

**A Field Study of a Dual Diagnosis Program for Adults
with Psychological Disabilities and Chemical Dependencies:
Facilitating Positive Identity formation for the Transitional
Age Client in Residential Treatment**

By

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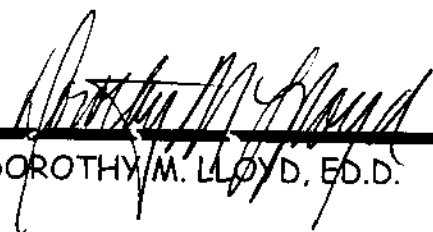
Monterey Bay, California

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Abstract

The purpose of this study is to enhance therapeutic and educational curriculum of the transitional age client (normally described as, between the ages of 18-24 years old) within a Dual Diagnosis residential program for adults with psychological disabilities and chemical dependency, by investigating how current curriculum is facilitating healthy identity development. The terms dual diagnosis and transitional age client are defined, along with an in-depth look at how healthy identity development may manifest itself for an individual with an addiction and coexisting psychiatric disorder. Individuals referred into the residential program are all clients of the County and Department of Behavioral Health.

The study uses a questionnaire and DESCAR observational tool to investigate how the transitional age clients feel they are being affected in several core areas, identified in the literature as components in facilitating positive identity formation.

The results identify how the transitional age client is being affected in the three core areas of 1) Vocation/School, 2) Self/Family/Ethnic Identity, 3) Life and Social Skills. The results also discuss successful elements of the residential program and make recommendations continued improvement in the level of care and treatment for this particular age group in nurturing positive identity development.

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to this wonderful life journey of ours. A major shot out to the two most influential and inspirational brothers one could have, Alejandro (BB) and Fernando (BT). Peaceout...

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Chapter One

Introduction and Overview

It was one of those days when I just wanted to hide in my room and remove myself from the world. I felt alone and like nobody could understand what I was feeling. Even the people closest to me seemed unmanageable. My body filled with powerful emotions, some familiar, others so estranged it scared me. I pondered whether or not I could control myself and how to escape this uncomfortable state. I asked myself if I should keep hiding, or whether hiding is not the answer, and running away is, maybe another state, better yet, country. My mind goes as far as doing something harmful to somebody, maybe myself. Drugs, alcohol, sex, thoughts of suicide, anything to relieve the pain and escape this unfamiliar world I live in.

When I was sixteen, I remember my father walking into my room and asking to speak with me. It was going to be one of those famous speeches, one of those you would discuss years later and tell your father he was right, one of those he would look back on and smile, and for all intentional purposes one of those you would remember when you are having a talk with your own child on the brink of developing into adulthood. I am still not sure if my father planned this conversation or whether his father had once had it with

him. Maybe his training as a psychologist prepared him for what I was going to encounter or maybe his frustration with me had just met its limit, but one thing for sure he pulled no punches and instead of letting me down easily he just decided to give it to me straight up, thanks Kirb.

This wasn't about the birds and the bees but a forewarning on many of the issues I was going to encounter in the next couple of years as I developed into a young adult. He warned me of the physical changes my body would encounter, the need I was going to feel in wanting to be accepted by my peers, the conflicts that would arise with understanding others' views and finding my own. He warned me of the possible conflicts that would arise in the way I would view him and my mother, while struggling to become more independent.

As a young adult I can remember many of the difficulties I had making sense of the world I lived in. I struggled with the idea of being treated like a child and an adult. There were times when I wanted to be treated like a child, others like an adult, and on various occasions both. I spent much of my time fighting for freedom from parents and teachers, who I thought had no understanding of what I was going through, I searched for a niche or place I felt comfortable amongst my peers. As a consequence I

struggled in school and with relationships I had developed over the years. I felt like I was diving into a black whole desperately searching for something to grab onto. In desperation I looked to drugs and alcohol, sex, and violent rage. I look back at those times now and wonder how I survived. I know now that my difficulty during these times came partly in my quest for an identity, a comfortable understanding of who I was, and what role I wanted to take.

Introduction

As a counselor in a dual diagnosis program for adults with psychological disabilities and chemical dependencies I am constantly reminded of this struggle. In the recent year I have noticed a trend occurring where younger and younger individuals are being referred to a program such as the one I am working at. A combination of improvement at identifying and diagnosing clients at a younger age, along with an increase of drug and physical abuse among youth, and a difficulty in placing young individuals who have turned eighteen and are forced now to enter adult health services, have created such a phenomenon.

This trend implies a variety of issues for intervention and service. The issues and needs for a younger clientele or transitional age client are different from those of an older adult within the same program (Evans and Sullivan, 1990). While both need intervention to learn about their mental health, drug abuse, addictions and independent living, the transitional age client is at a stage in development where they are in search for an identity that will lead them to adulthood (Erickson, 1968). The fundamental contradiction in referring young adults, adolescents into program such as this one is that while these individuals are trying to develop a positive identity and ego they are being diagnosed with a mental illness and labeled an addict. Unfortunately, society and the role it implies gives a negative connotation for both the mentally ill and addict, making it very difficult for the developing adult to build a strong sense of industry to believe in themselves (Kloos, 1999). On the flipside, in order to develop some knowledge of mental health and addictions, experience tells us that accepting the label is the first step into recovery (Evans and Sullivan, 1990; McIntosh and Mckeganey, 2000; Baker, 2000). The need for developmentally appropriate interventions for the transitional age client within programs such as this is critical. The trend toward admitting younger clients, and the

growing diversity of clientele leads me to question how is the curriculum affecting identity development through its treatment for this particular population. Can more developmentally appropriate and culturally relevant curriculum aid in the success rate of the transitional age client and positive identity development within a dual diagnosis programs such as this one?

The purpose of this project is to examine how the therapeutic and educational curriculum within a dual diagnosis residential treatment program for adults with psychological disabilities and chemical dependency is adhering to the transitional age client's healthy identity development.

What is Dual Diagnosis?

The term dual diagnosis refers to an individual who has both a chemical abuse or dependency problem and a coexisting psychiatric disorder. The American Psychiatric Association defines a mental or psychiatric disorder as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is typically associated with a painful symptom or impairment in one or more important areas of functioning.

The APA defines psychoactive substance abuse as a maladaptive pattern of use not meeting the criteria for dependence that has persisted for at least one month or has occurred repeatedly over a longer period of time. The individual's use is maladaptive when the use causes physical, psychological, or social, or occupational problem or when there is repeated use in situations that may be physically hazardous for example drunk driving. The Diagnostic and Statistical Manual of Mental disorders of the APA list several criteria in defining both substance abuse and psychiatric disorder. (Diagnostic Criteria DSM IV, 1994)

Who is the Transitional age client?

For the purpose of this project the transitional age client refers to individuals between eighteen and twenty-four years of age. The development of treatment for the transitional age client is challenging and possesses special issues for evaluation, assessment, and intervention. The development of the young adult poses important issues around developing peer relationships, an identity, ego strength, sense of trust, and a belief in self (Erickson,1968). The diverse population of the individuals being

referred also brings into play the importance of culturally relevant and therapeutic interventions.

Purpose of the study

The purpose of this project is to enhance therapeutic and educational curriculum of the transitional age client (normally described as, between the ages of 18-24 years old) within this Dual Diagnosis Program for adults with psychological disabilities and chemical dependency by studying how the curriculum is facilitating healthy identity development. Individuals referred into the residential program are all clients of the County and Department of Behavioral Health. Through this study, I researched and studied how the transitional age client is being affected through the current program curriculum, which is designed predominantly on the psychosocial rehabilitation model. I also studied how it pertains to building strong identity in the transitional age client. The study identifies the successful elements of the program as it relates to the transitional age client and identifies interventions that will continue to improve the level of care and treatment for this particular age group within the residential program. The study also looks to examine whether further developmentally, culturally, and

age appropriate curriculum can aid in the educational program for this particular population of transitional age clientele. The goal of this program is for young adults to succeed within this particular residential setting and eventually become successful in living more independent lives.

The procedure for my study examined the current treatment of the transitional age client, in three core areas, within a dual diagnosis program by using a questionnaire, and observations. These three core areas are Vocation/School, Self/Family/Ethnic Identity, and Life and Social skills. I used the DESCAs (Dignity, Energy, Self-Management, Community, and Awareness) observation scale as a tool to evaluate engagement and rate class/program effectiveness to help determine the effect the curriculum has for the transitional age students. The questionnaire analyzed these three key areas in supporting healthy identity development. The transitional age client provided us with information on how they are being affected in these core areas through the services they are currently receiving or have obtained inside the residential treatment setting.

Organization of Thesis

In chapter two I will review the literature discussing children and adolescents receiving mental health treatment and establish the current trend in young adults and dual diagnosis. I will provide an in-depth view of young adults in developing a healthy identity and how this formulates itself for the transitional age client with a dual diagnosis. Then I will discuss how residential treatment can work to create developmental and culturally sensitive approaches in aiding effectiveness to build a stronger sense of self, and healthy identity. Chapter three will present the methodology, along with a program description and the tools I used in evaluating engagement, client satisfaction, identified needs for the clients within the program. In chapter four the data will be discussed and analyzed. In chapter five I will make suggestions for further intervention and discuss further the effectiveness of such a program for the transitional age client and implications in designing service. I will also discuss some of the limitations and weaknesses of my study and pose possible questions for further research. The results will identify strengths and weaknesses of the residential program and help in providing recommendations to further

improve the level of intervention or service toward supporting a strong identity.

Limitations

Limitations of this study include sample size, general positive results for the questionnaire, and difficulty in measuring identity development.

In order to feel confident about making generalizations with regards to data, sample size plays a major role. As a result of very few respondents in the sample size in this project, it is difficult to make generalizations from the results. With a larger sample the researcher may be more confident in formulating generalizations about the researched sample or data. The study occurred inside a residential program. The results from this research would be difficult to duplicate, making it hard to make generalizations about this population outside of this particular setting.

The use of the questionnaire and how some of the questions were asked could possibly have skewed the results. Various questions requested the subjects to give a response on how the program is working for them. An individual may feel entitled to reflect a combination of the following when wanting to describe their program: wanting to be positive, feeling gratitude,

fearing being targeted as a consequence of their answer, or wanting genuine program success. The individual may also have been not happy with their performance in the program and wanted to give a negative outlook.

Finally, the unavailability of information or research tools regarding measuring any type of identity development inside a residential treatment setting makes it very difficult to measure how the residents are really being affected. The DESCAs scale used in the observation part of the research is designed for traditional school settings not residential day school programs for individuals with a dual diagnosis. The length of time and when the observation took place was also difficult. If the observation took place at a different time in the day or for a longer period of time, the results may have been different.

Chapter two

Literature Review

In the following chapter I will establish the current trend in young adults and dual diagnosis, the development of self-identity according to various theorists, particularly Erickson. I will look at how identity development manifests itself for the addict and individual with a coexisting psychiatric disorder, and tools residential treatment can use in developing cultural proficiency to facilitate ethnic identity for the young adult client in self-development.

According to Erik Erickson's stages of psychosocial development (1968), all individuals pass through a set of stages throughout their lifecycle. Each stage is faced with what he calls a "crisis" or what is described as a designated turning point or crucial moment, when development must move one way or another. Erickson further describes this crisis as a place of "marshaling resources of growth, recovery and further differentiation" (page 83).

During adolescence and young adulthood, Erickson describes the individual as encountering a crisis for an identity, thus identity crisis. At this stage in life individuals must build an identity, which builds on

understanding experiences in relation to themselves and others, and the role they play inside their historical context of community, race, class, and cultural traditions.

The task of forming an identity or self-concept can be difficult and is facilitated through the social and community institutions we are part of (Charmaz, 1994; Howard, 2000; Baker 2000). A transitional age client inside a treatment program is affected by the curriculum offered and how identity development is facilitated (McIntosh and Mckeganey 2000). Also the experience of a dual diagnosis poses various obstacles in the fight for a strong sense of self. Current literature identifies that there is very little research in outcome-based studies for dual diagnosis in treatment (Kloos, 1999; Evans and Sullivan, 1990; Ridgely and Jerrell, 1996). Moreover, less has been provided on how these programs work to facilitate positive identity development for individuals between the ages of eighteen and twenty-four.

Trend in Young Adults and Dual Diagnosis

Current literature identifies a growing population and need for effective treatment in children mental health (NIMH 1996; Kandel et al.,1999; Kessler et al.,1996). On January 3, 2001 the United States

Department of Health and Human services along with the Assistant Secretary for Health and the Surgeon General, released the National Action Agenda for Children's Mental Health. The agenda outlined goals and strategies for improving the mental health problems of children and adolescents. According to the report, in the United States, one out of ten children are suffering from a severe mental illness that causes some level of impairment. The report also estimates that fewer than one out of five children receive needed treatment. The assistant secretary, Dr. David Satcher believes "that growing numbers of children are suffering needlessly because their emotional, behavioral and developmental needs are not being met by the very institutions and systems that were created to take care of them" (Surgeon General, National Action Agenda on Mental Health 2001).

According to a report by Children's Mental Health services and the Office of the Technology Assessment 1986 & 1991, one fourth of the United States population is eighteen years of age or less. This report concludes that at least twelve percent of these children/adolescents have been diagnosed with a mental disorder and require some form of structured intervention. Hanley and Wright (1995) identify that progress in providing

intervention for children and adolescents with mental disorder has not kept up with the increase in population.

The MECA Study (Methodology for Epidemiology of Mental Disorders in Children and Adolescents) estimates twenty one percent of the children and adolescent population between the ages of nine and seventeen has a diagnosable mental or addictive disorder associated with at least minimum impairment. When discussing significant impairment the number falls at eleven percent, and extreme functional impairment at five percent. It is concluded that youth who suffer from a major mental illness have results in significant difficulties in the home, at school, and with peers (Shaffer et al., 1996 p 865-877).

Further data suggest that individuals with a psychiatric disorder are at increased risk for having a substance abuse disorder. (Kessler, 1994; Evans and Sullivan, 1990; Pierce, 1991; Kandel et al, 1999; Kandel et al, 1997; Bergman and Harris 1985; Safer 1987). According to the National Comorbidity study, forty one to sixty five percent of individuals with a lifetime substance abuse disorder have a lifetime history of at least one mental health disorder, and about fifty one percent of those with one or more lifetime mental health disorders, have a lifetime history of at least one

substance abuse disorder. The rates are highest in the fifteen to twenty four year age-group (Kessler; et al. 1996, 1998). Among young, chronically mentally ill patients, reported chemical abuse rates approach or exceed fifty percent (Bergman & Harris 1985; Safer 1987). The results of these studies indicate a continued increase of adolescents with psychological difficulties and chemical dependencies.

The current National Action Agenda from the National Institute for Mental Health outlines several goals and strategies to improve service and intervention for children and adolescents (Surgeon General, 2001).

Currently, there is no primary mental health care system for children making it all the more difficult to coordinate service for these individuals. Its important to note that for this population, mental health services spread across a variety of institutions including dual diagnosis programs, group homes, schools, juvenile justice systems, and other youth care providers.

The growing numbers of children needing mental health services for psychiatric disorders and chemical dependencies imply the trend of larger populations of young adults or transitional age clients entering treatment, particularly in a residential setting.

Self Identity and Development for the Transitional Age Client

The continued trend of young adults or transitional age clients entering treatment, and particularly residential treatment, poses questions on how to best provide intervention and how these services facilitate healthy identity development. As identified by Erickson (1968) the most important developmental task an adolescent or young adult faces in this stage of life is the formation of identity, the struggling question of, who am I? Many studies investigate how the individual with a chronic illness such as a psychiatric disorder or chemical dependency can struggle with developing a healthy identity (Mcintosh and Mckeganey, 2000; Baker, 2000; Charmaz, 1995; Charmaz, 1994; Marcell, 1994; Wilton, 1998). Moreover, James Marcia (1966 and 1980) further develops a framework that facilitates research on the process of identity formation. In doing this Marcia classifies individuals into four identity patterns by determining the individuals' commitments in a variety of domains.

Marcia recognizes six domains in which adolescents search for an identity:

1. school/vocational plans
2. values and preferences
3. religious beliefs
4. gender roles
5. ethnic identities
6. political affiliations and beliefs

For the intention of this paper we will only look at two of Marcia's domains in facilitating identity formation and how they affect the transitional age client on the road to recovery. These two specific domains or areas, are school/vocational plans, and ethnic identity. In this section we will discuss the aspects of developing a healthy identity by using Erickson's psychosocial model of development in both adolescence and young adulthood, and James Marcia's two domains facilitating identity formation. From here we will formulate ideas on how the dual diagnosis patient can be facilitated in working toward a positive sense of self by focusing on these two domains inside treatment.

Erickson and Identity

When Erickson created his eight stages of development he described one stage that occurs in adolescence and part of young adulthood, where the

individual would encounter a primary "crisis". As an adolescent or young adult, Erickson describes the individual as encountering a crisis of identity versus role confusion. Here, the individual struggles to break from parents and form an identity, or self-concept. According to Shaffer (1994), in developing a self-identity the individual must provide a mature self-definition; a sense of who one is, where one is going, and how one fits into society. Erickson implies that adolescents must establish social and occupational identities, or they will remain confused about the roles they should play as adults. The person must build an identity, which builds on understanding experiences in relation to self and others, and the role one plays inside one's historical context of community, race, class, and cultural traditions.

For the transitional age client with a chemical dependency and co-existing psychiatric disorder this can be very difficult in how one sees one's experience in the eyes of their own and others. Baker (2000) argues that the "War on Drugs" in the 1980's helped to "create an environment that denounced, criminalized, and stigmatized persons who used and abused alcohol and illegal substances" (page 863). The destructiveness of social stigma in gathering support for a healthy identity has not only affected

people with addiction, but also individuals with a psychiatric disorder. In January of 2001, The National Action Agenda identified several key components in improving service for children mental health, such as promoting public awareness of children mental health issues to reduce stigma with mental illness. Both Kloos (1999) and Evans (1990) identify public stigma as an important issue for adolescents confronting difficulties with improving mental health and forming a positive identity. According to Charmaz (1994), a life changing disruption due to an illness (cancer, depression, schizophrenia) is something that can lead one to struggle with a sense of self and require new identity constructions. It is concluded that these disruptions can shatter one's sense of meaning and purpose. Kloos (1999) goes on by saying that the onset of "mental illness" and accompanying stigma are often associated with the loss of positive social roles, identity and relationships. According to Kloos, Estroff (1989), observes:

Having schizophrenia (and other, severe, persistent psychiatric disorders) includes not only the experience of profound cognitive and emotional upheaval; it also results in the transformation of self known inwardly, and of person...as known outwardly by others (p.40)

Further study by McIntosh and Mckeganey (2000) assumes that one of the major important processes of recovery is constructing what they call a non-addict identity. They believe part of the road to recovery is reconstructing a sense of self, a sense of who they were before their drug use, as a result of their drug use, and who they aspire to be. It has been observed that identity reconstruction takes place within the individual's narratives of recovery (Baker, 2000; Charmaz, 1995; Charmaz, 1994). The above has discussed the difficulties an individual with abuse or psychiatric disorder may face in developing an identity. This information leads to me to ask how enormous are the difficulties an individual with a dual diagnosis must endure to develop a strong, positive identity? And how can residential treatment programs help facilitate healthy development through their curriculum and interventions?

Working off Erickson's stage of identity versus role confusion, Marcia (1966 and 1988) elaborates on identity formation by describing identity as a "ego structure" that consists of self constructed organizations of skills, beliefs, and individual history. Marcia believes this crisis is resolved by making choices in a number of life domains and that adolescents and young adults will have distinct statuses in these areas. For the intentions of this

paper we have selected two out of the six domains identified by Marcia, to determine how they may be affecting the transitional age client in continuing a process of healthy identity development and recovery. In the following we will also discuss how these areas can be emphasized to facilitate positive identity formation for the transitional age client with a chemical dependency and coexisting psychiatric disorder inside treatment services.

School and Vocation

The first specific domain identified by Marcia in developing an identity in adolescence and young adulthood deals with competence around school and occupation skills. Research shows that young people aspire to do well in occupational status and school performance and that achievement in these areas can lead to increased sense of self (Marcell, 1994; Meeus, 1993; Van Acker and Wehby, 2000; Scales, 2000).

Acker and Wehby (2000) suggest that any effort to promote school success must take social contexts into consideration when designing prevention and intervention programs. They conclude that the family, the peer group, the neighborhood and the community play a critical role in the students' successful development. It can be suggested that in order for the

transitional age client to be successful in school, implementations or strategies should take this into consideration. Moreover, Scales (2000) suggests that promoting a positive school climate can help children thrive and move closer to achieving their full potential. Scales includes that school performance can be facilitated through ensuring that all subject matter, include contributions, ideas, discoveries and creations of all cultures. He also suggests that the school environment discuss the role of race and ethnicity in contemporary issues, such as increasing language diversity and its meaning for democracy.

For the individual in substance abuse recovery, Room (1998) suggests that recovery can be strengthened through services that provide vocational rehabilitation and job training. Room's research argues that alcoholics show more positive reaction to treatment when employed in stable environments and social networks that teach or improve skills destroyed through drug abuse. Learning new skills and feeling productive despite their addiction can improve self-esteem and ultimately a better self-concept.

With these conclusions it can be suggested that interventions designed to promote vocational skills and school performance, thus raising

self-esteem and positive identity, could be useful for the transitional age client in a residential setting.

Ethnic Identity

The second domain which Marcia identifies is the process of building an ethnic identity. A large amount of literature has been created over the years discussing the importance for minority youth in developing an ethnic identity. Although there has been little done on the importance and effect of building an ethnic identity for individuals with a dual diagnosis. This literature concludes that the formation of an ethnic identity is a critical factor related to self-concept and psychological well being (William; et al, 2000; Miville; et al, 2000; Marcell, 1994; Hollins, 1996; Howard, 2000; Verkuyten, 1995; Longshore, 1999; Yancey, 1998).

Erickson (1968) discusses the development of ethnic identity when observing the implications social organizations have on the individual's development.

"Social order may first grant the infant as it keeps him alive and as, in administering to his needs in specific ways, it introduces him to a cultural style" (page 61).

Erickson argues that this social order organization provides a method by which it organizes experience for the child. Each order has its own way of providing its way of experience and thus a group identity.

Furthermore, findings by Miville and et al (2000) indicate that internalizing a positive image of oneself, as a racial being is critical to making commitments in personality relevant domains. They continue by saying that how an individual identifies as a racial or cultural being, particularly if he or she has to work at feeling positively about his or her racial or cultural characteristics, may significantly influence how he or she identify as a unique individual.

According to Marcell (1994) substance abuse at an early age, as can be seen in the transitional age client, may hamper successful resolution of adolescent developmental tasks necessary for healthy identity formation. Marcell argues that the use of illegal substances can lead to delinquent behavior and more problems in adulthood.

Longshore's (1999) findings suggest that people with stronger ethnic identity may be more open to coping with a drug problem once they come to recognize it. The presence of a strong ethnic identity may potentially influence the drug problem recognition on help seeking. With this in mind

possible intervention promoting healthy ethnic identity development may support the transitional age client in the process of recovery and overall identity formation.

The literature described suggests that there is a tremendous need in analyzing how the transitional age client can build a healthy identity in residential treatment.

In the following section we will discuss how residential treatment can facilitate healthy identity formation by using Marcia's domain of ethnic identity. We will look at how a cultural proficient environment can be created inside the residential program to facilitate a positive ethnic identity development, and ultimately a healthy overall identity for the transitional age client.

Dual Diagnosis and Residential Treatment, Focusing on Building Healthy Identity, through facilitating Ethnic Identity Development.

Individuals who have been diagnosed with a mental disorder and who have a chemical dependency create an interesting dynamic for service providers and trained professionals working in residential treatment.

Residential care is an alternative that has been used over the years to

provide more intensive high-level treatment. A review of the literature describes the importance for research of developing treatment programs and assessing outcomes for the dually diagnosed (Evans and Sullivan, 1990; Moggi et al., 1999; Sloan and Rowe, 1998; Crome, 1999; Primm et al., 2000). Even less has been conducted on how treatment programs facilitate the development of a positive identity or for that matter ethnic identity, for the dually diagnosed transitional age client.

In this section we will look at developing one component of a residential treatment program that will focus on facilitating cultural proficiency and ethnic identity development.

According to Lindsey and et al (1999) cultural proficiency is defined as

"the policies and practices of a school/program or the values and behaviors of an individual that enables the person or school/program to interact effectively in culturally diverse environments. Culturally proficiency is reflected in the way an organization treats its employees, its clients and its community" (page 21).

Lindsey and et al (1999) argue that if we are to teach our students effectively, we must fully appreciate them as individuals, within the context of their own cultural, racial, linguistic, and socioeconomic backgrounds, and

with their own particular gender, sexual orientation, and sensory and physical disabilities.

Wade and Morrison (2000) argue that the search for an ethnic identity can be facilitated through the school or classroom experience. Educators need to make a commitment to valuing and promoting diversity to develop an awareness of self. They also challenge the educator to ask themselves what values, beliefs, opinions or attitudes does one hold that are consistent with that of the dominant culture, which may be different for the diverse individuals in your particular group.

Yancey (1998) concludes that the promotion of a positive self-image and ethnic identity can be facilitated by providing culturally sensitive interventions and ethnically relevant role models within intervention services. Malgady and Zayas (2001) agree with this statement and note the continued gap between the mental health needs of ethnic minority populations and the availability of bilingual and bicultural service providers. They state the need for the training of mental health professionals around being culturally sensitive and the recruitment of bilingual and bicultural clinicians in mental health services.

Howard (1999) suggests that white educators have the opportunity to shift the tide of racial dominance by using multicultural awareness to change the schools and social institutions they belong to and to work within highly charged and resistant environments. Malgady and Zayas (2001) suggest a need for study on how ethnic diversity may affect the behavior and communications of clients during psychiatric interviews, and how these may affect the diagnostic impression of mental health clinicians. The same could be said for individuals receiving counseling inside residential treatment and how they may be serviced from a predominantly Non-bicultural staff. It is concluded that information drawn from Spanish and bilingual clients may help social workers and community providers in the diagnostic process of other ethnocultural and linguistic minority groups.

Very little research has been created to look at how the transitional age client may be facilitated in building positive ethnic identity inside residential treatment. The above literature concludes that several considerations need to take place in order to strengthen development for individuals of minority groups, Such as, providing ethnically relevant role models and bicultural and bilingual service providers. Training Mental health professionals to work with minority groups to reduce stigma and social

dominance, promoting diversity and awareness of self and appreciating individuals, within the context of their own cultural, racial, linguistic, and socioeconomic backgrounds, and with their own particular gender, sexual orientation, and sensory and physical disabilities.

In the next section we will look at the methodology and how this study will look at how the transitional age clients feel they are being affected inside a several key areas such as self/family/ethnic identity, school/vocation, and life/social skills.

Chapter 3

Methodology

This case study was done inside a dual diagnosis program for adults with psychological disabilities. The following chapter will give a description of the residential program where the study took place. The name of the dual diagnosis residential treatment program is called the Bridge House. A history of the Bridge House and the non-profit organization it belongs to, named Interim, will also be provided along with a short detailed description of its affiliation with the California Association of Social Rehabilitation Services. This chapter will describe how the research subjects were chosen to participate in the study and how data were gathered to identify specific needs and gain information on how the transitional age client feels about the program's curriculum and services provided in three core areas.

Setting

Currently, Monterey County Behavioral Health is working together with Interim Organization to service the large dual diagnosis population in Monterey County. Interim is a non-profit organization that was established in 1975 to offer help for those with psychiatric disorders and chemical

dependencies. Interim is part of the California Association of Social Rehabilitation Agencies (CASRA), a statewide association of non-profit agencies providing rehabilitation and support services for clients of the public mental health system. The purpose of CASRA is to promote and support the development of community based systems of service, which provides choices for consumers based upon the promise of growth and recovery. The Interim agency offers a variety of services, which include intensive community services, housing and supportive services, crisis and transitional residential programs, outreach, day services and vocational programs. Interim currently offers one intensive nine-month residential treatment program called the Bridge House.

Bridge House offers individuals a variety of therapeutic and educational experiences to assist with clean and sober living. While at the Bridge house individuals learn a variety of skills in preparation for independent living. The Bridge House, along with its day/school program, offers the clients experience and information surrounding living skills, symptom management, chemical dependency education (such as knowledge of addiction cycles and relapse prevention), and a variety of other areas to assist with the future goal of independent living. As noted before, the

Bridge house program provides treatment through a psychosocial rehabilitation model. According to the psychosocial rehabilitation model this philosophy attempts to

"provide experiences which improve ability to function in the community. The philosophy also emphasizes common sense, practical needs, and includes vocational and personal adjustment services geared toward the prevention of unnecessary hospitalization. This setting is purposefully informal to reduce the psychological distance staff and members as active participants in the program planning. Members are continually encouraged to assume roles within the facility and in the broader community which is viewed as an integral part of the total psychosocial rehabilitation setting." (International Association, 1994).

Throughout the research three areas identified in the literature will be focused on and how they maybe affecting the transitional age client.

These core areas are School/Vocation, Self/Family/Ethnic Identity, Life/Social skills and will be looked at by using a variety of researching tools. The program addresses these three areas in a number of ways.

The current day program offers daily groups or classes that focus on living/social skills. In these classes all of the residents are required to participate. A living skills class is provided each morning and consists of daily maintenance of the house such as mopping, sweeping, vacuuming rooms and other nessecities done when cleaning your house. The clients are also required to cook, do laundry, and wash dishes several times a week. These

areas are not focused on in class but are facilitated through the help of a primary counselor. Several classes are provided to focus on social skills and interacting with family or peers. None of the classes include attendance for family members.

Several classes are offered in the area of Self/Family/Ethnic identity that include a weekly life purpose class which involves art, music, and self expression. There is also a cognitive skills and focus class, which targets building relationships with fellow housemates and family. There are no classes focused on Ethnic identity or providing culturally relevant material, except for a multicultural calendar that is reviewed periodically. The house menu is on occasion adjusted for multicultural or ethnically diverse meals.

In the area of School/Vocation there are no classes in the day program that provide information in these areas. Residents are referred to a different program within the agency to receive education and support around school and vocation. The residents are encouraged to utilize this resource once they leave the program. Several groups are provided on occasion to work on painting and gardening but is primarily focused for the area for Self/Family/Ethnic identity.

Research participants

Ten individuals between the ages of eighteen and twenty-four were contacted. Each individual was currently attending the Bridge House program or had been enrolled within the past three years and was receiving outpatient services through the organization's outreach coordinator. All clients were contacted by phone or mailed an informational packet describing the purpose of the study, and the possible risks involved with participating. Eight out of the ten individuals contacted agreed to partake in the study. Three out of the eight participants were currently enrolled in the Bridge House residential program. Five were enrolled in the Bridge House within the past three years and were currently receiving services through the agency and its outreach coordinator. All of the clients were between the ages of eighteen and twenty-four. One client was nineteen, four were twenty-two, two were twenty-three, and one was twenty-four. Out of the eight participants seven participants put down an ethnicity. Of those, two wrote down Hispanic as their ethnicity, one wrote Hispanic/Spanish, one put Mexican, one put Filipino, one put White, and the final one put Arabic.

Data Collection

There were two specific methods used to gather data: a class observation and a student questionnaire.

Two observations took place in the classroom of the dual diagnosis day program. These observations measured responsiveness and engagement of participants using a rating scale adapted from DESCAs Scale for Rating a Class (Harmin, 1994). The DESCAs rating scale is a test designed for teachers to effectively engage their students in the learning process. The scale identifies five areas in the classroom that can help determine if students are encountering a healthful productive environment. These areas are Dignity, Energy, Self- Management, Community and Awareness. (See Appendix A)

The observational scale measures these areas on a linear scale on a range from one to five. For "Dignity" a classroom observer giving a rating of one may interpret the students as showing very little dignity. Students may be seen slouching or moping, feeling unimportant, weak, or hopeless. They may act as if they are worthless without success. They may show little confidence. A classroom receiving a rating of five and having high levels of "Dignity" may show students that engage and speak up in class.

The observer may view them as being confident and secure. The observer may also feel that the students see themselves as valuable people and respectable.

"Energy" is the second quality and measures whether the students are busy and engaged. In this type of classroom waiting and restlessness is minimal. The observer sees the students spending very little time watching the clock or waiting for the class to be finished. The students in a good energy class also do not show signs of stress and work at a comfortable rate. The observer using the scale would rate the students from one to five, meaning one for low energy and five for high energy.

The third quality described in the DESC scale is "Self-Management," which measures whether or not students are motivated and managing themselves. A high self managing class takes responsibility for themselves, makes their own choices when to begin and end their work, and needs very little detailed orders. A low self-managing class needs lots of direction, needing to be walked through and managed carefully through each exercise.

"Community" is the fourth quality. This quality helps the observer look at whether students are comfortable in their relationships with each

other, and whether students show they are respecting one another by listening and accepting ideas. Students in a good communal classroom are connected with each other, hold little resentment, and are able to work to resolve conflict. The art of obtaining a high level communal classroom can be extremely difficult, but can be very rewarding if accomplished. An observer who rates a classroom low in community means students have difficulty maintaining healthy relationships. Little respect can be observed for both teacher and fellow student.

The last quality is "Awareness". An observer who visits an aware classroom sees students that are alert and concentrated on the task at hand. Students are seen mindfully working throughout the day attuned to the environment of their class and the individuals participating. An "aware" student or classroom is also one that takes into consideration how one is feeling along with those around one. The observer should be able to identify this if the classroom is to receive a high rating of awareness. Good awareness could potentially be used to effectively act and predict inside the classroom environment.

A combination of all five qualities provides an excellent way to examine the environment and atmosphere of a class. A low score in any one of

these qualities can be a good identifier of a need for further improvement of the classroom and teaching strategies. A high level DESCAs classroom provides for productive and high-energy learning. This observation scale can be a good tool when working with the transitional age client.

Two different observations occurred in the study one week apart. Both of the observations occurred on a Monday for one hour. With reliability and validity in mind the observation occurred during day program class on Monday mornings. This class took place for one hour before lunch. The three transitional age clients who are currently enrolled in the program and volunteered to participate in the study were the only students observed.

All individuals who participated in the study were asked to fill out a questionnaire. The questionnaire, designed on a Likert scale model, was built to identify how the participants feel they are doing in the three identified core areas of Vocation/School, Self/Family/Ethnic Identity, and Life/Social skills within the residential treatment program. The questionnaire consisted of twenty-two questions. Three other questions were included for demographic information. These were age, cultural identification, and whether it was the students first time in a residential

program. These three questions were not a requirement of the questionnaire and were answered on a volunteer basis.

The purpose of the questionnaire was to gauge how the transitional age client feels in a number of core areas, identified as key components in facilitating healthy identity development, within the services and educational program they were being provided inside their residential treatment program. The questionnaire focused on three core areas that were identified in the literature as key indicators in developing healthy identity formation. These specific areas are vocation/school, self/family/ethnic identity, and life/social skills. Participants were asked to rate the questions and areas on a Likert scale: strongly agree, agree, slightly agree, and don't agree (see appendix B).

Six questions were asked in the category of School/Vocation to determine how important these two areas are to the individuals participating in the study (transitional age client). Eleven questions were asked in the category of Self/Family/Ethnic Identity to determine whether residents perceived themselves as bicultural, had high self-esteem, and felt good in relations with current family members. The final category of Life/Social skills measured the resident on how they felt

around life and peer group skills and whether the program was facilitating them in this area. Results of the questionnaire identify how important the resident perceives these core areas and how they are being represented inside their residential program.

Data Analysis

In order to analyze the data, the results of the questions were grouped in direct relation to the identified core areas of School/Vocation, Self/Family/Ethnic Identity, and Life/Social skills. After all the data were compiled into sections, questions that emphasized particular areas were lumped together. For instance, the two questions regarding school were combined to clearly compile the information. This made it easier to begin making accurate statements to how the clients responded to each section involved in a core area.

The results to the set of observations were combined and analyzed. This combination gave us a good indication of how the transitional age client was interacting inside the day school program.

Chapter Four

Results

In the following chapter we will analyze the participants' responses to the set of questions provided in the questionnaire in each of the three core areas identified in the literature. These core areas are Vocation/School, Self/Family/Ethnic identity, and Life/Social skills. The results to the two observations using the DESC scale will also be analyzed.

Vocation and School

The first core area focused in the literature and in the questionnaire is the area of Vocation/School. This area was identified to be extremely important in healthy identity development for both young adults and dual diagnosis. The following set of questions look to obtain information on how the transitional client views these two areas. Questions were asked to view how important and interested the transitional age clients are on working on them, and how they feel the residential treatment program is affecting them in this area.

1. Topics we talk about in-group are important to me.
2. The Day program material matches my interest.

3. I already know a lot about relapse prevention.
4. When I finish the program I would like to get a job.
6. When I finish the program I would like to go to school.
21. I have difficulties in school and studying

Eight people responded to the question of whether the topics covered or talked about in-group were important to them. Of those eight, two strongly agreed the topics discussed are important to them, two agreed, and four slightly agreed that the topics are important to them. None disagreed that the topics are important. The data suggest that the respondents all felt the topics discussed in program group were important to them.

When asked whether the day program material matches their interest, out of the eight, four agreed that it does, and four slightly agreed. None strongly agreed and none disagreed that the day program material matches their interest. These data suggest that all respondents feel that the day program material on some level matches their interest.

When asked whether they know a lot about relapse prevention, out of the eight, three agreed, two slightly agreed, and three did not agree. The answers to this question suggest that some of the respondents were moderately secure about their knowledge of relapse prevention but some were not and possibly felt they could use more education in this area.

When asked whether they wanted to get a job after finishing the program, seven strongly agreed, and the remaining one agreed. None of the respondents slightly agreed or did not agree about employment once they leave the program. The results of this question suggest that all of the participants would like to seek employment once finishing the program.

When asked whether they would like to attend school once they finished the program, six strongly agreed, and two agreed. None slightly agreed or did not agree that they would like to go to school once finishing the program. The results to this question suggest that the majority of the respondents would like to attend school once they finish the program.

When asked whether they have difficulties in school, two strongly agree, four agreed, one slightly agreed, and one did not agree that they have difficulties in school and studying. These data suggest that the large proportion of respondents feel they have difficulties in school and studying.

The responses to each of these questions provided by the transitional age clients identified that school and vocation are extremely important to them. Almost all of the respondents would like or are planning to attend school or seek employment once they finish the residential program. With regards to day school in the program, respondents felt strongly they were

obtaining material that was valuable and important for them. Though all respondents agreed on the importance of school, the transitional clients admit to having difficulties in school and studying.

Self, Family, and Ethnic Identity

The second core area focused in the literature and in the questionnaire is the area of Self/Family/Ethnic identity. This area was identified to be extremely important in healthy identity development for both young adults and dual diagnosis. The following questions search perceptions of the transitional age clients regarding how important this area is and how it may be unfolding inside the program. In this section it was asked whether the clients had frequent contact with family members, and if they felt they had good ongoing relationships. Questions also asked how the clients feel about themselves, and searched into personal background obtained from home such as culture and language.

- 5. I see my family frequently while in the program.
- 9. I have good communication with my family.
- 10. I am a good problem solver.
- 11. I have high expectations for myself in the future.

13. I have found others my age that I can relate with in the program.
15. I have a positive role model.
16. I feel good about my physical health.
17. I would like to receive more sex education in the program.
18. My parents are from a different country.
19. I speak another language.
20. I have confronted discrimination.

Eight people responded to the question about whether they see their family frequently while in the program. Of those eight, three strongly agreed, three agreed, and two slightly agreed. None disagreed that they see their family frequently. These data suggest that most of the respondents see their family on a frequent basis while in the program.

When asked whether they had good communication with their family, three stated they strongly agreed, four agreed, and one slightly agreed. None disagreed that they had good communication with their family. These data suggest that a majority of the respondents feel they have good communication with their family.

When asked about being a good problem solver, one strongly agreed, two agreed, and five slightly agreed. None disagreed that they were a good

problem solver. These data suggest that more than half of these individuals were not especially confident in problem solving.

When asked about having high expectations in the future, five strongly agreed, and three agreed. None slightly agreed or disagreed that they had high expectations for themselves in the future. These data suggest that the transitional age clients have high expectations for themselves in the future.

When asked if they found others in the program their age to relate to, two strongly agreed, four agreed, and two slightly agreed. None disagreed that they have been able to find others in the program their age. These data suggest that the majority of the respondents have been able to find others their age to relate to while in the program.

When asked whether they have a positive role model, four strongly agreed, and four agreed. None slightly agreed or disagreed that they have a positive role model. These data suggest that all the respondents do have individuals they perceive as role models.

When asked whether they felt good about their physical health, three strongly agreed, two agreed, and three slightly agreed. None disagreed that they felt good about their physical health. These data suggest that some of

the respondents felt good about their physical health and others felt their physical health may need some improvement.

When asked whether they would like more sex education in the program, two strongly agreed, one agreed, three slightly agreed, and two did not agree that they would like more sex education in the program. These data suggest that most of the respondents do not want more sex education.

When asked if their parents are from another country, two strongly agreed, two agreed, one slightly agreed, and three did not agree that their parents were from another country. These data suggest that at least fifty percent have parents from another country and that fifty percent are 1st generation or more.

When asked whether they spoke another language, three strongly agreed, one slightly agreed, and four did not agree that they were bilingual. None disagreed that they spoke another language. These data suggest that at least half of the respondents speak another language at some level of proficiency.

When asked if they have confronted discrimination, four strongly agreed, three agreed, and one slightly agreed. None disagreed that they

have confronted discrimination. These data suggest that all respondents feel they have confronted discrimination.

The responses to each of these questions provided by the transitional age clients, provide us information around family, self, and ethnic identity. The results of the first two questions around family indicate that they see their family on a frequent basis while in the program and that they are comfortable with the relationships they have. These data also suggest that family is of importance and a priority for the transitional age client in residential treatment.

The results to the second section regarding self, showed mix results. When asked to describe themselves in how they felt as far as being good problem solvers, and their physical health, the respondents scored low and indicated further improvement in these areas. As a whole they did not see themselves as good problem solvers or in relatively good physical health. An overwhelming number had high expectation for themselves in the future. They also reported having strong role models, and peers in the program their age that they can relate to, indicating a strong peer support in the residential program. The respondents were split on whether to have more sex education in the program.

In the area of Ethnic identity all clients reported having been confronted with discrimination. The number of individuals who had parents from another country and who spoke another language was significant. These data indicate a wide spectrum of individuals from multicultural backgrounds.

Life and Social skills

The third core area focused in the literature and in the questionnaire is the area of Life and Social skills. This area was identified to be extremely important in healthy identity development for both young adults and dual diagnosis. This section searched for how the transitional age clients felt they were doing in basic life and social skills inside the program. The respondents were asked to measure how they felt around their peers, in small groups, and whether they have learned to control their emotions while in the program. The respondents were also asked if they were knowledgeable on regular household skills and whether they were obtaining them inside their residential setting

7. I feel I am learning life skills in the program.
8. I know how to cook and do laundry

- 12. I have learned to control my emotions while in the program.
- 22. I have learned to deal with my peers.
- 14. I enjoy small group sessions 3-6 people.

Eight people responded to the question about whether they are learning life skills in the program, four strongly agreed, and four agreed. None slightly agreed or disagreed that they are learning life skills in the program. These data suggest that all of the respondents feel they are learning life skills in the program.

When asked whether they know how to cook and do laundry, six strongly agreed, and two agreed. None slightly agreed or disagreed that they know how to cook and do laundry. These data suggest that the majority of people are confident in their skills in the two areas of cooking and laundry.

When asked whether they have learned to control their emotions while in the program, three strongly agreed, four agreed, and one slightly agreed. None disagreed that they have been able to control their emotions in the program. These data suggest that the majority of the respondents feel they have learned to control their emotions while in the program.

When asked whether they have learned to deal with their peers, two strongly agreed, four agreed, and two slightly agreed. None disagreed that they have learned to deal with their peers. These data suggests that the majority of respondents have learned to deal with their peers.

When asked whether they like small group sessions, one strongly agreed, six agreed, and one slightly agreed. None disagreed that they like small group sessions. These data suggest that the respondents prefer small group sessions in the program schooling.

The responses to each of these questions provided by the transitional age client, give us information around Life and Social skills. All of the respondents indicated they were learning life skills inside the residential program and acknowledged they felt confident around house holding such as cooking and laundry.

With regards to social skill, a majority of the respondents believe they have been able to learn to control their emotions in the program and deal with their peers. These data also suggest that the clients prefer small group sessions in program schooling. These data also suggests that the transitional clients feel they are receiving information in the areas of life and social skills.

DESCA Observations

The three residents were observed in the five categories for program engagement. From chapter Three, recall that the rating scale ranged from 1 (Low) to 5 (High). The observations took place on two consecutive Mondays inside the day school of the residential program.

	Observation #1	Observation #2
Dignity	3	4
Energy	4	4
Self-Management	2	3
Community	3	3
Awareness	3	3

For Dignity the respondents received a three the first observation and a four the second observation. These scores represent an average to above average score, which means the students for the most part seemed secure, self-assured, worthy of respect. They spoke up in class on occasion. They acted without others approval and showed confidence in themselves.

For Energy the respondents received a four for the first observation and a four for the second observation. These scores represent an above

average score, which means the students were observed to flow at a comfortable energy. The students appeared to be vital, active and helpful. Students did not seem stressed, anxious, or frazzled. All students kept busy and engaged.

For Self-Management the respondents received a two for the first observation and a three for the second observation. These scores represent an average to below average score, which means the students showed low average of self-responsibility, initiative and self-direction. Students worked passively showing little discipline. Students were observed working with persistence on occasion.

For Community the respondents received a three for the first observation and a three for the second observation. These scores represent an average score, which means the students were observed displaying a strong mood of togetherness. They were observed sharing, cooperating and supporting one another. On occasion they were showed strong evidence of teamwork and kindness toward each other. On occasion students could be seen acting for personal advantage with little concern for others.

For Awareness the respondents received a three for the first observation and a three for the second observation. These scores represent

an average score, which means the students were observed on occasion being inattentive, unresponsive, and impulsive. The students also showed to be mindful, concentrated and mindful of what was going on. The students showed an average level of attentiveness.

The overall results of the observations tells us that the transitional age clients observed inside the day school showed overall, average to above average, when rated on the DESC scale. These results showed the participants scoring lower than average on self-management, meaning they frequently needed to be directed and showed little discipline in finishing tasks on their own. The respondents did score above average on energy, suggesting the clients were active and appeared engaged. The results to these two areas match the previous indication of the clients having difficulty in school and studying in the core area of Vocation/School. The results show a willingness to participate inside a school setting and identify the weakness in self-management when in the classroom.

Chapter Five

Summary, Implications, and Conclusion

Summary

The purpose of this study is to enhance the therapeutic and educational curriculum of the transitional age client within a Dual Diagnosis residential program for adults with psychological disabilities and chemical dependencies, by investigating how the current program curriculum is facilitating healthy identity development. In this paper the term dual diagnosis and transitional age client was defined. An in depth look at the current trend of younger adults being dually diagnosed was reviewed along with the process of building a healthy identity development, and indications on how this may manifest itself for an individual with an addiction and coexisting psychiatric disorder. This study also investigated how the transitional age clients feel they are being affected, in three core areas identified in facilitating positive identity development within their program. This chapter will draw conclusions for strengths and recommendations for

continuing the services and treatment being provided in this particular residential setting.

The current literature suggests that the population of children and young adults being diagnosed with a psychiatric disorder is increasing. With this being said, research has established that individuals with psychiatric disorders are at increased risk for having a substance abuse disorder. Thus the increased trend in individuals who may be dually diagnosed and pressured to enter residential programs, such as the one this case study takes place. The implication of younger adults being requested to enter dual diagnosis programs can be difficult for service providers. Current programs are not only structured to cater for the dually diagnosed but have historically been designed to help individuals who are of older age. Though all individuals with this type of dual diagnosis must learn about their addictions and mental health, it is understood that the needs for an individual who is 45 years old are different than those for an individual who is in late teens or early twenties. I would propose different needs, different program curriculum.

Erickson's (1968) psychosocial theory of development for young adults proposes that individuals entering adulthood encounter what he calls a "identity crisis", or search for identity for who one is, and their role in the

community. James Marcia (1966 and 1980) takes this idea a step farther and identifies four levels of an individual being in identity crisis. He specifies several domains where this crisis may occur and may play a significant role for an individual in this stage of development. In this paper we discussed the three core areas of School/Vocation, Self/Family/Ethnic Identity, and Life/Social skills.

Implications

The results of the study identified how the transitional age clients feel they are being affected in these core components of identity development. The results hold true with what the literature states about identity development for individuals in or entering young adulthood. Residents indicated that each of these areas is very important to them.

In the area of Life/Social skills the clients responded that they feel very comfortable around their peers and competent around life skills such as cooking and laundry. The clients indicated that they have found others their age to relate to in the program and that they have learned to manage their emotions with their fellow housemates. The availability of current classroom instruction inside the day program that focuses on the interaction between

individuals inside the residential setting shows to be very helpful. The majority of the respondents felt they were doing well in this area and intimated Life/Social skills were being learned inside the residential program.

In the area of School/Vocation all residents indicated that after finishing the program they plan on seeking employment or enrolling in school. A large majority of residents also indicated that they struggled with school and studying, suggesting that when implementing program curriculum the areas of vocation and school be taken into consideration. As identified in chapter three the current program curriculum encourages the client to utilize a separate part of the agency to seek employment or enroll in school once they graduate or finish the program. If such a large percentage of the clientele intend on pursuing these avenues it would be beneficial for the transitional age clients to receive training in order to be successful when they decide to proceed with these goals. A program curriculum may integrate education around teaching vocational skills, and methods to be successful in school and studying. As noted in the research this type of education could facilitate in the recovery process, build confidence and self-esteem.

In the area of Self/Family/Ethnic identity, the respondents indicated they feel good about the relationships and time spent with family members. The current curriculum offers several classes that allow the transitional age client to learn how to build healthy relationships with both family and peers. Though the program does not require attendance from family members the clients' response was that they feel comfortable with their family members. Many clients responded that they see their family members on a regular basis. The opportunity to be able to do this in the program allows the transitional age client to work on issues that may arise during visits throughout the week, thus allowing important time to work on building healthy relationships.

The results also indicated that the respondents come from multicultural backgrounds. In fact, a large percentage agreed to being able to speak another language and that their parents were from another country. These results show an extreme need for interventions that are culturally relevant and sensitive to the background and educational experiences provided by their home environment. Currently, there are no classes that focus on ethnic identity or information that spans across various cultural backgrounds. Cultural relevance, inclusion, and appreciation for ones culture

may help the student raise self-esteem, an area in which the respondents scored low when evaluating the section on self. Research concludes that culturally proficient classrooms, or institutions improve the health of the individuals and make for an overall higher standard of living. A program dedicated to helping students become culturally proficient can have lasting effects on the transitional age client in building an ethnic identity. People with stronger ethnic identity may be more open to coping with a drug problem once they come to recognize it. The presence of a strong ethnic identity may potentially influence the drug problem recognition on help seeking. Though a large number of the residents responded that they did have role models the inclusion of ethnically relevant role models, and continued recruitment of bilingual and bicultural counselors, would promote positive self-image and ultimately better service.

In the area of self the respondents scored low and did not see themselves as extremely good at problem solving or as being in good physical health. Though this was suggested the respondents reported having high expectations for themselves. The current program offers classes on fitness several times a week. It also includes frequent presentations on diet and proper nutrition. Continued commitment to these areas and helping to be

successful in school may help the transitional age clients feel better about their overall physical health and competence around problem solving.

Conclusion

The purpose of this study is to enhance the educational curriculum for the transitional age client within this particular residential setting in facilitating positive identity development. The current trend of young adults being referred to residential settings such as the one in this study makes it very challenging to provide good and efficient service. The needs of the transitional age client are unique and must be taken into consideration when designing interventions. It is important to provide an environment that is sensitive to the experiences of all cultures and backgrounds, that it builds on skills and teaches new ones, that it builds self-confidence and raise self-esteem, and that it supports the dreams and aspirations of the individual. The motivation is there but can only be facilitated through positive curriculum that is developmentally, culturally, and age appropriate. Further study for building healthy identity development inside residential setting must take place along with a closer look at the needs of the transitional age client.

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Appendix A

Student Questionnaire

What is your age _____

Ethnicity/cultural background _____

Is this your first time in a residential program _____ yes _____ no

Please mark whether you strongly agree, agree, only slightly agree, don't agree at all, on the following statements.

	Strongly agree	Agree	Slightly Agree	Don't agree
1. Topics we talk about in group are important to me				
2. The Day program material matches my interest				
3. I already know a lot about relapse prevention				
4. When I finish the program I would like to get a job				
5. I see my family frequently while in the program				
6. When I finish the program I would like to go to school				
7. I feel I am learning life skills in the program				
8. I know how to cook and do laundry				
9. I have good communication with my family				
10. I am a good problem solver				

	Strongly agree	Agree	Slightly Agree	Don't agree
11. I have high expectations for myself in the future				
12. I have learned to control my emotions while in the program				
13. I have found others my age that I can relate with in the program				
14. I enjoy small group sessions 3-6 people				
15. I have a positive role model				
16. I feel good about my physical health				
17. I would like to receive more sex education in the program				
18. My parents are from a different country				
19. I speak another language				
20. I have confronted discrimination				
21. I have difficulties in school and studying				
22. I have learned to deal with my peers				

Appendix B

DESCA Scale for Rating a Class

DIGNITY

1 _____ 2 _____ 3 _____ 4 _____ 5

No personal dignity: Students slouch or mope, as if feeling unimportant, weak, or hopeless. Or they act as if they will be worthless without high success or others' approval. Little evidence of self-confidence, self-respect.

Clear dignity in all: Talented or not, students sit and walk tall and speak up. Seem self-assured, confident, secure. Much evidence that students trust themselves and see themselves as valuable persons, worthy of respect.

ENERGY

1 _____ 2 _____ 3 _____ 4 _____ 5

Energy too low or high: Mood is slow; students seem lifeless, with much inactivity, apathy, waiting, time wasting. Or energy is too high; students seem stressed, frantic, anxious, frazzled.

Flow of comfortable energy: The mood is vital, active, healthful. All students keep busy, engaged. No evidence of clock-watching. Time seems to fly.

SELF-MANAGEMENT

1 _____ 2 _____ 3 _____ 4 _____ 5

Students only follow orders: No evidence of self-responsibility, initiative, self-direction, personal choice. Students work passively, without personal commitment.

All students are self-directing: Students make appropriate choices, guide and discipline themselves, work willingly, with persistence. Students are not bossed.

COMMUNITY

1 _____ 2 _____ 3 _____ 4 _____ 5

Students are self-centered: Students act only for personal advantage with little concern for others' welfare. No evidence of teamwork, loyalty, belonging, kindness toward peers or toward teacher.

Strong mood of togetherness: Much sharing, cooperation, interdependence, mutuality. Students support one another and the teacher. No antagonism, rejection.

AWARENESS

1 _____ 2 _____ 3 _____ 4 _____ 5

Awareness is dull or narrow: Students seem bored, unaware, unresponsive, shallow. Work is mechanical busywork. No thinking, concentrating, or searching. Student talk is impulsive, uncreative, routine, thoughtless. Much inattentiveness.

All students are aware and alert: Much concentration, observing, listening, thinking, noticing, evaluating. Students appear to be mindful, aware of what is going on. High level of attentiveness.