Transition to Independence Process Model

The Transition to Independence Process (TIP) model is a community-based intervention for youth and young adults with emotional/behavioural difficulties (EBD) who are receiving services from various sectors, such as employment, education, justice, and mental health and addictions. Youth workers trained in the TIP model engage youth and their families in a process that prepares and helps youth become autonomous and achieve their goals.

<table>
<thead>
<tr>
<th>Brief Summary of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population</strong></td>
</tr>
<tr>
<td><strong>Gap addressed</strong></td>
</tr>
<tr>
<td><strong>Core integration/transition strategies</strong></td>
</tr>
<tr>
<td><strong>Services, sectors, levels of care involved</strong></td>
</tr>
<tr>
<td><strong>Resource requirements, feasibility</strong></td>
</tr>
<tr>
<td><strong>Readiness for implementation</strong></td>
</tr>
<tr>
<td><strong>Effectiveness evidence</strong></td>
</tr>
</tbody>
</table>

**Population**

The TIP model is designed for youth and young adults 14 to 29 years old with EBD.

**Key Components**

Youth workers (can be known as Transition Facilitators) provide coaching-style support to the youth,
Transition to Independence Process

their family, and other informal and formal supports. The Transition Facilitator uses the TIP model system guidelines and core practices to guide their practice. The goal is to help the youth develop and achieve their goals relevant to the following transition domains as well as link them to developmentally-appropriate community-based services, as required:

- Employment and career;
- Educational opportunities;
- Living situation;
- Personal effectiveness and well-being (i.e., interpersonal relationships; emotional and behavioural well-being; self-determination; communication; physical health and well-being; and parenting);
- Community-life functioning (i.e., daily living; leisure activities, community participation).

The TIP model system guidelines and core practices focus on providing person-centred care, engaging youth in the planning process, and making the system accessible and appealing. The seven system guidelines are as follows:

1. Engage the youth by developing a relationship with them, use person-centred planning, and focus on their futures;
2. Tailor services and supports to be accessible, coordinated, appealing, non-stigmatizing, and appropriate to the individual’s needs, and build on strengths to enable the youth to pursue their goals;
3. Acknowledge and develop the young person’s choices and social responsibility;
4. Ensure the youth has a safety-net of support by involving their parents, family members, and other informal and formal key players;
5. Enhance the youth’s competencies to help them become more self-sufficient and confident;
6. Maintain a focus on outcomes at the individual, program, and community levels;
7. Involve the youth, parents, and other community partners in the TIP system at the practice, program, and community levels.

Youth workers trained in the TIP model can make use of the following core practices to support youth and their families:

1. Strength discovery and needs assessment: Assess youth to discover their strengths and needs, and identify the transition domains that are relevant to their goals;
2. Planning: Engage youth in planning their own future and setting goals;
3. Rationales: Teach youth about the connection between behaviour and likely outcomes;
Transition to Independence Process

4. In vivo teaching: Use evidence-based methods in simulated and real-life settings to teach social and life skills that are relevant to the youth’s daily life and individual needs;
5. Social problem solving: Work with youth to find strategies to solve problems and make decisions;
6. Prevention planning: Teach youth to plan ahead to prevent high-risk behaviours;
7. Mediation: Support a mediation process between youth, their families, and other key individuals providing support to the youth.

Resources Required/ Feasibility

Human Resources
Agencies implementing the TIP model need to train youth workers on their staff to provide coaching-style support to youth, their families, and other key supports. Appropriate supervision is required to support staff to effectively deliver the TIP model within each agency.

Financial Resources
The costs for an agency, or group of agencies, totaling 30 or more staff to receive one year of on-site and additional remote training, consultation, and technical support would range between approximately $60,000 and $100,000. TIP allows and encourages development of Site Based Trainers so that agencies/ communities do not require on-going training from purveyors which significantly reduces on-going long-term costs.

Evidence
Six studies that evaluated the intervention looked at outcomes related to positive transition progress (such as employment and educational advancement) and transition challenges (such as involvement with the criminal justice system and mental health issues or substance use interfering with daily functioning). Of these, one study was descriptive and two were peer-reviewed, evaluative studies.3,4,5

Despite some limitations in terms of the methods used, the following two evaluative studies showed positive results for the TIP model program participants in a number of areas.

One study measured the change in outcomes for 193 youth starting from before they entered the TIP model-based Partnerships for Youth Transitions (PYT) initiative until they completed at least one year.4 Results showed that over the course of the year, the youth had significant improvements in
Transition to Independence Process

educational advancement, employment, involvement with the justice system, and mental health and substance use problems. Much of the improvement happened in the first three months, but was maintained over the next nine months.

The second study was a non-randomized, controlled trial of 43 high school students with EBD who completed or stayed in a TIP model-based program called Steps-to-Success for at least one year. The study looked at post-secondary outcomes in three areas (employment, education, and incarceration) for program participants and a matched control group of youth with EBD who did not participate in the program. The youth who completed the program had significantly higher rates of enrolment in post-secondary education than the control group. There were no differences between the two groups in employment rates or involvement with the criminal justice system. The researchers also found that program participants were not significantly different from a matched group of youth with no EBD in terms of their outcomes related to rates of post-secondary education, employment, and involvement with the criminal justice system.\(^5\) Further, the youth with EBD who were not enrolled in the TIP model-based program had poorer outcomes in all three areas compared to youth with no EBD.

These studies had several limitations in terms of the methods used. They were based on evaluations of larger programs that were not focused only on the TIP model, or may not have implemented TIP as it was intended. Also, the youth in the studies were selectively referred to the program and remained for at least one year, so they may have been a more successful sub-group. Finally, one of the studies\(^4\) didn’t have a randomized comparison group, making it difficult to say with certainty that the improvements were due to the TIP intervention.

Researchers have indicated that the individual components of the TIP model are informed by best practice guidelines to help youth and young adults make the transition to adulthood.\(^4,6\) The two studies above provide limited evidence to support the intervention’s effectiveness.

Readiness for Replication

The National Network on Youth Transition for Behavioral Health (NNYT), purveyor of the TIP model, has worked with community agencies in more than 25 U.S. states.\(^2\) This intervention is at various stages of being implemented in the regions of Simcoe-Muskoka, Hamilton, and Waterloo-Wellington as part of the Systems Improvement through Service Collaboratives initiative (for more information go to [http://www.servicecollaboratives.ca](http://www.servicecollaboratives.ca)).
Transition to Independence Process

NNYT offers training programs tailored to meet the needs and goals of each community. The training package includes:

- Half-day orientation sessions for community partners
- Five days of intensive training for youth workers and supervisors focused on the TIP system guidelines, as well as application and competency training on the TIP core practices. Training is conducted in two parts: part 1 (3 days) and part 2 (2 days);
- On-site visits to address implementation issues;
- Ongoing coaching to address logistics and local issues related to implementation;
- Site-based train-the-trainer opportunities.

NNYT also offers the following fidelity and quality improvement (QI) tools:

- QI probes on TIP model implementation: This series of five tools (one for each transition domain) review the youth worker’s knowledge of a selected youth’s goals, strengths, skills, needs, risk behaviours, and risk factors;
- Fidelity QI organizational survey: This tool helps to examine a transition system to find out if it has the features it needs to implement the intervention successfully. It provides ratings across various categories, such as accessibility of services, continuity of services and supports, staff management/supervision, and commitment and sustainability;
- Mini fidelity assessment: This tool ensures the transition program continues to improve. It involves three days of on-site data collection to evaluate the implementation of the TIP principles and practices. This is an additional tool that can be purchased;
- Transition program fidelity assessment protocol: This tool helps to find out if an organization is eligible for NNYT TIP Model Site Certification.

Sustainability

To be sustainable, the TIP model requires staff for on-going implementation. Importantly, the TIP model needs the engagement of the youth and their families at the program and system-level.

One way to ensure the intervention continues to be successful is through the development of a Community of Practice, which can provide a venue to discuss local implementation successes and challenges, and encourage the engagement of youth and their families.
Transition to Independence Process

Contacts
The NNYT is the purveyor of the TIP model through the Stars Behavioral Health Group (SBGH), which operates the NNYT Stars Training Academy.

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References
Transition to Independence Process

We welcome your feedback!

This summary is one of a number of transition/continuity of care practice summaries developed by EENet and the Performance Measurement and Implementation Research (PMIR) team, which are part of the Provincial System Support Program (PSSP) at the Centre for Addiction and Mental Health (CAMH). The purpose is to support the selection of an evidence-informed intervention by Ontario’s Systems Improvement through Service Collaboratives (SISC) initiative. It was designed to give the reader a starting point in understanding the intervention along a number of dimensions.

The intervention summarized in this document was identified through a targeted search of the scholarly and grey literature, and key informant suggestions. The summary was developed from a selected review of reports and journal articles. The evidence review section examined quantitative effectiveness studies only. Other issues, such as acceptability to users and cost effectiveness, are also important to examine but were out of scope to review in the available time frame.

This summary is a living document and the information on which it is based may evolve over time. While great care was taken to prepare this summary, we acknowledge the possibility of human error due to search limitations and rapid timelines. Therefore, we do not warrant that the information contained in this document is fully current, accurate, or complete. If you have any comments or suggestions to improve its content, please contact us at eenet@camh.ca.