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Results of this study suggest that measures of functional impairment for older youth with serious emotional disturbances (SED) are the most powerful predictors of a successful transition into young adulthood. Thus, programs that develop functional skills in adolescents should be included in treatment interventions for troubled youth.

The authors analyzed data from a subset of youth ($N = 292$) studied by the National Adolescent and Child Treatment Study (NACTS), a seven-year longitudinal study of youth with SED and their families that collected data annually. Participating youth were at least 12 years old at the beginning of the study, and youth were an average age of 20.86 years ($SD = 1.61$) at the end of the study. Most youth were male (77%), and Caucasian (75%), followed by African American (15%), Hispanic (7%), and other (4%). At entry, 54% of youth were receiving services through the schools, while others received treatment through residential or inpatient mental health programs.

The authors sought to identify: (1) levels of community adjustment (i.e., how well youth adjusted to the changes required of them as they passed into young adulthood, including work, school, family and friends); (2) the level of both strength- and deficit-based behaviors at the beginning of the study compared to levels of these behaviors at the end of the study; and (3) the relationship between community adjustment and initial levels of strength- and deficit-based behaviors as well as their levels at the end of the study. The authors created the Index of Community Adjustment (ICA), which incorporated information measuring the youths' educational, employment, and residential status, along with parent reports and youth self-reports of satisfaction with regard to school, employment, living situation, and emotions. Other measures included the Vineland Adaptive Behavior Scales (VBS), the Child Behavior Checklist (CBCL/4-18), and the WRAT-R (which was used to measure arithmetic skills).

Overall, youth had poor outcomes as they transitioned into young adulthood. For example, slightly more than 50% had no high school diploma or GED equivalent by the end of the study, and less than half were unemployed (42%) or living on their own or with a significant other (40%). On average, youth reported moderate levels of satisfaction with school, work, and living situation and, in contrast, parents reported significantly lower levels of satisfaction. Compared to Caucasian youth, African Americans had poorer outcomes with regard to employment and living situation. However, "the change in adaptive behavior was the strongest predictor" (p. 74) of positive outcomes for the young adults in this study. Furthermore, youth who entered the study with higher adaptive scores showed more positive outcomes, and improvements overtime in adaptive behavior were significantly correlated with reductions in problem behaviors at the end of the study. Youth receiving services in community-based school programs at entry also evidenced more positive outcomes when compared to youth in residential or inpatient settings.

These findings suggest that interventions should develop youths' functioning skills for building positive relationships in home, work, and community settings—and thus prepare adolescents with SED for the challenges that await them as they transition into young adult hood.