

*This article is the second of three I wrote after one year at our Transitional Age Youth Academy. I moved away from trying to gain some sense of security from diagnosis and began instead grounding myself in a “developmental” approach – Put simply, it’s our job to help them grow up. Once I understood that, it became much clearer what things I could do to help and what obstacles were in the way. I now think that, in the same way that recovery is the adult model for person centered instead of illness centered services, maturation is the TAY model for person centered services.*

*When I first showed this article to a coworker at TAY, she asked me how I figured all this stuff out. I told her honestly that I’d been listening to all of the other staff and just putting together what they said about our work. I owe almost all of these “lessons” to my coworkers at TAY.*

## **First Year Lessons from the Transitional Age Youth Academy**

**(2007)**

It’s coming to the end of my first year at TAY and it’s time to move beyond being a newcomer. Admittedly, this hasn’t been the easiest year to get settled into the “TAY way”. Over the course of the year we’ve gotten a new contract doubling our students with a new recruitment process and target populations, moved into a new building, hired a new team leader and about half the staff, redesigned and substantially upgraded our employment and education program, added weekend activities, a student lounge, and student aids, lost the TAY dorm, worked with several housing partners and schemes, and massively changed personnel and billing procedures. My being out of town a great deal of time hasn’t helped settling in either. Nonetheless, I’ve learned a lot. One additional factor that has colored my experience is that my sons are presently 18 and 20 years old, both college students, and presumably examples of “normal TAY.”

I’ve presented twice at TAY immersion trainings for visitors so far. The first time was just after I’d arrived and Wayne asked me to describe what had been different for me and my first reactions to TAY. I did precisely that in an impassioned, chaotic way, much to the disorientation of the visitors, and Wayne asked me never to do that again. In any case, the moment has passed. I’m not as disoriented anymore. The second time, he was also displeased because I began with “old” Village stories and wisdom and tried to adapt it to TAY rather than starting with the TAY experience in its own right. Good point.

In general, I’ve tried to ground myself in observations and experiences rather than in a theoretical orientation. I’ve also tried to begin with where things are rather than where I’d imagined they are or I’d like them to be. With TAY this approach is difficult, because it’s hard to really accept the dismal reality of many of our students’ lives before we met them and the dismal prognosis without help and still stay hopeful, confident, and motivated. The statistics floating around, especially for foster care kids are stunning to the point of unbelievability. I heard that in the first year after emancipation 18 year old foster youth with mental illnesses end up in jail and homeless about ¾ of the time within one year. Less than 10% get a high school diploma, teenage pregnancy rates, abortions, and having their kids removed are all very high as are substance abuse and prostitution rates. “Basic rights” just don’t seem to exist for

these young people. Nonetheless, true hope, in my opinion, is gained by facing reality and being able to honestly say I still know how to help.

I have formulated a “mission statement” of sorts for myself that I use to introduce our program to new students that goes something like this, “We’re a Transitional Age Youth program. You’re neither really a child any more or a full adult. You’ve struggled a lot just to get through childhood and you’re carrying substantial problems and scars. We’re going to try to help you get from this point to where you have at least a reasonable foundation to start adulthood by the time you’re 25. This may mean helping you deal with some of the problems you’ve brought, whether they are mental illnesses, learning disabilities, emotional problems, substance abuse, medical illnesses, family issues, criminal justice issues, or whatever. This may mean helping you build skills – maybe more education, job training, learning to take care of your own apartment, dealing with money, raising your own kids. This may mean helping you find supports perhaps in the mental health system or not, perhaps financial supports like GR or SSI or HUD, perhaps rebuilding your family or community ties. You may focus on different things at different times and you may use different staff members for different things. We’re all one big program. Hopefully, with our help you’ll make a successful transition to responsible adulthood and be part of our community.”

I can even start to put together a set of goals to go with that mission:

- 1) Outreach and engage students. Help them feel welcome, accepted, and trusting.
- 2) Create basic living supports. ID, some place to live, some food, health care.
- 3) Build self responsibility. Understand where they are in the maturation process and promote further growth.
- 4) Deal with disabilities. Understand and treat their mental illnesses, developmental disorders, substance abuse, and emotional disturbances and help them learn self management and coping.
- 5) Build skills for adult living. Education, employment, relationship, independent living, child care, etc.
- 6) Build a foundation for adult identities, self reliance, and social belonging.

As I’ve pursued that mission and goals with our students I’ve learned some things about our students and the work that make things difficult, some “issues”:

- 1) 18 to 25 year olds are not adults. None of them really act like adults and few of them act like true children. Like my sons, they have a wide array of classic adolescent traits. They’re impulsive, moody, have poor follow through, respond to peer pressure, have high sex drives and activity, and use drugs and alcohol irresponsibly. They’re rebellious, disrespectful, reckless, thoughtless, impatient, irresponsible, confused, inconsistent, and distractible. These traits, while entertaining and energizing at times, are overall annoying, disruptive, and destructive.

2) Staff tends to respond to our students from a “normalizing” parenting point of view rather than a therapeutic point of view. My first response was, “I didn’t ask to raise all these messed up kids,” not “I didn’t ask to treat all these ill young adults.” This reaction naturally strongly brings up issues of our own adolescence, the way we were parented, (“When I was a TAY ...”), and the way we parent, or imagine we’d parent, our kids (“What would a good, caring family do?”) and makes us very emotionally involved. These issues are often so ingrained we don’t even notice them, assume they’re universal although parenting approaches are really very diverse in our country, and react from those places automatically. A good deal of inter-staff conflict, like a good deal of marital and family conflict, I believe comes from differences in our unexamined assumptions and automatic responses.

3) Engagement is both the foundation for everything and impressively difficult. Most of our students have never been engaged in any program. Most programs of all types for adolescents and TAY regularly fail to engage people. (Even college has an overall 40% drop out rate.) On the other hand, some of the most engaging groups, gangs for instance, don’t build adulthood on that foundation. Many effective engagement techniques actually have strong negatives in promoting responsible adulthood, including creating an adolescent counterculture, creating surrogate families, charity, disability defined entitlements, and permissiveness. Other techniques, for example, creating sanctuary, authentic caring, willingness to make deep connections, and persistence are more foundation building.

Coercion, “make them do it,” is the “normal” response to our students’ irresponsibility and our resultant frustrations, but it’s deadly to engagement and will usually lead to them fleeing, so we need to build “abnormal “ responses.

4) Many of our students need to learn many skills to succeed in our complex society including literacy, education, employment, interpersonal relationship, self care, homemaker, financial, illness management, sobriety maintenance, and parenting skills. Unfortunately, even when they’re motivated, their adolescent traits like irresponsibility, erratic attendance, distractibility, poor planning and follow through, lead to them rarely completing any of the needed skill building.

5) Building personal responsibility is crucial, and elusive. Personal responsibility is a key to maturation into adulthood, but we live in a society that has no clear initiation process, a wide diversity of approaches to promote self responsibility, and rather low success rates. (For example, some people think you need to learn to respect your parents and be obedient to them to become a good adult, while others think you need to rebel against your parents and distance yourself from them to find your own path to adulthood.) Our diverse staff regularly disagrees on how to best promote self responsibility.

To make things worse, our students generally come to us “off track” in their maturation process. Personal responsibility is a stage in personal and moral development that has to be built on the earlier stages. Personal responsibility is generally built on an underlying core that includes: A belief in the reliability and fairness and trustworthiness of the world, a belief in one’s own competency, value, effectiveness, and ability to achieve our own desires, a willingness to leave dependency (even on unreliable families, caretakers, and systems), and a willingness to shoulder burdens and not always put yourself and the present moment first. Sometimes personal responsibility can be achieved through time

and building maturity generically, but some students, especially those who were poorly raised, may have substantial early deficits that cripple their development of personal responsibility. Their deficits will have to be understood and healed individually.

6) Many students have several substantial personal disabilities that are handicapping them and act as barriers to growth. Broadly, these disabilities can be grouped as developmental/learning, emotional disturbance/trauma, psychiatric illness, substance abuse, and antisocial/criminal, but for most students clear “diagnostic” formulations are hard to make and there are lots of differences of opinion between various staff, family, and the students themselves which creates lots of tension and disagreements about how to help them.

Many of these disabilities can look like classic adolescent traits, but they actually require deeper understanding and management to relieve. (For example, a student slamming their fists into the wall in frustration looks the same as when my sons do that, but may reflect a very different internal state and loss of control.) These “pathological” barriers may be hard for us and them to face. As a result we may try to deal with them as though they’re “normal adolescence”, but this rarely works. These disabilities can be very disruptive and destructive if not effectively addressed. On the other hand, sometimes “normal adolescence” is attributed to pathology to evade self responsibility. Ultimately, our students have to take responsibility for both their maturation and for coping with their disabilities.

7) Our relationships with our students’ families are often problematic. Often this is because the family is still damaged, disturbed, disruptive, overwhelmed, or unreliable. Sometimes it’s because the student is so difficult that “normal” maturation processes have been derailed and replaced with “abnormal” ones that don’t lead to self responsibility and adulthood. Nonetheless, for the majority of students, their families are their most important relationships, supports, and the context in which they will have to mature. Our usual reaction of colluding with the students’ rebellion and cutting off families deprives us of the opportunity to catalyze and support positive things in the family. Staff often bring additional personal issues and reactions to family issues that can keep us from engaging them where they’re at.

8) The ability to create sufficient personal wealth to be self supporting in the style they desire doesn’t exist for hardly any 18 to 25-year-olds. Our student typically lack generous family resources and support. Governmental support programs are designed for adults, not TAY, and presume people are either self sufficient or life long totally disabled, and therefore need either pushing to be motivated to be self sufficient (“welfare reform”) or permanent subsidizing. Access to loans to postpone wealth creation (student or consumer or home) is very limited. Our students are likely to refuse most “affordable” communal living as either not good enough or requiring too many rules and structure.

When we push students to earn their own money, initially they’re incapable of earning more than “basic subsidies” which are usually withdrawn, so they often quit before their earning power has a chance to rise (either from experience or training) and ask to return to subsidies.

9) Society at large is intolerant of adolescents and TAY and wants them sequestered until they can act like adults. Settings for disabled people are also intolerant and want them sequestered until they can

act like disabled adults. Much of this is for good reason: They are destructive, inconsiderate, dangerous, reckless, damaging, etc. and no amount of “supervision” or “rules” really avoids that. Our society has developed lots of complex structures for sequestering TAY including high school, armed services, job corp, incarceration, and gangs, but our students have limited access to any of these settings.

Police and jail erratically enforce the public’s intolerance and need for lawfulness usually in punitive, personally destructive, unrealistic ways. (It occurred to me recently watching the old play *Godspell* that all of those TAY would’ve been arrested and jailed today.) On the other hand, police and jail don’t really want our students either, generally feeling they’re not their responsibility. Psychiatric hospitals are also unable to work with our students productively regularly resorting to restraints, seclusion, and heavy sedation to manage them and make them appear “dischargeable” to society rather than giving them any real treatment.

10) TAY pregnancies are usually not preventable and often impressively destructive and traumatic for everyone involved. Irresponsible, short term focused, highly sexually active people are going to have a lot of pregnancies. The most common outcomes, abortion, extended family stepping in and caretaking, DCFS and foster care, and our students harming their infants and children are also usually not preventable. Repeatedly, heartbreakingly, and demoralizingly, the destructive, multigenerational web of child abuse and neglect exerts a powerful, tragic effect. Staff struggle to keep up the artificial dichotomy that our students’ parents are abusers and our students are victims as the cycle repeats.

11) Staff’s and students’ efforts to accomplish anything efficiently or to maintain accountability for even minimal safety or to promote long term plans and goals are likely to be heavily compromised and frustrated on a regular basis. Partly this is because of the imbalance between our students’ skills and supports and their disabilities and barriers, but more commonly it is because of their adolescent traits and irresponsibility. It’s easy for these frustrations to lead to blaming, taking it out on each other, and demoralization. It’s also easy for these frustrations to blind us from our students’ substantial growth and accomplishments. On the other hand, it’s hard for us to determine which approaches would work if we persisted and which should be abandoned.

12) As in all social service settings, staff and program culture may well take on the traits of the people being served without realizing it. Without an alternative strong vision, mission, and leadership we’re at risk of taking on their adolescent traits, their role confusion, their feelings of the intolerance of the larger society, their lack of personal power and effectiveness, and their desire to escape harsh realities and responsibilities. Staff will feel a need to bond together, separate from our students, to regroup ourselves away from the students’ emotional influence.

13) TAY is the stage in life where recovery is most possible. Although many students already have substantial secondary damage and system effects and although some of their plasticity is gone, much plasticity remains and much further damage can be avoided. They are able to participate in their own lives and growth in ways that were impossible earlier in childhood. Adapting to their handicaps and incorporating them into a personally responsible self identity is most possible at this age.

TAY is also the age when exit from the system is most possible. Emotional healing, remission of psychiatric illnesses, learning self management and adult skills, and effective socialization are all plausible. Also creating community and natural supports can decrease the need for system involvement before long term reliance on the system and long term community rejection and exclusion are cemented.

However, our program must embrace those students who neither recover nor exit the system and we must be able to recognize and celebrate their successes as well.

14) Although this program is very expensive, both because of the need for living subsidies, supervision of students, low staff to student ratios, and lots of inherent inefficiencies, this program probably saves more money than it costs and that makes it politically viable. It is also positioned in a place to truly impact our major social mental health problems including jailing, homelessness, long term substance abuse, and long term system dependency.

So what does all this mean practically?

Well for one thing, I always feel a little better and a little more accepting when I understand what's going on, and until I sat down to write this all down I didn't really appreciate how much is going on at once.

For another, I think it helped me to separate the goals and the issues. I recently read somewhere that life is the interruptions that happen while you're pursuing your plans, and while that may a good way to enjoy life, it's also a way to stay distracted and reactive. I think we should focus more on our mission and goals, "the point of it all," while realizing how many complex issues we're swirling in. In the end, our real success is from helping our students achieve these goals to get to adulthood in better shape, not from figuring out all these thorny issues, most of which have no solutions.

*Last month I left the TAY program after 3 years and returned to the Village. I feel like I learned a lot at the TAY Academy and have a substantial foundation for understanding and delivering services to young people. I've also been able to put together several successful TAY workshops and consultations. When I reread this article I think that I had made more progress by this point than I realized. I continued to build on this mission, goals, and set of difficult issues and still I think they are the right things to build on.*