This is the third article I wrote after my first year at our Transitional Age Youth Academy.

While I was at the Village working with adults and trying to promote recovery based system transformation, I came up with a set of three stages of recovery to organize services: Unengaged, Engaged but poorly self coordinating, and self responsible that I talk about in a lot of the system transformation articles. At the same time my friend Wayne Munchel who was running the TAY Academy came up with three stages for the TAY program: Rolling In, Tuning Up, and Rocking Out. Except for the fact that he made up cleverer names, we'd ended up in the same place.

Rolling In is a particularly challenging stage for TAY. Most do not want to be there and are being pressured or dragged in by someone else. Most programs fail to engage them and so most TAY receive no services. We pride ourselves on our ability to engage TAY. We have very few drop outs. It takes an enormous amount of work, including outreach, to engage TAY. This article describes in detail the initial tasks and the thinking behind the tasks. It also contains the foundations for an assessment tool – self responsibility, collaboration, and social acceptability.

Rolling Into TAY

(2007)

Our Transitional Youth Program accepts many of our new "students" directly from a variety of highly structured institutions. They come from youth authority and jail, residential schools, "level 14" group homes, state hospitals, and locked Institutions for Mental Disorders (IMDs) where they have been excluded from the community. Usually, they have been "taken care of," told what to do all day, heavily restricted, sedated with medications, and frequently punished. They are released directly to us and our community, often precipitously, usually without resources, records, IDs, or families, normally after we've met with them just once to get their consent. Usually the only place to put them to live is in which ever of the run down, dangerous SRO hotels has a room available that night while we scramble to get to know them and help them build their new life. It's more or less like jumping off a cliff with them. It's amazing we can ever make this work, but this drama unfolds repeatedly, though unpredictably, more or less weekly at TAY. It takes a serious toll on our staff and our students. How do we do it?

Several crucial tasks must be accomplished at the same time almost immediately:

1) We try to get them some benefits. We only have about $3000 discretionary money to spend on each of them yearly, so we have to get them more money fast. We start with getting IDs (sometimes a difficult task). Then we can enroll them in GR in the "Needs Special Assistance (NSA) program to get $224 per month and some food stamps, which comes on a credit card they often spend impulsively immediately and then lose (along with their new ID). Then (after getting another ID) we get them MediCal (only available without SSI if they're 21 years old or

less) so we can get paid for our services and they can get medical care. Then we decide rapidly, and often with serious ambivalence, whether to help them get SSI (a complex 3 to 4 month process at least). They really can't survive without it, but it carries with it the designation of "permanently disabled" and strong disincentives to work (not how we'd ideally like to begin.)

2) We try to do a psychiatric and medical assessment and give them some reasonable treatment. Normally they don't like their past mental health treatment. Their medications were usually numerous and highly sedating and they often don't feel like they need them at all. Their lives and their diagnoses are very complicated and there are rarely any records to guide us as we try to find some acceptable medications. They also tend to want to use their new freedom (understandably after years of restriction) to "catch up on life" and "have some fun" usually including alcohol, drugs, and sex. Medications just get in the way. So do psychiatric and medical appointments. So does trying to get them to use birth control.
3) We try to get them some reasonable ongoing housing incorporating their wishes (usually they want their own place), their function (usually no practical homemaking experience), their caretaking needs (usually substantial), and their willingness to accept support, structure, and sobriety (usually minimal). Even with benefits they can't actually afford anything. Also almost every housing choice is full and "beggars can't be choosers." Needless to say, our resulting "housing matches" are usually far from ideal.
4) We try to engage them. We want them to like us and want to work with us voluntarily and collaboratively. We want to get them connected to our program and each other. Sometimes they've never been in Long Beach before. Often they have no family or friends to fall back on. We try to rapidly engage them in some positive, hopeful activity directed towards their goals (usually different than typical "treatment goals"), for example working a little for pay in one of our training sites, going to look at the community college, buying new clothes, going to the movies, etc. so they'll want to work with us.
5) If they have family, we try to engage them too. Sometimes families are very valuable resources and sometimes they are substantially impaired, far away, unreliable, or even destructive. They are often the same families that DCFS removed them from when they were younger. They may not want us to engage their families or to be reconnected with their families.
6) We try to stop them from getting rapidly excluded from our community again. They may have legal requirements to avoid reincarceration (probation or drug court, for example). They may have a conservator who would prefer the safety of reinstitutionalization. They may get themselves evicted and become homeless rapidly. They may commit crimes (most commonly drug abuse and theft) and get arrested rapidly. Their mental illness may be uncontrollable or get much worse so their symptoms get them rehospitalized rapidly.

While we're working on these essential tasks, not surprisingly, we usually have multiple problems and crises. We need to assess what's working and not working and make adjustments on the fly.

Sometimes we need to back off from assessing what the barriers are to achieving any particular goal and look at what characteristics of the student are impacting our ability to achieve any goal. Three student characteristics are crucial to their overall success: Self-responsibility, collaboration, and social acceptability. There are usually major deficits in one or more areas that have to be dealt with using a combination of care taking and growth promotion in order to reliably achieve any goals.

Self responsibility:

Self responsibility is the ability to understand that your choices and actions have an impact on your life and those around you, building that understanding from experiences, and using that understanding to actively impact your life.

Most "normal" people build self responsibility over time as they "mature." Therefore, our usual expectation is that our students will have substantial deficits in self responsibility, but also substantial potential to grow over time.

Indicators of growing self-responsibility include:

- Thinking beyond the immediate moment and delaying gratification
- Understanding cause and effect
- Accepting your own role in causing effects including accepting appropriate blame
- Moving from avoiding punishment to self direction to "do the right thing"
- Understanding the impact on others from their point of view
- Becoming reliable
- Becoming considerate and respectful
- Actively contributing to you own life and others

Irresponsible choices and actions often have substantial negative effects on our student's lives and interfere with achieving immediate goals as well as moving on to long term goals (wellness, career, community living skills, and housing). We have several ways of helping them succeed anyway (for example, by adding care taking or adults taking responsibility for them), but these may inhibit their growth of self responsibility. We also have several ways of helping them build self responsibility (for example, making agreements that emphasize cause and effect, slowly giving more responsibility, mentoring, teaching cause and effect and consideration, etc.) but these may inhibit achieving immediate goals. The balance is usually precarious and conflictual.

Many of our services require a certain level of self responsibility to be effective. For example, harm reduction, service planning, agreements, and "natural consequences" only work if you think beyond the immediate and understand cause and effect. Motivational interviewing only works if you accept your own role. Social norms only work if you understand your impact on others. Appointments, voluntary treatment, education, and employment only work if you're reliable and timely. Self help and social consciousness only work if you're actively contributing.

Many students have substantial disabilities from a variety of causes that impact on the "normal" process of maturing and developing self responsibility. It's a challenge to understand these disabilities and make appropriate adjustments to both our care taking and growth promotion. Students may also feel like having these disabilities excuses them from achieving self responsibility. It's also a challenge to give them necessary "unearned" supports, either from our program or social benefit programs, without undermining their progress towards self responsibility.

Collaboration:

Collaboration is the ability to form relationship with someone else, with enough trust and give-and-take to work together to achieve goals.

Most “normal” people collaborate best with people they know, like, and respect, who they’ve built enough emotional connection with to be able to trust, who are working on our goals at least as much as their goals, and who they choose to collaborate with. Also most “normal” people are expected to be at least somewhat “rebellious” when they are young and become gradually less so over time. The majority of “normal 18 to 25 year olds only have relationships with older adults who are in their family, their teachers, or their bosses at work (or who want to have sex with them) most of whom are missing in our students’ lives.

Therefore, our usual expectation is that our students will collaborate more with us if we can build good relationships with them, but that, even at best, some rebelliousness is likely.

For our students their ability to grow to be more collaborative is intimately tied to their ability to form relationships with us (and our ability to form relationships with them). There usually aren’t many other constructive older adults in their lives. They often have a variety of difficulties that negatively impact their ability to form relationships including:

- A weak foundation of “basic trust vs. mistrust” from early infancy
- A childhood of neglect, abuse, and trauma leading to “developmental trauma disorder”
- Substantial deficits in intelligence and learning disability that make relationships harder to figure out
- Substantial childhood deprivation, lack of role models and mentoring, and lack of positive opportunities for healthy relationships
- Substantial symptoms of childhood mental disorders that impaired their ability to experience relationships and distorted their character
- Experiences in “abnormal settings” like special education, foster care placements, group homes, mental institutions, residential schools, or juvenile detention where they developed behaviors poorly suited to “normal” community relationships
- Substantial current symptoms of mental disorders
- Substantial current substance abuse
- “Normal” adolescent rebellious behaviors
- Nonexistent or destructive peer groups (including other students in our program)

The “normal” helping professional stance taken in most adult programs fails to build enough of a relationship with our students to work together collaboratively with them and let the students drop out or coerce them. Staff drawn to work with these people often quietly or not so quietly rebel against this stance and develop their own styles of developing collaborative relationships.

The most common of these styles are: 1) Replacement parent, 2) Reliable friend, 3) Mentor who has been there before, and 4) Professional who actually cares. Although, in theory it should be possible to match these styles with the students’ deficits and needs, in practice staff generally rely on one dominant

style with everyone. Each of these styles has substantial risks to it and is often emotionally draining. Each of these styles can be used to be caretaking or growth promoting. When more than one staff is involved with different styles either conflict or increased effectiveness or both may result.

Social Acceptability:

Social acceptability is the ability to behave in ways that your community will accept and include you.

For "normal" people this usually involves following laws well enough not to be arrested, meeting social responsibilities (like paying rent, showing up at work, and being faithful to your wife) well enough not to be rejected, and being pleasant enough to be included in social relationships. Certain cultures, immigrant groups, and impoverished people may "normally" face considerable barriers to social acceptability.

For adults with mental illnesses they also have to not be dangerous to themselves or to others or unable to care for themselves or they risk being forcibly taken removed form society. They also have to avoid behaving in an overtly mentally ill way to avoid stigma, prejudice, and discrimination. Substance abuse is often socially unacceptable as well.

"Normal" 18 to 25 year olds are generally considered undesirable and segregated away from older adult society. Many of them contribute to this separation by adapting "youth counter-culture" clothes, grooming, music, language, activities, etc.

Therefore, our usual expectation is that our students will have multiple behaviors that are socially unacceptable and tend to be repeatedly rejected and/or be isolative, but if we can help them be at least marginally engaged with the older adult community they will be increasingly acceptable over time.

Problems with social acceptability may interfere with our students achieving even their most basic goals. At times they've faced impressively aggressive forces actively pushing them out of society. Factors that put them at risk include:

- Cultural barriers and poverty
- Unpleasantness
- Aggression, destruction, and violence
- "Youth counter-culture" behavior and appearance
- Substance abuse
- Overt symptoms of mental illness
- Illegal activities
- Social irresponsibility

Consider how we regularly "house" our "good" 18 to 25 year olds in college dormitories or in the military with large amounts of support, supervision, segregation and isolation, and, perhaps most importantly, with a separate law enforcement (campus police and military MPs) to keep them away from the normal police, courts, and jails. Then consider how many complaints there still are about them

by older adult society. And yet, our students are expected to be housed and live integrated into older adult society with very little of those provisions.

Our students are often unacceptable to adult mental health Board and Cares, substance abuse programs, mental hospitals, transitional housing programs, apartment buildings, and even run down SRO hotels. For some female students being sexually available can make them more acceptable to male older adults.

As staff, our sympathy often wears thin as we reject and exclude our students for exactly the same reasons everyone else does. No wonder the usual “treatment” they receive from the system is “lost to follow-up.” It takes a special effort to enjoy their “youthful enthusiasm” and to “play” with them to counteract our own tendencies to reject them. It sometimes also takes a team of staff to create enough acceptance.

Jailing is unfortunately very common for our students. We try to avoid them getting records that make them permanently socially unacceptable.

Taken together the “bulleted” items in each of the three areas above - self responsibility, collaboration, and social acceptability – can form an assessment tool. We can identify existing strengths to capitalize on, weaknesses we need to support and accommodate to, and make specific plans to help our students grow where they need to.

Fortunately, we’re swimming downstream with the current. Like other young people our students are likely to mature and grow in all three areas over time. We just have to keep from drowning in the meantime.

Now that I left TAY, I wish I had written a detailed description of the other two stages – Tuning Up and Rocking Out, but I never got around to it. Sorry.