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Monique Y. Martinez
University of San Francisco, moniqueymartinez@gmail.com

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Introducing Self-Advocacy Skills to Transition Age Youth

BH 645: Masters of Science in Behavioral Health Capstone

Monique Martinez

University of San Francisco
Executive Summary

Background

Transition age youth (TAY) are individuals transitioning from youth to adulthood (ages 14 to 24). TAY are individuals with emotional, behavioral, and/or developmental disabilities who cycle through the justice or foster care system, or are homeless and use social services (California Mental Health Planning Council [CMHPC], 2009; Mandarino, 2014). About 47.1 million young adults (14 to 24 years old) live in the United States; four million are 14-year olds, and by the time the 14-year-olds are 24 less than 100% will make an effort in successfully transitioning to adulthood, five to seven percent will reach age 25 without successfully transitioning to adulthood (CMHPC, 2009; U.S. Department of Commerce Census Bureau, 2011; Wald & Martinez, 2003).

The transition to adulthood is a grueling process for the general population but is harder for TAY. Since TAY are at-risk of experiencing different illness, various medical cultures, changes in providers, stigma associated with mental illnesses, and poor management of services (Association of Maternal & Child Health Programs, 2011). The TAY community is less likely to transition to adulthood successfully without the proper guidance or skills. Thus, it is important for the agencies that serve TAY to understand the issues that face this vulnerable population. Additionally, it is vital that young adults understand service systems, how to access services, and especially how to advocate for their own needs in order to gain the help they need to transition successfully to adulthood.

Problem, Findings, and Project

Despite organizations that help homeless TAY such as the Drop-In Center (DIC) at the Bill Wilson Center (BWC), TAY continue to get disconnected from the system during the
transition process. Findings from the interviews demonstrated the expert’s knowledge about the TAY community, and the population served at the DIC. The focus group responses showed the client’s lack of knowledge and misconception of effective communication. The findings concluded that there is a need and a desire for a self-advocacy training from the staff and the clients. After reviewing the literature and analyzing data from the needs assessment tools the project intern developed a self-advocacy training.

The project purpose was to design training that will promote self-determination through individual concepts and skills for the TAY. The project goals were: 1.) Assess staff and client attitudes about the services provided by the BWC drop-in center; and 2.) Analyze project data to inform new advocacy training program at the DIC to provide TAY with skills needed to become self-advocates. The self-advocacy training will help with TAY’s self-determination and lead to a successful transition to adulthood. This project could have a positive impact on the vulnerable population.

**Concluding Recommendations**

Based on information from an extensive review of the literature and from data, it is advised that the agency apply a hands-on approach to transition planning that incorporates knowledge obtained from the client’s experiences, effective communication, and current living skills to use during this phase. The new advocacy training program should be implemented at the DIC to provide TAY with skills needed to become self-advocates and self-sufficient. As recommended introducing self-advocacy at a younger age is necessary to facilitate a seamless progression to adulthood.
Introduction

Age is a fluid concept, especially when delineating the end of adolescence and the beginning of adulthood. Society, culture, and environmental factors define the age boundaries of adolescence (Patel, Fisher, Hetrick, & McGorry, 2007). As evidenced by increased legal rights and responsibilities set forth by society, adulthood begins at age eighteen. Transition age youth (TAY) are individuals ages 14 to 24 and transitioning from youth to adulthood. For the purposes of this paper, TAY are defined as individuals with emotional, behavioral, and/or developmental disabilities who cycle through the juvenile justice or foster care system, substance use disorders, parental absence, present with poverty, or are homeless (California Mental Health Planning Council [CMHPC], 2009; Mandarino, 2014).

Currently there are approximately 47.1 million young adults in the United States, of which four million are 14 year olds (U.S. Census, 2011). By the time the 14 year olds are 24 over 90% will make an effort in successfully progressing to adulthood, meaning that these individuals will have used skills needed to connect with the labor force (U.S. Census, 2011; Wald & Martinez, 2003). However, at least five to seven percent will reach age 25 without sufficient living skills needed to live independently and consistent support needed to successfully transition to adulthood (Wald & Martinez, 2003).

In general, the transition to adulthood is a grueling, stressful process for young adults, but is more difficult for individuals who are dependent on social services (Mandarino, 2014; Osgood, Foster, & Courtney, 2010). It is a time where TAY are asked to make complex decisions about their education, employment, finances, health, and relationships. Due to circumstances beyond their control, the transitioning process places TAY at-risk at being
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disconnected from society and support. As reported by Wald and Martinez (2003), studies find that a majority of this population who will disconnect by age 25 fall into one of the following categories—high-school dropouts, individuals in the criminal justice system, dependent on the welfare system, or parents prior to the age of 18. In addition, TAY that are disconnected from society have low literacy skills and lack basic employability skills (Patel et al., 2007).

Additionally, literature shows that TAY are more likely to suffer from untreated mental health issues, substance abuse, or other disabilities; live in areas with unemployed residents; and have a history of adverse childhood experiences (Mandarino, 2014; National Collaborative on Workforce and Disability, 2009; Schulenberg, Sameroff, & Cicchetti, 2004). Understanding the issues facing this vulnerable population is not only vital to the individuals and their family, but to society and the public institutions that have evolved to address the needs of this population (Havlicek, Garcia, & Smith, 2013; Osgood et al., 2010; Patel et al., 2007). The purpose of this literature review is to evaluate statistics on the TAY population, briefly examine evidence-based practices for TAY, assess the barriers to accessing transition skills and support, and review current self-advocacy practices in order to develop self-advocacy curriculum and instruction for TAY.

Statistics on Target Population in California

National public health service systems have recognized the importance of continuing services provided to youth well into adulthood. However, current programs and policies that serve general adolescents or unemployed young adults do not have the experience or skills needed to serve TAY (Havlicek et al., 2013; Patel et al., 2007). The Chafee Foster Care Independence Act of 1999 expanded the Medicaid option to the age of 21 and the Affordable Care Act 2010 (ACA) has extended eligibility to age 25 (Havlicek et al., 2013). The change in
eligible ages gives TAY opportunities to continue to access healthcare and mental health services into their early 20s. Nevertheless, TAY continue to decline services offered during their transition, and continue to cycle out of the healthcare system (Belfer, 2008; Embrett, Randall, Longo, Nguyen, & Mulvale, 2015; Havlicek et al., 2013).

Consequently, mental health issues in the United States are prevalent among TAY, making them three times more likely to be involved in criminal activity than those without such conditions (Ghandour, Kogan, Blumberg, & Perry, 2010). Approximately 43.8 million adults are diagnosed with mental illnesses every year (National Alliance on Mental Illness [NAMI], 2015). Ten million of these individuals are limited in one or more daily activities due to their illness (NAMI, 2015). By the age of 24, more than three million TAY are diagnosed with a serious mental illness (Bazelon Center for Mental Health Law [BCMH law], 2004). Sixty percent of TAY with mental health conditions drop out of high school, are unemployed, have an incomplete education, and lack life skills needed for adulthood (BCMH law, 2004; NAMI, 2015).

The provision of services to TAY has been an ongoing issue in California since 2002. In 2002, the Katie A. settlement was implemented to improve the provision of mental health services and support services for youth at risk of being placed in the foster system (California Department of Health Care Services [CDHCS], 2015). The passage of the Mental Health Services Act (MHSA) in 2004 addresses the importance and continuum of prevention and early intervention services (CDHCS, 2015). The MHSA financially helps the California Department of Mental Health by providing increased support for county mental health programs, and guidance of progress over statewide goals for youth, transition age youth, and adults (CDHCS, 2015).
Locally, there are approximately 6,566 homeless individuals in Santa Clara County, of which 29% are sheltered, and 71% are unsheltered (Applied Survey Research [APSR], 2015). Sixty-five percent of these individuals reported having a health condition that was due to either mental illness, substance use or abuse, or a medical or physical condition (APSR, 2015). There are reportedly 824 homeless TAY in Santa Clara County (APSR, 2015). Santa Clara County has federal and local programs that offer services and assistance to those currently homeless; providing a chance for TAY to obtain benefits and support (APSR, 2015). Due to TAY’s lack of critical skills needed for adulthood, many do not apply for government assistance because they do not know that they qualify for assistance (APSR, 2015). Connecting an individual with services could potentially lead to the prevention of homelessness.

According to the Applied Survey Research (APSR, 2015), the main reason for homelessness is not always a clear path but can be a consequence of multiple causes. Individuals who have reported being at-risk for homelessness may have a history of one or more of the following: unemployment or recent job loss, substance use, strained relationships, mental health illness, developmental disabilities or other disabilities, time in the juvenile justice system, and difficulty with affording housing (APSR, 2015; CDHCS, 2015). TAY may not always experience unemployment and social isolation, but they will continue to be dependent on welfare and other social services.

**Evidence-based Practices**

Few studies identify appropriate or specific evidence-based practices solely for transition age youth. The U.S. Department of Health and Human Services (DHHS, 2013) emphasizes the importance of collaboration and coordination of agencies that help TAY, such as the systems of care (SOC). The DHHS (2013) uses SOC as a reform initiative that encourages collaborations
between services and providers that meet the needs of not only youth but young adults. The SOC works with agencies, families, and youth to improve access and expand the selection of appropriate services (DHHS, 2013). SOC does have limitations for individuals at-risk, since its efforts lean more towards individuals already showing signs of severe mental illnesses (DHHS, 2013). For TAY specifically, SOC does not provide consistent coordination thus there is not a seamless movement to adult services, which leads to a gap in the provision of services (DHHS, 2013).

Literature often reports that there are also few evidence-based practices for TAY in the justice system. Zajac, Sheidow, and Davis (2013) discussed an adaptation of an approach, Multisystemic Therapy (MST), for TAY with mental health concerns and delinquent behaviors. MST is a modified community-based treatment. Positive outcomes related to this adaption involved a reduction in felony-like behavior and mental health symptoms, and improved community, school, and work engagement (Zajac et al., 2013). Thus, MST is likely to be insufficient in ensuring a successful progression to adulthood for TAY with multiple disturbances. To ensure successful transitions to adulthood for this population, extensive changes need to be addressed in the juvenile justice and mental health systems (Zajac et al., 2013).

Furthermore, there is a need for practices that address TAY overcoming challenges faced in the transition process. The Transition to Independence Process (TIP) is a mental health recovery service-delivery model that fosters solutions to these challenges (U.S. Department of Labor [DOL], 2009). The TIP approach stresses the importance of engaging TAY in planning future processes and using services directed toward individuals’ strengths (DOL, 2009). The model does have its limitations in that it lacks collaboration among other mental health systems.
which prevent TAY, including those with mental health needs, to have access to broader array of services (DOL, 2009).

Fortunately, most of what we know about TAY is based on studies, programs, or therapies that focus on mental health treatment of children, youth, or adults. These evidence-based practices work differently on TAY specifically those with mental health issues due to the multiple factors that need to be addressed (Zajac et al., 2013). Still, further research is needed for the investigation and development of practices that focus primarily on TAY.

**Barriers for Transition Skills and Support**

A key component to a successful transition to adulthood is self-sufficiency. Research often shows that TAY struggle in arenas associated with career training, employment, housing, education, life skills, and relationships (CMHPC, 2009; Embrett et al., 2015). The general population follows many different career paths including entering the workforce immediately after graduating from high school, or completing post-secondary training and education before starting a career. Due to obstacles beyond their control, TAY continue to have trouble navigating the system and joining with the labor force (CMHPC, 2009). Therefore, many TAY fail to connect with supportive social services, making them disconnected from society by the age of 25 (Embrett et al., 2015).

Individuals within the general population that have various health issues often face barriers in trying to receive care. TAY are at high risk of experiencing and navigating different illnesses and medical cultures, modifications in providers, negative attitudes towards mental illnesses, and negligence from both the youth and adult systems (Association of Maternal & Child Health Programs [AMCHP], 2011). As adolescents begin to age out of the youth setting they are ignored or neglected in the phase to adulthood, losing all service systems they had
access to as youth, such as special education, juvenile justice, housing, and child welfare (AMCHP, 2011; BCMH law, 2004).

These individuals face restricted access to services that are not adequately equipped or prepared for their particular needs, including mental health services (Mandarino, 2014). Inadequate access to services affects the knowledge of TAY on the transitional planning and skills needed to manage their medical care, housing, finances, and education. Hence, strategies are needed to help these people navigate through the health care system, and to address health coverage and other barriers that keep these individuals from having access to adult services (Hiles, Moss, Wright, & Dallos, 2013; Saki et al., 2014).

Finally, having social support is a major factor in the evolution to adulthood (Hiles et al., 2013). Thus, it is important to create a broader stream of networks for social support for the individual transitioning in order to increase self-sufficiency. Also, under-utilization of the existing services may occur because of the associated lack of social support. Research often shows that enhanced self-determination skills may improve postsecondary outcomes, such as educational attainment, work experience, and safe and stable housing (CMHPC, 2009; Hiles et al., 2013; Saki et al., 2014).

**Self-Advocacy for TAY**

Transition age youth are overlooked by policymakers and health care providers who spend their time on programs and services that focus on younger adolescents and children (Patel et al., 2007). TAY face unique challenges and threats as they transition into adulthood; it is important to recognize strategies that improve the health and success of these individuals. Due to insufficient knowledge and research, there are few evaluations of social services that focus on the behavioral health of these emerging adults.
TAY need to learn how to manage their health care and related needs as they progress to adulthood (Betz, Redcay, & Tan, 2003; Test, Fowler, Wood, Brewer, & Eddy, 2005). For TAY to comprehend and address their own issues, they need to become self-sufficient. Self-sufficiency is a vital piece of effective transition planning as it provides a tool that measures the capacity of individuals to manage their daily health care and long-term health (Betz et al., 2003).

In order to be heard by society, it is important to provide TAY with the skills needed to advocate or communicate effectively for themselves. Research continues to show that such abilities can be reached through the development of self-advocacy skills (Test et al., 2005). Self-advocacy will enable TAY to be successful in the transitioning process. Self-advocacy skills and the ability to self-advocate is a frequently used concept in health care services. According to Algozzine, Browder, Karvonen, Test, and Wood (2001) and Test et al. (2005), individuals who practice self-determination, a skill often linked with the concept of self-advocacy, are more likely to progress to adulthood productively with lifelong positive outcomes.

The definition of self-advocacy varies widely among different researchers. Test et al. (2005) defines the term to mean an individual’s ability to communicate about one’s self and one’s needs which will eventually lead to an increase in one’s confidence in the ability to make their choices. While Wehmeyer and Palmer (2003) suggests that it refers to learning how to be assertive but not aggressive, how to negotiate effectively, how to be a leader, and learning about the individual’s rights and responsibilities. Studies on creating self-advocacy programs have examined different frameworks to create an effective self-advocacy training pulling from implemented pilots among different populations specifically those with disabilities. The proposed frameworks consisted of: knowledge of self, knowledge of rights, communication,
negotiation, and leadership (Test et al., 2005; Betz et al., 2003; Carter, Lane, Pierson, & Stang, 2008).

While there are limited studies on self-advocacy training programs, pilot studies like those described by Betz et al. (2003), Carter et al. (2008), and Kunstler, Thompson, and Croke (2013), show promising steps towards creating a training specifically for TAY. Betz et al. (2003) examined a pilot study that was an early attempt for insight into the health care self-care needs of TAY with special health care needs due to disabilities. Limitations that surfaced focused on the ambiguity associated with questions (Betz et al., 2003). The data suggested that these individuals did not fully understand what was asked of them and that the parent or caregiver that acted as a proxy could have provided insufficient information (Betz et al., 2003). Although the data from this study was limited, it did highlight the need for TAY to be better equipped with the skills and knowledge needed to manage their health care needs (Betz et al., 2003).

The study that Carter et al. (2008) evaluated focused on the efforts of educators who promoted skills through curriculum related to self-determination in high school classrooms specifically to students with disabilities. It was discovered that educators should find operational strategies for data collection and progress to ensure that students are benefiting from self-advocacy (Carter et al., 2008). Findings also suggested that educators should increase their desire to incorporate self-advocacy skills in a setting that has opportunities for youth to become self-determined. The conclusion remains consistent with the need for educators or individual teaching the training to find a consistent framework of the skills needed to be addressed for effective communication (Carter et al., 2008).
Finally, Kunstler et al. (2013) created the “Freshen Up” program which paired college students with teenagers with severe disabilities. The program attempted to address the importance of teaching TAY with disabilities how to successfully achieve greater self-sufficiency, and improve social interactions and independent living (Kunstler et al., 2013). Kunstler et al.’s (2013) program was successful in that it was placed in a community setting that addressed an individual’s occupational, social, and independent skill development. The outcomes varied from positive employment skill gains, an increase in self-esteem, and building of social skills among the youth (Kunstler et al., 2013). The “Freshen Up” program provided for learning opportunities for the college students who acted as peer mentors, and created an inclusive environment in the community, thus enabling TAY to learn self-advocacy skills in a setting and from instructors whom they trusted. (Kunstler et al., 2013).

It is evident that further research on teaching self-advocacy skills to promote self-sufficiency and ultimately self-determination among TAY is warranted. However, there is a relationship between post-secondary success and the attainment of self-sufficiency, emphasizing the importance for individuals to advocate for themselves. Therefore, it is important to promote self-determination through self-advocacy, since many TAY lack the critical skills that a play pivotal role in the transitioning process.

Agency Profile

Agency Background

The Bill Wilson Center (BWC) in Santa Clara County, formerly known as Webster Center, is a non-profit organization that serves vulnerable individuals. The Bill Wilson Center origins emerged from a prominent citizen in Santa Clara in 1973, Bill Wilson, Jr. (Bill Wilson Center [BWC], 2015). Mr. Wilson volunteered with vulnerable, at-risk youth, served a term as
Santa Clara City mayor in 1965, and worked with faculty at Santa Clara University on creating a center to counsel students in secondary school and provide a family therapy program (BWC, 2015). Bill Wilson’s credibility with the counseling professionals and Santa Clara business and political leaders was important in creating this community-based service (BWC). After his passing in May 1977, the name of the organization was changed to the Bill Wilson Center (BWC, 2015).

**Current Services**

In order to create a healthy and safe community in Santa Clara County, the BWC recognizes that individuals of all age groups should receive support. Thus, the BWC offers various services for children, adolescents, and adults (BWC, 2015). The programs at the BWC focus on education, counseling, advocacy, and housing. The education component accomplished through services such as workshops and support groups, include but are not limited to - Centere for Living with Dying support group Parent workshop, HIV/AIDS Rejuvenation Retreat (BWC, 2015). Counseling services provided to the clients include but are not limited to the following programs Chat 4 Teens, Healing Heart, and Youth & Family Mental Health Services (BWC, 2015). The advocacy programs available show the individuals that they are not alone and include- Family Advocacy Services and Foster Care Services. Housing programs for the clients work on receiving affordable housing or provide emergency shelter and include Transitional Housing Placement Program, Peacock Commons, and Quetzal House (BWC, 2015).

**Agency Goals**

With the youth in mind, eight fundamental principles guide the programs mentioned above and services available to build the individual: no fail, least restrictive environment, diversity, strength-based, youth development and leadership, advocacy, collaboration, and
families matter (BWC, 2015). The principles enforce the BWC mission, “Bill Wilson Center supports and strengthens the community by serving youth and families through counseling, housing, education, and advocacy. “(BWC, 2015, “Mission”, para.1). Along with acknowledging the overall organization’s vision, “We are working to prevent poverty in the next generation by connecting youth and families to education, employment, housing, and positive relationships. We are working toward ending youth and family homelessness by 2020.” (BWC, 2015, “Vision”, para.2).

**Stakeholders**

Currently, the organization provides services to more than 5,100 children, youth, young adults, and families (BWC, 2015). The outreach and the crisis line programs reached more than 32,000 clients (BWC, 2015). The agency is composed of approximately 140 staff, including professionals and paraprofessionals; additionally, there are numerous volunteers- including interns (BWC, 2015). The BWC receives funding from a variety of outside stakeholders which include: local contributions (~2%), federal contracts (~25%), fees for services (~2%), foundations and corporations (~2%), in-kind donations (~3%), Medi-Cal or Mental Health funding (~ 33%), special events (<1%), state and local funding (~32%), and private funding (<1%) (BWC Annual Report, 2015). In the annual report, it is evident that there are numerous stakeholders invested in the Drop-in Center (DIC) which include the funders and staff members such as the BWC case managers at the DIC, and supervisors that run the DIC and associated youth groups (BWC Annual Report, 2015).

**Drop-In Center and Intern**

Since the organization is primarily youth-focused the project intern elected to be placed at the DIC to serve transition age youth (TAY). The Drop-In Center (DIC), serves homeless
youth ages 13 to 25 years old, with the primary goal to provide safe and stable housing to the homeless individuals (BWC, 2015). The DIC is a Safe Place for the young adults and their families (BWC, 2015). Here the individuals have access to essential resources for the overall well-being and the ability to form healthy relationships with staff for networking.

The separate services provided at the DIC include basic necessities and support services. The staff at the DIC offer support via resources such as housing referrals, training for job readiness, education support, HIV testing/education, counseling, mental health services, parenting skills, living skills, and computer skills (BWC, 2015). While at the DIC, the individual can eat three meals a day, obtain clothing and hygiene items, shower, do laundry, while storing their personal items in lockers (BWC, 2015).

The intern at the DIC acted as a volunteer working with the case managers, clients one-on-one, and served as a non-biased buffer between the two. The intern co-facilitated support groups with the case managers, such as Sister Circle, as well as interacted with the clients to address their issues. Having the intern at the DIC was essential given that the clients served here often get lost in the system or dropped out as they transition to adulthood due to lack of life skills, social support, and advocacy. Keeping in mind the mission, vision, and value of the organization it is vital to help the client succeed, this was expanded and possible through the role of the intern.

SWOT Analysis

After analyzing the strengths, weaknesses, opportunities, and threats (SWOT) of the project, agency, and the project intern contributions it was discovered that the main issue was the lack of communication within the agency and the clients (see Appendix A). As mentioned by Sipes (2016, pp.120), lack of communication is a team weakness among an organization. It is
important that the agency accept change with open communication. The communication barriers are preventing DIC progression, which ultimately will affect the outcome of the intern project with overall lack of client participation and interest at the center. In order to provide the best solution, the staff and client relationship was examined. The intern conversed with clients and staff to identify gaps in services and relationships with the staff at the DIC.

Problem Statement/Gap Analysis

The services vulnerable populations receive from social service organizations as children and adolescents often end quickly as they move to adulthood even though the need for them continues. TAY are forced to leave behind services that were tailored for their age, but if they qualify for ongoing services, they enter into adulthood unequipped with the knowledge and experience necessary to take advantage of ongoing services. The project purpose is to design a training that will promote self-advocacy through individual concepts and skills for the TAY.

A needs assessment, was conducted by the project intern at the DIC through intense observation and formative research to identify gaps in the agency. Findings suggested that the best solution to the communication gap identified in the SWOT analysis (see above) was to add a training at the DIC that built on professional-client relationships through improved communication (see Appendix B). A way to improve communication between the professional and client is to provide TAY with the proper skills needed to advocate for themselves with self-advocacy training. As suggested by Saki et al. (2014), it is essential for the early involvement of young adults into their medical decision-making and transition planning for services. Utilization of a self-advocacy training will increase self-sufficiency and ultimately self-determination.
Project Goals and Objectives

In order to create a program to teach transition age youth self-advocacy skills two goals guided the project. The goals allowed for the creation of a timeline presented in the form of a GANTT chart (see Appendix C).

Goal 1

Assess staff and client attitudes about the services provided by the BWC drop-in center.

Objectives.

1. By March 15, 2016, a key-informant interview assessment tool will be created and used to conduct expert interviews that anonymously measure opinions about the BWC and TAY.

2. By April 2, 2016, focus group assessment tool will be created and used to lead a discussion among the clients regarding services at the DIC and self-advocacy skills.

3. By April 9, 2016, analyze the information from literature review and data from both assessment tools.

Goal 2

Analyze project data to inform new advocacy training program at the DIC to provide TAY with skills needed to become self-advocates.

Objectives.

1. By March 31, 2016, begin to develop project materials that provide instruction on self-advocacy skills for the clients served at the BWC, by adapting self-advocacy information found through literature reviews.

2. By July 19, 2016, evaluate perceptions of BWC staff of the usefulness and relatability of the self-advocacy training through a data collection form.

3. By July 19, 2016, evaluate BWC client’s perception of the usefulness of the topics and
activities in the self-advocacy training, through a data collection form.

Methodology

Design

This study used qualitative methodology to explore individual perceptions regarding services offered and gaps assessed at the Bill Wilson Center’s (BWC) drop-in center (DIC). Formative research was conducted in the form of key-informant interviews and focus groups to drive the outline and content of the self-advocacy workshop curriculum. The project intern conducted the key informant interviews between March 2016 to April 2016 with the DIC staff, the DIC volunteer physician, and an expert social worker. A focus group was conducted on May 3, 2016, with five clients aged 19 to 24 years. The participants were all homeless and had adverse child experiences, aged out of foster care, have a history of mental health (MH) issues, use or abuse substances, use government services (Medi-Cal and/or welfare), were engaged in the BWC transitional service program, and/or used the services available at the DIC.

Procedures

Key Informant Interviews. Participants were recruited and verbally asked to participate by the project intern. Eligibility criteria included more than two to three years of familiarity with the clients at the DIC, and/or their expertise in the fields of TAY- foster-care system, homelessness, mental health, and substance abuse. Seven key-informant interviews, consisting of five males and two female participants, averaging 60 minutes in duration. The interviews were conducted by the intern face-to-face in a private location outside. Before each interview session, eligibility criteria were confirmed, and informed consent was obtained verbally from each participant. The informed consent ensured and followed ethical standards addressing the following: the purpose of the interview and the participant’s voluntary participation, risks,
expected benefits, whom to contact about the interview, and the confidentiality (all collected information before, during, and after the study will not be disclosed). During all of the interviews, notes were taken by the intern and summarized after each interview.

**Focus Group.** The young adults were recruited randomly by an on-site case manager at the DIC, who identified the participants in their case load and other case manager’s caseload that potentially meeting the eligibility criteria. Eligibility criteria included being homeless and having at least one of the following: history of adverse childhood experiences, mental health issues and MH service use at BWC, use or misuse of substances, current government support service utilization (Medi-Cal and/or welfare), engagement in the BWC transitional service program, and consistent pursuit of the support services offered at the DIC. Each participant was provided a free meal and beverage for participation at the DIC during the focus group.

One focus group, consisting of five participants, averaging 45 minutes in duration, was conducted by the intern with the supervision of a case manager in a private staff meeting room. Before the focus group session, eligibility criteria were confirmed, and informed consent was obtained verbally from each participant. The informed consent ensured and followed ethical standards addressing the following: the purpose of the focus group discussion and the participant’s voluntary participation, risks, expected benefits, whom to contact about the discussion, and the confidentiality (all collected information before, during, and after the study will not be disclosed). The scenarios and questions following the scenarios were modified and adapted, with the help of the case manager, to clarify for the participant during the focus group discussion. The focus group was audio recorded, and the dialogue was transcribed verbatim after the session.
Measures

**Key Informant Interviews.** A semi-structured interview assessment tool was designed for three different sets of interviews (see Appendix D). The DIC staff interview assessment tool consisted of 11 questions, the DIC physician assessment tool consisted of 15 questions, the expert social worker assessment tool consisted of 12 questions. The project intern developed questions and probes to address the participants level of expertise including information on his/her background with the population, and the benefits and practicality of self-advocacy training. Questions also addressed areas specific to mental health needs of TAY, health needs of TAY, general needs of youth aging out of the foster-care system, transition readiness, homelessness, and access barriers. All three assessment tools included/ended with a question on feedback, comments or suggestions.

**Focus Group.** A semi-structured moderator’s guide consisted of three separate scenarios, followed by more specific probes to clarify and explore participant’s responses (see Appendix E). The scenarios were based on typical situations observed among the case managers and clients at the DIC. The project intern developed scenarios with questions and probes to address the participant’s feelings and actions at the DIC. Questions following the scenarios addressed the participant’s knowledge of self-advocacy, its meaning and the effectiveness, and their rights and knowledge of services related to communication. The scenarios and questions following the scenarios were modified and adapted, with the help of the case manager, for participant clarification.

Analysis

**Key Informant Interviews.** Each set of notes was reviewed by the project intern and summarized after each interview. All data was analyzed to track and record major themes and
subthemes in each of the key-informant interviews. The findings were used to set-up the foundation of the self-advocacy project.

**Focus Group.** Each transcript was reviewed by the project intern and summarized for data analysis. All data was analyzed to track and record major themes and subthemes in combination with the key-informant interview data. The findings were summarized and used for the outline for the self-advocacy curriculum.

**Results from Needs Assessment**

Prior to the project design, the project intern performed a structured observation and interaction with the drop-in center (DIC) clients and staff. The intern built rapport and gained insight about the target population served at the DIC. These observations identified the gap which aided in drafting the key-informant interview questions and client focus group assessment tool.

After gathering and reviewing the responses from the interviews, as in Table 1; and focus group, as in Table 2; participant needs were identified. The findings of the needs assessment strongly suggest need and desire for clients, who use the DIC for resources, to learn self-advocacy skills. These data laid the framework for the training as seen in Table 3, as well as identified the client’s current knowledge on self-advocacy.

**Key-Informant Interview Results**

The seven participants were recruited and asked to participate in the expert interviews by the project intern. Among those participants, all seven individuals gave consent, and all seven completed the questions. Responses to all the results would be found in the appendix; however, to protect the identity of the staff members and the outside agency the transcript has been left
out. The key informant interviews suggested that self-advocacy training should be provided for the transition age youth.

Among the seven expert interviewees that participated, five worked at the DIC from 16 months to 13 years (PA-PE), and one was a volunteer physician and has been for the past eight years (PF). The seventh individual was a social worker with another organization working with similar populations for the past five plus years (PG). Each interview lasted approximately 60 minutes in duration.

All respondents believe that self-advocacy skills should be offered in-person with complimentary breaks and activities. More than half of the DIC staff (four out of five) think the self-advocacy training is essential in the transitioning process at the Bill Wilson Center.

- PA: “I would like to see the self-advocacy training implemented as part of their transition process, giving them resources as they walk out of the DIC. The workshop would be great for the transitioning process.”

- PD: “Self-advocacy, in general, voicing opinions, speaking up for yourself without getting angry or giving up is important. The BWC can help them here by holding hand but they can’t go outside with them and teach them how to carry themselves or talk to others outside of the organization on a daily basis.”

- PE: “The workshops seem to very important, since the clients are always looking for more resources to take advantage of. The more information they acquire the better equipped they can get.”

- PF: “A self-advocacy workshop sounds like a good format to address these issues along with incentives such as gift cards and food.”
As indicated by the DIC physician interview and the community social worker interview we all lack proper self-advocacy skills, but the clients equally lack patience, understanding of systems (and how bad they can be), and guidance.

- PF: “TAY, as well as all of us lack advocacy skills. They probably lack some skills, but equally they lack patience, understanding of systems (and how bad they can be), and guidance.”
- PG: “TAY lack that ability to be shown appropriate social skills such as communicating…TAY struggle at communicating their needs and desires, given history of child adversities (abandonment, trauma, abuse, neglect) that contribute the lack of skills needed to advocate for themselves cause it’s not shown.”

In concluding each interview, the experts were asked if they had any suggestions or comments they would like to mention in regards to the self-advocacy workshop. Experts identified that the skills needed to self-advocate are vital in to the transitioning process. Although the clients do not see its importance, the agency would consider it important for a successful experience. The experts suggested key components to a successful project implementation, which included: keep length of lesson succinct and to the point, keep the clients engaged with activities, and base it on relevant topics for interest and relatability.

**Focus Group Results**

Among the five clients who participated in the focus groups, two were male and three were female. Participants ranged in the age of 19 to 24 years. Of the five participants, all met the eligibility criteria: all were homeless and have a history of adverse childhood experiences; two did not have a history of mental health illness and did not use mental health services at the BWC; at the time of interviews all used or misused substances, participated in government
support services, and used the transitional services offered at the BWC. Most of the participants identified as high school dropouts, obtained a general equivalency diploma (GED), or are working on their GED. The focus group took approximately 45 minutes in duration.

During the discussion, the clients did not comprehend the scenarios (Scenario I and III) and part of the free response questions (question 2, 3, and 4c). The intern restated the scenarios and questions to initiate participant discussion. The participants’ concentration varied from interested to inattentive to the discussion throughout the extent of the focus group. All five the participants voluntarily responded to at least one scenario question or free response question, and one client was anxious on how to state their response and did not want to be too honest (see Appendix E.2).

- Client 2 response to Scenario I: “Feels good. I don’t know what else I can say without being too honest or sound mean. “

According to the responses, all of the participants did not understand the concept of self-advocacy curriculum. The participants responded to the free response questions, but were not confident in knowing the associated skills as in question 5 and how to be effective in delivery as requested for in ‘question 4’.

4. Education on how to communicate effectively (advocate) will be developed. How can you communicate for yourself and get others to listen without being ignored?

- Client 1: I usually yell to get people’s attention.
- Client 2: Be very powerful, be respectful.
- Client 3: I repeat it the first time, I repeat it the second time, I say it with emotion the 3rd time- through yelling, crying, or by being a bitch.
- Client 4 & 5: no responses.
5. List what skills are needed for effective communication.

- Client 1: be respectful
- Client 2: be powerful
- Client 3: repeat
- Client 4: be confident
- Client 5: no response

According to the findings, more than half of the respondents say they will take self-advocacy training if it was offered. Out of all five participants, one of the respondents expressed no interest in taking the self-advocacy training if it was offered as asked in question 5 and was disruptive to discussion with responses and behavior (Client 3).

5a. If training was offered in the community would you attend?

Case manager’s interpretation: If there was like a class offered here would you take it?

- Client 1: “I would, I actually need something to help me talk to others. I need help talking in large groups. Like right now I’m getting hella nervous and I am not even doing anything. Just thinking about it makes me nervous.”
- Client 2: “I’m just going to stay quiet. I would take a class though.”
- Client 4: “I would take it, if it will help me communicate for sure.”
- Client 3: no response
- Client 5: “I would take it too.”

Concluding Analysis of Key-Informant Interviews and Focus Group

All key-informant responses expressed their knowledge about the organization and the TAY population served at the DIC. Recommendations given by the key-informant participants created the framework for the self-advocacy training. The question in the key-informant
INTRODUCING SELF-ADVOCACY SKILLS

assessment tool, ‘What issues or skills are you interested in seeing addressed in this workshop?’ prompted these recommendations.

All focus group responses expressed some relevance and did address concerns with attempting to communicate with the participants’ case managers. The participant’s responses demonstrated the lack of knowledge or misconception of effective communication, concluding that there is a need and a desire for a self-advocacy training. It is likely that many of the “don’t know” respondents will attend the self-advocacy training if a well-developed interactive curriculum is in place along with incentives to keep clients engaged. The summary and general experience from the focus group discussion formulated and personalized the topics for the TAY population at the DIC.

Table 1

Themes of Participant Responses Collected from Key-Informant Interviews

<table>
<thead>
<tr>
<th>Main Theme</th>
<th>Expert Quotes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization interaction</td>
<td>&quot;The BWC provides a lot of services to their clients such as the DIC, housing program, employment services, clinic, resources, provide meals foods, basic needs to people that are lacking, and mental health services.&quot; (DI)</td>
</tr>
<tr>
<td></td>
<td>&quot;The things the BWC provides to the DIC that are beneficial are TAY inn to provide housing and respite providing a place to sleep off the street.&quot; (DI)</td>
</tr>
<tr>
<td></td>
<td>“The organization as a whole, needs to look at core issues contributing to homelessness, but, the homelessness is a market for poverty, abuse, neglect, trauma, mental health, sexual minorities…failures of our schools, parents and society.” (PI)</td>
</tr>
<tr>
<td>Staff dynamics</td>
<td>&quot;Being part of the staff means we stay in communication with each other and show support for each other no matter what.” (DI)</td>
</tr>
<tr>
<td></td>
<td>&quot;It is important to show respect to different levels of management in order to set examples for clientele. ” (DI)</td>
</tr>
<tr>
<td>Missing from DIC</td>
<td>&quot;I would like to see a wellness program for the clients implemented. ” (DI)</td>
</tr>
<tr>
<td></td>
<td>&quot;They need to create a small scale work-out part/program at the DIC.&quot; (DI)</td>
</tr>
<tr>
<td></td>
<td>&quot;The case managers need to pursue the youth and more assertively guide youth to making changes in their life. ” (PI)</td>
</tr>
<tr>
<td>Summer Workshop Best Mode of Delivery</td>
<td></td>
</tr>
</tbody>
</table>
"The summer weather will be warm and the clients should be in good spirits." (DI)
"A summer workshop will enhance and prepare individuals, it’s better to have more than to have less." (DI)
"A summer workshop sounds like a good format to address these issues." (PI)
"Delivering the skills through mentoring and workshops will help the clients feel more comfortable and not different." (SI)

"The workshop sessions should be 30 to 45 minutes, 30 minutes for the lessons/activities followed by 15 minutes of Q&A." (DI)
"Keep the workshop under 60 minutes." (DI)

"The clients would take to the workshop if it is accompanied by an overall end goal of some type such as an outing or party." (DI)
"The workshop is a good idea to implement the lessons/activities and is important since day to day clients are trying to change, make it fun, make it appealing which can be accomplished with incentives." (DI)

"The workshop would be great for the transitioning process." (DI)
"Self-advocacy, in general, voicing opinions, speaking up for yourself without getting angry or giving up is important." (DI)
"The more information they acquire the better equipped they can get." (DI)
"TAY, as well as all of us lack advocacy skills. They probably lack some skills, but equally they lack patience, understanding of systems (and how bad they can be), and guidance." (PI)
"The workshop will be as important to them as much as they would allow it to be." (SI)

Note: The interview categories have been collapsed into the category “DIC staff interviews” = DI, “Physician Interview” = PI, and “Social worker interview” = SI.

<table>
<thead>
<tr>
<th>Main Theme</th>
<th>Question Type</th>
<th>Question</th>
<th>Participant Quotes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling content- when client is recognized by professional &amp; gets requests</td>
<td>Scenario I</td>
<td>How do you feel? What do you do? What should you do?</td>
<td>“Well, so far it happened once, when we were both on time and it went good.” (Client 1) “So I get what I want… How do I feel? Happy, peaceful.” (Client 3)</td>
</tr>
<tr>
<td>Feeling irate- when client is told to wait or is ignored by the professional</td>
<td>Scenario II</td>
<td>How do you feel? What do you do? What should you do?</td>
<td>“Umm, I’d probably approach them and say- hey I know we have an appointment and you are probably busy is there another time, will you be done in 5 minutes. Should I come back?” (Client 4) “Kind of annoying ’cause I was there on time. Even if they would look at me and say- hey I’m sorry, I’ll be right there with you. But yeah I</td>
</tr>
</tbody>
</table>
Feeling angry or lost-when professional & client are not communicating effectively | Scenario III | How do you feel? What do you do? What should you do? | “I would be pissed, cause if they told me to be there at a certain time and we didn’t communicate good, then they probably aren’t the best case manager for me. I would ask to see someone else. You know, so I wouldn’t waste my time.” (Client 1) “I don’t know what to do in that situation then.” (Client 2)

Unfamiliarity with communication skills | Free Response | 1. What communication skills will help you as a client resolve the situation in Scenarios II and III? | “Honestly I wouldn’t know what to do. I don’t know the skills.” (Client 2) No response (shoulder shrug) (Client 3) No response (Client 4 & 5)

Difficulty requesting needs and wants | 2. What obstacles do you face daily when trying to get what you want and speak for yourself? | “Sometimes it’s hard trying to tell someone you aren’t getting what you need. It’s hard to communicate that or to even know that.” (Client 4) “You don’t want to like come across bitchy or saying that you are doing a bad job, or being rude or whatever. Because you aren’t going to get what you want anyway.” (Client 5) “I don’t know about the rights. I don’t get it.” (Client 1) “I don’t know.” (Client 4 & 5)

No knowledge about the right to access services | 3. What is your understanding of your rights for access to services? | “I usually yell to get people’s attention.” (Client 1) “Be very powerful, be respectful.” (Client 2) “I repeat it the first time, I repeat it the second time, I say it with emotion the 3rd time - through yelling, crying, or by being a bitch.” (Client 3)

Mixed responses for communicating for self | 4. Education on how to communicate effectively/empowerment (advocate) will be developed. How can you communicate for yourself and get others to listen without being ignored? | “Be respectful.” (Client 1), “Be confident.” (Client 4) “By talking with other people.” (Client 4), “Yeah talking with others will help me a lot.” (Client 5) “I would, I actually need something to help me talk to others. I need help talking in large groups.” (Client 1) “I would take it too.” (Client 5) “I would take it, if it will help me communicate for sure.” (Client 4) “I would take it.” (Client 2) “I would take it too. If I had access to the internet I would talk it.” (Client 5)
d. interactive modes to teach skills
d. What other ideas do you have about how to offer this education and teach people like you about how to communicate effectively for themselves?
d. “Umm, I don’t know. Maybe through music.”
   (Client 2)
   “Yeah he would be really good at rapping it.”
   (Client 4)
   “How about write a musical that would be really fun.” (Client 5)

---

**Project Development**

After analysis it was evident that a self-advocacy training was greatly revered; however, the data suggested that a guidebook would be most effective and better utilized than a workshop at the DIC. The skill training was not only perceived as beneficial to the client, but useful for the transitioning process at the BWC. The topics covered in the self-advocacy guidebook were created based on the review of self-advocacy based literature, and the analysis from key informant interview data and focus group data. Table 3 displays the title of topics and subtopics of each section addressed in the *I Determine Myself, A Self-Advocacy Guidebook*.

The intern adapted information mainly from three self-advocacy training based websites to sufficiently tackle the sections in the guidebook- 1.) *Colorado State University-* Access project: *Student Self-Advocacy*, 2.) *BC Centre for Disease Control-* Advocacy for Hepatitis Care and Support: *A Workshop Kit for Basic Advocacy*, and 3.) *Health Self-Advocacy - The Center at San Diego LGBT Community*. A website search and resource information at the DIC were utilized to create the ‘Resource List’ section.

The guidebook content and activities were edited per staff and client recommendations. A basic data collection form was used to collect recommendations and opinions of the guidebook draft (see Appendix F). *I Determine Myself, A Self-Advocacy Guidebook*, was created to be implemented as a separate handbook for clients to be given at time of DIC check-in, individual
topics to be pulled out and used by various support groups as an activity or ice breaker, and/or be used to create a workshop or support group at the DIC.

Table 3

*Recommended Topics to Address in the Self-Advocacy Training*

<table>
<thead>
<tr>
<th>Main Topics</th>
<th>Subtopics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know Yourself</td>
<td>Know Your Strengths</td>
</tr>
<tr>
<td></td>
<td>Know Your Challenges</td>
</tr>
<tr>
<td></td>
<td>Know Your Life Right Now</td>
</tr>
<tr>
<td>Know What You Need and Want</td>
<td>Develop a Vision for the Future</td>
</tr>
<tr>
<td></td>
<td>Set Goals</td>
</tr>
<tr>
<td></td>
<td>Know Your Rights and Responsibilities</td>
</tr>
<tr>
<td>Know How to Get What You Need and Want</td>
<td>Communicate</td>
</tr>
<tr>
<td></td>
<td>Find Balance</td>
</tr>
<tr>
<td></td>
<td>Make Decisions</td>
</tr>
<tr>
<td></td>
<td>Solve Problems</td>
</tr>
<tr>
<td></td>
<td>Develop a Support System</td>
</tr>
<tr>
<td></td>
<td>Plan for the Future-Career Development</td>
</tr>
<tr>
<td>Know Your Health</td>
<td>Health Coverage</td>
</tr>
<tr>
<td></td>
<td>Personal Health Care</td>
</tr>
<tr>
<td>Resources</td>
<td></td>
</tr>
</tbody>
</table>

**Discussion**

**Summary**

Literature suggests that enhancing self-advocacy skills may improve secondary and postsecondary outcomes (CMHPC, 2009). Since, there are few programs that teach at-risk youth self-advocacy skills, there is a pressing need for development of programs that focus solely on TAY (CMHPC, 2009). It is vital to provide TAY with opportunities to practice advocacy skills
throughout the transition process. This project extends on the aspects within the literature that promotes self-advocacy to enhance success in the transition to adulthood.

Findings from the key-informant interviews demonstrated the participants’ knowledge about the TAY community and the population served at the Drop-In Center (DIC). The focus group responses showed clients’ lack of knowledge and existing misconceptions of the meaning of effective communication. Per the findings, there is a need and a desire for self-advocacy training from the staff and the clients. Responses about effective communication indicate that the TAY community need to take responsibility for their own decisions and be their own advocates. TAY, specifically, can benefit from knowing how to advocate for their own interests. The findings also propose that teaching skills that develop an individual’s ability to self-advocate should be reinforced with opportunities to practice those skills.

In order to help TAY become better self-advocates, training should be targeted to the TAY community in general, and focus on specific skills to self-identify. Skills ranging from increasing self-awareness to an introduction of different communication styles should be included. After analysis, data from the key-informant interviews and focus group discussion suggested that a guidebook would be most effective and most utilized than a workshop at the DIC. Making sure information is arranged into sections that could be most useful to the TAY population to build confidence amongst those using the skills taught.

The analysis also suggested that the self-advocacy training content needs to be relevant and provide examples, specifically with regards to the social services TAY are eligible to receive. In addition to keeping them engaged, interactive activities are a good way to teach self-advocacy, because it helps the individuals apply the skills they are learning. TAY in need of
training should hear that advocacy is common, essential, and that all successful citizens must engage in certain activities to become employed, have stable housing, and social support.

Teaching self-advocacy skills is a critical component in closing gaps within agencies that serve these at-risk individuals. As TAY become more comfortable with self-advocacy, they will realize it is essential for a successful adulthood. It is important to note that before self-advocacy training is offered to agencies outside of the Bill Wilson Center’s DIC, it would be ideal to have an instructor’s handbook along with the participant’s guidebook available. This handbook would allow instructors to adapt self-advocacy teachings and information as it pertains to that particular population. For program quality improvement, an evaluation should be developed and used to measure the outcomes of the self-advocacy trainings. For program evaluation of the guidebook, a pre- and post-test data collection tool must be made.

The implementation of self-advocacy training will build stronger relationships among clients and staff at the DIC and encourage clients to communicate effectively. It will empower TAY to not only build self-sufficiency, but to express their needs and communicate openly with staff and other professionals. This will ultimately lead to an increase in client participation and successful transition into adulthood.

**Limitations**

Although there are many benefits of self-advocacy, such as the confidence that accompanies the gaining of knowledge about an individual’s strengths and challenges, there are many associated limitations. The misinterpretation of the definition of communication is a limitation. The parts of communication that clarify or improve self-advocacy do not include arguing or antagonizing, but consist of effective communication regarding an individual’s goals, interests, and values. Thus, in order to minimize the potential effect of this limitation, different
communication styles are addressed in the self-advocacy skills guidebook. Another limitation is in regards to the general applicability of the guidebook. Topics in the guidebook are specific to the needs assessment of the DIC at a certain time and do not necessarily coincide with all the components available to all the clients at the DIC or in different populations and agencies. Subsequently, the relevancy of topics in the guidebook vary among individual clients who were not part of the initial assessment, or who receive services from another agency.

Another consideration is that, teaching clients to communicate effectively, still, does not address the potential lack of knowledge among clients and staff regarding resources available through the BWC website. Lack of knowledge about available resources is another gap within the agency that could slow-down the transition of TAY through the program and to independent living as adults. Reasons for this gap may be that the BWC website is not as user friendly as it seems for the staff or clients, and there is a lack of communication between programs which prevents them from sharing resources with one another. Lastly, convenience sampling was conducted at the agency in recruitment of both the key-informant interview participants and the focus group participants. The sample of participants for the needs assessment could have produced biased responses towards the population and the agency.

Implications for Practice and Future Research

The project findings from the BWC needs analysis inform the need for the development and research of new transition planning programs that focus on developing self-advocacy skills. Individuals of all ages can develop self-determination and self-advocacy skills. Test et al. (2005) suggests it is essential to develop self-advocacy at a young age to facilitate seamless transitions at later stages; thus, research to implement advocacy for at-risk youth is warranted. Literature continues to show the effectiveness of self-advocacy training for individuals with disabilities, but
it is also important to consider a structure that would benefit all populations since many people lack self-advocacy skills. In addition, taking into consideration the numerous risks the TAY community faces as they transition to the adult system, the findings advise the need for systematic research in transition planning programs that facilitate the use of services covered by state funding as individuals continue into adulthood.

As is evident from observations made at the DIC, further research is needed on teaching self-advocacy skills to at-risk youth transitioning into adulthood. For TAY to practice self-advocacy skills in the future, agencies like the BWC need to engage clients in order to help them make informed decisions about their health needs. Further assessment needs to be conducted of the BWC’s (along with other agencies) on-line or readily available resources. BWC staff have easy access to resources; however, there still needs to be training and evaluation of the available resources. The resource knowledge would allow staff to incorporate key information into case-management techniques. Even though teaching self-advocacy skills to TAY are limited further research is needed in using programs to improve on self-determination, which is a component of self-advocacy. Such programs in California include California Youth Leadership Forum, Youth in Mind, and Transition-Age Youth Empowerment project (CMHPC, 2009).
**References**


youth: Promoting self-sufficiency, community, inclusion, and experiential learning.

*Therapeutic Recreational Journal, 47*(2), 122-136.


### Appendix A

**SWOT Analysis**

<table>
<thead>
<tr>
<th><strong>POSITIVE</strong></th>
<th><strong>NEGATIVE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STRENGTH</strong></td>
<td><strong>WEAKNESSES</strong></td>
</tr>
<tr>
<td>DIC program manager and preceptor are very flexible and adaptable to meet intern needs</td>
<td>lack of communication among the different programs offered through the BWC</td>
</tr>
<tr>
<td>Open to new program ideas</td>
<td>management has a laissez faire approach with the staff</td>
</tr>
<tr>
<td>Provides numerous services to young adults</td>
<td>intern has lack of experience working with TAY population</td>
</tr>
<tr>
<td>‘Future fund’ initiative in place</td>
<td>intern lacks experience in creating guidelines and conducting needs assessment and analyzing data</td>
</tr>
<tr>
<td>BWC transitioned 75% of foster youth to stable housing</td>
<td>intern lacks experience creating a program/project</td>
</tr>
<tr>
<td>300 formerly homeless youth and young parent families are involved in THP</td>
<td>lack of client engagement at DIC</td>
</tr>
<tr>
<td>78% of the clients successfully transitioned to consistent employment ad stable housing</td>
<td></td>
</tr>
<tr>
<td>57% of young adults received jobs training or gained employment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>OPPORTUNITIES</strong></th>
<th><strong>THREATS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>DIC provides basic necessities and resources to clients</td>
<td>lack of communication prevents programs from sharing relevant client information to case managers and providing correct resources to the clients.</td>
</tr>
<tr>
<td>Receives funding from outside stakeholders</td>
<td>lack of interest from the staff could keep project from being utilized</td>
</tr>
<tr>
<td>creation of program/project will lead to client networking within the BWC organization and outside organizations</td>
<td>decrease in client participation and involvement in groups</td>
</tr>
<tr>
<td>self-advocacy skills training could be adapted and used at other organizations that serve youth and TAY</td>
<td>decrease in clients halted focus group recruitment</td>
</tr>
<tr>
<td>clients will learn about self-advocacy skills and advocate for themselves</td>
<td>non-profit organization, funds are limited</td>
</tr>
<tr>
<td>clients will use self-advocacy skills to transition successfully outside of the BWC into adulthood</td>
<td>constant turnover of case managers</td>
</tr>
</tbody>
</table>
Appendix B

Gap Analysis

<table>
<thead>
<tr>
<th>Current State</th>
<th>Future State</th>
<th>Gap</th>
<th>Next Action/Proposals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support services provided at the</td>
<td>System to support clients and successful</td>
<td>No</td>
<td>Increase client interaction with case management and onsite service support (housing, employment, health services, mental health services, etc.)</td>
</tr>
<tr>
<td>DIC</td>
<td>transition</td>
<td></td>
<td>Recommend making this a requirement to successfully transition out of DIC.</td>
</tr>
<tr>
<td>Networking between programs for</td>
<td>Required client screening, assessment, and</td>
<td>Yes</td>
<td>Client is currently assessed with broad questions upon initial intake by the case manager. DIC needs access or open communication with other programs</td>
</tr>
<tr>
<td>Clients</td>
<td>communication between programs.</td>
<td></td>
<td>to connect the client with resources recommended by other programs at the BWC.</td>
</tr>
<tr>
<td>Transitioning through the DIC</td>
<td>Successful transition to adulthood and life</td>
<td>Yes</td>
<td>The Drop-In Center lacks a transitional skill program to help improve self-sufficiency as they transition to adulthood; self-advocacy training will</td>
</tr>
<tr>
<td></td>
<td>outside of the</td>
<td></td>
<td>provide clients with skills needed to become self-sufficient to increase self-determination.</td>
</tr>
</tbody>
</table>

Identified Gap for Project

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### Identified Gap for Project

The client (TAY) goes through the intake process at the Drop-In Center (DIC) and is assigned a case manager. The client receives resources and services from the Drop-In Center. The client is introduced to support services in the form of employment opportunities, housing opportunities, health services, and mental health services. **Gap:** The DIC lacks a transitional skill program to help the clients become self-sufficient or self-advocates to increase self-determination. The client transitions to adulthood after leaving the DIC.
Appendix C

GANNT Chart
Appendix D

Key Informant Assessment Tool

D.1 Staff Key Informant Interview Questions

Informed Consent Form: Key Informants

The goal of the data collection for the workshop is to enhance self-determination, in that it gives an individual concepts and skills that improve their self-sufficiency, resulting in a successful experience at the center. It is important to promote self-determination and skills, since many young adults lack the critical skills that play pivotal roles in the transitioning process, i.e. employment status, health status and navigation, and housing. The workshop will address basic communication and living skills relevant to independent living: knowledge of self, knowledge of rights, knowledge of health, communication, and leadership. I am conducting a comprehensive needs assessment to: 1) identify your role at the center, 2) identify your role to the client, 3) determine the type of advocacy information that the TAY community should know to self-advocate for their communication rights, and 4) determine the most effective methods for delivering (teaching) this information to the TAY community.

The discussion will take 30 to 45 minutes. I will ask questions about your experiences at the drop-in center and what you as a staff member are interested in seeing or being implemented in the proposed workshop.

Your participation in the interview is voluntary. You do not have to answer questions you don’t want to answer. You are free to withdraw from the interview at any time without penalty.

Information collected from individuals participating in the interview will remain anonymous and confidential. This means your name or any identifying data that can be traced back to you will not be collected or written on any notes or data. There will not be any identifying data in the final report and this information will only be seen by me.

Your participation should not pose any potential risks (e.g. mental, social, financial, dignity or physical) to you. If you have any questions about this project, you may contact Monique Martinez at mymartinez@dons.usfca.edu

By giving your verbal consent, you voluntarily agree to participate in the focus group. You will be given a copy of this form.

Key Informant Interview Assessment Tool

Project proposal description:

The goal of the data collection for the workshop is to enhance self-determination, in that it gives an individual concepts and skills that improve their self-sufficiency, resulting in a successful experience at the center. It is
introducing self-advocacy skills

Important to promote self-determination and skills, since many young adults lack the critical skills that play pivotal roles in the transitioning process, i.e. employment status, health status and navigation, and housing. The workshop will address basic communication and living skills relevant to independent living: knowledge of self, knowledge of rights, knowledge of health, communication, and leadership. I am conducting a comprehensive needs assessment to: 1) identify your role at the center, 2) identify your role to the client, 3) determine the type of advocacy information that the TAY community should know to self-advocate for their communication rights, and 4) determine the most effective methods for delivering (teaching) this information to the TAY community.

Questions:
1. What is your job title and role at the Bill Wilson Center?
2. How do you interact with other BWC staff?
3. What are some things the Bill Wilson Center has done that are beneficial to the population served at the DIC? Describe briefly.
4. What are things the BWC need to improve in order to better serve the DIC? I.e. Ideas on what you think is missing from the organization
5. What are some programs and/or resources missing at the DIC that you would like to see implemented?
6. What issues or skills are you interested in seeing addressed in this workshop?
7. Do you think a summer workshop is a good format or good vehicle to address these issues? Why or Why not?
8. Any other ideas of how to implement the activities/lessons other than the workshop?
9. What are your suggestions for the duration and client participation of the activities/lessons in the workshop?
10. How often should the workshop be offered, should boosters be offered, etc.?
11. How important do you think the workshop will be to the DIC?
12. Any other suggestions are open and welcome for comment.

Thank you.

D.2 Physician Key Informant Interview Questions

Informed Consent Form: Key Informants

The goal of the data collection for the workshop is to enhance self-determination, in that it gives an individual concepts and skills that improve their self-sufficiency, resulting in a successful experience at the center. It is important to promote self-determination and skills, since many young adults lack the critical skills that play pivotal roles in the transitioning process, i.e. employment status, health status and navigation, and housing. The workshop
will address basic communication and living skills relevant to independent living: knowledge of self, knowledge of rights, knowledge of health, communication, and leadership. I am conducting a comprehensive needs assessment to: 1) identify your role at the center, 2) identify your role to the client, 3) determine the type of advocacy information that the TAY community should know to self-advocate for their communication rights, and 4) determine the most effective methods for delivering (teaching) this information to the TAY community.

The discussion will take 30 to 45 minutes. I will ask questions about your experiences at the drop-in center and what you as a staff member are interested in seeing or being implemented in the proposed workshop.

Your participation in the interview is voluntary. You do not have to answer questions you don’t want to answer. You are free to withdraw from the interview at any time without penalty.

Information collected from individuals participating in the interview will remain anonymous and confidential. This means your name or any identifying data that can be traced back to you will not be collected or written on any notes or data. There will not be any identifying data in the final report and this information will only be seen by me.

Your participation should not pose any potential risks (e.g. mental, social, financial, dignity or physical) to you. If you have any questions about this project, you may contact Monique Martinez at mymartinez@dons.usfca.edu

By giving your verbal consent, you voluntarily agree to participate in the focus group. You will be given a copy of this form.

**Key Informant Interview Assessment Tool**

Project proposal description:

The goal of the data collection for the workshop is to enhance self-determination, in that it gives an individual concepts and skills that improve their self-sufficiency, resulting in a successful experience at the center. It is important to promote self-determination and skills, since many young adults lack the critical skills that play pivotal roles in the transitioning process, i.e. employment status, health status and navigation, and housing. The workshop will address basic communication and living skills relevant to independent living: knowledge of self, knowledge of rights, knowledge of health, communication, and leadership. I am conducting a comprehensive needs assessment to: 1) identify your role at the center, 2) identify your role to the client, 3) determine the type of advocacy information that the TAY community should know to self-advocate for their communication rights, and 4) determine the most effective methods for delivering (teaching) this information to the TAY community.
Questions:

1. What hospital are you affiliated with?
2. What is your specialty?
3. How long have you been working at the DIC?
4. Why were you interested in working at the DIC? Why this population?
5. What keeps you returning to the DIC?
6. What are some things the Bill Wilson Center has done that are beneficial to the population served at the DIC? Describe briefly.
7. What are things the BWC need to improve in order to better serve the DIC? I.e. Ideas on what you think is missing from the organization
8. What are some programs and/or resources missing at the DIC that you would like to see implemented?
9. What are some programs and/or resources that you think organizations or medicine continue to fail to address with the young adult population?
10. Do you think transitional-age youth lack self-advocacy skills?
11. How do you think these skills should be addressed?
12. What issues or skills are you interested in seeing addressed in this workshop?
13. Do you think a summer workshop is a good format or good vehicle to address these issues? Why or Why not?
14. With your expertise and history working with individuals in the system. What are your suggestions for client interest and participation of the workshop?
15. How important do you think the workshop will be to the population and to better address issues with you during their appointment?
16. Any other suggestions are open and welcome for comment.

Thank you.

D.3 Social Worker Key Informant Interview Questions

Informed Consent Form: Key Informants

The goal of the data collection for the workshop is to enhance self-determination, in that it gives an individual concepts and skills that improve their self-sufficiency, resulting in a successful experience at the center. It is important to promote self-determination and skills, since many young adults lack the critical skills that play pivotal roles in the transitioning process, i.e. employment status, health status and navigation, and housing. The workshop will address basic communication and living skills relevant to independent living: knowledge of self, knowledge of rights, knowledge of health, communication, and leadership. I am conducting a comprehensive needs assessment to: 1) identify your role as a community health worker, 2) identify your role at your organization, 3) determine the type of advocacy information that the TAY community should know to self-advocate for themselves, and 4)
INTRODUCING SELF-ADVOCACY SKILLS

determine the most effective methods for delivering (teaching) this information to the TAY community.

The discussion will take 30 to 45 minutes. I will ask questions about your experiences at your organization and what you as a community health worker are interested in seeing or suggest should be implemented in the proposed workshop.

Your participation in the interview is voluntary. You do not have to answer questions you don’t want to answer. You are free to withdraw from the interview at any time without penalty.

Information collected from individuals participating in the interview will remain anonymous and confidential. This means your name or any identifying data that can be traced back to you will not be collected or written on any notes or data. There will not be any identifying data in the final report and this information will only be seen by me.

Your participation should not pose any potential risks (e.g. mental, social, financial, dignity or physical) to you. If you have any questions about this project, you may contact Monique Martinez at mymartinez@dons.usfca.edu

By giving your verbal consent, you voluntarily agree to participate in the focus group. You will be given a copy of this form.

Key Informant Interview Assessment Tool

Project proposal description:
The goal of the data collection for the workshop is to enhance self-determination, in that it gives an individual concepts and skills that improve their self-sufficiency, resulting in a successful experience at the center. It is important to promote self-determination and skills, since many young adults lack the critical skills that play pivotal roles in the transitioning process, i.e. employment status, health status and navigation, and housing. The workshop will address basic communication and living skills relevant to independent living: knowledge of self, knowledge of rights, knowledge of health, communication, and leadership. I am conducting a comprehensive needs assessment to: 1) identify your role as a community health worker, 2) identify your role at your organization, 3) determine the type of advocacy information that the TAY community should know to self-advocate for themselves, and 4) determine the most effective methods for delivering (teaching) this information to the TAY community.

Questions:

1. What is the name of the organization that you are affiliated with?
2. How long have you been working with foster-youth and young adults?
3. What are some things that the organization you have worked with that you think best addresses the issues with this population?
4. What are some programs and/or resources that organizations continue to fail to address with the young adult population?
5. Do you think transitional-age youth lack self-advocacy skills?
6. How do you think these skills should be addressed?
7. Are you familiar with the Bill Wilson Center? The Drop-in Center?
8. What issues or skills are you interested in seeing addressed in this workshop?
9. Do you think a summer workshop is a good format or good vehicle to address these issues? Why or Why not?
10. Any other ideas of how to implement the activities/lessons other than the workshop?
11. With your expertise and history working with individuals in the system. What are your suggestions for client interest and participation of the workshop?
12. How important do you think the workshop will be to the population and the DIC?
13. Any other suggestions are open and welcome for comment.

Thank You.
Appendix E

E.1 Focus Group Assessment Tool

**Informed Consent Form: Focus Group Participants**

The goal of the data collection for the workshop is to enhance self-determination, in that it gives an individual concepts and skills that improve their self-sufficiency, resulting in a successful experience at the center. It is important to promote self-determination and skills, since many young adults lack the critical skills that play pivotal roles in the transitioning process, i.e. employment status, health status and navigation, and consistent lodging. The workshop will address basic communication and living skills relevant to independent living: knowledge of self, knowledge of rights, knowledge of health, communication, and leadership. I am conducting a comprehensive needs assessment to: 1) determine the type of advocacy information that the TAY community should know to self-advocate for their communication rights, and 2) determine the most effective methods for delivering (teaching) this information to the TAY community.

The discussion will take 30 to 60 minutes. I will ask questions about your experiences at the drop-in center and what you as a client are interested in seeing or being implemented in the proposed workshop.

Your participation in the focus group is voluntary. You do not have to answer questions you don’t want to answer. You are free to withdraw from the focus group at any time without penalty.

Information collected from individuals participating in the focus groups will remain anonymous and confidential. This means your name or any identifying data that can be traced back to you will not be collected or written on any notes or data. There will not be any identifying data in the final report and this information will only be seen by me.

Your participation should not pose any potential risks (e.g. mental, social, financial, dignity or physical) to you. Food and beverages will be provided as a thank you for participating. If you have any questions about this project, you may contact Monique Martinez at mymartinez@dons.usfca.edu

By giving your verbal consent, you voluntarily agree to participate in the focus group. You will be given a copy of this form.

**Focus Group Assessment Tool**

The goal of the data collection for the workshop is to enhance self-determination, in that it gives an individual concepts and skills that improve their self-sufficiency, resulting in a successful experience at the center. It is
important to promote self-determination and skills, since many young adults lack the critical skills that play pivotal roles in the transitioning process, i.e. employment status, health status and navigation, and consistent lodging. The workshop will address basic communication and living skills relevant to independent living: knowledge of self, knowledge of rights, knowledge of health, communication, and leadership. I am conducting a comprehensive needs assessment to: 1) determine the type of advocacy information that the TAY community should know to self-advocate for their communication rights, and 2) determine the most effective methods for delivering (teaching) this information to the TAY community.

Activities will reflect the health advocacy for the TAY.

All questions will be provided verbally for focus group discussion.

We will now provide three typical situations that have been observed at the drop-in center. Your comments and feedback will be requested.

**Scenario I:**

You show up at the Bill Wilson Center- DIC for your appointment or meeting. The case-manager shows up for the appointment. The case-manager does a very good job and communication is easy and comfortable throughout the appointment.

How do you feel? What do you do? What should you do?

**Scenario II:**

You make an appointment to meet with someone at the Bill Wilson Center- DIC and request services. You show up on the date and time of your appointment. However, no case manager shows up or they are involved with another client.

How do you feel? What do you do? What should you do?

**Scenario III:**

You show up at the Bill Wilson Center- DIC for your appointment. The case manager shows up for the assignment. There’s communication break-down because the case manager has a difficult time following and understanding you, or you have a difficult time following and understanding them. You must stop, start, stop, and start over and over.

How do you feel? What do you do? What should you do?
INTRODUCING SELF-ADVOCACY SKILLS

Free Response Questions:

1. What skills will help you as a client resolve the situation in Scenarios II and III?

2. What obstacles do you face daily when trying to get what you want and speak for yourself?

3. What is your understanding of your rights for access to services?

4. Education on how to communicate effectively/empowerment (advocate) will be developed. How can you communicate for yourself and get others to listen without being ignored?

5. List what skills are needed for effective communication/empowerment.

   a) What is the best way for you to learn how to communicate effectively for yourself?
   b) If training was offered in the community would you attend?
   c) If training was offered online would you take it?
   d) What other ideas do you have about how to offer this education and teach people like you about how to communicate effectively for themselves?

E.2 Focus Group Assessment with Client Responses

Informed Consent Form: Focus Group Participants

The goal of the data collection for the workshop is to enhance self-determination, in that it gives an individual concepts and skills that improve their self-sufficiency, resulting in a successful experience at the center. It is important to promote self-determination and skills, since many young adults lack the critical skills that play pivotal roles in the transitioning process, i.e. employment status, health status and navigation, and consistent lodging. The workshop will address basic communication and living skills relevant to independent living: knowledge of self, knowledge of rights, knowledge of health, communication, and leadership. I am conducting a comprehensive needs assessment to: 1) determine the type of advocacy information that the TAY community should know to self-advocate for their communication rights, and 2) determine the most effective methods for delivering (teaching) this information to the TAY community.
The discussion will take 30 to 60 minutes. I will ask questions about your experiences at the drop-in center and what you as a client are interested in seeing or being implemented in the proposed workshop.

Your participation in the focus group is voluntary. You do not have to answer questions you don’t want to answer. You are free to withdraw from the focus group at any time without penalty.

Information collected from individuals participating in the focus groups will remain anonymous and confidential. This means your name or any identifying data that can be traced back to you will not be collected or written on any notes or data. There will not be any identifying data in the final report and this information will only be seen by me.

Your participation should not pose any potential risks (e.g. mental, social, financial, dignity or physical) to you. Food and beverages will be provided as a thank you for participating. If you have any questions about this project, you may contact Monique Martinez at mymartinez@dons.usfca.edu

By giving your verbal consent, you voluntarily agree to participate in the focus group. You will be given a copy of this form.

All three clients gave verbal consent after Facilitator read the consent form while they had a hard copy in their hands.

Focus Group Assessment Tool

The goal of the data collection for the workshop is to enhance self-determination, in that it gives an individual concepts and skills that improve their self-sufficiency, resulting in a successful experience at the center. It is important to promote self-determination and skills, since many young adults lack the critical skills that play pivotal roles in the transitioning process, i.e. employment status, health status and navigation, and consistent lodging. The workshop will address basic communication and living skills relevant to independent living: knowledge of self, knowledge of rights, knowledge of health, communication, and leadership. I am conducting a comprehensive needs assessment to: 1) determine the type of advocacy information that the TAY community should know to self-advocate for their communication rights, and 2) determine the most effective methods for delivering (teaching) this information to the TAY community.

Activities will reflect the health advocacy for the TAY.

All questions will be provided verbally for focus group discussion.
We will now provide three typical situations that have been observed at the drop-in center. Your comments and feedback will be requested.

Facilitator: The whole point of my self-advocacy workshop is to help you communicate for yourselves in a way that is going to get you heard. So, umm in a professional way, like just because I noticed you guys get frustrated and umm and don’t know how to talk about what you really need. If that makes sense. Your input is important. So I gave 3 scenarios of stuff that I have seen here.

Demographics from Clients:
Client 1-5: homeless, use BWC services, had history of adverse childhood experiences, use or misuse of substances, current government support service utilization (Medi-Cal and/or welfare), engaged in the BWC transitional service program, and pursued the support services offered at the DIC; one graduated high school, 2 dropped out, 2 working on GED
Client 1,3, &4: had mental health issues and used MH services at the BWC
Client 2 & 5: did not have mental health issues and did not use MH services at the BWC

Facilitator Reads Scenario 1-

Scenario I:
You show up at the Bill Wilson Center- DIC for your appointment or meeting. The case-manager shows up for the appointment. The case-manager does a very good job and communication is easy and comfortable throughout the appointment.

How do you feel? What do you do? What should you do?
(male, 19) Client 1 Response: Well, so far it happened once, when we were both on time and it went good.
Facilitator repeated/broke down Scenario 1: Y’all both show up, y’all are on time, you meet with each other- and it all goes well, everything goes smoothly. How do you feel about that first encounter?
(male, 23) Client 2 Response: Feels good. I don’t know what else I can say without being too honest or sound mean.
Facilitator: Whatever you guys want to say, you can. No names will be used in this.
(female, 21) Client 3: Y’all both show up and you what?
Facilitator- You pretty much get what you want- well what you showed up for.
Client 1: It actually works out.
(male, 23) Client 4 & 5 (female, 24): No response

Facilitator Reads Scenario 2-

Scenario II:
You make an appointment to meet with someone at the Bill Wilson Center- DIC and request services. You show up on the date and time of your appointment. However, no case manager shows up or they are involved with another client.
I’ve seen this happen a lot, well because a case manager can meet with another client that just comes in, they just get distracted. So: How do you feel? What do you do? What should you do?

Client 1 Response: Yeah this actually happened yesterday. Pretty good, ’cause I can understand why they would do this. It just happened to be by coincidence.

Client 3 Response: Umm, I don’t know. I would be pissed; I would punch a wall and approach them with words.

Facilitator: Okay. Anyone else.

Client 2 Response: I’d just go talk to somebody else.

Facilitator: Okay, good.

Client 4: Umm, I’d probably approach them and say- hey I know we have an appointment and you are probably busy is there another time, will you be done in 5 minutes. Should I come back?

Facilitator: Okay

Client 5 Response: Kind of annoying ’cause I was there on time. Even if they would look at me and say- hey I’m sorry, I’ll be right there with you. But yeah I would be kind of annoyed cause I got there on time.

Facilitator: So the next scenario, same thing pretty much happens- facilitator reads scenario:

Scenario III:

You show up at the Bill Wilson Center- DIC for your appointment. The case manager shows up for the assignment. There’s communication break-down because the case manager has a difficult time following and understanding you, or you have a difficult time following and understanding them. You must stop, start, stop, and start over and over.

Facilitator: Like you both aren’t getting each other

How do you feel? What do you do? What should you do?

Client 1: I would be pissed, cause if they told me to be there at a certain time and we didn’t communicate good, then they probably aren’t the best case manager for me. I would ask to see someone else. You know, so I wouldn’t waste my time.

Client 3: No response

Client 2: I didn’t even hear what you said to be honest.

Facilitator: Okay, like if there is a communication barrier. You both aren’t getting each other at all.

Client 2: Well then I will break it down again.

Facilitator: You both are getting frustrated at this point. How do you feel?

Client 2: I don’t know what to do in that situation then.

Client 4: I would find another case manager. I would find someone else and ask them for help.

Client 5: I agree with that. I would find another case manager.

Facilitator: Okay so I just now have the questions on the last page.
Free Response Questions:

1. What communication skills will help you as a client resolve the situation in Scenarios II and III?

   Client 1: I already have the skills for Scenario 2, Scenario 3 I don’t know what to do.
   Client 2: Honestly I wouldn’t know what to do. I don’t know the skills.
   Client 3: No response (shoulder shrug)
   Client 4: No response
   Client 5: No response

2. What obstacles do you face daily when trying to get what you want and speak for yourself?

   No response from clients.
   Facilitator: Like um, like what barriers do you see that make it hard to get what you need when you ask for it?
   Client 4: Sometimes it’s hard trying to tell someone you aren’t getting what you need. It’s hard to communicate that or to even know that.
   Client 5: You don’t want to like come across bitchy.
   Client 4: Yeah.
   Client 5: Or saying that you are doing a bad job, or being rude or whatever. Because you aren’t going to get what you want anyway.
   Client 2: Ummm…. I don’t know.
   Client 5: At least you’re honest.
   Case manager: I think we should word this differently. So say I’m your case manager. You come to me, I don’t really like you, you don’t really like me. You guys can tell, sometimes you just don’t click. Like, if Alex was my case manager and she’s not getting what I need, she’s not helping me with what I need. What’s a good way to tell her-hey you’re not helping me, but I want you to?
   Client 2: Be respectful.
   Case manager: How can you guys communicate to me that I am not doing my job basically?
   Client 1: I would just say we aren’t working well and possibly just need to change managers.
   Client 3: I would just leave honestly.
   Client 2: I wouldn’t give a shit honestly.
   Facilitator reads question-

3. What is your understanding of your rights for access to services?

   Client 1: What?
   Case manager: Like what how do you get your resources here or what can you do. What do you know about your right to resources?
   Client 1: I don’t know about the rights. I don’t get it.
Client 2: I don’t care.
Client 3: I don’t care
Client 4 & 5: I don’t know

Facilitator reads question-

4. Education on how to communicate effectively (advocate) will be developed. How can you communicate for yourself and get others to listen without being ignored?

Client 2: Be very powerful, be respectful.
Client 1: I usually yell to get people’s attention.
Client 3: I repeat it the first time, I repeat it the second time, I say it with emotion the 3rd time- through yelling, crying, or by being a bitch.
Client 4 & 5: no responses.

5. List what skills are needed for effective communication.

Client 1: be respectful
Client 2: be powerful
Client 3: repeat
Client 4: be confident
Client 5: no response

a. What is the best way for you to learn how to communicate effectively for yourself?

Client 1: I just have a problem talking in big groups or in front of people.
Client 3: Yeah me too.
Client 2: Me too.
Client 4: By talking with other people.
Client 5: Yeah talking with others will help me a lot.

b. If training was offered in the community would you attend?

Case manager: if there was like a class offered here would you take it?
Client 1: I would, I actually need something to help me talk to others. I need help talking in large groups. Like right now I’m getting hello nervous and I am not even doing anything. Just thinking about it makes me nervous.
Client 2: I’m just going to stay quiet. I would take a class though.
Client 5: I would take it too.
Client 4: I would take it, if it will help me communicate for sure.
Client 3: no response

c. If training was offered online would you take it?

Client 2: I would take it.
Client 5: I would take it too. If I had access to the internet I would talk it.
Case manager: Would you guys take it? (to the rest of the clients)
Facilitator: if you could take it online? If you had access to it online would you talk the class?

Client 1: I probably wouldn’t. I have ADHD so I would get distracted.
Client 3: No response.

d. What other ideas do you have about how to offer this education and teach people like you about how to communicate effectively for themselves?
Client 1: How about doing YouTube videos or something like that.
Client 2: Umm, I don’t know. Maybe through music.
Client 4: Yeah he would be really good at rapping it.
Client 5: How about write a musical that would be really fun.
Client 3: No comment.
Facilitator: Thank you for participating in this focus group. Your input is very important.

Summary: Overall, the clients did have trouble understanding the scenarios and questions. With the help of the case manager some questions were able to be restated in a way to engage client participation. The clients interest varied from very interested to not even paying attention to the questions. The case manager did try to help keep them attentive. Some clients (2) were nervous on how to answered because they did not want to be “too” honest. I did inform him that being honest was a good thing and this was not going to be repeated to the organization at all at the beginning. After this, he appeared to be more truthful with responses. The students did not understand the concept of self-advocacy curriculum. They were not familiar with communication skills and how to be effective. Client 3 was a bit disruptive and did not answer, when she did it did bother the clients and case manager. Otherwise responses were relevant and did address my concerns and the need for a self-advocacy guidebook.
Appendix F
Project Data Collection Forms

F.1 Staff Evaluation Form

GUIDEBOOK EVALUATION FORM

Title: I Determine Myself
Today’s Date: ______________

For the following areas, please indicate your rating:

<table>
<thead>
<tr>
<th>A. Content</th>
<th>1 Fair</th>
<th>2</th>
<th>3</th>
<th>4 Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered useful material</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practical to my needs and interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well organized</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. How could this guidebook be improved? 

C. Any other comments or suggestions?

E. Overall, how would you rate this guidebook?

[ ] POOR  [ ] FAIR  [ ] GOOD  [ ] EXCELLENT
F.2 Client Evaluation Form

GUIDEBOOK ACTIVITY EVALUATION FORM

Title: I Determine Myself
Today’s Date: ____________

For the following areas, please indicate your rating:

<table>
<thead>
<tr>
<th>A. Content</th>
<th>1 Fair</th>
<th>2</th>
<th>3</th>
<th>4 Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy to follow instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practical to my needs and interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well organized</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

B. How could this activity be improved?

C. Any other comments or suggestions?

E. Overall, how would you rate this guidebook?

[ ] POOR  [ ] FAIR  [ ] GOOD  [ ] EXCELLENT