

Supporting Youth in the Transition from Adolescents to Adulthood: A Review of the Literature

Carlie Ross

Pacific University

The purpose of this literature review is to synthesize the existing information found in the literature regarding barriers, supports, societal markers, and key elements associated with the transition from adolescents to adulthood. For this literature review the term *key elements* represents the various components which support a healthy transition to adult living for youth with or without disabilities (i.e. social support, physical health, engagement in productive roles). Each key element represents a theme identified in the literature and, when considered as a group, can be used to form a general framework for developing programs and materials to support youth in the transition to adult life. With a greater understanding of the key elements, educational and clinical professionals, including occupational therapy practitioners, may be more prepared to meet the needs of at-risk youth and youth with disabilities as they make the same transition. However, it should be noted that this literature review aims to contribute to a more universal understanding of the transition to adult living for adolescents and will not consider influences from all potential risk-factors or specific disabilities. Therefore, throughout the literature review the term *at-risk youth* should be considered in a broad sense and will encompass all youth without access to, or understanding of, any of the identified key elements.

Similarly, the terms *successful transition* and *adulthood* should be considered in a general sense as a variety of defining parameters can be found in the literature and are influenced by different societal and cultural expectations (Scales et al., 2016). For this literature review the phrase *successful transition* implies that the individual has achieved a skill, or set of skills, which enables them to independently engage in the roles and routines demanded by each key element; the phrase *transition to adulthood* represents individuals between 16 and 35 years old and encompasses *emerging adulthood* (Arnett, 2000), *young adulthood*, *early adulthood*, *adult living/adult life* and the related markers. Although a formal consensus of what constitutes a

successful transition from adolescents to adulthood has not been identified in the literature, evidence supporting different frameworks and programs suggest that various approaches, or *paths*, which incorporate key elements may lead youth to achieve the same ultimate goal of transitioning to a healthy, happy and productive adult life.

Markers of Adulthood

Common societal milestones which signify adulthood include: owning a home, marriage, parenting children, completing school, working full-time/having a career or pursuing higher education, and being physically and financially independent from parents or guardians (Settersten & Ray, 2010; Liu & Nguyen, 2011; Serido, Shim & Tang 2013; Johnson, Gans, Kerr & LaValle, 2010; Shaienks & Gluszynski, 2009; Lippman, Atienza, Rivers & Keith, 2008; Swartz, Kim, Uno Mortimer & O'Brien, 2011; Ellis, Marsh & Craven, 2009; Bux & van Wel, 2008). Theories can also provide markers for adulthood. In the literature, various lifespan development theories have been referenced, including: life course theory (as cited in Swartz et al., 2011), the motivational theory of the lifespan development (as cited in Haase, Heckhausen & Silbereisen, 2012), and Super's life span theory of career development (as cited in Dietrich & Salmela-Aro, 2016). Additional theories have been identified in the literature as useful tools for understanding markers in the transition from adolescents to adulthood; these include: the model of phase adequate work engagement (as cited in Dietrich & Salmela-Aro, 2016), Piaget's cognitive development theory (as cited in Serido et al., 2013), Bandura's social cognitive theory (as cited in Serido et al., 2013), intergenerational solidarity theory (as cited in Swartz et al., 2011), contingency theory (as cited in Swartz et al., 2011), and the status attainment tradition (as cited in Swartz et al., 2011). These theories may help explain, and contribute to, societal and

cultural expectations of what constitutes a *successful* transition from adolescents to adulthood by providing a timeline, or process, and defining parameters for each marker.

Key Elements

Most of the key elements have been identified by Peter Scales and colleagues (2016) in their conceptual and measurement framework for the *dimensions of successful young adult development*. Instead of using the term key elements, Scales and colleagues refer to the contributing developmental components as dimensions. The dimensions, or key elements—for consistency, identified in the literature by Scales and colleagues include: physical health, psychological and emotional well-being, life skills, ethical behavior, healthy family and social relationships, educational attainment, constructive educational and vocational engagement, and civic engagement (p. 157).

For this literature review, the key elements represent the themes in the literature beyond the work of Scales and colleagues (2016) but use their dimensions as a guide with minor wording adjustments to represent the non-traditional fulfillment and application of each key element. For this review the proposed key elements include: physical and mental health, psychosocial and emotional well-being, healthy and supportive family and/or social relationships, development of life skills through engagement in productive roles, educational engagement and completion, productive vocational involvement and attainment, ethical character development, and civic exploration and contribution (Scales et al., 2016; Settersten & Ray, 2010; Liu & Nguyen, 2011; Serido et al., 2013; Johnson et al., 2010; Shaienks & Gluszynski, 2009; Lippman et al., 2008; Swartz et al., 2011; Ellis et al., 2009; Bux & van Wel, 2008). Each key element represents a theme identified in the literature related to the transition from adolescents to adulthood and can be broken down to further understand influencing components and demands. This breakdown

can be helpful in understanding the roles, routines, and dynamic relationships which contribute to healthy independent functioning within each key element. However, it should be noted that it may not be possible to create an all-inclusive, universally appropriate list of elements, or skills, needed for each adolescent's transition because it can inevitably be influenced by an unpredictable combination of unique internal and external factors.

For example, within 'development of life skills through engagement in productive roles' there are various life skills and productive roles to consider. This key element may include, but is not limited to: *financial capability* through managing money or paying bills (Serido et al., 2013); time management and interpersonal skills through part-time employment (Mortimer, 2010); coping skills, resilience, and adaptability through career exploration (Murphy, Blustein, Bohlig & Platt, 2010); home and health management through living independently in college (Cass, 2011); and problem solving and decision making skills through navigating unfamiliar situations or demanding environments (Scales et al., 2016). It has therefore been suggested in the literature that identifying the specific life skill may be less important than identifying the inner characteristics, or personal qualities, needed for adolescents to possess in order to navigate complex situations and environments. These qualities include: taking responsibility, making independent decisions, managing multiple life roles, being flexible, and valuing autonomy (Scales et al., 2016; Inguglia et al., 2014; Comey, Smith & Tatian, 2009).

Barriers in the Transition

Just as there are markers for adulthood, there are markers for at-risk youth which can help to identify barriers for all youth in the transition to adulthood. Common markers identified in the literature for at-risk youth include: growing up in foster care, being incarcerated, lack of—or incomplete—formal education, history of neglect or abuse, history of violence and/or gang

involvement, illegal substance use and abuse, lower socioeconomic status, having a single parent, being part of a racial minority group, engaging in risky sexual behavior, and unplanned teen pregnancy (Furstenberg, 2010; Schneider, 2009; Hadley, Mbwana & Hair, 2010; Comey et al., 2009; Scales et al., 2016). The literature regarding these markers provides insight into potential barriers for youth. In a broad sense, barriers can be considered anything which prevents youth from accessing or satisfying the demands of each key element. Barriers identified in the literature include: poor physical and/or mental health, behavioral, cognitive and social challenges, stigma and/or discrimination associated with any applicable at-risk marker(s), lack of familial and/or social support, limited positive employment opportunities, limited access to community resources and/or supports, negative educational experiences, and limited access to—or involvement in—extracurricular activities or healthy outlets for leisure exploration (Furstenberg, 2010; Schneider, 2009; Comey et al., 2009; Scales et al., 2016).

These at-risk markers and barriers for youth decrease the likelihood of a successful adult transition by delaying the development of necessary skills and personal qualities which meet the demands for each key element (i.e. adaptability, inter- and intra-personal skills) (Schneider, 2009; Hadley et al., 2010; Comey et al., 2009; Scales et al., 2016). However, when considering these risk-factors for youth, it may not be enough to compare the adolescent's skills and qualities to those demanded by each key element; the elements are complex and interconnected, as is life. Scales and colleagues (2016) provide a diagram to represent the dynamic relationships between their identified key elements and explain how the elements can interact and contribute to adult development (Appendix A). With this in mind, it is important to consider each youth in their unique context and to understand their goals and motivation and how that impacts their development of adult skills (Haas et al., 2012).

Role of Occupational Therapy

Occupational therapy practitioners use professional models, such as the Person-Environment-Occupation (PEO) model (Appendix B), to provide a skilled assessment of the demands placed on an individual by the things they need or want to do on a daily basis (occupations) and their environmental context (Law, 1996). They value a strengths-based approach, which utilizes the unique skills and supports the individual already possesses in order to create opportunities to overcome barriers and increase participation. Occupational therapy practitioners are trained to provide modifications, or adaptations, which help optimize the individual's engagement and performance in what is meaningful or important to them (AOTA, 2014). Additionally, occupational therapy practitioners provide skilled assessment and interventions for instrumental activities of daily living (IADLs). IADLs include activities which support daily life, such as: community mobility, meal preparation, financial, home, and health management (AOTA, 2014). The development of practical skills in these areas may contribute to, and promote, a successful transition toward independence in adulthood. For example, occupational therapy practitioners can assess the various factors which impact an individual's ability to engage in a task or occupation such as taking the bus to an interview, completing work related tasks, or fulfilling the role of a student.

Occupational therapy practitioners also help students to "develop self-advocacy and self-determination skills in order to plan for their future and transition to college, career/employment, and community living" (AOTA, 2016). Traditional educational models need to focus on groups of students and may not provide the same flexibility for considering each individual in their unique context. A model depicting the demands and relationships between key elements can encompass a wide range of approaches and may provide increased opportunities for clinical

professionals, including occupational therapy practitioners, to partner with educational institutions to support youth in the transition to adulthood. With their unique training, occupational therapy practitioners can provide valuable insights and modifications which promote success for all youth as they develop skills and personal qualities for adult living.

Summary of Findings

The similarities found in the literature suggest that a general consensus could be made for what markers, barriers, supports and key elements contribute to a healthy transition from adolescents to adulthood. Further development of models and/or visual diagrams may be helpful in sharing and articulating the general consensus as well as the dynamic relationships between key elements. By establishing a consensus of the key elements, and creating an easy-to-understand diagram, educational and clinical professionals, including occupational therapy practitioners, may be better equipped to meet the needs of adolescents, including at-risk youth and youth with disabilities, as they transition to adulthood. This information can contribute to program and material development to prepare and support youth throughout their early lifespan development by creating increased awareness and opportunities for youth to gain experiences and skills associated with success in the key elements.

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