



## Transition to Independence Process (TIP) System

*Lighting the Way to Independence for Youth and Young Adults*

# Transition to Independence Process (TIP) System

## A Community-Based Model for Improving the Outcomes of Youth and Young Adults with EBD

### Challenges

Young adults experience dramatic changes across all areas of development during their transition to adulthood. Young people's decisions, choices, and associated experiences set a foundation for their transition to future adult roles in the domains of employment, education, living situation, and community-life functioning. This period of transition is especially challenging for the more than three million youth and young adults with *emotional and/or behavioral difficulties (EBD)* (Clark & Davis, 2000; Clark & Unruh, 2009a; Vander Stoep, Beresford, Weiss, McKnight, Cauce, & Cohen, 2000). This population of young people have higher secondary school dropout rates, higher rates of arrest and unemployment, and lower rates of independent living compared to their peers without disabilities (Davis & Vander Stoep, 1997; Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2005). One community-based study found that young adults with severe psychiatric disorders were nearly 14 times less likely to complete secondary school compared to their peers without disabilities, and 44% of the failure to complete school was attributed to their disorders (Vander Stoep et al., 2000; Vander Stoep, Weiss, Kuo, Cheney, & Cohen, 2003). Additionally, young adults with EBD have significantly higher unemployment rates after exiting high school in contrast to their peers without disabilities (34% compared to 82%). This difference is largely attributed to the lack of social skills necessary to maintain employment (Bullis & Fredericks, 2002; Carter & Wehby, 2003; Chadsey & Beyer, 2001; Gresham, Sugai, & Horner, 2001; Rylance, 1998).

Difficulties in accessing appropriate supports and services continues to plague young people and their parents and providers. Fragmented services, varying eligibility criteria, different funding mechanisms, and distinct philosophies across the child and adult mental health systems offer challenges to obtaining appropriate services for young people with EBD (Davis, Green, & Hoffman, 2009; Pottick, Bilder, Vander Stoep, Warner, Alvarez, 2008). The fragmentation and silo nature of services systems complicate access to other needed services related to employment, career training, housing, and postsecondary education (Clark & Unruh, 2009b).

# **Overview of the Transition to Independence Process (TIP) Model**

The TIP system prepares youth and young adults with EBD for their movement into adult roles through an individualized process, engaging them in their own futures planning process, as well as providing developmentally-appropriate services and supports. The TIP model involves youth and young adults (ages 14-29), their families, and other informal key players in a process that facilitates their movement towards greater self-sufficiency and successful achievement of their goals. Young people are encouraged to explore their interests and futures as related to each of the transition domains: employment and career, education, living situation, personal effectiveness/wellbeing, and community-life functioning.

The TIP system is operationalized through seven guidelines that drive practice-level activities with young people – and provides a framework for program and community systems to support, facilitate, and sustain this effort (Clark & Foster-Johnson, 1996; Clark, Deschênes, & Jones, 2000; Clark & Unruh, 2009). Please refer to Table 1 at the end of this summary for a listing of these TIP system guidelines.

The TIP guidelines synthesize the current research and practice knowledge base for transition facilitation with youth and young adults with EBD and their families. The TIP model is a “practice model,” meaning that it can be delivered by personnel within different “service delivery” platforms, such as case management or in a team format (e.g., Assertive Community Treatment [ACT]). At the heart of the TIP practice model are proactive case managers with small caseloads (i.e., transition facilitators, aka: life coaches, transition specialists, or coaches, serving 15 or fewer youth/young adults). The TIP transition facilitators use core practices in their work with young people (e.g., rationales, social problem solving, in-vivo teaching, prevention planning on high-risk behaviors), to facilitate youth making better decisions, as well as improving their progress and outcomes. The TIP system also provides for the use of other evidence-supported interventions (e.g., CBT, SPARCS/DBT), for certain clinical interventions to address critical needs of individual young people.

The following provides a description of the approach that has been taken in working with Kendra at one of the TIP sites. See how many of the TIP guidelines you can identify that are being applied in this work with Kendra.

## **Application of the TIP System**

### **Description of a Young Person to Illustrate How the Transition System Functions**

Kendra, a 17 year-old-girl, was diagnosed with bipolar disorder and was refusing to take her prescribed medications. Her use of street drugs was possibly her way of self-medicating. Although she was in high school, her attendance, disciplinary record, and grades were all on the edge. Kendra’s transition facilitator, Ronda, began meeting with her in settings such as Starbucks and neighborhood parks. While taking walks together Ronda began conducting informal Strength Discovery assessments and person-centered planning. Over the first six weeks, Ronda was earning Kendra’s trust and learning about her interests, strengths, needs, resources, challenges, dreams, and social connections from Kendra, as well as from other conversations with her mother and an older sister who also lived at home. During this period, Ronda was also prompting, cajoling, and supporting school attendance, as well as teaching Kendra to manage her anger when someone is “in her face” or teasing her.

School continued to be a major challenge and Kendra continued to use drugs on occasion, as well as experience episodes of severe depression. Although she seemed to

be developing more of a trusting relationship with Ronda, she continued to refuse to attend any therapy or medication reviews. Ronda continued to reach out to her and after about two-and-a-half months, Kendra revealed that the loss of her grandmother a year ago was devastating to her, since she was the only family member who Kendra found to ever show that she loved her. Ronda also learned through the informal Strength Discovery conversations that Kendra dreamed of being a nurse as her grandmother had been.

Based on this new information, Ronda worked with Kendra to explore how she might be able to improve her sense of family with her mother and older sister, and also to get a sense of what options Kendra would have in the nursing profession. Ronda arranged for Kendra to visit the community college program for nursing and to meet with the program coordinator. She gave Kendra a tour, discussed program options, and arranged for Kendra to sit in on a class on several occasions to see what was being studied and to meet some of the students. Kendra was very inspired by what she experienced and learned about the AA Degree program option.

Concurrently, Ronda and Kendra also met with a mental health therapist to see if Kendra would be willing to engage in individual therapy and try a new type of medication that might not have the side effects that she had experienced previously. She reluctantly began attending individual therapy twice a week, often wanting Ronda to attend with her. Over the course of the next month, Kendra was stabilized on a new medication and decided to expand her therapy to include her mother and sister in an attempt to create a sense of family.

Ronda worked with Kendra on developing a resume and teaching her interview skills so that she might interview more successfully for a reception position at a doctor's office for the summer. Ronda had also learned from conversations with Kendra and her mother and sister that Kendra and her sister used to do a lot of roller skating when they were younger. Ronda explored with Kendra and her sister if they might want to do some rollerblading at the local rink. Ronda was able to get a couple of passes to cover rink costs for a few months. Kendra and her sister really enjoyed their time together on the rink and began to do more things together.

Now in her senior year of high school, Kendra is working, making good progress in completing high school, taking one class at the community college, making some new friends there, and living with a better sense of family. Ronda facilitated this through informal strength assessments and person-centered planning that engaged Kendra, and revealed her strengths, needs, and dreams. Ronda then provided tailored supports and services to assist Kendra in addressing her needs and achieving her goals. This process has allowed Kendra to find a new trajectory for her life and future.

## **Personnel Competency Enhancement**

The transition facilitators and the supervisory personnel at transition sites are taught and coached in the application of the TIP model guidelines and provided competency training in the use of the following TIP model core practices.

- Strength Discovery and Needs Assessment
- Futures Planning
- Rationales
- In vivo Teaching
- Social-Problem Solving (SODAS)

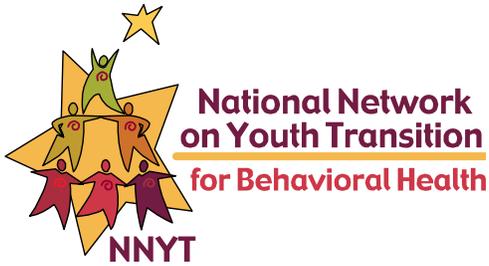
- Prevention Planning on High Risk Behaviors
- Mediation with Young People and Other Key Players (SCORA)

The TIP system is outlined more fully in the attached tables and figure that present the TIP Guidelines, TIP Core Practices, and the Transition Domains.

## **Wrap Up**

The TIP model is the only evidence-supported practice that has been shown to be effective in improving the outcomes of youth and young adults with EBD. We have four outcome studies that have been conducted by our research team at the National Network on Youth Transition for Behavioral Health (NNYT) and two other outcome studies conducted by other researchers. Our program development and research efforts have been guided by the voice and perspectives of young people, parents, and practitioners in the field, as well as by science.

If you are interested in learning more about the TIP model or related research, please visit our websites and feel free to contact us. Our team provides training and technical assistance to agencies, communities, and states. It is our goal to assist in advancing the field's ability to improve the outcomes for transition-age youth and young adults with EBD.



## **NNYT is the Purveyor of the TIP Model**

Community agencies or a community collaborative interested in the implementation of the TIP model in their community would work with the ***National Network on Youth Transition for Behavioral Health (NNYT)***. The ***mission*** of NNYT is: To improve the outcomes of transition-age youth and young adults through system development, program implementation, and research.

The *National Network on Youth Transition for Behavioral Health (NNYT)* now has two “hubs” – one at the University of South Florida (USF) in Tampa FL and one at *Stars Behavioral Health Group (SBHG)* in Long Beach CA. SBHG serves as the NNYT Purveyor for the *Transition to Independence Process (TIP)* model and operates the NNYT Stars Training Academy. Although both NNYT hubs are involved in evaluation and continuing quality improvement efforts, the USF hub has more of an exclusive evaluation/research emphasis. This document has been adapted by NNYT faculty at the Department of Child & Family Studies, College of Behavioral & Community Sciences, University of South Florida for use by SBHG and NNYT under a contract from SBHG.

**For additional information**, please visit our websites listed below or contact **Hewitt B. “Rusty” Clark, Nicole Deschênes, or Joseph Solomita** at the contact information listed on the following page.

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## **The *Transition Handbook* is Now Available**

The new ***Transition Handbook*** (2009) contains the fully updated ***TIP System Development and Operations Manual*** as Chapter 2.

- The *Operations Manual* describes the entire *Transition to Independence Process (TIP)* model.
- Navigating the Obstacle Course: An Evidence-Supported Community Transition System (Chapter 2) -- Hewitt B. "Rusty" Clark & Karen Hart

### The ***Transition Handbook***:

Clark, H. B., & Unruh, D. K. (2009). *Transition of youth and young adults with emotional or behavioral difficulties: An evidence-supported handbook*. Baltimore: Brookes Publishing. (Brookes Publishing Company: [www.brookespublishing.com/clark](http://www.brookespublishing.com/clark) )

# Table 1. TIP System Guidelines

1. Engage young people through relationship development, person-centered planning, and a focus on their futures.

- ◆ Use a strength-based approach with young people, their families, and other informal and formal key players.
- ◆ Build relationships and respect young persons' relationships with family members and other informal and formal key players.
- ◆ Facilitate futures planning and goal setting.
- ◆ Include prevention planning for high-risk behaviors and situations, as necessary.
- ◆ Engage young people in positive activities of interest.
- ◆ Respect cultural and familial values and young persons' perspectives.

2. Tailor services and supports to be accessible, coordinated, appealing, non-stigmatizing, and developmentally-appropriate -- and building on strengths to enable the young people to pursue their goals across relevant transition domains.

- ◆ Facilitate young persons' goal achievement across relevant transition domains (Refer to Figure 1 & Table 3).
  - Employment and Career
  - Educational Opportunities
  - Living Situation
  - Personal Effectiveness & Wellbeing
  - Community-Life Functioning
- ◆ Tailor services and supports to be developmentally-appropriate; addressing the needs and building on the strengths of young people, their families, and other informal key players.
- ◆ Ensure that services and supports are accessible, coordinated, appealing, and non-stigmatizing.
- ◆ Balance the transition facilitators' role with that of the young person, their parents, and other informal and formal key players.

3. Acknowledge and develop personal choice and social responsibility with young people.

- ◆ Encourage problem-solving methods, decision making, and evaluation of impact on self and others.
- ◆ Balance one's work with young people between two axioms:
  - Maximize the likelihood of the success of young people.
  - Allow young people to encounter natural consequences through life experience.

4. Ensure a safety-net of support by involving a young person's parents, family members, and other informal and formal key players.
  - ◆ Involve parents, family members, and other informal and formal key players.
  - ◆ Parents, family members, or other informal key players may need assistance in understanding this transition period or may need services/supports for themselves.
  - ◆ Assist in mediating differences in the perspectives of young people, parents, and other informal and formal key players.
  - ◆ Facilitate an unconditional commitment to the young person among his/her key players.
  - ◆ Create an atmosphere of hopefulness, fun, and a future focus.
  
5. Enhance young persons' competencies to assist them in achieving greater self-sufficiency and confidence.
  - ◆ Utilize information and data from strength discovery and functional assessment methods.
  - ◆ Teach meaningful skills relevant to the young people across transition domains.
  - ◆ Use in-vivo teaching strategies in relevant community settings.
  - ◆ Develop skills related to self-management, problem-solving, self-advocacy, and self-evaluation of the impact of one's choices and actions on self and others.
  
6. Maintain an outcome focus in the TIP system at the young person, program, and community levels.
  - ◆ Focus on a young person's goals and the tracking of his/her progress.
  - ◆ Evaluate the responsiveness and effectiveness of the TIP system.
  - ◆ Use process and outcome measures for continuous TIP system improvement.
  
7. Involve young people, parents, and other community partners in the TIP system at the practice, program, and community levels.
  - ◆ Maximize the involvement of young people, family members, and other informal and formal key players, and relevant community representatives.
  - ◆ Tap the talents of peers and mentors:
    - Hire young adults as peer associates to work with transition facilitators and young people (with possible functions such as mentoring, counseling, public education, and/or youth leadership development).
    - Assist young people in creating peer support groups and youth leadership opportunities.
    - Use paid and unpaid mentors (e.g., co-worker mentors, college mentors, apartment roommate mentors).
  - ◆ Partner with young people, parents, and others in the TIP system governance and stewardship.
  - ◆ Advocate for system development, expansion, and evaluation -- and for reform of funding and policy to facilitate implementation of responsive, effective community transition systems for youth and young adults and their families.

**NOTE:** Adapted from Clark & Foster-Johnson (1996), Clark, Unger, & Stewart (1993), and Clark et al. (2000).

# Table 2

## Personnel Competency Enhancement

### TIP System Core Practices:

- Strength Discovery and Needs Assessment
- Futures Planning
- Rationales
- In vivo Teaching
- Social-Problem Solving (SODAS)
- Prevention Planning on High Risk Behaviors and Situations
- Mediation with Young People and Other Key Players (SCORA)

### Qualitative Features of Interactions:

- **Was the quality of the interaction appropriate to the situation?**
  - Solicit youth's input throughout interactions.
  - Acknowledge youth's input (active listening).
  - Remain non-judgmental
  - Pleasant & steady voice tone (avoid lecturing).
  - Express enthusiasm where appropriate.
  - Facial expressions/Eye contact/Body language to match.
  - Express empathy, concern, care, &/or encouragement.
  - Offer assistance, as appropriate.
  - Set limits and expectations, as necessary.
  - Use positive descriptive praise.

# Transition Domains

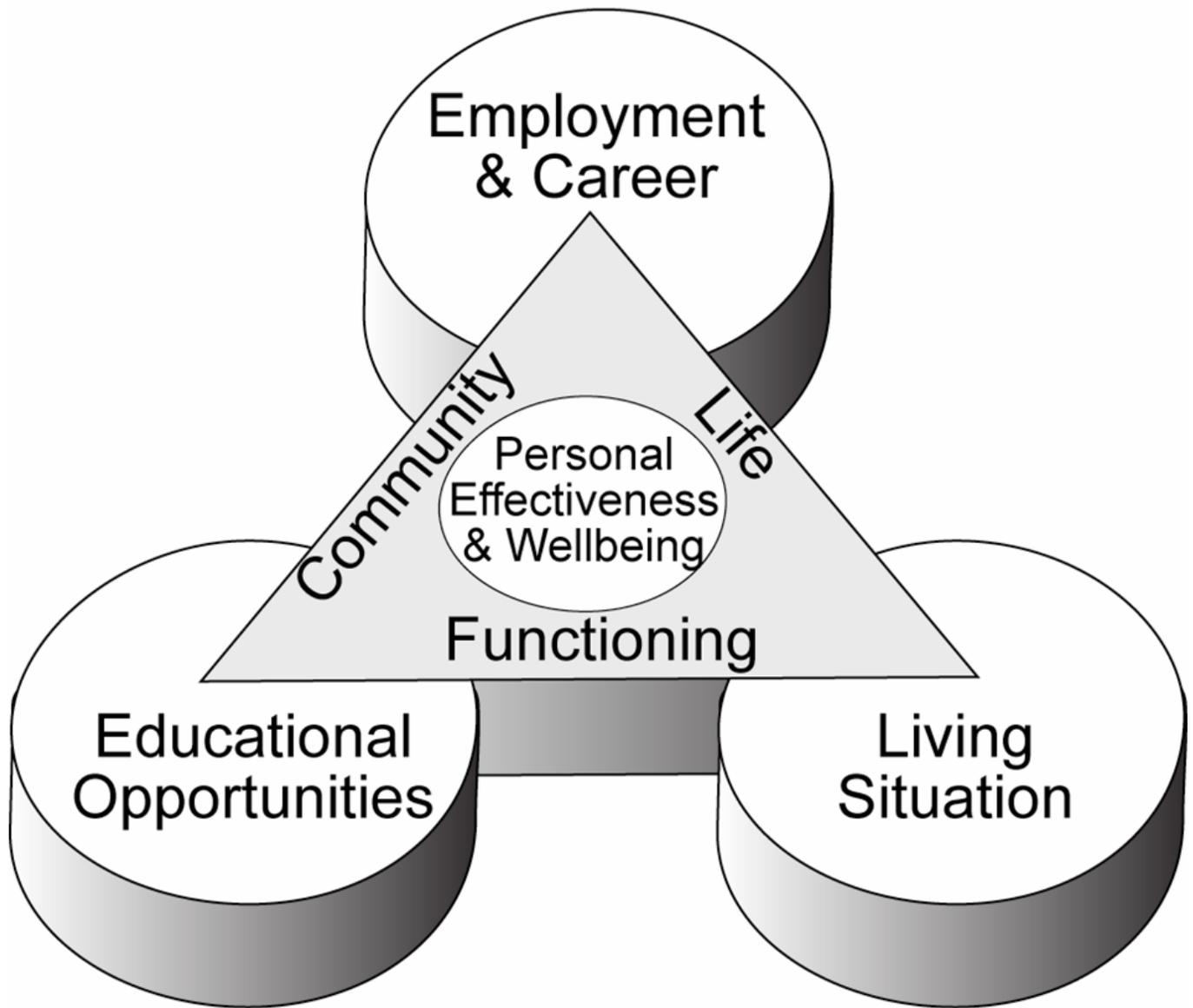


Figure 1. The **Five Transition Domains**: The three setting domains of **Employment/Career**, **Educational**, and **Living Situation** -- and the **Personal Effectiveness/Wellbeing** and the **Community-Life Functioning** domains shown in this figure are useful in capturing young people's attention and their focus on their futures. The last two domains encompass several sub-domains that are relevant to success in each of the other domains. (See Table 3 for a complete listing of the domains and sub-domains).

# Table 3: Transition Domains

## Employment & Career

- Competitive employment site.
- Work experience, paid or unpaid, at competitive or entrepreneurial worksite (e.g., apprenticeship with employee serving as coworker mentor).
- Supported employment (e.g., paid placement at competitive worksite with formal support, like a job coach).
- Transitional employment opportunities, paid or unpaid, at a noncompetitive worksite placement.

## Educational Opportunities (Career-Track Training)

- Bachelor's degree or beyond.
- Associate's degree.
- Vocational or technical certification.
- High school completion or GED certificate.
- Work place educational programs where placement is related to school/college enrollment.

## Living Situation

- Independent residence (e.g., living in an apartment with a roommate).
- Residing with natural, adoptive, or foster family.
- Other family situation (e.g., girlfriend's family, extended family).
- Semi-independent living (e.g., service coordinator assists but does not live on-site).
- Supported living (e.g., supervised apartment with live-in mentor or on-site support staff at apartment complex).
- Group home or boarding home.
- Restrictive setting (e.g., crisis unit, residential TX center, detention center).

# **Personal Effectiveness & Wellbeing** (Table 3 Continued)

## **Interpersonal Relationships: Family, Friends, & Mentors**

- Relationship development & maintenance of friendships.
- Balance of independence & interdependency with family members.
- Dating skills & development/maintenance of intimate relationships.
- Maintenance of relationships with mentors & informal key players.

## **Emotional & Behavioral Wellbeing**

- Create reciprocal relationships with others.
- Expression of care & concern for others.
- Social skills (e.g., positive feedback to others, acceptance of negative feedback, self monitoring, self-evaluation).
- Assertiveness skills & conflict resolution skills.
- Coping with stress & ability to relax.
- Management of anger & moods.
- Spiritual wellbeing
- Self-management of psychotropic medications & side-effects.
- Manage use of alcohol & drugs.
- Avoid physical confrontations & criminal activities.
- Avoid danger to self & others.

## **Self-Determination**

- Social problem solving (e.g., generate alternative options, make informed decisions).
- Set goals & develop plans for achieving such.
- Evaluate one's progress in achieving goals.
- Accept one's strengths & limitations.
- Advocate for one's rights & positions.

## **Communication**

- Express one's ideas & feelings through speaking & listening.
- Reading & writing skills for learning, fun, & communication.
- Knowledge of information sources (e.g., use of library, authorities, Internet communications, & other resources).
- Study & learning skills for gaining & applying new information.
- Cyberspace safety (e.g., revealing personal information, meeting contacts in person, use of credit cards on-line).

## **Physical Health & Wellbeing**

- Health care & fitness (e.g., balance diet, physical activity).
- Recognizing when to see a physician.
- Self-management of over-the-counter & prescription medications & possible side effects.

- Knowledge of sexual functioning & birth control (e.g., prevention of sexually-transmitted diseases & unwanted pregnancies).
- Ability to access medical & dental services.

### **Parenting**

- Health of mother for the prenatal fetus (e.g., balance diet, physical activity, adequate sleep, no smoking).
- Recognizing when to see a physician for prenatal & postnatal care.
- Young adult male supports girl friend/spouse in promoting the health of the mother & baby.
- Young adult male & female assuming responsibility for rearing the children (e.g., care & discipline, behavioral parenting practices, providing home setting, finances).

## **Community-Life Functioning**

### **Daily Living**

- Self care.
- Maintenance of living space & personal possessions.
- Money management.
- Cooking & nutrition.
- Maintenance & security of personal & financial documents.
- Safety skills (e.g., avoid dangerous situations, prevent victimization).

### **Leisure Activities**

- Entertaining one's self.
- Activities with others.
- Creating indoor & outdoor activities of interest & fun.
- Places of entertainment & fun.
- Safe & healthy activities (e.g., Cyberspace safety precautions, safe routes for walking, biking, & driving at different times of the day, choice of friends).

### **Community Participation**

- Mobility around the community.
- Access & use of relevant community agencies & resources.
- Citizenship responsibilities, knowledge of basic rights & responsibilities.
- Community social support (e.g., peer groups, community organizations).
- Access to legal services.
- Cultural & spiritual resources.

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