



Transition to Independence Process (TIP) Model

Lighting the Way to Independence for Youth and Young Adults

Empirical Underpinnings for the Transition to Independence Process

(TIP) Model Guidelines and Practices

Blake Barrett and Hewitt B. “Rusty” Clark

National Network on Youth Transition for Behavioral Health

University of South Florida

TABLE B

Empirical Support for the TIP Core Practices

The TIP model is driven by seven Guidelines that were reviewed in Table A for the empirical support of each. In this Table B, empirical support is provided for each of the core practices that TIP site personnel are competency-based trained in for their working with youth and young adults and their families. The studies that are cited across these tables are in addition to those studies described in the *Theory and Research Underpinnings Supporting the Transition to Independence Process (TIP) Model*. This document describes the research studies that have shown that the TIP model yields real-life improvements in the progress and outcomes for youth and young adults.

1. Strength Discovery and Needs Assessment

Bender, Springer, & Kim (2006).

Key Findings/Implications for TIP Guideline/Element: A systematic review of the empirical literature on treatment interventions for youth (ages 12 to 18) with co-occurring mental health and substance use disorders identifies a strength-based approach as a feature of effective services.

Styron, O’Connell, Smalley, Rau, Shahar, Sells, Frey, & Davidson (2006).

Key Findings/Implications for TIP Guideline/Element: Chart reviews performed in this study indicated that transition age youth receiving ‘strengths-focused’ treatment (where the youth’s social and cognitive strengths and assets were integrated into the treatment plan) had fewer symptoms, reported less loneliness, fewer problems, higher functioning, and greater satisfaction with services compared to youth who did not receive ‘strengths-focused’ treatment as part of a comprehensive system of services and supports.

2. Futures Planning

Benz, Lindstrom, & Yovanoff (two studies, 2000).

Study 1

Key Findings/Implications for TIP Guideline/Element: Youth with disabilities who completed four or more transition-related goals while in a transition program were over two times more likely to graduate with a standard diploma. Completion of transition goals also greatly improved the likelihood of successful graduation for those youth with disabilities who were further “at-risk”. Longer time receiving services was also associated with greater odds of successful graduation.

Karpur, Clark, Caproni, & Sterner (2005).

Key Findings/Implications for TIP Guideline/Element: Youth with emotional/behavioral disturbances (EBD) receiving TIP-based transition services (with an integral focus on person-centered and futures planning) were more than three times more likely than similar youth with EBD not receiving services to attend postsecondary education. Youth with EBD receiving services were also over four times less likely to be incarcerated than similar youth with EBD not receiving services.

3. Rationales

Willner, Braukmann, Kirigin, Fixsen, Phillips, & Wolf (1977).

Key Findings/Implications for TIP Guideline/Element: Youth adjudicated from the juvenile justice system and receiving services through community-based residential group homes identified rationales, or the ‘explaining why’ of when to do or not to do certain behaviors, as highly desirable in their interactions with adults/parental figures. The authors further suggest that the use of rationales may facilitate the effectiveness of desired behavior-change procedures for problematic youth behaviors.

4. In vivo Teaching

Bullis, Morgan, Benz, Todis, & Johnson (2002).

Key Findings/Implications for TIP Guideline/Element: Including individualized educational placement and support within community settings as part of a larger transition services model (e.g., on-the-job instruction connected to particular classes) for youth with emotional disturbance offers promise for improving youth transition outcomes related to education and employment.

Kopelwicz, Liberman, & Zarate (2006).

Key Findings/Implications for TIP Guideline/Element: This comprehensive review of the literature on social skills training for persons with schizophrenia finds that the greater the similarity between social skills training and natural environments, the greater the likelihood the new behaviors taught will be used in everyday life. The authors note that community supports of various types, e.g. “in vivo” opportunities, encouragement, and reinforcement for using desired social skills in the community will increase the likelihood of retention of those skills.

Osterling, K.L., & Hines, A.M. (2006).

Key Findings/Implications for TIP Guideline/Element: Findings from this study indicate the importance of strong, supportive, and caring relationships between mentors and youth in facilitating youth acquisition of community-life functioning skills (taught as part of a comprehensive transition to independence program for older adolescent foster youth ‘aging out’ of the Juvenile Court’s dependency system). The community-life functioning skills were described as “independent living skills” in the study, and included such things as opening a bank account and filling out a medical application; moreover, these independent living skills were taught in naturalistic community settings or “in vivo.”

5. Social-Problem Solving (SODAS)

Bender, Springer, & Kim (2006).

Key Findings/Implications for TIP Guideline/Element: A systematic review of the empirical literature on treatment interventions for youth (ages 12 to 18) with co-occurring mental health and substance use disorders finds interventions which tap multiple domains of functioning to enhance the client’s problem-solving and decision-making skills, affect regulation, impulse control, communication skills, and peer and family relations improve youth outcomes of treatment.

6. Prevention Planning on High Risk Behaviors

Feldman & Werner (2002).

Key Findings/Implications for TIP Guideline/Element: Behavioral parent training, focused on increasing the competence of parents of young people with developmental disabilities and behavior disorders (e.g., self-injury), was able to significantly improve youth and parent outcomes. Families receiving behavioral parent training, compared to those who did not, reported fewer severe child behavior problems, less stress due to limits on family opportunities, as well as greater child and family quality of life.

Schinke, Cole, & Poulin (2002).

Key Findings/Implications for TIP Guideline/Element: The longitudinal academic achievement/interest of at-risk youth (defined by living in publicly subsidized housing) benefitted from involvement in non-school community programs, and further from an additional educational enhancement intervention provided in some of the non-school community programs studied. Youth receiving the additional educational enhancement intervention and services from a non-school community program performed better than those only receiving non-school community program services, who performed better than those youth who received no services, in both long-term academic achievement (as indicated by grades) and interest (as indicated by student self-report). Results from the study provide support for the provision of additional services to at-risk youth to facilitate educational success.

7. Mediation with Young People and Other Key Players

Umbriet (1991).

Key Findings/Implications for TIP Guideline/Element: This article reviews several youth mediation programs (designed to empower youth and young persons to be actively involved in the resolution of conflicts they are faced with), the variety of systems in which the youth mediation programs occur (i.e., family, school, neighborhood, and juvenile justice systems), different characteristics of these programs, as well as discusses several critical issues related to youth mediation programs. Benefits of youth mediation programs discussed include: support of the youth’s family recognizing the benefits of youth mediation programs; decrease in the rate of school suspensions for fighting; as well as the successful negotiation of restitution contracts between victims and youth offenders through mediation programs in the juvenile justice system.



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AUTHOR'S NOTE:

The *National Network on Youth Transition for Behavioral Health (NNYT)* now has two “hubs” – one at the University of South Florida (USF) in Tampa FL and one at *Stars Behavioral Health Group (SBHG)* in Long Beach CA. SBHG serves as the NNYT Purveyor for the *Transition to Independence Process (TIP)* model and operates the NNYT Stars Training Academy. Although both NNYT hubs are involved in evaluation and continuing quality improvement efforts, the USF hub has more of an exclusive evaluation/research emphasis. This document has been adapted by NNYT faculty at the Department of Child & Family Studies, College of Behavioral & Community Sciences, University of South Florida for use by SBHG and NNYT under a contract from SBHG.

For additional information, please visit our websites or contact **Hewitt B. “Rusty” Clark, Nicole Deschênes, or Joseph Solomita** at the contact information listed below.

CONTACT INFORMATION:

<p>Hewitt B. "Rusty" Clark, Ph.D., BCBA Director National Network on Youth Transition for Behavioral Health (NNYT) Stars Behavioral Health Group: NNYT Stars Academy Long Beach, CA 90810 Email: RClark@TIPstars.org Website: http://NNYT.TIPstars.org and Professor Emeritus Department of Child & Family Studies College of Behavioral & Community Sciences University of South Florida Tampa, Florida 33612 Email: hbclark@usf.edu Website: http://NNYT.fmhi.usf.edu</p>	<p>Nicole Deschênes, B.Sc., M.Ed. Co-Director NNYT NNYT System Development and Research Team College of Behavioral and Community Sciences University of South Florida 13301 Bruce B. Downs Blvd., MHC 2332 Tampa, Florida 33612 Phone: (813) 974-4493 Fax: (813) 974-6257 Email: ndeschenes@usf.edu</p>
<p>Joseph Solomita, LCSW Co-Director NNYT Stars Academy & NNYT Stars Behavioral Health Group 1501 Hughes Way Long Beach, CA 90810 Phone: (310) 221-6336, ext 109 Fax: (310) 221-6350 Email: jsolomita@starsinc.com</p>	<p>Peter Zucker, Ph.D. Director, NNYT Stars Academy Stars Behavioral Health Group 1501 Hughes Way Long Beach, CA 90810 Phone: (310) 221-6336, ext 108 Fax: (310) 221-6350 Email: pzucker@starsinc.com</p>
<p>WEBSITES Transition to Independence Process (TIP) System http://NNYT.TIPstars.org National Network on Youth Transition for Behavioral Health (NNYT) http://nnyt.fmhi.usf.edu</p>	