks or have more serious consequences with long-term implications. Given these harsh realities, finding ways to address current or potential problems with risk behavior has been a high priority for programs providing support to young people with EBD, such as those using the Transition to Independence Process (TIP) model (Chapter 2).

Although methods for reducing risk behaviors of young people have been written about extensively, little guidance exists on prevention and intervention considerations specific to transitioning young people with EBD. Furthermore, with very few exceptions (Bruccleri, Gogol-Ostrowski, Stewart, Sloan, & Davis, 2000), almost no resources exist to inform such intervention for young people in TIP and similar programs. This chapter discusses unique aspects of risk behavior among young people with EBD and efforts by TIP and similar programs to either prevent risk behavior problems or address emerging ones. A specific approach for risk behavior prevention and early intervention

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designed for these settings, Prevention Planning, is also described. Experiences of the second author as a young adult in a TIP program are shared to highlight important points related to Prevention Planning and other efforts to reduce risk-behavior problems among transition-age youth and young adults with EBD.

### **UNDERSTANDING RISK BEHAVIORS AMONG YOUNG PEOPLE WITH EBD: A COMMON FRAMEWORK**

#### **Types of Risk Behavior**

As detailed in national surveys of risk behavior among American youth such as those conducted by the Centers for Disease Control and Prevention (CDC, 2008), specific types of behavior that place youth at risk include

- Use or abuse of cigarettes, alcohol, and/or illicit drugs
- Risky dating and/or sexual behaviors (e.g., early initiation of sexual activity, sex with multiple partners, unprotected sex, sex under the influence of intoxicants, lack of caution in selecting dating and/or sexual partners)
- Illegal and/or delinquent behavior (e.g., vandalism, theft, truancy, participation in gang activities)
- Violent behavior (e.g., physically threatening or fighting with strangers, peers, parents)
- Dangerous thrill-seeking behavior (e.g., risky driving such as street racing)
- Deliberate self-harm (e.g., self-mutilation such as cutting) or suicide

Clearly, these risk behaviors differ from one another in key ways. However, they often occur together, are affected by similar personal and situational influences, and share similar short- and long-term impacts. Thus, for programs seeking to address risk behaviors of young people with EBD, the similarities across risk behaviors may be more important than their differences.

#### **The Role of Common Factors**

As noted above, although risk behaviors differ from one another in important ways, a number of personal and situational characteristics are

associated with most or all of them. These characteristics or *common factors* help to explain why young people who have problems with one type of risk behavior often develop others either concurrently or later on (Osgood, Johnston, O'Malley, & Bachman, 1988). There are two types of common factors that are important to consider, *risk factors* and *protective factors* (Hawkins, Catalano, & Miller, 1992; Sandler, 2001).

Risk and protective factors influence young people in somewhat different ways, each having a unique relationship to the likelihood of engaging in risk behavior (Ostaszewski & Zimmerman, 2006). Risk factors increase the likelihood of risk behavior problems. They include personal characteristics often found among young people with EBD (e.g., impulsivity, difficulties with planning, social skills deficits, emotional difficulties such as depression and anxiety), and frequent features of their environments, such as poor peer or adult role models. Protective factors decrease risk behavior problems, either by promoting healthy processes (i.e., other protective factors), reducing unhealthy processes (i.e., risk factors), or both. For example, involving youth in positive social contexts such as after-school activities, church, or positive youth development programs may increase their self-determination, self-esteem, positive peer connections, and other healthy attributes while reducing unhealthy attributes such as time spent with antisocial peers or poor adult role models. Intervention and prevention strategies for risk behavior can utilize both risk and protective factors to reduce risk behavior among young people with EBD. Some specific risk and protective factors related to risk behavior are identified in Table 8.1.

Because certain types of risk behavior are extremely common among young people, particularly those with EBD, risk and protective factors should be understood as predicting *risk behavior severity* or *risk behavior problems*, rather than risk behaviors in themselves. For example, getting into a shoving match with another youth is a poor way of negotiating conflict, but not an unexpected event for an adolescent or even a young adult. More serious and potentially injurious violence is obvious cause for concern, however. Similarly, experimental drinking and drug use occur relatively frequently among adolescents and young adults (CDC, 2008), but are less of a concern than repeated binge drinking, drinking and driving, and so forth.

### **How Risk Behaviors Affect Young People with EBD: Common Processes**

In addition to being associated with similar common risk and health protective factors, risk behaviors may also affect young people through similar processes, involving progression from factors that predict risk

**Table 8.1.** Risk and protective factors related to risk behaviors

Risk Factors		Protective Factors	
Personal	Environmental	Personal	Environmental
<ul style="list-style-type: none"> <li>• A history of risk behavior</li> <li>• Anxiety, depression</li> <li>• Impulsivity and planning difficulties</li> <li>• Positive attitudes toward risk behavior</li> <li>• Poor engagement with protective settings (e.g., school, church)</li> <li>• Social skills &amp; problem solving deficits</li> </ul>	<ul style="list-style-type: none"> <li>• Poor adult role models</li> <li>• Lack of adult supervision</li> <li>• Sexual or violent victimization</li> <li>• Friends who engage in deviant or risk behavior</li> <li>• Friends who are poorly engaged in school and other protective settings</li> <li>• Neighborhood risk factors (e.g., high crime, violence)</li> </ul>	<ul style="list-style-type: none"> <li>• Goals and aspirations</li> <li>• High self-esteem</li> <li>• Scholastic abilities and achievements</li> <li>• Endorsing pro-social values (e.g., of hard work)</li> <li>• High participation &amp; sense of belonging in protective settings</li> <li>• Personal competencies (e.g., problem-solving skills)</li> </ul>	<ul style="list-style-type: none"> <li>• Positive adult role models</li> <li>• Adequate supervision</li> <li>• Friends who are productively engaged</li> <li>• Friends who disapprove of risk behavior</li> <li>• Neighborhood protective factors (availability of extracurricular activities)</li> <li>• Increased family and work responsibilities</li> </ul>

*Sources:* Allen, Leadbeater, & Aber (1994); Bachman, Wadsworth, O'Malley, Johnston, & Schulenberg (1997); Beam, Gil-Rivas, Greenberger, & Chen (2002); Fergus & Zimmerman (2005); Greenwald, Pearson, Beery, & Cheedle (2006); Hawkins et al. (1992); Hussong & Chassin (2004); Jessor (1998); Kandel, Simcha-Fagan, & Davis (1986); Leventhal & Brooks-Gunn (2000); Masten, Rosiman, Long, Burt, Obradovic, Riley, et al. (2005); Mounts & Steinberg (1995).

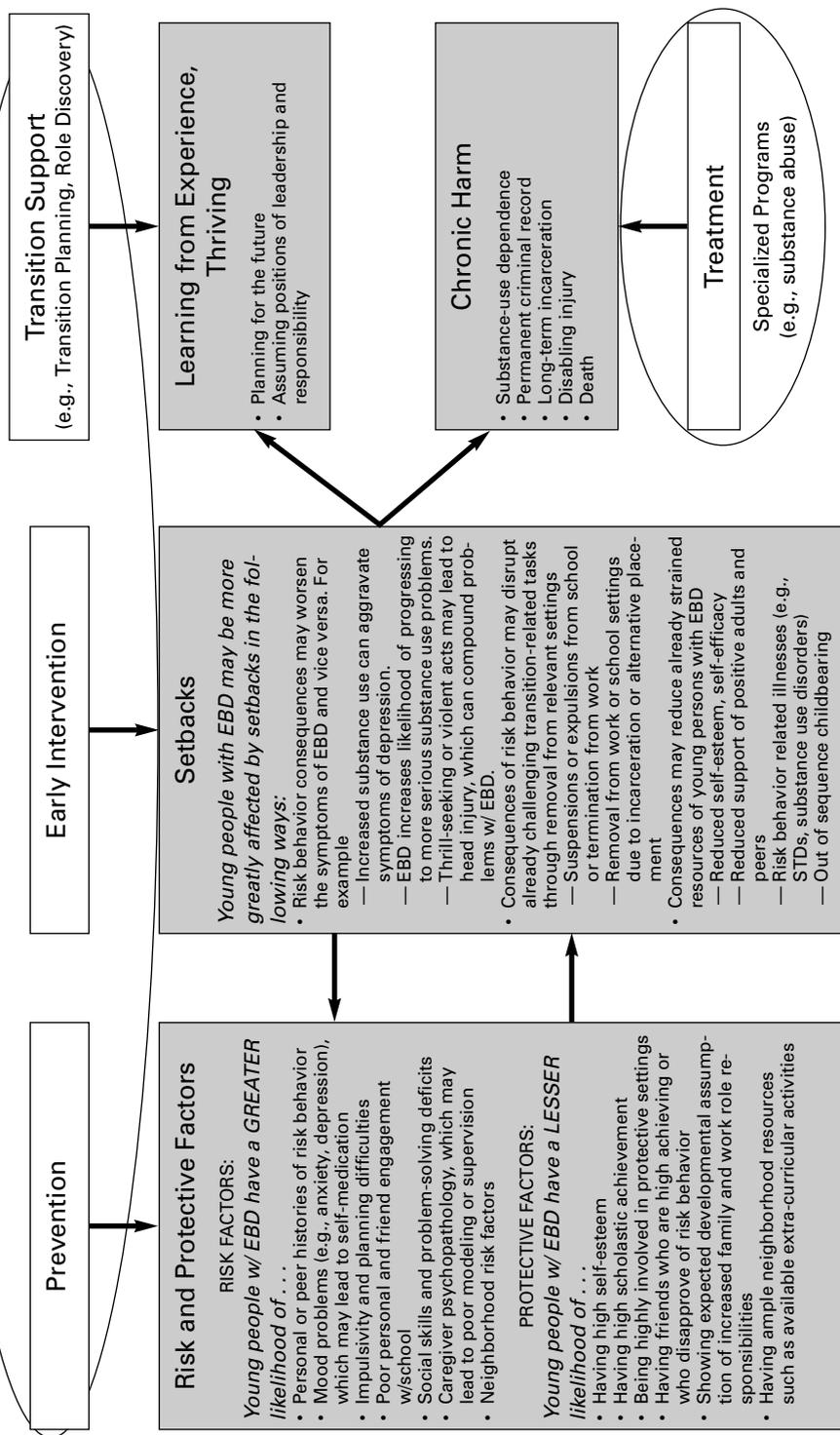
behavior and the likelihood of risk behavior problems (i.e., risk and protective factors), to short-term harmful consequences, or *setbacks*, and finally, to long-term consequences that interfere with transition success or other aspects of health, or *chronic harm*. Although the first two phases of this process do not inevitably lead to long-term poor outcomes, they are cause for concern because they increase the likelihood of long-term consequences. For example, the loss of a job (e.g., due to violence at work or substance-use-related absenteeism) may be unpleasant for a young person but would be expected to have limited impact as an isolated event. However, repeated loss of employment could lead a young person to lose confidence in his or her employability or to fail to establish a record of employment over a prolonged period. The impact of this progression from minor to more serious consequences would be more likely to be enduring. Similarly, infractions related to violent or criminal behavior may in some cases have only limited immediate consequences (e.g., suspended sentences or probation), but these in turn increase the likelihood of more serious charges and a permanent criminal record

when the behavior is repeated. Use of alcohol and street drugs can precipitate increased symptoms of depression, psychotic disorders, and other psychiatric problems, leading to dangerous episodes resulting in psychiatric hospitalization, disrupting school, work, and other productive activities, or worse, episodes of violence toward self or others that could cause serious injury or death (Chung, 2008). Fortunately, some young people can also learn from setbacks related to their risk behaviors, building on their strengths to avoid further setbacks or more serious consequences (Bradshaw, Brown, & Hamilton, 2006).

Although the potential for negative escalation of risk behaviors may have relevance to all young people, it may play a particularly important role in determining outcomes for transitioning young people with EBD, both because 1) young people with EBD have greater risk factors and fewer protective factors, increasing the likelihood of setting this progression in motion; and 2) short-term consequences of risk behavior may be more likely to lead to long-term problems among young people with EBD. The term *ensnarement* has been used to describe the process through which increased risk and decreased protective factors lead to setbacks and long-term consequences (Moffitt, 1993). This label well describes the process, because of the high propensity of young people with EBD to move from earlier to later phases, thus ensnaring themselves through behavior that other young people may engage in with impunity. The label is also apt given how the consequences of risk behavior may limit options of young people with EBD for succeeding in developmental tasks concurrently or later in life.

The gray shaded areas in Figure 8.1 depict a conceptual model of the phases through which young people either become ensnared in or escape chronic harm. The figure also lists specific differences between young people with EBD and their peers related to this process. The panel on the far left lists differences between young people with EBD and their peers in their risk and protective factors, with young people with EBD having a greater likelihood of risk factors and a lesser likelihood of protective factors. These disadvantages of young people with EBD increase the likelihood that young people with EBD will escalate to more severe risk behaviors and experience setbacks. The middle panel shows differences between young people with EBD and their peers in their frequency of setbacks, in the types of setbacks they experience, and in the likelihood that these setbacks will lead to a negative outcome rather than a positive one. Possible negative outcomes (e.g., chronic harm), and possible positive outcomes (e.g., learning from experience, thriving) are shown on the far right in the lower and upper squares respectively. The white portions of Figure 8.1 show the variety of ways in which transition support or specialized treatment programs

## Transition Support Programs



**Figure 8.1.** Phases of risk behavior ensnarement for young people with EBD and their peers and corresponding interventions. Sources: Greenbaum et al. (1996); Lipsey & Derzon (1998); Muow (2005); National Head Injury Foundation (1998); Riley, Ensminger, Green, & Kang (1998); Rutter, Kim-Cohen, & Maughan (2006); Sabournie, Cullinan, & Epstein (1993); Trout, Nordness, Pierce, & Epstein (2003); Wagner, Kutash, Duchnowski, Epstein, & Sumi (2005).

can reduce the differences between youth and young adults with EBD relative to their peers in the ensnarement process by decreasing their risk factors, increasing their protective factors, decreasing their likelihood of setbacks, and decreasing their vulnerability to long-term outcomes. These strategies are discussed further in the next section.

In interpreting this figure, it is important to avoid generalizing the *more likely* disadvantages in risk and protective factors and in setbacks to all young people with EBD. Though young people with EBD may be at an overall disadvantage relative to their peers in these areas, many have particular strengths that diverge from this pattern. For example, considerable variation in past risk behavior, problem-solving abilities, academic achievement, family environment, and other factors is evident across groups of young people with EBD (Vance, Bowen, Fernandez, & Thompson, 2002). Thus, supportive individuals should attend to the particular ways in which young people with EBD may be more vulnerable, or alternatively may show particular areas of resilience or strength (Epstein, Rudolph, & Epstein, 2000).

As shown by the reverse arrow in Figure 8.1 (i.e., from setbacks to risk and protective factors) setbacks can also affect risk behavior by affecting risk and protective factors. For example, setbacks can decrease young persons' self-esteem, reduce supportiveness of parents or other helpful adults, or confine the young person to a less successful, more deviant peer group (e.g. by alienating more prosocial peers or causing the young person to lose access to prosocial activities such as work due to legal sanctions; Foshee et al., 2007; Piquart, Silbereisen, & Wiesner, 2004; Stice & Barrera, 1995), all of which would ultimately increase the likelihood of risk behavior and related harm. However, setbacks may also create opportunities for improvement, since they often provide young people with feedback on the destructiveness of their behavior that, if fully considered—possibly through assistance of a supportive adult—could motivate them to change this behavior and avoid long-term negative consequences (Stockwell, Gruenewald, Toumbourou, & Loxley, 2005). Setbacks can also help young people to recognize the importance of risk and protective factors by helping them to see how they set the chain of setbacks and more serious consequences in motion. In turn, they may become open to making positive changes involving risk and protective factors (e.g., seeking additional adult support, associating with more positive peers). Any of these three objectives (i.e., changing risk behavior, avoiding harm related to risk behavior, or altering the risk and protective factors) can be addressed through specific behavioral plans (e.g., the Prevention Plans to be discussed later in the chapter). The challenges and opportunities provided by setbacks in addressing young persons' risk behavior are well illustrated in Ryan's following comments.

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I struggle to take my meds every day because I forget. When you make it a habit, it's easy, but I've gotten away from that. I've tried to make a habit of taking them in the morning, for example, but then kind of drifted away from doing that. Sometimes I drink too much and I don't want it interacting with my meds, so I purposely don't take them. Even if I could establish a pattern, that would disrupt it. . . . Last night, I knew I had to work at 9 o'clock in the morning. My friends asked me if I wanted to go to a bar; we went and ended up staying till 1 o'clock . . . we went back to the apartment and had a glass of wine, and by the time I got to bed it was 3 in the morning, so I was 15 minutes late to work and I've been tired all day . . . .

The setback Ryan describes is one that he can get away with once in a while—not taking his medications in order to drink—but interferes with his efforts to develop consistent habits of medication use, habits which in turn might help to prevent more the more serious consequence of being hospitalized. Drinking also compromises Ryan's judgment, leading him to stay out too late and be exhausted at work the next day or drive under the influence. As occasional events, not taking medications, staying out too late, or driving under the influence do not *necessarily* inflict lasting harm (though they may), but as these setbacks accumulate, lasting consequences such as job loss, loss of a driver's license, a return to the psychiatric hospital, or worse become more and more likely. Although these challenges are considerable, Ryan's understanding of links between his risk behavior and setbacks provides a foundation for him to plan ways to avoid more significant harm (e.g., either by avoiding drinking entirely, or by devising ways to drink that are less likely to lead to setbacks).

Given the cumulative short- and long-term impact of risk behavior on transition for young people with EBD, it is no wonder that risk behaviors are among the most prevalent and problematic issues that youth with EBD face (Greenbaum et al., 1996). As illustrated by Ryan's anecdote, programs supporting transition of young people with EBD often find that risk behaviors interfere with transition-related tasks such as keeping jobs, undoing progress of youth and young adults. Tragically, such difficulties with transition-related tasks are among the best predictors of whether young people with EBD develop pervasive,

*"Sometimes I drink too much and I don't want it interacting with my meds, so I purposely don't take them. Even if I could establish a pattern, that would disrupt it. . . ."*

enduring problems with risk behavior over the long term such as substance dependence (Brown, Myers, Mott, & Vik, 1994; Guo, Hawkins, Hill, & Abbott, 2001).

## Implications of Common Factors and Processes for Transition Support Programs

The cumulative ways in which risk behaviors affect transition, such that young persons' engagement in risk behavior leads to increased problems over time, suggests that transition support programs may be most effective in reducing risk behavior problems by addressing them early, before or as significant problems begin to emerge. The unshaded portions of Figure 8.1 depict four types of approaches programs can use to address risk behavior and related harm at different points in the ensnarement process. Two "early" types of approaches include *prevention* approaches, designed to reduce risk factors and increase protective factors, and *early intervention* approaches, designed to interrupt the progression to chronic harm, often by helping young adults to recognize and address setbacks. These two "early" types of approaches will often need to be employed within transition support programs. A third type of approach, *treatment*, is suited to addressing problems that are already well established or have resulted in more serious harmful consequences and is perhaps best offered in specialized settings such as specialty mental health and substance abuse programs. Finally, *transition support* approaches, including transition planning or role discovery, are useful in addressing risk behaviors because they help young people to find alternatives to engaging in risk behavior, and because they can help clarify the costs of continued risk behavior problems. Due to their focus on positive outcomes, transition support approaches are shown in the "late" portion of the conceptual model (i.e., following setbacks). Through transition planning, young people can be assisted in creating plans that build on past accomplishments and that help them envision new roles (e.g., as college students or successful members of the workforce; Unger, 1998; Webb et al., 1999). Some transition support programs have also sought to help young people discover new adult roles by entrusting them with positions of leadership and responsibility, either in the transition support program itself, or in its surrounding community (e.g., West, Fetzer, Graham, & Keller, 2000).

Because young persons' patterns of risk behavior and setbacks are likely to change over time, intervention efforts focused on specific types of risk behavior problems could quickly become irrelevant for certain young people. Thus, in selecting interventions to interrupt the ensnarement process, programs should select options that are sufficiently flexible to address a variety of possible risk behavior problems and can be adjusted on a continuing basis as young persons' situations change. Ideally, interventions should also involve ongoing assessment and plan-

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ning to increase the likelihood that they remain relevant and responsive. Because autonomy and identity are key developmental issues for young adults, young people should also be involved as full partners in this ongoing assessment and planning. Finally, interventions would be expected to be most optimal where they are well-integrated transition support approaches such as transition planning and role discovery. The last of these criteria may be particularly important, as strategies to reduce risk behaviors may have little appeal for young people with EBD unless they are explicitly tied to their efforts to achieve their transition-related goals (Haber, 2008). Conversely, explicit efforts to explore links between risk behavior and transition-related outcomes can help demonstrate to young people their stake in avoiding risk behaviors and preventing risk-behavior related problems.

Ryan's description of a recent experience with hospitalization illustrates ways in which young people can meaningfully connect risk behavior and goals related to the transition to adulthood—in this case, working, staying connected to a supportive peer group, and maintaining an independent residence.

I had a breakdown where I didn't take my meds and wasn't in my right mind. It was because of my illness, but the substance abuse didn't help. I'm thinking it triggered me. I felt people were coming after me; I messed up my apartment . . . it wasn't a pretty scene. Patrick, my case manager,<sup>1</sup> calmed me down and suggested that I go to the hospital. I was there about a month. I was anxious toward the end. I felt that I couldn't be helped anymore, that I needed to get back and start my life back up on the outside, find a new job, get help from the outpatient program, get back to my apartment. The feeling was almost bad enough to where I want to stay out of the hospital just to avoid going through it again. The transition back out, when it happened, was tough. You kind of find out who your real friends are. It seemed like a lot of my old friends didn't care. The only people who were there for me were my parents, aunt, and uncle; that's just about it. It's tough to get back to where you were before you went in. I remember when I first got back to my apartment, there were fruit flies all over. It took 3 weeks to get rid of them.

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## ADDRESSING RISK BEHAVIORS THROUGH PREVENTION PLANNING

Based on the experiences of pioneering programs for facilitating transition of young people with EBD (e.g., Bullis, Morgan, Benz, Todis, & Johnson, 2002; Clark & Foster-Johnson, 1996; Clark, Pschorr, Wells, Cur-

tis, & Tighe, 2004; Clark, Unger, & Stewart, 1993; Hagner, Cheney, & Malloy, 1999), Clark (2004) designed the TIP model in the mid-1990s, and he and his colleagues have continued to research and refine the model. Recently, the lead author of this chapter undertook research to strengthen Prevention Planning (Haber, Deschênes, & Clark, 2008). This research initially involved surveying TIP model sites, some of which were a part of the Partnerships for Youth Transition (PYT; Clark et al., 2008). The second phase of this research involved conducting focus groups with various stakeholders at a TIP site. Both phases of this effort are described in the section that follows.

## **Survey on Experiences of PYT sites**

### **Description of Survey**

In order to better describe experiences of sites providing transition support to young people with EBD in assessing and addressing risk behaviors, questionnaires were distributed to all five PYT sites as well as several other sites using the TIP model to inform their services. Of the five PYT sites and three other TIP model sites contacted, three PYT sites and one other TIP site responded to open-ended questions regarding ways in which risk behaviors are problematic for young persons with EBD, ways in which their organization assessed and addressed youth risk behavior, barriers to addressing risk behavior, and outside resources that might assist the organizations in better addressing risk behavior.

### **Survey Results**

PYT and TIP sites described particular ways in which risk behaviors are problematic for young people with EBD, including their effects on youths' abilities to achieve their transition plan goals. They indicated difficulties in balancing young persons' needs with larger program considerations in responding to risk behaviors due to risks posed by young persons' behavior to themselves and others. They shared their strategies for risk behavior prevention and intervention, including both in-house efforts and collaboration with outside experts (e.g., providers of specialized services). In describing these strategies, they particularly stressed the importance of supportive relationships with adults, including relationships with transition facilitators (i.e., intensive case managers in transition support programs), and described the need to train these individuals to increase their knowledge of young persons' risk behavior and how to assist young people in avoiding or reducing problematic risk behavior patterns.

***Challenges Related to Risk Behaviors***

PYT and TIP sites noted that one of the challenges faced by many young people is that risk behaviors are sometimes modeled or even reinforced by their family members or adults they look to as sources of support and examples for their behavior. This was observed to be particularly the case for young people with histories in the child welfare system. Though a variety of potential adverse effects related to young persons' risk behaviors were noted by PYT and TIP sites, they generally agreed that the most destructive aspect of risk behaviors for young people is their capacity to effectively derail progress toward their transition plan goals such as those related to employment and education.

***Efforts to Address Risk Behavior Are Often Not Youth Driven***

Programs also noted how responses to risk behavior may sometimes be driven by a variety of considerations other than young adults' needs. These included situations in which interventions are selected based on priorities of a setting (e.g., in a school setting, reducing delinquency), or based on the needs of other young people receiving services (e.g., to be protected from violent behavior). Some sites noted difficulties in engaging youth and young adults in certain types of services that, while more expedient in their delivery, are not individualized in nature (e.g., psychoeducational, psychosocial rehabilitation, or treatment groups).

***Needs for Training on Risk Behavior and Greater Knowledge of Community Resources***

Sites noted several steps necessary to support efforts of facilitators and other supportive adults in reducing risk behavior problems of young people, including ensuring that the supportive adults have adequate education regarding youth risk behaviors, providing them with training on factors related to risk behavior problems, and providing information on available resources for risk behavior prevention and intervention in the community. All programs mentioned difficulties in identifying, accessing, or using resources to address youth risk behaviors. In particular, programs indicated that they would like to collaborate more extensively with prevention programs in the community (e.g., Planned Parenthood, Victims Against Violent Crimes) and individual experts in the community (e.g., police liaisons, nurses and/or sexual education specialists), but were sometimes unaware of how to do so.

***Combining In-House Resources and Outside Expertise***

PYT and TIP sites indicated the usefulness of other programs in cases where risk behaviors were beyond their capacity to manage (e.g., young people in need of detoxification services). PYT and TIP sites also re-

ported sometimes amplifying their existing expertise by having outside experts train staff or by contracting them to deliver on-site services. Most sites favored using less intensive, general problem-solving strategies such as the Prevention Planning approach described in this chapter as a first-line approach to risk behavior, reserving more specialized, focused techniques for young people with especially severe risk behavior problems. Close, one-on-one relationships with well informed transition facilitators and other supportive adults were described as key to the success of Prevention Planning and similar strategies. Reflecting this point, Ryan describes in the following quote the importance of his relationship with his transition facilitator, Patrick, to his own recovery and his abilities to cope with crises precipitated by his risk behavior.

Patrick is a one-man crisis hotline. I trust him and can call him when there is no one else to call. When I call him, he responds to me pretty quickly too. . . . When my drinking got bad and I had my breakdown, it was Patrick who calmed me down and suggested that I go to the hospital.

### **Implications of PYT and TIP Site Experiences**

PYT and TIP site experiences suggest that in addressing risk behaviors of young people, cultivating supportive one-on-one relationships with adults is important. The observation that risk behaviors can compromise young persons' transition plans has a clear implication for engaging young persons in addressing risk behavior issues; namely, that they will want to address risk behavior issues if they feel that transition plan goals truly reflect their desires and if supportive adults help them to understand how risk behaviors might undermine these plans. However, the observations of PYT and TIP sites that efforts to address young persons' risk behavior can sometimes be driven by considerations other than young persons' needs suggests that keeping goals of young persons in the forefront can be challenging. In order to be helpful to young people in evaluating and planning responses to actual or potential risk behavior problems, supportive adults need to be knowledgeable about risk behavior and about when it is most likely to cause harm, and which resources are available to help young adults avoid or reduce harm. They should also find ways to approach these issues with youth that are sensitive to young persons' fears about compromising their autonomy to others' agendas (e.g., programs' priorities to reduce risk of harm, if necessary, at the expense of young persons' freedoms). These considerations have helped to inform the ongoing development of the Prevention Planning approach (Haber et al., 2008).

## The Prevention Planning Approach to Risk Behavior

Building on an understanding of relationships between different risk behaviors as well as the Transition to Independence Process (TIP) guidelines for providing responsive services to assist transition of youth with EBD (Clark, 2004), the Prevention Planning approach emphasizes collaboration with young people to address risk behavior by helping them, members of their formal support networks (i.e., professionals), and informal support networks (e.g., family members, employers, mentor figures, supportive peers) to 1) identify their risk behaviors and their harmful consequences; 2) ask “what, where, and why” (i.e., recognize the circumstances accompanying or not accompanying risk behaviors and what young people “get” from engaging in them); 3) generate options; 4) specify a Prevention Plan; and 5) follow up on the Prevention Plan. Using this initial framework of steps, Haber (2008) recently conducted a series of focus groups with young people in a TIP program, their family members, transition facilitators, and supervisors in order to further elucidate specific challenges to application of the technique and develop pilot versions of Prevention Planning tools, including trainings, a manual, and an adherence instrument. During this project, transition facilitators in the program also piloted Prevention Planning techniques with young people, generating a number of sample plans that were reviewed to garner further insights about Prevention Planning implementation. The present description of Prevention Planning incorporates lessons learned from this project as well as continuing technical assistance efforts centered on Prevention Planning with TIP sites and similar programs to support transition of young people.

### Theory of Change

Each of the Prevention Planning steps is designed to reduce risk behavior problems both individually and by building on prior steps. Although most young people have some awareness of the harmful consequences of risk behavior, they may not have fully considered how these could be relevant to them personally. Assisting youth in linking consequences of risk behavior to their personal goals can be an effective way to help them with this task. Through recognizing circumstances or warning signs that accompany risk behavior and considering risk behavior motives (i.e., functions served by risk behaviors), young people can gain insight into how to avoid risk behaviors and risk behavior-related harm. (For examples of how techniques similar to the first two steps of Prevention Planning have been used in addressing substance

use risk behaviors; see Baer & Peterson, 2002; Godley et al., 2001; and Samp1 & Kadden, 2001.) Generation of options, or “brainstorming,” is a very commonly used technique for helping youth to solve problems such as how to avoid unwanted behavior (Wagner, Blasé, & Clark, 2005). Having identified specific behaviors or behavior-related problems to avoid and ways to avoid these behaviors and problems, young people can then be assisted by a supportive adult in creating a specific action plan. Such collaborative planning processes have been shown to increase the likelihood that young people will follow through on strategies to reduce risk behaviors (Godley et al., 2001; Rotheram-Borus et al., 1996). Finally, following up is an important determinant of the success in any collaborative planning process (Adams & Grieder, 2005; Godley et al., 2001).

## **Prevention Planning Guidelines**

### **Timing of Prevention Planning**

Prevention Planning is designed to be practiced in advance of rather than in response to risk behavior crises, as part of the broader person-centered planning process of care coordination used by wraparound, TIP, and similar programs. Engaging in Prevention Planning early in the working relationship enables facilitators and youth to decide how to handle risk behaviors in advance of their occurrence. This allows for discussion of these issues in a more supportive and less threatening context.

### **Use of Formal and Informal Supports**

Some previously employed practices similar to Prevention Planning, such as wraparound safety planning, have used a team approach in which a group of professional and natural supports (i.e., family and friends) assist youth in planning how to address risk behaviors. Even given adequate advance preparation, pursuing a team approach may be problematic in Prevention Planning with young people with EBD given the developmentally normative needs of these youth for their autonomy to be respected. Across the youth focus groups on Prevention Planning, although there was general agreement that it was important to involve family and friends in planning, strong consensus emerged on wanting to control the pace and extent of this involvement except in very extreme circumstances.

We have found that it is usually easier to respect young persons’ desires for autonomy in this regard by initiating Prevention Planning

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through one-on-one interactions involving a young person and a transition facilitator. Advantages of involving additional supports can still be preserved, based on the young person's willingness and comfort level, by approaching these individuals after the initial Prevention Planning discussion. At that point, additional supports can either help the young person and facilitator to complete the plan (e.g., by addressing the other support options; see the section on Generating Options that follows) or can agree to carry out aspects of a completed plan with the understanding that it may need to be modified based on experience (see the section on Follow-up). A straightforward way of engaging young people in identifying additional supports to participate in the plan is to ask them who they think might be helpful in reducing or avoiding a particular type of risk behavior or avoiding a particular harmful consequence related to risk behavior (e.g., "who could you go to for support when tempted to . . .").

### Content of Prevention Planning

Next, guidelines for each of the five steps of Prevention Planning are briefly described.

1. *Identifying problematic risk behaviors and their consequences:* Simply observing that a young person engages in risk behavior is not sufficient grounds for deciding to address that behavior through Prevention Planning. Because Prevention Planning works best as a collaborative process, an important criterion in deciding whether to address risk behavior is the degree to which the individual young person sees the behavior as problematic. Clearly, young people can benefit from information regarding the potential dangers of risk behaviors, and it is incumbent on the transition facilitator and/or others working with youth to provide it. However, if despite this guidance the problem recognition of the young person is poor, he or she may be unwilling to participate in other aspects of Prevention Planning. Helping young people to recognize links between possible or actual consequences of their risk behaviors for their transition-related goals in areas of employment, educational advancement, and independent living can be a key part of the process of improving their problem recognition. Participants in our young person, family, and program staff focus groups agreed that a good way to do this was to explicitly relate aspects of the Prevention Plan to goals in transition or plans (i.e., plans for pursuing transition-related tasks such as those related to employment, education, and independent living).

An important guideline for the identification step of Prevention Planning relates to the specificity of what is being targeted.

Many young people have multiple risk behaviors that could pose a problem for them. Based on our review of Prevention Plans developed at the focus group and other TIP sites, we believe that a plan should generally focus on a single behavior problem in order to be straightforward enough to be easily comprehended, remembered, and implemented by a young person. However, because different types of risk behavior often share similar precipitating factors, one means for addressing multiple risk behaviors in a single plan is to focus on a single risky situation where multiple behaviors might occur. For example, in response to conflict with a romantic partner, a young person might be more likely to become violent, use substances, or both. A plan to address both the violence and the substance use, then, might focus on helping the young person to avoid conflict with the romantic partner.

2. *Asking "what, where, and why"*: One helpful way to think about the causes of risk behavior with young people is to review the settings in which they occur or do not occur. Who is with the youth when the youth engages in risk behavior (or is the youth alone)? Where does the risk behavior occur? When? What happens *before* the risk behavior occurs? Are there early warning signs or events that may signal that risk behavior will soon become a problem (e.g., greater than usual emotional distress or disorganization, withdrawal from supportive others)? When is the behavior *least* likely to occur? In addition to these circumstances that may forewarn of risk behavior, the youth, transition facilitator, or others may be able to identify factors that motivate risk behavior by serving important functions for the young person. For example, as discussed above, youth with EBD may be motivated to engage in risk behavior as a way of regulating mood or avoiding problems. Others may engage in risk behavior due to lack of other, more constructive activities to keep themselves occupied. Some youth may engage in risk behavior because in doing so they feel more independent, mature, or powerful. Our focus group participants tended to agree that the most helpful way of framing this issue was to discuss with young people the reward(s), or what they get out of the risk behavior, as concretely as possible. Conversations about "why" focused on promoting other sorts of insights (e.g., the role of history of trauma) were considered to be less helpful.
3. *Generating options*: This step involves assisting young people in generating possible solutions for reducing or preventing risk behaviors and related harm in a nonjudgmental way. These solutions should emphasize young persons' own strengths and the resources in their

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natural support networks rather than relying on professional supports (e.g., calling 911 or a crisis line). Solutions do not need to be elaborate but should be sustainable and result in young persons feeling empowered when they are enacted. For example, young people might be encouraged to plan their activities to minimize temptation or opportunity to engage in risk behaviors, a *self-support* strategy, or talk with a peer or mentor figure who they trust in situations where they believe they may be at risk, an *other-support* strategy. Efforts should be made to identify options that help young people to avoid risk behavior problems long before they occur, for example, by avoiding going to places where they drank or used drugs in the past (e.g., a bar) rather than trying to cope at a disadvantage once the risky situation is present. Prevention Plans can also include actions to decrease risk factors and increase protective factors, such as planning for constructive activities (e.g., by structuring a schedule to include these on a regular basis), or increasing exposure to more pro-social, less risk-behavior-prone groups of peers (e.g., by initiating involvement in extracurricular sports activities, church groups, and support groups).

4. *Specifying a Prevention Plan:* The Prevention Plan builds on activities in Steps 1 through 3. If these steps are accomplished optimally, specification involves simply helping young people choose from among the options they have generated in order to arrive at their preferred plan. The Prevention Plan should not be thought of as a contract. Rather, it can be seen as a roadmap or guide for young people, professionals, and informal supports describing preferred ways to avoid or reduce risk behavior problems. In their discussions about what a plan should contain, our focus group participants tended to embrace the idea that both self- and other-support strategies should be incorporated in any plan, with many suggesting that the optimal plan would balance the two, such that, for example, for every self-support strategy an other-support strategy would also be included and vice versa. Once the self- and other-support options to be used in addressing risk behaviors are specified, a document summarizing Steps 1–4 can be prepared.

Plan summaries should be kept as simple and brief as possible, and ideally could be contained on a single page. For example, each of the following plan components could be described in one or two sentences: 1) how the risk behavior problem being targeted affects transition-related goals; 2) the accompanying and/or non-accompanying circumstances and motives; 3) a short list of options that were considered most seriously in the Prevention Planning discussion prior to the plan specification; and 4) two options (a “Plan A”

and “Plan B”) that were most preferred. In addition to summaries of other aspects of the Prevention Plan, a *back-up plan* is another possible feature to include in a summary. The idea of including a back-up plan—and referring to it in this way, rather than using other language that might imply coercion to some young adults (e.g., “crisis plan” or “safety plan”)—was regarded favorably by our focus-group participants and stakeholders at other sites. A back-up plan briefly describes what will happen if the preferred Prevention Plan options fail and the young adult has lost control of the situation (e.g., in situations where the young adult poses immediate risk of harm to self or others). The back-up plan serves the function of a conventional, stand-alone crisis plan; however, including it in the context of a Prevention Plan takes some of the emphasis off of emergency measures, placing it instead on strategies for avoiding crises. A suggested tool to facilitate Prevention Planning containing the elements described above, including fields summarizing each of the steps, is posted on the TIP website.

In examining the Prevention Plans created by the young adult focus-group participants and their transition facilitators, we found that self- and other-support options were closely integrated in many cases. One means for integrating self and other support involved using a self-support strategy first, and following this with an other-support strategy in the event that the self-support strategy did not work. For example, a plan to help a young person avoid losing her temper violently at work might involve the young person first taking an allotted 15-minute break (a self support strategy). Then, in cases in which the young person still feels worried about losing control of her temper, an other-support strategy such as approaching a trusted friend at work or calling the transition facilitator to talk could be used. Another means for integrating self- and other-support options was to use other-support options to help prepare or bolster self-support strategies. For example, various self-support strategies might be used to reduce states of agitation that would otherwise lead to harmful risk behavior. To increase the likelihood that such a self-support strategy would work in the relevant situation, an other-support strategy might be used, such as having the transition facilitator or another trusted adult set up regularly scheduled deep breathing rehearsals with the young person. A third means that was used to integrate self and other supports was to have the young person request (e.g., from parents or other caregivers) the freedom to use a self-support in certain risky situations where they might otherwise be barred from doing so. For example, the young person might request the freedom to leave the house in

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potential conflict situations, or request transportation to a safe place such as a support group if temptation to use substances is running high.

5. *Following up on the Prevention Plan:* In most cases, effectively addressing the “moving target” of young persons’ behavior problems will involve an ongoing assessment of whether plans are successful or need to be modified. Young people, family members, and transition facilitators participating in our focus groups identified this step as being particularly crucial in order for plans to be effective. At minimum, follow-up should involve discussing with young people after an appropriate, mutually agreed period the extent to which the plan was used, whether it was effective in either reducing risk behavior or problems related to risk behavior, and whether adjustment of the plan might be necessary. It is also important to discuss any circumstances related to the risk behavior problem or the plan that may have changed and adjustments these changes might require. Follow-ups might also serve the purpose of reviewing planned practice of the plan. For example, for a plan involving behavior alternatives to substance use such as scheduling outings with non-using friends, the young person might be encouraged to practice the behaviors at times when the temptation to use substances is low in order to develop a habit that can withstand higher levels of temptation. Part of the follow-up in this instance might be to review with the young person whether any attempts to schedule outings with friends have occurred at low-risk as well as at higher risk times. Our focus group participants also suggested that developing ways to remember the plan in high-risk situations might be important (e.g., index cards listing aspects of the plan, acronyms, rhyming mnemonics), and that these should be evaluated and, if necessary, adjusted as part of follow-up as well.

In the following quote, Ryan describes how Prevention Planning was implemented in support of his own recovery:

I feel that if a person is committed, the Prevention Plan is more likely to succeed; someone’s not going to do something if they don’t want. They have to be willing to make changes and follow up on the plan to be successful. I worked on the plan with my transition facilitator. We each contributed what we thought was important. In the beginning, I wasn’t too thrilled about it, but I like the way that it includes things that I would want to do anyway. I don’t look at it every day, but when I look back at it it’s helpful and keeps me on track.

## Resources to Inform Prevention Planning

### Relapse Prevention Planning, Wellness Recovery Action Planning, and Motivational Interviewing

Treatment and rehabilitation strategies created for adults may be helpful in providing ideas for how to generate plans with young people. Relapse prevention, an approach used to help individuals with substance use or violence problems avoid a return or relapse to problematic patterns of behavior (e.g., Carroll, 1998; Gorski & Miller, 1986; Sampl & Kadden, 2001), involves many strategies similar to those used in Prevention Planning. These include avoiding risky situations (i.e., the settings in which risk behaviors occur) and modifying risk and protective factors to decrease the likelihood of risk behavior overall. Similarly, Wellness Recovery Action Planning (WRAP; Copeland, 1997), incorporates techniques for helping individuals with severe mental illnesses to reduce risk prior to relapse or exacerbation of symptoms, as well as a component analogous to the back-up plan described previously. Depending on the young person and situation involved, these strategies could be integrated with the Prevention Plan (e.g., creating a WRAP could serve as a one of the Prevention Plan self-support options, along with other strategies), or used in lieu of Prevention Planning. Motivational interviewing techniques (Baer & Peterson, 2002), can be helpful in ensuring that discussions with youth and young adults about risk behavior are supportive rather than confrontational.

### Caveats About Alternative Strategies

Two key issues are important to keep in mind in employing available treatment and rehabilitation resources for adults as part of or as an alternative to Prevention Planning. First, because young people with EBD tend to have emerging patterns of risk behavior that are less clear, developed, and consistent than those of older adults, more careful consideration of the particulars of their situations may be necessary than is typical in treatment and rehabilitation approaches. Second, because young persons' lives change rapidly, plans need to be simple enough that adjusting them frequently is not a discouraging process for the transition facilitator and young person. Third and finally, a key aspect of Prevention Planning's theory of change

*"I feel that if a person is committed, the Prevention Plan is more likely to succeed; someone's not going to do something if they don't want. They have to be willing to make changes and follow up on the plan to be successful."*

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is the importance of supporting young persons' autonomy in discussing and intervening with risk behavior. Thus, transition facilitators need to consider whether specific structured intervention processes such as various applications of relapse prevention or WRAP would be a good match for a given young adult and his or her coping style. Even more important, transition facilitators should attend to whether the *young person* considers them to be a match or alternatively might prefer to use a different type of approach in planning to avoid or reduce their risk behavior problems.

### **CONCLUDING COMMENT: TOWARD A PERSON-CENTERED UNDERSTANDING OF RISK BEHAVIOR**

During the transition to adulthood, risk-taking appears to be a biologically based, culturally accepted norm, one that may in some cases contribute to personal growth and discovery (Hall, 1904; Siegel & Scovill, 2000). In addition, perceived benefits are more predictive of young persons' risk behavior than perceived negative consequences (Steinberg, 2007). Thus, in considering whether and how to address risk behaviors of a young person, it is important to attend to the real or perceived benefits of his or her risk behavior rather than simply the negative consequences involved. Otherwise young persons may understandably object that efforts to help them address risk behavior, however well intended, are inadequately responsive to their needs and values. In order to be sensitive to the normativeness and functions of the risk behavior and respond accordingly, transition facilitators and other supportive adults should help young people to identify instances where risk behavior patterns are clearly outside the norm (e.g., substance dependency) or are associated with an unacceptably high level of risk (e.g., unprotected sex with multiple partners, use of substances in dangerous interactions with medication are likely), and help them to find alternatives to risk behavior for achieving desired benefits, such as new coping strategies or alternative activities. Certainly an awareness of the normativeness and functions of risk behavior argues against traditional, confrontative strategies for risk behavior management that label youth as pathological or deviant and demand abstinence as the sole acceptable goal.

TIP Guideline 1 specifies, "Engage young people through relationship development, person-centered planning, and a focus on their futures." In addition to being a primary objective of the enterprise of transition support generally (Bridgeo, Davis, & Florida, 2000), engagement of young people, whether with pro-social peers, formal and informal adult supports, or positive settings (e.g., school, church, work), is a cen-

tral and critical aspect of helping them to manage risk behaviors. As reviewed previously, young people who are engaged with their support networks and broader communities are less likely to participate in risk behaviors. They are also more likely to benefit from risk-behavior-focused treatment, should this become necessary (Thompson, Pomeroy, & Gober, 2005). Broader engagement often begins with one trusted relationship, as our PYT and TIP sites have found, in turn shifting patterns of youth behavior away from risk behavior and into more beneficial activities. In order to be optimally helpful, transition facilitators and other supportive adults need to attend to both sides of this “decreased risk behavior equals increased positive activities” equation, simultaneously assisting youth with both of these objectives and not emphasizing one at the expense of the other. By focusing on risk behavior without adequately attending to young persons’ strengths and goals, supportive adults will miss opportunities to help young people find alternatives to risk behavior. Conversely, focusing only on strengths and goals without attending to the potential undermining impact of risk behavior may set young people up for failure. The balance between addressing risk behaviors and supporting strengths and goals can sometimes be difficult to achieve, particularly given the fact that adults and young people differ in how they prioritize pursuing benefits versus avoiding risks (Steinberg, 2007). By using youth-driven, person-centered planning processes such as Prevention Planning in the context of such relationships, our hope is that transition facilitators and young people can better negotiate the sometimes difficult balance between responsibly reducing risk and adequately emphasizing strengths and goals.

Despite significant limitations and often bleak current circumstances, young people with EBD are full of potential. Those who are able to appreciate their potentially bright future—particularly when they are able to taste some of the benefits along the way—are much less likely to take chances with it. Given some assistance in achieving personal goals and perhaps some sensitive, collaborative planning, young people with EBD can begin the process of replacing their risky and destructive behaviors with the more committed, productive activities of a successful adult.

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