

# Towards a Better Understanding of the Needs of Transition Age Youth with Developmental Disabilities

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## Road Map

- Transition Age Youth (TAY)
- Project UNITE
- Findings
- Next Steps
- Questions

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## Why Transition Age Youth?

- Transition to adulthood is a complex journey
  - Post-secondary education
  - Employment
  - Housing
  - Committed relationships
  - Social/recreation/community life
- Children and adolescents with developmental disabilities are 3 to 4.5 times more likely to develop a MH condition than their typical peers\*

\*THOMPSON, K. L., & BERNHART, E. (2005). Disability of intellectual disability and mental disorder in children and adolescents: a systematic review. *Journal of Intellectual and Developmental Disability*, 30, 107-141.

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### Why TAY with/at Risk for Dual Diagnosis?

- Adolescence brings its own challenges
  - Risky behaviors
  - Acute issues related to independence
  - Issues related to growth and maturation
- Mental health issues may be new
  - New or different service systems (e.g. mental health)

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### Overview of Project UNITE

- Addresses the needs of **Transition Age Youth (TAY)** by focusing on early intervention and provision of psycho-social supports to young adults with or at risk for co-occurring developmental disabilities and mental health disorders (i.e. dual diagnosis) and their family members
- Three-year program
- Funded by the Mental Health Services Act (MHSA) in partnership with the Department of Developmental Services



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### Goals of Project UNITE

- Implement mental health screening and referral systems
- Hold TAY Collaborative meetings for dual-system, multi-disciplinary, shared-case management
- Develop wellness/drop-in program
- Provide resources and supports to families through Parent Mentor Program



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## Mental Health Screenings

- Available for TAY, ages 14-26 who
  - receive services from WRC
  - have mental health concerns
  - self-refer or are referred by family members, service coordinators
- Performed by Associate Clinical Social Worker and include
  - one-hour interview with TAY
  - survey for parent/caregiver
  - referrals to TAY Collaborative and other support and/or services
  - written summary of findings and communication with TAY/family

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## TAY Collaborative

- Dual system – LA County Dept. of Mental Health and Regional Center
- Multi-disciplinary – psychologist, social worker, service coordinator, education specialist, nurse, psychiatrist, behaviorist, Parent Mentor Program Coordinator, Project UNITE Coordinator
- Findings from the mental health screenings
- Recommendations and referrals for services
  - Wellness/Drop-in Center
  - Parent Mentor Program
  - Other community-based organizations




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## Wellness/Drop-in Program

- Psycho-educational services to TAY with or at risk for co-occurring mental health conditions
- Therapeutic activities to enhance wellness and promote
  - social interactions
  - community connectedness
  - physical health
  - life skills
  - anxiety management




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## Parent Mentor Program

- Partnership with Westside Family Resource and Empowerment Center
- Information and emotional support to parents by parents who have
  - a child/young adult with a dual diagnosis
  - been trained in parent-to-parent support and receive ongoing supervision
- navigated at least 2 of the systems
  - Regional Center
  - Department of Mental Health
  - Education
  - Department of Rehabilitation



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## Preliminary Findings

- Mental Health Screening (N=20)
  - Reasons for referrals and the most common presenting issues
  - Quality of Life Questionnaire for TAY
  - Beck Youth Inventory II for TAY
  - Vineland – II Maladaptive Behavior Scale for parents



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## Reasons for Screening Referrals

- Impulsivity/Aggression
- Depression
- Anxiety
- Lack of engagement/interest
- Family of history of mental illness
- Low self-esteem

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### Quality of Life Questionnaire Findings

Participants	N	n	male	female
<b>Age</b>		20	11	9
<b>Gender</b>				
Male	10	16		
Female	10	4		
<b>Ethnicity</b>				
White	10	10		
African American	4	8		
Hispanic	5	1		
Other	5	1		
<b>Developmental Dis.</b>		10		
Autism	10	10		
Intellectual Dis.	3	7		
Cerebral Palsy	10	2		
Epilepsy	10	2		
<b>SubConditions</b>				
Mood dis.	3	7		
Anxiety dis.	2	4		
Behavioral Challenges	2	4		
Speech Issues	2	4		
<b>Needs to be met...</b>		10		
Mood dis.	4	10		
Behavioral challenges	2	5		
Anxiety dis.	1	3		
Psychotic dis.	1	3		

Do you work?



Do you go to a day program/school?



Would you like to have a job?




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### Quality of Life Findings

Do you have friends you like to talk to or do things with?



How often do you ever feel lonely?



Has this person had any prior MH counseling, therapy, or other psychiatric treatment?




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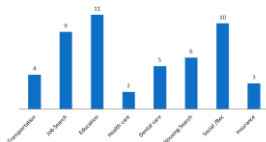
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### Quality of Life Findings

What do you need more support in?




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### Beck Youth Inventory II Findings

Anxiety	47%
Depression	29%
Anger	41%
Disruptive Behavior	6%
Self Esteem	35%

N=17

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### Vineland II Maladaptive Behavior Scale

Internalizing	100%
Externalizing	90%
Other	85%

N=20

Internalizing Behaviors e.g. "Is overly anxious or nervous", "Is sad for no clear reason", "Avoids social interactions"

Externalizing Behaviors e.g. "Is impulsive (that is, acts without thinking)", "Intentionally disobeys and defines those in authority", "Is physically aggressive (e.g. hits, kicks, bites, etc.)"

Other Maladaptive Behaviors e.g. "Has ticks (that is, involuntary blinking, twitching, head shaking, etc.)", "Is truant from school or work", "Uses alcohol or illegal drugs during school or work day".

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### Next Steps

- Feedback
  - Program participants
  - Collaborative members
- Outcome evaluations
- Sharing findings with the community

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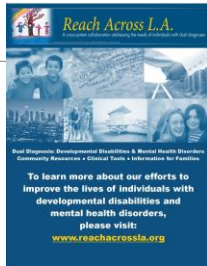
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## More Information

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## Questions



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