University of Nevada, Reno

The Transition of Adolescents with Emotional and Behavioral Disorders from Most-Restrictive Placements to Less-Restrictive Settings

A thesis submitted in partial fulfillment of the requirements for the degree of

Master of Arts in Special Education

by

Natasha Maximoff

Shanon Taylor, Ed. D./Thesis Advisor

December, 2013

THE GRADUATE SCHOOL

We recommend that the thesis
prepared under our supervision by

NATASHA MAXIMOFF

entitled

The Transition of Adolescents with Emotional and Behavioral Disorders from Most-Restrictive Placements to Less-Restrictive Settings

be accepted in partial fulfillment of the
requirements for the degree of

MASTER OF ARTS

Shanon Taylor, Ed. D., Advisor

Scott Harrington, Ph. D., Committee Member

Tammy Abernathy, Ph. D., Committee Member

Livia D'Andrea, Ph. D., Graduate School Representative

Marsha H. Read, Ph. D., Dean, Graduate School

December, 2013

Abstract

This study examined the transition from most-restrictive to less-restrictive environments for youth with emotional and behavioral disorders (EBD). Review of the literature indicated that a transition coordinator is advised to assist the youth by coordinating between youth, family, and all agencies involved in the youth's care to develop a transition plan which should begin at intake, promoting continuity of care, self-determination, family involvement, academic and employment success, and assistance in navigating the adult mental health system. In this phenomenological study, participants were interviewed to determine the transition practices currently in place. The themes found in these interviews were: transitions differed from case to case, similarity between ideal and successful transitions, similarity in unsuccessful transitions, and barriers to transition. Transitions in practice differed from the transitions participants desired to implement, and from those transitions prescribed by the literature.

Table of Contents

The Transition of Adolescents with Emotional and Behavioral Disorders from Most-Restrictive Placements to Less-Restrictive Settings

For most of us, being a teenager is a time of many firsts. We remember our first jobs, our first day of high school, the day we got our driver's license, going to college, and moving out on our own. For adolescents with emotional and behavioral disorders (EBD), these memorable firsts may be different or nonexistent. The teenage years for those with EBD may be the years where they are first diagnosed with a disorder, institutionalized, incarcerated, or sent to a more restrictive school setting (Munson, Scott, Smalling, Kim, & Floersch, 2011). In fact, in one year, over 750,000 young adults begin psychiatric services in the U.S. (Pottick, Bilder, Stoep, Warner, & Alvarez, 2008). This is a substantial number of young people. If those with EBD are given effective help, these firsts may become just bumps in the road. If not, the results can be disastrous, often resulting in incarceration.

Many of those with EBD find themselves in trouble with the law during their adolescence. Nearly 1 in 2 youth in correctional facilities have been diagnosed with an emotional disturbance (Quinn et al., 2005), and some estimates of the incarcerated population with EBD are as high as 65-80% (Unruh, Waintrup, Canter, & Smith, 2009) with the estimates even higher for girls (Quinn, Poirier, and Garfinkel, 2005). Youth on probation are 5 to 7 times more likely to have mental health disorders than the general population (Mallett, 2009; Pullman, 2010), and adult offenders with mental illness had an 80-90% recidivism rate, much higher than the common recidivism rate (Castillo & Alarid, 2011). Castillo and Alarid (2011) also found that being diagnosed with a disorder

such as bipolar disorder was a significant predictor of not only recidivating, but recidivating violently. This indicates that those who do not receive successful intervention during their formative years may likely go on to pose a threat to their communities. Teens with EBD can act out violently not only toward others, but also toward themselves, and they are "extremely vulnerable to harm related risk behavior" (Haber, Clark, & Parenteau, 2009, p. 235). They often take risks above and beyond that which is deemed usual for teens, putting themselves at risk of exploitation, sexual abuse, and drug use. The future often looks bleak for those youth who become involved with the legal system at a young age, particularly for girls with EBD. Quinn, Poirier, and Garfinkel (2005) reported that positive outcomes post-incarceration are more difficult for girls with emotional disturbances to attain, due to the added complications of teen pregnancy, high substance-abuse rates, and high prevalence of history of sexual abuse.

In addition to these disheartening statistics, youth with EBD also graduate at much lower rate than adolescents with other disabilities (Hoffman, Heflinger, Athay, & Davis, 2009). Clark and Unruh (2009) reported that adolescents with EBD have high school graduation rates up to 58% lower than the general population, and that, as adults, they are much more likely than the general population to be unemployed and not continue their education. Youth with EBD often feel out of place in school and singled out, and may not view school as a positive experience, particularly if their familiarity with school is dominated chiefly by experiences of attending classes in residential facilities. Living in residential facilities may keep teens with EBD from gaining the skills they need in

order to engage fully in peer and family relationships, higher learning, and employment in the future (Gralinski-Bakker, Hauser, Billings, & Allen, 2005).

While these statistics show that having EBD puts an adolescent at a much higher risk of not succeeding, there is hope through transition planning to help increase the success rates. In order to help those with EBD transition from placements in restrictive settings (i.e., correctional facilities, mental institutions, treatment centers, and most-restrictive special education settings) to entering the community to become successful, independent adults, there are usually many services put into place. These services are called transition services, and they vary widely from state to state and institution to institution (Baltodano, Mathur, & Rutherford, 2005).

Transition services can be put into the hands of teachers, case managers, probation officers, and therapists. Coordinating effective transitions for youth with EBD plays an extremely important role in the success of teens with EBD, but though there is a great deal of literature suggesting what these services should look like, there appears to be inadequate literature on what constitutes effective transition service or what these services look like in action (Clemens, Welfare, & Williams, 2010; Griller-Clark & Mathur, 2010; Haber, Clark, & Parenteau, 2009; Unruh, Waintrup, & Canter, 2010).

Review of the Literature

Gralinski-Bakker, Hauser, Billings, and Allen (2005) stated that, "There is no single 'normal' course that everyone must follow during emerging adulthood and there are no absolute criteria signaling completion" (p. 273). This truth makes the idea of transitioning youth a complicated one, and transitions regarding youth with EBD can take

on many different meanings. For the purposes of this paper, the transitions discussed will be from a more restrictive placement to another, less restrictive placement (i.e., from hospitalization to the community, from juvenile detention facilities to the community, and from day treatment programs to the community). These transitions involve many components, including, but not limited to: home placement and parental involvement, continuation of services, the extent to which the youth will be able to make decisions for their own outcomes, academic considerations, and job support (Baltodano, Mathur, & Rutherford, 2005; Clemens, Welfare, & Williams, 2010; Griller-Clark & Mathur, 2010; Munson, Scott, Smalling, Kim, & Floersch, 2011).

These transitions are seldom smooth for the youth or those who are in charge of receiving the youth at a less-restrictive placement. Piotrkowski and Baker (2004) found that within the first two months of a youth with EBD changing placement, most residents engaged in at least some severe behaviors, with as many as 19% of residents engaging in violent behaviors. The chaotic nature of many transitions can add disorder and confusion into the lives of youth with EBD, often exacerbating behaviors and making the teens more resistant to accepting their current environment. This highlights that transition services that are comprehensive, clear, and well thought-out are a necessity to help ease the move for adolescents from one placement to the next and to alleviate these increased undesirable behaviors as much as possible.

Many youth who are transferred, not to a less restrictive residential placement as in the example above, but back into the community may be unable to find and utilize the many services available to them without the help of transitional services. In a study by

Pottick, Bilder, Stoep, Warner and Alvarez (2008), it was found that in at least one study, use of outpatient services decreased as inpatient services increased for adolescents with EBD, suggesting that youth need help to access services in the community so they are not reliant on in-patient services that may not be consistently accessible to them, especially when they are transitioned out of these services. To alleviate the stress of transition and help improve the success rates of the adolescents in transition, it is recommended that there be a transition coordinator involved in each juvenile's case to help organize services both while the youth is in a placement and to help him or secure ongoing supports after moving out of the current placement (Clark & Hart, 2009; Shaw, 2009; Unruh, Waintrup, & Canter, 2010; Walter & Petr, 2004).

Necessity of the Transition Coordinator

Though every youth's transition may be, and perhaps, should be different, transitions themselves should be predictable, and can be planned as it is expected that, at some point, all youth will transition from youth services (Lyons & Melton, 2005). Every youth must eventually leave a placement, and plans should be made in view of this. Transition programs, as discussed by Cheney (2012) have often focused on

> high school completion, meaningful employment, and coordination with and application for postsecondary education when indicated. It is also typical of these programs to use personal futures plans to identify the steps to take to complete high school credits, access employment, identify peer and adult mentors, and determine necessary social and community supports for success. (p. 23)

However, these aspects alone may be insufficient, and the mere consideration of these things without action does not aid the youth. There are many aspects of transition to consider and act upon in order to best assist the adolescent in moving back into the community.

Many agencies with different agendas may be involved in a teen's case, putting several people in an ideal position to act as the transition coordinator. While transitions should involve multiple service providers (Lyons & Melton, 2005), one group of researchers suggest that a single person (a transition coordinator) should interact one-to-one with the teen and then liaise with the various team members involved in that teen's transition, in order to prevent overwhelming the adolescent (Haber, Clark, & Parenteau, 2009). This transition coordinator might do things such as develop training programs for the youth, communicate with the various people involved in the case, and connect between the current and future placements (Shaw, 2009). In addition, Shaw (2009) claimed that the transition coordinator position was also important to increase the zoned school's sense of responsibility and accountability for a student during the time that a youth is in another placement. This is important as many schools may no longer think of a student as part of their school when he or she is temporarily placed elsewhere, and what should be a return for a student may become a transition to a world that, while once familiar, is now alien.

Ideally, planning for a teenager's transition should begin at intake to a more restrictive setting, regardless of placement or anticipated length of stay (Baltodano, Mathur, & Rutherford, 2005; Walter & Petr, 2004). Walter and Petr (2004) emphasized

that it is not necessary nor is it desirable to wait for an adolescent to have made significant behavioral gains before planning transition, but that placements should be thought of as temporary from the beginning. From this, we can see that transition planning must occur before there is even a release date and that it is necessary to continue emphasis on transition throughout a placement. Placements, whether in a facility or in a community mental health program, are seldom permanent. However, one study reported that "transition planning occurs, on average, 6 months after an adolescent is placed in residential treatment. About 80% of parents and 88% of adolescents still in placement…indicated that they knew when the adolescent would be discharged [at time of admission]" (Nickerson, Colby, Brooks, Rickert, & Salamone, 2007, p. 78). This statistic shows that, even when a release date is anticipated, transition is not a goal that is immediately communicated to the youth, and thus, that teens and their families may be significantly underprepared and unsupported upon the release date. The delay in beginning transition services indicates that ideally, transition coordinators should be involved with the youth at intake to a most-restrictive environment. The ideal transition coordinator has many roles and responsibilities, as will be discussed.

Promoting Continuity of Care

The continuum of care is defined by Simon and Savina (2005) as all "programs and services available to improve the mental health of children and adolescents…[it] includes services provided in a home, school, clinic, acute or short-term hospital unit, residential treatment setting, and residential or long-term hospital unit" (p. 50). This incorporates virtually every service the youth is involved with both before, during, and

after a placement. As argued by Altschuler (2005), the importance of continuity of care is included in its definition, and "is a strategy to foster resilience and promote social inclusions by seeking to sustain gains and benefits attained while in a correctional facility upon return to the community" (p. 98), while Simon and Savina (2005) stated concerns that if a youth does not move on the continuum of care in an efficient manner, that the youth would be placed at risk of losing gains made at a previous placement. Helping a youth move along the continuum of care in a timely, smooth manner is a primary role of the transition coordinator (Clark & Hart, 2009; Shaw, 2009; Walter & Petr, 2004). As has already been discussed, youth do not always know how to seek out supports after leaving a placement. The idea of a continuum is central to the idea of a gradation of services, with services not being "dropped," but being gradually phased out. A transition coordinator can be an integral part of promoting this gradual, smooth change of services, and ensuring that the youth is never without support of some sort.

A teen with EBD who is involved in the mental health or criminal justice system is rarely involved with only a single agency. Indeed, Davis, Banks, Fisher, and Grudzinskas (2004) found that almost all youth who were involved in mental health care services were also involved in the criminal justice system due to arrest, indicating that mental health and criminal justice need to work together to help address this concerning pattern. At the very least, the youth will have a school team as well as a mental health and/or criminal justice team.

It is strongly recommended that a youth receive services from a variety of agencies if he or she is not currently involved with more than one. Different agencies can

specialize in particular areas of transition and provide a more comprehensive array of services. Bullis and Yovanoff (2006) found a strong argument for a combination of services, stating that in their study of youth in custody of the Oregon Youth Authority, those participants who received services from programs in the community in addition to mental health and/or criminal justice services were employed at nearly two and half time the rate of those who only received services from mental health and/or criminal justice. However, though it is recommended that there be several services, these services do not always work in tandem, and may not even communicate with one another nor know that the other is involved in a youth's case. A transition coordinator is responsible for rectifying this situation, and can help these systems work with one another.

To promote continuity of care between various agencies, it is suggested that transition coordinators consult support systems both in the facility and outside of it to get a true picture of the youth being served (Casey et al., 2010). Unfortunately, when support systems do not work together, there may not be a smooth transition between the support system when a youth is in a facility and the support system is in the community (Griller-Clark & Mathur, 2010). According to Cheney (2012), a necessary part of transition services is to find in-community supports for the youth, as youth that may not feel comfortable or experience success in a high school setting need positive supports and contacts elsewhere in the community. Cheney went on to state that a crucial component of a transition program for youth with EBD is the ability to put youth in contact with a variety of community services and supports, and that a transition coordinator must be knowledgeable about the supports available in the community.

However, the transition coordinator may have a great deal of difficulty maintaining these various contacts and keeping everyone informed as the youth's placement changes. There are many laws in place regarding privacy and release of private and health information. Griller-Clark and Mathur (2010) stated that, "the seamless transfer of records and services seldom occurs…Education and treatment services can best be described as fragmented, with services at one stage bearing little relevance to services at the next stage" (p. 390). The difference between this assortment of services and requirements is not only difficult for the transition coordinator to navigate, but for the youth to adjust to. Munson, Scott, Smalling, Kim, and Floersch (2011) gave an example of the stress due to mistrust that the disconnect between systems may produce, giving this example of a youth who was required to rapidly change providers, describing the struggle some youth have when forced to trust someone new: "[Yeah, but then she switched my case because she had overload… "So you're about to switch my case to somebody?" and I'm like, "But I don't trust everybody" #6]" (p. 2265).

When a youth begins to doubt the consistency of services and/or providers, as in the above example, he or she may be less inclined to participate in services or seek out additional supports for fear of abandonment. Some issues that may lead to gaps in providing services may be caseloads that are often too large for caseworkers, transition training that may be missing, and many of the factors that led to a youth being placed in a facility may be factors in their community support system that remain unchanged, such as less-than-ideal living situations, extreme peer pressure, or other negative environmental dynamics (Altschuler, 2005; Baltodano, Mathur, & Rutherford, 2005). Caseloads often

increase as funding for services decrease, leading case managers to have less time to devote to specific cases, and many jobs in social services have high turn-over rates, making it possible for caseloads to be transferred often from person to person. Also, a youth who is engaged with services while in a more restrictive placement may become reluctant to continue these services upon return to the community, where he or she may be exposed to the same negative environmental factors that precipitated the move to a higher level of care. A transition coordinator may have difficulty reaching out to a youth who has returned to his or her previous ineffective behaviors, but may have more success if the family becomes involved in the care of the youth.

Involving the Family

In addition to coordinating the various service providers into a smooth continuum of care, another role of the transition coordinator is to bring together the family support systems available to the teenager, and involving them in the community reintegration plan (Uggen & Wakefield, 2005). Family support systems can be crucial to maintaining the emotional and behavioral gains made during time spent in a more-restrictive and intensive placement. Post-release, adolescents typically identify support systems already in place when they return to the community, and most of them identify family members (Casey et al., 2010). As identified support systems, and as the people often best placed to obtain services for their child, parental involvement is highly desirable to improve post-release outcomes (Blader, 2004; Clark & Hart, 2009; Pleet & Wandry, 2010; Uggen & Wakefield, 2005). It has been found in at least one study that increased parental involvement post-release led to both lower likelihood of readmission and participation in

hazardous activities (Blader, 2004). Though parents may often feel reluctant or disheartened about their ability to help their teen, especially as teens with EBD may act out in unpredictable ways, parental involvement can and does make a difference in the outcome of teens returning to the community. Uggen and Wakefield (2005) stated that, "strong family ties may reduce recidivism and aid in community reintegration" (p. 131). Family involvement is not only important at the time of return to the community, but should be sought during intake, treatment, and particularly during transition planning. According to Nickerson, Colby, Brooks, Rickert, and Salamone (2007), it is crucial to involve families and family involvement is a key to developing successful transitions.

In addition to the benefits of involving parents or other family support systems, Fowler, Toro, and Miles (2011) found that those adolescents who experience a great deal of housing instability have twice the mental health problems as do youth who do not experience this upheaval; however, being able to rely on parents can reduce the effect of these instabilities and support the adolescent through transition. This suggests that ensuring a stable community placement with the parents may help the adolescent to make a more smooth transition, making the return to the community less frightening and much more familiar.

Pleet and Wandry (2010) emphasize that family involvement is also useful in that the family is a good source of background information for the teen, and that the family will usually be involved in organizing and enforcing delivery of services when other agencies are no longer involved. Thus, it is desirable that parents or other close family members have a say in the transition of the youth and are informed and educated about

how to best support the youth in his or her treatment goals upon return to the community. Parents are well-placed to take note of successes, changes in behavior, and those parts of transition that are and are not working—all information that is vital to the transition coordinator to help contribute to a workable, effective transition experience.

Despite the valuable resource that parents offer, Jivanjee, Kruzich, and Gordon (2009) found that families are often frustrated and confused about how to access services, and feel that they are left out of planning for their children's transition services. Families are not always invited to transition or treatment planning meetings outside of the school, and their feedback and observations might not be sought or valued. A key role of the transition coordinator is to help the family become involved with service-planning. Transition coordinators must work hard to incorporate the family in the transition team, though they may encounter difficulties when attempting to engage the family (Haber, Cook, and Kilmer, 2012). Haber, Cook, and Kilmer (2012) reported that,

> The pattern of higher strain and trend for lower quality of family life among older youth suggests that wraparound teams will face greater challenges for implementation as youth approach adulthood, as these differences may reduce the capacity of family members to work together on teams. It could be argued that families under greater strain or experiencing reduced quality of family life would be more motivated to participate in wraparound in order to ameliorate these problems; however, the higher levels of strain and poorer family life quality found in families with older youth could complicate efforts to use family members as resources. (p. 463)

Though these concerns are valid, this should not be a reason to exclude families from the transition process. After a youth has moved on from services, his or her family will still be very much involved in his or her life, making it crucial that they both understand the youth's transition goals and have been provided with the tools necessary to support the youth in these goals.

Easing Academic Concerns

Another area in which family members and youth often express concern to the transition coordinator is in the area of academics (Nickerson, Colby, Brooks, Rickert, & Salamone, 2007). Youth with EBD already typically struggle in school, and interruptions and changes in instruction can result in a great deal of stress (Clemens, Welfare, & Williams, 2010). The nature of transitioning between placements, even in the best of scenarios, already implies that there will be at least some interruption and/or alteration to instruction. Clemens, Welfare, and Williams (2010) argued that the academic stress stemmed from the following three things: "(1) school absences result in the adolescent getting behind; (2) academic problems that existed prior to hospitalization still exist post-hospitalization; and (3) discharge from hospitalization does not necessarily mean readiness for school reentry" (p. 251). These issues also apply when a student spends time in a lockdown facility. Though some facilities offer academic instruction, especially during prolonged stays, credits may not transfer, and teachers on both sides may be unaware of appropriate curriculum for the student or how to tailor instruction so as to support the student's emotional and behavioral status (Clemens, Welfare, & Williams, 2010). As stated above, records may not always follow a student, and if they do, it may

not be immediately, leaving the staff who are receiving the youth in a difficult position. A transition coordinator can help alleviate these issues by putting academic placements in touch with one another, and instructing guardians on the necessary paperwork process to transfer academic records in a timely manner so that as little instruction is missed as possible.

Academically, many youth with EBD are entitled to transition services through their school district. IDEA (2004) provides for transition services for all youth with Individual Education Programs (IEP), and many youth with EBD qualify under the label of "severely emotionally disturbed." For a youth with EBD to qualify for an IEP under this label, "he or she must have an emotional condition that adversely affects academic performance," and many incarcerated youth do indeed bear this label (Bullis, 2010, p. 399). Despite this, transition services for incarcerated youth are often lacking (Hosp, Rutherford, & Griller-Clark, 2001). Hosp, Rutherford, and Griller-Clark stated that transition planning for youth in corrections can be even more vital than for youth in the community. They interviewed youth in correctional institutions with special education needs regarding their knowledge of transition plans and found that many of these youth did not even know what a transition plan was, and even fewer knew anything at all about their personal transition plans. Even in schools in less-restrictive environments, this may be neglected, as found by Wagner and Davis (2006), who stated that even though students with EBD in special education are required by law to start transition planning by the age of 14, "only 65.2% had transition planning in effect by age 14; 14.4% began transition planning at age 16 or older" (p. 91). This indicates that the transition

coordinator must be aware of the transition plans in place for the youth in his or her school, and help coordinate that plan with the goals expressed by the youth, the youth's family, and the other service providers in order to provide a true continuity of service.

In addition to this, the transition coordinator should consider how to smooth the gaps in education that may occur due to change in placement. This may start by helping increase communication between staff at correctional and hospital facilities and school staff before, during and after transition of the youth between these facilities. Communication between facilities is of particular concern when youth are transitioning from a secure mental-health placement to their zoned school (Simon & Savina, 2005). Youth may experience an increase in symptoms and behaviors after returning to school, and it is vital that those at the receiving facility be informed about what to expect and the best way to deal with those behaviors (Simon & Savina, 2005). An unprepared staff may inadvertently trigger severe behaviors, and may set back treatment gains that had been made in the previous facility. Though not all behaviors a youth exhibits upon return to the community are necessarily severe, they may still be problematic. Around half of all therapists interviewed by Simon and Savina (2005) reported likely problems that youth may experience after being transitioned back into school as including anxiety and disruptive behaviors, with a little under half reporting "such behavioral problems as manipulation, rule breaking, being withdrawn, being off-task, and aggressive behaviors as well as argumentativeness and inattentiveness" (p. 56). The transition coordinator can help staff at the most-restrictive and less-restrictive environments communicate and

develop plans to address and prevent these behaviors in the most effective manner before they adversely affect the adolescent's school performance.

Promoting Self-Determination

In addition to promoting a smooth transition back to school, it is also crucial that the transition coordinator help the youth determine what goals they want to pursue both in school and in the community. Because the goal of transition services is, ultimately, to improve the life quality and independence of the adolescent, it is vital that the youth be an integral part of their own transition planning. The transition process is particularly challenging for adolescents for several reasons, especially due to the academic stress placed on a youth due to change in placement (Baltodano, Mathur, & Rutherford, 2005) and social issues that arise (Clemens, Welfare, & Williams, 2010). Teens experience a great deal more academic and social pressure than younger children and adults. Adolescents themselves reported several concerns related to transition, primarily finding jobs, going back to school, and maintaining positive relationships with relatives (Casey et al., 2010). Because youth who are transitioning must often return to living with family members, it is understandable that making those relationships work would be a top priority and concern.

To help the youth take charge of his or her own transition, "a key element….involves opportunities for adolescents to establish their autonomy through negotiation and cooperation rather than coercion or neglect" (Gralinski-Bakker, Hauser, Billings, & Allen, 2005, p. 285). Facilitating this healthy type of communication is an important role of the transition coordinator. The transition coordinator must seek to create

buy-in and improve outcomes through allowing and encouraging the youth to have a say in their own transition plan (Clark & Hart, 2009; Carter & Lunsford, 2005; Murry & Allen, 2010). Promoting self-determination gives the teen a way to choose his or her own direction, and recognize and develop stepping-stones along the way to that goal.

As youth may typically believe themselves more transition-ready than they actually are, their transition plans should include training in self-determination skills, such as goal-setting and self-advocacy (Carter & Lunsford, 2005). This means encouraging a teen to participate in his or her own future—deciding what that future will look like and the steps that will be taken to make that a reality. A third of students with EBD who went to transition meetings did not participate in the meeting, which is higher than the typical occurrence of non-participation in transition meetings for students with disabilities (Wagner & Davis, 2006). This statistic indicates that those who work to transition youth with EBD must work particularly hard to involve youth in their own transitions. Sieler, Orso, and Unruh (2009) described a successful transition program called "Options" in Washington. This program was unique in that it was completely youth-centered and determined. Youth were able to enroll and withdraw from services at their own discretion. They had created a program in which virtually all choices, including the choice to be in the program at all, were driven by the youth. It was acknowledged that this was a difficult program to run due to complexity of determining the plans and wishes of teens who were not completely engaging in services, but that navigating this was part of the role of transition specialists in the program. The program also allowed youth to return to the program at will, without consequence.

Though there are clearly complications involved with allowing youth to be totally in charge of their own transition plans, the success of this program underlines the necessity of keeping the youth involved and giving them power in the transition. It recognized that youth may not necessarily choose to stay engaged, but should always have that option and be encouraged to use it by the transition coordinator. The statement that there were no negative consequences associated with returning allows for teens to feel able to seek help and guidance when they deem themselves ready to accept it. As admitting that they need help is already a difficult thing for teens, this open-arms approach is a way to make services more accessible and teen-friendly.

Another barrier to helping youth self-determine is that helping form realistic transition goals from youth's wishes is not always easy, especially when youth have EBD. Cheney (2012) wrote,

> Many secondary special educators may find the notion of self-determination with students with EBD difficult to implement because they find their students have unattainable or unrealistic expectations. Many special educators have listened to a student who wants to become a doctor, yet is failing all his science and math classes; the student who wants to be in movies, yet her attendance in classes ensures that she won't graduate; the student who wants to become a professional athlete but who won't go to gym class or play organized sports. These examples may lead educators to assume or conclude that these are unrealistic expectations for students with EBD. Yet, listening carefully in a self-determination approach

may provide the educator with some ideas regarding starting points for a student. (p. 24)

Though youth may often profess goals that appear unrealistic, it is important for the transition coordinator to delve deeper into the reasons behind these goals, and perhaps work with the teen to develop workable plans toward achieving fulfillment of these reasons. For instance, a teen who says he or she wants to be a clothing designer may want to do this because he or she likes to be around attractive clothing. While, depending on the youth's capabilities, clothing designer might not be a viable option, working in a high-end designer clothing store certainly might be. The transition coordinator can help the youth determine goals that fit his or her dreams as well as his or her capabilities. Despite the barriers and confusion that may initially appear when trying to create youth-driven goals, it remains a crucial role of the transition coordinator to help the youth create realistic, desirable transition goals and help them develop the skills necessary to take control of their transition plans.

Increasing Employment Skills

Many youth express a desire to work as part of their transition (Casey et al., 2010), and thus, this may be a large part of the transition plan (Wagner & Davis, 2006). However, Hosp et al. (2001) reported that few incarcerated youth reported having job skills, and of those who did, most reported learning these skills prior to incarceration or even "on TV" as one student mentioned (p. 129). Thus, part of the transition goal for a youth who plans on working is to help him or her gain the skills necessary to hold a job. These may include social skills, interview skills, and familiarization with workplace

norms. Though many youth with EBD are perfectly capable of performing the tasks associated with a profession, they may struggle with fitting into a workplace hierarchy, expressing emotions appropriately, and maintaining appropriate social boundaries in a job-setting.

In a study on youth with EBD leaving residential facilities, Zigmond (2006) found that the "paths indicate that these youth actually drifted in and out of work, changing jobs regularly, and experiencing distinct patterns…their job experiences were characterized by instability, in large part because most left jobs as quickly as they found them" (p. 106). Though this is typical of people in entry-level jobs, it is more prevalent for youth with EBD. Interestingly, this study also found that that this was true of both high school graduates and drop-outs, indicating that obtaining a high school degree alone was not enough for youth with EBD to achieve a stable job. This implies that fundamental transition skills and job training are not in place for students in corrections and residential facilities, and that this is impacting the ability to successfully transition away from corrections. Because of this lack in job training, it is up to the transition coordinator to assist the youth to obtain employment and skills (Carter & Lunsford, 2005; Unruh, Waintrup, & Canter, 2010).

Unfortunately, adolescents with EBD may not always be clearly informed or aware of what is necessary to gain and keep a job. Youth with EBD may differ from employers on their perception of job performance. Carter and Wehby (2003) found in their study of work performance of youth with EBD that teens and supervisors had diverging opinions of which work tasks and behaviors were more important than others.

Supervisors consistently reported being more concerned about social behaviors in the workplace than were youth. It was also found that youth often thought they were performing better in certain areas than their supervisors believed them to perform, and this overestimation of ability was consistent across all behavioral domains rated in this study. Keeping this in mind, the transition coordinator should provide assessments and training in the areas where the youth needs additional skills. Carter and Lunsford recommended that these assessments be designed to specify behaviors required at a particular workplace, assess current youth behaviors, and then identify the differences between these areas and potential causes for those differences. This suggests that these assessments may differ given the worksite. If the transition coordinator is able to provide the youth with career-related skills, the results are positive. Bullis and Yovanoff (2006) found that youth who had job training and classes while incarcerated were nearly four times as likely to find employment after release in comparison to those who did not participate in these types of training, and that, furthermore, they were more likely to be able to keep a job after hire. Learning the job skills that they need as teens will better prepare them to find and keep a job as adults.

Assisting the Move to Adult Systems

Learning how to hold a job is only part of the array of skills that a youth will need to transition successfully to adulthood. Many adolescents with EBD continue to struggle with their disorder(s), making transition difficult (Gralinski-Bakker, Hauser, Billings, & Allen, 2005). Adolescents with EBD, both before and after transition, continue to experience emotional and behavioral deficits that affect them in all environments

(Gralinski-Bakker, Hauser, Billings, & Allen, 2005). Unfortunately, many agencies specialize in working with either youth or adults, and the teen will have to change service providers and supports when he or she becomes 18. Because youth with EBD will often continue to need services after childhood, it is crucial that the transition coordinator takes into account that the mental health system for youth and that for adults is often very different (Bullis, 2010). If a transition coordinator is working with an adolescent who is approaching adulthood, one of his or her responsibilities is to help familiarize the youth with adult mental health services. Lyons and Melton (2005) highlighted the difficulty of transitioning into an adult system while simultaneously transferring placements:

> Many might assume…that the absolute cessation of services that accompanies the formal transition to adulthood in special education or foster care is not a concern in the mental health system. After all, the same agency is typically responsible for providing mental health services to children, adolescents, and adults…Despite the lifespan coverage of most public mental health agencies, services are often rigidly bifurcated in age-based programs with separate administration, philosophy, modalities, financing, and location. Simply put, adolescent mental health services work differently from adult services, even within the same agency. Thus, the transition from child and adolescent mental health services can be as problematic as that from agencies that serve only children and adolescents. (p. 305)

Some problems in transitioning to adulthood may include eligibility requirements for social security, as definitions for childhood and adult disorders may be different (Lyons

& Melton, 2005). This means that disorders that are covered by services when an adolescent is under 18 may no longer be eligible for the same services once they reach the age of 18. As many youth who are turning 18 will be taking over their own guardianship, the burden of seeking out needed services and filling out the many forms needed to access these services falls on the youth. This can be extremely overwhelming, and may cause a teen to withdraw from services.

The adolescent may be completely unfamiliar with what he or she needs to do in order to access adult services and stay on the right track after reintegrating into the community, or may already be in the confusing process of transitioning to an adult system when taken into custody. Davis, Banks, Fisher, and Grudzinskas (2004) discussed this issue, stating that the ages that youth are more likely to be charged with a crime are usually the same ages at which they "age-out" of youth services, and that, though adult services are usually available, many adolescents stop receiving mental health services completely after reaching the age of adulthood. This indicates that youth with EBD are less likely pursue mental health services after becoming adults, and that a transition coordinator can help them obtain these services more easily, as well as emphasize the importance of continuing services for the youth. If a youth has developed "buy-in" into the services he or she is receiving prior to adulthood (possibly gained by having a transition coordinator who promotes self-determination), he or she may be more willing to pursue and engage in these services upon reaching adulthood.

Summary of the Role of the Transition Coordinator

To reiterate, the transition coordinator must work closely with family, the youth, community service agencies, and the current and future placements of the teen to organize a transition plan that is directed by the adolescent's personal goals. This transition plan should begin at intake, and should promote continuity of care, self-determination, family involvement, academic and employment success and assistance in navigating the adult mental health system.

As can be seen from this review of the literature, most literature focuses on the theory of what works or suggestions for how to implement transition, not what works in practice or what is currently occurring in practice. The purpose of the current study is to examine, from the role and experiences of transition practitioners, the practices currently in place to transition adolescents with EBD from most-restrictive environments back into the community. This study adds to the field because there are few studies looking at the actual practice of transitions (Clemens, Welfare, & Williams, 2010; Griller-Clark & Mathur, 2010; Unruh, Waintrup, & Canter, 2010).

Method

This study examined practitioner practices and experiences transitioning youth from most-restrictive environments to the community utilizing a phenomenological design. This approach was selected for this study because it explored perceptions of the phenomenon of transition.

Researcher Background

I have had experience in working with adolescents with emotional and behavioral disorders in group-home, clinical, academic, and community settings. I truly love working with these youth and value their ability to overcome and persevere, and respect the mission of any organization which realizes the importance of reaching this population in meaningful ways.

My experiences have allowed me to see the outcomes of both successful and unsuccessful transitions, and have led me to question what works and what doesn't when implementing transitions. I am familiar with the many challenges facing both the teenagers and those who work with them when there is a change in placement. I also have academic background in both the area of emotional and behavioral disorders and transitions. I believe that transition programming is vital to the success of teens with EBD when re-entering the community. Without a smooth transition, youth slip through the cracks and can lose valuable opportunities to be productive and independent adults.

I tend to view my research through the lens of critical theory primarily because it takes into account the influence social and historical context play in knowledge, and underlines the necessity for knowledge to make real-world changes (Noddings, 2007). Scheurich (1997) writes that it "accepts that there are social and historical constraints on what can be claimed as truth…in any particular social and historical location" (p. 34). In my opinion, no knowledge can be a completely removed and objective reality. Knowledge must be known and sought by someone, and people can never truly separate themselves from their social and historical realities.

I also believe that research should be used for the common good, and should create social progression, especially for those populations which are underserved or underrepresented. I conducted this study with the intent to inform, and with that information, to encourage the reader to act to improve transition practices. Critical theory is a paradigm that is open to more subjective modes of knowledge. It is based in having proof, but that the proof offered is looked at as being true in its particular context (Noddings, 2007). I find this particularly important when researching people with EBD, because there are so many variables, experiences, and personal histories to take into account. I chose to conduct a qualitative study because I believe statistics alone are inadequate to give a true picture of what transition practices are. It is important to remember that behind every statistic is a person, with feelings, thoughts, and a unique experience that numerical data cannot completely convey. I hope that, with this study, I am able to put a human face to a process that has been largely hidden.

Participants

Participants in this study were selected on the basis of being professionals involved in some capacity with implementing transitions from most-restrictive to less-restrictive environments for adolescents with EBD. They came from a moderately sized, largely suburban community in the Western United States. To give a more clear picture of participants, they included, but were not limited to, case managers, probation officers, counselors, psychologists, psychosocial rehabilitation workers, teachers, administrators, and others in similar roles who implement transitions from most-restrictive to less-restrictive environments for adolescents with EBD. All participants were over the age

of 18, gave informed consent to be part of this study, and completed at least a high school education. Participants had been in the field of working with youth with EBD ranging from two to over 20 years. Research was conducted with the intent of using pseudonyms in this paper, but due to the small community size from which participants came, it was determined that participants might even be identifiable through specific quotes credited to their pseudonym, and thus, this paper was written using no names.

Data Collection

A snowball technique was used in which I identified a participant, and that participant gave information on how to reach other potential participants in the community. Initial participants were identified by the making phone calls and sending emails to potential participants at most-restrictive environments by using phone numbers or email addresses that are on the websites for each research location. These locations were day treatment facilities, schools, residential facilities, community out-patient mental health facilities, and juvenile detention facilities.

Individual interviews were conducted in person with each participant at a private location of his or her choosing and audio-recorded. Each first interview was approximately 45 minutes to an hour long, and the participant was contacted the next day in order to ascertain if he or she wanted to add anything to the interview. If so, a subsequent interview of approximately 20 minutes was conducted. The first interview was semi-structured, and based around a series of questions (see Appendix A) designed to focus on the ways transition was implemented, concerns about the transition process, and what the ideal process would look like. These questions were all asked in the

interview, but based on responses, other questions were also asked to build a more complete picture of the participants' experiences. The subsequent interview, if any, was informal and was intended to give the participant the chance to add any information they felt was lacking from the first interview. A member check was conducted after the completion of the data collection. After all interviews with a single participant were completed, I transcribed the interview(s) and sent it to the participant so that he or she could be given the opportunity to read his or her contributions to ensure that all quotes used and information given were accurate, and that his or her privacy and confidentiality was maintained.

Limitations

This study is limited by the fact that the interviews are based on the experiences of a few participants from the same county, and these experiences may not be representative of the many who work in transitions. It is also limited in that observations were not conducted; thus, I was not able to obtain verification of information from interviews. Interviews were also the only data collected, which keeps this study from giving a broader picture of the practice of transition.

Data Analysis

Interviews were transcribed. The data analysis technique used in this study was the six-step generic approach as described by Lichtman (2013), with the process for the initial coding itself based on the inductive techniques described by Schumacher and McMillan (2006) as the initial coding process was more fully explained and outlined in this text. First, data sets were separated into different subjects, with each data set related

to a particular subject bracketed. To explain further, as the transcribed interview changed from one topic to the next, a new bracket was given. Within each bracket, keywords or phrases that particularly gave an idea of to what the subject was related were underlined. Brackets were then given an initial code (short phrases summarizing the topic), which was written in the margin, with repeating topics given the same code. After this process had been completed with all transcriptions, the next step was a listing of the initial codes. These codes were examined for similar topics and grouped into different categories. Categories were then re-examined, and combined further to eliminate redundancy and repetition. The most salient categories were identified and became primary categories, with sub-categories listed under these. Primary categories and their subcategories were grouped further into overlying concepts, and finally combined into five themes. The transcripts were then revisited, and identified themes were written in margins, and were color-coded as corresponding to each theme.

Results

Participants came from a variety of different backgrounds, education levels, and viewpoints, as well as addressing transition from various aspects. However, from the interviews, themes that the interviews had in common became evident. The first theme that was apparent was that transition is an extremely individualized process that differs from individual to individual. There was no set process, definition, or approach taken. The second most prevalent theme throughout the study was that the ideal transition differed greatly from the actual transition process. Other themes that were noticeable in the interviews were that there was a great deal of similarity in what participants described

as the ideal transition and what they believed had made past transitions successful, as well as similarity in what participants believed made an unsuccessful transition. Finally, participants also consistently spoke of the difficulties different rules and regulations, particularly those related to privacy, created when attempting to implement a successful transition.

Transition Differs by Individual

From the interviews, it became clear that transition differed depending on not only the individual qualities and beliefs of youth transitioning, but also those of the professionals implementing that transition. There was a great deal of difference in how each participant described transition and how they would go about helping a youth transition. Answers varied greatly from "process by which we prepare out students for those secondary outcomes" to "a successful generalization of skills to less-restrictive environments and hopefully to a productive life," or even "transitioning from subject to subject or activity to activity," but most seemed to agree that transition meant a movement of sorts, whether that be from program to program, youth to adulthood, to a new program, or class to class.

Every participant stressed the need for transition to be different for each adolescent. The need for creating a different, suitable transition for each case was emphasized, as each situation, youth, and the supports the youth came with would be different. There were different reasons cited for why it was difficult to create a transition process that would work for each client or student, among them the ideas that some youth progressed differently through a transition process, different families and agencies were

more or less open to working with the youth and with one another, and that the nature of working with youth with EBD assumed a great variance in youth background and disability. A participant stated, "I don't know that there is a typical [transition] because every kid is different." This idea was often stated in various ways that no two cases were ever alike, with several participants stating that there was not any sort of set pattern for transition. One participant summarized this by stating, "Really the point of the matter is having to know the kid and know their situation and meeting them where they're at and making sure they're set up and ready."

Lack of theoretical perspective/guidance—more a moral stance. Even as no two cases were the same or could have the same transition process, no two participants stated that they had the same, or even similar, theoretical perspectives or guidance on the transition process. Most participants stated that they adhered to no particular theoretical standpoint or belief, though several alluded to the behavioral perspective being one that their programs promoted. All but three participants cited different, personal moral beliefs that guided them through the process of transitioning adolescents from most-restrictive to less-restrictive environments, most of them seeming to do just what felt right to them, and what they thought would best help the youth. Most participants seemed unfamiliar with different theories in the field, and interpreted questions regarding theory as questions on their moral standpoints. Upon being asked about theoretical perspective, one participant said, "Theoretical? I think there's really one guiding principle, and that is, what does the child need to succeed?"

Ideal of Transition Differs from Actual Transition

Regardless of different viewpoint, or the individuality of each transition case, the theme that was by far the most overriding throughout this study was that the ideal transition quite often, if not always, varied from the actual transition that was implemented. Most participants asked questions at least once in the interview regarding if I meant how things should be done, or how they were actually done, indicating that there would be different answers depending on which I specified. Many participants expressed regret that there was such a discrepancy in how they wished transitions were implemented in comparison to how they were actually implemented.

Good intentions. Without exception, each participant made it clear that he or she had the intention of doing the best he or she could for each transition case. All participants were also quick to point out that their colleagues and various agencies and people they had worked with in the field also had good intentions and wanted to do what was best for each adolescent. One participant stated, "The system is taxed and it is…overburdened in a lot of cases…I think it's everybody's goal though…to gather information and help that student get started." However, and often in the same breath, participants indicated that no matter how good the intentions, there were a variety of reasons that transitions were not implemented in an ideal way. The reasons given for this will be explored later on in this paper.

The transition process. When giving descriptions of the actual process of a transition from the most-restrictive to less-restrictive environment, most participants gave me two answers: how a transition was supposed to go, and how it actually went. Ideally,

the process was described as a smooth, gradual change in which all agencies involved, as well as the family and the youth, were well-informed of what would happen and were supported through the process. The ideals given by participants for transition will be explained more thoroughly later. However, the descriptions of the actual process were typically much different from the description of the ideal process. The actual process of transition was often described as hasty, with those on the receiving end of getting a youth from a more restrictive placement often completely unaware of what supports the adolescent would need upon arrival. Participants reported that they sometimes received adequate information on a youth upon the youth's arrival in a less-restrictive environment, but more often, youth were "dumped on the doorstep," with little to no information arriving with them. Several participants lamented that there was a need to "reinvent the wheel" every time a youth changed placement. A participant explained some of these situations:

> If we can even go back to the transition meetings, those…are very inconsistent. They don't always occur. Unfortunately, sometimes, and I'm not finger-pointing, I'm just saying that sometimes [when] a facility gets a student, they'll get a phone call the night before saying, "We've got a child from such-and-such a placement, and they're going to be with you now and you need to get them started in school." So they have….24 to 48 hours to get them in school, and…the folders do not always follow, so they don't always have the important information they need; they just know they need to get them to school.

Though participants stated that they tried to prepare subsequent placements for the behaviors the youth would most likely exhibit and the supports he or she would need upon arrival, there was a sense that the participants generally did not have this information upon getting a youth from a more-restrictive placement, particularly when a youth was arriving from an out-of-state placement. It was evident that many participants were not always in touch with, or even aware of, every agency involved in a particular youth's transition, not because they did not want to be, but because privacy laws and paperwork often impeded their ability to do so. The result was that most participants reported transitions in which they had to rapidly try to assess the youth and develop suitable programs for him or her with little reference to previous programs, assessments, or placements.

Reducing the number of transitions youth experience. Several participants brought up that ideally, transitions for youth would be infrequent, and that there was a need to reduce the number of transitions (of any variety) that an adolescent with EBD would experience. One participant commented, "Transitions—their nature is stressful, so the less you have to do them [the better]…" However, again, it was stated that few transitions was rarely the case. Overall, participants painted a picture where youth were often moved from agency to agency, worker to worker, and program to program with far more frequency than was desirable. Participants expressed exasperation at all of these different transitions, especially when the youth recidivated to a program out of which they had been recently transitioned.

Lack of follow-up. In addition to this lack of preparation for a particular youth's case experienced by many participants, most participants stated that though they believed follow-up would be ideal, it was almost never the case. Most participants felt that more-restrictive placements, particularly residential facilities, had a policy of "out of sight, out of mind" in regards to adolescents leaving the placement. Only two participants stated that they actively tried to follow-up and make sure that a youth was doing well in his or her subsequent placement in an official manner, with one who said, "I do follow-up calls to parents…where I call and say… "How's your kid doing, how'd you feel the transition went, what worked, what didn't work, what would you change or do differently?" This participant stated that this had led to valuable considerations that weren't previously perceived as issues that might need to be addressed, such as the need to help youth who are transitioning back to a placement learn how to navigate community environments without supervision, or even how to use a locker.

Most participants stated that there was a sort of informal follow-up process in which information about a youth would be gained "through the grapevine." About half of the participants stated that they had *never* had a previous placement officially follow up in regards to a current placement to ascertain how a youth was progressing in his or her treatment, and admitted to not following up after a youth had left their care either.

How chance factors into the success of a transition. An interesting quality that many of the participants alluded to regarding transitions was that much of what made a successful or unsuccessful transition was based on chance. Several participants explained that, even in the most ideal transition situations, it was entirely possible that a youth

would be unsuccessful in transitioning and that even in the worst of situations, often an adolescent would go on to prosper. Though participants were able to give a general idea of what made transitions successful or unsuccessful, there was still a sense that there was no set formula for what would or would not work.

Most participants made it clear that they believed that much of what made a transition successful depended on something indescribable and internal to the adolescent, and that again, each case could be and often was completely different from any other case the participant had experienced, making it difficult to determine patterns in successful transitions. Other participants brought up that there were sometimes just serendipitous happenings during a transition—the transition would occur at just the right time, or a job placement or agency service would be provided at exactly the right moment, with one participant stating, when asked about what would make a successful transition, "I don't know…it could be environment, or it could be…the perfect, spot-on placement…we roll the dice and see what happens and sometimes you get really lucky." Though ideally, most participants believed that there would be a set transition process to enhance the likelihood of success, many participants seemed to feel that even doing their best was not enough to ensure a successful transition—that some aspects of success (or non-success) happened at random.

Qualities of Ideal and Successful Transitions

Though some participants believed in the power that chance and causality had in transitions, all participants certainly stated that there were several things in their power that could be done to make the ideal, successful transition more likely. When participants

spoke about ideal transitions and successful transitions, these two topics resulted in nearly identical comments. There were a great deal of similarities in what participants believed made an ideal transition, and the qualities they had found made transitions successful for the youth with whom they worked in the past.

Need for Consistency. One of the most overwhelmingly consistent responses as to what made a transition ideal and successful was: consistency. All participants voiced this opinion in some form. Participants stressed the need for workers to implement the various plans for clients and students with fidelity and consistency in order to produce the most effective, positive changes for an adolescent. One participant explained this need by saying, "When the youth is transitioning, there are these physical and emotional changes happening to them, and they need a constant, and I try to be that constant." The continuity between environments was voiced as being crucial to help a youth transition successfully from one environment to the next, and was across the board what participants had found contributed to the success of adolescents with EBD.

Participants believed that whenever possible, the same workers should stay with the youth, and that there should be some sort of continuity between the behaviors that were expected at a most-restrictive to a less-restrictive placements, and even in the home. A participant explained the necessity of families being trained to support the client or student upon arrival home in a consistent manner, calling them the "key to success" and stated that, "If the kid's going home…try to get them on the same page….start to provide the overall system structure and consistency that we try to provide here." This participant believed that behavioral support in the home that drew from the support in a more-

restrictive facility would keep a youth from recidivating back to the facility. Lack of consistency was believed to contribute to confusion and increased behavioral difficulties from the adolescents, as one participant put it: "When their [adolescents'] life is chaotic, when those in charge or their life aren't on the same page or aren't consistent, life can get dangerous for them and they'll react accordingly…they have to take over and do things their own way, because sometimes that's what kept them alive."

Need for gradual change. In addition to consistency, the need for gradual, smooth change was also cited by most participants as being the ideal situation in any transition. Participants pointed out in most cases that transition planning needed to begin at intake, with one participant explaining, "I think it [transition]'s a mindset you have to have from the minute you get them….and once they're safe enough and…not throwing things or putting their fists through windows, I think you start approximating them…from the minute you get them you should be thinking of how to get them out." Participants described past successful transitions in which a youth was allowed to slowly make the move from one environment to the next, with reliable support being in place to help him or her with this transition. Whenever possible, it was recommend by most participants that a youth be given time to familiarize himself or herself with a new placement, making visits to the receiving placement, meeting new staff, and being familiar with what supports would be in place upon arrival to the new placement.

Need for communication and for continued and reliable support. Across the board, participants made it clear that communication between all parties involved in an adolescent's transition was vital to the success of that transition. Communication

between agencies, teachers, counselors, the adolescent, and families was again and again cited as the best possible situation when implementing transitions. Every participant stated that all parties involved in a youth's transition needed to be part of the process and communicate with one another. The reasons given for this were that this was the best way for consistency to occur and for all of the youth and their family's need for support to be met. A participant expanded on this by stating:

> The most successful ones….the cases where you know, you end up walking away feeling like there's a really good chance…that's when we get full-system compliance, and I mean family, any workers, even education, anywhere where there's buy-in to get everyone on the same page and everyone comes together and kind of throws in that consistency, that structure and everything else, that's where you really think there's a good chance

When all parties were on the same page in regards to the transition plan, things went much more smoothly for the client or student.

Need for community experience. Another component of successful transitions given by many participants was the importance of having the adolescent participate in real-world experiences, such as job-training or community outings. Participants felt that, both ideally and in their past experience with successful transitions, youth benefitted from receiving feedback from community environments that they would not normally receive in a most-restrictive or even a less-restrictive placement. Another advantage of giving youth community experience was given in this anecdote:

> A staff member and I were actually blown away when we went to a couple of placements and saw how students were acting as if they had never been in a place like this….that they never could have imagined such a place…such awe and wonder at all of the shelves, and then weird behaviors started to emerge, and this is not something that anyone would have anticipated. We'll just brush over it, say no, no, that's not a problem, students have all been to places like stores…students are getting skills and we're finding out what our students need at the same time.

From community experience, staff members can gain a sense of what areas a client or student is struggling in. Some participants mentioned that there was a "sense of unreality" associated with being in a more restrictive placement, where consequences were not the same as those a youth would experience outside of a placement.

As youth would, in most cases, eventually be transitioning to the community after reaching the age of 18, participants felt that it was important to give youth the most experience possible in this environment. One participant mentioned that it was unfair that an adolescent with EBD who had spent most of his or her life receiving the "unrealistic" consequences that were often present in a most-restrictive environment, upon reaching the age of 18, suddenly had to deal with adult consequences. For this reason, several participants felt that youth needed experience with these adult consequences and expectations before they were subjected to them, and the best way to prepare the youth for this was to expose them to community rules and expectations. Another participant highlighted that the need for work experience, even unpaid, resulted in more successful transitions for youth whose goal it was to be independent.

Importance of youth involvement. All participants believed that one of the most important factors in a successful and ideal transition was that the youth have a say in his or her transition plan. Many participants cited the need for "buy-in" as the primary reason for this, saying that youth would not participate fully in transition plans in which they had no input. Other participants emphasized that the youth would eventually be in charge of his or her own future, and that they needed to shape that future for themselves. One participant offered an explanation of why it was especially important for youth with EBD to guide their own transitions, and how this might be accomplished:

> They [youth with EBD] have this kind of victim pathology, where stuff happens to them…and they can't be masters of their own destiny...[I say to them,] "You know, this is you…you gotta be honest with yourself, what can you handle? Because no one here can control you…you're making your own decisions…What do you want to happen to you?" You know, changing the dialogue—putting it back on them.

Without exception, participants felt that youth needed to participate to the extent to which they were able, even though most participants acknowledged that this was not always possible as youth often were unrealistic in their goals and their self-view. However, all participants pointed out that they tried to draw youth input into transition plans as much as possible, and many stated that they made an effort to work with the adolescent on creating realistic, reachable goals.

Qualities of Unsuccessful Transitions

In addition to many participants voicing similar thoughts on what makes a transition successful, participants were also very similar in what they said made unsuccessful transitions. Most participants gave specific examples of past unsuccessful transitions and pointed out several qualities of those transitions that had led to them being unsuccessful.

Unwillingness to have an adolescent transition. Among one of the most common reasons a transition was unsuccessful, according to participants, was that the receiving placement was often extremely reluctant to accept an adolescent with EBD, especially if he or she had previously been moved from that placement to a more restrictive one. One participant summarized this as, "Some schools want their kids back with open arms, but some schools I think kind of thought, 'Oh, well, I sent them to you, so I didn't think I would get them back.' That kind of attitude….like the preconceived notion of the kid's going to fail anyway, and we're just going to…send them back to [the more-restrictive placement] again."

Participants expressed that they had often run into unenthusiastic reception of the information that a youth was ready to transition to a less-restrictive environment, with receiving placements perceived as unwilling to "deal with another problem." Participants were understanding of the skepticism less-restrictive placements often had when told that a youth who had been removed from that placement due to severe emotional or behavioral issues was now doing better. However, despite understanding why less-restrictive placements were averse to working together to move a client to the

environment, participants conveyed disappointment that clients and students with EBD were not given a clean slate upon returning to or moving to a less-restrictive placement, and believed that this situation sometimes led to a sabotage of a transition.

Several participants also reported unwillingness to transition a youth on the other end of the spectrum, stating that oftentimes, the most-restrictive placement became so attached to an adolescent that they became unwilling to let a youth transition into a less-restrictive placement. A participant hypothesized that this might be because,

> There's a fear that if you move them [youth with EBD], then they won't do well, and there's also on, I think an unconscious level on the part of the people who…end up working with them and they've actually seen some success with this kid and they don't want to send it off. They want to have the good feelings of having a relationship-kind of normal human connection, and…what sets [EBD] kids apart is that it's hard to create those connections with those kids, that's what makes them who they are. It's hard to create relationships with them because they have such dysfunctional ways of interacting with people…that's their disability.

Transitioning difficulties unique to the EBD population. Some participants believed that this unwillingness of less-restrictive placements to receive a youth with EBD was that it was simply more difficult to transition adolescents with EBD than adolescents who had different disabilities. Many of the participants had prior experience working with youth with intellectual or physical disabilities, and stated that there was not the same stigma associated with those disabilities that they often encountered when

transitioning youth with EBD. Less-restrictive and community placements were often perceived to be less accommodating to youth with EBD than they would be to youth with other types of disability. Youth with EBD were perceived to be unstable and violent, and have behaviors that would be problematic and even dangerous when transitioning into a less-restrictive placement. A participant was so concerned about the negative effect an EBD label could have on transition, that the participant said,

> The other thing I've tried to do is take the emotional disturbance label off of kids at [most-restrictive placement] before I transition them, because they're just set up to fail—you know if you drop them back into a middle school…people just think, "Oh, here comes the bad boy," and then they just don't even have a chance.

Some participants also believed that the nature of having EBD was that transitions were more difficult than they would be for other adolescents, and that youth with EBD often needed a higher degree of structure and support during a transition than would other youth with different disabilities.

Lack of time to transition. Compounding the difficulty created by less-restrictive placements being unwilling to take clients and students, most participants stated that they felt some degree of pressure to move youth with EBD to less-restrictive environments before the team felt that they were ready. The transitions themselves often happened too rapidly, according to some participants, with youth being moved to a less-restrictive environment after only one meeting, or even no meeting regarding the transition. Participants felt this left the youth, and both the receiving and sending teams, unprepared to make a seamless transition.

Many participants cited funding concerns as part of the reason that there was pressure to keep a youth moving down the continuum of care at a more rapid pace than was perhaps desirable or advisable. Those participants who used Medicaid to receive funding for their services stated that funding was often withdrawn or reduced more quickly than was necessary to prepare youth for successful transitions. Some participants also mentioned that services became choppy rather than continuous when there was a lapse in funding, as services to help an adolescent transition could not be provided when no funds were available. Participants stated that youth often needed very gradual lessening of support that was not feasible due to time and budget constraints placed on a most-restrictive environment. Participants felt that this push to move adolescents too quickly into a placement with fewer available supports often led to an increase in negative behaviors and that often caused the youth to recidivate to a higher level of care.

For those systems that used a level system, it was overall expressed by participants that there was a need for clients and students to progress through the level system completely before transitioning, with a participant explicating that, "It can take up to a year and a half for the kid to get up through the levels, but we can't push them too fast…because the unsuccessful transitions are the ones where we pushed too fast." Other participants felt that, due to the age of 18 sometimes being the age at which their services had to cease, that they hadn't gotten a youth soon enough to help them develop successful transition skills and plans before the youth turned 18.

Some participants also expressed concern that there was not enough time that could be given in a more-restrictive environment to give the adolescent skills that he or she needed as part of his or her transition plan. In regards to this, a participant said,

> In those more, lockdown facilities, there's not as much freedom of time to get those kids out and get them the training that they need, because most of them are severely lacking in their academics, so I understand where we can't have them out 3 hours a day…It just doesn't work because they're so far behind; we have to get them caught up so that when they do walk out this door…they transition with some skill sets.

Participants stated that they often wished that they could have more time to spend with youth in the community environment, more time to talk with the youth, families, and transition team regarding transition, and more time between when they began working with the youth on his or her transition and when the transition actually occurred. Though participants did not say that this specifically led to unsuccessful transitions, there was a sense that participants felt that they could have had a greater degree of success had they had the time they needed to implement transition plans more effectively.

Few available resources. In addition to the difficulties posed by time constraints, some participants also believed that there were simply not enough resources to help youth with EBD make successful transitions. Some participants felt that there were a variety of resources and support for other types of disability, but that youth with EBD were often underserved, not only in the community in which the study took place,

but elsewhere as well. Participants said that this made it more difficult to get adolescents with EBD the help they need, and limited the transition plans in some ways.

Regulations Impede Transition

The final prevailing theme throughout the interviews was that transitions for youth with EBD were made significantly more difficult due to administrative procedures, regulations, and rules. Participants stated that they were often unable to receive necessary information regarding a case due to federal and state privacy regulations, and that they were often completely unprepared to receive a placement due to these rules. Participants had difficulty communicating with other agencies and providing wraparound services as privacy laws often kept agencies from communicating with one another. A participant said, "The privacy stuff, the HIPAA stuff makes it really hard for everyone to talk to each other…a lot of times, people can't or don't want to let me know things because they don't think the privacy will let them, or they think that we're not really a huge part of the treatment and so they act like we don't need the information."

Many participants also perceived that, though they believed other agencies were doing their best, that often each agency and individual on a transition team had his or her own agenda that impeded the successful transition of a youth from one placement to the next. Participants expressed concern that private agendas led to the needs of a youth or that youth's family going unmet, with one participant stating that some unsuccessful transitions resulted, "When decisions aren't made purely, based on the data, based on observations or extenuating circumstances—[when they result from] some bureaucratic thing or, I hate to call it drama, but some of that."

Participants working in school settings also said that due to the delay in receiving forms to give consent to release information between agencies, they often had no idea what a youth was working on in school, what behaviors and triggers they had to be aware of, or of which other agencies were involved in the case. These factors were cited as causing a lack of continuity of care, and prevented transitions from being as smooth and successful as possible.

Discussion

The purpose of this study was to examine, from the role and experiences of transition practitioners, the practices currently in place to transition adolescents with EBD from most-restrictive environments back into the community and/or to less-restrictive placements. Qualities of successful and unsuccessful transitions were examined, as well as the perceptions of transition practitioners regarding what made an ideal transition, and the barriers that prevented current transitions from reaching that ideal.

Summary of Findings

It was found that, from the view of the transition practitioners who participated in this study, that there is no such thing as the typical transition. Transition was described to be a very individualized process, and the definitions, approaches and practices of transition varied widely. Though transition practitioners described past successful transitions and the ideal transition in very similar ways, it was found that ideal practices were not always implemented, for a range of reason and limitations. Ideal/successful transitions were described to be youth-led, consistent, gradual, and products of clear, constant communication and real-world experience. Unsuccessful transitions were

described as the result of agencies being either unwilling to receive or send a youth to a different placement, youth with EBD simply being more difficult to transition than other populations with disabilities, pressure to transition a youth too quickly, not enough time to spend on necessary transition activities, and few resources available to youth with EBD. Participants as a group also expressed that different rules and regulations, particularly those regulations regarding Medicaid as well as federal and state privacy laws made it difficult to implement transition plans in an ideal way, and stated that as some agencies had their own agendas, the transition team was sometimes divided as to how or if to accomplish the youth's transition goals.

Connection to the Literature

Individualization of transition. Participants' views were similar to those found in the literature in regards to individualizing transition planning. Participants believed that transition planning needed to be adjusted to fit the needs of the individual—that there was no one-size-fits-all approach that could be taken. This view was consistent across the literature, which in general stated that customized transition processes and supports should be available to youth with EBD, who vary greatly in diagnosis, level of need, and goals (Gralinski-Bakker, Hauser, Billings, & Allen, 2005). However, all participants pointed out that there was an ideal form that transitions would take, which differed greatly from how they were typically executed. Participants painted a picture of common transitions including a hasty move from placement to placement, where documents did not always follow the youth, there was limited information given, and changes in level of support were rapid rather than gradual. Almost all participants described a drop-in-the-

lap situation, where youth with EBD changed placements overnight, sometimes with no transition plan between the two environments in place. The literature describes this situation as undesirable, stating that there should be a process in place for transitions (Lyons & Melton, 2005). Nickerson, Colby, Brooks, Rickert, and Salamone (2007) outlined the ideal general transition process as consisting of a last meeting between service providers and family preparation, and stated that this is typically when the how and when of closing services as well recommendations for further treatment are established. Sometimes families may continue to be supported through in-home services post-discharge.

Though participants were able to outline the above process as being the best-case scenario and how some transitions looked, participants made it clear that this was certainly not always the case in real-life transitions from more-restrictive to less-restrictive environments. Hasty transitions led to confusion upon receiving a youth and lack of knowledge regarding what supports a youth had had, was in need of, and to what extent these supports needed to be in place. Academically, many participants reported being completely in the dark about where a youth was if the teen was not preceded by his or her academic file, and there had been no previous communication between the more-restrictive and less-restrictive placements. The literature mentioned that unsafe and undesirable behaviors often increased directly after a youth changed placements, which may be accounted for by this lack of preparation (Simon & Savina, 2005). Sudden transitions were sometimes made necessary, according to participants, as Medicaid funding ran out and a youth was placed immediately into a less-restrictive placement.

The ideal transition would include an element of prevention planning, the importance of which was discussed by Haber, Clark, and Parenteau (2009) and described as important to implement before rather than as a reaction to a crisis. Prevention planning would safe-guard against a youth and his or her transition team being completely unprepared in case of sudden transition due to unforeseen circumstances. Prevention planning would include: "Identifying problematic risk behaviors and their consequences...asking about situations and functions associated with risk behavior…generating options…specifying a prevention plan…and following up on the prevention plan" (Haber, Clark, & Parenteau, 2009, pp. 250-254). This type of planning being implemented in all transitions could potentially lead to a prevention of this increase in behaviors compounded by receiving staff being unaware of how best to deal with the youth in their care.

Thoughts on ideal transitions. In addition to prevention planning, the literature advised that transition planning begin as soon as possible (Baltodano, Mathur, & Rutherford, 2005; Walter & Petr, 2004), a perception echoed by participants, who believed that transition was best started at intake. Some participants expressed that they wished they had had more time to work on transition with clients/students before the actual transition took place. Starting transition planning at the beginning of a placement appears to be a step that would keep the less-restrictive environment aware of the student or client and that youth's needs, thus preventing situations such as those mentioned above, where transition facilitators were unaware of how best to support an adolescent with EBD upon receiving him or her.

In relation to other best-practices, Dresser et al. (2009) discussed Continuous Quality Improvement (CQI) as being necessary to a transition program, based on data, shared power, and organized communication and collaboration between all individuals on the transition team. In contrast, while participants tended to specify that the programs from which they worked followed some sort of behavioral theory, participants themselves for the most part neglected to specify any set theory or data from which they worked. Participants seemed largely to implement transitions based on personal beliefs about what would work the best or what was most important, with little reference to the literature or prescribed best-practices. Unmentioned in the literature, but mentioned often by participants, was the role that the element of chance played in successful transitions. Participants stated that there were times in which everything in a transition just fell into place, or that a youth just seemed ready to transition at that exact time.

Interestingly, despite these few deviations from what was prescribed in the literature as best practice when implementing transitions, participants were able to specify, almost word-for-word, the same elements that the literature claimed were necessary to a successful transition. Participants had a "wish-list" of transition practices that was nearly identical to that proposed by the literature, with most participants stating that there was a need for consistency and a gradual lessening of supports, with a great deal of communication between all involved parties before, during, and after transition. In short, participants believed the ideal transition was based on the continuity of care between more-restrictive and less-restrictive environments, very much as described by the literature (Altschuler, 2005; Simon & Savina, 2005). They described successful

transitions as incorporating those elements, and most participants specified unsuccessful transitions as being unsuccessful due to the lack of these qualities.

Family involvement. As another quality of ideal transitions, the literature placed great emphasis on family involvement and input throughout the process (Lyons & Melton, 2005; Nickerson, Colby, Brooks, Rickert, & Salamone, 2007). However, this was a subject only lightly touched on by participants. Most participants indicated that family should be involved in the process, but only a few participants were able to outline how they had specifically had family participate in a successful transition. These participants did so by working closely with guardians to empower them to support the youth behaviorally in the home, providing a continuity between the youth's placement and the home, as well as maintaining a much-needed constant structure while the youth was in transition. This approach was directly suggested by both parents and adolescents when asked in a study by Nickerson, Colby, Brooks, Rickert, & Salamone (2007) what practices would improve the transition from most-restrictive to less-restrictive environments. Parents requested that they be taught methods of behavior intervention to use with their teen and that they be given more information regarding other available supports in the community, while youth thought they should be able to spend more time on home-visits prior to transitioning back into the home. This would lead to a more gradual transition, and would allow both the youth and his or her guardians time to practice the behavioral skills necessary for a full transition back into the community and the home.

The literature indicates that family participation is crucial, as the family is typically best placed to offer continuing support and advocacy for the adolescent after a transition back into the community takes place (Blader, 2004; Clark & Hart, 2009; Pleet & Wandry, 2010; Uggen & Wakefield, 2005). However, participants appeared to believe that, while family should definitely be part of the treatment team, their participation was of less consequence than the literature would advise. Some participants pointed out that at times, family members can be over-protective of a youth, or may have hidden agendas of their own, which conflict with the goal of the teen to be independent and may interfere with a successful transition. Other participants stated that family members were not always able to implement transition plans effectively, whether that be due to different struggles the family member was going through, or an unwillingness/skepticism on the part of the family to change in ways that would benefit the youth. This indicates that, in practice, it may be undesirable to involve families who are unreceptive to implementing a successful transition overly much in the transition process, but that there is a need for transition practitioners to involve supportive family members more than is currently happening.

Self-determination. Though all practitioners were not in agreement in regards to how involved the family should be, all advocated for youth-guided transitions. Every participant stated that it was of utmost importance that an adolescent with EBD be heavily involved in setting the goals and providing feedback in his or her own transition processes. This was also referred to by the literature as being exceptionally important when creating a successful transition (Clark & Hart, 2009; Carter & Lunsford, 2005;

Murry & Allen, 2010). Participants mentioned that youth are not always realistic in their goals, or might not be at a cognitive level to fully guide their own transition—difficulties also indicated in the literature as posing obstacles to fully self-determined transitions (Carter & Lunsford, 2005; Cheney, 2012). Despite the acknowledgement of these barriers, participants continuously implied that transitions were unsuccessful, and indeed, absurd if they were not designed to meet the goals of the youth, and that youth should always have the most say on a transition team. Participants discussed various techniques that they used in order to increase youth participation in their treatment plans, including having youth-led meetings, intakes that specifically asked what a youth wanted out of placement and transition, and taking into account youth feedback on his or her progress. These techniques are directly in line with those proposed by the literature (Clark & Hart, 2009; Carter & Lunsford, 2005; Gralinski-Bakker, Hauser, Billings, & Allen, 2005; Murry & Allen, 2010). Involving youth in their own transitions was found to be practiced by all participants.

Community experience. The literature also suggested that teens with EBD get as much in-community experience as possible before making the transition to being fully involved in the community, whether that be from a facility or simply aging-out of supports. Gralinski-Bakker, Hauser, Billings, and Allen (2005) summarized the literature's perspective on community-based experience and support, stating that "a guiding philosophy within the mental health care system is to deliver care at the most local level possible and within an organized continuum. The importance of community care is based on the assumption that the community will provide social and tangible

support to increase the likelihood of desired outcomes" (p. 280). The participants were very much in agreement with this sentiment, and promoted the importance of having youth get work experience and volunteer experience outside of the most-restrictive environment to better prepare them for the "real world." Participants also attempted to get youth used to their less-restrictive environment before they transitioned there—for instance, having the youth spend time outside of a day treatment facility in the school they would be attending after transition. This was also recommended by the literature, which felt that outpatient (community) supports could keep adolescents from recidivating to mental health facilities, and that most-restrictive mental health environments could use proven approaches like "introducing inpatient clients to outpatient providers in advance of hospital discharge" (p. 385) to facilitate a gradual and successful transition back into the community (Pottick, Bilder, Stoep, Warner, & Alvarez, 2008).

Participants mentioned that it was often very difficult to fit community time into the various curricula and rules of the programs they had, but that whenever possible, they tried to make time for the teens to experience natural less-restrictive environments. Some participants worked primarily in the community with adolescents in transition, and across the board said that adolescents benefitted from these experiences. The literature did not mention this, but many participants pointed out that these community experiences not only helped familiarize youth with having fewer supports in place, but also helped transition facilitators find areas of concern that they would not have known about had the youth spent all time in the most-restrictive placement. These comments indicate that community experience is vitally important to creating a successful transition as youth

move into a less-restrictive environment, and also in order to help the transition team be more informed about which supports a youth might need upon return to the community. While one study found that "representatives of postsecondary vocational schools and of other vocational training programs each were contacted for more than 20% of students with ED [emotional disturbance]" (Wagner & Davis, 2006, p. 93), almost all participants in the current study stated that they helped youth in reaching employment goals, and some participants even said that they helped find time during the day specifically for youth to engage in employment experiences.

Communication. Transition practitioner sentiment in regards to communication between service providers was also very similar to what was recommended in the literature. Participants unfailingly discussed how important it was to have communication between all agencies involved in the teen's care. However, all participants also mentioned how difficult it was to facilitate this communication, with many participants describing situations in which they were completely unaware of other agency's involvement, or were unable to communicate with other agencies in regard to a teen due to privacy laws restricting communication. Nickerson, Colby, Brooks, Rickert, and Salamone (2007) found that of staff members at a most-restrictive placement, only 25% to 50% said that they were in contact with other service providers included in the youth's care during a placement and transition from that placement. All participants in this study stated that they were in contact with other members of the youth's treatment team, but those participants who worked in school-based most-restrictive environments indicated the most difficulty in collaborating with agencies outside of the school district.

This shows that participants in this study had more consistent communication between agencies than that which was found in previous studies.

Unforeseen barriers. While the literature states that inter-agency communication is vital, it did not document the difficulties that transition coordinators experienced or would experience to facilitate this communication in practice. As discussed by participants, communication issues were heightened by the fact that a single transition coordinator, as recommended by the literature (Haber, Clark, & Parenteau, 2009), appeared to rarely be the case in practice. Agencies appeared to be in disagreement about how best to serve a youth, and many participants mentioned cases in which other parties seemed to have their own agenda, other than the best interest of the youth, to follow. Unforeseen by the literature, some less-restrictive environments were reported to be extremely reluctant to accept a youth with EBD from a more-restrictive placement, or to work with that most-restrictive placement to set up a comprehensive transition plan. Participants in general were of the opinion that it was significantly more difficult to transition adolescents with EBD than other groups of individuals with disabilities, due to a prevailing stigma attached to mental health disorders. This stigma was perceived to make less-restrictive placements, and in particular, fully-inclusive community placements unwilling to accept that a youth with EBD was capable of behaving appropriately.

Lack of follow-up. Even as communication between agencies during the transition was found to be difficult, following-up with a youth and his or her less-restrictive placement proved to be even more challenging. Almost all participants

reported both that they rarely, if ever, formally followed up on a case after the adolescent left a placement, or experienced follow-up from a youth's previous placement. This lack of follow-up was also documented by the literature, which found that half to more than half of staff at most-restrictive placements stated that they never followed up with the youth, the youth's family, or other agencies (including the least-restrictive placement) after an adolescent had left their care (Nickerson, Colby, Brooks, Rickert, & Salamone, 2007), and that therapists followed up even less than a quarter of the time. (Simon & Savina, 2005) In addition to this, Simon and Savina (2005) found that nearly a quarter of therapists did not believe that they were responsible for follow-up after a youth left their care (p. 55). Participants in this study did not share the feeling that they had no responsibility to follow up, but stated that it was extremely difficult to do so formally due to lack of time, though they sometimes heard "through the grapevine" how an adolescent previously in their care was progressing. Participants reported similar barriers to follow-up as those experienced while attempting to facilitate communication between all agencies—namely, privacy laws and unwillingness by subsequent or previous placements to communicate.

The move to adult systems. In addition to privacy laws, laws and regulations regarding funding and age at which certain services must stop put a strain on participants. Participants expressed discontent with the pressure that funding and "aging-out" put on them to transition a youth faster than they believed that the teen was ready. Bullis (2010) wrote that, "while transition services should begin in high school, it is likely that some level of support service will need to continue for many persons with EBD into adulthood,

far past the traditional ending point of public education and special education services" (p. 407). Participants were aware of this, and some indicated ways in which they tried to prepare youth for the transition to adult services. However, the move to adult services did not appear to be smooth, and participants in most-restrictive live-in placements were extremely concerned regarding the success of clients who transitioned straight from such a restrictive placement into being their own guardians at 18. The above-mentioned difficulties in agency communication are compounded after a youth becomes 18. Pottick, Bilder, Stoep, Warner, and Alvarez (2008) stated that, "Weak institutional and financial linkages between child-serving and adult-serving systems jeopardize the life chances of transition-age youth (ages 16–25 years) with emotional disorders who need support to successfully adopt adult roles and responsibilities" (p. 374). This was certainly the perspective of most participants.

Implications of the Research

The implication of this study is that, in practice, the transition process leaves much to be desired, and that the process needs to be streamlined and improved. It seems that there was a discrepancy in what participants in this study and the literature (Clark & Hart, 2009; Murry & Allen, 2010; Unruh, Waintrup, & Canter, 2010; Walter & Petr, 2004) stated should be happening and what was actually happening in practice. Like the participants, Altschuler (2005), Clark and Hart (2009), Shaw (2009), and Walter and Petr (2004) emphasized the importance of communication between treatment agencies and a sense of continuity between agencies, while also identifying that this was an area in which transitions are often lacking. Griller-Clark and Mathur (2010) found that many

community agencies do not work together to implement transition, a sentiment echoed in the interviews. From the interviews, it became clear that there is no set transition process, and because of this, there were many concerns about the practice of transition. Participants were primarily concerned by the lack of continuity of services, a set transition process, and communication between service providers. All participants believed that if these areas were improved, the youth and those who work with them would be greatly benefitted.

It was found that, while transition facilitators are well aware of those factors necessary to create a smooth, successful transition and all endeavored to use these factors, this is not always possible due to various barriers outside of the participant's control, such as obstacles to communication, funding worries, lack of time to help youth transition, and reluctance by less-restrictive environments to receive youth with EBD. However, it should be said that the qualities of successful and ideal transitions as specified by the participants were almost identical to those propose by the literature. The literature identifies many areas that transition practitioners should address, such as forming connections between all concerned parties (Uggen & Wakefield, 2005), promoting continuity of care (Altschuler, 2005; Clark & Hart, 2009; Shaw, 2009; Walter & Petr, 2004), addressing academic concerns (Clemens, Welfare, & Williams, 2010), promoting self-determination (Clark & Hart, 2009; Carter & Lunsford, 2005; Murry & Allen, 2010), increasing employment skills (Wagner & Davis, 2006), and assisting with the move to adult systems (Lyons & Melton, 2005). Successful transitions were youth-led, gradual, and consistent, with communication and collaboration between all parties.

Bullis (2010) stated that "the best intervention package should be one that is composed of everything in the proverbial kitchen sink" (p. 409), and indeed, as portrayed by the participants in this study, this seems to be the case in successful transitions. Unfortunately, participants made clear that, in practice, these best-practices were often impossible to implement, and addressing all the recommended areas of transition was difficult.

Suggestions for the future. I found that participants in this study were doing their best to implement effective transitions, but they appeared to run into obstacles at every turn. When participants were unimpeded in facilitating transitions in the ways they felt were the most beneficial, it seemed clear that those transitions ended successfully. Disturbing was the frequency with which participants indicated barriers to transition appeared. I was surprised to find out how often youth with EBD were transitioned suddenly and without warning, which I perceived to be a dangerous practice, potentially harmful to the treatment of the youth. In order for transitions to be more effective and successful, I believe it is necessary for transition coordinators to prepare for worst-case scenarios (i.e. sudden changes in condition, sudden loss of funding) well before they occur. While privacy laws were indicated as being one of the primary barriers to communication between the members of a transition team, I believe that a transition coordinator has a duty to foresee that this may be a problem. It may be advisable to have transition practitioners obtain consent to release information between locations that are most likely to receive a youth if a sudden change of placement does occur. This would ensure that, rather than waiting for consent and documents, all of these could be

transferred with a youth immediately if no prior transition meeting was possible. Though by no means is a sudden transition ideal, this would be a step to prevent the often-referenced confusion that occurred when a youth just "appeared on the doorstep."

Family-training and involvement also seemed to be an area that could be improved upon in practice. Families often spend more time with a youth than agencies, and might be the strongest support system available to the youth if most-restrictive placements are able to help guardians transfer behavioral structure to the home. Families are in need of the tools to help their children—though participants mentioned that some families' participation in transition was directly against the goals expressed by the youth, it seemed that most families wanted to help, but were not necessarily equipped to do so. If family support is lacking, peer mentors in their stead was one successful transition practice that was found by Galasso et al. (2009). Galasso et al. (2009) discussed a successful transition program component designed to "bring support and leadership opportunities to transition-age adults, ages 18-25, who are part of the transition-age young adult population already receiving services from this agency…they can use this experience in a positive way to help others in their own personal recovery" (p. 211). This voluntary program screened all potential members to make a good match between the mentor and the mentee. This mentor relationship might be a good way to utilize resources more effectively and help teens give back while advancing their own treatment. Peer mentors such as these ones were also encouraged by Sieler, Orso, and Unruh (2009).

Funding and lack of time to transition seemed to be a large concern as well. Transitions should not be implemented or pressured to occur due to these things. A

successful transition is beneficial to society, as a youth with EBD who is successful in the community becomes more likely to become a contributing member of society as an adult. Thus, it seems that an investment in the recommended supports a youth needs to be successful would be more cost-effective than paying for recidivism to higher levels of care in the future. In other words, funding a gradual, successful transition seems better than having to repeatedly pay for a youth's incarceration or stay in a mental health facility. In addition to this, there was concern over the necessity to have an adolescent age-out of a placement. There should be an easier, smoother transition process between youth and adult systems—one that is easy to navigate, as youth with EBD are often unable and unwilling to connect with complicated systems. Some participants mentioned that there were not equivalent adult services to those that a youth was currently receiving. If that is the case, it seems evident that new services need to emerge that can offer the same level of care to a youth and an adult, as youth with EBD do not instantly become possessed of the ability to be successful adults on their eighteenth birthdays. It is unfortunate that a youth who may have been making progress at a steady rate must suddenly lose all support if an adult agency cannot be found to take his or her case.

I also think that there needs to be a greater degree of community education in regards to youth with EBD. Participants repeatedly indicated that less-restrictive community placements were unwilling to support a teen with EBD in transitioning to that placement. I believe there is an element of fear that comes from a lack of understanding the many different qualities a label of EBD can encompass. Community education is vital to slowly open the door to wider acceptance and understanding of emotional and

behavioral disorders. The community should be educated to see that people with EBD need as much, if not more support, as other groups of individuals with disabilities. Being diagnosed with EBD should not be sufficient to demonize a teen in the eyes of the community.

Finally, though I would not hesitate to emphasize participants' efforts to do the best possible for the youth, I believe that there needs to be a great deal more training and research into this subject. Transition practitioners should have a wider range of evidence-based practices from which to pull resources and guidance when practicing transitions. The actual practice of transitioning youth with EBD is a subject that has received little attention from the literature. This study was one of very few studies of a similar nature, and was limited in scope due to the fact that there were limited participants from a relatively small community. I believe that the method of this study should be expanded to a greater number of participants in various communities in order to paint a better picture of how transitions are being practiced for adolescents with EBD, and that if possible, observations of transitions should also be conducted. From this information, I feel that best practices could become better-informed, as well as provide information on troubleshooting various barriers that come up in every-day practice. Youth with EBD are an often-neglected group that struggles with transitioning from most-restrictive to less-restrictive environments. However, with continued research into the subject and willingness between all parties to collaborate in providing transitions based in best-practice, this is a situation that could change.

References

Altschuler, D. M. (2005). Policy and program perspectives on the transition to adulthood from adolescents in the juvenile justice system. In D. W. Osgood, E.M. Foster, C. Flanagan, & G. R. Ruth (Eds.), *On your own without a net: The transition to adulthood for vulnerable populations* (pp. 92-113). Chicago, IL: The University of Chicago Press.

Baltodano, H. M., Mathur, S. R., & Rutherford, R. B. (2005). Transition of incarcerated youth with disabilities across systems and into adulthood. *Exceptionality*, *13*(2), 103-124. doi:10.1207/s15327035ex1302_4

Blader, J. C. (2004). Symptom, family, and service predictors of children's psychiatric rehospitalization within one year of discharge. *Journal Of The American Academy Of Child & Adolescent Psychiatry*, *43*(4), 440-451.doi:10.1097/01.chi.0000111368.94169.c6

Bullis, M. (2010). Hard questions and final thoughts regarding the school-to-community transition of adolescents with emotional or behavioral disorders. In D. Cheney (Ed.), *Transition of secondary students with emotional or behavioral disorders: Current approaches for positive outcomes* (pp. 397-416). Champaign, IL: Research Press.

Bullis, M., & Yovanoff, P. (2006). Idle hands: Community employment experiences of formerly incarcerated youth. *Journal Of Emotional & Behavioral Disorders*, *14*(2), 71-85.

Carter, E. W., & Lunsford, L. B. (2005). Meaningful work: Improving employment outcomes for transition-age youth with emotional and behavioral disorders. *Preventing School Failure*, *49*(2), 63-69.

Carter, E. W., & Wehby, J. H. (2003). Job performance of transition-age youth with emotional and behavioral disorders. *Exceptional Children*, *69*(4), 449-465.

Casey, K. J., Reid, R., Trout, A. L., Hurley, K., Chmelka, M., & Thompson, R. (2010). The transition status of youth departing residential care. *Child & Youth Care Forum*, *39*(5), 323-340. doi:10.1007/s10566-010-9106-6

Castellanos-Brown, K., & Lee, B. (2010). Transitioning foster youth to less restrictive settings: Perspectives of treatment foster parents. *Families In Society*, *91*(2), 142-148. doi:10.1606/1044-3894.3973

Castillo, E. D., & Alarid, L. (2011). Factors associated with recidivism among offenders with mental illness. *International Journal of Offender Therapy & Comparative Criminology*, *55*(1), 98-117.

Cheney, D. (2012). Transition tips for educators working with students with emotional and behavioral disabilities. *Intervention in School and Clinic*, *48* (1), 22–29. doi:10.1177/1053451212443149

Clark, H. B., & Hart, K. (2009). Navigating the obstacle course: An evidence-supported community transition system. In H. B. Clark, & D. K. Unruh (Eds.), *Transition of youth & young adults with emotional or behavioral difficulties: An evidence-supported handbook* (pp. 47-94). Baltimore, MD: Paul H. Brookes Publishing Co.

Clark, H.B. & Unruh, D.K. (2009). Understanding and addressing the needs of transition-age youth and young adults and their families. In H. B. Clark, & D. K. Unruh (Eds.), *Transition of youth & young adults with emotional or behavioral difficulties: An evidence-supported handbook* (pp. 47-94). Baltimore, MD: Paul H. Brookes Publishing Co.

Clemens, E. V., Welfare, L. E., & Williams, A. M. (2010). Tough transitions: Mental health care professionals' perception of the psychiatric hospital to school transition. *Residential Treatment For Children & Youth*, *27*(4), 243-263. doi:10.1080/0886571X.2010.520631

Davis, M., Banks, S., Fisher, W., & Grudzinskas, A. (2004). Longitudinal patterns of offending during the transition to adulthood in youth from the mental health system. *Journal Of Behavioral Health Services & Research*, *31*(4), 351-366.

Dresser, K. L., Zucker, P. J., Orlando, R. A., Krynski, A.A., White, G., Karpur, A., …Unruh, D. K. (2009). Collaborative approach to quality improvement in process, progress, and outcomes: Sustaining a responsive and effective transition system. In H. B. Clark, & D. K. Unruh (Eds.), *Transition of youth & young adults with emotional or behavioral difficulties: An evidence-supported handbook* (pp. 291-321). Baltimore, MD: Paul H. Brookes Publishing Co.

Fowler, P. J., Toro, P. A., & Miles, B. W. (2011). Emerging adulthood and leaving foster care: Settings associated with mental health. *American Journal Of Community Psychology*, *47*(3/4), 335-348. doi:10.1007/s10464-010-9401-2

Galasso, L.B., Arrell, A., Webb, P., Landsman, S., Holmes, D, Frick, K., ...Clark, H. B. (2009). More than friends: Peer supports for youth and young adults to promote discovery and recovery. In H. B. Clark, & D. K. Unruh (Eds.), *Transition of youth & young adults with emotional or behavioral difficulties: An evidence-supported handbook* (pp. 209-232). Baltimore, MD: Paul H. Brookes Publishing Co.

Gralinski-Bakker, J. H., Hauser, S. T., Billings, R. L., & Allen, J. P. (2005). Risks along the road to adulthood: Challenges faced by youth with serious mental disorders. In D. W. Osgood, E.M. Foster, C. Flanagan, & G. R. Ruth (Eds.), *On your own without a net: The transition to adulthood for vulnerable populations* (pp. 272-303). Chicago, IL: The University of Chicago Press.

Griller-Clark, H., & Mathur, S. R. (2010). Practices in transition for youth in the juvenile justice system. In D. Cheney (Ed.), *Transition of secondary students with emotional or behavioral disorders: Current approaches for positive outcomes* (pp. 375-396). Champaign, IL: Research Press.

Haber, M. G., Clark, H. B., & Parenteau, R. (2009). Prevention planning: Collaborating with youth and young adults to reduce risk behavior and related harm. In H. B. Clark, & D. K. Unruh (Eds.), *Transition of youth & young adults with emotional or behavioral difficulties: An evidence-supported handbook* (pp. 235-262). Baltimore, MD: Paul H. Brookes Publishing Co.

Haber, M., Cook, J., & Kilmer, R. (2012). Perceptions of family environment and wraparound processes: Associations with age and implications for serving

transitioning youth in systems of care. *American Journal Of Community Psychology*, *49*(3/4), 454-466. doi:10.1007/s10464-012-9490-1

Hoffman, C., Heflinger, C. A., Athay, M., & Davis, M. (2009). Policy, funding, and sustainability: Issues and recommendations for promoting effective transition systems. In H. B. Clark, & D. K. Unruh (Eds.), *Transition of youth & young adults with emotional or behavioral difficulties: An evidence-supported handbook* (pp. 263-290). Baltimore, MD: Paul H. Brookes Publishing Co.

Hosp, M. K., Rutherford, J. B., & Griller-Clark, H. (2001). Incarcerated youth with disabilities: Their knowledge of transition plans. *Journal of Correctional Education*, *52*(3), 126-130. Retrieved from EBSCO*host*.

Individuals With Disabilities Education Act, 20 U.S.C. § 1400 (2004).

Jivanjee, P., Kruzich, J., & Gordon, L. (2009). The age of uncertainty: Parent perspectives on the transitions of young people with mental health difficulties to adulthood. *Journal Of Child & Family Studies*, *18*(4), 435-446. doi:10.1007/s10826-008-9247-5

Lichtman, M. (2013). *Qualitative research in education: A user's guide* (3rd ed.). Los Angeles: Sage.

Lyons, P. M., & Melton, G. B. (2005). Coping with mental health problems in young adulthood: Diversity of need and uniformity of programs. In D. W. Osgood, E.M. Foster, C. Flanagan, & G. R. Ruth (Eds.), *On your own without a net: The transition to adulthood for vulnerable populations* (pp. 304-322). Chicago, IL: The University of Chicago Press.

Mallett C. (2009). Disparate juvenile court outcomes for disabled delinquent youth: A social work call to action. *Child & Adolescent Social Work Journal*, 26(3), 197-207. Retrieved from EBSCO*host*.

Munson, M. R., Scott, L. D., Smalling, S. E., Kim, H., & Floersch, J. E. (2011). Former system youth with mental health needs: Routes to adult mental health care, insight, emotions, and mistrust. *Children & Youth Services Review*, *33*(11), 2261-2266. doi:10.1016/j.childyouth.2011.07.015

Murry, F. R., & Allen, M. T. (2010). Four strategies to create positive transition outcomes for students with emotional or behavioral disorders. In D. Cheney (Ed.), *Transition of secondary students with emotional or behavioral disorders: Current approaches for positive outcomes* (pp. 119-142). Champaign, IL: Research Press.

Nickerson, A. B., Colby, S. A., Brooks, J. L., Rickert, J. M., & Salamone, F. J. (2007). Transitioning youth from residential treatment to the community: A preliminary investigation. *Child & Youth Care Forum*, *36*(2/3), 73-86. doi:10.1007/s10566-007-9032-4

Noddings, N. (2007). Philosophy of education. (2nd ed.). Boulder: Westview Press.

Piotrkowski, C. S., & Baker, A. L. (2004). Predicting discharge disposition among adolescents in residential treatment. *Residential Treatment For Children & Youth*, *21*(3), 69-87. doi:10.1300/J007v21n03_04

Pleet, M. P., & Wandry, D. L. (2010). Building transition partnerships with families of youth with emotional or behavioral disorders. In D. Cheney (Ed.), *Transition of*

secondary students with emotional or behavioral disorders: Current approaches for positive outcomes (pp. 79-118). Champaign, IL: Research Press.

Pottick, K. J., Bilder, S., Stoep, A., Warner, L. A., & Alvarez, M. F. (2008). US Patterns of mental health service utilization for transition-age youth and young adults. *Journal Of Behavioral Health Services & Research, 35*(4), 373-389. doi:10.1007/s11414-007-9080-4

Pullmann, M. M. (2010). Predictors of criminal charges for youth in public mental health during the transition to adulthood. *Journal Of Child & Family Studies, 19*(4), 483-491. doi:10.1007/s10826-009-9320-8

Quinn, M., Poirier, J. M., & Garfinkel, L. (2005). Girls with mental health needs in the juvenile justice system: Challenges and inequities confronting a vulnerable population. *Exceptionality, 13*(2), 125-139. Retrieved from EBSCO*host*.

Quinn, M., Rutherford, R. B., Leone, P. E., Osher, D. M., & Poirier, J. M. (2005). Youth with disabilities in juvenile corrections: A national survey. *Exceptional Children, 71*(3), 339-345.

Shaw, S. F. (2009). Transition to postsecondary education. *Focus On Exceptional Children, 42*(2), 1-16.

Scheurich, J. J. (1997). Social relativism: (Not quite) a postmodernist epistemology. In *Research Method in the Postmodern* (chapter 2). London: The Falmer Press.

Schumacher, S., & McMillan, J.H. (2006). *Research in education: Evidence-based inquiry* (6th ed.) Boston: Pearson Education.

Sieler, D., Orso, S., & Unruh, D. K. (2009). Partnerships for youth transition: Creating options for youth and their families. In H. B. Clark, & D. K. Unruh (Eds.), *Transition of youth & young adults with emotional or behavioral difficulties: An evidence-supported handbook* (pp. 117-139). Baltimore, MD: Paul H. Brookes Publishing Co.

Simon, J. B., & Savina, E. A. (2005). Facilitating hospital to school transitions: practices of hospital-based therapists. *Residential Treatment For Children & Youth*, *22*(4), 49-66. doi:10.1300/J007v22n04_04

Unruh, D. K., Waintrup, M. G., Canter, T. & Smith, S. (2009). Improving the transition outcomes of adolescent young offenders. In H. B. Clark, & D. K. Unruh (Eds.), *Transition of youth & young adults with emotional or behavioral difficulties: An evidence-supported handbook* (pp. 189-208). Baltimore, MD: Paul H. Brookes Publishing Co.

Unruh, D., Waintrup, M., & Canter, T. (2010). Project stay out: A facility-to-community transition intervention targeting incarcerated adolescent offenders. In D. Cheney (Ed.), *Transition of secondary students with emotional or behavioral disorders: Current approaches for positive outcomes* (pp. 347-374). Champaign, IL: Research Press.

Uggen, C., & Wakefield, S. (2005). Young adults reentering the community from the criminal justice system: The challenge of becoming an adult. In D. W. Osgood, E.M. Foster, C. Flanagan, & G. R. Ruth (Eds.), *On your own without a net: The*

transition to adulthood for vulnerable populations (pp. 114-144). Chicago, IL: The University of Chicago Press.

Wagner, M., & Davis, M. (2006). How are we preparing students with emotional disturbances for the transition to young adulthood? Findings from the national longitudinal transition study--2. *Journal Of Emotional & Behavioral Disorders*, *14*(2), 86-98.

Walter, U. M., & Petr, C. G. (2004). Promoting successful transitions from day school to regular school environments for youths with serious emotional disorders. *Children & Schools*, *26*(3), 175-180.

Zigmond, N. (2006). Twenty-four months after high school: Paths taken by youth diagnosed with severe emotional and behavioral disorders. *Journal of Emotional & Behavioral Disorders*, *14*(2), 99-107.

Appendix A

Questions to Guide the Initial Interview

1. In what capacity do you work with youth with emotional and behavioral disorders (EBD)?
2. What does transition mean to you?
3. How do you help youth with EBD transition?
4. Walk me through a typical transition process.
5. Do you operate from a particular theoretical perspective?
6. What are some examples of successful transitions and what do you think helped them to be successful? (no names will be used)
7. What are some examples of unsuccessful transitions? What do you think made them so? (no names will be used)
8. How important is it to include the youth in his or her transition process? Why?
9. What would the ideal transition process look like?
10. Do you feel that you are meeting transition needs? Why or why not?
11. What are some important components of the transition process?
12. How could the transition process be improved?
13. Who should be involved in the process? Why?