

Chapter Eight — Adolescence		

An Assessment of the Needs of Young Adolescents Utilizing a Resilience Framework

Introduction

Katherine A. Best Robert M. Friedman Judith Jetson Brian T. Gaunt

The developmental period of 10-14 year olds was selected for this study as it represents a transitional period that is often associated with increases in delinquency, drug use, and sexual misconduct. In addition, this transitional period between childhood and adulthood is often fraught with challenges from external sources. These challenges often include changes in school environments and academic demands, less supervision, greater perceived pressure from peers, concerns over competency, and self esteem issues.

Nevertheless, without minimizing the difficulties and hardships that can arise at this sensitive stage of adolescence, many researchers and clinicians are seeking to understand the processes that account for positive outcomes and how these factors help to foster an internal strength that is forged under pressure and in the face of adversity (Desetta & Wolin, 2000). This approach moves away from deficit-focused models toward an approach based on strengths, protective factors, and resilience, and emphasizes the normative functions of human adaptation (Masten, 2001). Resiliency is the human organism's inborn capacity for self-righting (Werner & Smith, 1992 in Benard, 1996), and is validated by research in human development as a biological imperative, which unfolds naturally under the right set of environmental attributes (Benard, 1996). As an innate quality, resiliency allows survivors of high-risk environments to develop social competence, empathy, caring, problem-solving skills, critical and creative thinking, task mastery, and a sense of purpose and connectedness; this quality has been demonstrated in 50-70% of youth growing up in severely stressful environments (Benard, 1996).

Prevention and wellness are preliminary underpinnings of numerous comprehensive programs for children and families across the nation that are demonstrating more effectiveness in preventing delinquency than are prescribed delinquency prevention and intervention programs (Cowen, 1997). Benson asserts that we must devise solutions to society's current problems by revising how society takes care of youth, rather than by having professionals try to fix young people. He suggests that we target all youth instead of only those at risk, and discusses 12 important cultural changes that are critical for building the needed developmental infrastructure for children. Some of the suggested changes that need to be made require that we move from: (a) deficit language to asset language, (b) some youth to all youth, (c) self-interest to shared responsibility, (d) youth as objects to youth as assets, (e) civic disengagement to engagement (Benson, 1997).

Therefore, one of the important questions we might ask ourselves as a society is: How do we promote the retention or restoration of resiliency in our young? A synthesis of the literature reveals that components of successful development for children include the following internal and external factors: (a) feeling safe at home, in their neighborhoods and schools; (b) having a sense of belonging and connectedness to their families, peers, community and school; (c) optimism or positive expectations for the future; (d) knowing and becoming competent across one or more domains; and (e) giving back or making a contribution to others (Desetta & Wolin, 2000; Lavizzo, et al. 2000). Moreover, these components for healthy development are in alignment with the 40 developmental assets identified by the Search Institute; these assets are divided into eight categories: support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies, and positive identity (Search Institute, nd).

Methodology

Development

For this study, a conceptual model was developed by a multi-disciplinary team of University of South Florida faculty and community members committed to enhancing the lives of children and their families through the integrated study of social, educational, cultural, physical, and economic factors that have an impact on quality of life. The objective of the study is to identify those community and family experiences and characteristics that lead to success for early adolescents, with the goal of making recommendations for improvements in policy and practice at the local, state, and national levels. The premise is that in order to develop caring, socially engaged adolescents, it is important to understand what influences youth to choose one path over another. Through a collaborative and multi-perspective approach a theoretical framework was designed based on the basic assumptions of resilience, protective factors, and asset building. A consensual model is being utilized to understand the needs of 10-14 year olds and to gain insight into deeply held values, beliefs, and expectations (Hernandez & Hodges, 2001).

Procedures and Design

A tri-county assessment is being conducted in Southwest Florida utilizing both quantitative and qualitative methods across contextual domains that will allow for multiple perspectives ranging from the individual child, family, peer group, neighborhood, school, and community. In order to assess longitudinal trends and interconnected relationships of social variables, an extensive review and analysis is being conducted utilizing existing census data and other existing community data sources. Additional quantitative data will be gathered in the fall of 2002, utilizing survey methods across middle schools and alternative settings, in order to establish a population based assessment of adolescents in the tri-county area. The data collection through qualitative processes includes: guided interviews and 22 focus groups with teachers, parents, stakeholders, and adolescents from middle schools and alternative settings. In order to assess perceptions of what would be most helpful to teens retrospectively, a portion of teens older than 14 years old were also included in the focus groups. The focus groups were both an end and a formative step forward in the data gathering process to aid in the development of the survey component. Focus group members were drawn from a convenience sample selected from the targeted cohort of all students enrolled in middle school and alternative settings from November 2001 to May of 2002 across the tri-county area of Pasco, Pinellas, and Hillsborough Counties. Data from audio recordings of focus groups have been transcribed and are being analyzed using text coding and sorting procedures based on recurring themes.

Results

A preliminary analysis of the data from the twenty-two youth focus groups provided a total of 151 teens across groups. The mean age for all teens was 13.3 years. The age range was 10-18 years. There were more females (59%) than males (41%). White/Non-Hispanic youth represented 59% of the total teen sample, followed by Hispanics (20%), Blacks (17%), Asian (3%), and Other (1%).

Focus group questions were constructed around five areas considered to be protective: (a) peer relationships; (b) connections and belongingness; (c) hope, optimism, and expectations; (d) giving to others, volunteering; and (e) community involvement and activities. The focus group questions from the adolescent groups and emerging themes arising from a preliminary analysis of notes and tape recordings are presented in Table 1.

Table 1 Emerging Themes from Adolescent Focus Groups

Focus Group Questions	Lack of transportation Lack of community youth centers or places for kids to hang out Problems with peer pressure to conform to certain peer groups Class schedules			
Friends/Peer Pressure How difficult is it to hold onto friendships at school or in your neighborhood? Probes: Are there problems because of different schedules?				
Belonging/Connections/Attachments Who do you go to when you have a problem?	 Friends, parents, extended family members, teachers, school counselors, and youth pastors With small problems- friends/ larger problems-adults Would not turn to a parent at first out of fear that the parent would "blow things out of proportion" 			
Why do you trust that person with your problems? Probes: Good listener, doesn't judge, gives helpful advice, keeps your secrets	 Ability to listen without judgment History of receiving successful advice from that person A person who has had similar experiences Ability to give advice without always trying to solve the problem Teens emphatically denied similar age as a necessity 			
What if you're really in trouble? Do you turn to the same person/people or someone else?	• Their parents and anyone else that they know			
What about your successes or things that you're proud of? Who do you share those with?	They will most always tell their parents or guardians because they want them to be proud			
Hopefulness/Optimism/Expectations Where do you see yourself in 5 years? 10 years? Probes: What will you be doing with your life? Will you be happy? Will you have reached the goals you set for yourself?	 Graduation from high school and/or college "Rich and famous" but without a plan Professional sports Work in medicine, law, psychology, or agriculture, and have children. 			
Do you think your parents, teachers expect a lot from you? Probe: Do they care more about you or less about you when they expect a lot from you?	Parents and teachers just want the best for kids Though expectations are high, parents and teachers generally know the students can meet those expectations They understood the value of having structure in life However, they felt sometimes that parents and teachers expect them to be adults to soon			
What are some of the things your parents' do that you find helpful? Probes: encourage you? Push you to do your best? Support your interests?	Students acknowledged their parents encouragement and support with their school work, their activities, their interests, and with problems Students appreciated parents who respect the child's space and allow them to learn on their own while providing structure and praising efforts and successes			
Giving to Others/Volunteering What kinds of things have you done in the past to help other people? Probe: Is it important to help other people? Why?	 Helping others makes them feel good about themselves It is important to help others the way they have been helped in the past (i.e., to give back). Helping friends with problems, or helping parents at home with chores Involvement usually through schools or church Many teens are not aware of how to contribute, or are unable to find support (e.g., transportation, adult supervision, etc.) to engage in such activities 			

Continued...

Table 1
Emerging Themes from Adolescent Focus Groups (continued)

What can adults do to create a community or neighborhood that cares about kids your age?	 Teens asked for adults to spend more time doing "fun things" (i.e., having community get-togethers) Teens also asked for safer streets, less crime, and more opportunity to "hang out" Teens expressed frustration with adults who are always telling them to go away and stop hanging around A need to have a place just for their age group in the community that is accessible without transportation 		
What can schools do to create a place that cares about kids your age?	 School uniforms, gum chewing, and types of clothes are viewed by teens as counterproductive to feeling accepted and being allowed to explore who they are Helpful to have teachers who encourage them to succeed Students feel some teachers are unhappy about teaching Promote mutual respect between students and teachers Teens value teachers who communicate on general topics of interest, rather than just schoolwork The need for more extra-curricular programs and special or alternative programs (e.g., career days, field trips, sports, after-school activities, etc.) 		
Activities/Opportunities for Involvement			
What kinds of activities (both in and out of school) are you involved in? Probe: How did you get involved in the first place and what	 Teens indicated they were involved in some sort of extra-curricular activity such as sports, school clubs, youth church groups, arts, and hobbies They continue to stay involved because they enjoy doin those activities, and the people who are involved with 		
makes you stay involved?	them		
If you could participate in any one activity what would you want to try? What about it interests you?	 More sports, arts, clubs Small set of students expressed interest in high-risk activities such as hang-gliding, auto racing, bungee-jumping, and motorcycle racing. 		
What else is important to you that you want adults to know about?	Need for more school clubs and organizations where membership is not dependent on competition Activities help them to stay out of trouble and stay acti and healthy		

Conclusion

This study is presently ongoing and in the stage of quantitative data gathering. Preliminary analysis of focus groups has revealed that relationships are the most important for almost all of the teens. Trust, confidentiality, unconditional acceptance, and support were the most common elements. The majority of teens believe they have high expectations for themselves. There was a concern for safety in the schools and communities by the youth. Youth also offered suggestions for cooperation and stressed the need for youth and adults to listen to each other.

Identifying conditions that promote resilience and pathways to success is an area of increasing attention and investigation for researchers seeking to tap the natural resources of a community for their children and youth (Wang, Haertel, & Walberg, 1997). It is hoped that through this process of gathering perceptions, attitudes, and beliefs directly from adolescents and adult members of the communities we will be able to better understand what children need, in order to make the right life choices and to help them bridge this difficult period of transition successfully.

References

- Benard, B. (1996, Winter). From research to practice: The foundations of the resiliency paradigm. Available from Resiliency in Action, http://www.resiliency.com/research.htm
- Benson, P. L. (1997). All kids are our kids: What communities must do to raise caring and responsible children and adolescents. San Francisco: Josey-Bass.
- Cowen, E. L. (1997). The coming of age of primary prevention: Comments on Durlack and Wells's meta-analysis. *American Journal of Community Psychology* 25(2), 153-167.
- Desetta, A., Wolin, S. (Eds.). (2000). The struggle to be strong: True stories by teens about overcoming tough times. Minneapolis: Free Spirit Publishing.
- Hernandez, M., & Hodges, S. (2001). Theory-based accountability. In M. Hernandez (Ed). *Developing outcome strategies in children's mental health. Systems of care for children's mental health.* (pp. 21-40). Baltimore: Paul H. Brookes Publishing Co.
- Lavizzo, D., Friedman, R., Pedraza, L., Armstrong, M., Brown, Y., Lardieri, S. et al. (2000, December). *Enhancing resiliency for children and youth in foster care*. Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227-238.
- Search Institute. (no date). Developmental Assets: An Overview. Retrieved from: http://www.search-institute.org/assets/
- Wang, M. C., Haertel, G. D., & Walberg, H. J. (1997). Fostering educational resilience in inner-city schools. Laboratory for Student Success. No. 4. Retrieved from: http://www.temple.edu/LSS/htmlpublications/publications/pubs97-4.htm

CONTRIBUTING AUTHORS

Katherine A. Best, M.S.W., M.P.H.

Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Blvd., Tampa, Florida 33612; 813-974-7909, fax: 813-974-7743; e-mail: kbest@fmhi.usf.edu

Robert Friedman, Ph.D.

Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Blvd., Tampa, Florida 33612; 813-974-4640, fax: 813 974-7743; e-mail: friedman@fmhi.usf.edu

Judith Jetson, M.A.

USF Collaborative for Children, Families, and Communities, Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Blvd., Tampa, Florida 33612; 813-974-7318, fax: 813-974-7743; e-mail: jjetson@fmhi.usf.edu

Brian T. Gaunt, M.S.

USF Collaborative for Children, Families, and Communities, Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Blvd., Tampa, Florida 33612; 813-974-6814, fax: 813-974-7743; e-mail: bgaunt@fmhi.usf.edu

Relationship Between Perceived Adolescent Competencies and Global Self Concept

Introduction

Virginia Weaver Philip Friedman Karen A. Friedman

Urban African-American adolescents possess strengths in many areas that may not be obvious when perceiving these young people from a restricted perspective. It has been hypothesized that these adolescents possess strengths in areas that may not be observed in traditional environments, particularly schools.

This study identifies areas in which urban African-American youth demonstrate strengths according to their home caretakers and school counselors. These strengths are categorized into five different domains: (a) Interpersonal, (b) Family Involvement, (c) Intrapersonal, (d) School-Functioning, and (e) Affective. The caretakers', and the school counselors' perceptions of youth strengths were then related to a measure of the adolescents' self-concept. Self-concept was viewed as multifaceted, deriving from many unique environmental contexts. The children's self-concept scores were organized into six domains to further identify significant relationships between strength perception and self-concept.

A secondary intention of this investigation was to lay the foundation for a more humanistic manner in which to view and interact with individuals and communities. Strength-based assessment was selected as a model to provide alternatives to the present approaches that orient professional attention to deficits and problems, and to highlight the possible relationship between adult opinions and the formation of youths' self concept.

Method

Subiects

Eighty African-American youth who were suspended from Washington, D.C. area public schools for serious behavioral transgressions and placed in an alternative school participated in this study. In order to be included in the study, the youth had to have spent at least 30 days in an alternative school. The adolescents ranged in age from 14 to 18 years, and were enrolled in grades 9 through 12. These students lived within the inner city and were members of various structural family units including single parent, extended, and traditional nuclear families. All of the counselors were resident in the alternative schools. Counselors met with the youth at least once a week.

Materials

The Behavioral and Emotional Rating Scale (BERS; Epstein & Sharma, 1997) is a 52-item instrument designed to assess strengths in children ages 5-18 in five categories: (a) Interpersonal Strengths, (b) Family Involvement, (c) Intrapersonal Strengths, (d) School Functioning, and (e) Affective Strengths. The rating for items within all five subscales is made on a 4-point Likert-type scale. The BERS was completed by caretakers and alternative school counselors for each adolescent in the study. Information from the BERS is useful when evaluating children for pre-referral services and in placing children for specialized services.

The second instrument used in this study was the Multidimensional Self-Concept Scale (MSCS; Bracken, 1992). The MSCS is an instrument designed for assessing self-concept in a multidimensional fashion. MSCS norms are reported for each of six subscales in percentile ranks to facilitate using these scores with other commonly used educational and psychological instruments. Self-concept is assessed through indications of the degree to which individuals agree with statements about themselves. The MSCS is specifically designed to be used as both a clinical tool and a research instrument for children and adolescents ages 9-19 (grades 5-12).

Statistical Approach

This study utilized a comparative-descriptive research design in which comparisons were made between standardized subscale scores on the BERS and the responses of adolescents on the MSCS. The BERS provided information from caretakers and counselors about perceived strengths in five general areas. The MSCS provided information from the adolescent that was used to provide a measure of self-concept. Demographic data on each adolescent such as grade and gender were obtained from the BERS.

Results

Descriptive Statistics

Internal consistency reliabilities of the individual BERS subscales were extremely high and were consistent with the published normative data, ranging from .82 to .93 for the caretakers and from .86 to .95 for the counselors. The correlations between caretakers and counselors when responding to the same subscale ranged from .444 to .540. Three of the five subscales had correlations above .50. Pearson product-moment correlations above .50 represent large degrees of association (Cohen, 1977), especially when they are between different types of informants (Achenbach, McConaughy, & Howell, 1987; Ozer, 1985; Rosenthal, 1983). In addition, it is clear that counselors are typically providing data that are different from caretakers. This has implications for situational specificity and for educational assessment.

Concordance between caretakers' and counselors' ratings of the children's strengths on the subscales of the BERS was analyzed using a series of Pearson product-moment correlations. Coefficients that are on the diagonal measure the relationships between respondents on the same subscale. The non-diagonal correlations show relationships across subscales by the same rater group. Those above the diagonal represent the inter-correlations for the caretaker group, and those below the diagonal represent the inter-correlations for the counselors. These values give an indication of the discriminant validity of the subscales.

The resulting coefficients comparing the two adult rater groups (i.e., counselors and caretakers) are shown in Table 1. The coefficient values in the correlation matrix range from .387 to .865 with a mean of .589. Of the 25 correlations in this matrix, all were significant (p < .01) even after a Bonferroni correction was made to account for the large number of coefficients. The lowest correlation was the rating by counselors between school functioning and family involvement (r = .387).

Simple correlations between caretakers and counselors measuring the strengths of the same child were used as an indication of the

Table 1 Correlations Among the 5 BERS Subscales for Caretaker and Counselor Respondents

Counselors					
Caretakers	IS	FI	IaS	SF	AS
IS	.476**	.546**	.661**	.618**	.694**
FI	.532**	.507**	.584**	.387**	.591**
IaS	.587**	.539**	.444**	.709**	.865**
SF	.605**	.537**	.638**	.539**	.654**
AS	.635**	.583**	.666**	.600**	.517**

Note. IS = Interpersonal Strength; FI = Family Involvement; IaS = Intrapersonal Strength; SF = School Functioning; AS = Affective Strength. **p < .01.

convergent validity of the BERS. The diagonal scores in Table 1 show the correlations between caretakers and counselors on the same subscale and ranged from .444 to .539. Three of the five subscales had correlations above .50. According to Cohen's (1977) criteria for effect sizes, Pearson product-moment correlations above .50 represent large degrees of association. These generally high correlations might indicate that strengths are not as situation-specific as problem behaviors have been shown to be.

For both caretakers and counselors, correlations across subscales by the same respondents (non-diagonal values) were also extremely high. The range for counselors was .387 to .865 and for caretakers was .532 to .666. While inter-trait correlations were generally high, only the correlation between Intrapersonal and Affective Strengths (.865) for counselors was high enough to suggest a departure from discriminant validity.

Analysis of Subscale Means

Raw scores were converted to standard scores in order to make ratings comparable across subscales and between raters. These standard scores have a predetermined mean of 10 and a standard deviation of 3 for each subscale. It is important to note that the BERS provides normative scaling by gender but not by age or grade level.

The resulting means and standard deviations for each subscale by rater are shown in Figure 1. There was a great deal of consistency in ratings of the same adolescents by the two respondent groups. However, there were large differences in the mean strength scores by the two respondent groups. For each subscale, caretakers perceived significantly greater strengths than counselors. There was more than a one point mean difference on Interpersonal Strengths and at least a two point difference on the other four subscales.

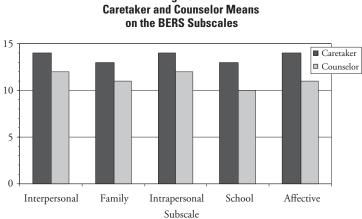


Figure 1

Relationship of Strengths to Self-Concept

In order to determine which of the BERS domains completed by each of the respondent groups is the best predictor of global selfconcept, a pair of forward step-wise regression analyses were computed and the results are shown in Table 2.

As shown in the Table, both groups of respondents were able to predict self-concept from their perceptions of strengths on the BERS. Caretakers' perceptions of school functioning were the strongest predictors of global selfconcept, while perceptions of intrapersonal strength were the best predictors for the counselors. With all of the variables in the equation the multiple R was .37 for the caretaker data and .28 for the counselors.

Table 2 **Stepwise Regressions Predicting Self Concept from Strength Subscales**

Regression Summary Table							
	Care	Caretakers			Counselors		
Step	Variable In	R	В	Variable In	R	В	
1	SF	.31	1.14	IaS	.18	1.45	
2	FI	.33	1.26	SF	.24	-1.53	
3	IS	.36	-1.12	IS	.26	1.02	
4	AS	.36	-0.60	FI	.27	-0.08	
5	IaS	.37	0.27	AS	.28	0.05	

Note. IS = Interpersonal Strength; FI = Family Involvement; IaS = Intrapersonal Strength; SF = School Functioning; AS = Affective Strength.

Discussion

The findings suggest that the overall assessment instrument is comprehensive; it appears that the BERS is an important test that can be used by either caretakers or counselors to get an indication of a child's strengths. In addition, if both respondents complete the form, each adult may provide important information that might be missed by the other.

Analysis of the correlation matrix showed significant convergent validity between raters. However, ratings from both caretakers and counselors contained significant amounts of variance and correlated highly with the total subscale score. Therefore, the scores may be considered valid indicators of the different strength dimensions measured on the BERS. Establishing such convergent validity among counselors and caretakers supports the use of a multi-source approach to assessment of children's strengths.

In addition, analysis of the subscale means revealed sources of differences or uniqueness in responses by different informants. Caretakers rated the children significantly higher in every category. Significant situational factors may also play a role in the determination and assessment of a child's strengths. That is, there may be real differences in the same behaviors as observed by caretakers and counselors. For example, a child's behaviors within a counseling or advisement session may be completely different than at home, where other activities become more important.

Based on the findings it can also be concluded that strength perceptions by both caretakers and counselors were significant predictors of a child's self-concept. Counselor perceptions of school functioning and caretaker perception of interpersonal strength were the best predictors of global self-concept.

References

Achenbach, T. M., McConaughy, S. H., & Howell, C. T. (1987). Child/adolescent behavioral and emotional problems: Implications of cross-informant correlations for situational specificity. *Psychological Bulletin*, 101, 213-234.

Bracken, B. A. (1992). Multidimensional Self-Concept Scale. Austin, TX: PRO-ED.

Cohen, J. (1977). Statistical power analysis for the behavioral sciences (Revised.). New York: Academic Press.

Epstein, M. H., & Sharma, J. M. (1997). Behavioral and Emotional Rating Scale: A Strengths-Based Approach to Assessment. Austin, TX: Pro-Ed.

Ozer, D. J. (1985). Correlation and the coefficient of determination. Psychological Bulletin, 97, 307-315.

Rosenthal, R. (1983). Assessing the statistical and social importance of psychotherapy. *Journal of Consulting and Clinical Psychology*, 51, 4-13.

CONTRIBUTING AUTHORS

Virginia Weaver

District of Columbia Public Schools, Washington, DC; 301-350-6651, fax: 301-384-0826; e-mail: gbstat@aol.com

Philip Friedman, Ph.D.

Department of Human Development and Psychoeducational Studies, School of Education, Howard University, Washington DC 20059; 202-806-7350, fax: 301-384-0826; e-mail: drpfriedman@yahoo.com

Karen A. Friedman

University of Maryland, Maryland Coalition of Families for Children's Mental Health, 10632 Little Patuxent Parkway, Columbia, MD 21044; 301-384-2754; e-mail: gbstat123@aol.com

Measuring Progress and Difficulty of Youth & Young Adults in their Transition to Independence

Introduction

Elizabeth Granucci David Baker Hewitt B. "Rusty" Clark

The Transition to Independence Process (TIP) system is implemented in several sites across Florida as a model for the delivery of transition services. The TIP system assists young people with Emotional Behavioral Difficulties (EBD) in making a successful transition into adulthood, with each of them achieving their goals in the transition domains of employment, education, living situation, and community life (Clark & Davis, 2000). This paper illustrates how some sites are utilizing an interview protocol designed to assess young people's progress over time across each of the transition domains.

Methods

Participants

Two young people, one from a school with the TIP system in place and one from a school without an operating TIP system, were chosen to illustrate the use of the Community Adjustment Rating of Transition Success (CARTS) Progress Tracker instrument in conjunction with the CARTS Scoring Profile as tools to assess transition progress and difficulties for the two groupings of youth and young adults.

Measures

CARTS Progress Tracker. The purpose of the CARTS Progress Tracker is to measure a young person's progress and/or difficulty in transition to independence. The CARTS Progress Tracker was designed as an interview instrument and pilot-tested on youth and young adults (14-30 years of age) with EBD. It examines four domains that reflect indicators of progress and/or difficulties in transition to adulthood roles: Employment, Education, Living Situation, and Community Life Adjustment. This last domain encompasses four classes of indicators: (a) Social/Community Responsibility, (b) Friends and Mentors, (c) Health Responsibilities, and (d) Quality of Life. Items on the CARTS Progress Tracker address objective and subjective issues related to transition. Objective items measure progress and/or difficulty encountered by young people while subjective items measure satisfaction or confidence within each domain.

The CARTS Progress Tracker was developed so that practitioners, educators, transition facilitators, and others working with a young person can examine its results and use the information to: (a) identify areas of progress and difficulty experienced over time, (b) formulate or modify services and supports to achieve current goals, and (c) guide person-centered planning to adjust or create new goals. The CARTS Progress Tracker, is typically administered every three months.

CARTS Scoring Profile. The CARTS Scoring Profile is companion software that is used to analyze and to graphically illustrate progress and/or difficulty experienced by young people across the four transition domains of the CARTS Progress Tracker. Each indicator from the CARTS Progress Tracker has an assigned weight value along with a total fixed denominator for the objective indices and one for the subjective indices.

Responses yield an actual score that is summed for objective indicators and separately for subjective indicators. Two totals are placed as numerators of the objective and subjective equations, respectively. These calculations yield percentage scores that characterize the objective extent of progress or difficulty the young person is experiencing in the particular domain and his/her satisfaction with that domain.

Illustration of the CARTS Graphic Output

CARTS Scoring Profile for a student receiving transition services

Mario is a 17-year-old student who attends a secondary vocational institute where the TIP system is in place to support young people with EBD. He was interviewed three times.

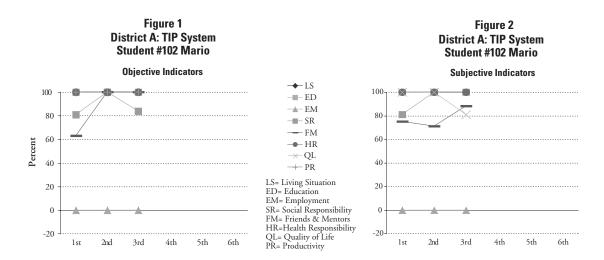
The Scoring Profile is shown for Mario in a graphic form in Figures 1 and 2. Figure 1 provides scores for objective domains while Figure 2 provides scores for subjective domains across the interview. Most scores are in the upper ranges or at the 100% level. As shown in Figure 1, the objective score for Mario's Living Situation (LS) are 100% across interviews because he consistently lived in a home-type setting. He was satisfied with this living situation and the safety of the area, as illustrated by 100% scores for subjective indicators. The same pattern occurs for education (ED). The employment (EM) score of zero depicts no employment. One score appears only as an objective indicator, which is the productivity (PR) index. This index illustrates the number of weeks a young person is in an education and/or employment setting. Mario's productivity index is 100% because Mario was in school consistently.

Variance in objective and subjective indices are shown for Social/Community Responsibility (SR). Mario's objective indicators range from 80% to 100% and illustrate he has been a good citizen with no criminal involvement, yet shows variation in scores due to the level of participation in volunteerism and life skill activities. Figure 2 illustrates that he was not totally satisfied with his Social/Community Responsibility.

Mario exhibited differences over time in the Friends & Mentors Domain (FM). The objective indices ranged from 62% to 100%, with the second and third interview scores at 100%. The 62% is due to Mario's response that he had not met with friends outside of school during the past thirty days, indicating that he may have been isolated from friends at that time, but subsequently connected with friends later. Mario's subjective indices were 75%, 71%, and 88% consecutively across interviews. This variance is associated with neutral responses to his perception regarding his ability to maintain close friendships and relationships, as well as his ability to resolve problems with others in the first interview. The second interview showed a low level of satisfaction in relation to the number of people with whom he can do fun things and a neutral response to activities he does for fun. The third interview showed an increase in overall satisfaction with the exception of a neutral response for his ability to maintain close friendships and relationships with others.

Mario's Health Responsibilities (HR) indices were 100% across all interviews, and subjective indices were along the 100% level. Quality of Life (QL), deals with subjective indices of satisfaction and self-confidence, and is only on the subjective indices. Mario's scores were 100%, 81%, and 81% consecutively. Variance in the second interview resulted from a neutral response to the item that rates the ability to stand up for one's self and for what one believes, with peers, parents, and people in positions of authority. The third interview variance resulted from a neutral response to the item that rates the ability to handle most problems that come into one's life. Mario's objective and subjective indices suggest that he judges himself to be doing very well and is quite satisfied and confident with his life circumstances.

Mario's Transition Facilitator and other team members use the CARTS Scoring Profile findings to work with him after each interview. The facilitator examines how to interpret findings. Discussions, guided in large part by the Scoring Profile findings, typically prove to be valuable in identifying achievements to celebrate and should lead to additional person-centered planning around an area in which Mario wishes to improve.



CARTS Scoring Profile for a student without special transition services

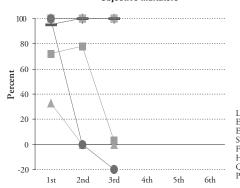
Robert is a 16-year-old student attending regular high school, and has no access to TIP system services. He was interviewed three times. The Scoring Profile is shown for Robert in Figures 3 and 4. A discernible variance is noticeable in objective and subjective indices. Robert lived in a home-type setting for all three months and his objective Living Situation (LS) indices are at 100% for each interview. However, he was dissatisfied with his living situation, as evidenced by scores of 50%, 75%, and 17%, across interviews. Primary responses included neutral and very dissatisfied and/or dissatisfied for indices concerned with safety at home and neighborhood.

Another shift in objective indices occurred in the Health Responsibilities (HR) Domain. The range shows a sequence of scores from 100% to 0% to -20%. The reason for drastic change in the second interview score was admission of moderate to heavy alcohol and/or street drug use for two days during the past thirty days. The third interview plummeted due to the same reason, with use reported for three or more days. Robert is on prescription medication, which could be dangerous when mixed with alcohol and/or street drugs. Although Robert's objective indices indicate possible problems, satisfaction indices display a divergent picture. Responses from the first interview denote a very dissatisfied to dissatisfied response to physical health and emotional well being and a neutral response to satisfaction with treating his body in healthy ways. The second interview indicates a neutral response to satisfaction with physical health, satisfied or very satisfied with emotional health, including how he is treating his body. However, the third interview reveals a neutral response to physical health and to treating his body in healthy ways, as indicated by a satisfied or very satisfied response to his emotional well-being.

Robert's Employment (EM) domain for the first interview shows that he was employed for five weeks, but subsequently had no additional employment. Robert reported recognition for good work and a reprimand by his employer at least once during employment. The short length of employment drove the objective percent down and the recognition and reprimand cancelled each other out. The subjective index for employment during the first interview was rated low, based on dissatisfaction with the help/supervision he received to learn the job. A neutral response was given for helping him achieve his future goals item. However, he responded with very satisfied or satisfied to the response item that asked if he is working hard to learn as much as possible from his job. Robert's transition profile, unlike Mario's, shows objective and subjective scores in ranges with discrepancies that warrant serious discussions and possible interventions.

Figure 3
District B: Non-TIP System
Student #302 Robert

Objective Inditators



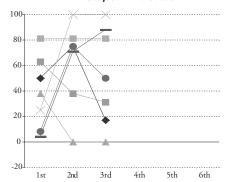
→ EM
→ SR
→ FM
→ HR
→ QL
→ PR

LS= Living Situation
ED= Education
EM= Employment
SR= Social Responsibility
FM= Friends & Mentors
HR=Health Responsibility
QL= Quality of Life
PR= Productivity

ED ED

Figure 4 District B: Non-TIP System Student #302 Robert

Subjective Indicators



Conclusion

The CARTS Progress Tracker, in conjunction with the CARTS Scoring Profile, provide a graphic display of a young person's progress and/or difficulty in his/her preparation for, and transition into, young adult roles. The absolute scores should not be the focus of discussions, but rather the general level and trends within the objective and subjective domain indices over time. The CARTS Scoring Profile graphically displays patterns and worksheets to assist in interpreting low and/or discrepant scores.

The CARTS method provides an assessment tool for the transition facilitator, team members, and young person to discuss their perspectives of transition progress. The CARTS Scoring Profile sets the occasion for celebrating progress, conducting additional person-centered planning, and implementing additional supports and services as needed.

Reference

Clark, H. B., & Davis, M. (Eds.). (2000). Transition to adulthood: A resource for assisting young people with emotional or behavioral difficulties. Baltimore: Paul H. Brookes.

CONTRIBUTING AUTHORS

Elizabeth Granucci, B.A.

Graduate Research Assistant, Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Blvd., Tampa, FL 33612813-974-5222, fax: 813-974-6257; e-mail: granucci@fmhi.usf.edu

David Baker, M.P.H., M.S.W., R.N.C.

Health Science Specialist, PTSD Outpatient Clinic, James A. Haley Veteran's Hospital, 13000 Bruce B. Downs Blvd., Tampa, FL 33612, 813-972-2000 x 5866, e-mail: david.baker2@med.va.gov

Hewitt B. "Rusty" Clark, Ph.D.

Professor and Director, Transition to Independence Process (TIP): System Development and Evaluation, Department of Child and Family Studies,
Louis de la Parte Florida Mental Health Institute, University of South Florida,
13301 Bruce B. Downs Blvd., Tampa, FL 33612, 813-974-6409, fax: 813-974-6257;
e-mail: clark@fmhi.usf.edu