



## Transition to Independence Process (TIP) System

*Lighting the way to independence for youth and young adults*

### **Transition to Independence Process (TIP) Model**

#### ***An Evidence-Supported Practice for Improving the Progress and Outcomes of Youth and Young Adults with EBD***

#### **Challenges**

During their transition period, all youth and young adults face decisions about new social situations and responsibilities, future career and educational goals, self-management of behavior and substance use, and development and maintenance of supportive and intimate relationships (Arnett, 2004). For these emerging adults, this is a period of "discovery." Young people with EBD are particularly challenged during this transition period, and as a group, experience some of the poorest secondary school and postsecondary school outcomes among any disability group (Clark & Unruh, 2009; Pleis, Ward, & Lucas, 2010; Wagner, Newman, Cameto, & Levine, 2005; Vander Stoep, Beresford, Weiss, McKnight, Cauce, & Cohen, 2000; Vander Stoep, Weiss, Kuo, Cheney, & Cohen, 2003).

Fragmented services and limited access across different programs (e.g., mental health, education, vocational rehabilitation, juvenile justice, child welfare, housing) and funding mechanisms (e.g., Social Security, state and local appropriations, Medicaid, and federal block grants) further complicate this transition arena for young people with EBD and their families. For the most part, each of these program components has entirely different eligibility requirements, and the child-serving and adult-serving programs often operate under different philosophies. While each program may provide some essential services individually, it is often next to impossible for young people, parents, and professionals to navigate across them due to the complexities and fragmentation within and between programs/systems (Clark & Davis, 2000; Davis & Koroloff, 2006; Hoffman, Heflinger, Athay, & Davis, 2009; Unruh & Clark, 2009).

#### **Overview of the Transition to Independence Process (TIP) Model**

The TIP model prepares youth and young adults with EBD for their movement into adult roles through an individualized process, engaging them in their own futures planning process, as well as

providing developmentally-appropriate and appealing supports and services (Clark & Hart, 2009). The

TIP model involves youth and young adults (ages 14-29) in a process that facilitates their movement towards greater self-sufficiency and successful achievement of their goals. Young people are encouraged to explore their interests and futures as related to each of the transition domains: employment and career, education, living situation, personal effectiveness and wellbeing, and community-life functioning. The TIP system also supports and involves family members and other informal key players (e.g., parents, foster parents, an older sister, girlfriend, roommate) as relevant in meeting their needs and those of the young person.

The TIP model is operationalized through seven guidelines that drive practice-level activities with young people to provide the delivery of coordinated, non-stigmatizing, trauma-informed, developmentally-appropriate, appealing supports and services to them. The guidelines also provide a framework for program and community systems to support, facilitate, and sustain this effort (Clark, Deschênes, & Jones, 2000; Clark & Hart, 2009; Dresser, Clark, Deschênes, in press). (Please refer to Table 1 that follows this TIP Model Overview for a listing of these TIP model guidelines).

The TIP guidelines were synthesized from the literature on transition facilitation and then evaluated further with youth and young adults with EBD and their families (Dresser, Clark, Deschênes, in press; Walker & Gowen, 2011). The TIP model is a “practice model,” meaning that it can be delivered by personnel within different “service delivery” platforms, such as a case management platform or from a team platform (e.g., Assertive Community Treatment [ACT]).

At the heart of the TIP practice model are “proactive case managers” with small caseloads (i.e., *transition facilitators*, aka: life coaches, transition specialists, or coaches, serving 15 or fewer youth/young adults). The TIP transition facilitators use the guidelines and core practices (e.g., problem solving, in-vivo teaching, prevention planning of high-risk behaviors) in their work with young people to facilitate youth making better decisions, as well as improving their progress and outcomes. The TIP model also provides for the use of other evidence-based interventions (e.g., CBT, SPARCS/DBT) or other clinical interventions to address a critical need of a particular young person.

The following brief description of Kendra illustrates the TIP model approach as it has been applied with her at one of our sites. See how many of the TIP guidelines you can identify being applied in this work with Kendra.

## Application of the TIP Model

### Description of a Young Person to Illustrate How the Transition System Functions

Kendra, a 17 year-old-girl, was diagnosed with bipolar disorder and was refusing to take her prescribed medications. Her use of street drugs was possibly her way of self-medicating. Although she was in high school, her attendance, disciplinary record, and grades were all on the edge. Kendra’s transition facilitator, Ronda, began meeting with her in settings such as Starbucks and neighborhood parks. While taking walks together Ronda began conducting informal Strength Discovery assessments and person-centered planning. Over the first six weeks, Ronda was earning Kendra’s trust and learning about her interests, strengths, needs, resources, challenges, dreams, preferences, and social connections from Kendra, as well as from other conversations with her mother and an older sister who also lived at home. During this period, Ronda was also

prompting, cajoling, and supporting school attendance, as well as teaching Kendra to manage her anger when someone would get “in her face” or tease her.

School continued to be a major challenge and Kendra continued to use drugs on occasion, as well as experiencing episodes of severe depression. Although she seemed to be developing more of a trusting relationship with Ronda, she continued to refuse to attend any therapy or medication reviews. Ronda continued to reach out to her and after about two-and-a-half months, Kendra revealed that the loss of her grandmother a year ago was devastating to her, since she was the only family member who Kendra found to ever show that she loved her. Ronda also learned through the informal Strength Discovery conversations that Kendra dreamed of being a nurse as her grandmother had been.

Based on this new information, Ronda worked with Kendra to explore how she might be able to improve her sense of family with her mother and older sister, and also to get a sense of what options Kendra would have in the nursing profession. Ronda arranged for Kendra to visit the community college program for nursing and to meet with the program coordinator. She gave Kendra a tour, discussed program options, and arranged for Kendra to sit in on a class on several occasions to see what was being studied and to meet some of the students. Kendra was very inspired by what she experienced and learned about the AA Degree program option.

Concurrently, Ronda and Kendra also met with a mental health therapist to see if Kendra would be willing to engage in individual therapy and try a new type of medication that might not have the side effects that she had experienced previously. She reluctantly began attending individual therapy twice a week, often wanting Ronda to attend with her. Over the course of the next month, Kendra was stabilized on a new medication and decided to expand her therapy to include her mother and sister in an attempt to create a sense of family.

Ronda worked with Kendra on developing a resume and teaching her interview skills so that she might interview more successfully for a reception position at a doctor’s office for the summer. Ronda had also learned from conversations with Kendra and her mother and sister that Kendra and her sister used to do a lot of roller-skating when they were younger. Ronda explored with Kendra and her sister if they might want to do some rollerblading at the local rink. Ronda was able to get a couple of passes to cover rink costs for a few months. Kendra and her sister really enjoyed their time together on the rink, made some new friends, and began to do more things together.

Now in her senior year of high school, Kendra is working, making good progress in completing high school, taking one class at the community college, making some new friends there, and living with a better sense of family. Ronda facilitated this through informal strength assessments and person-centered planning that engaged Kendra, and revealed her strengths, needs, and dreams. Ronda then provided tailored supports and services to assist Kendra in addressing her needs and achieving her goals. This process has allowed Kendra to find a new trajectory for her life and future.



## TIP Model Implementation and Sustainability

The TIP model is an evidence-supported practice that has been demonstrated to be effective in improving the outcomes of youth and young adults with EBD. To learn more about our program development and research efforts and how they have been guided by the voice and perspectives of young people, parents, and practitioners in the field, as well as science; please refer to the TIP Theory and Research section of our website [www.TIPstars.org](http://www.TIPstars.org).

In order to achieve these outcomes with youth and young adults, the SBHG TIP Model Consultants provide competency-based training and technical assistance to agencies, community collaboratives, counties, and states. The transition facilitators and the supervisory personnel at transition sites are taught and coached in the application of the TIP model guidelines and provided competency training in the use of TIP model core practices such as: Futures Planning, In-vivo Teaching, Problem Solving, Prevention Planning on High Risk Behaviors, and Mediation with Young People and Other Key Players. (Please see Tables that follow this TIP Model Overview for more information related to the guidelines, core practices, and transition domains).

The TIP Consultants and Assessors also assist sites with sustainability through technical assistance and mentoring on processes and building site capacity on topics such as: a) establishing peer support and leadership; b) conducting TIP Solutions Reviews for ongoing competency enhancement of all transition personnel; c) mentoring of supervisory personnel in coaching methods for working more effectively with their transition team; d) providing technical assistance on tracking of progress and outcome indicators for youth and young adults; e) establishing TIP Model Site-Based Trainers through mentoring; f) conducting and building site capacity for TIP Model Fidelity Quality Improvement Assessments; and g) certification of sites. It is our goal to ensure that the TIP model is implemented and sustained so as to improve the outcomes for transition-age youth and young adults with EBD (Dresser, Clark, Deschênes, in press).

## **See Appendices below for:**

- ❖ TIP Model Guidelines
- ❖ TIP Core Practices
- ❖ TIP Transition Domains

## **For Related Literature References, please visit our website:**

- ❖ **www.TIPstars.org**
- ❖ Reference List available under the “TIP Theory & Research” button

## **TIP Model Purveyor: SBHG Stars Training Academy**

If you wish more information regarding the TIP model, please consider visiting our TIP model website:

**www.TIPstars.org**

OR

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# Table 1. TIP Model Guidelines

## **1. Engage young people through relationship development, person-centered planning, and a focus on their futures.**

- ◆ Use a strength-based approach with young people, their families, and other informal and formal key players.
- ◆ Build relationships and respect young persons' relationships with family members and other informal and formal key players.
- ◆ Facilitate futures planning and goal setting.
- ◆ Include prevention planning for high-risk behaviors and situations, as necessary.
- ◆ Engage young people in positive activities of interest.
- ◆ Respect cultural and familial values and young persons' perspectives.

## **2. Tailor services and supports to be accessible, coordinated, appealing, non-stigmatizing, trauma-informed, and developmentally-appropriate -- and building on strengths to enable the young people to pursue their goals across relevant transition domains.**

- ◆ Facilitate young persons' goal achievement across relevant transition domains (Refer to Figure 1 & Table 3).
  - Employment and Career
  - Educational Opportunities
  - Living Situation
  - Personal Effectiveness & Wellbeing
  - Community-Life Functioning
- ◆ Tailor services and supports to be developmentally-appropriate; addressing the needs and building on the strengths of young people, their families, and other informal key players.
- ◆ Ensure that services and supports are accessible, coordinated, appealing, trauma-informed, and non-stigmatizing.
- ◆ Balance the transition facilitators' role with that of the young person, their parents, and other informal and formal key players.

## **3. Acknowledge and develop personal choice and social responsibility with young people.**

- ◆ Encourage problem-solving methods, decision making, and evaluation of impact on self and others.
- ◆ Balance one's work with young people between two axioms:
  - Maximize the likelihood of the success of young people.
  - Allow young people to encounter natural consequences through life experience.

#### **4. Ensure a safety-net of support by involving a young person's parents, family members, and other informal and formal key players.**

- ◆ Involve parents, family members, and other informal and formal key players.
- ◆ Parents, family members, or other informal key players may need assistance in understanding this transition period or may need services/supports for themselves.
- ◆ Assist in mediating differences in the perspectives of young people, parents, and other informal and formal key players.
- ◆ Facilitate an unconditional commitment to the young person among his/her key players.
- ◆ Create an atmosphere of hopefulness, fun, and a future focus.

#### **5. Enhance young persons' competencies to assist them in achieving greater self-sufficiency and confidence.**

- ◆ Utilize information and data from strength discovery and functional assessment methods.
- ◆ Teach meaningful skills relevant to the young people across transition domains.
- ◆ Use in-vivo teaching strategies in relevant community settings.
- ◆ Develop skills related to self-management, problem-solving, self-advocacy, and self-evaluation of the impact of one's choices and actions on self and others.

#### **6. Maintain an outcome focus in the TIP system at the young person, program, and community levels.**

- ◆ Focus on a young person's goals and the tracking of his/her progress.
- ◆ Evaluate the responsiveness and effectiveness of the TIP system.
- ◆ Use process and outcome measures for continuous TIP system improvement.

#### **7. Involve young people, parents, and other community partners in the TIP system at the practice, program, and community levels.**

- ◆ Maximize the involvement of young people, family members, and other informal and formal key players, and relevant community representatives.
- ◆ Tap the talents of peers and mentors:
  - Hire young adults as peer associates to work with transition facilitators and young people (with possible functions such as mentoring, counseling, public education, and/or youth leadership development).
  - Assist young people in creating peer support groups and youth leadership opportunities.
  - Use paid and unpaid mentors (e.g., co-worker mentors, college mentors, apartment roommate mentors).
- ◆ Partner with young people, parents, and others in the TIP system governance and stewardship.
- ◆ Advocate for system development, expansion, and evaluation -- and for reform of funding and policy to facilitate implementation of responsive, effective community transition systems for youth and young adults and their families.

**NOTE:** Adapted from Clark & Foster-Johnson (1996), Clark, Unger, & Stewart (1993), Clark et al. (2000), and Clark & Hart (2009).



## Table 2: Personnel Competencies for Working Effectively

### TIP Model Core Practices:

- Strength Discovery and Needs Assessment
- Futures Planning
- Rationales
- In-vivo Teaching
- SODAS: Problem Solving
- WHAT'S UP?: Prevention Planning on High Risk Behaviors & Situations
- SCORA: Mediation with Young People and Other Key Players

### ENGAGERS: Qualitative Features of Interactions:

- Was the quality of the interaction appropriate to the situation?
  - Encourage sharing of thoughts, feelings, & ideas
  - Neutralize your own judgmental reactions
  - Gesture with eye-contact, facial expressions, & body language
  - Ask Open-ended questions
  - Give Affirmations & descriptive praise
  - Express empathy, concern, care, & encouragement
  - Reflect for Understanding
  - Summarize & offer assistance, as necessary

### Futures planning with youth and young adults involves a youth-driven planning

**PROCESS.** The conceptual framework for the planning process is "Planning Partners / Necessary Connections".

#### ◆ **Planning Partners**

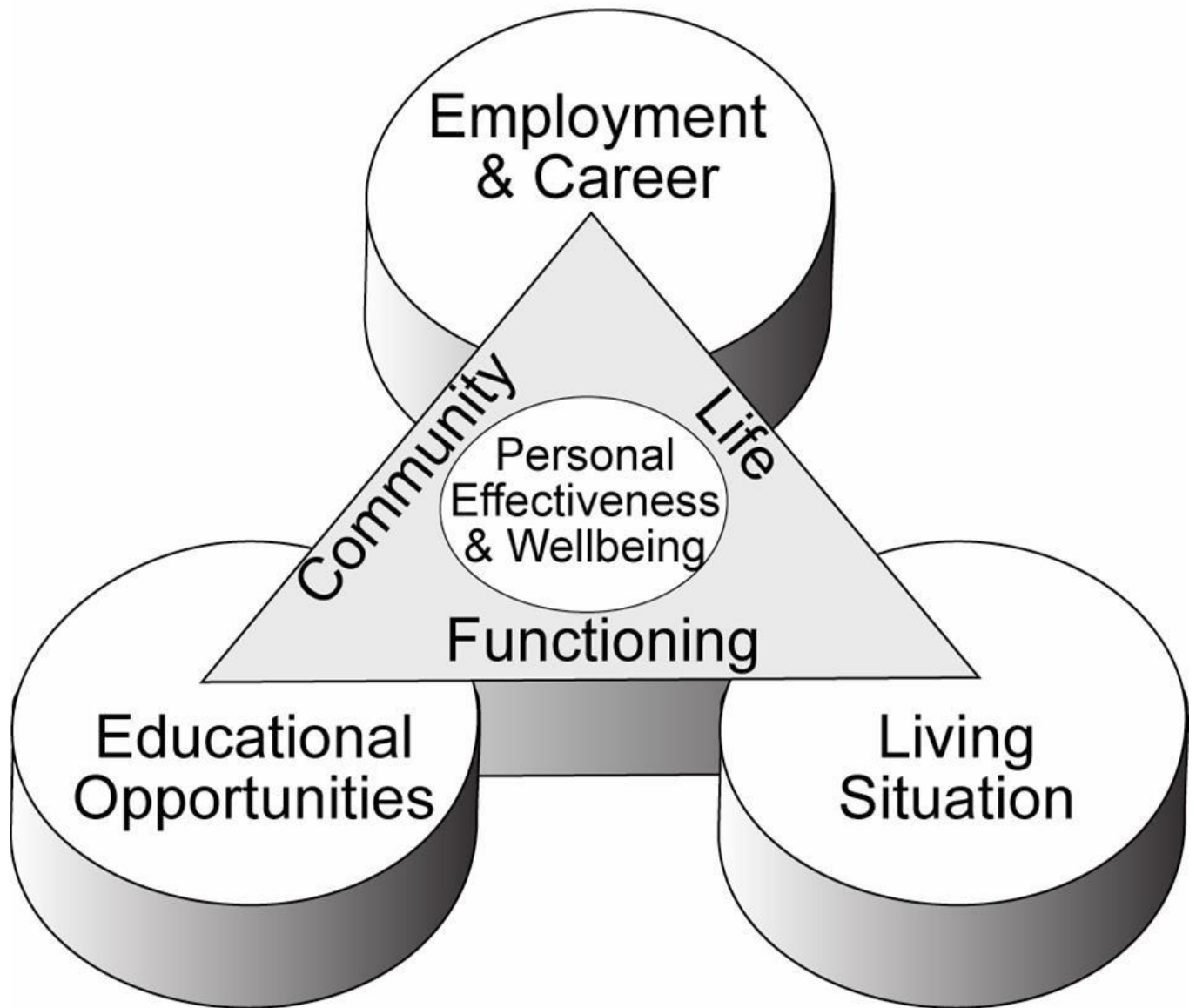
- *Planning partners* are selected by young person.
- YP might choose *different* key players to serve as *planning partners* for *different* topics, needs, or goals.
- Most of the time it's just the YP and his/her transition facilitator (TF) meeting. Older young and young adults typically prefer this one-on-one format for their Futures Planning.
- When a YP does include other key players to serve as *planning partner(s)* for a topic, the YP may only want one or two additional people (e.g., YP, transition facilitator, and parent depending on the topic and his/her sense of the relevance of having others involved in the planning).
- TF or other planning partner offers to assist YP in preparing to make the "necessary connection(s)." E.g., Role play how the YP will discuss issues with probation officer; Role play how to present goals or advocate for him/herself in Wraparound meeting; Attend required child welfare meeting with the YP to support him/her in presenting his/her plans.

#### ◆ **Necessary Connections**

- Young person's topic/need/goal determines who is a "*necessary connection(s)*" (e.g., landlord, probation officer, psychiatrist, vocational rehabilitation counselor, community college instructor) for him/her to make progress on this topic, need, or goal.
- YP and TF or other *planning partner* would contact, plan, and/or negotiate with the *necessary connection(s)* regarding any actions or issues that have evolved from the YP's Futures Planning that are relevant to the *necessary connection*.
- *Necessary connections* can include standing group meetings (e.g., a family Wraparound meeting) or required system meetings (e.g., IEP, Child Welfare, Court hearing). The YP and his/her *planning partner(s)* may work with the coordinator for a meeting to ensure that the YP's goals are a part of the agenda and/or a *planning partner* may accompany the YP to the meeting.

**NOTE:** With older youth and young adults, about 95% of the meetings are just with the YP and his/her TF.

# Transition Domains



**Figure 1. The Five Transition Domains:** The three setting domains of Employment/Career, Educational, and Living Situation -- and the Personal Effectiveness/Wellbeing and the Community-Life Functioning domains shown in this figure are useful in capturing young people's attention and their focus on their futures. The last two domains encompass several sub-domains that are relevant to success in each of the other three domains.

(See Table 3 for a complete listing of the domains and sub-domains).

# Table 3 Transition Domains

## Employment & Career

- Competitive employment site.
- Work experience, paid or unpaid, at competitive or entrepreneurial worksite (e.g., apprenticeship with employee serving as coworker mentor).
- Supported employment (e.g., paid placement at competitive worksite with formal support, like a job coach).
- Transitional employment opportunities, paid or unpaid, at a noncompetitive worksite placement.

## Educational Opportunities (Career-Track Training)

- Bachelor's degree or beyond.
- Associate's degree.
- Vocational or technical certification.
- High school completion or GED certificate.
- Work place educational programs where placement is related to school/college enrollment.

## Living Situation

- Independent residence (e.g., living in an apartment with a roommate).
- Residing with natural, adoptive, or foster family.
- Other family situation (e.g., girlfriend's family, extended family).
- Semi-independent living (e.g., service coordinator assists but does not live on-site).
- Supported living (e.g., supervised apartment with live-in mentor or on-site support staff at apartment complex).
- Group home or boarding home.
- Restrictive setting (e.g., crisis unit, residential TX center, detention center).

# **Personal Effectiveness & Wellbeing** (Table 3 Continued)

## **Interpersonal Relationships: Family, Friends, & Mentors**

- Relationship development & maintenance of friendships.
- Balance of independence & interdependency with family members.
- Dating skills & development/maintenance of intimate relationships.
- Maintenance of relationships with mentors & informal key players.

## **Emotional & Behavioral Wellbeing**

- Create reciprocal relationships with others.
- Expression of care & concern for others.
- Social skills (e.g., positive feedback to others, acceptance of negative feedback, self monitoring, self-evaluation).
- Assertiveness skills & conflict resolution skills.
- Coping with stress & ability to relax.
- Management of anger & moods.
- Spiritual wellbeing
- Self-management of psychotropic medications & side-effects.
- Manage use of alcohol & drugs.
- Avoid physical confrontations & criminal activities.
- Avoid danger to self & others.

## **Self-Determination**

- Social problem solving (e.g., generate alternative options, make informed decisions).
- Set goals & develop plans for achieving such.
- Evaluate one's progress in achieving goals.
- Accept one's strengths & limitations.
- Advocate for one's rights & positions.

## **Communication**

- Express one's ideas & feelings through speaking & listening.
- Reading & writing skills for learning, fun, & communication.
- Knowledge of information sources (e.g., use of library, authorities, Internet communications, & other resources).
- Study & learning skills for gaining & applying new information.
- Cyberspace safety (e.g., revealing personal information, meeting contacts in person, use of credit cards on-line).

## **Physical Health & Wellbeing**

- Health care & fitness (e.g., balance diet, physical activity).

- Recognizing when to see a physician.
- Self-management of over-the-counter & prescription medications & possible side effects.
- Knowledge of sexual functioning & birth control (e.g., prevention of sexually-transmitted diseases & unwanted pregnancies).
- Ability to access medical & dental services.

### **Parenting**

- Health of mother for the prenatal fetus (e.g., balance diet, physical activity, adequate sleep, no smoking).
- Recognizing when to see a physician for prenatal & postnatal care.
- Young adult male supports girl friend/spouse in promoting the health of the mother & baby.
- Young adult male & female assuming responsibility for rearing the children (e.g., care & discipline, behavioral parenting practices, providing home setting, finances).

## **Community-Life Functioning**

### **Daily Living**

- Self care.
- Maintenance of living space & personal possessions.
- Money management.
- Cooking & nutrition.
- Maintenance & security of personal & financial documents.
- Safety skills (e.g., avoid dangerous situations, prevent victimization).

### **Leisure Activities**

- Entertaining one's self.
- Activities with others.
- Creating indoor & outdoor activities of interest & fun.
- Places of entertainment & fun.
- Safe & healthy activities (e.g., Cyberspace safety precautions, safe routes for walking, biking, & driving at different times of the day, choice of friends).

### **Community Participation**

- Mobility around the community.
- Access & use of relevant community agencies & resources.
- Citizenship responsibilities, knowledge of basic rights & responsibilities.
- Community social support (e.g., peer groups, community organizations).
- Access to legal services.
- Cultural & spiritual resource